Advanced Training Council

(For Approval of Advanced Training in Head and Neck Oncologic Surgery)

PROGRAM GUIDELINES

Revised 7-2023

Qualifications and Duration of Fellowship in Head and Neck Surgical Oncology and Research

I. BACKGROUND

The Council for Approval of Advanced Training in Head and Neck Oncologic Surgery (then called Joint Training Council) was established in 1976/1977, through the cooperative efforts of the Committees on Education of the Society of Head and Neck Surgeons and the American Society for Head and Neck Surgery. The function of this Council was initially to evaluate and recommend to the Council of the American Head and Neck Society (joined two societies now termed the AHNS) programs worthy of accreditation of their fellowship training program. The responsibilities of the Advanced Training Council (ATC) have expanded to supervise the selection process for Fellowship positions (including oversight of the match), to certify Fellowship programs and to coordinate interactions between the Fellows, Fellowship Programs and the Executive Council. Specific actions by the ATC require the support of the Executive Council of the American Head and Neck Society.

The Advanced Training Council is composed of representatives from the American Head and Neck Society that are nominated by the President and confirmed by the Executive Council. The composition of the ATC includes Fellowship Program Directors and non-Fellowship Program Directors and should also include representation of members of each of the Sections of the AHNS. In order to fulfill its mission of continuing certification of all of the head and neck fellowships of the AHNS, the ATC should be comprised of a minimum of 20 members appointed to staggered terms of office for five years, renewable for one additional term. The ATC chair will serve a 3-year term, renewable for one additional term. Members will rotate off the ATC after completion of their 5-year term unless they have been re-appointed for a second term or appointed as Chair, in which case they will continue the additional years of service of the position to which they have been appointed. The chair is nominated by the President and confirmed by the Executive Council and must be a serving member of the ATC. The chair may appoint a co-chair or vice chair at any point in his or her 3-year term, and the co-chair must be approved by the Executive Council. While the co-chair may subsequently be nominated to be chair of the ATC by the President, the President may nominate any currently serving member of the ATC to become chair subject to approval by the Executive Council. Members who have completed their term of service on the ATC may be invited to serve as ex officio site visitors and attend ATC meetings to present their site visit reports, although they will not have a vote. Members may be reappointed to the ATC for a second term either for consecutive terms or after an interim period after rotating off of the committee. It is expected that the ATC will hold periodic meetings that include all currently serving Fellowship Program Directors. Fellowship Directors may also petition the ATC to add an agenda item and attend a meeting of the ATC for the purpose of presenting or discussing that item subject to the approval of the chair of the ATC. Similarly, the ATC may invite others to attend and present to the ATC on any issues relevant to the conduct, certification, and oversight of the fellowships. ATC meetings will otherwise be closed given the confidential nature of the site visit discussions routinely held at each meeting of the Council. The Treasurer of the AHNS serves as the Treasurer for the ATC.

All accredited programs are re-evaluated either at no longer than five-year intervals or when significant program changes occur (e.g., change in director or length of fellowship or request for additional fellow[s] in the program) or upon recommendation of the Training Council.) Reaccreditation of a fellowship program will require a site visit conducted by representatives of the ATC either in person or virtually. Following presentation of the site visitors' report to the ATC, recommendations of the ATC as a whole are presented to the Executive Council of the American Head and Neck Society. Final authority and responsibility for all training issues are retained by the Executive Council of the American Head and Neck Society. The American Head and Neck Society awards a diploma to the fellow who successfully completes the fellowship and complies with the aforementioned requirements.

II. MISSION STATEMENT

The purpose of the Advanced Training Council is to supervise the specialized training of physicians preparing to assume leadership roles in the management of head and neck disease with a focus on neoplasms.

III. SPECIAL REQUIREMENTS FOR FELLOWSHIP EDUCATION IN HEAD AND NECK SURGICAL ONCOLOGY

A. Eligibility and Basic Requirements:

1. Admission to a head and neck oncologic surgery fellowship program is contingent upon completion of an ACGME-accredited residency program or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited residency program in otolaryngology, general surgery, or plastic surgery or fulfillment of the requirements necessary to sit for the certification examination in one of these specialties by the respective American Board or the counterpart Royal College of Surgeons of Canada. The individual directors of the fellowship programs have discretion in deciding minimum head and neck cancer experience required for admission to their respective fellowship programs. These applicants, upon successful completion of their training as certified by their fellowship director and approved by the ATC as defined below, will be eligible for receipt of a certificate of Head and Neck Oncologic Surgery Fellowship Training from the Advanced Training Council of the AHNS.

2. Upon recommendation of the director of the residency program and his/her documentation that the candidate has satisfactorily completed the residency, the candidate becomes eligible for a fellowship training program.

3. The fellowship program director and/or the director's designee in each individual training institution will be the curriculum advisor and counselor to the candidate.

4. The AHNS will provide a centralized common application for distribution to AHNS HN fellowship programs as designated by the applicant. The ATC will screen all applicants for eligibility prior to distribution of their application. It is expected that each program will fairly evaluate all applications received, although each program is under no obligation to interview all applicants for its position(s).

5. International applicants who have completed or will complete a non ACGME-approved or non RCPSC-approved residency in Otolaryngology, General Surgery, or Plastic Surgery may complete the common application for AHNS fellowship training. These applicants will be considered "International Track" applicants, and upon successful completion of fellowship training as certified by their fellowship director and approved by the ATC in similar fashion as for US and Canadian trained fellows (see below), will be eligible to receive a certificate of Head and Neck Oncologic Surgery Fellowship Training, International Track, from the Advanced Training Council of the AHNS. It is expected that International Track Applicants will demonstrate exceptional qualifications in comparison with peers throughout training, including in areas of clinical excellence, leadership, participation in additional clinical or research training, or demonstrated scholarship in the core specialty. Applicants for the International Track must have Educational Commission for Foreign Medical Graduates (ECFMG) certification and documentation of residency training in Otolaryngology, General Surgery, or Plastic Surgery with the expectation of completion of that training by the expected fellowship start date of the corresponding match cycle in order to participate in the match. The ATC will verify these minimum requirements at the time of distribution of the International Track applicant's application to designated programs. It is the responsibility of the program director and fellowship selection committee of the fellowship program to assess the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty, and appropriate institutional review by the program's sponsoring institution of the applicant's eligibility for Visa sponsorship and local and state/province requirements for licensure for practice in the training environment of that institution inclusive of requirements for passage of USMLE or equivalent examinations. The program must have reasonable expectation that all such eligibility requirements can be met by the time of the designated fellowship start date before ranking an applicant for selection by the program in the match.

6. Fellow selection will occur as a formal match process. Participation in the match is required of all fellowship programs in each application cycle unless that program is granted a specific exception to not participate in the match in any given year by the ATC. All fellows, similarly, must participate in

the match, and all programs and applicants must abide by the match rules. Eligibility for the match mirrors the requirements as outlined above. Programs will rank an International Track applicant as they would an eligible US or Canadian trained applicant in order of preference of all applicants chosen for the program rank list, with International Track applicants, if selected, filling currently approved fellowship positions (matching an International Track applicant does not change a program's approved fellowship complement). The match algorithm will not distinguish between conventional vs International Track applicants. No AHNS approved fellowship program may fill its position in advance of the match during any given application cycle. The ATC will oversee the implementation and conduct of the match and program compliance with match rules. The ATC will be responsible for making recommendations for appropriate action should a match violation occur, subject to approval of the Executive Committee.

7. Unfilled fellowship positions may be filled after completion of the match at the discretion of the fellowship program, inclusive of International Track applicants. Match eligible fellow applicants who participated in the match but who did not match to a position and who subsequently secured an unfilled position at an approved program will be eligible for receipt of an AHNS fellowship certificate upon successful completion of their training. International Track applicants will be eligible for receipt of an AHNS fellowship certificate, International Track. Fellows who secure a position outside of the match but who did not participate in the match will be eligible to receive a certificate of completion of their training from their training institution but will not otherwise be eligible for receipt of an AHNS fellowship certificate. The program director may petition the ATC for the award of an AHNS certificate to a fellow who completed training but did not participate in the match, but award of the certificate will be determined on a case-by-case basis and is neither implied nor guaranteed.

B. Educational Program:

1. Essential and unique characteristics of a fellowship-trained head and neck oncologic surgeon:
   a. The goals of the Advanced Training Council Fellowships are to provide the training foundation for those individuals dedicated to careers in head and neck surgical oncology and complex head and neck surgery for benign disease through training in the areas of interdisciplinary management, complex head and neck oncologic surgery inclusive of surgery for mucosal, cutaneous, endocrine, salivary, and skull base malignant and benign disease, principles of local, regional and microvascular reconstruction, and principles of clinical and translational research. This additional expertise emphasizes scholarship, critical analysis of clinical problems and development of additional skills in the performance of techniques required for the practice of the subspecialty, including consultation skills and multidisciplinary treatment planning, with emphasis on scholarship and knowledge or experience in basic and clinical research methodologies.
   b. The essentials of accredited residencies and the special requirements for residency training (in otolaryngology, surgery and plastic surgery) apply to the subspecialty of head and neck oncologic surgery in addition to the specific subspecialty requirements.
   c. After completing an accredited one-year fellowship in head and neck surgical oncology, the surgeon will possess the following unique characteristics:
      i. The ability to manage an "academic" or "tertiary referral" multidisciplinary clinical practice,
      ii. The ability to participate in continuing education and
      iii. The ability to collaborate in translational research.

2. Fundamental components of the one-year "Head and Neck Surgical Oncology" fellowship:
   a. Direct participation in the evaluation, management and care of at least 200 patients with head and neck disease (200 patients with Head and Neck "Neoplastic" lesions). In addition to malignancies, these may include benign neoplasms of the head and neck (e.g., thyroid adenomas, goiter, parathyroid adenomas and hyperplasia, benign salivary gland masses, benign deep or neck and skull base masses, etc.). Direct participation in the evaluation and management includes consultations that focus on either the oncologic or reconstructive care. The fellow must

be able to participate in the longitudinal care of these patients (evaluation, interdisciplinary management, follow-up) and is required to participate in at least one faculty supervised clinic per week where decision making in multidisciplinary care and complex surgical decision making is emphasized and issues of survivorship are addressed. The fellow should participate in a minimum of 100 major surgical procedures within the broad range of head and neck surgical oncology, and an appropriate balance among procedures and types of head and neck pathology is expected. This experience should include a minimum of 100 patient surgical procedures. Separate procedures performed on the same patient may be counted as separate procedures. For example, a parotidectomy with neck dissection may represent two procedures. A pharyngolaryngectomy with free flap reconstruction may also represent two separate procedures.

It is expected that all fellowship programs must provide exposure to the full complement of head and neck disease including mucosal malignancies, salivary gland pathology, head and neck endocrine disease, cutaneous malignancies, skull base pathology, and other soft tissue tumors (benign and malignant) of the head and neck. This exposure must include both surgical and non-surgical care, with a focus on multidisciplinary decision making. The fellow must have exposure to clinical trial design, implementation and accrual, and interpretation of results and outcomes. In addition to the multidisciplinary oncologic management of head and neck tumors, there must be exposure to the decision making and technical expertise necessary for complex head and neck reconstruction techniques, including their functional and oncologic impacts. This is required of all training programs regardless of whether or not the fellowship provides the volume of surgical training in microvascular reconstruction necessary for the fellow to practice independently as a microvascular surgeon. The volume of surgical training or procedures in any particular aspect of head and neck surgical and reconstructive care (inclusive of training in microvascular surgery) must not detract from the primary goal of comprehensive training in multidisciplinary focused head and neck surgical oncology.

The ATC will develop and maintain a list of key indicator procedures and minimum numbers for these procedures that are considered mandatory for all fellows to achieve during their fellowship year. Such numbers will be developed in dialogue between the ATC, fellowship program directors, and AHNS leadership, and will be expected to change over time as practice patterns change and new techniques and procedures are validated. Ongoing review of the fellows' case logs over time will be integral to the process of maintaining accurate and relevant case log reporting as a means of achieving minimum common program requirements.

b. Intensive exposure to the interdisciplinary management of head and neck oncologic patients throughout the entire year (including tumor board interdisciplinary planning conferences) is required. Clinical rotations with medical oncology and radiation oncology are required, although programs are encouraged to tailor and structure these experiences to the specific needs and available resources of their respective institutions.

c. Exposure to related disciplines of speech and language pathology with a focus on functional outcomes and rehabilitation to maximize these outcomes as a key component of head and neck cancer survivorship is essential.

d. Fellowship programs must have availability of and multidisciplinary collaborations with specialists in related disciplines of neurosurgery, thoracic surgery, oculoplastic surgery, dermatology, endocrinology, neuroradiology, nuclear medicine, and pathology.

e. Participation in the development and implementation of interdisciplinary head and neck oncologic research.

3. Fundamental components of a 2-year (or more) Fellowship may reflect either additional clinical training or additional training in research termed: "Fellowship Training in Clinical and Research Training in Head and Neck Surgical Oncology."
   a. In addition to the requirements for the one-year curriculum, the second year may include either

a more intense clinical focus or comprehensive research in basic, translational and/or clinical research.

b. The "Fellowship Training in Clinical and Research Training in Head and Neck Surgical Oncology" must include every component of the one-year curriculum and exposure to and participation in Interdisciplinary Head and Neck Oncology Tumor Boards (or treatment planning conferences) throughout the candidate's two years of training.

4. Additional training experience:
   a. While minimum training expectations as outlined above are required of all programs, additional training experiences are encouraged as long as minimum program requirements are met. Such experiences can include a focus on microvascular reconstructive techniques, or a particular disease site such as cutaneous malignancy or salivary gland pathology, or a focus on clinical trial development as examples. Such additional training experiences will serve to distinguish individual training programs from each other. Regardless of any additional training focus, the fundamental components of the head and neck surgical oncology fellowship must be met within the one-year training period. Programs may choose to extend the training to two years at the discretion of the training program and with approval of the ATC as an alternative means of accomplishing a more robust additional training experience as outlined above. Training duration for each fellow will determine the program's schedule for participation in each match cycle and must be approved in advance by the ATC.
   b. Fellows may practice independently during the scope of their fellowship training in the capacity of a board eligible residency graduate as subject to the credentialling requirements of their training institution. Such independent practice cannot interfere with the clinical training necessary to complete the fundamental components of the head and neck surgical oncology fellowship.

5. Duration of training:
   a. It is not essential that all programs have exactly the same curriculum or the same sequence of experiences. All accredited programs must provide a sufficiently structured educational experience at an advanced level for the trainee to acquire the experience necessary to be a specialist in the field.
   b. All programs must be a minimum of 12 months of clinical training duration.
   c. Programs that offer a minimum of 12 months clinical training will be designated "Fellowship Program in Head and Neck Surgical Oncology", whereas two-year (or greater) programs that include a dedicated research experience will be termed "Fellowship Program in Head and Neck Surgical Oncology and Research". The descriptor of the training programs is based upon the content of the year(s) of training.
   d. A program may request an extension of training by up to one year beyond the program's currently approved training duration based on the educational needs of an individual fellow as assessed by the program director and program faculty. Such a request must be evaluated and approved by the ATC, and the ATC must also approve any corresponding request for that program to sit out of the match for a given year if a trainee's duration of training is extended.

IV. RESOURCES

A. Sponsoring and Participating Instructions: The subspecialty program in head and neck oncologic surgery must have one sponsoring institution with primary responsibility for the entire program. When the resources of two or more institutions are used, inter-institutional agreements must be developed by the institutional governing boards. There must be a clear educational rationale for the inclusion of participating institutions in the program.

B. Institution Support – Facilities, Faculty and Resources:

1. Facilities:
   a. Adequate institutional support must be provided to ensure meeting rooms, classrooms, office space, computer facilities, library, state-of-the-art equipment and diagnostic, therapeutic and research facilities.

b. The institution is required to provide salary and benefits appropriate to the level of training for the fellow. Funds should be available for attendance to the annual meeting of the American Head and Neck Society.

2. Faculty:
   a. The program director must be certified by the ABS, ABO or ABPS, or possess equivalent qualifications.
   b. The program director shall have administrative responsibility for the head and neck teaching program and should possess the skills of administrator, clinician, teacher and researcher. The program director must contribute sufficient time to the program to assure adequate leadership.
   c. The program director must be experienced in head and neck oncologic surgery and possess equivalent qualifications to ensure proper instruction and supervision of trainees. A program director must have additional training in head and neck surgical oncology (fellowship or proof of head and neck specialization) and must have been in practice at least 5 years past advanced training. Proof of specialization for a non-fellowship trained program director may include but is not limited to requirement of case logs demonstrating head and neck specialization and current practice, letter of assessment and support from the program chair, etc.
   d. At least two faculty members with expertise and experience in head and neck oncologic surgery must be committed to the program (inclusive of the program director). Experience is defined as five years of clinical head and neck surgical oncology practice after completion of training. Non-program director faculty must have additional training in head and neck surgical oncology (i.e. fellowship training). Proposed faculty members who do not have fellowship training in head and neck surgical oncology must provide evidence of a minimum of 5 years of head and neck specialization in their practice that is inclusive of surgical case logs and that will be subject to approval by the ATC. Faculty members who meet the 5-year requirement must also maintain a minimum of 150 new head and neck patients per year (750 patients over five years). For those practitioners who have a less intensive volume, this can be simply calculated as number of patients seen per year over a time-period. An equivalent would therefore be a minimum of 75 patients per year over 10 years of practice. At least two faculty members must maintain a clinical patient volume as defined above. The program director, and the faculty involved in fellowship training, must demonstrate interest in teaching and must engage in scholarly pursuits, including advancement of their own continued education, participation in regional and national scientific societies, presentation and publication of scientific studies and/or active participation in research as it pertains to head and neck oncology.
   e. The faculty should have a direct teaching responsibility to fellows in both the ambulatory and surgical setting. The utilization of fellows exclusively for expansion of clinical practice potential or residency training is strictly prohibited.
   f. Head and neck surgery faculty preceptors should be active or senior members of the American Head and Neck Society. Other interdisciplinary faculty should be active members of similar subspecialty societies, such as Head and Neck Medical Oncologists (ASCO) and Head and Neck Radiation Oncologists (ASTRO).

3. Program resources:
   a. Training programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment and attitudes that are essential to the practice of the subspecialty. The objectives can only be achieved when the program leadership, supporting staff and faculty and the sponsoring institution are fully committed to the educational program and when appropriate resources and facilities are available. Service commitments must not compromise the achievement of educational goals and objectives. Institutional and departmental policies must ensure that adequate resources are committed to the training program and assure cooperation and participation of all involved disciplines. Appropriate administrative support for the fellowship program is essential.
   b. State-of-the-art facilities to accomplish the educational objectives and research objectives of the program, such as advanced pathology services, informatics, resources for medical imaging and nutritional support services, must be available. The trainee must have access to pathologists, oncologists, radiologists and basic scientists (when such research fellowship is

applicable) with recognized expertise in head and neck oncology and related specialties.

c. Sufficient clinical material must be available to assure exposure to the broad range of conditions and problems associated with the management of head and neck tumors.

V. COURSE OF STUDY AND SCOPE OF TRAINING

A. Academic:

1. Programs must develop a structured curriculum with defined educational goals and objectives. Alternatively, the curriculum as developed by the Curriculum Development and Maintenance service of the AHNS may be utilized and its implementation and oversight documented. Clinical, basic science and research conferences, as well as seminars and critical literature review activities pertaining to the subspecialty, must be conducted regularly and as scheduled. It is essential that trainee(s) participate in planning and conducting conferences. Both the faculty and trainees must attend and participate in multidisciplinary conferences.

2. Trainees must have the appropriate supervised opportunities to develop skills in providing consultation and communication with colleagues and referring physicians. The program must provide trainees with the opportunity to teach medical students, residents, physicians and other health care professionals.

3. The fellowship training must involve increasing responsibility in both inpatient and outpatient environments and should culminate in significant patient management responsibilities spent within the institution(s) approved as part of the program. Because head and neck surgical oncology is multidisciplinary in nature, it is mandatory that the fellowship program make available educational experiences and faculty interaction with related disciplines, such as general surgery, otolaryngology, plastic surgery, dentistry and maxillofacial prosthetics, pathology, nuclear medicine, diagnostic imaging, neurosurgery, preventive medicine, rehabilitation, speech pathology and/or biostatistics. Formal rotation experiences with radiation oncology and medical oncology must be developed. Each program will have autonomy in designing the most appropriate structure for such rotational experiences at their respective institutions. A rotation does not imply a continuous time period of exposure but does require verifiable experiences with appropriate educational expectations of the fellow, evaluation by the faculty, and documentation of the fellow's participation in these educational experiences.

B. Clinical:

1. Programs must provide structured clinical opportunities for trainees to develop advanced skills in head and neck oncologic surgery.

2. A sufficient number and variety of cases must be available for each trainee to assure adequate inpatient and outpatient exposure to the broad range of conditions associated with the management of head and neck tumors, without diluting the experience of residents in the core program or interfering with the experience of other existing fellowship programs.

   At the end of the clinical fellowship in advanced head and neck oncologic surgery, the fellow must have had a cumulative experience as "operating or teaching surgeon" on major cases (including the broad range of head and neck surgical oncology) of at least 100 surgical procedures. (Such procedures as panendoscopy, skin cancer excisions, tracheostomy, etc. are considered "minor" operations.) The ATC will develop a list of key indicator procedures and the minimum number of cases the fellow should log for each key indicator procedure. It is expected that the list of key indicator procedures and expected minimum numbers for these procedures will be revised and updated periodically.

3. Lines of responsibility must be clearly delineated for trainees and other residents as related to areas of training, clinical duties and duration of training. Such information must be supplied to the Advanced Training Council with the program information forms.

C. Research:

1. An active research component should be encouraged within each program to enhance the educational experience. Although the clinical experience is essential, there must be meaningful supervised research experience for the trainee while maintaining clinical excellence. While the details can be specific to each program, it is expected that the fellowship have a defined expectation for scholarly performance such as one publishable paper per year, preparation of a poster or oral presentation at an academic meeting, development and submission of an IRB, preparation of a grant, contribution to the design and implementation of a clinical trial, or other such scholarly activity. The completion of this should be documented in the final review for submission of the AHNS certification.

2. If basic science laboratory training is offered, the necessary facilities must be available at the institution under the supervision of a mentor who has demonstrated at least a national reputation in basic or translational science research evidenced by national grant support, publications in peer-reviewed journals and membership in prestigious societies. The opportunities for clinical and basic science research available during the fellowship and the expectations and requirements should be stipulated. Trainees should be advised and supervised by qualified staff members on the conduct of both clinical and basic science research.

VI. EVALUATION

A. Trainee Evaluation:

1. Program directors must establish procedures for evaluating the clinical and technical competence of trainees. These procedures must include observation, assessment and substantiation of the trainee's acquired body of knowledge, skills in physical examination and communication, technical proficiency, professional attitudes and humanistic qualities as demonstrated within the clinical setting. The trainee's abilities in consultation skills, patient management, decision-making and critical analysis of clinical situations also must be evaluated. The evaluation process must include structured feedback on performance, including appropriate counseling and necessary remedial effort, prior to completing the prescribed training period. A documented record of regular periodic evaluation of each trainee must be maintained on at least a semi-annual basis and must be reviewed formally with the trainee. The program must maintain documentation of description of performance evaluations signed by director and trainee. A statement documenting the fellow's satisfactory completion of the training program must be provided by the fellowship program director to the Advanced Training Council, and results of the fellow's evaluation documentation must be provided to the ATC in support of this statement.

2. Upon completion of the fellowship training program, the trainee will complete a resume of his/her experience in the respective fellowship training program on the appropriate form provided by the Advanced Training Council. His or her account must include surgical experience with CPT coding and documentation of participation as either surgeon or assistant. This report will be sent to the ATC for filing. Receipt of this report from the Fellow is a pre-requisite for provision of a certificate of graduation from the ATC-approved Fellowship. To facilitate the recording of surgical experience, the Fellows must utilize the case log reporting system approved for use by the ATC during their course of training. It is the responsibility of the program director to ensure that the fellow is maintaining an accurate case log throughout the course of the fellowship training.

3. Fellows matriculated into any of the previously-described Fellowship Programs in Head and Neck Surgical Oncology are strongly encouraged to demonstrate their scholarly performance such as a publishable paper, preparation of a poster or oral presentation at an academic meeting, development and submission of an IRB, participation in the design and implementation of a clinical trial or interpretation of results of recently completed clinical trial, preparation of a grant, or other such scholarly activity. and the completion of this should be documented in the final review for submission of the AHNS certification.

B. Faculty Evaluation:

The teaching faculty program must also be evaluated by the trainee(s) on a semi-annual basis and this evaluation should include teaching ability and commitment, clinical knowledge and scholarly contributions. This information will be filed by the program director and used as a reference for subsequent accreditations and made available to the site visitor for review. The fellowship director should address the results of program faculty evaluation with the respective faculty member, and the fellowship co-director or other senior faculty should address the program director's evaluation with the program director.

C. Program Evaluation:

There should be documented evidence of periodic self-evaluation of the program in relation to the educational goals, the needs of the trainees and the teaching responsibilities of the faculty. This evaluation should include an assessment of the balance between the educational and service components of the program. Records of such evaluations should be available to the site visit team at the time of re-accreditation. Evidence of continuing program improvement based on results of these evaluations is strongly encouraged and will be considered in subsequent site visits of the training program.

VII. CERTIFICATION OF THE FELLOW

A. The final assessment of the fellow's satisfactory completion of the fellowship's training requirements is the responsibility of the fellowship program director. The program director must seek input from the program faculty and utilize all aspects of the program's evaluation methods to reach a conclusion regarding the fellow's satisfactory completion of the training requirements.

B. Clear documentation of the methods of evaluation, the results of these evaluations, and the final decision regarding completion of all training requirements must be provided to the fellow and to the ATC at the completion of the fellowship year.

C. The fellow may appeal to the ATC for review of an adverse decision regarding his or her satisfactory completion of training.

D. The ATC will award an AHNS certificate of completion of fellowship training once the above conditions have been met satisfactorily for each fellow and the ATC determines that the provided documentation for certification is adequate and consistent with advancement of the fellow. This process will be identical for all certificates awarded, including those awarded on the International Track.

VIII. ACCREDITATION AND OVERSIGHT

A. External evaluation and oversight of the training program is conducted by the Advanced Training Council of the AHNS.

B. New fellowship programs must apply for designation as an AHNS accredited fellowship. Such an application will be evaluated by the ATC for appropriate minimum program requirements, and then evaluated formally, if deemed eligible after preliminary review, by a site visit conducted by two site visitors representing the ATC.

1. The site visitors will meet with all appropriate faculty of the proposed training program, key institutional representatives important in the assessment of support for the fellowship, and available trainees including residents and fellows to assess the institutional resources available to the fellow and the proposed educational program.

2. The findings of the site visitors will be reported to and discussed by the ATC as a whole, which will then report its recommendations for action on the new application to the Executive Committee of the

AHNS.

3. The final decision regarding the program application is made by vote of the Executive Committee.

C. Established fellowship programs must undergo ATC site visits at the completion of the 2--year provisional accreditation, and then subsequently up to every 5 years depending on the recommendations from the site visitor reports.

1. Re-accreditation site visits may result in recommendations for less than 5-year cycles and can include requirements for interim updates of progress made on findings of the previous site visit to the ATC.

2. An early site visit can also be triggered by major institutional or program changes such as significant change or loss of program faculty, or other issues brought to the attention of the ATC that, after discussion of the full committee, are deemed to have the potential to substantially impact the educational program of the fellowship as currently approved.

3. It is the responsibility of the fellowship Program Director to apprise the ATC of any changes to the educational program of the fellowship, inclusive of changes in the program faculty, at a minimum of annually. Requests for changes in program leadership must be approved by the ATC.

D. Accreditation action as taken by the Council of the American Head and Neck Society is reported to the program director by a formal letter of notification from the Chair of the Advanced Training Council after approval by the Executive Committee of the AHNS. Fellows in a program should be aware of the accreditation status of the program and must be notified of any change in the accreditation status.

IX. PROGRAM DIRECTOR RESPONSIBILITIES

A. It is the responsibility of the program director and fellowship selection committee of the fellowship program to assess each applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty. The program director must also verify for International Track applicants that the program's sponsoring institution has carried out appropriate institutional review of the applicant's eligibility for Visa sponsorship and local and state/province requirements for licensure for practice in the training environment of that institution inclusive of requirements for passage of USMLE or equivalent examinations. The inclusion of an applicant on a program's match rank order list is an acknowledgement by the program director that the fellowship program has adequate departmental and institutional resources to initiate and complete an applicant's training in the prescribed training period provided that the applicant demonstrates satisfactory and timely completion of required milestones.

B. The fellowship program director is responsible for all aspects of the educational program for the approved fellow(s). This includes ensuring that all information provided in the documentation of the fellowship's educational program is accurate and being implemented as described. Any changes to the educational program that provide the potential for substantive changes to the program as approved at the program's previous accreditation must be reported to the ATC at least as an annual update, or at any time throughout the academic year. All aspects of the educational program, inclusive of fellows' participation in appropriate educational activities and program curriculum must be documented, and it is the program director's responsibility to maintain this documentation for review and evaluation at subsequent site visits of the fellowship program.

C. The fellowship director must actively oversee the fellow's clinical and educational experience. This includes monitoring of the fellow's surgical case logs in real time to assess appropriate distribution of cases across the breadth of head and neck surgical training, assuring that the fellow is attending a minimum of one supervised clinic per week on average where direct faculty participation in the outpatient management and clinical decision making is provided. The program director must also ensure that research activities of the fellow are feasible and appropriately supported by available resources within the fellowship program.

The fellowship director must provide periodic and summative evaluations of the fellow and his or her progress through training. Documentation of these evaluations must be submitted to the ATC along with the fellow's final case log as a final evaluation portfolio for ATC review. Award of the fellow's AHNS fellowship certificate by the ATC is dependent on ATC review of this evaluation portfolio.

D. The fellowship program director may appoint a co-director or directors of the program at their discretion. Co-directors must be eligible faculty of the training program but do not require approval of the ATC. Any change in program director leadership will require notification of the ATC by appropriate application, inclusive of the proposed program director's qualifications, and must be approved by the ATC. Each fellowship program will have a single program director responsible for oversight of the program.

X. FELLOW RESPONSIBILITIES

A. The fellow must abide by the rules of the match, both during the application process and conduct of the match, and after completion of the match. All fellows including international track fellows must complete all appropriate regulatory requirements as required by and in cooperation with the fellowship program's sponsoring institution to assure their initiation of fellowship training at the beginning of the fellowship year.

B. The fellow must participate in all aspects of the fellowship educational program as prescribed by the program director.

C. The fellow is responsible for maintaining accurate case logs throughout the course of the fellowship year such that the fellowship director may address any deficiencies or imbalance in the surgical experience in timely fashion.

D. The fellow must provide accurate feedback to the program with regard to program and faculty evaluation to promote the continuous program improvement.

XI. ADVANCED TRAINING COUNCIL RESPONSIBILITES

A. The ATC will provide a central common application site for application to an AHNS fellowship and will distribute applications to programs designated by the applicant. The ATC will screen all applications for basic eligibility requirements for participation in the application and match process as defined above, for both conventional and International Track applications. Only applications from eligible applicants will be distributed to designated programs. The ATC is responsible for oversight and conduct of the fellowship match.

B. The ATC accredits new fellowship programs and oversees regular site visits of all programs to maintain continued accreditation of each program.

C. The ATC, in conjunction with the Curriculum Development and Maintenance Service of the AHNS, establishes the educational guidelines for the fellowships and provides resources for didactic curriculum development.

D. The ATC addresses issues as they arise that affect individual programs, or the fellowship programs collectively, at any time throughout the course of the academic year. The ATC will bring major issues or concerns to the Executive Committee for review and approval of its recommendations.

E. The ATC serves as a resource for fellowship program directors, a platform for distribution of best practices of an individual training program to the fellowship directors collectively and will be responsive to the needs of the AHNS and its members.

F. The ATC is responsible for assuring its matched fellows' educational experience meets the appropriate requirements of its fellowships and will serve as advocate and intermediary for the fellow as appropriate

should issues or concerns arise during the course of the academic year that must be addressed with program director.

G. The ATC must sign off on the final certification of the fellow as recommended by the program director following completion of the fellowship training year and after review of the fellow's evaluation portfolio.