

Committee Member Handbook

Last updated August 31, 2009

Table of Contents

Committee Overview	1
Committee Structure and Responsibilities	2
Terms and Positions.....	2
Committee Member Appointment Process.....	2
Limit on Committee Service.....	2
Board and Staff Involvement.....	3
Committee Policies	3
Conflict of Interest/Financial Relationship Disclosure.....	3
Antitrust Compliance.....	3
Committee Meetings and Minutes.....	3
New Committees and Committee Dissolution	4
Development of Official Policies or Education Materials.....	4
Characteristics of a Model Committee.....	5
Honor Points and Distinguished Service Awards	6
Responsibilities of Steering Committee Chairs	7
Responsibilities of Committee Chairs.....	8
Responsibilities of Committee Members, Society Representatives and Consultants	9
Responsibilities of Staff Liaisons	10
Appendix A. Current List of AAO-HNS/F Committees.....	11
Appendix B. Conflict of Interest/Financial Relationship Disclosure.....	11
Appendix C: Antitrust Compliance Statement.....	13
Appendix D. Guideline Development Task Force (GDTF).....	15
Guideline Development Task Force Topic Submission Form	17
Appendix E. Request for Proposal of New Education Activity	18
Appendix F. Committee Timeline for Staff Liaisons.....	19

Committee Overview

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, is included in the Appendices.

Standing Committees

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

Special Committees

The 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 generally are made up with 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

Terms and Positions

Most committees are structured as follows:

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

A member 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 their 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.

Committee chairs who are serving at the beginning of their final term are advised to recommend a chair-elect. The chair-elect will serve a one-year term to allow them to shadow 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.

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. Non-voting members 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 staff and distributed to the Committee Chair and President-Elect. Committee chairs and/or co-chairs make recommendations to the president-elect for reappointments, new appointments, and removals for non participation. 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. President-elect's recommendations are submitted to the Executive and Finance Committee for review and the Board of Directors approves appointments during its May/June meeting.

Applicants are notified regarding appointments electronically in mid-June. Terms begin October 1st and end on September 30th. 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 of Foundation Board of Directors. Currently, these include appointments to all research, education, and technology committees, as well as the Instruction Course Advisory and Program Advisory Committees.

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. The target number of consultants within a committee will be limited to three but no more than five per committee. 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.

Board and Staff Involvement

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

Each committee is assigned a staff liaison. The 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.

Committee Policies

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. 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. 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 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 member's 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-HNSF Committee Member Handbook, which outlines the management of committees, staff liaisons are responsible for maintaining minutes and historical committee files. The AAO-HNS all staff server contains a folder for each committee.

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.

Upon receipt of the necessary information, the Executive & Finance Committee reviews the study group's achievements and the proposed charge and committee composition. Once the review process is completed, the Executive & Finance 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 & Finance Committee is responsible for analyzing recommendations for committee dissolution and presenting its findings to the Board of Directors. The 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 Department of Education office for guidelines on developing an educational product and relay these back to the chairman, and/or assist the committee chair in contacting the appropriate Education Advisory Committee Faculty Chair to coordinate efforts. In all instances, the Education Department office must be kept full informed of all educational projects by Academy committees.

Characteristics of a Model Committee

Model committees are committees that contribute in ways that lend to the success of our mission: empowering otolaryngologists—head and neck surgeons to deliver the best patient care. Model committees have a passion for our vision and for accomplishing the activities outlined in our 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 of Directors and staff liaison
- 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 our Academy's and Foundation's ability to provide resources that empower members' delivery of quality care. Some examples of model committee work products include:

- Represent the Academy to external organizations related to ENT and to medicine; for example communicating Academy's/Foundation's initiatives to members, 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 base and conduct research that leads to new clinical guidelines, performance measures, and quality improvement tools
- Create products that educate physicians, allied health, and patients; for example participating in annual meeting, creating content for AcademyU, identifying curriculum for MOC or imaging in otolaryngology, developing/revising patient information materials
- Facilitate market research/business intelligence about otolaryngology's environment through surveys; for example the recent patient safety survey, surveys about clinical topics, and 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/action items
- A community of practice forum for members to share ideas, progress, and to facilitate shared communications

Honor Points and Distinguished Service Awards

Honor points, Honor Awards, and Distinguished Service Awards are all part of the Academy 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 he or she joins.

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 only earn one Honor Award in a lifetime. In order to receive an Honor Award, a member must earn 10 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, is accrued each year.

Distinguished Service Award

The Distinguished Service Award is our 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. Consultants, Board Liaisons, BOG Liaisons, and Ex-Officio member positions do not receive honor points for participation.

Exceptional Service on a Committee — can earn one point upon recommendation of the committee chair for extraordinary service during the year. Note; the exceptional honor point worksheets are sent to committee chairs in October.

Member of the **Board of Governors** — one point per year on BOG, provided both semi-annual BOG meetings are attended.

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

Responsibilities of Steering Committee Chairs

1. Serve as the primary representative for the Academy and Foundation committees on the respective Board.
2. Have an email address and web access. Note: high speed access is recommended.
3. Review the agenda for the upcoming committee meeting. The staff liaison will submit a copy of the agenda to the appropriate steering committee chair.
4. Present a brief report to the committee on the current Academy/Foundation activities as recommended by the Chair.
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 the Chair and/or members any actions by the Board of Directors that would affect the performance of the committee. Also, the BOD Liaison should assist the committee with any Board-assigned tasks.
7. Not required, but are encouraged to attend committee meetings within their steering committee cluster.
8. Treat other committee members and staff with respect and courtesy.

Responsibilities of Committee Chairs

1. Serve as strategic leader who understands the AAO-HNS 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 if needed.
4. Prepare an action plan for the year to guide the committee in its work as outlined by the strategic plan and committee charge. Additionally, submit reports to the Board liaison 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. Establish the meeting agenda to ensure that relevant/timely topics of interest are addressed. Note: 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 committee charge with members at the start of each meeting. Submit recommended changes to the Board of Directors.
9. 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.
10. 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.
11. Make recommendations to the President-Elect for committee appointments and reappointments, including the appointment of a successor as chair-elect.
12. Award exceptional honor points to members whose contributions have demonstrated exceptional efforts.
13. Between meetings, send a copy of all committee-related correspondence to the cluster steering committee chair and staff liaison.
14. Complete and submit a Disclosure/Conflict of Interest Form annually and require that one is signed by each member of the committee.
15. Ensure that members abide by their duties as described and recommend action for non-performance of each committee.
16. Treat other committee members and staff with respect and courtesy.

Responsibilities of Committee Members, Society Representatives and Consultants

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 if needed.
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. The member 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 once room assignments have been finalized.
8. Notify the chair, staff liaison, and committee coordinator if they will be attending the meeting and/or participating in conference calls.
9. Complete and submit a Disclosure/Conflict of Interest Form annually.
10. Treat other committee members and staff with respect and courtesy.

The role of Society Representatives:

Society representatives have the same responsibilities as committee members, but they do not have voting privileges. They are asked to serve as an ex-officio member and will be responsible for sharing insights and information specific to their 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 society on the activities from the AAO-HNS/F committee.

The role of Consultants:

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

Responsibilities of Staff Liaisons

1. Serve as the intermediary between the committee and the Academy headquarters.
2. Assist the committee chair with all committee activities 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 an office file containing all committee-related materials and is responsible for saving committee documents on the all staff server.
6. Assist the chair and/or co-chair 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 fifteen minutes prior to the start of committee meeting to check room set-up and distribute meeting materials.
9. Briefly meet after adjournment with the chair and cluster 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. Note: a standard form must be completed for reporting action items.
10. Submit an initial draft of the committee minutes to the chair and/or co-chair for approval and, after receiving approval, save copy of minutes on the server. Note: the minutes should be approved as the first agenda topic during the next meeting of the committee.
11. Find an acting staff liaison in the event he or she is unable to attend the committee meeting. Note: the acting staff liaison is only responsible for attending the meeting, assisting the chair, co-chair and cluster steering committee chair in writing the meeting summary, and preparing draft minutes. The acting liaison will submit an electronic copy of the draft minutes to the staff liaison.
12. Treat committee members and other staff with respect and courtesy.

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

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

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 interest¹ must be identified and managed. All relevant financial relationships with commercial interests² 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 (White 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)

¹ “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.**

² “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

Date and Title of Presentation:

(Check one (1) box only)

- I have nothing to disclose.
- 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:

Name (Print)	First	Last	Academy ID#
--------------	-------	------	-------------

Signature ³	Date
------------------------	------

Failure or refusal to disclose will result in disqualification to participate in AAO-HNS/F activities.

Form forms not submitted at your on-site meeting must be faxed to AAO-HNS Member Services at 1-703-684-4288, ATTN: COI DISCLOSURE

³ 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 and has received more than 1,910 media hits. To access the new manual, visit: 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

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 from
<http://www.entnet.org/Practice/clinicalPracticeguidelines.cfm>

Multidisciplinary vs. Specialty Specific Matrix

Attribute	Multi-disciplinary Evidence-Based Guideline	Specialty Specific Evidence-Based Guideline
<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 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 Otolaryngology – Head and Neck Surgery journal	Invited article in the standard issue of Otolaryngology – Head and Neck Surgery journal

Guideline Development Task Force Topic Submission Form



AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY

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

Appendix E. 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.

Tracking Information

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

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?

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.

Appendix F. Committee Timeline for Staff Liaisons

1. Six months prior to the Annual Meeting, the Member Services will email meeting time-slot notices to committee chairs and/or co-chairs for their approval.
2. 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 for an updated committee schedule as rooms are subject to change.
3. One month before committee meeting staff liaisons should send a meeting announcement to all committee members.
4. One month out staff liaisons should assist committee chair and/or co-chair with compiling meeting agendas and necessary documents for upcoming committee meeting.
5. Two weeks prior to the meeting staff liaisons must send reminder notices to committee members including the agenda, minutes from previous meeting, and any supportive documents. Include an RSVP confirming attendance at the next schedule committee meeting. Staff liaisons are responsible for compiling all meeting responses and submit counts to the Meetings Department 7 days prior to the meeting date.
6. Two weeks prior to the meeting staff liaisons are responsible for saving their agendas to the all staff server as follows:
N:\Committees\Academy\Allergy\ALGIM_091804_Agenda i.e., **Committee Code_Mtg Date_Agenda**
7. Two weeks prior to the meeting staff liaisons need to send an RSVP confirming attendance at the next schedule committee meeting. Compile all meeting responses and submit final counts to the Meetings Coordinator no later than
8. 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 a week of the end of Annual Meeting.
9. One week after the meeting staff liaisons are responsible for submitting attendance rolls to Member Services.
10. Two weeks after the meeting staff liaisons must submit a copy of the draft minutes and any supportive documents to the committee chair and/or co-chair for approval.
11. Three weeks after the meeting staff liaisons are responsible for saving their minutes to the all staff server as follows:
N:\Committees\Academy\Allergy\ALGIM_091804_Minutes i.e., **Committee Code_Mtg Date_Minutes**
12. Not more than three weeks after the meeting staff liaisons are responsible for sending out the meeting minutes to all committee members.
13. 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. Note: this will be published in the December *Bulletin*.