

Effective for residents who enter training on or after July 1st, 2025.

DEFINITION

Otolaryngology-Head and Neck Surgery is the surgical specialty concerned with the prevention, screening, diagnosis, and management of medical and surgical disorders of the ear, nose, upper aerodigestive tract, and related structures of the face, head, and neck, including the special senses of hearing, balance, taste, and olfaction.

OTOLARYNGOLOGY-HEAD AND NECK SURGERY PRACTICE

The practice of Otolaryngology-Head and Neck Surgery (Oto-HNS) entails the provision of medical and surgical care to patients of all ages, in both academic health centres and community settings.

Otolaryngology-head and neck surgeons manage the medical and surgical aspects of a variety of patient presentations, including airway conditions; benign and malignant neoplasms of the head and neck; sinonasal and anterior skull base disorders; hearing, balance, and other conditions related to the external, middle, and inner ear, and lateral skull base; laryngeal, voice, and swallowing disorders; and conditions requiring facial plastic and reconstructive surgery of the head and neck. Oto-HNS surgeons provide assessment, operative, and follow-up care, as well as chronic and longitudinal care, as applicable to their patients' unique needs.

To optimize patient care, Oto-HNS surgeons collaborate with family physicians and other medical and surgical specialists. They also work closely with interprofessional colleagues, including speech language pathologists and audiologists.

Oto-HNS Surgeons contribute to the advancement of the field through advocacy for populations in need of prevention, screening, and otolaryngology-head and neck surgical care for Deaf and hard of hearing and populations at risk for head and neck malignancies; leadership in the administration of surgery departments, health care institutions, and related health care delivery programs; and through the conduct of relevant research and dissemination of expertise to advance knowledge and improve individual and community outcomes.

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OTOLARYNGOLOGY – HEAD AND NECK SURGERY COMPETENCIES

Medical Expert

Definition:

As *Medical Experts*, otolaryngology-head and neck surgeons integrate all CanMEDS Roles by applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Key and Enabling Competencies: Otolaryngology-head and neck surgeons are able to...

1. Practise medicine within their defined scope of practice and expertise

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Oto-HNS
- 1.3. Demonstrate the competencies of Surgical Foundations
- 1.4. Apply knowledge of the clinical and biomedical sciences relevant to Oto-HNS
 - 1.4.1. Embryology, anatomy, histology, physiology, genetics, and immunology as they relate to the development and function of the ear, nose, upper aerodigestive tract, and related structures of the face, head, and neck, including the special senses of hearing, balance, taste, and olfaction
 - 1.4.2. Physics of sound, voice, and speech production
 - 1.4.3. Neurophysiology and neuropsychology of hearing
 - 1.4.4. Biomechanical characteristics of skin and bone in the facial region and skull base
 - 1.4.5. Microbiology and antimicrobial stewardship as relevant to Oto-HNS
 - 1.4.6. Pathology and pathophysiology as relevant to disorders of the ear, nose, upper aerodigestive tract, the related structures of the face, head, and neck, and the special senses of hearing, balance, taste, and olfaction
 - 1.4.7. Endocrinologic and metabolic pathophysiology of the head and neck region, including the thyroid and parathyroid glands
 - 1.4.8. Pharmacology
 - 1.4.8.1. Topical and systemic medications
 - 1.4.8.2. Over-the-counter medications
 - 1.4.8.3. Sclerotherapy agents
 - 1.4.8.4. Neuromodulators and fillers

- 1.4.9. Psychology of addiction, including smoking cessation and alcohol withdrawal
- 1.4.10. Principles of oncology as they apply to neoplasms of the face, head, neck, and skull base
 - 1.4.10.1. Risk factors, incidence and prevalence, genetic predisposition, growth and dissemination patterns, and prognostic variables
 - 1.4.10.2. Staging of neoplasms using TNM (tumour node metastasis) staging system or other relevant classification system, and applicable predictive and prognostic indices
- 1.4.11. Prevention, diagnosis, natural history, and medical and surgical management of the following:
 - 1.4.11.1. Life threatening and emergent conditions, including airway obstruction, hemorrhage, sepsis, dehydration and malnutrition, deep space neck infection, and extension of infection from the paranasal sinuses in the middle ear
 - 1.4.11.2. Congenital, inflammatory, infectious, traumatic, and neoplastic disorders, and lesions of the nose, paranasal sinuses, and anterior skull base
 - 1.4.11.3. Congenital, inflammatory, infectious, traumatic, and neoplastic disorders of the upper aerodigestive tract, including those causing dysphonia, dysphagia, and airway obstruction
 - 1.4.11.4. Congenital, inflammatory, infectious, metabolic, traumatic, and neoplastic disorders of the external, middle, and inner ear, as well as the temporal bone, lateral skull base, and cerebellopontine angle, including disorders causing hearing loss, tinnitus, facial weakness, and balance disequilibrium
 - 1.4.11.5. Congenital, traumatic, and neoplastic lesions of the scalp and face, as well as acquired malformations and changes that are due to the effects of aging
 - 1.4.11.6. Benign and malignant neoplasms and inflammatory, infectious, and traumatic disorders and lesions of the skin, mucosa, and skeletal structures of the head and neck, as well as the salivary, thyroid, and parathyroid glands
 - 1.4.11.6.1. Immunization for prevention of head and neck cancers
- 1.4.12. Diagnostic techniques and procedures relevant to Oto-HNS
 - 1.4.12.1. Allergy tests
 - 1.4.12.2. Audiological testing
 - 1.4.12.2.1. Puretone audiogram and tympanogram
 - 1.4.12.2.2. Tuning fork tests

- 1.4.12.3. Diagnostic specimen collection and sampling techniques
- 1.4.12.4. Electrophysiological assessment of the facial and other cranial nerves
- 1.4.12.5. Endoscopy
- 1.4.12.6. Esophageal manometry
- 1.4.12.7. Medical imaging
 - 1.4.12.7.1. Fluoroscopic assessment of swallowing
 - 1.4.12.7.2. Computerized tomography (CT)
 - 1.4.12.7.3. Magnetic resonance imaging (MRI)
 - 1.4.12.7.4. Ultrasound, including point-of-care ultrasound
 - 1.4.12.7.5. Nuclear imaging
 - 1.4.12.7.5.1. Positron emission tomography and computed tomography (PET/CT scan)
- 1.4.12.8. Methods specific to the assessment of speech, hearing, voice, and swallowing disorders in children
- 1.4.12.9. Methods used to assess nasal function and olfaction
- 1.4.12.10. Pulmonary function tests
- 1.4.12.11. Sleep disorder assessment, including oximetry, polysomnography, and sleep endoscopy
- 1.4.12.12. Vestibular assessment
- 1.4.12.13. Voice and swallowing assessments
- 1.4.13. Therapeutic modalities relevant to Oto-HNS
 - 1.4.13.1. Topical, injected and systemic medications, including both therapeutic and toxic/ototoxic implications
 - 1.4.13.2. Non-invasive ventilation, including continuous positive airway pressure (CPAP), bilevel positive airway pressure (BIPAP), and heliox therapy
 - 1.4.13.3. Image guidance systems and other intra-operative localization technologies and their application to surgery
 - 1.4.13.3.1. Radiation safety and protection during use of imaging systems
 - 1.4.13.4. Endoscopic and open surgical approaches
 - 1.4.13.5. Laser therapy, including applications and safety
 - 1.4.13.6. Microsurgical and robotic resection
 - 1.4.13.7. Cryotherapy and electrosurgery and their applications

- 1.4.13.8. Oncologic treatment modalities, including surgery, radiation therapy, chemotherapy, and immunotherapy
- 1.4.13.9. Principles of restoration and enhancement of form and function as they relate to techniques used in facial plastic and reconstructive surgery
- 1.4.13.10. Reconstructive surgical options and their advantages, disadvantages, risks, and complications
- 1.4.14. Adverse effects and complications of interventions and treatments
- 1.4.15. Psychological impact on patients and families¹ of cancer and disorders of hearing, balance, taste, and olfaction
- 1.4.16. Surgical and non-surgical auditory rehabilitation, including hearing aids and assistive devices, bone conduction hearing devices, cochlear implants, and middle ear implants
 - 1.4.16.1. Supportive care post implantation, particularly for young patients and families
- 1.4.17. Rehabilitation principles relevant to patients with head and neck cancer, including principles for rehabilitation of speech and swallowing
- 1.5. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
- 1.6. Carry out professional duties in the face of multiple competing demands
- 1.7. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in Oto-HNS practice

2. Perform a patient-centred clinical assessment and establish a management plan

- 2.1. Prioritize issues to be addressed in a patient encounter
 - 2.1.1. Respond appropriately to life threatening or emergency issues, including
 - 2.1.1.1. Airway obstruction
 - 2.1.1.2. Hemorrhage
 - 2.1.1.3. Sepsis
 - 2.1.1.4. Dehydration and malnutrition
 - 2.1.1.5. Deep space neck infection
 - 2.1.1.6. Extension of infection from the paranasal sinuses and middle ear

¹ Throughout this document, phrases such as “patients and their families” are intended to include all those who are personally significant to the patient and are concerned with their care, including, according to the patient’s circumstances, family members, partners, caregivers, legal guardian, and substitute decision-makers.

- 2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
 - 2.2.1. Allergy tests
 - 2.2.2. Anterior rhinoscopy
 - 2.2.3. Audiological testing
 - 2.2.3.1. Puretone audiogram and tympanogram
 - 2.2.3.2. Tuning fork tests
 - 2.2.4. Esophageal manometry
 - 2.2.5. Flexible or rigid nasopharyngolaryngoscopy, with or without topical anesthesia
 - 2.2.6. Functional endoscopic evaluation of swallowing (FEES)
 - 2.2.7. Medical imaging, including
 - 2.2.7.1. Fluoroscopic assessment of swallowing
 - 2.2.7.2. Computerized tomography (CT)
 - 2.2.7.3. Magnetic resonance imaging (MRI)
 - 2.2.7.4. Ultrasound, including point-of-care ultrasound
 - 2.2.7.5. Nuclear imaging
 - 2.2.7.5.1. Positron emission tomography and computed tomography (PET/CT scan)
 - 2.2.8. Neuro-vestibular exam, including head thrust; gait tests; cranial nerve, cerebellar, and oculomotor exams; and the Dix-Hallpike test
 - 2.2.9. Otoscopy
 - 2.2.10. Otomicroscopy
 - 2.2.11. Pulmonary function tests
 - 2.2.12. Sleep disorder assessments
 - 2.2.13. Utilization of headlight
 - 2.2.14. Voice and airway analysis, including
 - 2.2.14.1. Speech nasal nasopharyngoscopy
 - 2.2.14.2. Videostroboscopy
- 2.3. Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation

- 2.4. Establish a patient-centered management plan which may include nonsurgical/medical management and/or pre-operative, peri-operative, and post-operative care
 - 2.4.1. Behavioural modification
 - 2.4.2. Nutritional support, including enteral therapy
 - 2.4.3. Pharmacologic therapy
 - 2.4.4. Physiotherapy, including for temporomandibular dysfunction (TMD), facial reanimation, and vestibular disorders
 - 2.4.5. Speech, voice, and swallowing therapy

3. Plan and perform procedures and therapies for the purpose of assessment and/or management

- 3.1. Determine the most appropriate procedures or therapies
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, alternative treatments for, and the rationale for, a proposed procedure or therapy
- 3.3. Prioritize a procedure or therapy, taking into account clinical urgency and available resources
- 3.4. Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances

General otolaryngology

- 3.4.1. Abscess drainage
- 3.4.2. Cricothyroidotomy
- 3.4.3. Diagnostic tympanocentesis
- 3.4.4. Epistaxis management
- 3.4.5. Excision of lymph nodes or other masses of the neck
- 3.4.6. Hematoma evacuation
- 3.4.7. Incision and drainage of deep neck space infections
- 3.4.8. Myringoplasty
- 3.4.9. Myringotomy and tube insertion
- 3.4.10. Procedural management of salivary gland calculi
- 3.4.11. Procedures for sleep disordered breathing
- 3.4.12. Raising of skin flaps
- 3.4.13. Regional and local anesthesia
- 3.4.14. Rigid sinonasal endoscopy, laryngoscopy, esophagoscopy, and bronchoscopy with or without foreign body extraction biopsy, or dilatation
- 3.4.15. Sampling of lesions, including incisional, excisional, fine needle aspiration, (FNA), shave, punch, and open biopsies, as well as resections

- 3.4.16. Surgery for penetrating and blunt neck trauma
- 3.4.17. Tonsillectomy, adenoidectomy, and adenotonsillectomy
- 3.4.18. Tracheo-cutaneous fistula repair
- 3.4.19. Tracheostomy, including elective, awake, emergent, and complex
- 3.4.20. Upper aerodigestive flexible endoscopies with or without foreign body extraction or biopsy
- 3.4.21. Wound closure

Pediatric otolaryngology

- 3.4.22. Branchial cleft cyst excision
- 3.4.23. Endoscopic sinus surgery
- 3.4.24. Frenuloplasty
- 3.4.25. Management of vascular anomalies, both surgical excision and sclerotherapy
- 3.4.26. Mastoidectomy
- 3.4.27. Otoplasty
- 3.4.28. Pre-auricular sinus excision
- 3.4.29. Surgical management of floor-of-mouth lesions, including ranula and sublingual gland excision
- 3.4.30. Thyroglossal duct cyst excision
- 3.4.31. Tracheostomy in infants
- 3.4.32. Tympanoplasty
- 3.4.33. Upper aerodigestive flexible and rigid endoscopy in infants and children, with or without foreign body extraction, and/or biopsy

Otology and neurotology

- 3.4.34. Canaloplasty
- 3.4.35. Cerumen removal
- 3.4.36. Cleaning of mastoid cavity
- 3.4.37. Mastoidectomy
- 3.4.38. Meatoplasty
- 3.4.39. Ossiculoplasty
- 3.4.40. Tympanomastoidectomy
- 3.4.41. Tympanotomy
- 3.4.42. Intratympanic therapeutic injections
- 3.4.43. Particle repositioning maneuvers

Rhinology

- 3.4.44. Biopsy of intranasal masses
- 3.4.45. Debridement of the sinonasal cavities
- 3.4.46. Endoscopically directed sampling for culture
- 3.4.47. Primary and revision endoscopic sinus surgery (ESS)
- 3.4.48. Open sinus procedures, including Caldwell-Luc and trephine
- 3.4.49. Rhinoplasty
- 3.4.50. Septoplasty
- 3.4.51. Surgical management of epistaxis
- 3.4.52. Turbinate surgery

Laryngology

- 3.4.53. Laser procedures on the larynx
- 3.4.54. Microlaryngoscopy with or without removal of laryngeal and tracheal lesions
- 3.4.55. Vocal fold augmentation and medialization

Head and neck surgery

- 3.4.56. Branchial cleft cyst excision
- 3.4.57. Cutaneous malignancy excision
- 3.4.58. Neck dissection
- 3.4.59. Parathyroidectomy
- 3.4.60. Parotidectomy
- 3.4.61. Submandibular and sublingual gland excision
- 3.4.62. Thyroglossal cyst excision
- 3.4.63. Thyroidectomy
- 3.4.64. Transoral mucosal resection

Facial plastic and reconstructive surgery

- 3.4.65. Auricular composite graft
- 3.4.66. Cartilage graft
- 3.4.67. Cervicofacial aesthetic surgery and injection of neuromodulators and fillers
- 3.4.68. Local and regional flaps
- 3.4.69. Reconstructive surgery for facial trauma

3.4.70. Scar revision

3.4.71. Skin graft

4. Establish plans for ongoing care and, when appropriate, timely consultation

4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation

4.1.1. Provide nutritional support

4.1.2. Manage acute and chronic pain

4.1.3. Recognize and manage complications of interventions and treatments

4.1.4. Identify indications for consultation with other health care professionals

4.1.4.1. Provide referral for advanced Oto-HNS procedures

4.1.4.2. Identify indications for and timing of intraoperative pathology consultation

4.1.5. Address end-of-life issues and palliation in patients with head and neck cancer

5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

5.1. Recognize and respond to harm from health care delivery, including patient safety incidents

5.1.1. Apply knowledge of the steps for disclosure of adverse events, including post analysis disclosure and the role of apology

5.2. Adopt strategies that promote patient safety and address human and system factors

Communicator

Definition:

As *Communicators*, otolaryngology-head and neck surgeons form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

Key and Enabling Competencies: Otolaryngology-head and neck surgeons are able to...

1. Establish professional therapeutic relationships with patients and their families

1.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion

- 1.2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 1.3. Recognize when the perspectives, values, or biases, of patients, patients' families, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
- 1.4. Respond to a patient's non-verbal behaviours to enhance communication
- 1.5. Manage disagreements and emotionally charged conversations
- 1.6. Adapt to the unique needs and preferences of each patient and to the patient's clinical condition and circumstances
 - 1.6.1. Adapt to the unique communication needs of children
 - 1.6.2. Adapt to the unique communication needs of patients who are Deaf or hard of hearing and those who have speech or voice disorders

2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families

- 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
 - 2.1.1. Explore patients' beliefs, concerns, and expectations about the origin, nature, and management of their condition
 - 2.1.2. Assess the impact of such factors as age, gender, ethno-cultural background, social support, and emotional influences on a patient's condition
 - 2.1.3. Recognize the psychological, occupational, and social consequences of disorders of the head and neck, including chronic debilitating conditions and end-of-life discussions
 - 2.1.4. Recognize the psychological, occupational, and social consequences of speech and voice disorders, particularly relevant to vocational demands
 - 2.1.5. Recognize the psychological, social, educational, and vocational consequences of deafness and hearing loss
 - 2.1.6. Use inclusive communication principles, including reducing stigma and using inclusive language, when caring for patients with diverse gender identities and expressions, particularly those seeking gender-affirming care relating to the head and neck
- 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
- 2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent

3. Share health care information and plans with patients and their families

- 3.1. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding
- 3.2. Disclose harmful patient safety incidents to patients and their families

4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals

- 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
- 4.2. Assist patients and their families to identify, access and make use of information and communication technologies to support their care and manage their health
- 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health
 - 4.3.1. Use translation services as needed
 - 4.3.2. Use an interpreter for Deaf and hard of hearing persons, as needed

5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy

- 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 5.3. Share information with patients and others in a manner that enhances understanding and that respects patient privacy and confidentiality

Collaborator

Definition:

As *Collaborators*, otolaryngology-head and neck surgeons work effectively with other health care professionals to provide safe, high-quality, patient-centred care.

Key and Enabling Competencies: Otolaryngology-head and neck surgeons are able to...

1. Work effectively with physicians and other colleagues in the health care professions

- 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care

- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
 - 1.2.1. Recognize, value, and utilize the expertise of other team members, including audiology, speech language pathology, radiation oncology, pediatrics, medical imaging, and anesthesiology
 - 1.2.2. Contribute individual expertise to interprofessional teams
 - 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
 - 1.3.1. Contribute to discussions at interprofessional conferences
- 2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts**
- 2.1. Show respect toward collaborators
 - 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture
- 3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care**
- 3.1. Determine when care should be transferred to another physician or health care professional
 - 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care

Leader

Definition:

As *Leaders*, otolaryngology-head and neck surgeons engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

Key and Enabling Competencies: Otolaryngology-head and neck surgeons are able to...

- 1. Contribute to the improvement of health care delivery in teams, organizations, and systems**
 - 1.1. Apply the science of quality improvement to systems of patient care
 - 1.2. Contribute to a culture that promotes patient safety

- 1.3. Analyze patient safety incidents to enhance systems of care
- 1.4. Use health informatics to improve the quality of patient care and optimize patient safety

2. Engage in the stewardship of health care resources

- 2.1. Allocate health care resources for optimal patient care
 - 2.1.1. Demonstrate understanding and contribute to processes that foster planetary health and stewardship and minimize ecological cost
 - 2.1.2. Demonstrate antimicrobial stewardship
- 2.2. Apply evidence and management processes to achieve cost-appropriate care

3. Demonstrate leadership in health care systems

- 3.1. Demonstrate leadership skills to enhance health care
- 3.2. Facilitate change in health care to enhance services and outcomes

4. Manage career planning, finances, and health human resources in personal practice(s)

- 4.1. Set priorities and manage time to integrate practice and personal life
- 4.2. Manage personal professional practice(s) and career
- 4.3. Implement processes to ensure personal practice improvement

Health Advocate

Definition:

As *Health Advocates*, otolaryngology-head and neck surgeons contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

Key and Enabling Competencies: Otolaryngology-head and neck surgeons are able to...

1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment

- 1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources
 - 1.1.1. Facilitate patient access to local and national resources available for patients who are Deaf or hard of hearing, and those who have undergone

laryngectomy

- 1.1.2. Promote improved access to quality care for Indigenous and other systemically marginalized populations
- 1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours
- 1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients and their families
 - 1.3.1. Promote infant and childhood vaccination in individual patients
 - 1.3.2. Promote screening for and management of early childhood hearing and communication disorders
 - 1.3.3. Promote choking prevention in children
 - 1.3.4. Minimize risk of otitis media by encouraging a healthy environment, including smoking cessation, and encouraging breastfeeding for newborns
 - 1.3.5. Promote protection and conservation of hearing at home and at work
 - 1.3.6. Promote risk reduction of malignancy of the head and neck through smoking cessation, responsible alcohol use, ultraviolet A and B (UVA/UVB) protection, and human papillomavirus (HPV) vaccination

2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner

- 2.1. Work with a community or population to identify the determinants of health that affect its members
- 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
- 2.3. Contribute to a process to improve health in the community or population they serve
 - 2.3.1. Promote policies that encourage early identification of patients presenting with disorders of the head and neck through screening programs for hearing impairment and malignancy
 - 2.3.2. Educate other health care professionals and the public regarding common head and neck problems that benefit from early intervention
 - 2.3.3. Educate and advocate for antimicrobial stewardship strategies (for example, use of antimicrobial prescribing guidelines) to prevent antimicrobial resistance
 - 2.3.4. Promote adherence to childhood immunization schedules and adoption of cancer preventing immunizations in adulthood

Scholar

Definition:

As *Scholars*, otolaryngology-head and neck surgeons demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

Key and Enabling Competencies: Otolaryngology-head and neck surgeons are able to...

1. Engage in the continuous enhancement of their professional activities through ongoing learning

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

2. Teach students, residents, the public, and other health care professionals

- 2.1. Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curricula on learners
- 2.2. Promote a safe and respectful learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
- 2.4. Plan and deliver learning activities
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

3. Integrate best available evidence into practice

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters, and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 3.4. Integrate evidence into decision-making in their practice

4. Contribute to the creation and dissemination of knowledge and practices applicable to health

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering systemically marginalized populations
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

Professional

Definition:

As *Professionals*, otolaryngology-head and neck surgeons are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behavior, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Key and Enabling Competencies: Otolaryngology-head and neck surgeons are able to...

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards

- 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- 1.2. Demonstrate a commitment to excellence in all aspects of practice
- 1.3. Recognize and respond to ethical issues encountered in practice, including Deaf culture, end-of-life issues, consent in children, and driving restrictions related to vertigo or obstructive sleep apnea (OSA)
- 1.4. Recognize and manage conflicts of interest
- 1.5. Exhibit professional behaviours in the use of technology-enabled communication

2. Demonstrate a commitment to society by recognizing and responding to the social expectations in health care

- 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
- 2.2. Demonstrate a commitment to patient safety and quality improvement

3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation

- 3.1. Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice
- 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
- 3.3. Participate in peer assessment and standard setting

4. Demonstrate a commitment to physician health and well-being to foster optimal patient care

- 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
- 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
- 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

This document is to be reviewed by the Specialty Committee in Otolaryngology-Head and Neck Surgery by December 2027.

APPROVED – Specialty Standards Review Committee – January 2017

APPROVED – Specialty Standards Review Committee – April 2024