

Council

✦ H A N D B O O K



AMERICAN ACADEMY
OF OPHTHALMOLOGY

The Eye M.D. Association

COUNCIL HANDBOOK
2012 Edition

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A. A BRIEF HISTORY

In 1896, Dr. Hal Foster, an otolaryngologist, saw the need for a medical fraternity and educational activities for his specialty. He invited more than 500 southern and western men who were engaged in the practice of ophthalmology and otolaryngology to come to Kansas City for the purpose of organizing a medical society. It was called the *Western Ophthalmological, Otological, Laryngological and Rhinological Association*. In 1903, the name *American Academy of Ophthalmology and Oto-Laryngology* was adopted and was used until 1979 when the organization separated and each specialty created its respective association. The American Academy of Ophthalmology merged with the American Association of Ophthalmology in 1981.

The development of the Academy paralleled the development of specialization in medicine, and its achievements included introduction of board certification for specialists, central pathology registries, instruction courses at medical meetings and correspondence courses for physicians. The work that was started many years ago continues as we embark into the future. Clinical education remains one of the primary focuses of our organization, linked with providing service to members in ophthalmic practice and advocacy.

The American Academy of Ophthalmology has a rich heritage that is chronicled in two books. Published in 1982, *Pioneering Specialists* by Sharon A. Bryan covers the Academy's history with otolaryngology from 1896 to 1979. In celebration of ten years as the American Academy of Ophthalmology, *Decade of Decision* by William Campbell Felch, MD, was published in 1989 and highlights the events since 1979.

In 1980, the American Academy of Ophthalmology decided to preserve this rich history and founded what would become the Museum of Vision. The Museum of Vision houses, among other items, the Academy archives that document the past and present of the American Academy of Ophthalmology.

■ The Academy's Mission

Today, the Academy carries the tradition that has helped create ophthalmology's rich heritage by working toward its mission:

To advance the lifelong learning and professional interests of ophthalmologists (Eye M.D.s) to ensure that the public can obtain the best possible eye care.

B. THE ACADEMY'S GOALS

The Academy's *Strategic Goals* is a concise summary of the objectives and priorities of the organization, and is re-evaluated each year to help clarify the Academy's vision for the future. A copy of the current *Strategic Goals* is available upon request.

C. OVERVIEW OF THE ACADEMY

■ Membership

The Academy has enjoyed significant membership growth since it separated from otolaryngology in 1979. At that time, there were 9,438 members; by 1989, membership had increased 77% to 16,835 members. Today, the Academy has more than 30,000 members [including more than 93% of all practicing U.S. ophthalmologists], making it one of the largest medical specialty societies in the United States.

■ The Academy Leadership

The success of the Academy is due largely to the contributions of so many of its members. More than 500 member ophthalmologists are involved in developing and overseeing the Academy's activities. This network of volunteers is composed of the following main bodies:

- **Board of Trustees:** The board is the policy-making body of the Academy. It determines the future direction of the organization and allocates the resources necessary to accomplish those objectives. Chapters II and III outline the role of the board and its responsibilities in greater detail.
- **Secretariats:** The secretariats set priorities and coordinate the programs, activities and services of the Academy. Each secretariat is responsible to develop programs within a specific area, to oversee the committees and programs within their realm, and to coordinate programs that involve two or more divisions of the organization.
- **Committees:** Under the direction of the secretariats, committees develop and implement specific programs that ultimately address the long-range objectives of the Academy.
- **Council:** The Council is an advisory body to the Board of Trustees. Concerns and ideas of the membership filter up to the board and management of the Academy through the Council that provides recommendations for board action. The Council is composed of two sections: one that represents state societies and another that represents subspecialties and specialized interests.

■ Organizational Structure

The organizational structure of the Academy leadership is based on the Academy's primary goals: education, ophthalmic practice, and advocacy. The leadership organization chart in the Appendix illustrates the Academy committee structure, which changes as necessary.

D. ACADEMY STAFF

■ The Role of Staff

Staff are valuable members of the Academy team. They are instrumental in the development, design and implementation of programs and possess valuable professional and technical expertise. In addition, staff often can provide historical perspectives of Academy programs and activities.

The primary function of staff is to translate the ideas of the leadership into action. This is accomplished by:

- Working closely with Academy leadership
- Participating in board and committee discussions as requested, providing professional expertise
- Facilitating the planning process by providing necessary background information and analysis
- Researching and implementing ideas and proposals generated by the board and committees
- Providing recommendations for the implementation of Academy policies and procedures
- Overseeing the full range of Academy activities in order to avoid duplication of efforts among committees and groups
- Coordinating the administrative tasks necessary to conduct business

■ Organizational Structure

The staff organization is designed to facilitate the work of the committees and therefore mirrors the structure of the Academy's leadership. The chart in the Appendix shows the staff organizational structure.

E. DIVISION CHARGES AND RESPONSIBILITIES

This section includes a description of the charge, scope of work and responsibilities for the following areas of the staff organization:

- Office of the Executive Vice President
- Communications and Media Division
- Clinical Education Division
- Global Alliances Division
- Meetings & Exhibits Division
- Governmental Affairs Division
- Organizational Services Division
- Information Technology Division
- Foundation of the American Academy of Ophthalmology

■ Office of the Executive Vice President

The Office of the Executive Vice President [OEVP] serves a unique role in the organization in that it serves as the crossroads between the physician leadership and staff implementation of the organization. The OEVP has the joint responsibility of responding to the board leadership and the allocation of resources to achieve the long-term mission of the American Academy of Ophthalmology.

The Office of the Executive Vice President is responsible for:

- Assisting Academy leaders in policy development
- Providing support to the Board of Trustees
- Overseeing all internal operations of the Academy, and facilitating achievement of divisional goals
- Facilitating long-range planning for the future of the Academy, ophthalmology and eye care
- Managing the Academy's resources effectively
- Securing alternative sources of funding, including charitable contributions to the Foundation
- Coordinating international relations within ophthalmology
- Establishing the Academy's leadership in the federal legislative and regulatory arenas
- Enhancing the Academy's relationships with members, industry and medicine
- Facilitating and coordinating leadership activities, including shared interest groups
- Obtaining necessary legal advice
- Providing support to OPHTHPAC
- Cultivating and maintaining relationships with: state societies, subspecialty societies, specialized interest groups

The following department and units report to the Office of the Executive Vice President:

■ Communications & Media Division

The Communications & Media Division provides Academy members with appropriate and timely information about Academy activities, services and resources. The Division works to establish the Academy and Eye M.D.s as the leading source of information about eye care with the public and the media. Staff of this division work closely with secretariats and committees to support the communications goals of the Strategic Plan. The staff of this division are responsible for:

- Developing and delivering vital information, products and services to our members
- Promoting the EyeSmart™ campaign and website (www.geteyesmart.org) to help educate the public about eye diseases and conditions and how healthy vision can be preserved, plus about the unique skills and expertise of ophthalmologists
- Promoting general Academy use of the term Eye M.D. in all appropriate communications with members and the public

- Working with external consumer organizations and ophthalmic subspecialty societies to increase information exchange and communications on quality eye care
- Managing the Academy Web site (www.aaopt.org) and promoting greater use of its information and resources (ONE Network, Academy Online Community and more) by members
- Promoting eye disease and safety information through Eye M.D. observances
- Informing members and the public about issues related to eye care through media relations efforts
- Developing, planning and selling products to help members educate their patients about all aspects of eye care
- Developing and implementing marketing programs for Academy products, programs and services to Academy members and other selected audiences

Departments within the Communications & Media Division include:

- *Media Department*
- *Web & Member Communications Department*
- *Patient Education Department*
- *Marketing Department*

■ **Global Alliances Division**

The Global Alliances Division works to develop and execute long-range plans and strategies to support the Academy's international vision of having the Academy's educational resources adopted and adapted by a broad cross section of ophthalmologists worldwide in order to promote education and foster collaborative, mutually beneficial relationships, as well as its mission of being a highly valued resource for ophthalmology around the world. The physician leadership and staff of this division are responsible for:

- Building relationships with the leaders of international ophthalmologic societies in a respectful and culturally-sensitive manner so that we may create mutually beneficial programs
- Collaborating with international societies to broaden the Academy's outreach and ability to effectively deliver educational materials to international ophthalmologists
- Managing the programs of the International Society of Refractive Surgery, a partner of the American Academy of Ophthalmology (ISRS).
- Helping to improve eye care in developing nations by enhancing the education and training of ophthalmologists in those regions.
- Publishing *EyeNet Magazine*, the Academy's monthly member magazine, *Academy News*, the onsite Annual Meeting issues, *Selections*, the Subspecialty Day supplements and *EyeNet Extra*, its supplements
- Setting the global membership strategy for the organization
- Building and maintaining a strong national and international membership base
- Providing excellent customer service
- Maintaining accurate membership records and statistics

- Assessing member satisfaction with Academy member benefits, programs as services
- Administering the *Code of Ethics* and developing educational materials related to ethics for members

Departments and units within the Global Alliances Division include:

- *International Department*
- *EyeNet Department*
- *Membership and Customer Service Department*
- *Ethics Unit*

■ Clinical Education Division

Staff of the Clinical Education Division work closely with related secretariats and committees to develop long-range educational plans and strategies and to create innovative educational programs and products in support of the education goals of the *Strategic Goals*. Audiences include ophthalmologists in practice and in training (residents), other physicians, medical students, and allied health professionals. A catalog is included in the appendix that details current Clinical Education programs and products, in addition to those offered by other divisions within the Academy. Staff of the Clinical Education Division are responsible for:

- Developing and managing the clinical educational programs and products of the Academy
- Developing online education and news content and managing the delivery of this information on the Ophthalmic News & Education (ONE) Network
- Developing the Ophthalmic Knowledge Assessment Program (OKAP) for residents
- Supporting international efforts in education
- Administering the business aspects of the journal *Ophthalmology*
- Providing overall quality control and responsibility for the Academy's CME accreditation and credit recordation
- Interacting with outside organizations on clinical education-related efforts
- Providing the Practicing Ophthalmologists Learning System and the MOC review course to help members prepare for Maintenance of Certification and maintain knowledge
- Creating and updating the Preferred Practice Patterns and Ophthalmology Technology Assessments to help members in clinical decision making
- Maintaining a data registry for reporting quality measures, Ophthalmic Patient Outcomes Database

Departments within the Clinical Education Division include:

- *Online Education/E-Learning*
- *Quality of Care and Knowledge Base Development*
- *CME, Programs and Acquisitions Department*
- *Publications Department*

■ Meetings and Exhibits Division

The Meetings and Exhibits Division organizes and facilitates all aspects of the Annual Meeting, and assists Academy staff and physician leaders in planning and conducting committee meetings and seminars. This division is responsible for:

- Organizing, promoting and producing the Annual Meeting
- Coordinating arrangements for other Academy meetings
- Developing and managing the practice management programs of the Academy

Programs within the Meetings and Exhibits Division include:

- *Meeting Services*
- *Subspecialty Day*
- *Scientific and Instruction Program*
- *Skills Transfer*
- *Technical Exhibits*
- *American Academy of Ophthalmic Executives (AAOE)*

■ Governmental Affairs Division

The Governmental Affairs Division is ophthalmology's advocacy voice in Washington, advancing Academy policies and concerns to the government, third parties, and other policy makers to ensure that ophthalmology is seen as the most respected advocate for quality eye care. Staff of this division work with the Secretariat for Federal Affairs and the Secretariat for State Affairs and committees in support of ophthalmology's advocacy goals.

The Governmental Affairs Division is responsible for:

- Development of Academy policy on reimbursement, public health and manpower issues
- Representation before Congress and the Federal agencies
- Ensuring recognition of ophthalmology's agenda by AMA and other Advocacy organizations ophthalmologists participate in
- Providing support to OPHTHPAC
- Motivating and assisting members in Congressional advocacy
- Keeping members informed on the developments in Washington of concern to ophthalmologists
- Providing strategic political support for state ophthalmological societies on state legislative and regulatory issues
- Creating legislative and health plan relations advocacy action plans in partnership with societies
- Developing stratagems to thwart optometric scope of practice expansions into medical eye care
- Providing financial and grassroots tools to promote state and regional political action, and
- Increasing the awareness and involvement of young ophthalmologists and residents concerning political issues that impact eye care delivery

The following department and units report to the Governmental Affairs Office:

- *State Governmental Affairs Department*
- *Health Policy Department*
- *OPHTHPAC and Political Affairs Department*
- *Ophthalmic Society Relations Department*

■ **Organizational Services Division**

The Organizational Services Division provides services and organizational support to all Academy staff so that they may achieve their objectives. This division is responsible for:

- Providing financial and accounting and services
- Ensuring the availability of highly qualified human resources
- Creating a work environment conducive to efficient job performance
- Designing, publishing and coordinating the printing of Academy materials
- Providing professional management services to subspecialty and allied ophthalmic organizations

Departments and units within the Organizational Services Division include:

- *Association Management Services Department*
- *Design and Print Services Unit*
- *Finance Department*
- *Human Resources Department*
- *Building and Office Management*

■ **Information Technology Division**

The Information Technology division provides technical services and support to all Academy staff in support of their objectives. This division is responsible for:

- Managing critical systems (email, network, web, data management)
- Managing technical aspects of core membership management and financial software
- Selecting and implementing new technology for use at the Academy
- Technical project management and direction for Academy developed products and services
- Reduction of Academy costs and risks and improving member benefits through the use of technology

Departments and units within the Information Technology division include:

- *Core Systems Management*
- *Application Development*
- *Technical Support*
- *Project Management*

■ **Foundation of the American Academy of Ophthalmology**

The Foundation of the American Academy of Ophthalmology supports priority programs and projects of the Academy and its Foundation including education, quality of care research and service.

The FAAO is responsible for:

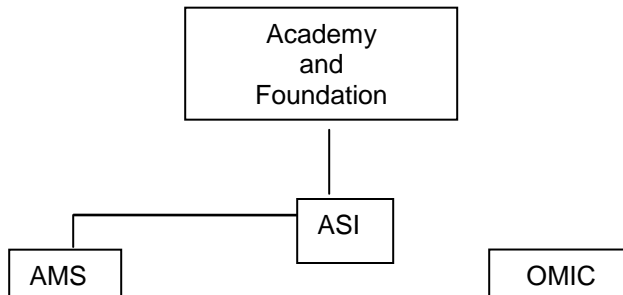
- Raising financial support globally
- Facilitating access to eye care in the U.S. for the medically underserved
- Maintaining a resource for members and the public to research and learn about the history of ophthalmology and the Academy

Departments and units within the FAAO include:

- *Public Service (EyeCare America)*
- *Ophthalmic Heritage and Museum of Vision*
- *Development Office*
- *FAAO Administration*

F. AFFILIATED ORGANIZATIONS

This provides an overview of how the affiliated organizations relate to the Academy.



■ **Academy Services, Inc. [ASI]**

ASI is a wholly owned for-profit subsidiary of the American Academy of Ophthalmology. ASI serves as the holding company for other for-profit companies that conduct activities unrelated to the Academy's tax-exempt purpose.

■ **Ophthalmic Mutual Insurance Company [OMIC]**

The Ophthalmic Mutual Insurance Company (OMIC) was started by American Academy of Ophthalmology members in the 1980's in response to a severe medical malpractice crisis that arose in many areas of the United States. OMIC has come to be known as the leading resource for

ophthalmic consent documents, CME approved risk management courses, and loss prevention consult and hotline advice for ophthalmic medical practices. Over 4100 ophthalmologists nationwide are insured with OMIC for medical malpractice insurance. Serving ophthalmologists, outpatient surgery centers, eye banks and other ophthalmology related business is OMIC's sole mission. OMIC, which continues to be sponsored by the Academy and 34 state and subspecialty ophthalmic organizations is governed by 22 practicing ophthalmologists and its policyholders.

■ **Academy Management Services, Inc. [AMS]**

SFAMS is a subsidiary of the Academy doing business as Academy Management Services, Inc. SFAMS provides professional management and administrative services to subspecialty associations. SFAMS also manages the San Francisco Matching Program (SFMatch) which administers the operation of residency and fellowship matching programs for ophthalmology and many other specialties.

AMS currently manages the following specialty organizations:

- American Association for Pediatric Ophthalmology and Strabismus (AAPOS)
- American Glaucoma Society (AGS)
- American Ophthalmological Society (AOS)
- American Society of Ophthalmic Registered Nurses (ASORN)
- Association of University Professors of Ophthalmology (AUPO)
- Association of University Professors of Ophthalmology Fellowship Compliance Committee (AUPO FCC)
- Association of Veterans Affairs Ophthalmologists (AVAO)
- International Society for Eye Research (ISER)
- National Certifying Board of Ophthalmic Registered Nurses (NCBORN)

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A. THE ROLE OF THE COUNCIL

The Council serves as the advisory body to the Board of Trustees. The Council was established in accordance with section 7.01 of the Bylaws of the American Academy of Ophthalmology:

. . .to provide a mechanism for the development of advice to the Board of Trustees by encouraging and facilitating liaison, open communications, cooperation, and coordination between and among the Academy and ophthalmologic organizations and their members, and, in turn, between and among them and the Board of Trustees. . .

B. HOW THE COUNCIL IS ORGANIZED

Article 7.01 of the Academy bylaws further states that:

. . .the Academy shall have a Council composed of representatives of ophthalmologic organizations. Representation of organizations in the Council is voluntary. The actions of the Academy, its Board of Trustees, and its Fellows and Members do not bind the organizations represented on the Council to any obligation that they do not voluntarily assume.

The organizations and the number of Councilors representing them are determined by the operational procedures of the Council. The number of Academy members that reside in the state determines the number of state society Councilors and the number of members in the subspecialty or specialized interest society determines the number of subspecialty/specialized interest Councilors. These procedures and a list of organizations represented on the Council and their Councilors are provided in the Council meeting agenda books.

A Council roster with e-mail addresses is also available on:

www.aao.org/about/governance/council/council_roster.cfm

A copy of the Council operational procedures is also included in the Appendix.

■ Council Leadership

The Council has a Chair and a Vice Chair, who also serve as members of the Board of Trustees. The Chair and Vice Chair of the Council alternate every two years between a Councilor selected from the section for state ophthalmology societies and the section for subspecialty societies and specialized interest organizations. Eligible Councilors are nominated by each Council section and also by the entire Council in general session. The term of office for both positions is two years. After approval by the Board of Trustees, nominees for these positions are elected by the Academy membership.

The Council has a Coordinating Committee, which consists of the Chair, Vice Chair, Executive Vice President, and the President-Elect. The Coordinating Committee appoints some of the officers and committees of the Council, and prepares the agendas for meetings of the Council.

■ **Council Sections**

The Council is composed of two sections:

• **Section for State Ophthalmological Societies**

Members: State ophthalmology societies and the ophthalmology societies of the District of Columbia and Puerto Rico. Total number of organizations = 52. Total number of seats = 70 (some societies have more than one seat due to the number of Academy members practicing in the state).

• **Section for Subspecialty Societies and Specialized Interests**

Members: 24 ophthalmology subspecialty societies or specialized interest societies with a vote (three organizations have 2 votes = 27 seats), and 5 specialized interest societies represented by Associate Councilors with limited voting privileges. * Total number of organizations = 29. Total number of seats = 32

The Chair and Vice Chair of the Council are designated as ex officio members of the section that elected them to office. They also serve as section leaders and in that capacity chair the meetings of the Council sections. Deputy section leaders are elected annually to assist the section leaders in conducting the business of the section.

* Associate Councilors represent organizations that have been granted representation on the Council even though the organization does not meet the full requirements for representation on the Council. The rules governing representation on the Council are in section A. 1. of the Council operational procedures.

■ **Council Regions**

The Council is also divided into nine regions of the country. All Councilors attend the regional meeting for the state in which they reside.

Great Lakes	IL, IN, MI, OH, WI
Heartland	IA, KS, MN, MO, NE, ND, SD
Metro-East	NJ, NY, PA, DE
Mid-Atlantic	DC, KY, MD, VA, WV
Mountain West	AZ, CO, ID, WY, MT, NM, UT
New England	CT, ME, MA, NH, RI, VT, Canada
Pacific Coast	AK, CA, HI, NV, OR, WA
Southeastern	AL, FL, GA, NC, PR, SC, TN

Tornado Belt AR, LA, MS, OK, TX

Councilors meet by region **twice** a year:

- Fall Council meeting, held in conjunction with the Academy's Annual Meeting
- Spring Council meeting, held in conjunction with the Mid-Year Forum.

Councilors representing subspecialty or specialized interest organizations are geographically assigned to the region in which they reside. The purpose of regional meetings is to provide an opportunity for Councilors and leaders of state and subspecialty and specialized interest societies to provide input into Academy policy development in an informal, small group setting that will foster a free exchange of ideas.

A regional chair, who is a Councilor in the region, runs each meeting. The Council Coordinating Committee appoints chairs for each region annually.

■ Staff

Administrative services and staff support for the Council are provided by the Academy's Ophthalmic Society Relations Department.

C. TERMS OF COUNCILORS

Councilors are elected by the members of the organizations they represent and are eligible to serve two (2) terms of three (3) years each.

Organizations may elect or appoint Alternate Councilors in the place of the official Councilor when the Councilor is not able to attend a particular meeting. However, in order for an Alternate Councilor to represent their society in place of a Councilor, they must meet the following criteria:

No person who is ineligible to serve as a Councilor based on the term limits set forth in Section 7.05 of the Academy's Bylaws shall be eligible to serve as an Alternate Councilor.

Notwithstanding the foregoing, an individual who is disqualified by the term limits set forth in the preceding sentence may serve as an Alternate Councilor for one (1) additional meeting of the Council as may be designated by the electing or appointing organization. Each organization electing or appointing an Alternate Councilor shall submit the name to the Credentials Committee of the Council for certification no later than 30 days prior to the fall or spring Council Meetings, unless an extension is granted by the Chair of the Council for good cause.

Terms for all Councilors can be found in the Master Councilor Roster included in the Appendix.

D. APPOINTED & ELECTED POSITIONS ON THE COUNCIL

The Council Coordinating Committee feels that it is appropriate to have both elected and appointed positions in the Council. This helps to ensure that a variety of people are able to participate in Council activities. When making appointments, it is the philosophy of the committee to ensure a balance of representation from small states, large states, subspecialty societies, and specialized interest organizations as well as to be consistent with the Academy's diversity policy. Following are brief descriptions of each Council position.

■ Positions Elected by each Council Section

Deputy Section Leader

Duties: The deputy section leader assists the section leader in conducting the business of the section. Section leaders are the Chair and Vice Chair of the Council. The State Section meets during the Spring Council meeting. The Subspecialty/Specialized Interest Section meets during both the Spring and the Fall Council Meeting. Term = 1 year

Section Representative to Academy Nominating Committee

Duties: Serve as a section representative on the Academy Nominating Committee. Attend two face-to-face Nominating Committee meetings. (February and April Mid-Year Forum). Participate on two to six conference calls. Term = 1 year

Section Nominating Committee*

Duties: Meet by telephone conference call (1 or 2 calls) to nominate section members for open positions. Term = 1 year

* Nominees (for Section Nominating Committees) suggested by the Council Coordinating Committee. All other section positions suggested by each section Nominating Committee

■ Positions Appointed by the Council Coordinating Committee

Regional Chairs

Duties: Facilitate regional meetings at the Spring and Fall Council meetings. Attend regional chair orientation at the Spring Council meeting. Term=1 year

Credentials Committee

Duties: Certify Councilors, Associate Councilors and Alternate Councilors at all meetings of the Council and Council sections. Review applications of organizations applying for a seat on the Council and requests from organizations currently represented on the Council regarding a change in

status (i.e., request for additional Councilor or request for full voting status.) Make recommendations to Council. Assist with elections during Council meetings. (1 or 2 conference calls.) Term = 1 year

Representatives to Academy Awards Committee (3 positions)

Duties: Review individuals who are eligible for an Academy Achievement Award, and other awards and make recommendations/nominations to the Board of Trustees. (1 conference call and 2 to 3 mail reviews) Term = 1 year

Council Advisory Recommendation (CAR) Hearing Chair and Co-Chair

Chair Duties: Review all CARs submitted for discussion at the Spring Council Meeting, including reading all background materials. Moderate the CAR Hearing at the Spring Council Meeting, with the assistance of the Co-Chair. Review and approve the CAR Hearing Report. Term = 1 year

Co-Chair Duties: Review all CARs submitted for discussion at the Spring Council Meeting, including reading all background materials. Assist the Chair in moderating the CAR Hearing at the Spring Council Meeting. Review and approve the CAR Hearing Report. Term = 1 year

E. RESPONSIBILITIES OF COUNCILORS

As a Councilor of your respective state or subspecialty/specialized interest society, you have been recognized by your society as one of its leaders. As a member of the Academy's Council, you are also a leader of the Academy and all its members. This leadership position carries certain responsibilities that are expected to be fulfilled by each Councilor:

■ Society Liaison

- Serve as a two-way source of information and feedback between the Academy and the represented organization and its constituent members

Note: state councilors represent all Academy members residing in the state, not only members of their societies.

- Assist the Academy in the development or improvement of an ophthalmologic society as requested
- Coordinate the implementation of joint activities between the society and the Academy as needed
- Develop Council Advisory Recommendations (**CARs**), in conjunction with the leaders of your society, for presentation and discussion at the Spring Council Meeting.
- A CAR [online database](#) is available to submit a new CAR and to review past CARs (from 2000 to current).

Note: CAR deadline information and format for can be found on:
http://www.aaopt.org/about/governance/council/car_submit.cfm

■ Communication with Your Society

- Report highlights of Council meetings and the Mid-Year Forum to leaders and members of the represented organization
- Keep organization leaders informed of Academy programs, activities and services

■ Communication with the Academy

- Respond promptly to requests for information from the Board of Trustees, secretariats, committees and staff of the Academy as needed
- [Prepare and submit](#) to the Academy written **Semi-Annual Reports** about your society's activities for the Spring Council Meeting and the Fall Council Meeting

Note: Deadlines and format for submitting these reports can be found on:
www.aao.org/about/governance/council/semirpt.cfm

■ Meeting Attendance

- Attend the Fall Council Meeting – in conjunction with the Academy's Annual Meeting
- Attend the Spring Council Meeting in conjunction with the Academy's Mid-Year Forum (April)

Note: Your attendance at both the Spring and Fall Council Meetings are critical to maintaining the dialogue between your society and the Academy. The date of each meeting is published at least five years in advance and it is your responsibility to make sure that there are no conflicts with these dates. When you are planning your travel, please make sure that your departure time does not conflict with the scheduled end of the meeting.

Ensure that a designated alternate or another organization representative is present in the event that the Councilor cannot attend the Mid-Year Forum, Spring Council Meeting or the Fall Council meeting. (Alternate Councilors must be officially seated in place of the Councilor at the start of the meeting in order to vote in place of the Councilor.)

- Prepare for all meetings by reviewing agenda material ahead of time
 - Attend all meetings of the governing board of the represented organization and serve as member of the board and/or executive committee of the organization if possible
- Note: this will help to facilitate communication at the leadership level.*
- Attend annual meetings of represented organization

■ Advocacy

Over the last decade, advocacy has become increasingly important for our profession and for the Academy. As leaders of the Academy, you need to set an example for our general membership. It has been a proud tradition that the physicians on the Board of Trustees and on the Committee of Secretaries have unanimously contributed to OPHTHPAC and the Surgical Scope Fund (SSF). In

past years, 100% of the Council has contributed to OPHTHPAC. ***The act of participating in both OHTHPAC and the SSF by all Councilors sends a very important message to all ophthalmologists.***

■ State Ophthalmology Society Membership

It is the overwhelming consensus of the Council that the Academy support membership in state ophthalmology societies since the Academy's national strength derives from our strength at the local level through state societies. While the Academy does not mandate state society membership to be a Councilor, ***it is strongly urged that all subspecialty/specialized interest society Councilors join their respective state societies.***

F. COMMUNICATION FOR COUNCILORS

■ General Information

Most communication to members of the Council is done electronically by e-mail and also through the Academy's Web site. Therefore, all Councilors are required to have an e-mail address. When the Academy has your e-mail address you will receive 2 important and regular e-newsletters *Academy Express* and the *Council Newsletter*. Both of these newsletters are also posted on the Academy's website. Other important items posted on the Academy's website include: *EyeNet Magazine* and the *Washington Report*. See the Appendix for sample web pages for these items.

A list of acronyms commonly in use at the Academy is also included in the Appendix.

■ The Council Website

The Council has a dedicated section on the Academy's website www.aao.org/council. You will need your Academy user name and password to login to these *member-only* pages. Information on the Council website includes:

- Council roster with e-mail addresses for each Councilor
- Information on how to register for the next Council meeting
- Most recent *Council Newsletter* (e-mailed to you quarterly)
- Most recent Council Advisory Recommendations (CARs) to the Board and their status
- Notes from the most recent Council regional meetings
- Schedules for upcoming meeting along with the format for your Semi-Annual Reports to the Academy

The Academy's Web site includes a Volunteer Recognition Gallery:

<http://aaophp.aao.org/vga/index.php>

The gallery includes photographs of the Board of Trustees, the Committee of Secretaries, Councilors and Academy committee volunteers.

■ **Council Newsletter**

A **Council Newsletter** is published quarterly and sent via e-mail. The newsletter is sent to councilors, society presidents, president-elects, and executive directors and members of the Academy Board of Trustees. View the current newsletter online at:

www.aao.org/about/governance/council/newsletter.cfm

■ **Contacting the Academy**

You are always welcome to contact Academy staff for information or clarification on issues. You may contact departmental staff directly or you may contact any member of the Ophthalmic Society Relations Department, which provides the primary staff support for the Council. Academy staff contacts are listed in the Appendix.

Phone Number

1.866.561.8558 (toll-free – U.S. only) or 415.561.8540 from outside the U.S.

Customer Service Representatives are available to assist you Monday – Friday from 8:00 a.m. to 5:00 p.m. (Pacific Standard Time)

E-mail Addresses

All Academy staff e-mail addresses are comprised of the person's first initial and last name, followed by @aao.org. E.g., John Doe = jdoe@aao.org.

■ **Other Information**

The following items are updated and provided to you in the agenda books for the Spring and Fall Council Meetings. They are also available on request from the Ophthalmic Society Relations Department.

- Master Roster of Councilors by organization: includes current terms of Councilors, and eligibility for future terms.
- List of Councilors by region
- List of Council officers and committees
- Council Operational Procedures
- Academy's strategic goals
- Volunteer organizational structure
- Board of Trustees roster
- Committee of Secretaries roster

G. COMMUNICATION BY COUNCILORS

■ Updating Your Society About Academy Activities

Councilors need to update their societies at least twice a year about Academy activities: after the Spring Council Meeting, held at the Mid-Year Forum and after the Fall Council Meeting held at the Academy's Annual Meeting. Other updates should be provided as needed and according to issues of interest to your society members. Sources of such information can be found in the quarterly *Council Newsletter*, on the Council website, in *Academy Express* (the Academy's weekly all member e-mail update) as well as in special issue-specific Council e-mail communications from the Academy.

■ Semi-Annual Reports for the Academy

Councilors are *required* to submit **two** semi-annual reports a year to the Academy regarding the activities of their society. Deadlines and the format for these reports can be found on the Council website: www.aaof.org/about/governance/council/semirpt.cfm - upcoming meetings tab. In addition, deadline notices will be posted in the *Council Newsletter* and sent to you via e-mail.

H. RECOGNITION FOR COUNCILORS

■ Award Points

As a Councilor you will receive one (1) one point for each year you serve on the Council. See chapter IV for more information on the Achievement Award Program.

■ Award Recognition

The service of all outgoing Councilors is recognized at the Fall Council Meeting. Each outgoing Councilor receives a plaque in recognition of their service to the Academy.

I. HISTORY AND ORIGINS OF THE COUNCIL

1979 – The Board of Councilors is Established

The Council in its present form has its origins in the original Articles of Incorporation of the American Academy of Ophthalmology that resulted from the merger with the American Association of Ophthalmology in 1979. These Articles of Incorporation outlined a need for an Advisory Council in the reorganized American Academy of Ophthalmology. The American Association of Ophthalmology had been created in 1956 for the specific purpose of dealing with socioeconomic and political issues. Its structure was based on the organization of the American Medical Association, with a House of Delegates made up of representatives of all the state ophthalmological organizations. This "House of Delegates" was the policy-setting body of the

Association and it was strongly influenced from a grassroots level, and this body established policy through a long deliberative process of resolutions and reference committees.

When the American Association of Ophthalmology merged with the Academy in 1979, a compromise was reached in terms of the governance of the newly merged organization. A separate structure was established, known as the Board of Councilors (BOC). Establishment of this broadly based representative body was felt to be appropriate since the newly augmented Academy would be involved in a wider range of activities. The purpose of having these Academy representatives participate in other ophthalmic organizations was to aid and promote communication, cooperation and coordination. The BOC reviewed the programs and policies of the Academy and submitted recommendations for the Board of Directors to consider, with the Board having final approval over the recommendations. The Chairman and Vice-Chairman of the BOC also had positions on the Academy Board of Directors. In addition, the Academy's Bylaws were revised to add four directors-at-large to the Board of Directors in an effort to include more grassroots representation.

1987 - The Board of Councilors is Reorganized and Becomes the Council

In 1987, the Bylaws were amended to implement a new structure for the Board of Councilors, renaming it the Council, and establishing open Reference Committee hearings on resolutions and two regional meetings a year. An Executive Committee was also created, comprised of regional coordinators, a Councilor representing a subspecialty group and the Chair and Vice-Chairman of the Council. The Executive Committee of the Council established the agenda for the annual regional meetings of the Council, reviewed the bylaws and suggested changes to them, submitted names of candidates to the Nominating Committee for vacant Director-at-Large positions and designated the order of priority with respect to adopted Resolutions and then submitted them to the Board.

The Council was and is now composed of representatives from ophthalmic membership organizations that are incorporated as non-profit corporations. These are ophthalmic state societies, subspecialty societies and specialized interest groups. The actions of the Academy, its Board of Directors, and its Board of Councilors were voluntary and not binding on the represented organizations. This is still true today.

The Council's functions were to serve as a deliberative body holding open meetings for discussion and to develop and suggest policy to the Board of Directors. The Council also reviewed general programs and policies and prepared recommendations for the Board of Directors, and deliberated issues and formulated recommendations on specific questions referred by the Board of Directors. It required a two-thirds majority vote for the Board of Directors to turn down a resolution approved by two-thirds of the Council.

Another function of the Council was to conduct liaison functions between the Academy and representative organizations and to aid and promote communication, cooperation, and coordination between the Academy and other ophthalmic organizations.

1993 – Reorganization of the American Academy of Ophthalmology

In 1991 the Board of Directors began to examine the structure and processes of the Academy to ensure that they were appropriate and optimally organized to ensure the effective pursuit of the Academy's mission and strategic plan. This action came in response both to some specific issues that had been raised related to governance of the Academy and to general concern about whether the Academy's structure and processes would serve the organization well in the future. The Board appointed an Ad Hoc Committee on Organizational Design that was charged with reviewing and recommending appropriate changes in the Academy's structure.

One major issue addressed by the Committee was: Who should have ultimate responsibility for leading, directing and controlling the Academy? Based on extensive review of a wide variety of possible governance models, both within and outside of medicine, the Committee concluded that the Academy should have a single governing body. With the rapidly changing environment, the committee felt that neither a large body, such as a House of Delegates, nor dual governing bodies with shared authority could make decisions on a timely basis or lead an organization effectively. The committee recommended that the governing body be a Board of Trustees, which would focus on strategic planning and major policy issues, as well as oversight of management and operations.

The committee also recommended that the Academy needed to create more effective ways to obtain input into policy making from individual members, from groups of members with shared interests, and from state, subspecialty and other national societies.

Finally, the committee recommended that the Academy have one Council with two or more sections charged with facilitating input to the Academy from groups of members and with enhancing two-way communications and cooperation between the Academy and other ophthalmic groups. The committee initially recommended a Council Section for State Societies and a Council Section for Subspecialty and Specialized Interest Societies.

In the fall of 1992 the Academy members adopted bylaws (effective in 1993) that implemented committee recommendations approved by Board. In summary:

- The Board of Directors became the Board of Trustees and was designated as the single governing body of the Academy.
- The Mid-Year Forum was established to obtain a broad range of input into policy development at the Academy. (At the Mid-Year Forum over 400 leaders from the ophthalmic community, including members of the Council, gather annually to discuss critical issues facing the profession.)
- The Council was reorganized into two sections as recommended: one for states and one for subspecialty and specialized interest organizations.

Today, the Council retains the advisory role and all of the responsibilities it had in 1987 without the two-thirds provision. The Chair and Vice Chair sit on the Board of Trustees to represent the concerns of the Council. The Council has a Credentials Committee and each section has its own Nominating Committee. Each section also has a representative on the Academy's Nominating Committee. A Hearing Committee is appointed annually to facilitate the deliberations of "Council

Advisory Recommendations” (CARs) and to formulate a report from the Council to the Board with specific recommendations.

CARs provide the format for represented organizations to bring issues to the attention of the rest of the Council and ultimately to the Board. The structure of the Council allows for thorough deliberation and discussion of complex issues. Issues brought forth and discussed by the Council include: on-call compensation, accreditation of ophthalmology fellowship programs, subspecialty certification for ophthalmology and participation and attendance by optometrists at the Academy’s Annual Meeting. A recent CAR resulted in the development of a Basic Clinical and Science Course (BCSC) companion volume titled “The Profession of Ophthalmology,” which covers the topics of ethics, practice management and advocacy.

The Board of Trustees has final authority and responsibility for the implementation of recommendations made by the Council. The deliberative body known as the Council has been in existence for more than 20 years. Its structure has evolved and changed over the years, but it has always retained its broad-based representative structure as an advisory body.

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A. POLICY AND THE BOARD OF TRUSTEES

A primary focus of the Board of Trustees is to ensure that the Academy's *Strategic Goals* are implemented as effectively as possible. The Board's focus, therefore, is on high-level policy setting and strategic planning for long-range issues.

The Board of Trustees is confronted with many complex issues concerning the future of ophthalmology as a profession, the future of the Academy as an organization, and the future of eye care delivery to the public. Most issues require a great deal of analysis so that appropriate positions and strategies may be developed. In order to fully understand issues, the Board of Trustees seeks and often relies on information and feedback from the Council and other Academy leaders.

■ What Is Policy?

Policy is the result of recognizing, defining, and analyzing issues to develop positions, strategies or actions.

The Board of Trustees has defined policy as:

A definite position, course or method of action that is in agreement with the general principles and goals of the organization, which is selected from among alternatives, to guide and determine present and future decisions, and that is subject to revisions as conditions and circumstances change.

When policies and strategies are implemented the board works closely with the Academy's divisional groups: Clinical Education, Ophthalmic Practice, Advocacy/Governmental Affairs, Global Alliances, Communications, Information Technology and Meetings & Exhibits.

When there is a need to communicate the Academy's position on a specific issue, a *Policy Statement* is written and published. However, not all policies have published statements. This process is covered in detail later in this chapter.

B. ACADEMY STATEMENTS

■ Purpose

Academy statements eliminate confusion or misrepresentation by establishing a unified Academy "voice" on a number of important issues affecting the practice of ophthalmology today. The Policy Statement: *Guidelines for the Avoidance of Inadvertent Anticompetitive Conduct* should be reviewed during the development of a statement in order to avoid inadvertent anticompetitive conduct and the possible attribution of that conduct to the Academy.

Academy statements are developed by various Academy committees to meet specific needs for timely information and positions on a variety of issues. These statements are divided into three

categories: Policy Statements, Advisory Opinions of the Code of Ethics and Informational Statements. Policy Statements are reviewed every three years for their accuracy, relevancy and consistency with Academy goals. Advisory Opinions of the Code of Ethics are reviewed every five years by the Board of Trustees. Each statement may be reaffirmed, revised or retired. Informational statements are reviewed by the appropriate Academy committee, secretariat and the senior secretary responsible for the statement; the Board of Trustees is kept informed of changes to Informational Statements.

■ Policy Statements

Policy Statements are positions adopted by the Academy's Board of Trustees that are designed to influence decision making, as well as to educate and provide guidance on issues of growing concern. Various Academy committees on behalf of the Board of Trustees develop them.

■ Developing a Policy Statement

Policy Statements are developed when there is a need to formulate and communicate the Academy's position with respect to a particular issue. The Board of Trustees may delegate this responsibility to any individual or committee. Following are guidelines for developing a Policy Statement.

Purpose: A Policy Statement makes known the Academy's position on an issue. It also serves to educate and provide guidance on an issue of growing concern.

Process: Policy Statements are drafted by an appropriate committee before being presented to the secretary and senior secretary to whom the committee reports; Policy Statements also require, legal, editorial, and preliminary review by the Board of Trustees before being considered for adoption as an official policy at a meeting of the Board of Trustees.

Audience: Policy Statements are intended for third-party payers, policy makers, government officials, health professionals, Academy members, and the general public.

Format: Policy Statements generally contain the following elements:

- 1) **Policy:** The policy provides a brief statement of the Academy's position on the issue and/or problem being addressed.
- 2) **Background:** This section includes a factual description of the issue or problem that is the subject of the statement, who it affects and how, and what has been done to try to solve it. Historical information on the development of the problem or issue is included only insofar as it is critical to the reasons the Academy has adopted the policy. References on the subject also may be included.

- 3) **Evaluation:** This section provides a detailed evaluation of the adopted policy, citing specific reasons why it should be adopted.
- 4) **Recommendation:** This section states recommended procedures for addressing the issue.

■ **Informational Statements**

There are four types of Informational Statements prepared by Academy committees. Specific guidelines for the development of these statements are provided to the appropriate committees by their staff contacts.

Clinical Alerts: early-warning bulletins designed to alert member and nonmember ophthalmologists about defective drugs or devices. Developed for practicing ophthalmologists through the Clinical Alert Program, the alerts also benefit pharmaceutical manufacturers, health care professionals, and the general public.

Information About Eye Care: statements that discuss eye care subjects of interest to the public. Developed by various Academy committees, mainly for the general public, but also of interest to health care professionals and the media.

Information Statements: current issues related to practice management and clinical diseases. Developed by various Academy committees for practicing ophthalmologists and health care professionals.

Public Health Notes: statements alerting the public to the threat of vision loss from eye injuries, systemic disease, and other sources. Developed mainly for the general public, but also for health care professionals and the media.

■ **Review Process**

Academy Policy Statements and Advisory Opinions of the Code of Ethics are reviewed periodically for accuracy, relevancy and consistency with Academy goals. Following is a description of the separate stages in the three-year review process.

- *Committee Recommendation:* The committee assigned to the statement submits its recommendation to reaffirm, revise or retire the statement. If the statement requires revision, the committee submits revised copy, highlighting the changes in text.
- *Editorial and Legal Counsel Review:* The final draft of revised and reaffirmed statements is reviewed by a professional editor and by legal counsel. Comments from the editor and legal counsel are returned to the originating committee.

- *Mail Ballot*: Upon completion of the foregoing steps, the statement, along with the committee's recommendation, is sent to the entire Board of Trustees for a written ballot. If concerns arise, it is returned to the originating committee.
- *Ratification of Mail Ballot*: The final statement and the committee's recommendation are included in the Board of Trustees agenda for ratification of the mail ballot.

C. MID-YEAR FORUM

■ Purpose

The Mid-Year Forum was created as an opportunity for Academy leaders and leaders of allied ophthalmic organizations to identify and discuss critical issues facing ophthalmology. These leaders provide important contributions to the development of Academy policy. For updates on Mid-Year Forum, visit: www.aao.org/myf.

■ Participants

In order to represent the broad spectrum of ophthalmology, the following individuals are invited to participate:

- The Board of Trustees and Academy Secretaries
- The Council (Councilors or certified Alternate Councilors)
- Committee chairs and representatives
- Presidents, presidents-elect, other leaders, and executive staff of special interest groups, state societies, and subspecialty societies
- Members of the AAOE Board of Directors
- Members of the Young Ophthalmologist Committee and Young Ophthalmologist Advocacy Subcommittee
- Other invited members, outside experts, and staff
- Advocacy Ambassador Program Participants (Members in Training sponsored to attend by state, subspecialty/specialized interest societies and/or training programs)

■ Goals

The Forum is designed to give the Academy Board of Trustees and committee chairs a broad range of member response on issues. This information is vital to the development of policies that respond to the demands placed on ophthalmology and the Academy. The goals for the Mid-Year Forum are:

- To provide a mechanism for discussion and debate of proposed policies and programs that address issues of importance to ophthalmology and the Academy, in order to provide informed counsel to the Board of Trustees;
- To identify new issues to be addressed by the Academy;
- To acquire information and input from constituent state and national societies through a meeting of the Council, regional meetings and section meetings;

- To encourage cross-fertilization, communication, and cooperation among the leaders of ophthalmology;
- To educate ophthalmology leaders about critical issues facing ophthalmology, inform them about how issues are being handled and obtain feedback;
- To educate and update participants about Academy activities so that they may better serve as effective Academy leaders and representatives.

■ Meeting Schedule

The Mid-Year Forum is held annually in April. Councilors should plan to spend about 4 days at the Mid-Year Forum. The exact schedule of the meeting varies from year to year according to the program. Councilors are also encouraged to attend the Academy's annual Congressional Advocacy Day, which is held in conjunction with the Mid-Year Forum. Congressional Advocacy Day is designed to train members to develop relationships with their Members of Congress and to teach members how to effectively meet with Members of Congress to advocate on behalf of the Academy, ophthalmology, and their patients. To view the dates for Mid-Year Forum, visit: www.aao.org/meetings/myf/future_meetings.cfm.

D. SPRING COUNCIL MEETING

■ Purpose

The Council holds its spring meeting in conjunction with the Mid-Year Forum. At this meeting Councilors debate critical issues facing ophthalmology and the Academy. The Council makes its recommendations in the format of Council Advisory Recommendations (CARs), which are forwarded to the Board of Trustees. The board assigns these CARs to the appropriate Academy division, secretariat or committee to research and implement if appropriate. Issues are submitted mainly by Councilors, but may also be submitted by the Board of Trustees.

■ Format for Issues: Council Advisory Recommendations

- Title
- Problem statement
- Summary of facts and background information
- Possible solutions
- Name of the Councilor and the sponsoring organization(s)
- Date of approval by the Board or Executive Committee of the sponsoring organization

Specific instructions and deadlines for submitting issues are published in the *Council Newsletter* and on the Council section of the Academy's website: www.aao.org/about/governance/council/recommendations.cfm. Issues should reflect a concern identified by the represented organization and not the individual views of Councilors or other leaders of organizations. Council Advisory Recommendations are due about two months before the Spring Council Meeting. A list of Council Advisory Recommendations considered last year are included in the Appendix.

■ Discussion, Recommendations and Feedback on Issues

CARs are first presented during the opening session of the Council meeting. They may then be discussed during the regional meetings and Council section meetings. The position of a Council region or section may be presented during the CAR hearing, when the whole Council is present. Issues are discussed and debated during the CAR hearing. The purpose of discussion and debate in these meetings is to reach **consensus** regarding Council Advisory Recommendations. That is, most Councilors will need to agree with the overall recommendation before it is referred to the Board of Trustees. If a straw poll shows 51 to 48 then those numbers are not communicated to the board as consensus of the Council. When the Council is not able to reach consensus, it will be so indicated to the Board of Trustees.

Finally, a status report of all issues referred to the Board of Trustees from the Spring Council Meeting is provided by e-mail in the summer and in the agenda at the Fall Council Meeting.

E. FALL COUNCIL MEETING

■ Purpose

The Fall Council Meeting, held in conjunction with the Academy's Annual Meeting provides an opportunity for the Council to have a standalone meeting. In contrast the Mid-Year Forum is an event for a broader audience and includes other Academy leaders, who attend and participate in the meeting.

During the Fall Council meeting, Councilors have an opportunity to exchange information on issues of common concern in their regional meetings. Council regions may also begin to identify issues for consideration as Council Advisory Recommendations for discussion at the next Spring Council Meeting. The Academy also provides updates on key issues at the Fall Council meeting.

■ Meeting Schedule

The Fall Council Meeting occurs on **Sunday**, which is the second day of the Annual Meeting. *Separate meeting registration is required for this meeting.*

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A. REPRESENTING THE ACADEMY

As a member of the Academy's leadership, you are viewed as a representative of the organization. So as not to inadvertently misrepresent the Academy, it is important that you choose your words carefully and distinguish your personal views from those of the Academy.

Speakers at Academy courses or functions should not make remarks that could be interpreted as being prejudicial against a group or an individual on the basis of race, color, sex, sexual orientation, age, religious creed, national origin, ancestry, marital status, physical handicap, or medical condition.

■ Important Policies for Academy Volunteers

Councilors are required to comply with these important guidelines and policies. **Please review the following policy statements, which can be found in the Appendix:**

- *Guidelines for the Avoidance of Inadvertent Anticompetitive Conduct*
- *Policy for Academy Leaders*
- *Relationships with Other Organizations*
- *Diversity Policy*

■ Financial Disclosure Statement

Each year, all volunteers for the Academy are asked to sign a financial disclosure statement. As an Academy councilor you will be asked to file such a disclosure on an annual basis and to notify the Academy of any changes as soon as possible. Go online to file your yearly financial disclosure at: www.aao.org/education/fin_interest.cfm

■ Academy Volunteer Disclosure Obligations

Each year, all volunteers for the Academy are also asked to sign a disclosure obligation form. The form confirms each volunteer's willingness to voluntarily disclose parallel, dual or conflicting interests that may arise during his/her volunteer duties and abstain from deliberation and voting on relevant questions. Conflicts of interest may include any direct or indirect financial interests, or any personal, family or other relationships that might conflict with his/her duties, responsibilities and exercise of independent judgment as an Academy volunteer.

B. ACHIEVEMENT AWARD PROGRAM

As a Councilor, you qualify to receive points in the Achievement Award Program. The following explains the program and how you can earn an Achievement Award.

The Achievement Award Program recognizes individuals for their participation in Academy activities and their contributions to ophthalmology. This program uses a cumulative point system. An annually appointed Awards Committee is responsible for identifying and nominating individuals who have accumulated a specified number of points **and** who have made significant contributions to ophthalmology.

■ Earning Points for Consideration of an Achievement Award

The Achievement Award Program was established in 1953 to recognize individuals who participated in scientific programs at the Annual Meeting. Today, the program recognizes individuals in more than 25 categories of contribution to the Academy. These categories include:

Annual Meeting

- Instruction Course, Skills, or Breakfast with the Experts: Course Director, Senior Instructor, or Instructor
- Film or Video Production: Senior Author or Co-Author
- Scientific Paper Presentation: Senior Author, Co-Author, or Discussant
- Scientific Poster Presentation: Senior Author or Co-Author*
- Scientific Exhibitor: Presenters*
- Symposia: Presiding Officer, Chairperson, Co-Chairperson, or Presenter
- Subspecialty Day: Chairperson, Moderator, Presenter, or panelist

* Informational posters and exhibits are not awarded points toward the Achievement Award.

Other categories of contribution for Academy service

- Committee Members
- Representatives
- **Councilors**
- Board of Trustees
- Participants in the Academy's Leadership Development Program
- Retiring State Society Presidents
- Authors, Co-Authors and Reviewers of Academy Educational Material
- Advocacy Contributions
 - Attend Congressional Advocacy Day and submit a completed meeting response form.
 - Are an Academy Congressional Advocate and either

- Have provided a completed meeting response form following a call or personal meeting with a member of Congress and/or staff.
- Have hosted a fundraising event for an OPHTHPAC-approved candidate/member of Congress (staff must be able to verify with the campaign and/or AAO member provides documentation such as a copy of the event invitation).

The program is based on a cumulative point system. One point is awarded for each area of contribution. Starting in 1998, an individual can earn a maximum of three points per year. (For example, if an individual serves on a committee and presents two papers, one instruction course and one poster during the Annual Meeting, they receive one point for committee participation, only one point for the papers, and one point for the instruction course. They could not receive a fourth point for the poster.)

After accumulating 10 points, an individual is eligible to receive an Achievement Award. After accumulating 30 points, an individual is eligible to receive a Senior Achievement Award. Starting in 1998, after accumulating 60 points, an individual is eligible to receive a Life Achievement Honor Award.

■ Achievement Awards Nomination Process

Each year, the names of those individuals who have accumulated the required number of points are automatically presented to the Awards Committee.* The committee is then responsible for determining whether each individual has made a significant contribution to ophthalmology. A two-thirds majority vote of the committee is required to nominate an individual for an Academy Achievement Award.

Nomination for Achievement Awards and Senior Achievement Awards are forwarded to the Board of Trustees for final approval. Nominees are notified of the board's determination before that year's Annual Meeting.

*	Achievement Award	10 points
	Senior Achievement Award	30 points
	Life Achievement Honor Award	60 points

■ Receiving an Award

Each award recipient receives an award certificate. In addition, photographs of all Achievement Award category recipients appear in the Annual Meeting Final Program. Life Achievement Honor Award lapel pins are available to be purchased by Awardees.

C. TRAVEL EXPENSES FOR COUNCILORS

■ Fall Council Meeting

Since the Council Annual Meeting is held in conjunction with the Academy's Annual Meeting, Councilors are expected to cover their own expenses for this meeting therefore no reimbursement is made for this meeting.

■ Mid-Year Forum/Spring Council Meeting

Councilors or their official alternates attending the Mid-Year Forum will be reimbursed for their hotel and airfare expenses, applicable ground transportation and some incidental expenses. *See the policy on the next page for specific information regarding expense reimbursement.*

*A Request for Travel Expense Reimbursement form will be sent to you with your meeting materials for the Mid-Year Forum. This form should be submitted as soon as possible after the completion of the business travel, but not later than **30 days** after the travel has been completed. Due to Internal Revenue Service regulations, the Academy cannot accept requests for travel reimbursement beyond 30 days from the date of travel.*

SPECIFIC POLICIES FOR COUNCILOR REIMBURSEMENT FOR THE MID-YEAR FORUM

The Academy is required to adhere to IRS regulations regarding reimbursement specifications for travel expenses. In accordance with IRS regulations, **an original receipt must document all expenses over \$25**. In addition, IRS regulations state that credit card statements **are not acceptable** as documentation of expenses.

Registration Fee

- The registration fee for the meeting is for all attendees, including members of the board and the council.
- Registration fee is not reimbursable.

Spouse/Relative/Guest Travel

- The Academy **does not** reimburse any expenses for an accompanying spouse, relative or friend.

Hotel

- The Academy will reimburse you for a 2-night stay if you are only attending the Mid-Year Forum and/or Council Meeting. You will be reimbursed for a 3-night stay if you also attend Congressional Advocacy Day. The Academy will only reimburse you for its contracted room rate. You must cover any room expenses above that amount.

Air Fare

The Academy only provides reimbursement for the following types of airline tickets:

- 21 day advance fare – note: this may not necessarily be your first choice airline.
- Special zone fare discount tickets as announced

Note: If your travel agent finds a fare equal to or less than a zone or 21-day fare, it also will be honored.

Meals

Most meals are provided for attendees as part of the meeting events. If there is a free evening in the schedule, the Academy will inform attendees of a specified amount per person for meal reimbursement.

Ground Transportation

- The Academy does not reimburse for auto rentals except when they are less expensive than the airfare described above.
- Ground transportation between the individual's home, the airport and the meeting location, by shuttle, taxi or bus will be reimbursed.

Incidental Expenses

The Academy will reimburse reasonable expenses for:

- Tips for skycaps, bellmen, etc.
- Parking when a personal auto is used in lieu of air travel.

2011 STRATEGIC GOALS

Vision

To be the most valued and credible professional eye care organization.

Mission

To advance the lifelong learning and professional interests of ophthalmologists (Eye M.D.s) ensuring that the public can obtain the best possible eye care.

I. Membership

Provide educational and professional services that attract, retain and increase Academy membership.

- Enhance membership value expanding and improving the Academy's social media tools to allow for more member engagement and professional networking.
- Expand Academy downloadable product offerings giving members more flexibility in purchasing products and services
- Enhance the member's online purchasing experience through a redesign of the Academy store

II. Education

Offer educational programs to promote clinical currency and professional competence in the United States and internationally.

- Foster international collaboration and cooperation through the implementation of the 3 year international plan.
- Enhance the globalization of educational materials by providing international members opportunities to participate on committees.
- Substantially enhance the Resident Education Center (REC) through an adaptive LMS platform (Learn.com) and the acquisition of many teaching modules in all the subspecialty areas, including Pathology/Oncology and Optics.

III. Advocacy

Advocate effectively on behalf of ophthalmology and for the eye care needs of the public.

- Expand EyeSmart website to provide richer content for the public.
- Advocate for members as health care reform is implemented and keep the membership abreast of critical reform issues that impact patients, physicians, and the profession.

IV. Ophthalmic Practice

Offer management resources that anticipate and meet the needs of ophthalmic practices.

- Develop and execute the plan that explores how the Academy can collaborate with the healthcare IT industry to utilize the Academy standards and resources

V. Fiscal

Manage our financial resources to provide the highest quality education and professional services for our members.

- Achieve a net operating income goal of 3%
- Develop and execute a resource allocation plan that reviews and where appropriate, makes changes to existing product lines, and member services.
- Develop new revenue opportunities including for the ONE Network.
- Ensure ongoing philanthropic support for the priority educational, quality of care research, and public service programs of the Academy through the work of the Foundation Advisory Board.

VI. Organization

Utilize tools and systems to advance our ability to manage the organization effectively.

- Implement new online performance mgmt system.
- Complete an organizational strategic planning process.
- Provide opportunities for each ophthalmologist to more fully integrate the office eyecare team with Academy programs and products
- Develop a role for international members in organizational governance
- Transition Foundation primary responsibilities into the development arena
- Complete transition of Washington office into new facilities with integrated role of Medical Director, Federal Affairs

1 **OPERATIONAL PROCEDURES OF THE**
2 **COUNCIL OF THE**
3 **AMERICAN ACADEMY OF**
4 **OPHTHALMOLOGY, INC.**

5
6 **Operational Procedures for the Council:**
7

8 The following Operational Procedures for the
9 Council have been adopted by the Board of
10 Trustees of the Academy, as provided for in
11 Section 7.03 of the Bylaws of the Academy, and,
12 to the extent not inconsistent with the Articles of
13 Incorporation, Bylaws, or Procedural Rules of the
14 Academy, shall govern the conduct of the affairs
15 of the Council of the Academy.

16
17 **A. COMPOSITION OF COUNCIL**

18
19 **1. Organizations Eligible for Representation.**

20
21 (a) In general, an ophthalmologic organization is
22 eligible to be represented in the appropriate
23 Council Section and in the Council if it is an
24 organization described in Section 7.04 of the
25 Academy's Bylaws and if and only for so long as
26

27 (i) the organization (or the national medical
28 organization of which the ophthalmologic
29 organization is a section or division) is
30 incorporated as a nonprofit corporation;

31 (ii) the tax exempt status of the organization (or
32 the national medical organization of which the
33 ophthalmologic organization is a section or
34 division) has been recognized by the Internal
35 Revenue Service;

36 and

37 (iii) in the case of an organization described in the
38 second sentence of Section 7.04(b) of the
39 Academy's Bylaws, its voting membership is
40 comprised of at least eighty-five percent (85%) of
41 ophthalmologists who are Fellows or Members of
42 the Academy and whose remaining membership
43 includes only individuals who are eligible for
44 membership in the Academy or are eligible for
45 nomination to receive an invitation for Associate
46 Membership in the Academy, it cooperates with
47 the Academy in scientific and/or educational
48 programs, it has an "open membership," and it is
49 invited to be represented in the Council with full
50 voting rights upon a recommendation adopted in
51 any order by two-thirds (2/3rds) of the members
52 of the Board of Trustees and by two-thirds
53 (2/3rds) of the total number of Councilors in the
54 Council Section in which the organization is
55 eligible for representation and by two-thirds
56 (2/3rds) of the total number of Councilors in the
57 Council. Notwithstanding the foregoing, the
58 Council may waive any one or more of the criteria

59 contained in this Paragraph 1.(a)(iii) with respect
60 to an organization upon a recommendation
61 adopted at an annual meeting of the Council by
62 three-fourths (3/4ths) of the total number of
63 Councilors in the Council, and the organization
64 may be invited to be represented in the Council
65 with full voting rights. Waivers are granted for a
66 period not to exceed three years.

67
68 (b) If an organization does not meet the
69 requirements of Paragraph 1.(a), and if the
70 requirements are not waived in accordance with
71 Paragraph 1.(a)(iii), the organization may
72 nonetheless be invited to be represented at
73 meetings of the Council and of the appropriate
74 Council Section upon recommendation adopted in
75 any order by two-thirds (2/3rds) of the total
76 number of Councilors in the Council Section in
77 which the organization is invited to be represented
78 and by two-thirds (2/3rds) of the total number of
79 Councilors in the Council. If an organization is
80 invited to be represented at meetings of the
81 Council and of the appropriate Council Section,
82 the organization may be represented at those
83 meetings by one (1) Associate Councilor, who
84 shall have the right to vote at meetings of the
85 appropriate section, to serve as Deputy Section
86 Leader, to serve on and vote at meetings of the
87 committees of the Council Section, and to serve as
88 a representative of the Council Section to
89 Academy committees and groups, but who shall
90 not have the right to vote at plenary meetings of
91 the Council or to serve as Chair or Vice Chair of
92 the Council.

93
94 (c) For Purposes of Paragraph 1.(a)(iii), an
95 organization shall be deemed to have "open
96 membership" only if any qualified person may
97 apply directly for membership without invitation,
98 if the organization has no quota on the number of
99 its qualified members, if membership in the
100 organization can be granted by the affirmative
101 vote of no more than three-fourths (3/4ths) of its
102 members, and if the only criteria for membership
103 in the organization are limited to one or both of
104 the applicant's demonstration of scientific
105 proficiency in a subspecialty of ophthalmology or
106 limitation of the practice to a subspecialty of
107 ophthalmology.

108
109 (d) At least every three (3) years, but more often
110 if desired, the Council shall review its
111 composition and make its recommendations for
112 changes in the organizations then represented in
113 the Council and in a Council Section. No
114 recommendation or vote is required with respect
115 to an organization that has ceased to be eligible
116 for representation by reason of paragraph

117 1(a)(i)and(ii). Nor is a recommendation or vote
 118 required for changes in representation due to the
 119 provisions of paragraphs 2(a) or 2(b). Any other
 120 recommendation for change shall be implemented
 121 if it is adopted in any order by two-thirds (2/3rds)
 122 of the members of the Board of Trustees, by two-
 123 thirds (2/3rds) of the total number of Councilors
 124 in the Council Section in which the organization is
 125 represented, and by two-thirds (2/3rds) of the total
 126 number of Councilors in the Council.

127
 128 **2. Numerical Representation**

129
 130 (a) Each state, District of Columbia, and Puerto
 131 Rico ophthalmologic organization entitled to be
 132 represented in the Council Section for State
 133 Ophthalmologic Societies shall be represented by
 134 a number of Councilors determined on the basis of
 135 the average number of Voting Fellows and
 136 Members of the Academy who practice medicine
 137 therein, as follows:

139 Academy Voting	139 Representative
140 Fellows and Members	140 Councilors
142 1 to 400	142 1
144 401 to 800	144 2
146 801 to 1,200	146 3
148 more than 1,200	148 4

150 (b) Each ophthalmologic organization entitled to
 151 be represented in the Council Section for
 152 Subspecialty Societies and Specialized Interests
 153 shall be represented by a number of Councilors
 154 determined on the basis of the number of Voting
 155 Fellows and Members of the Academy who are
 156 members of that organization, as follows:

158 Academy Voting	158 Representative
159 Fellows and Members	159 Councilors
161 100 to 1,000	161 1
163 more than 1,000	163 2

166 **3. Selection of Councilors, Alternate**
 167 **Councilors, and Associate Councilors.** Each
 168 Councilor representing an organization in the
 169 Council and in a Council Section referred to in
 170 Section 7.04 of the Academy's Bylaws shall be a
 171 Voting Fellow or Member of the Academy in
 172 good standing, be a member of the governing
 173 body of the organization represented by the
 174 Councilor (either at the time of or by reason of the

175 person's election as a Councilor) and be elected
 176 by the Fellows and Members of the Academy who
 177 are members of the respective organization, in a
 178 manner determined by its governing body. Each
 179 Alternate Councilor representing an organization
 180 in the Council and in a Council Section referred to
 181 in Section 7.04 of the Academy's Bylaws shall be
 182 a Voting Fellow or Member of the Academy in
 183 good standing and either be elected by the Fellows
 184 and Members who are members of the respective
 185 organization or be appointed by the governing
 186 body of the organization, in a manner determined
 187 by the governing body. No person who is
 188 ineligible to serve as a Councilor based on the
 189 term limits set forth in Section 7.05 of the
 190 Academy's Bylaws shall be eligible to serve as an
 191 Alternate Councilor. Notwithstanding the
 192 foregoing, an individual who is disqualified by the
 193 term limits set forth in the preceding sentence may
 194 serve as an Alternate Councilor for one (1)
 195 additional meeting of the Council as may be
 196 designated by the electing or appointing
 197 organization. Each organization electing or
 198 appointing an Alternate Councilor shall submit the
 199 name to the Credentials Committee of the Council
 200 for certification no later than 30 days prior to the
 201 fall or spring Council Meetings, unless an
 202 extension is granted by the Chair of the Council
 203 for good cause. Each Associate Councilor
 204 representing an organization in the Council and in
 205 a Council Section referred to in Section 7.04 of
 206 the Academy's Bylaws shall be a Voting Fellow
 207 or Member of the Academy in good standing and
 208 either be elected by the Fellows and Members
 209 who are members of the respective organization or
 210 be appointed by the governing body of the
 211 organization, in a manner determined by the
 212 governing body. A vacancy in the position of
 213 Councilor representing an organization shall be
 214 filled for the unexpired term by a certified
 215 Alternate Councilor, if any, of the organization or
 216 until a successor Councilor is elected by the
 217 Fellows and Members of the Academy who are
 218 members of the organization. A vacancy in the
 219 position of Alternate Councilor or Associate
 220 Councilor representing an organization shall be
 221 filled in a manner determined by the governing
 222 body of the organization. If a Councilor who
 223 represents an organization in the Council and in a
 224 Council Section is unable to attend all or any
 225 portion of a meeting of the Council or the Council
 226 Section, a certified Alternate Councilor, who has
 227 been duly elected or appointed by the organization
 228 before the meeting of the Council's Credentials
 229 Committee which immediately precedes the
 230 meeting of the Council or the Council Section that
 231 is not attended by the Councilor, may, during the
 232 absence of the Councilor, represent the

233 organization in the Council and in the Council
234 Section and perform the duties and responsibilities
235 of the Councilor in the absence of the Councilor
236 and shall have voting privileges under those
237 circumstances.

238
239 **4. Duties of Councilors, Alternate Councilors,
240 and Associate Councilors.** In addition to the
241 duties and responsibilities prescribed by the
242 Bylaws or determined by the Board of Trustees,
243 the Chair or Vice Chair of the Council, each
244 Councilor, Alternate Councilor, or Associate
245 Councilor shall attend, and submit to the
246 organization represented by the Councilor reports
247 of, all meetings of the Council and the Council
248 Section and regional meetings of the Councilors;
249 shall submit to the Council and the Council
250 Section a written annual report of the activities of
251 the organization represented by the Councilor;
252 shall respond promptly to requests for information
253 from the Board of Trustees, Academy Secretariats
254 and committees, Academy staff, the Chair or Vice
255 Chair of the Council, shall attend annual meetings
256 of the organization represented by the Councilor
257 and meetings of the governing board of the
258 organization; and, whenever necessary, shall
259 cooperate with the Academy in the development
260 or improvement of an ophthalmological society.
261 If a Councilor or a designated Alternate
262 Councilor, or Associate Councilor is not present
263 during a meeting of the Council or the Council
264 Section in which the Councilor serves, the
265 organization represented shall be notified in
266 writing of the absence and be asked to ensure the
267 attendance of its representatives at future meetings
268 of the Council and the Council Section.

269
270 **5. Duties and Responsibilities of Chair, Vice
271 Chair, and Deputy Section Leaders.**

272
273 (a) **The Chair** of the Council shall conduct the
274 business of the Council; shall be the Section
275 Leader and conduct the business of the Section of
276 which the Chair is an ex officio member; and shall
277 have all other duties and responsibilities
278 prescribed by these Operational Procedures, the
279 Bylaws, or the Board of Trustees. Effective on
280 the date a person assumes the position of Chair,
281 the person shall be an ex officio member of the
282 Council Section in which the person served at the
283 time of election as Chair. The vacancy in the
284 representative position held by the person at the
285 time of election as Chair shall be filled in the
286 manner provided in these Operational Procedures.

287
288 (b) **The Vice Chair** of the Council shall assist the
289 Chair of the Council; shall be the Section Leader
290 and conduct the business of the Section of which

291 the Vice Chair is an ex officio member; shall, in
292 the absence or disability of the Chair, conduct the
293 business of the Council; and shall have all other
294 duties and responsibilities prescribed by these
295 Operational Procedures, the Bylaws, the Chair of
296 the Council, or the Board of Trustees. Effective
297 on the date a person assumes the position of Vice
298 Chair, the person shall be an ex officio member of
299 the Council Section in which the person served as
300 a Councilor at the time of election as Vice Chair.
301 The vacancy in the representative position held by
302 the person at the time of election as Vice Chair
303 shall be filled in the manner provided in these
304 Operational Procedures.

305
306 (c) **A Deputy Leader of a Council Section** shall
307 assist the Section Leader in conducting the
308 business of the Section.

309
310 **6. Selection, Proposal, Recommendation, and
311 Election of Candidates as Chair and Vice
312 Chair.**

313 (a) Commencing on January 1, 1994, the
314 positions of Chair and Vice Chair of the Council
315 shall alternate every two (2) years between a
316 Councilor selected from the Section for State
317 Ophthalmologic Societies and a Councilor
318 selected from the Section for Subspecialty
319 Societies and Specialized Interests, so that on
320 January 1, 1994, the position of Chair of the
321 Council shall be held for one (1) full term of two
322 (2) years by a Councilor serving in the Council
323 Section for State Ophthalmologic Societies on
324 December 31, 1993, and the position of Vice
325 Chair of the Council shall be held for one (1) full
326 term of two (2) years by a Councilor serving in the
327 Council Section for Subspecialty Societies and
328 Specialized Interests on December 31, 1993.

329
330 (b) The successor to each position upon the
331 expiration of a term shall be proposed by
332 Councilors who are not in the same Section as the
333 person to be succeeded. Each Council Section
334 shall have a nominating committee composed of
335 not more than five (5) Councilors serving in the
336 Section, excluding the Chair and Vice Chair, who
337 are elected by the affirmative vote of a majority of
338 the total number of Councilors in the Section
339 present at the appropriate Section meeting. The
340 members of the nominating committee shall select
341 the chair of the committee.

342
343 (c) Not later than May 15 of each odd-numbered
344 year, the nominating committees of the Section for
345 State Ophthalmologic Societies and the Section
346 for Subspecialty Societies and Specialized
347 Interests, in communication with the Nominating
348 Committee of the Board of Trustees, shall each

349 propose to the Councilors one (1) or more
350 candidates to fill the vacancy of Chair and at least
351 two (2) candidates to fill the vacancy of Vice
352 Chair, as the case may be, that will occur on the
353 ensuing January 1.

354
355 (d) Not later than June 1 of each odd-numbered
356 year, the Councilors shall, by the affirmative vote
357 of a majority of the Councilors in the respective
358 Section, select two (2) candidates proposed by
359 that Section's nominating committee or by any
360 Councilor in the Section for recommendation as
361 Chair and Vice Chair.

362
363 (e) Not later than June 15 in each odd-numbered
364 year, commencing in 1993, the Council, acting on
365 the proposals of each Section, shall, by the
366 affirmative vote of a majority of the Councilors,
367 propose from among the candidates from each
368 Section and recommend to the Board of Trustees
369 one (1) candidate for nomination by the Board of
370 Trustees as Chair of the Council and one (1)
371 candidate for nomination by the Board of Trustees
372 as Vice Chair of the Council. The Board of
373 Trustees shall act upon these recommendations,
374 and if necessary, may request one (1) or more
375 additional candidates to be proposed by the
376 Council. The nominees, when approved by the
377 Board of Trustees, shall be nominated for election
378 in the manner prescribed in the Bylaws.

379 380 **B. MEETINGS**

381
382 **1. Annual Meetings.** The Council shall hold an
383 annual meeting on the call of the Board of
384 Trustees in connection with and at the same place
385 as the annual meeting of the Fellows and Members
386 of the Academy, for the purposes of transacting
387 business that may properly come before the
388 meeting. At each annual meeting of the Council,
389 each Council Section also may meet separately at
390 the call of the Coordinating Committee to
391 consider the items of business stated in the
392 published agenda of the meeting or such other
393 issues as determined by the Coordinating
394 Committee.

395
396 **2. Special Meetings.** The Council may hold
397 special meetings and a meeting during the Mid-
398 Year forum at the call of the Board of Trustees.
399 At each special meeting of the Council, the
400 Council Sections and smaller groups of
401 Councilors may meet separately at the call of the
402 Coordinating Committee to consider the items of
403 business stated in the call of the meeting. Each
404 meeting of a Council Section shall be chaired by
405 the Chair or Vice Chair.

406

407 **3. Notices.** Ninety (90) days' prior written notice
408 of the time, place, and tentative agenda of each
409 annual meeting of the Council shall be given to all
410 Councilors by publication in an official
411 publication of the Academy or by another method
412 designated by the Board of Trustees. At least
413 thirty (30) days' prior written notice of the time,
414 place, agenda, order of business, and purposes of
415 each special meeting of the Council shall be given
416 to all Councilors by a method designated by the
417 Board of Trustees or its Executive Committee.

418
419 **4. Agenda Items.** The agenda for each annual
420 meeting of the Council shall be prepared in
421 accordance with the provisions of this paragraph
422 by the Coordinating Committee of the Council.
423 The agenda for each special meeting shall be as
424 specified in the notice of the meeting.

425
426 (a) All Councilors, all organizations represented
427 by Councilors, and the Board of Trustees may
428 submit to the Coordinating Committee of the
429 Council, not later than one hundred twenty (120)
430 days prior to an annual meeting of the Council,
431 proposed items of business for inclusion in the
432 tentative agenda for the annual meeting to be
433 submitted to the Councilors with the official
434 notice of the annual meeting as provided for in
435 Paragraph B.3. Not later than forty-five (45) days
436 prior to the annual meeting, the same persons and
437 entities may submit to the Coordinating
438 Committee additional proposed items of business
439 for inclusion in the final agenda of the annual
440 meeting. Written notice of the final agenda of the
441 annual meeting of the Council shall be given to all
442 Councilors not later than fifteen (15) days prior to
443 the meeting.

444
445 (b) Items of business for deliberation and
446 consideration by the Council may be submitted
447 from any Council Section or the Board of
448 Trustees. Items of business from Councilors and
449 organizations represented by Councilors shall be
450 submitted in the form determined by the Council
451 Rules Committee. All items of business whose
452 implementation would necessitate expenditure of
453 funds shall include a comprehensive fiscal note in
454 order to be considered by the Council.

455
456 (c) Any items of business not submitted in time
457 for inclusion in the final agenda for an annual
458 meeting of the Council, (i) may be considered at
459 the annual meeting of the Council if submitted at
460 any time prior to the last day of the meeting by the
461 Coordinating Committee of the Council; (ii) may
462 be considered at the annual meeting with the
463 concurrence of two-thirds (2/3rds) of the total
464 number of Councilors registered at the annual

465 meeting; or (iii) may be noticed at the annual
466 meeting for consideration at the next succeeding
467 annual meeting, or at a special meeting, of the
468 Council.

469
470 (d) All items of business considered at an annual
471 meeting of the Council pursuant to the provisions
472 of Paragraphs B.4. (a), (b), and (c) shall be
473 assigned by the Coordinating Committee to the
474 appropriate Council Section or Reference
475 Committee of the Council for deliberation and
476 consideration at the annual meeting.

477
478 **5. Order of Business.** The order of business of
479 each annual meeting of the Council, unless
480 modified by the Board of Trustees or the
481 Coordinating Committee of the Council, shall be
482 as follows:

- 483 (a) call to order;
- 484 (b) report of Credentials Committee;
- 485 (c) report of Rules Committee, consideration of
486 late items of business and announcement of the
487 final agenda;
- 488 (d) report of the Chair;
- 489 (e) reports of Academy Officers;
- 490 (f) reports of Reference Committees;
- 491 (g) reports of other committees;
- 492 (h) new business;
- 493 (i) announcements, notices, and good of the order;
- 494 and
- 495 (j) adjournment.

496
497 The order of business of a special meeting of the
498 Council shall be as specified by the Board of
499 Trustees in the notice of the meeting.

500
501 **6. Quorum.** At each meeting of the Council, a
502 quorum is a majority of the total number of
503 Councilors. At each meeting of a Council
504 Section, a quorum is a majority of the total
505 number of Councilors in the Council Section.

506
507 **7. Vote.** If a quorum is present at any annual or
508 special meeting of the Council or a Council
509 Section, the affirmative vote of a majority of the
510 certified Councilors and certified Alternate
511 Councilors entitled to vote who are present and
512 voting shall be required to constitute action by the
513 Council on any matter at the meeting, except as a
514 larger number or proportion is required by the
515 Academy's Bylaws or Procedural Rules or these
516 Operational Procedures.

517
518 **8. Conduct of Meetings.** The President-Elect of
519 the Academy shall be the presiding officer of each
520 plenary session of the Council and in that capacity
521 shall convene and close the meeting, but shall not

522 conduct the business of each plenary session of
523 the Council.

524
525 **9. Attendance at Meetings and Privileges of
526 the Floor.**

527
528 (a) Meetings of the Council and Council Sections.
529 All members of the Board of Trustees, all
530 Councilors and Alternate Councilors, Fellows and
531 Members of the Academy, staff of the Academy,
532 credentialed staff of the organizations represented
533 in the Council and the Council Sections, and
534 guests approved by the Board of Trustees or the
535 Coordinating Committee of the Council may
536 attend the meetings of the Council and the Council
537 Sections. Councilors, Alternate Councilors, and
538 members of the Board of Trustees have privileges
539 of the floor. Other persons may be granted
540 privileges of the floor at the discretion of the
541 chair.

542
543 (b) Reference Committee Meetings. All Fellows
544 and Members of the Academy may attend open
545 meetings of any Reference Committees of the
546 Council and shall have privileges of the floor,
547 including the right to participate in deliberations.
548 Privileges of the floor, including the right to
549 participate in deliberations, at any open meeting of
550 a Reference Committee may be extended to any
551 other person at the sole discretion of the chairman
552 of the Reference Committee.

553
554 **C. COMMITTEES**

555
556 **1. Reference Committees.** The Council may
557 have one (1) or more Reference Committees, each
558 with subject matter jurisdiction determined from
559 time to time by the Coordinating Committee of the
560 council. Each Reference Committee shall be
561 comprised of an odd number of members, but not
562 fewer than three (3). The Coordinating
563 Committee of the Council shall appoint
564 Councilors to serve as members of each Reference
565 Committee and shall designate the person to serve
566 as chair of each committee. A Reference
567 Committee shall meet on the call of the
568 Coordinating Committee of the Council. At each
569 annual meeting of the Council, each Reference
570 Committee may consider, hold open meetings with
571 respect to, and submit reports with respect to
572 proposed items of business assigned to it in
573 accordance with Paragraph B.4(d) above. After
574 holding an open meeting with respect to the items
575 of business assigned to it, a Reference Committee
576 shall close its meeting to everyone except
577 members of the Committee and such other person
578 or persons as the chair of the Committee may
579 designate to assist the Committee and shall

580 develop a report to the Council with respect to
581 each such item of business.

582
583 **2. Credentials Committee.** A Credentials
584 Committee of the Council, consisting of three (3)
585 or more Councilors, shall be appointed annually
586 by the Coordinating Committee of the Council for
587 the purpose of certifying Councilors and Alternate
588 Councilors at all meetings of the Council and the
589 Council Sections. If an Alternate Councilor
590 claims the right to represent, vote, or otherwise act
591 in the place of an elected Councilor at all or part
592 of a meeting of the Council or a Council Section,
593 the Credentials Committee shall (a) determine that
594 the Councilor is not present for all or part of that
595 meeting of the Council or the Council Section, and
596 that the Alternate Councilor has been duly elected
597 or appointed by the organization represented by
598 the Councilor, and authorized to represent, vote or
599 otherwise act in place of the absent Councilor; and
600 (b) certify the Alternate Councilor as a Councilor
601 for all or part of that meeting. At the request of
602 the Coordinating Committee, the Credentials
603 Committee shall from time to time review the
604 articles of incorporation, bylaws and standing
605 rules of all organizations, either requesting
606 representation, or currently represented, in the
607 Council to determine their compliance with
608 Academy Bylaws and these Operational
609 Procedures governing representation in the
610 Council; and it shall report any deficiencies in
611 compliance to the Coordinating Committee.

612
613 **3. Coordinating Committee.** The Council shall
614 have a Coordinating Committee composed of the
615 President-Elect, the Executive Vice President, the
616 Chair of the Council, and the Vice Chair of the
617 Council. The Coordinating Committee shall
618 develop agendas for meetings of the Council and
619 the Council Sections, and shall plan the programs
620 and activities of the Council and Council Sections.

621
622 **4. Other Committees.** The Council may have
623 other committees that are determined by the Board
624 of Trustees to be required for the conduct of the
625 Council's affairs, and each such committee shall
626 be appointed in a manner and have the
627 composition, duties, and responsibilities that the
628 Board of Trustees may determine.

629
630 **5. Quorum.** At each meeting of a committee of
631 the Council, a quorum is a majority of the total
632 number of members of the committee.

633
634 **6. Vote.** If a quorum is present at a meeting of a
635 committee, the affirmative vote of a majority of
636 the committee members present and voting shall

637 be required to constitute action by the committee
638 on any matter at the meeting.

639
640 **7. Expenses.** The Academy shall be responsible
641 for travel, transportation, or other expenses, in
642 accordance with Academy policy, incurred by a
643 member of a committee of the Council approved
644 by the Board of Trustees or its Executive
645 Committee in attending any meeting of the
646 committee other than the annual meeting.

647 **D. AMENDMENTS AND REVISIONS**

648
649 These Operational Procedures may be amended or
650 revised by the Board of Trustees after discussion
651 with the Council.

652 November 2009

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- (d) the duties and responsibilities of Councilors and Alternate Councilors,
- (e) the floor privileges of Councilors, Alternative Councilors, and other persons attending meetings of the Council and Council Sections,
- (f) the establishment, functions, and composition of committees of the Council, and
- (g) other matters pertaining to the conduct of the affairs of the Council and its Sections.

7.04. Composition.

- (a) The Council shall be composed of one (1) or more representatives of each organization represented in the Council, and these representatives shall be designated as Councilors. Only Voting Fellows and Members of the Academy shall be eligible to be Councilors. The Council shall be divided into Sections as provided for in this Article VII.
- (b) The Council shall have a Section for State Ophthalmologic Societies composed of one (1) or more Councilors representing each state, the District of Columbia, and Puerto Rico. The Council also shall have a Section for Subspecialty Societies and Specialized Interests, which may be composed of one (1) or more Councilors representing each national scientific, educational, ophthalmologic subspecialty, other allied organizations in ophthalmology, and national special interest organizations of ophthalmologists. The organizations and the number of Councilors representing them shall be determined in accordance with the Operational Procedures for the Council.
- (c) The Board of Trustees may establish one (1) or more additional Council Sections whenever it determines that this is desirable.

7.05. Terms of Councilors. Each Councilor shall serve one (1) full term of three (3) years, or until a successor is elected or appointed, commencing January 1 of the ensuing calendar year, except that the terms of the Councilors shall be staggered so that the terms of only approximately one-third (1/3rd) of them expire each year. A Councilor who serves for one (1) full term on the Council shall be eligible to serve as a Councilor for no more than one (1) additional full term. A person who serves as a Councilor for less than one-half (1/2) of a full term shall not be considered to have served a full term for purposes of determining the person's eligibility for re-election as a Councilor.

7.06. Duties of Councilors. Each Councilor shall attend each Mid-Year Forum and each meeting of the Council and of the Council Section on which the Councilor serves, and shall have the other duties and responsibilities prescribed in the Operational Procedures for the Council.

7.07. Council and Council Section Leadership.

The Council shall have a Chair and a Vice Chair. Their successors shall be proposed and recommended to the Board of Trustees in the manner provided in the Operational Procedures. Each Council Section also shall have a Deputy Section Leader, who shall assist the Chair or Vice Chair respectively, and shall be elected annually by the affirmative vote of at least a majority of the Councilors in the Section present and voting at a meeting. The Chair, Vice Chair, and Deputy Section Leaders shall have the duties and responsibilities provided in the Operational Procedures for the Council.

American Academy of Ophthalmology

2012 COUNCIL Terms of Service - Voting Status

Revised: 12/22/2011

	STATE COUNCILORS - VOTING	First Term Began (Jan)	Current Term Ends (Dec)	Eligible Until	Total Votes (70)
1)	Alabama Academy of Ophthalmology				1
	*Wonsuck Kim, DO	2010	2013	2016	
2)	Alaska Society of Eye Physicians and Surgeons				1
	Scott A. Limstrom, MD	2011	2013	2016	
3)	Arizona Ophthalmological Society				1
	Thomas J. McPhee, MD	2009	2014	2014	
4)	Arkansas Ophthalmological Society				1
	Morriss M. Henry, MD	2011	2013	2016	
5)	California Academy of Eye Physicians & Surgeons				4
	Kimberly Cockerham, MD, FACS	2008	2013	2013	
	Craig Kliger, MD	2008	2013	2013	
	Asa Dan Morton III, MD	2009	2014	2014	
	Ronald Lee Morton, MD, FACS (previously served 2008-2009; 2010)	2012	2012	2012	

* = assumed 1 year of unexpired term (total eligibility 7 years)
 ** = assumed 2 years of unexpired term (total eligibility 5 years)

Note: Terms end December 31 of the year listed.

	STATE COUNCILORS - VOTING	First Term Began (Jan)	Current Term Ends (Dec)	Eligible Until	Total Votes (70)
6)	Colorado Society of Eye Physicians & Surgeons				1
	Robert A. King, MD	2011	2013	2016	
7)	Connecticut Society of Eye Physicians				1
	Jeffrey R. Sandler, MD	2011	2013	2016	
8)	Delaware Academy of Ophthalmology				1
	Odette V. Callender, MD	2010	2012	2015	
9)	Florida Society of Ophthalmology				3
	**Saiyid A. Hasan, MD	2011	2012	2015	
	Gary B. Schemmer, MD	2008	2013	2013	
	Michael W. Stewart, MD	2008	2013	2013	
10)	Georgia Society of Ophthalmology				1
	James Gerard Brooks Jr., MD	2010	2012	2015	
11)	Hawaii Ophthalmological Society				1
	George Nardin, MD	2010	2012	2015	

* = assumed 1 year of unexpired term (total eligibility 7 years)
** = assumed 2 years of unexpired term (total eligibility 5 years)

Note: Terms end December 31 of the year listed.

	STATE COUNCILORS - VOTING	First Term Began (Jan)	Current Term Ends (Dec)	Eligible Until	Total Votes (70)
12)	Idaho Society of Ophthalmology				1
	Adam C. Reynolds, MD	2012	2014	2017	
13)	Illinois Association of Ophthalmology				2
	**Richard A. Quinones, MD	2008	2012	2012	
	David K. Yoo, MD	2012	2014	2017	
14)	Indiana Academy of Ophthalmology				1
	Derek T. Sprunger, MD	2009	2014	2014	
15)	Iowa Academy of Ophthalmology				1
	Christopher L. Haupert, MD	2010	2012	2015	
16)	Kansas Society of Eye Physicians and Surgeons				1
	William C. Clifford, MD	2012	2014	2017	
17)	Kentucky Academy of Eye Physicians & Surgeons				1
	David E. Jones, MD	2011	2013	2016	

* = assumed 1 year of unexpired term (total eligibility 7 years)
** = assumed 2 years of unexpired term (total eligibility 5 years)

Note: Terms end December 31 of the year listed.

	STATE COUNCILORS - VOTING	First Term Began (Jan)	Current Term Ends (Dec)	Eligible Until	Total Votes (70)
18)	Louisiana Ophthalmology Association				1
	Keith Kellum, MD, DVM	2011	2013	2016	
19)	Maine Society of Eye Physicians and Surgeons				1
	Cynthia A. Self, MD	2010	2012	2015	
20)	Maryland Society of Eye Physicians and Surgeons				2
	Sanjay D. Goel, MD	2010	2012	2015	
	John T. Thompson, MD	2009	2014	2014	
21)	Massachusetts Society of Eye Physicians and Surgeons				2
	Robert A. Lytle, MD	2008	2013	2013	
	Michael J. Price, MD	2011	2013	2016	
22)	Michigan Society of Eye Physicians and Surgeons				2
	Arezo Amirikia, MD	2011	2013	2016	
	*Robert Granadier, MD	2006	2012	2012	

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** = assumed 2 years of unexpired term (total eligibility 5 years)

Note: Terms end December 31 of the year listed.

	STATE COUNCILORS - VOTING	First Term Began (Jan)	Current Term Ends (Dec)	Eligible Until	Total Votes (70)
23)	Minnesota Academy of Ophthalmology				1
	Eugene O. Gullingsrud, MD	2011	2013	2016	
24)	Mississippi Eye, Ear, Nose and Throat Association				1
	Curtis D. Whittington Jr, MD	2009	2014	2014	
25)	Missouri Society of Eye Physicians and Surgeons				1
	Melissa G. Cable, MD	2008	2013	2013	
26)	Montana Academy of Ophthalmology				1
	Brian D. Sippy, MD, PhD	2010	2012	2015	
27)	Nebraska Academy of Eye Physicians and Surgeons				1
	David D. Ingvaldstad, MD	2012	2014	2017	
28)	Nevada Academy of Ophthalmology				1
	Steven M. Friedlander, MD, FACS	2010	2012	2015	

* = assumed 1 year of unexpired term (total eligibility 7 years)
** = assumed 2 years of unexpired term (total eligibility 5 years)

Note: Terms end December 31 of the year listed.

	STATE COUNCILORS - VOTING	First Term Began (Jan)	Current Term Ends (Dec)	Eligible Until	Total Votes (70)
29)	New Hampshire Society of Eye Physicians and Surgeons				1
	*John Dagianis, MD	2008	2014	2014	
30)	New Jersey Academy of Ophthalmology				2
	Paul D. Langer, MD	2010	2012	2015	
	David M. Ringel, DO	2008	2013	2013	
31)	New Mexico Academy of Ophthalmology				1
	Ashok K. Reddy, MD	2007	2012	2012	
32)	New York State Ophthalmological Society				4
	Roger C. Husted, MD	2007	2012	2012	
	James A. Kinsey, MD	2009	2014	2014	
	Arnold S. Prywes, MD	2008	2013	2013	
	Gary S. Hirschfield, MD	2012	2014	2017	
33)	North Carolina Society of Eye Physicians and Surgeons				1
	Cynthia Hampton, MD	2007	2012	2012	

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** = assumed 2 years of unexpired term (total eligibility 5 years)

Note: Terms end December 31 of the year listed.

	STATE COUNCILORS - VOTING	First Term Began (Jan)	Current Term Ends (Dec)	Eligible Until	Total Votes (70)
34)	North Dakota Society of Eye Physicians and Surgeons				1
	Lance K. Bergstrom, MD	2009	2014	2014	
35)	Ohio Ophthalmological Society				2
	Anita Dash-Modi, MD	2010	2012	2015	
	Mark Stephen Law, MD	2007	2012	2012	
36)	Oklahoma Academy of Ophthalmology				1
	*Amalia Miranda, MD	2012	2015	2018	
37)	Oregon Academy of Ophthalmology				1
	Mary P. DeFrank, MD	2010	2012	2015	
38)	Pennsylvania Academy of Ophthalmology				3
	James B. Dickey, MD	2012	2014	2017	
	**Karl R. Olsen, MD	2011	2012	2015	
	Joanna M. Fisher, MD	2012	2014	2017	

* = assumed 1 year of unexpired term (total eligibility 7 years)
** = assumed 2 years of unexpired term (total eligibility 5 years)

Note: Terms end December 31 of the year listed.

	STATE COUNCILORS - VOTING	First Term Began (Jan)	Current Term Ends (Dec)	Eligible Until	Total Votes (70)
39)	Puerto Rican Society of Ophthalmology				1
	Emilio A. Arce-López, MD	2012	2014	2017	
40)	Rhode Island Society of Eye Physicians and Surgeons				1
	Robert H. Janigian, Jr., MD	2012	2014	2017	
41)	South Carolina Society of Ophthalmology				1
	Kurt F. Heitman, MD	2008	2013	2013	
42)	South Dakota Academy of Ophthalmology				1
	Monte Steven Dirks, MD	2010	2012	2015	
43)	Tennessee Academy of Ophthalmology				1
	Erich Bryan Groos Jr., MD	2008	2013	2013	
44)	Texas Ophthalmological Association				3
	John R. Fish, MD	2010	2012	2015	
	James H. Merritt, MD	2007	2012	2012	
	Victor H. Gonzalez, MD	2011	2013	2016	

* = assumed 1 year of unexpired term (total eligibility 7 years)
** = assumed 2 years of unexpired term (total eligibility 5 years)

Note: Terms end December 31 of the year listed.

	STATE COUNCILORS - VOTING	First Term Began (Jan)	Current Term Ends (Dec)	Eligible Until	Total Votes (70)
45)	Utah Ophthalmology Society				1
	Rachel Benator, MD	2008	2013	2013	
46)	Vermont Ophthalmological Society				1
	Brian Y. Kim, MD	2011	2013	2016	
47)	Virginia Society of Eye Physicians and Surgeons				1
	Anthony J. Viti, MD	2012	2014	2017	
48)	Washington Academy of Eye Physicians and Surgeons				1
	Brian E. Bowe, MD	2012	2014	2017	
49)	Washington DC Metropolitan Ophthalmological Society				1
	Reshma Katira, MD	2012	2014	2017	
50)	West Virginia Academy of Ophthalmology				1
	Mark D. Mayle, MD	2010	2012	2015	

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** = assumed 2 years of unexpired term (total eligibility 5 years)

Note: Terms end December 31 of the year listed.

	STATE COUNCILORS - VOTING	First Term Began (Jan)	Current Term Ends (Dec)	Eligible Until	Total Votes (70)
51)	Wisconsin Academy of Ophthalmology				1
	Deborah W. Bernstein MD	2012	2014	2017	
52)	Wyoming Ophthalmological Society				1
	Anne E. Miller, MD	2012	2014	2017	

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 ** = assumed 2 years of unexpired term (total eligibility 5 years)

Note: Terms end December 31 of the *year* listed.

	SUBSPECIALTY COUNCILORS - VOTING	First Term Began (Jan)	Current Term Ends (Dec)	Eligible Until	Total Votes (27)
1)	American Academy of Pediatrics/Ophthalmology Section				1
	George S. Ellis, Jr., MD	2011	2013	2016	
2)	American Association of Ophthalmic Oncologists and Pathologists				1
	Paul J. Bryar, MD	2007	2012	2012	
3)	American Association for Pediatric Ophthalmology and Strabismus				1
	Jane C. Edmond, MD	2009	2014	2014	
4)	American College of Surgeons / Advisory Council for Ophthalmic Surgery				2
	Sarwat Salim, MD	2012	2014	2017	
	Vikram D. Durairaj, MD	2012	2014	2017	
5)	American Glaucoma Society				1
	James C. Tsai, MD	2010	2012	2015	
6)	American Osteopathic Colleges of Ophthalmology				1
	David D. Gossage, DO	2007	2012	2012	

* = assumed 1 year of unexpired term (total eligibility 7 years)

** = assumed 2 years of unexpired term (total eligibility 5 years)

Note: Terms end December 31 of the year listed.

	SUBSPECIALTY COUNCILORS - VOTING	First Term Began (Jan)	Current Term Ends (Dec)	Eligible Until	Total Votes (27)
7)	American Society of Cataract and Refractive Surgery				2
	David A. Goldman, MD	2012	2014	2017	
	Thomas M. Harvey, MD	2009	2014	2014	
8)	American Society of Ocular Trauma				1
	Michael P. Grant, MD, PhD	2009	2014	2014	
9)	American Society of Ophthalmic Plastic and Reconstructive Surgery				1
	Louise A. Mawn, MD	2012	2014	2017	
10)	American Society of Retina Specialists				2
	Mathew MacCumber, MD, PhD	2010	2012	2015	
	*Peter K. Kaiser, MD	2011	2014	2017	
11)	Association of University Professors of Ophthalmology				1
	** Joel S Schuman MD	2012	2013	2016	
12)	American Uveitis Society				1
	Justine R. Smith, MD, PhD	2010	2012	2015	

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** = assumed 2 years of unexpired term (total eligibility 5 years)

Note: Terms end December 31 of the year listed.

	SUBSPECIALTY COUNCILORS - VOTING	First Term Began (Jan)	Current Term Ends (Dec)	Eligible Until	Total Votes (27)
13)	Association of Veterans Affairs Ophthalmologists				1
	Mary Gilbert Lawrence, MD, MPH	2010	2012	2015	
14)	Contact Lens Association of Ophthalmologists				1
	Thomas L. Steinemann, MD	2008	2013	2013	
15)	Macula Society				1
	Neil M. Bressler, MD	2009	2014	2014	
16)	National Medical Association/Ophthalmology Section				1
	Eydie G. Miller-Ellis, MD	2008	2013	2013	
17)	North American Neuro-Ophthalmology Society				1
	Matthew Dean Kay, MD	2012	2014	2017	
18)	Ocular Microbiology and Immunology Group				1
	Bradley Dean Fouraker, MD	2012	2014	2017	
19)	Outpatient Ophthalmic Surgery Society				1
	Y Ralph Chu, MD	2012	2014	2017	

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** = assumed 2 years of unexpired term (total eligibility 5 years)

Note: Terms end December 31 of the year listed.

	SUBSPECIALTY COUNCILORS - VOTING	First Term Began (Jan)	Current Term Ends (Dec)	Eligible Until	Total Votes (27)
20)	Pan American Association of Ophthalmology				1
	Stephanie Jones Marioneaux, MD	2009	2014	2014	
21)	Retina Society				1
	Thomas M. Aaberg, MD	2011	2013	2016	
22)	Society of Military Ophthalmologists				1
	*Jonathan S. Collins, MD	2010	2013	2016	
23)	The Cornea Society				1
	Shahzad I. Mian, MD	2011	2013	2016	
24)	Women in Ophthalmology				1
	Laura J. King, MD	2011	2013	2016	

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** = assumed 2 years of unexpired term (total eligibility 5 years)

Note: Terms end December 31 of the year listed.

	ASSOCIATE COUNCILORS (NON-VOTING)	First Term Began (Jan)	Current Term Ends (Dec)	Eligible Until	Total Votes (0)
1)	American Board of Ophthalmology				
	John E. Sutphin, MD	2009	2014	2014	
2)	American Ophthalmological Society				
	Thomas J. Liesegang, MD	2009	2014	2014	
3)	Association for Research in Vision and Ophthalmology				
	Robert B. Nussenblatt, MD	2008	2013	2013	
4)	Canadian Ophthalmological Society				
	Paul E. Rafuse, MD, PhD	2012	2014	2017	
5)	Eye Bank Association of America				
	Alan Mark Kozarsky, MD	2007	2012	2012	

52	state organizations	=	70	voting Councilors
24	specialty organizations	=	27	voting Councilors
<hr/>				
76	organizations	=	97	total voting Councilors
5	organizations	=	5	non-voting Associate Councilors
<hr/>				
81	Total number of organizations	=	102	Total number of Councilors

* = assumed 1 year of unexpired term (total eligibility 7 years)
** = assumed 2 years of unexpired term (total eligibility 5 years)

Note: Terms end December 31 of the year listed.

COUNCIL OFFICERS & COMMITTEES FOR 2012

COUNCIL COORDINATING COMMITTEE

Russell N. Van Gelder, MD, PhD – Council Chair
Ann A. Warn, MD, MBA – Council Vice Chair
Paul Sternberg, Jr, MD – President-Elect
David W. Parke, II, MD – Executive Vice President and CEO

STATE SECTION

Elected positions

Section Leader/Council Vice Chair

Two-year term ending December 31, 2013
Ann A. Warn, MD, MBA

State Section – Deputy Section Leader

One-year term ending December 31, 2012
➤ Robert Jay Granadier, MD (Michigan)

Section Representative to AAO Nominating Committee

One-year term ending December 31, 2012
➤ Kurt F. Heitman, MD (South Carolina)

Section Nominating Committee

One-year term ending December 31, 2012
➤ Steven M. Friedlander, MD, FACS (Nevada)
➤ Robert Lytle, MD (Massachusetts)
➤ Ashok K. Reddy, MD (New Mexico)

SUBSPECIALTY/SPECIALIZED INTEREST SECTION

Elected positions

Section Leader/Council Chair

Two-year term ending December 31, 2013
➤ Russell N. Van Gelder, MD, PhD

Subspecialty Section – Deputy Section Leader

One-year term ending December 31, 2012
➤ Shazad I. Mian, MD (Cornea)

Section Representative to AAO Nominating Committee

One-year term ending December 31, 2012
➤ Thomas J. Liesegang, MD (AOS)

Section Nominating Committee

One-year term ending December 31, 2012
➤ Michael P. Grant, MD (ASOT)
➤ Mathew MacCumber, MD, PhD (ASRS)
➤ Eydie G. Miller-Ellis, MD (NMA, Ophthalmology Section)

OTHER POSITIONS

Appointed by Council Coordinating Committee

Council Representatives to AAO Awards Committee

1 to 5 years – varies
➤ Derek T. Sprunger, MD (Indiana)
➤ Mary G. Lawrence, MD (AAO)

Council Credentials Committee

One-year term ending December 31, 2012
➤ Jane C. Edmond, MD (AAPOS) - Chair
➤ Paul J. Bryar, MD (AAOOP)
➤ Thomas M. Harvey, MD (ASCRS)
➤ Odette V. Callender, MD (Delaware)
➤ Sanjay D. Goel, MD (Maryland)
➤ Justine R. Smith, MD (AUS)
➤ Russell N. Van Gelder, MD, PhD, Ex-Officio (Council Chair)
➤ Ann A. Warn, MD, MBA, Ex-Officio (Council Vice Chair)

REGIONAL CHAIRS – Appointed by Council Coordinating Committee

One-year term ending December 31, 2012

Region

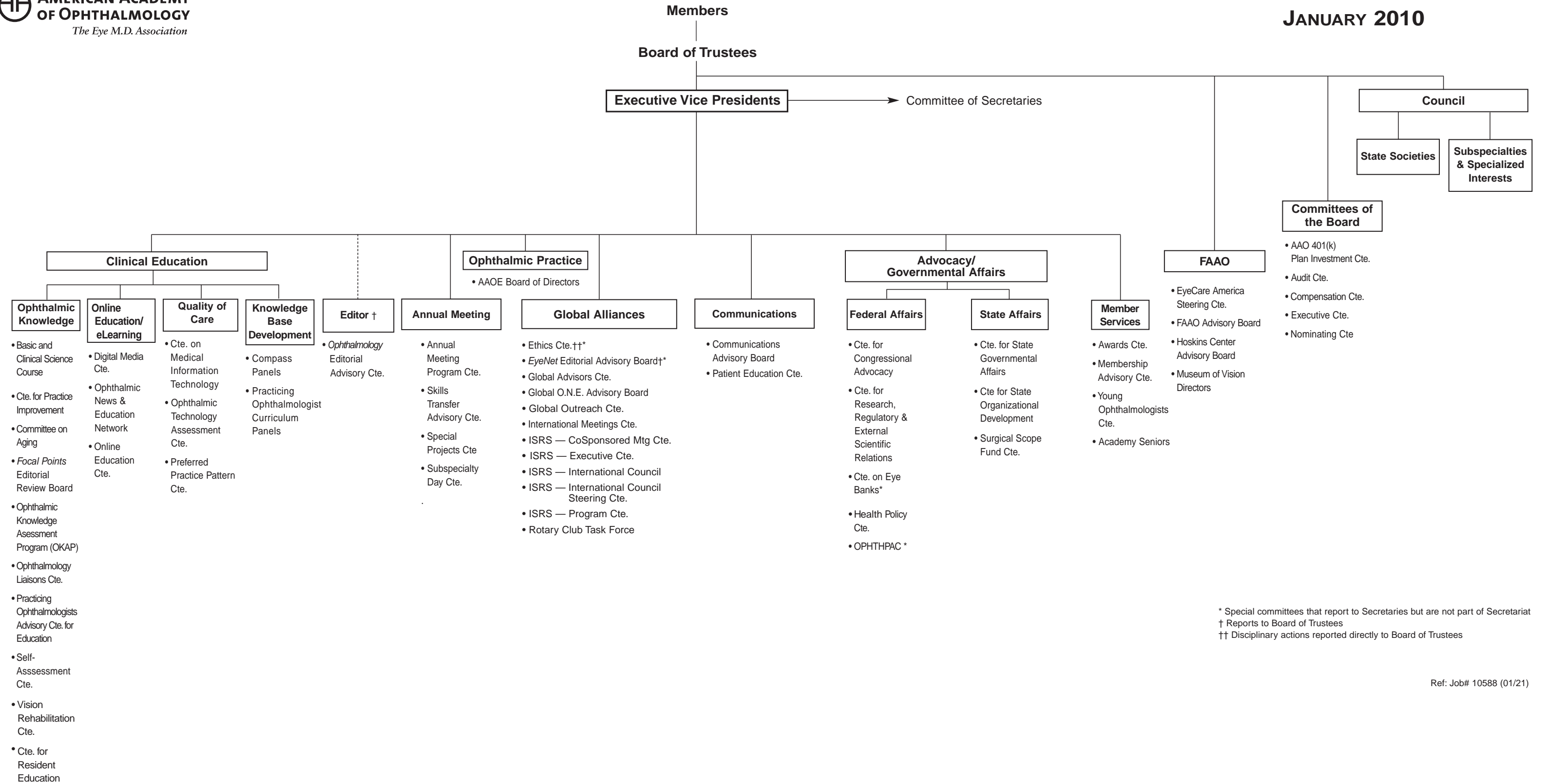
Great Lakes
Heartland
Metro–East
Mid-Atlantic
Mountain West
New England
Pacific Coast
Southeastern
Tornado Belt

State Co-Chair

TBD
TBD
TBD
TBD
TBD
TBD
TBD
TBD
TBD

Subspecialty/Specialized Interest Co-Chair

TBD
TBD
TBD
TBD
TBD
TBD
TBD
TBD
TBD



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Dept of Ophthalmology
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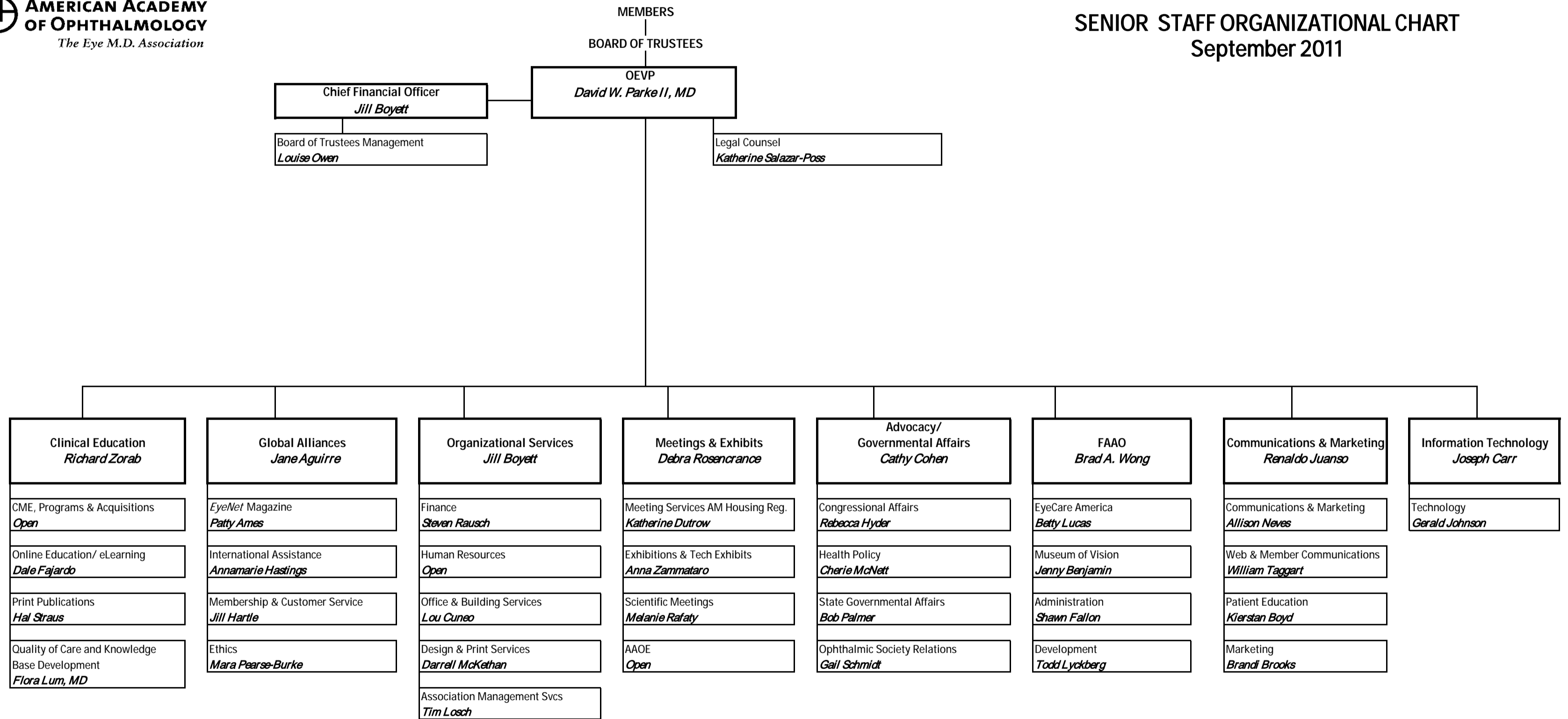
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SENIOR STAFF ORGANIZATIONAL CHART
September 2011



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POLICY STATEMENT

IDENTIFICATION AND RESOLUTION OF CONFLICTS OF INTEREST

Introduction

The American Academy of Ophthalmology provides continuing medical education (“CME”), advocacy and public information to enhance the ophthalmologist's ability to deliver the highest possible quality of eye care for patients.

The Academy has a profound duty to its members, the larger medical community and the public to ensure the integrity of all of its scientific, educational, advocacy and consumer information activities and materials. Thus **each Academy Trustee, Secretary, committee Chair, committee member, taskforce chair, taskforce member, councilor, and representative to other organizations (“Academy Leader”), as well as the Academy staff and those responsible for organizing and presenting CME activities must disclose interactions with Companies¹ and manage conflicts of interest or the appearance of conflicts of interest that affect this integrity. Where such conflicts or perceived conflicts exist, they must be appropriately and fully disclosed and resolved.**

I DISCLOSURES OF INTERACTIONS WITH COMPANIES

A. All Academy Leaders and providers of Academy-sponsored CME must submit a Disclosure Form of financial and uncompensated interactions with Companies. In the context of this Conflict of Interest policy, “CME” encompasses the Academy's full spectrum of educational activities, including those qualifying for CME credit, as well as the Academy's non-credit-bearing educational initiatives, programming and products, including but not limited to O.N.E. development and content, practice management resources, quality of care research and publications, and *Journal* article authorship, selection and review.

B. Members of the Board of Trustees and members of the Committee of Secretaries will be asked to disclose additional information on the Academy Leader Disclosure Form indicating whether their disclosed direct financial relationships with Companies are under or over ten thousand dollars at the time of disclosure. Participants involved in the creation of Preferred Practice Patterns (PPPs), Ophthalmic Technology Assessments (OTAs) or other BOT-approved Academy guidelines (collectively “Academy Guidelines”) will complete the Academy Leaders Disclosure form and likewise indicate whether their disclosed direct financial relationships with Companies are under or over ten thousand dollars at the time of disclosure.

C. For PPP and OTA panels, and other taskforces or committees preparing Academy Guidelines, additional disclosure standards apply. The Chair, or at least one Co-Chair of two Co-Chairs, of the Academy Guideline panel must be free of direct financial relationships with companies and will be asked to remain free of direct financial relationships with Companies for one year following publication of the Academy Guideline. For the Academy Guideline panels, a majority of panel members need to be

free of direct financial relationships with Companies relevant to the subject matter of the PPP, OTA or other Academy Guideline. The Chairs of the umbrella OTA and PPP committees are not be required to be free of relationships with Companies, but they must disclose their relationships according to Section 1 (B).

D. The Academy staff shall send an annual reminder to Academy Leaders to submit an initial Academy Leader Disclosure Form, or to review and update the Disclosure on file. The Journal and Annual Meeting participants will follow the disclosure submission procedures established for these activities. The committee Secretary responsible for creation of an Academy Guideline will obtain an Academy Leader Disclosure Form from the Guideline's authors and reviewers.

E. The Academy may disqualify anyone who does not complete (or revise as appropriate) the applicable disclosure form after a second reminder.

1. A second reminder will state that the individual may not participate in relevant Board, committee, Secretariat, Council, Academy Representative activities, or in planning, developing or delivering any Academy CME without a current Disclosure on file. In addition, such notice will explain the consequences of not providing the Disclosure.
2. If the member does not provide adequate Disclosure within thirty days of the receipt of the second notice, the member will become ineligible to participate in the CME activity in any manner until the form is received. For Academy Leaders, failure to submit the Academy Leader Disclosure Form within thirty days of the second notice will disqualify the member from participation in the committee, other Academy body or representative activities until the disclosure is received. If the Academy Leader is unwilling to complete the form, (s)he will be asked to resign from the committee, other Academy body or representative position.
3. The appropriate Secretary shall be notified of the disqualification. If the disqualification is of a Secretary, the disqualification shall be reported to the BOT Executive Committee.

F. Academy Leaders and CME participants are responsible for updating their Disclosures throughout the year for every substantial change in actual or potential conflicts of interest, whether financial or non-financial.

II AWARENESS AND COMMUNICATION OF ACTUAL AND POTENTIAL CONFLICTS

A. All Disclosures of financial and potentially relevant non-financial Relationships shall be sent to the Committee/Taskforce chairperson ("Chair") responsible for the planning and implementation of Academy activities. Disclosures from Board of Trustee members and officers shall be reviewed by the Executive Committee, with Executive Committee members recusing themselves from reviewing their own disclosures.

B. The Chair shall alert all reviewers, panelists, committee members, and authors of all relevant financial and non-financial conflicts of interest relevant to a particular activity.

C. The Chair shall periodically remind all who are involved in planning and implementation of an activity to be cognizant of others' financial and non-financial disclosures, and encourage all to identify and discuss potential conflicts.

D. As set forth below, Academy staff will ensure that all financial relationships with all Companies are made known at beginning of every activity.

E. For print, web-based or recorded non-live materials ("Enduring Materials"), it is staff responsibility to ensure that adequate Financial Disclosures are included in each document.

F. For Journal Activities, Editor and Journal staff shall follow their own disclosure procedures.

G. All Academy staff members whose responsibilities include staffing a committee, are required to include the list of financial relationships for their Committee members, including the Committee Chair, in any and all meeting agendas and minutes, including conference calls. At the beginning of each meeting/conference call, the Committee Chair should make note that the list is included in the agenda for everyone's reference.

H. For Live Activities, staff shall:

1. Notify the activity organizer, all faculty, panelists, other presenters of their obligations to provide adequate disclosures.
2. Establish and enforce a "first slide" policy to ensure Financial Disclosure is made know to all participants prior to the activity.
3. Ensure that the intent of the "first slide" policy is served by adequate "dwell time" of the slide, commensurate with the length of the text shown; ideally with simultaneous verbal presentation of the first slide content.
4. Establish and enforce a policy to ensure that anyone who speaks from the audience also discloses any relevant financial interests, verbally or by other adequate means, at the time that the comments are made (moderators may need to prompt audience participants to disclose).
5. Monitor presentations as often as is practical to insure that the intent of the disclosure procedures is served, including recommendations for modifications in requirements as circumstances may require.

I. Credit-bearing CME

1. All credit-bearing CME ("CB-CME") activities are planned under the guidance of an Academy committee.
2. All CB-CME activities require the approval of a committee Chair.
3. In the event that the Chair is conflicted, approval is granted by another designated member of the Committee who is not.
4. The Academy CME Committee or other committee designated by the Board of Trustees shall review all Enduring Materials
5. Staff will review checklists for all submissions before a credit code is assigned (based on the Academy-customized version of the CB-CME Activity

Documentation Checklist)

6. Every CB-CME activity must be evaluated by participant questionnaires.
7. Every evaluation questionnaire must address the participant's impression of the presence or absence of commercial bias.
8. The Observer Report Form shall include a request for the Observer's impression of the presence or absence of commercial bias. The Academy CME committee or other committee designated by the Board of Trustees will be advised of any significant allegations of commercial bias, based upon the frequency of the participant mentioned, and the specifics of the allegation.

III MANAGEMENT AND RESOLUTION OF CONFLICTS

A. FOR CME activities, a system of peer review, committee review, staff review and cross-checks to identify and recommend possible means of resolving a conflict shall be maintained.

1. The Course committees, Mid Year Forum Planning Group or Annual Meeting committees or their Board-approved designee body shall review all submissions and abstracts as well as the Faculty Financial Disclosure for Live Activities.
2. Objectivity and the use of best available evidence should be encouraged.
3. Each person involved in the planning or execution of a particular CME activity should be encouraged to make the Chair or other person responsible for the activity aware of the need to manage a specified conflict. For CB-CME activities, the Chair or responsible person shall review all Faculty Financial Disclosure Forms and course content prior to the activity.
4. If potential conflict of interest is detected, corrections will be recommended and implemented:

(a) Enduring Materials shall be edited as required.

(b) Live Activity Presenters shall be notified of concerns regarding conflict or potential conflict of interest prior to the activity and the Chair/Program Director and Faculty shall work together to resolve or manage that conflict. Some possible steps that can be taken are:

- Have the content reviewed and revised as necessary by experts that do not have relationships with the entity where the conflict lies
- Limit the presentation to pathophysiology and mechanisms of disease rather than therapeutic recommendations
- Select another speaker to present clinical implications after the primary speaker (with COI) has reported scientific discovery
- Change focus of the presentation so that the content is not about products or services of the COI
- Limit the presentation to research results and assign another speaker with no COI to the broader implications of clinical care if the speaker with COI is a principal investigator on a project funded by industry
- Ask the speaker with COI to recuse him/herself

- Ask the speaker to divest him/herself of all financial interests that have created the COI
5. If the steps in Section III A. 4 are not sufficient or applicable for managing the conflict or perceived conflict, or conflict is detected during a presentation the Chair or person responsible for a CME activity shall request that the Board of Trustees or a committee assigned by the BOT determine an appropriate response. The response may include:
 - (a) Official notification and warning for the first occurrence, unless there is a failure to submit a required disclosure, as set forth in Section I above, which requires disqualification;
 - (b) For repeat offenses - Banning for a period of 2 years of the individual from currently scheduled or future Academy CME activity;
 - (c) The Academy CME committee will notify the Academy Board of Trustees of repeat offenders, with the recommendation that an ethics challenge be filed through the procedures set forth in the Code of Ethics.

B. Resolution of Disclosed Conflicts among Academy Leaders

The Academy recognizes that Leaders often have a wide range of medical, scholarly, humanitarian and financial relationships, and participate in organizations and activities outside of the Academy. As a natural consequence of these activities, conflicts or the perception of conflicts may arise from time to time for Academy Leaders. These conflicts may be disclosed by the Leader, or identified by another Leader in an atmosphere of cooperation, rather than confrontation. The goal of effective management of these conflicts is to arrive at a collaborative and consensual, resolution, as set forth in the procedures below.

1. The Academy Leader who discloses a conflict or potential conflict, or to whom a fellow Leader identifies a perceived conflict, prepares a statement describing the conflict and suggesting ways of resolving or managing it. If a challenged Leader believes that a conflict does not exist, a response may be submitted. If there is consensus that a conflict exists, methods for resolution include highly specific confidentiality agreements, recusal from specific discussions, activities or votes, voluntary resignation from committee Chair or other leadership positions or by other means. A "Statement of Conflict Management" is submitted by committee members to their Committee Chair, from a COS member to the COS Chair, and by BOT members to the BOT Executive Committee. If a chairperson or Executive Committee member is submitting the statement, the COS or BOT will appoint two of their members to review the Statement.
2. If the Statement of Conflict Management is accepted by the appropriate reviewer as sufficient to manage the conflict, the terms of the Statement will be accepted and distributed to the relevant committee or other Academy body.
3. If the Statement of Conflict Management is not accepted, then the reviewer will submit it to a three person review committee (Conflict Review Committee or "COR") comprised of a committee member, COS member and BOT member, appointed by the BOT Executive Committee. This review committee will work with the Academy Leader to revise the Statement of Conflict Management such that the resolution is acceptable to the Committee.

4. If the revised statement is acceptable, it shall be accepted and disseminated as above, with additional dissemination to be determined by the "COR". Note that in some instances, an acceptable Statement may include the requirement that the Academy Leader step down from a particular position of Leadership.

C. Further Resolution Procedure for Academy Leaders

1. If no revised statement is agreed to by the Academy Leader and the COR, the Academy Leader will have an additional opportunity to be heard. The Academy Leader and one member of the COR will present their respective positions to the Executive Committee of the BOT, which will make a recommendation of resolution to the full BOT. The BOT vote will be binding on the Academy Leader.
2. Proposals for resolution of a conflict may not affect an Academy Leader's membership status. Egregious violations of this policy for which suspension or termination of membership may be appropriate shall be referred to the Ethics Committee, and shall be adjudicated as set forth in the Administrative Procedures of the Code of Ethics.
3. This resolution process set forth in Sections III B and C shall apply to Academy Guideline participants.

1. "Companies", as defined by the *CMSS Code for Interactions with Companies*, are for-profit entities that develop, produce, market or distribute drugs, devices, services or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions.

Approved by:

Revised and Approved by:

Revised and Approved by:

Board of Trustees, September 2008

Board of Trustees, October 2009

Board of Trustees, September 2010

POLICY STATEMENT

Guidelines for the Avoidance of Inadvertent Anticompetitive Conduct

Policy:

The American Academy of Ophthalmology, with the advice of its legal counsel, has adopted guidelines that must be followed to avoid inadvertent anticompetitive conduct that could be attributed to the Academy. These guidelines shall apply to all of the Academy's fellows, members, trustees, officers, councilors, committee members, and representatives to other professional or governmental organizations, and employees.

Background:

The Supreme Court of the United States has held that a trade association would be liable under the federal antitrust laws for treble damages arising from unlawful acts of one of its representatives, even if those acts were not authorized by the organization, if the representative had the "apparent authority" (viewed from the perspective of outsiders) to speak or act in the name of and with the apparent endorsement or backing of the organization. The Court held that the appearance of authority could be created, for example, if the representative's unlawful acts were statements written on the organization's letterhead or if other writings or oral statements were made in the representative's capacity with the organization. The Court's holding applies to all membership organizations, including the Academy.

Evaluation:

It is essential that all personnel and representatives of the Academy be specifically aware of the types of conduct that could be found to constitute anticompetitive conduct and that they adhere to straightforward guidelines designed to avoid inadvertent anticompetitive conduct and the possible attribution of that conduct to the Academy.

Guidelines:

Except when expressly authorized in advance by the Board of Trustees of the Academy or in a manner determined by the Board of Trustees, the following guidelines shall prevail.

1. Discussions as described below shall not be conducted at any formal or informal meeting of the fellows and members, the Board of Trustees, the Council, a Council Section, or a committee of the Academy or by any Academy representative to any formal or informal meeting of any other professional or governmental organization, and must be avoided in all other contacts with actual or potential competitors.
 - a) Discussions about, or that may have the effect of, fixing, raising, depressing, pegging, or stabilizing prices or fees; or any element of prices or fees; or establishing minimum or maximum prices or fees;
 - b) Discussions about, or that may have the effect of, either withholding patronage or services from or otherwise discouraging dealings with, or encouraging exclusive dealings with, any health care provider or group of health care providers, any supplier or purchaser or group of suppliers or purchasers of health care products or services, any actual or potential competitor or group of actual or potential competitors, or any patient, group of patients, or other segment of the public;

Guidelines for Avoidance of Inadvertent Anticompetitive Conduct

- c) Discussions about, or that may have the effect of, allocating or dividing geographic or service markets, customers, or patients;
 - d) Discussions about, or that may have the effect of, restricting, limiting, prohibiting, or sanctioning advertising, or soliciting that is not false, misleading, or deceptive;
 - e) Discussions about, or that may have the effect of, discouraging entry into or competition in any segment of the health care market;
 - f) Discussions about whether or not the practices of any member, actual or potential competitor, or other person are "unethical" or "anticompetitive"; and
 - g) Discussions about the safety, quality, or efficacy of the products or services of, or the prices or fees charged by, any health care provider or group of health care providers, any supplier or purchaser or group of suppliers or purchasers of health care products or services, or any actual or potential competitor or group of actual or potential competitors. This does not restrict or prohibit study and reasonable discussion and assessment of the safety or efficacy of technology, drugs, and devices.
2. Minutes shall be prepared and maintained for all meetings of the fellows and members, the Board of Trustees, the Council, Council Sections, and committees of the Academy. Except for matters protected by the attorney-client privilege, all discussions conducted and all decisions reached at those meetings shall be reflected in the minutes of those meetings. Academy representatives to other organizations shall take reasonable steps to ensure that minutes of the meetings of those organizations are prepared and maintained, except for matters protected by the attorney-client privilege, and that all discussions conducted and decisions reached at those meetings are reflected in the minutes of those meetings.
 3. No fellow, member, trustee, officer, councilor, committee member, representative, or employee of the Academy shall have the authority to, or shall, issue any written statement on Academy letterhead to anyone on any of the subjects enumerated in item 1 above.
 4. No fellow, member, trustee, officer, councilor, committee member, representative, or employee of the Academy shall have the authority to, or shall, issue any oral or written statement to anyone on any of the subjects enumerated in item 1 above, in which or in connection with which the person issuing the statement identifies his or her affiliation with the Academy or purports to act on behalf of, in the name of, or with the endorsement of or backing of the Academy.
 5. Notwithstanding anything apparently or expressly to the contrary contained in the preceding items, a person who is affiliated with the Academy and who has been specifically authorized by the Academy or its Board of Trustees or its Executive Committee to communicate in the name of and on behalf of the Academy to representatives of the executive and legislative branches of government with respect to administrative or legislative proposals that are under consideration by those branches and are of direct concern to the Academy, shall not be required to comply with item 3 or item 4 above with respect to any oral or written communication that satisfies the following conditions:

Guidelines for Avoidance of Inadvertent Anticompetitive Conduct

- a) Is first approved by the Board of Trustees or in a manner determined by the Board of Trustees; and
 - b) Is related solely to the substance or merits of a proposal that is then the subject of administrative or legislative hearings or proceedings being conducted by the executive or legislative branch of government and that does or could, if adopted, relate to the science and art of medicine pertaining to the eye and related structures or to the provision of or in payment for services involving prevention, diagnosis, or treatment of disorders affecting the eye and related structures; and
 - c) Is made by that person as a participant in those hearings or proceedings and solely in connection with that participation; and
 - d) Is made directly and solely to a representative of the executive or legislative branch of government who is a participant in those hearings or proceedings with copies of such communications provided only to persons designated by the Board of Trustees of the Academy or in a manner determined by the Board of Trustees.
6. An exact copy of each written statement described in items 3, 4, or 5 above and an exact transcription of each oral statement described in items 4 or 5 above, whether or not the statement has been expressly authorized in advance either by the Board of Trustees of the Academy or in a manner determined by the Board of Trustees, shall be furnished to the Academy's Executive Vice President immediately after the statement is issued, together with a complete record of its distribution.

Approved by: Board of Trustees, February 1988
Reaffirmed by: Board of Trustees, May 1994
Reaffirmed by: Board of Trustees, September 1997
Reaffirmed by: Board of Trustees, February 2001
Revised and
Approved by: Board of Trustees, June 2007

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POLICY STATEMENT

Policy for Academy Leaders

Policy:

It is the policy of the American Academy of Ophthalmology, subject to ongoing review and periodic modification by the Board of Trustees, that each Academy Trustee, Secretary, committee chair, committee member, councilor, and representative to other organizations (Academy Leader) has an obligation of loyalty and fairness to the Academy and its members as well as an obligation to discharge the duties of an Academy Leader in good faith and in a manner that is in the best interests of the Academy and its members.

Background:

The American Academy of Ophthalmology and its membership have benefited enormously from the countless hours of volunteer work Academy Leaders have devoted in service to Academy programs and activities. The quality and value of these programs are a direct reflection of these leaders and the staff.

In nominating members to serve on the Board of Trustees, and in selecting members to serve on its secretariats, committees, and task forces, the Academy seeks individuals with the experience, skills, and knowledge necessary to do the job. Equally important, the Academy selects those individuals who have a reputation for excellence, both in the quality of their efforts and in their ethical standards.

In recent years, physicians' roles have expanded beyond the traditional parameters of clinical care. In many instances, physicians are assuming leadership, consulting, or significant equity positions in business, which potentially impact or are impacted by Academy activities. If the Academy were to select only Leaders not involved in such business ventures, it would seriously limit its ability to use the most capable and experienced individuals, which would not be in the best interests of Academy members.

Evaluation:

This Policy Statement is intended to maintain the standard of excellence demonstrated by all Academy Leaders and to protect these Leaders from allegations of wrongdoing in the discharge of their duties.

Recommendation:

All references herein to an Academy Leader means the Academy Leader, a relative of the Leader, an organization in which the Leader or a relative has a material financial interest, and an organization of which the Leader or a relative is a director, trustee, officer, or employee. The term "commercial" excludes pursuits that are predominantly clinical, scientific, or academic.

As a condition of eligibility for initial election or appointment to a position of Academy leadership and for continued service in that position, each Academy Leader shall do the following:

1. Disclose to the Academy the existence and nature of any personal or family interest in any activity that is, or reasonably could be expected to be, subject to this Policy Statement.

Policy for Academy Leaders

2. Disclose to the Academy board or committee or to the council on which the Academy Leader serves the existence and nature of any personal commercial interest, with respect to any actual or proposed contract or arrangement between the Academy and the Academy Leader, or any proposed endorsement by the Academy of any product or service of the Academy Leader, in advance of any discussion of or decision regarding the proposed contract, arrangement, or endorsement by that body, and abstain from the discussion and the decision.
3. Refrain from misusing the position as an Academy Leader to solicit, directly or indirectly, commercial opportunities for the Leader in the following ways:
 - a) By accepting the invitation of any professional or other organization to speak, at an educational or scientific meeting of the Academy or other organization, in the capacity of an Academy Leader and, in connection with that activity, referring to or soliciting, or causing or permitting others to refer to or solicit on the Leader's behalf, commercial opportunities for the Academy Leader.
 - b) By soliciting or carrying out commercial opportunities for the Academy Leader and, in connection with that activity, referring to or causing or permitting others to refer to the Leader's position as an Academy Leader. In order to avoid the appearance of impropriety, there must be a clear separation by time and locale of the activities undertaken as a Leader of the Academy from activities undertaken as a commercial interest.
4. Honor and keep confidential all privileged or confidential information of or involving the Academy that is obtained by the Academy Leader by reason of or in connection with that person's position as an Academy Leader, and shall not use any of such information in connection with the Leader's commercial activities or disclose any of such information to any person or organization for any purpose whatsoever.
5. In the case of an Academy Trustee or Secretary only, avoid and refrain from any personal appearance by, or causing or permitting others to refer to, the Academy Trustee or Secretary as an Academy Leader in connection with an exhibit at any Academy meeting that promotes the commercial services or products of the Academy Trustee or Secretary.

Approved by: Board of Trustees, September 1994
Revised and Approved by: Board of Trustees, September 1997
Revised and Approved by: Board of Trustees, February 2001
Revised and Approved by: Board of Trustees, January 2007

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POLICY STATEMENT

Relationships with Other Organizations

A primary goal of the American Academy of Ophthalmology is to provide continuing medical education (CME) to enhance the ophthalmologist's ability to furnish the highest possible quality of eye care for patients. Therefore, relationships with other organizations must not jeopardize the Academy's standing as a respected organization.

Policy

When appropriate and desirable, the American Academy of Ophthalmology may solicit or accept financial or other support from both for-profit and not-for-profit organizations in order to develop and/or improve activities and programs that are consistent with the Academy's mission statement. All arrangements for financial or other support must fall within the guidelines of this policy statement or be reviewed by the Board of Trustees or the Executive Committee acting on behalf of the Board of Trustees. Support for all CME programs and activities must adhere to the *Standards for Commercial Support of Continuing Medical Education* of the Accreditation Council for Continuing Medical Education (ACCME). In addition, with respect to gifts to physicians and the conflicts inherent in such gifts, the Board of Trustees has adopted the American Medical Association's (AMA) guidelines as outlined in its publication entitled *Gifts to Physicians from Industry*.

Background

Financial and other support from corporations, foundations, and other organizations can contribute significantly to both the quality and scope of Academy programs, activities, and services. The Academy shares many common goals with other organizations, including corporations in ophthalmic industry, and it is appropriate for the Academy to cultivate and maintain appropriate and ethical relationships with these organizations. Such relationships must not pose conflicts of interest for the Academy, its officers, staff, members, or the sponsoring organizations, and they must be consistent with the goals and objectives of the Academy's strategic plan.

Definitions

The Academy may enter into different types of relationships or arrangements with other organizations as defined below.

Sponsorship: A financial donation to the Academy to support an Academy product or service with appropriate recognition for the donor.

Joint Sponsorship: A joint effort in which both (or all) organizations or institutions are integrally involved in planning and developing an Academy program.

Joint Sponsorship for CME: The ACCME accredits the Academy to provide CME to physicians. The ACCME publication *Essentials and Standards* includes definitions and requirements specific to the joint sponsorship of CME. These are supported by the Academy's *Guidelines for Joint Sponsorship of Continuing Medical Education Activities*. All joint-sponsorship CME efforts must conform to these ACCME requirements and Academy guidelines.

Cooperative Relationship: A relationship in which the degree of involvement of one organization or institution in the planning, developing, or implementing of a

Relationships with Other Organizations

program or service is less than that of the primary sponsoring organization or institution. The terms "in cooperation with" or "cooperating organizations" are used to describe such relationships.

Endorsement: Approval by the Academy of, or the loan of the Academy name to, a program or service developed by another organization. Endorsements must be approved by the Board of Trustees.

Alliance or Collaboration: A joint effort of two entities that benefit from sharing profit, cost-savings, service, royalties, license, or name recognition.

Guidelines

1. In general, the Academy will proactively choose its priorities for entering into relationships and arrangements with other organizations; however, the Academy will also consider opportunities presented by other organizations.
2. All proposed arrangements and relationships must fit the guidelines outlined here or be reviewed by the Academy Board of Trustees or the Executive Committee acting on behalf of the Board of Trustees, in order to ensure that acceptance of funds or use of Academy funds would not have a negative influence on Academy programs or policy or be inconsistent with the Academy's mission and goals.
3. Proposed arrangements and relationships must not compromise the Academy's reputation, the privacy of its members, the existence or identity of the Academy, its tax status, or its trademarks.
4. Participation in a specific arrangement or relationship does not in any way imply Academy approval of an organization's general policies, nor does it imply that the Academy will exert any influence to advance the organization's interests outside the substance of the arrangement itself. The Academy's name and logo may not be used in a manner that would express or imply Academy endorsement of the organization or its policies.
5. The Academy accepts funds or royalties only if acceptance does not pose a conflict of interest and in no way impacts the objectivity of the Academy, its members, officers, or employees. If sponsorship funds are supplying all or part of an employee or independent contractor's compensation, each such employee or independent contractor must disclose any financial or fiduciary relationship with the sponsoring organization. This disclosure includes loans, gifts, or income from the organization; investments of \$2000 or more in the organization; and any position with the organization, such as a director, officer, partner, consultant, trustee, or employee.
6. The Academy does not endorse or certify health or medical products or medical services produced by other companies and marketed to consumers. In no case will the Academy's name or logo be used to promote or endorse a medical product for consumers produced by others without approval of the Board of Trustees.
7. The Academy does not endorse programs developed by other organizations or institutions, except as determined by the Board of Trustees.
8. The Academy does not actively seek endorsements of Academy programs or services from other organizations or institutions except as determined by the Board of Trustees.
9. In accordance with ACCME standards, the Academy will conduct all CME programs

Relationships with Other Organizations

independently and without influence of or control by other supporting organizations. Supporting organizations shall not influence or control the program planning, program content, or execution of the activity; the program must be free of commercial bias for or against any product; and any product discussion must be objective, balanced, and scientifically rigorous. Corporate sponsors may not engage in promotional activities in the CME program location or in the CME materials, and no promotional materials may be disseminated during the CME activities. Since the Annual Meeting printed programs are not designated as CME activities, corporate advertising will be permitted in the printed programs.

10. In accordance with the AMA's guidelines outlined in *Gifts to Physicians from Industry* (adopted and approved by the Academy's Board of Trustees) and the ACCME *Standards for Commercial Support for Continuing Medical Education* (an element of the Academy's accreditation to provide CME), funding from industry to underwrite the costs of CME conferences or professional meetings should be made to the Academy and not to individual physicians. Subsidies from industry should not be accepted to pay for the costs of travel, lodging, or other personal expenses of the physicians who are attending CME conferences or meetings. Subsidies for hospitality should not be accepted except for modest meals or social events that are held as part of a CME conference or meeting. Industry support for the costs of travel and lodging for attendees who might otherwise not be able to participate in an Academy event (e.g., ophthalmologists from countries or regions with developing economies) may in certain circumstances be considered appropriate; such situations will be addressed on a case-by-case basis.
11. Organizations that provide financial support to the Academy may be recognized. Such corporate or foundation recognition regularly occurs in Academy publications and other appropriate forums. Recognition does not include any reference to the organization's products. The institutional acknowledgment may state the name, mission, and areas of clinical involvement of the company or institution, and it may include corporate logos and slogans if they do not promote the product.
12. The Academy retains editorial control over any information produced as part of relationships or arrangements with other organizations. All intellectual property resulting from sponsorship by another organization will be the property of the Academy unless the Board of Trustees has approved an agreement to the contrary. In every case, all materials in print, broadcast, or electronic media prepared by the supporting organization must be submitted to the Academy for written approval prior to release.
13. In addition to normal reviews as needed by legal counsel, the chief financial officer and the appropriate divisional vice president, the executive vice president shall be responsible for ensuring that arrangements and relationships with other organizations adhere to the guidelines adopted by the Board of Trustees.

Approved by:	Board of Trustees, June 1998
Revised and Approved by:	Board of Trustees, April 1999
Revised and Approved by:	Board of Trustees, February 2003
Revised and Approved by:	Board of Trustees, February 2007

POLICY STATEMENT

DIVERSITY POLICY

The Board of Trustees of the American Academy of Ophthalmology recognizes that this organization is best served by representation from the broadest possible diversity of member background, experience, and thoughts. As a policy, the Board of Trustees is committed to diverse representation on the Board of Trustees and its committees, councils, and staff without regard to race, religion, national origin, sexual orientation, age, gender, or physical disability.

Approved by: Board of Trustees
Revised and Approved by: Board of Trustees, February 2002
Reapproved by: Board of Trustees, February, 2007

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ACRONYMS COMMONLY IN USE AT THE ACADEMY

AAAI	American Academy of Allergy & Immunology
AAAS	American Association for the Advancement of Science
AAFP	American Academy of Family Physicians
AAFPRS	American Academy of Facial Plastic & Reconstructive Surgery
AAHP	American Association of Health Plans
AAMC	Association of American Medical Colleges
AAMSE	American Association of Medical Society Executives
AAN	American Academy of Neurology
AANS	American Association of Neurological Surgeons
AAO	American Academy of Ophthalmology
AAOE	American Academy of Ophthalmic Executives (formerly TAN)
AAOO	American Academy of Otolaryngology
AAOP	American Association of Ophthalmic Pathologists
AAOS	American Academy of Orthopedic Surgeons
AAP	Association of American Physicians
AAP	American Academy of Pediatrics
AAPM&R	American Academy of Physical Medicine & Rehabilitation
AAPOS	American Association for Pediatric Ophthalmology & Strabismus
ABES	American Board of Eye Surgeons
ABMS	American Board of Medical Specialties
ABO	American Board of Ophthalmology
ACC	American College of Cardiology
ACCME	Accreditation Council for Continuing Medical Education
ACCP	American College of Chest Surgeons
ACEP	American College of Emergency Physicians
ACES	American College of Eye Surgeons
ACGME	Accreditation Council for Graduate Medical Education
ACICO	Advisory Committee to the International Congress on Ophthalmology
ACME	Alliance for Continuing Medical Education
ACO	American College of Ophthalmology
ACOG	American College of Obstetricians & Gynecologists
ACOVF	American Commission on Optics & Visual Physiology
ACP-ASIM	American College of Physicians / American Society of Internal Medicine
ACP	American College of Physicians [merged with ASIM]
ACR	American College of Radiology
ACS	American Cancer Society
ACS	American College of Surgeons
ACT	American College Testing
AD&D	Accidental Death & Dismemberment
ADA	American Dental Association
ADA	American Diabetes Association
ADAMHA	Alcohol, Drug Abuse & Mental Health Administration
AdvaMed	Advanced Medical Technology Association
AEVR	Alliance for Eye and Vision Research (also see NAEVR)
AGIS	Advanced Glaucoma Intervention Study
AGS	American Glaucoma Society
AHA	American Hospital Association
AHCPR	Agency for Health Care Policy and Research
AHME	Association of Hospital Medical Education
AIMS	Academy Insurance Management Services [<i>disbanded</i>]
AIOIS	American Interocular Implant Society
AIOS	All India Ophthalmological Society
AJO	American Journal of Ophthalmology

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AM	Annual Meeting
AMA	American Medical Association
AMAP	American Medical Association's Physician Accreditation Program
AMS	Academy Management Services
AMSA	American Medical Student Association
ANA	American Nurses Association
AOA	American Orthopaedic Association
AOA	American Optometric Association
AOC	American Othoptic Council
AOCOOHNS	American Osteopathic Colleges of Ophthalmology and Otolaryngology - Head and Neck Surgery
AORN	Association of Operating Room Nurses, Inc.
AOS	American Ophthalmological Society
APA	American Psychological Association
APAO	Asia Pacific Academy of Ophthalmology
APHA	American Protestant Hospital Association
AQA	Ambulatory Quality Alliance
ARVO	Association for Research & Vision in Ophthalmology
ASA	American Society of Anesthesiologists
ASA	American Surgical Association
ASAE	American Society of Association Executives
ASAP	Academy Strategic Assessment Planning Task Force (aka Long Range Planning Ad Hoc)
ASCP	American Society of Clinical Pathologists
ASCRS	American Society of Colon & Rectal Surgeons
ASCRS	American Society of Cataract & Refractive Surgery
ASI	Academy Services, Inc.
ASIM	American Society of Internal Medicine [merged with ACP]
ASOA	American Society of Ophthalmic Administrators
ASOPRS	American Society of Ophthalmic Plastic & Reconstructive Surgery
ASORN	American Society of Ophthalmic Registered Nurses
ASOT	American Society of Ocular Trauma
ASRS	American Society of Retina Specialists (formerly the Vitreous Society)
ATPO	Association of Technical Personnel in Ophthalmology
ATC	The Academy Technology Council (AAO staff committee)
ATS	American Trauma Society
AUA	American Urological Association
AUPO	Association of University Professors of Ophthalmology
AUS	American Uveitis Society
AVAO	Association of Veterans Affairs Ophthalmologists
BC/BS	Blue Cross & Blue Shield Association
BCSC	Basic & Clinical Science Course
BOD	Board of Directors
BOG	Board of Governors
BOR	Board of Regents
BOT	Board of Trustees
BQA	Board of Quality Assurance
CAE	Certified Association Executive
CAHEA	Committee on Allied Health Education & Accreditation
CAC	The Academy's Foundation Corporate Advisory Council
CAO	California Association of Ophthalmology
CAP	College of American Pathologists
CAR	Council Advisory Recommendation
CAS	Council of American Societies
CCHIT	Certification Commission for Healthcare Information Technology
CDC	Centers for Disease Control - HHS
CED	Clinical Education Division
CHA	Catholic Hospital Association

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CHAMPUS	Civilian Health & Medical Program of the Uniformed Services
CLAO	Contact Lens Association of Ophthalmologists
CME	Council on Medical Education – AMA
CME	Continuing Medical Education
CMP	Certified Meeting Professional
CMS	Centers for Medicare and Medicaid Services (formerly HCFA)
CMSS	Council of Medical Specialty Societies
COA	Certified Ophthalmic Assistant
COB	Close of Business
COBRA	Consolidated Omnibus Budget Reconciliation Act
COC	Canadian Orthoptic Council
COCERT	Committee on Certification, Subcertification & Recertification
CodeQuest	The Academy's coding seminar programs
COMT	Certified Ophthalmic Medical Technologist
COS	Committee of Secretaries
COT	Certified Ophthalmic Technician
COVE	Continuing Ophthalmic Video Education
CPT-4	Current Procedural Terminology
CRC	Clinically Relevant Content
CRNO	Certified Registered Nurses in Ophthalmology
CTU	Clinical Topic Update
DEVP	Deputy Executive Vice President
DOCK	Demonstration of Ophthalmic Knowledge
DOD	Department of Defense
DRS	Diabetic Retinopathy Study
EBAA	Eye Bank Association of America
EBO	European Board of Ophthalmology
ECA	EyeCare America®
EDD	Employment Development Department
EHR	Electronic Health Record
EMS	Emergency Medical Services
ERC	Education Resource Center
ESCRS	European Society of Cataract and Refractive Surgeons
ETF	Education Trust Fund
EVP	Executive Vice President
FAA	Federal Aviation Administration
FAAO	Foundation of the American Academy of Ophthalmology
FDA	Food & Drug Administration
FRO	Future Resident Ophthalmologist (AAO membership category)
FTC	Federal Trade Commission
GAO	General Accounting Office - United States Congress
GOBSAT	Good Ol' Boys Sit Around A Table
GSA	General Services Administration
GTW	Go To The Web (AAO staff committee)
HCFA	Health Care Finance Administration
HHS	Department of Health & Human Services
HIAA	Health Insurance Association of American (Commercial Health Insurers)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HSA	Health Services Administration
HSQ	Health Standards & Quality
ICD	International Classification of Diseases (medical & surgical diagnostic codes) - WHO
ICO	International Congress of Ophthalmology
ICROP	International Classification of Retinopathy of Prematurity
IFOS	International Federation of Ophthalmological Societies
IG	Inspector General of Health & Human Services

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IMIT	International members-in-training (AAO membership category)
ISER	International Society for Eye Research
ISRS	International Society of Refractive Surgery (now ISRS/AAO)
ISRS/AAO	International Society of Refractive Surgery of the American Academy of Ophthalmology
JCAHPO	Joint Commission on Allied Health Personnel in Ophthalmology
JOS	Japanese Ophthalmological Society
KO	Clinically Relevant Knowledge Objectives
LEO	Lifetime Education for the Ophthalmologist (Master Plan)
LMS	Learning Management System
MGMA	Medical Group Management Association
MAAC	Maximum Allowable Actual Charge (Medicare actual allowed billing amounts)
MAC	Membership Advisory Committee
MAP	Medical Audit Program - CPHA
MEACO	Middle East African Council of Ophthalmology
MEDPAC	Medicare Payment Advisory Committee
MERFA	Medicare Education Regulatory Fairness Act
MESC	Medical Eye Services of California
MIT	Member in Training (AAO membership category)
MOC	Maintenance of Certification
MOCC	Maintenance of Certification/Competency
MOU	Memorandum of Understanding
MVPS	Medicare Volume Performance Standards
MYF	Mid Year Forum
NAEVR	National Alliance for Eye and Vision Research
NAIC	National Association of Insurance Commissioners
NANOS	North American Neuro-Ophthalmology Society
NAS	National Academy of Sciences
NBME	National Board of Medical Examiners
NCBORN	National Certifying Board of Ophthalmic Registered Nurses
NCECP	National Children's Eye Care Project
NCHS	National Center for Health Statistics
NCI	National Cancer Institute
NECP	National Eye Care Project
NEHEP	National Eye Health Education Program
NEI	National Eye Institute - NIH
NEON	National Eyecare Outcomes Network
NGO	Non-Governmental Organizations
NIH	National Institutes of Health
NMA	National Medical Association
NPDB	National Practitioner Data Bank
OAA	Opticians Association of America
OCEC	Ophthalmic Clinical Education Council
OD	Doctor of Optometry
OEVP	Office of Executive Vice Presidents
OKAP	Ophthalmic Knowledge Assessment Program
OKB	Ophthalmic Knowledge Base
OMA	Ophthalmic Medical Assistant
OMA	Optical Manufacturers Association
OMB	Office of Management & Budget - White House
OMIC	Ophthalmic Mutual Insurance Company
OMIG	Ocular Microbiology and Immunology Group
OMP	Ophthalmology Matching Program
OOSS	Outpatient Ophthalmic Surgery Society
OPA	Ophthalmic Procedure Assessment
OPHTHPAC	American Academy of Ophthalmology, Inc., Political Action Committee
ORR	Office Record Review

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OSHA	Occupational Safety & Health Association
OTA	Ophthalmic Technology Assessment
P4P	Pay For Performance or “Value Based Purchasing”
PAAO	Pan American Association of Ophthalmology
PAACO	Pan Arab African Council of Ophthalmology
PAO	Panamerican Congress of Ophthalmology
PASCC	Patient Access to Specialty Care Coalition
PBA	Prevent Blindness America
PCMA	Professional Convention Management Association
PDA	Personal Data Assistant
PDR	Proliferative Diabetic Retinopathy
PE	Practice Expense
PEA	Practice Emphasis Area
PERK	Prospective Evaluation of Radial Keratotomy
PhRMA	Pharmaceutical Research and Manufacturers of America
PHS	Public Health Services
PIAA	Physician Insurance Association of America
PMA	Pharmaceutical Manufacturers Association
POACE	Practicing Ophthalmologists Advisory Committee for Education
POC	Practicing Ophthalmologists Curriculum
POC	Point of Contact
PORT	Periodic Ophthalmic Review Test
PPO	Preferred Provider Organization
PPP	Preferred Practice Pattern
PPRC	Physician Payment Review Committee or PhyscPRC
PRO	Peer Review Organization
PSA	Public Service Announcement
PSRO	Professional Standards Review organization
QAP	Quality Assurance Program
QECPS	Quality Eye Care Program for the States
QOC	Quality Of Care
RANZCO	The Royal Australian and New Zealand College of Ophthalmologists
RBRVS	Resource-Based Relative Value Scale
RCS	Royal College of Surgeons
RFP	Request For Proposal
RRC	Residency Review Committee
RSIG	Refractive Surgery Interest Group (now ISRS/AAO)
RUC	AMA/Specialty Society RVS Update Committee
SCODI	Scanning Computerized Ophthalmic Diagnostic Imaging
SDI	State Disability Insurance
SGR	Sustainable Growth Rate
SIT	Specialty Interest Team
SMO	Society of Military Ophthalmologists
SNM	Society of Nuclear Medicine
SNOMED	Systemized Nomenclature of Medicine – CAP
SNOP	Systemized Nomenclature of Pathology – CAP
SOE	Societas Ophthalmologica Europea (aka European Society of Ophthalmologists)
SOIG	Senior Ophthalmologist Special Interest Group
SSA	Social Security Administration
STS	Society of Thoracic Surgeons
SWG	Science Writer’s Guide
TAN	The Network for Administrators and Office Managers (now AAOE)
TBA	To Be Announced / Assigned
TBD	To Be Determined
TIMSS	TMA Resources Integrated Member Services Solution (AAO’s database system)
VA	Veterans Administration

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VISN.....Veterans Integrated Service Network
VSP Vision Service Plan
WHO World Health Organization
WIO..... Women In Ophthalmology
WKH..... Wolters Kluwer Health
WMA World Medical Association
YO Young Ophthalmologist (AAO membership category)