

Quarterly Newsletter

American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery - Spring 2010, Vol. 45 No. 2

PRESIDENT'S REPORTS

Sidney K. Simonian, DO



When asked a simple question, "What is the purpose of our organization, the AOCOO-HNS?" two answers come to me immediately: (1) to provide the membership with continuing medical education, encourage life-long learning, and maintain board certification processes, and (2) to establish, maintain, and accredit residency training programs.

To these ends, the Board of Governors, Council on Medical Education, Board of Examiners, and the Educational Committees of both Colleges meet several times a year, most recently in early February 2010. These hard-working groups are responsible for fulfilling the objectives I have noted above. Most recent activities include:

1. The Educational Committees of both Colleges put the finishing touches on what promises to be a stimulating educational program for the upcoming ACA in Orlando. They also worked on the program for the next mid-year meeting that will be in late August 2010, again in Detroit.
2. The Council of Medical Education conducted the business at hand, reviewing recent program inspections and resident year-end reports. In addition, along with the Board of Governors, the COME sponsored our 3rd Annual Faculty Development Course. This weekend course was well-attended by program directors in our Colleges, and also drew attention from program directors outside our Colleges. (FYI, program directors, attendance at two out of three Faculty Development Courses is mandatory.)
3. The Executive Committee of the Board of Governors held intense discussions regarding the long-term goals for the governance of our Colleges. The restructuring of the Board in recent years to allow for more representation

of our membership (your chairs of the Council of Regional Representatives sit on the Board) has been accomplished. A major concern now is the *one-year terms* for the Member-at-Large positions. Yearly elections for these positions become cumbersome, and potentially destabilizing. The current bylaws allow six one-year terms. We are proposing that they be adjusted to allow for two *three-year terms* as a matter of efficiency. In addition, as a matter of financial responsibility, we are proposing that the Board composition be reduced from FOUR to THREE Members-at-Large from each College. Please refer to our Executive Director's more detailed explanation in his article.

4. Back by popular demand, the Foundation Silent Auction!! With the guidance of past president, Dr. Shoib Myint, the AOCO-HNS is partnering with Florida's Deaf-Blind Association to bring together enticing items for your bidding. Please share in this endeavor by making your own contributions of jewelry, wine, artwork, travel opportunities, etc. so that we may have yet another successful fundraising event. Our Foundation has pledged a sizable contribution to Florida's Deaf Blind Association. Look for their booth in the exhibit hall at the ACA to learn more about how you can support this charitable cause through your very own Foundation. Look for more details in Dr. Myint's article on how you can contribute items and dollars.

As I review the highlights of our four days in February, I am pleased with how our efforts aligned so well with our purpose, and though the job is never really finished, I truly believe that the *evolution* of our Colleges is on a good track.

In closing, I wish you all a pleasant winter, and early spring, and hope to see you soon in Orlando.

Respectfully, Sidney Kay Simonian, DO
sksimonian@comcast.net
248-547-6656 office - 248-245-3213 cell

Letter to the AOCOO-HNS Membership Regarding Bylaw Changes

By Sidney K. Simonian

RESTRUCTURE OF THE BOARD OF GOVERNORS OF THE AOCOO-HNS

The Colleges have been successful in their attempt to restructure the composition of the Board of Governors and the election process in the last several years. The overriding concept has been to enable the Board to more completely represent all areas of the membership and to form effective committee structures that will enable this to work in a successful fashion.

These past several years have proven to be mostly successful in obtaining these objectives. The new structure of the College has enabled the Board of Governors to be more sensitive to the needs and wishes of the College membership. This includes all members from resident level to the retired members. However, as might be anticipated in changing the functions and responsibilities in these types of organizations, it has become apparent that additional minor adjustments to the basic structure will enable and even allow a smoother and more effective management of our leadership committees in order to facilitate better responsiveness to the overall needs of our Colleges.

We will outline for your consideration the basic changes that are suggested in order to accomplish the above.

Basically, one of the more important changes is to allow a longer continuity of terms to Members-at-Large that serve on the Colleges Boards and the Board of Governors. This will facilitate the individual member to develop deeper understanding of the responsibility of the Board, and will also minimize unnecessary yearly elections for their positions. These changes will streamline the structure and composition of the Boards, will allow greater flexibility, more effective leadership from the members, and will be fiscally responsible.

(continued on next page)

2009-2010 Officers and Members of the AOCOO-HNS Board of Governors

President: Sidney K. Simonian, DO
President-Elect: Kirk W. Steehler, DO
Vice President: David D. Gossage, DO
Secretary/Treasurer: Paul E. Burk, DO
Immediate Past President: Thomas E. Brandeisky, DO

Robert B. Chambers, DO
Robert J. Franchi, DO
Mahmoud M. Ghaderi, DO
Michael S. Hauptert, DO
Donald M. Rothen, DO
Edward E. Scheiner, DO
Sirtaz S. Sibia, DO
Brian E. Wind, DO

Council of Resident and Fellow Representatives:
Randy E. Durbin, DO, Otolaryngology
Maria Donna Qahwash, DO, Ophthalmology

American Osteopathic College of Ophthalmology

President: Sidney K. Simonian, DO
Vice President: David D. Gossage, DO
Members-at-Large: Robert B. Chambers, DO; Robert J. Franchi, DO; Sirtaz S. Sibia, DO; Brian E. Wind, DO

American Osteopathic College of Otolaryngology-Head and Neck Surgery

President: Kirk W. Steehler, DO
Vice President: Paul E. Burk, DO
Members-at-Large: Mahmoud M. Ghaderi, DO, Michael S. Hauptert, DO; Donald M. Rothen, DO; Edward E. Scheiner, DO

Executive Vice President/CEO:

Alvin D. Dubin, DO

Staff:

Debra Bailey, Administrative Director
Cynthia Carleton-Simon, Administrative Assistant
Diane Turner, Certification Manager
Jennifer Hoskins, Administrative Staff Support

The *AOCOO-HNS Quarterly Newsletter* is published quarterly by the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery, 4764 Fishburg Road, Suite F, Huber Heights, OH 45424, (937) 233-5653 or (800) 455-9404, FAX (937) 233-5673. Send email correspondence to: aocooahns@aol.com. The AOCOO-HNS website is located at: www.aocooahns.org.

Views and opinions expressed herein are not necessarily endorsed by the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery.

Quarterly Newsletter Schedule

SUMMER: copy deadline May 15th
 mailing June 15th
FALL: copy deadline August 15th
 mailing September 15th
WINTER: copy deadline November 15th
 mailing December 15th
SPRING: copy deadline February 15th
 mailing March 15th

RESTRUCTURE OF THE COLLEGE BOARDS

Chairman
Vice Chairman

Three Member-at-Large positions (initially staggered 1-, 2- and 3-year terms) until each is a 3-year term.

One Council of Regional Representatives
Member

BOARD OF GOVERNORS

President
President-Elect
Vice President
Secretary/Treasurer
Immediate Past President
Six Members-at-Large
Two Council of Residents and Fellows
Chairman

Dear Members of the College, the Bylaws Committee has approved the above recommended changes (see pages 5-7). I ask that you support these recommended changes in the AOCOO-HNS Bylaws. During the May 7th Annual Membership Business Meeting, these bylaw changes will be submitted for vote.

EXECUTIVE VP REPORT

Alvin D. Dubin, DO



My prepared article for this issue was to develop better lines of communication between you and our College. Much time was spent in the preparation of that article. I believe that a reprint and collation of the following material is the best display of COMMUNICATION between our College and our membership at this time. Thank you for your continued support.

A CALL FOR A PERMANENT REPEAL OF THE SGR FORMULA

Attention All Members: The following information is of the utmost importance. Support should be given in this matter, not only from us as physicians, but also from our patients. I ask each and everyone of you to review this material immediately, to respond

to your senators/congressman, and to enlist the support of your patient population.

Last week, the Senate failed to repeal the Medicare physician payment formula that has caused a drastic 21% payment cut to physicians.

Senator Max Baucus, D-Mont., has offered an amendment to the latest jobs bill, introduced by majority leader Harry Reid, D-Nev., that will be considered by the Senate this week. The amended bill will reverse the devastating 21% Medicare payment cut for all physicians that was instituted Monday, March 1st and extend pre-March 1 payment levels until September 30th.

Congress continues to falter in permanently repealing the sustainable growth rate (SGR) and replacing it with a fair Medicare reimbursement formula. **CALL FOR A PERMANENT REPEAL OF THE SGR FORMULA. ALSO ASK YOUR PATIENTS TO WRITE TO THEIR SENATORS TELLING THEM TO FIX MEDICARE PHYSICIAN PAYMENT. WE MUST KEEP THE PRESSURE ON CONGRESS!**

Call your senators at 800-833-6354 today and tell them it is time to ACT ON PERMANENT REPEAL of the flawed Medicare physician payment formula (SGR) once and for all. For too

many years, Congress has applied short-term fixes to this long-term problem, which is like putting a band aid on a gaping wound. Physicians can no longer play this perpetual game of chicken with Congress. The Medicare payment program is unreliable and unsustainable.

Physicians can no longer shield their patients from congressional mismanagement of the program. You are dedicated to your patients, but you cannot run a business when the government doesn't cover the cost of care. The growing negative margin and cuts have made it untenable for you to continue to care for Medicare patients.

Time and time again, physicians have told the AOA/AMA and Congress that this 21% cut—and the threat of more to come—will force them to make difficult practice changes. First and foremost, physicians will be forced to limit the number of Medicare patients they can treat or cease seeing them altogether. In this tough economy, the cuts

will have a ripple effect as physicians will also be forced to take other actions to keep their practices viable, such as reducing staff and delaying investments in health IT.

Many of you already know that roughly one in four Medicare patients looking for a new primary care physician are having trouble finding one. This latest cut and the Senate's continued failure to adopt a permanent solution will turn this growing problem into a disaster.

America's military men and women should not have to worry about their loved ones getting in to see a doctor, but that is the position in which Congress has put them. Because TRICARE ties its payment rates to Medicare, active duty military members and their families are at risk of reduced access to care.

The longer Congress delays on permanent action, the greater the cost and the magnitude of the cuts. In 2005, the cost of permanent reform was \$49 billion. Today, the cost is \$210 billion. Again, the longer the delay, the higher the price tag will become. Tell Congress to stop short-term fixes that are nothing more than a budgetary gimmick and to fix the formula for America's seniors, military families, disabled, and baby boomers.

Congress created this payment formula—the Senate has a responsibility to fix it. No more lip service. It's time for action on a permanent solution to this problem created by Congress.

Members should continue to bill at pre-March 1 Medicare payment rates. CMS is working with health care providers and the beneficiary community to avoid disruption in the delivery of health care services and payment of claims for physicians. Further, CMS has instructed its contractors to hold claims for the first 10 business days of March in anticipation of congressional intervention to restore the fee schedule. This hold should have a minimum impact as CMS holds claims 14 calendar days (29 days per paper claims) after the date of receipt.

Member News

Richard C. Grossman, Jr., DO

The world lost a great friend, husband, father and doctor when Dr. Richard Grossman, 58, died unexpectedly on Monday morning, January 18th, of an acute myocardial infarction.

Dr. Grossman was born August 24, 1951, in Marshalltown, Iowa, where he grew up taking apart and fixing his family's small electronics and discovered he had good hands that might make a fine surgeon one day. To that end, he studied chemistry and biochemistry as an undergrad at Ripon College in Wisconsin and for his master's degree at Drake University in Des Moines, Iowa. He attended medical school at the College of Osteopathic Medicine and Surgery in Des Moines, followed by a residency in otolaryngology/facial plastic surgery. He had practiced in the Mid-Cities of North Texas since 1983.

Dr. Grossman married his high school sweetheart, Lisa Bain, in 1978, and their daughter, Page, was born in 1990. Together, they've traveled to exotic places from the polar bear habitat in Churchill, Manitoba, to the ancient ruins of Pompeii. But they also loved the tranquility of Sanibel Island, Florida, where they spent time each spring with his parents.

Dr. Grossman's greatest passion was flying. He was an active instrument-rated pilot who had the recent joy of flying a World War II-era P-51 Mustang.

Charity Event

By Shoib Myint, DO

The Florida Deaf Blind Association has joined forces with the AOCOO-HNS Foundation to raise money to improve lives through independence, communication and transportation for adults and children afflicted with Deaf Blindness. We will be collaborating with the Florida Deafblind Association in May 2010 for our Silent Auction.

We are currently seeking corporate underwriting and donations of wine, travel, jewelry, dining and gifts as well as patron monetary support or "in kind" donations for the Silent Auction in Orlando 2010. Join us in this valiant effort to support hearing and vision for the children in our community.

Shipping of items info:
Attn: Debra Bailey, AOCOO, Gardenia Rm
c/o Hyatt Regency Grand Cypress
1 Grand Cypress Boulevard

Orlando, FL 32836
Phone: 407-239-1234

We look forward to talking with you regarding any contributions you can make to ensure the success of this event.

If you are interested in participating as a corporate sponsor, or have a donation and/or advertising questions, please contact the AOCOO-HNS at 800-455-9404 or email shoibmyint@gmail.com.

Thank you for your support.

Florida Deaf-Blind Association

Florida Deaf-Blind Association (FDBA) is a state consumer organization of, by, and for deaf-blind people and their supporters. Their membership consists of people with all types and degrees of vision and hearing loss, as well as family members, interpreters, professionals, and other interested people. The FDBA is a nonprofit 501(c)(3) organization with formally adopted bylaws, and they receive funding from membership fees and tax-deductible donations from individuals and businesses.

The mission of the Florida Deaf-Blind Association is to enable deaf-blind people, including all people with both hearing and vision impairments, to have the right to achieve their maximum potential through increased independence, productivity, and integration into the community.

The FDBA's goals and activities include the following:

- Increase effective outreach to new members
- Increase public awareness of the Deaf-Blind and their needs
- Provide access to social possibilities and understanding that deaf-blindness does not mean isolation
- Establish Task Force on Deaf-Blind interpreting and Support Service Provider (SSP) programs
- Host annual statewide conference
- Help deaf-blind people discover the different communication and technology options available

OLAG Meeting Report

By David D. Gossage, DO

During my recent Ophthalmic Advocacy Leadership Group (OALG) meeting in Washington, DC, we discussed the value of the specialty organizations working together with a common voice. Since the American Academy of Ophthalmology (AAO) only represents less than 3% of all medicine, we need to join together for the common good. Communication to the members becomes important to head off surgical scope battles and new legislation proposed in Washington. One of our concerns is that the optometrists have formed a board to help optometrists get on staff at hospitals and to help them negotiate with insurance companies for contracts. By working together, we can overcome these scope battles.

William Rich, MD, Medical Director of Health Policy, and Mike Repka, MD, AAO Secretary for Federal Affairs, discussed Medicare improvements for primary care and the removal of the consult codes. New for 2010, there will be a 3% increase in payments and 11% increase by 2013. The reason for the shift is to increase revenue to primary care with the loss of consults. With this increase is a 2% increase for liability insurance. I would like to thank all members who participated in the practice expense survey. The survey demonstrated that ophthalmology was underpaid based on the fact that practice expenses were underestimated. Ophthalmology will see an overall increase of 11% over the next several years, while cardiology and radiation oncology will see a decrease of 14% and 17% respectively. For example, cataract surgery in 2009 was reimbursed on average \$640.06. In 2010, it will be \$697.03, and in 2013 it will be \$751.85. This was a huge victory for all ophthalmologists, and it stemmed from the grass roots efforts of the AAO and members who participated. Don't forget that it is still important to e-mail your legislators to fix the SGR and to prevent any decreases in reimbursement.

During the meeting, we also heard from Priscilla Arnold, MD who is chairing the PCPI Eye Care Workgroup. This group is working on new PQRI measures for specialties with poor representative measures. I also serve on this committee and would welcome any

suggestions for new measures that you feel would be representative of your ophthalmology subspecialty. We are also working on data registries for surgical outcomes. This will become more important when Washington switches reimbursement from PQRI to pay-for-quality outcomes (or lack of pay-for-poor-outcomes).

Scope of practice issues were discussed by Cynthia Ann Bradford, MD – AAO, Senior Secretary for Advocacy, and Daniel Briceland, MD – AAO, Secretary for State Affairs. Many concerns were addressed at this session. The Surgical Scope Fund continues to demonstrate effectiveness at heading off optometric legislation at the state and federal level. You should consider the Surgical Scope Fund as an insurance policy for any new legislative battle that may arise in any state. Please remember to give to the Surgical Scope Fund through our American Osteopathic Colleges of Ophthalmology, Otolaryngology, Head and Neck Surgery. We were again recognized for our continued support and received another plaque to hang at our College's office. Thanks again for all who gave.

Donald Cinotti, MD – AAO, Chair, Congressional Advocacy Committee, discussed the Congressional Advocacy Program along with William Clark, III, MD – AAO, Chair, OPHTHPAC, who discussed OPHTHPAC Strategy. OPHTHPAC continues to support candidates for election who can help the goals and ideas of the AAO. Remember that it is important to support OPHTHPAC as well as your state and local PACs.

David W. Parke II, MD – AAO, Executive Vice President/CEO, discussed the EyeSmart campaign, patient eye safety, and diabetic eye care awareness. Free materials are available from the AAO through their website. These are great public awareness brochures, and they are free through the AAO.

At last, we also went around the room to discuss issues with our respective colleges and how the AAO could help us. If any of you have any concerns or comments, please send me an e-mail to eyegeese@yahoo.com, and I will do my best to address them. Thank you for all your support, and I hope to see some of you in Washington, DC at the AAO Mid-Year meeting and Advocacy Day, April 21st-24th.

Attention All Program Directors and Residents

The Council of Residents and Fellows is scheduled to meet at the ACA on Wednesday, May 5th, 2010 from 4:30 to 5:30 pm. When you arrive at the ACA registration, signs will direct you to the meeting.

Residents need the backing and support of our program directors to help make this meeting successful. Many of the residents have little knowledge of the inner workings of the Colleges or of the important part they have in the overall relationships between all of the AOCOO-HNS entities.

As program directors, it would be of great help for you to strongly support the need for residents to not only attend the ACA, but also the CRF.

The Colleges, program directors, and residents will all greatly benefit from their attendance. Thank you for your encouragement and guidance.

AOCOO-HNS Board of Governors

Attention Members:

Changes are printed in **ALL CAPS**, preceded by the underscored original wording.

**AMERICAN OSTEOPATHIC COLLEGES
OF OPHTHALMOLOGY
AND OTOLARYNGOLOGY-
HEAD AND NECK SURGERY**

BY-LAWS

ARTICLE I

NAME AND PURPOSE

Section 1.

Name: The name of the corporation shall be the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery (herein referred to as "AOCOO-HNS").

Section 2.

Purposes: The purposes for which the AOCOO-HNS is organized are:

- a. To develop, monitor, and maintain educational standards for both initial training and continuing training in ophthalmology, otolaryngology, head and neck surgery.
- b. To involve practitioners of these specialties in academic, social, economic and political issues relative to these specialties; and
- c. To support the osteopathic profession, our specialties and the good of the public.

ARTICLE II

BOARD OF GOVERNORS

Section 1.

Responsibilities: The activities of the AOCOO-HNS shall be managed by the Board of Governors (herein referred to as the "Board"). The Board shall have the power to do and perform all acts and functions not inconsistent with these By-Laws and the Articles of Incorporation of the State of Ohio of the AOCOO-HNS. The Board shall function as an entity and has authority only when it so functions. The individual Board members shall have no authority to act on their own, only authority to vote as one of the Board Members or to act for the Board as a result of Board action or delegated authority. Responsibilities of the Board shall include:

- a. Maintaining a system whereby the fiscal assets of the corporation are under constant surveillance and accountability, including a full financial statement prepared by a certified public accountant annually, and interim reports as are necessary.
- b. Establishing and maintaining an effective

planning process whereby needs of the corporation may be identified and resources allocated to meet those needs, expressly granted by the Colleges.

- c. Selection of employees of the AOCOO-HNS and define duties.
- d. Review reports of the standing committees at the scheduled meetings.
- e. Shall be responsible for establishing annually the fees, dues, and assessments for each class of membership.

Section 2.

Number and Qualification. The Board of Governors shall consist of at least fourteen (14) ELEVEN (11) Board Members. The Board of Governors shall be comprised of Board Members from both the American Osteopathic College of Ophthalmology and the American Osteopathic College of Otolaryngology-Head and Neck Surgery.

Section 3.

Election and Tenure. Members-at-Large and Secretary/Treasurer are elected by a majority vote of the general membership from the names recommended by the Nominating Committee of the Board of Governors. Mail ballots will be cast and then reported at the Annual Business Meeting. No officer may serve in a particular office for more than one (1) year. The terms of office of the Board Members shall be one (1) year or until their successors are elected. Members-at-Large may be re-elected for a maximum of six (6) consecutive one (1) year TWO (2) THREE (3) YEAR STAGGERED terms. The Board shall have the power to fill the existing vacancies for the remainder of any expired term at a regular meeting of the Board.

Section 4.

Resignation and Removal. Any Board Member may resign at any time by giving written or oral notice to the Secretary. Any elected Board Member may be removed from the office at any time by a two-thirds (2/3) vote of a quorum of the Board.

Section 5.

Officers. The Officers shall consist of a President, President-Elect, Vice-President, Secretary/Treasurer, and Immediate Past President of the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery.

The President, President-Elect, and Vice-President will be elected by the members of the Board of Governors to serve a one (1)-year term. The Secretary/Treasurer will be elected by the general membership of the AOCOO-HNS. Those running for the office of Secretary/Treasurer will be Members-at-Large of the Board for at least two (2) years and will be selected by the nominating committee from the Members-at-Large of Ophthalmology or Otolaryngology, depending on the year, so that

the office will alternate yearly between the two disciplines. A majority vote of the general membership of the AOCOO-HNS shall be required for election to the office of Secretary/Treasurer and Members-at-Large of the Board of Governors. Ballots will be cast and then reported at the Annual Business Meeting. No officer may serve in a particular office for more than one (1) year.

- a. President. The President shall preside at all meetings of the Board of Governors and the Executive and Finance Committee. The President may delegate this duty to the Vice-President. The President is an ex-officio member of all committees of that respective College. The President shall also serve as President/Chairman of the respective College.
- b. Vice-President. The Vice-President shall perform the duties and exercise the powers of the President in the absence of the President, and shall perform other duties as shall be prescribed by the Board. The Vice-President shall also serve as Vice Chairman of the respective College.
- c. President-Elect. The President-Elect shall perform the duties delegated to that office by the Board of Governors. The President-Elect shall also serve as the President/Chairman of the respective College.
- d. Secretary/Treasurer. The Secretary/Treasurer shall be responsible for keeping a permanent record of the proceedings of the AOCOO-HNS and a current roster of the members. The Secretary shall perform all other duties that usually pertain to the office of Secretary. In addition, the Secretary/Treasurer shall receive for review an accounting of all Income, Expenses, and Investments on a regular basis according to accepted accounting procedures. The Secretary/Treasurer shall keep a complete and permanent record of the financial transactions of the AOCOO-HNS. The Treasurer shall make a full financial report at the Board of Governors Meetings, and shall perform all other duties as may be determined by the Board. The Secretary/Treasurer shall serve as Vice Chairman of the respective College.
- E. Past President. The Past President shall perform duties delegated to that office by the Board of Governors.
- f. Executive Vice-President. The Board shall employ an Executive Vice-President to function as Chief Executive Officer for the Board of Governors and the Colleges.

Section 6.

The Executive and Finance Committee of the Board shall consist of the Officers of the Board of Governors. The Executive Vice-President

shall serve as secretary without vote. The Chairman of the Committee of Medical Education shall serve on the Executive Committee as a Consultant (non-voting).

Section 7.

Nominating Committee.

- a. The Nominating Committee of the Board of Governors for the selection of nominees to the American Osteopathic Boards of Ophthalmology and Otolaryngology-Head and Neck Surgery shall consist of three (3) members, all of whom shall be certified and members in good standing of the Colleges, one of whom shall be designated as chairman by recommendation of the President. The Nominating Committee shall submit to the Board nominations for members for the AOBOO.
- b. The Nominating Committee for the selection of nominees to the Board of Governors shall function as follows: The Nominating Committee shall consist of five (5) members, and these shall be the two (2) Past Presidents, the President-Elect who shall act as Chairman, the Vice President, and the Council of Medical Education Chairman. The Nominating Committee shall recommend the names of persons to be considered for election as Secretary/Treasurer and Members-at-Large of the Board of Governors.

Section 8.

Meetings of the Board of Governors.

- a. Regular meetings of the Board shall be held at least two (2) times per year. They will be held at a time and place designated by the Board. The purposes of the annual meeting shall be to present annual reports and conducts business as may properly come before the Board. The Board may establish other meetings of the Board to be held, as it may deem necessary. Members of the Board may participate in any meeting through the use of a conference telephone or similar electronic communications equipment by means of which all persons participating in the meeting can hear each other, and such participation in a meeting shall constitute presence in person at the meeting. The conduct of all activities/meetings of the Boards/Committees of the Colleges shall be governed by Roberts Rules of Order/Newly Revised, unless otherwise specified in these Bylaws. (R-4/99)

Section 9.

Disciplinary Action. The membership of any Member of the AOCOO-HNS who violates established policies of the AOCOO-HNS may be revoked, suspended or placed on probation by the Board of Governors acting according to the procedures in the Bylaws, and has the right of appeal to the Board of Governors following the

mechanism as established by the AOA in their Bylaws, Article 2, Section 3.

ARTICLE III

COLLEGES

Section 1.

Colleges. The AOCOO-HNS shall be composed of two (2) Colleges: The American Osteopathic College of Ophthalmology and The American Osteopathic College of Otolaryngology, Head and Neck Surgery.

Section 2.

Responsibilities. The activities of a College shall be managed by its officers and representatives. A College shall have the power to do and perform all acts and functions not inconsistent with these By-Laws.

Section 3.

College Composition. Each College shall have a College Board composed of a President/Chairman, Vice Chairman and four (4) **THREE (3)** Members-at-Large. All of these positions will form the composition of the Board of Governors representing the individual College. The Chairman of the Council of Regional Representatives may also sit on the College Board. Thereby each College Board shall consist of not more than seven (7) **FIVE (5)** members.

Section 4.

Officer Responsibility.

- a. President/Chairman. The President/Chairman shall preside at all meetings of the College Board. The President/Chairman shall recommend for appointment all committees of the College. The President/Chairman shall be an ex-officio member of all committees of the College, except the Nominating Committee. The President/Chairman shall submit an annual report to the Board of Governors at the AOCOO-HNS annual meeting.
- b. Vice-President. The Vice-President shall perform duties as shall be prescribed from time to time by the College Board.

Section 5.

Vacancies. Any vacancy in any position and for any reason on the College Board shall be filled by appointment by the College President/Chairman for the unexpired term of such office.

Section 6.

Resignation. A member of the College Board (Officer or Representative) may resign at any time in writing, to the Secretary of the College, and shall become effective upon the date of receipt and acceptance.

Section 7.

Meetings of the College Boards.

- a. Annual Meeting. The annual meeting of the

Colleges' Boards shall be held at the place and time of the AOCOO-HNS Annual Meeting. The purposes of the Annual Board Meeting are to, present annual reports, review and make recommendations concerning committee reports, formulate policy items, and consider such other business as may properly come before the Colleges' Boards.

- b. Regular meetings of the Colleges' Boards shall be held at least two (2) times per year (the Annual Meeting and the Mid-Year Meeting in conjunction with the Board of Governors). Members of the Colleges' Boards may participate in any meeting through the use of a conference telephone or similar electronic communications equipment by means of which all persons participating in the meeting can hear each other, and such participation in a meeting shall constitute presence in person at the meeting.
- c. Quorum. A quorum will be considered to be a majority of the total membership of the College Board.

Section 8.

Business Meetings of the Colleges' Membership.

- a. Annual Meeting. The annual meetings of the College(s) shall be held at the place and time of the AOCOO-HNS annual meeting. The purposes of the annual meetings are to present to the Membership of the Respective Colleges, the activities of the College, Officers, Committees, Staff, Proposed Resolutions and Policy items for consideration.
- b. Quorum. A quorum will be considered to be a majority of the total membership of the College(s) present and voting.
- c. Regular business meetings of the Colleges' Membership shall be held at least once (1) per year.

Section 9.

Code of Ethics. The Code of Ethics of the College(s) shall follow the Code of Ethics of the AOA.

Section 10.

Disciplinary Action. The Membership of any Member of the College(s) who violates established policies of the AOA as adopted by the College(s) and is recommended for disciplinary action by the College(s) Board, has the right of appeal to the Board of Governors. (This follows the mechanism as established by the AOA in their Bylaws, Article 2, Section 3.)

ARTICLE IV

MEMBERSHIP IN THE AOCOO-HNS

Section 1.

Categories of Membership are: (Rev. 2/7/04)

Resident Member
New Member

Active Member
Life Member
Retired Member
Honorary Member

Section 2.

Resident Members must:

- a. Be a graduate of an AOA Accredited Osteopathic Medical School.
- b. Be engaged in an AOA approved or an ACGME approved residency training program leading toward certification in one of the basic specialties (Ophthalmology, Otolaryngology-Head and Neck Surgery).
- c. Be a member in good standing of the American Osteopathic Association.
- d. Rights and privileges Resident members may attend educational programs and social functions of the AOCCO-HNS if they have pre-registered and submitted a letter from their Program Director.
- e. Dues. Resident members are liable for such dues as voted by the Board of Governors. (Rev. 2/7/04)

Section 3.

New Members must:

- a. Be a graduate of an AOA Accredited Osteopathic Medical School.
- b. Have successfully completed a residency training program approved by the AOA and/or ACGME.
- c. Be a member of the American Osteopathic Association.
- d. Be licensed to practice Osteopathic Medicine and Surgery.
- e. Be in the first year of clinical practice.

Section 4.

Active Members must:

- a. Be a graduate of an AOA Approved Osteopathic Medical School.
- b. Successfully completed a residency training program approved by the AOA and/or ACGME.
- c. Be licensed to practice Osteopathic Medicine and Surgery.
- d. Be a member of the American Osteopathic Association.
- e. Be Board Eligible or Board Certified by the AOBOO-HNS (American Osteopathic Boards of Ophthalmology and Otolaryngology-Head and Neck Surgery) or the ABO (American Board of Ophthalmology or the American Board of Otolaryngology).

Section 5.

Life Membership. This may be granted by the Board of Governors to any Active or Retired member who has held continuous membership for the immediately preceding ten continuous years and who has reached the age of 65, and who may or may not have retired from active practice.

- a. Life members will have the rights and privileges of Active Members.
- b. Dues and Assessments. Life members are exempt from all dues and assessments if retired; if still in clinical practice the fees are adjusted accordingly.

Section 6.

Retired Membership. Retired Membership may be granted by the Membership Committee to any Active Member who has permanently retired from medical practice and does not qualify for Life membership.

- a. Retired members will have the rights and privileges of their immediate pre-retirement membership.
- b. Dues and assessments. Retired members are liable for such dues and assessments as determined by Board of Governors discretion.

Section 7.

Honorary Membership. Honorary Membership in the College(s) may be granted to any person upon two-thirds (2/3) vote of the College(s) Board in recognition of meritorious service to the College(s) and/or the osteopathic profession as a whole.

Section 8.

Dues, Fees and Assessments. There will be annual active member dues, new member dues and candidate dues. There may also be fees and assessments. Under the duties of the Board of Governors: "It shall be responsible for establishing annually the dues, fees and assessments for each class of membership." Only members who have satisfied their financial obligations to the AOCCO-HNS shall be considered as members in good standing.

Section 9.

Any member who fails to fulfill his/her financial obligations beyond sixty (60) days after official notification, shall be notified of suspension. After an additional thirty (30) days of delinquency, the member shall be automatically dropped from membership. The member has the right of appeal to the Board of Governors following the mechanism as established by the AOA in their Bylaws, Article 2, Section 3. (Rev. 2/7/04)

Section 10.

Fellowship. Members of the AOCCO-HNS may be granted the title of Fellow of the American Osteopathic College of Ophthalmology, or the American Osteopathic College of Otolaryngology-Head and Neck Surgery, who by outstanding contributions to the healing art, to the practice of Ophthalmology, or Otolaryngology-Head and Neck Surgery, to research or for such other meritorious services that reflect credit upon the AOCCO-HNS and the osteopathic profession, who meets the requirements of the Awards Committee, shall with the approval of the Board, receive the honor of Fellow.

Section 11.

Continuing Medical Education Requirements. Members who are subject to the continuing medical education requirements of the AOA, shall maintain the required one hundred and twenty (120) hours during a designated three (3) year period, of which at least one course shall be an AOCCO-HNS sponsored program. (Rev. 2/7/04)

ARTICLE V AMENDMENTS

Section 1.

Proposal of Amendments.

- a. Amendments shall be proposed to the membership by the Board of Governors.
- b. Amendments proposed by the College membership shall require an affirmative vote of two-thirds (2/3) of the members present and voting.

Section 2.

Recommendation.

- a. When conveyed to the membership all amendments proposed shall carry the recommendations of the Board of Governors, favorable or unfavorable.
- b. When conveyed to the membership, all proposed amendments shall have been evaluated by the Rules and By-Laws Committee for consistency with the By-Laws.

Section 3.

Notification to Members.

- a. All Proposed amendments shall be sent to the membership at least forty-five (45) days prior to the Annual Meeting.

Section 4.

Final Approval.

- a. The proposed amendments are then sent to the AOA Board of Trustees for final approval.

Ophthalmology Opportunities

COLORADO

- Established Ridgway, CO integrative medical clinic seeks doctors/practitioners to compliment our coalition of independent professionals offering comprehensive, personalized, holistic healthcare. Stellar reputation, spectacular setting, superb quality of life—973-626-9877.

KENTUCKY

- Excellent opportunity to join a solo ophthalmologist desiring to slow down. Opportunity for partnership after one year. Competitive salary and benefit package. Brand new office equipment. New office building. Associate with optometrist. New hospital with state-of-the-art outpatient surgery. Call Dr. Kay Hazelett 606-424-8721.

FLORIDA

- Multi-specialty practice in South Florida looking for a full time cornea/general surgeon. Well-established practice with multiple locations in Dade and Broward Counties, with top-notch equipment and staff. Competitive 401K plan with employer match and healthcare benefits. South Florida offers a high quality of living with ample recreational activities and great weather. Interested individuals should fax a CV and cover letter to 305-442-1498 or email to eyesedoc@gmail.com.

NEVADA

- Established otolaryngology/ophthalmology practice seeking BC/BE ophthalmologist to compliment group. The practice has three state-of-the-art offices in Henderson and Southwest Las Vegas Valley. All offices are located in community-oriented, high profile areas with one of the offices adjacent to the Seven Hills Surgery Center, and the new Southwest office located next to the new Southern Hills Hospital. Practice partnership and ASC opportunities available. Contact Judy Duncan at jduncan@nveyepa.com or 702-492-6928.

OHIO

- Excellent anterior segment/glaucoma surgeon needed for group practice in Maumee, OH. Practice in a new state-of-the-art facility and ambulatory surgery center with all amenities. Salary plus incentive with buy-in after two years. Send CV to Ronald M. Kendrick, DO, 3509 Briarfield Blvd., Maumee, OH 43537. Phone 1-800-782-9214, FAX 419-865-3451.

WEST VIRGINIA

- Glaucoma specialist wanted. Join a team of two ophthalmologists and one optometrist bringing high quality care to southern West Virginia. Best equipment available. Starting salary up to \$250,000.00. Shape your own practice, but surgical opportunities are limited only by your skills. Contact mkrasnow@marshall.edu or call Bettie Chapman at 304-697-0393.

WASHINGTON

- OPH wanted in beautiful Washington state. Opportunity for someone interested in aggressively expanding a practice, or someone interested in working half-time and sharing the practice. A new DO medical school is being built in Yakima. There is opportunity for any level of participation. Hospital owned ASC with all new equipment. Call Dr. Leo Figgs at 509-952-8545.

Ophthalmology Fellowship MARYLAND

- NRI fellowship program at the National Retina Institute offering hands-on opportunities to hone diagnostic and surgical skills as a vitreoretinal specialist with a large patient base in the Baltimore-Washington-Virginia area. Contact Ruth Zeller via rzeller@bmgmri.com or call 443-921-4154.

OHIO

- Refractive fellowship position available, LASIK/DO, Cincinnati, OH. Contact Vincent Marino, DO at 513-652-9585 or email marino@fuse.net.

NEW LOCATION

- University Eye Surgeons has moved: 5187 US Rt. 60, Suite 6, Huntington, WV 25705—

304-691-8800. Have 10,000 sq. ft. including two surgery suites, 11 exam lanes and the most up-to-date technology. The staff includes three ophthalmologists and one optometrist. Dr. Parveen Nagra is subspecialty trained in cornea, and Dr. Krasnow is fellowship trained in glaucoma. University Eye Surgeons is a division of Marshall University School of Medicine. Students are welcome to rotate in this facility.

Otolaryngology Opportunities

ALASKA

- ENT wanted. Kenai Peninsula, SW of Anchorage. Excellent salary and benefits. Call or email: James Zirul, DO, 220 Spur View Drive, Kenai, AK 99611 at 907-283-5400 or email jzirul@acsalaska.net.

ARIZONA

- 320 days of sunshine per year! Become part of a busy, expanding otolaryngology/head and neck/facial plastic surgery practice with full audiology services in the metropolitan Phoenix area. Seeking a BC/BE associate with early partnership opportunity to join our successful team. Competitive salary and benefits. Attractive lifestyle. Please contact Dr. David Mendelson at 480-894-5550 or fax CV to 480-894-9469 or send email to info@entsoa.com.

CALIFORNIA

- Unique opportunity in private practice for well-trained BE/BC physician in general otolaryngology or subspecialty in this premier coastal community north of Los Angeles. Office is fully equipped. Includes audiology, sound booths and HAD dept. Adjacent to Outpatient Surgi-Center and area's major hospital. For more information, contact Joseph DiBartolomeo, MD, 2420 Castillo Street, Santa Barbara, CA at 805-563-1111, or email dibartolomeo@aol.com.

COLORADO

- Dr. Patrick Henderson is looking for an otolaryngologist to join established practice in beautiful Montrose, CO. Small and growing community at the base of San Juan Mountain Range. Within one hour drive of Telluride Ski Resort, hiking, trophy fishing, mountain biking, and camping facilities. Town of Montrose is in the top ten growing communities in the nation with abundant sunshine for the outdoor enthusiast. Call office at 970-249-6968 or email coentpc@frontier.net.

- Established Ridgway, CO integrative medical clinic seeks doctors/practitioners to compliment our coalition of independent professionals offering comprehensive, personalized, holistic healthcare. Stellar reputation, spectacular setting, superb quality of life—973-626-9877.

FLORIDA

- Central Florida otolaryngology group is recruiting BC/BE otolaryngologist to join rapidly expanding practice. Two clinic sites, Leesburg and The Villages, and our main OR site has accreditation from AAAASF. We have four BC ENT physicians, one of which is BC in Facial Plastic & Reconstructive Surgery. We have an allergy department, complete audiology services with two doctors of audiology and a BC hearing aid specialist on staff, plus electronic medical records. We offer good schools with a suburban lifestyle in beautiful Lake County. Excellent salary with partnership anticipated. Contact info: michelle.lakeent@earthlink.net or call 352-728-2404.

- ENT job opportunity located in Ocala, FL, one hour north of Orlando. Practice is looking for BC/BE general ENT/facial plastic surgeon to join group of three general ENTs. Contact Dr. Scott Nadenik at cellular 352-274-1570.

- Sunshine, beaches, boating, and a GREAT opportunity. Busy solo ENT looking for a BC/BE ENT to join state of the art practice. EMR, CT scanner, audiology/soundbooths and fully equipped Med-Spa already established. Fast track partnership available. Competitive salary + bonuses + benefits package. New graduates welcomed. Please send CV to toddparnes@gmail.com.

GEORGIA

- General ENT needed in Atlanta. Immediate opening or 2010 position. Private practice in two-person group. Full benefit package. ER call 1:5 weeks. Fax resume to Hailey McIntyre at 678-838-7454.

MASSACHUSETTS

- Work in the heart of beautiful New England. Extremely busy practice in north central Massachusetts seeking associate. Currently one physician doing all aspects of general ENT. Shared call with three others. Community hospitals. This is an excellent opportunity with close proximity to mountains, beaches, and Boston. Contact Dr. Daniel Ervin at (978) 874-7368.

MICHIGAN

- Northwest Michigan practice opportunity. A busy two-physician practice seeking BC/BE ENT to join practice affiliated with two community-based hospitals. For further information, contact Andrew Mendians, DO at 231-843-6557 or mendians@voyager.net.
- Wanted: ENT associate to join busy two-office practice with 1:6 call. Unique opportunity for new graduate to work into a busy practice with fast track to partnership. In mid-Michigan with easy access to northern Michigan outdoor activities. Contact R. Borenitsch, DO at rborenitsch@hotmail.com.

- Detroit Medical Center is looking for a general otolaryngologist. Large referral base, major urban academic medical center, new residency program for support. If interested, please contact Dr. David N. Madgy at 313-745-5402.

OHIO

- Seeking an otolaryngologist for position/ownership in an established practice located in Troy, OH. The practice has a well-established facial plastics. The practice has been in this location 20+ years. If interested, please contact Deborah or Georgia at 937-335-7278 or fax to 937-335-1783.
- ENT BC/BE needed in Newark, OH thirty minutes east of Columbus. Need an additional solo practice physician, 167 hospital undergoing continual upgrading. Additional information can be obtained by calling Michael Ehler at 740-788-6010.
- Fabulous opportunity. 36-year-old otolaryngology practice in Stark County, OH offering excellent salary benefit. Office fully equipped for allergy and audiology. If interested, please contact Dr. George Vogelgesang at 330-837-3559 or email drgwv@hotmail.com.

- Excellent opportunity to become part of a thriving ENT practice in Cincinnati. Seeking BC/BE associate to join busy practice. Exceptional earning potential and early partnership opportunity. Large referral base. Two base offices with two satellites. Office fully equipped and two full-time audiologists on staff. Contact Beth Sears at 513-891-8700 or email bsears@montgomeryent.com.

- Excellent opportunity in the friendly Midwest for a BC/BE otolaryngologist. Immediate opportunity for a well-established, thriving two-physician MD/DO practice. Full scope of general ENT and hearing aid dispensing. Extraordinary benefits package, highly competitive salary, early partnership opportunity, ASC ownership available, income is unlimited. Email CV to Karen Brown at Karen.brown@khnetwork.org or call 800-891-0102. Or contact Gordon Katz, DO at 937-416-1806.

OKLAHOMA

- ENT attending physicians needed. Sign on bonus, salary income guarantee, one hospital coverage, working with Oklahoma State University Medical Center residents. Please call for details: Dr. Sammy Worrall at 918-527-4673; Dr. Mindi Bull at 918-361-4877; Dr. Richard Huffaker at 918-408-5194.

PENNSYLVANIA

- Suburban Philadelphia. Four-physician otolaryngology practice looking for highly motivated ENT. Practice includes all phases of otolaryngology, head and neck surgery, otology and allergy. Competitive salary, bonus and benefits, partnership track. Contact Benjamin Chack, DO at 215-280-6993.

- Premier Southeastern PA private practice of 4 physicians, 2 PAs seeking BC/BE otolaryngologist starting in 2010. Attractive salary and benefits package, early partnership opportunity and generous loan repayment offered. Comprehensive range of ENT-Head and Neck Surgical services, separate allergy suite, 4 office locations, speech therapy, specialty audiologic testing and hearing aid dispensing distinguish our practice in the community. Please direct your letter of interest and CV to: practice_mgr@earthlink.net.

WASHINGTON

- Practice opportunity in the beautiful Northwest. Seeking associate in general ENT and proficiency/interest in FPS, otology and allergy desirable. New osteopathic medical school to open fall 2008 with op. for ENT academic position in addition to private practice. Merging two separate ENT groups to form a single group by 2008 that serves 300K regional patient draw with a current ENT manpower shortage. Strong and respected DO community, two hospitals and two ASCs. Contact: Palmer Wright, DO, 3999 Englewood Ave. #201, Yakima, WA 98902 at 509-453-5300 or email palmer@yvn.com.

NEED MEDICAL DIRECTOR

- Specialty medical clinic in Southlake (Trophy Club), TX is seeking a compassionate board certified otolaryngologist to serve as the clinic's medical director. This is an excellent opportunity to practice and represent an innovative vision of patient advocacy in one of Texas' premier communities. The position offers competitive salary plus performance incentive, \$300,000+ annual income potential, no call, no weekends, full benefits package, excellent hours to ensure quality of life for you and your family, specialty care practice, focus on patient care, state-of-the-art equipment and facility, verifiable need. Interested candidates should call Steve Orlando at 512-351-4747 or send your CV via fax to 512-338-0083 or via email to steve@neurosensorycenters.com.

Otolaryngology Fellowships FLORIDA

- One-year clinical fellowship in otology-neuro-otology starting July 1, 2009 at the Ear Research Foundation/Silverstein Institute, FL. Extensive hands-on surgery, research and patient care including chronic ear cases and surgeries, otosclerosis surgery, Meniere's disease, minimally invasive surgery, cochlear implants, implantable hearing devices, and acoustic tumors. Large temporal bone lab and medical library. Contact Herbert Silverstein, MD at jmoss@earsuniv.com.

MICHIGAN

- Training program in otolaryngic allergy as a one-year continuous, or two-to-three-year interrupted, program at St. John Oakland Hospital in Madison Heights, MI under the direction of Donald M. Rothen, DO. This program became effective July 1, 2001 and is approved by the AOA for three positions. To be eligible, the candidate must be certified in otolaryngology. For further information, please contact Dr. Rothen at 248-541-0100 or email rochenph@hotmail.com.

- Pediatric otolaryngology fellowship available July 2008 at Children's Hospital of Michigan in Detroit, MI. Please contact Dr. Michael Haupert or Dr. David Madgy at 313-745-5402.

NEW YORK

- Pediatric otolaryngology fellowship starting 2004, 2005, 2006 at the Women & Children's Hospital of Buffalo. Exceptional opportunity for a one- or two-year fellowship covering all aspects of pediatric otolaryngology including complex otolaryngology, cochlear implantation, treatment of vascular birthmarks, laser surgery, airway management, maxillofacial trauma, facial plastics, and sinus surgery. Clinical and basic science research is encouraged. Practice has five fellowship-trained pediatric otolaryngologists. Address email inquiries to Philomena Behar, MD at pmbehar@aol.com.