

In 1913, the original Board of Governors consisted of surgeons who were invited to serve as the founders of the American College of Surgeons, who had qualified as Fellows. The Board of Governors elected from among its own membership the first Regents, and the Regents functioned as the executive body of the Governors. In the early years, the Governors were utilized individually to assist the Executive Director with local problems, and as a body, to elect the Officers and the Regents. In 1950, when Dr. William L. Estes Jr. was elected Chair of the Board of Governors, he urged the Regents to utilize the Governors in matters where a consensus of the Fellows might influence decisions. The Regents agreed and from that time on, the Governors have been a vital and contributory force in administration.

The American College of Surgeons is a democracy, with power and responsibility passing from the Fellows to the Governors to the Regents.

American College of Surgeons – 1913

The Bylaws

"Name. The name of the corporation shall be the American College of Surgeons."

"The College. The College shall consist of all members of the corporation. Such members are to be designated as Fellows. The College shall vest the general management of the corporation in a Board of Governors. The Board of Governors shall in turn vest the details of the management in a board of trustees to be known as the Board of Regents. The College shall hold an annual meeting on the day and at the place selected for the annual meeting of the Board of Governors."

"Board of Governors. The original Board of Governors shall consist of the surgeons invited by the Organization Committee to serve as founders of the College, who have qualified as Fellows. The members of this first Board of Governors shall also be known as the Founders of the American College of Surgeons."

"The Board of Governors shall at its first meeting elect from among its own membership twelve who shall be members of the Board of Regents . . . In event of death or resignation of any member of the Board of Regents, his successor shall be elected at the next regular or special meeting of the Board of Governors, but the Board of Regents may appoint a member of the Board of Governors to serve as Regent until this election takes place."

"The Board of Governors shall meet in executive session annually for the transaction of business, which business shall include the election of members of the Board of Regents and the election of officers . . . and other routine business which may be brought before it by the corporation or the Board of Regents."

"Board of Regents. The Board of Regents shall consist of the President of the Corporation, the General Secretary of the Corporation, the Treasurer of the Corporation, and twelve members of the Board of Governors elected as hereinbefore provided."

"The duties of the Board of Regents shall be those ordinarily performed by a board of trustees, namely: the transaction of all detail business devolving upon the Board of Governors in carrying out the object of the organization . . . [and] the transaction of all business not otherwise provided for, that may pertain to the Organization."

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(Excerpt from ACS *Bylaws*)

II. Board of Regents

Section 1. Management

The management and control of the business and affairs of the College shall be vested in the Board of Regents.

Section 2. Membership

The Board of Regents shall consist of twenty-two (22) Regents. The Board of Governors shall, at each annual meeting of the Governors, elect Fellows as Regents, each to serve for a term of three (3) years. Not less than two (2) of the twenty-one (21) Regents so elected shall be from Canada. The President of the College shall be the twenty-second member of the Board of Regents. No Regent shall be elected for more than three (3) terms in succession.

Individuals who are no longer in active, surgical practice shall not be nominated for an initial term on the Board of Regents. If a Regent retires from active, clinical practice while serving on the Board, he/she shall not be nominated for reelection when the current term expires.

Section 3. Vacancies

Vacancies in the Board of Regents shall be filled from among Fellows by the Board of Governors at the next meeting of the Governors following the occurrence of the vacancy. Any Fellow elected to fill a vacancy shall serve an initial three-year term.

Section 4. Meetings

A regular meeting of the Board of Regents shall be held annually at a time and place designated by the Board of Regents in conjunction with the Clinical Congress. It is anticipated that two additional regular meetings shall be held annually, one in February or March, and one in May or June. Special meetings may also be called by the Chair of the Board of Regents upon request signed by not less than fifty (50) members of the Board of Governors or by twelve (12) members of the Board of Regents. Not less than ten (10) days' notice of the time and place of any regular or special meetings shall be given to each Regent at the Regent's address as shown on the records of the College.

Section 5. Quorum

Twelve (12) members of the Board of Regents shall constitute a quorum for the transaction of business at any meeting of the Board.

(Excerpt from ACS *Bylaws*)

III. Board of Governors

Section 1. Membership

The Board of Governors shall consist of: (a) not more than one hundred fifty (150) Governors-at-Large, comprising one for each state and Canadian province, and such additional Governors from states or provinces, in general proportion to the number of Fellows residing therein, as may be determined from time to time by the Board of Governors; (b) one or more Governors from each commonwealth of the United States and from each country in which a chapter exists or where at least fifteen (15) Fellows from that country request a Governor; and (c) Governors nominated by the executive committee or policy-making body of surgical associations and societies, and by federal medical services as determined from time to time by the Board of Governors. Every chapter in each state, province, commonwealth, and country can recommend candidates for Governor.

Section 2. Terms and Vacancies

Governors shall serve for a term of three (3) years and, as nearly as may be practicable, one-third of the total membership of the Board of Governors shall be elected at each Annual Business Meeting of Members. Interim vacancies in the Board of Governors shall be filled by election at the next meeting of the members following the occurrence of such vacancies, and Governors elected to fill such vacancies shall serve a full three-year term. No Governor shall be elected for more than two (2) terms in succession. Election to a second term will be based on effective participation in the activities of the College and the Board of Governors.

Section 3. Meetings

The annual meeting of the Board of Governors shall be held at a time and place designated by the Board of Regents in conjunction with the Clinical Congress. Special meetings shall be called by the Chair of the Board of Governors at the request of the Board of Regents or upon request signed by not less than fifty (50) Governors, and may also be called by the Chair of the Board of Governors with the approval of the Executive Committee of the Board of Governors. Not less than ten (10) days' notice of the time and place of any regular or special meeting shall be given by mail, or other means permitted by law, addressed to each Governor at the Governor's address as shown on the records of the College.

Section 4. Duties

The Governors shall act as a liaison between the Board of Regents and the Fellows, and as a clearinghouse for the Regents on general assigned subjects and on local problems. They shall attend Convocations and other formal meetings of the Fellows and the Governors. They shall aid in the establishment of chapters of the College, be ex

officio members of the governing group of the chapter and of the local Committee on Applicants, aid in the selection of the personnel of committees organized within their areas, aid in investigating special cases of applicants for Fellowship, and shall perform such other duties as may be assigned to them by the College or by the Board of Regents. They shall, upon request of the Regents, render reports on their local activities and on the College situation in their areas.

Section 5. Quorum

Fifty (50) members of the Board of Governors shall constitute a quorum for the transaction of business at any meeting of the Board.

DUTIES OF A GOVERNOR

The duties of the Board of Governors and the relationship of the Governors to the Regents are clearly stated in the *Bylaws* of the College. The areas of interest and responsibility of the two Boards are clearly set forth in two statements:

(Article II. Section 1.) The management and control of the business and affairs of the College shall be vested in the Board of Regents.

(Article III. Section 4.) The Governors shall act as a liaison between the Board of Regents and the Fellows, and as a clearinghouse for the Regents on general assigned subjects and on local problems.

Primary Responsibility

These two statements make it clear that the Board of Governors carries the primary responsibility for serving as the connecting link between the Fellows and the Regents. While the Board of Regents carries the ultimate overall responsibility for conducting all College affairs, it depends heavily upon the Board of Governors to keep it informed of the Fellows' feelings and attitudes. Comments and suggestions from the Governors are often requested and always welcomed by the Regents. The presence of the Chair, Vice-Chair, and Secretary of the Board of Governors at all meetings of the Board of Regents gives these Officers the opportunity to keep abreast of actions of the Regents and to report them to the Governors, and through them, to the Fellows.

Summary of Responsibilities

There are a number of ways in which the influence of the Governors may be made effective, and in which they may carry out their responsibilities. These responsibilities include the following:

Communications: Governors are in every sense the direct representatives of the Fellows. Every effort should be made to insure freedom of communication between the Fellows and the Governors and, whether specialty society or chapter, from the Governors to the Regents of the College. Each Governor should take responsibility for knowing the problems, attitudes, and ideas of the Fellows as they may relate to their parent organization. Communication of important matters to the Chair of the Board of Governors is essential, and **completion of the annual Board of Governors survey is required.**

Committees: Committees of the Board of Governors frequently investigate and deliberate upon particular items of concern to the Fellows, the Board of Governors, and the Board of Regents. In recent years, the Board of Regents has increasingly asked the Board of Governors to review special problems. Customarily, all of these special committees report first to the Board of Governors at its annual meeting. However, in urgent circumstances a committee may properly report to the Executive Committee of the

Board of Governors for its authorization to transmit the result of its deliberations to the Board of Regents.

Committees on Applicants: State and provincial Governors are offered the opportunity to attend and participate in their local Committee on Applicants meetings. State and provincial Governors are also asked to provide input for the annual restructuring of the Committee on Applicants in their area.

Annual Meetings: It is the duty of every Governor to attend the Annual and Adjourned Meetings of the Board of Governors and the Annual Business Meeting of Members. Discussions at these meetings include questions of interest to the Fellows at large, and the Regents are concerned with the opinions of the Board of Governors as formulated at these meetings.

Convocation: Participation of Governors in the annual Convocation held during the Clinical Congress week is expected as evidence of the interest of the Governors in programs of the College. Their presence serves as an inspiration to the Initiates who are receiving their Fellowship.

ACS Regents & Officers: It is every Governor's obligation to submit nominations for pending vacancies on the Board of Regents and also for the three Officer-elect positions, President-Elect, First Vice-President-Elect, and Second Vice-President-Elect.

Oweida Scholarship: Members of the Board of Governors in the U.S. and Canada should encourage Fellows and Associate Fellows in good standing and under the age of 45, to apply for this scholarship. The scholarship, available to young rural surgeons, subsidizes the cost of attending the annual Clinical Congress.

Surgical Volunteerism and Humanitarian Awards: Governors are responsible for submitting nominations for the ACS Surgical Volunteerism and Humanitarian Awards. These awards, initiated by the Governors' Committee on Socioeconomic Issues, recognize individual surgeons who make significant contributions to surgical care through organized volunteer activities.

Chapters: Governors should be participants in chapter activities and attend chapter meetings. They are ex officio members of the council of the chapter in their area with privileges of voting. Their report should be an agenda item on the council program. In this way, an opportunity is provided to interpret College policy directly to the Fellowship as well as to gather information concerning the needs of the surgical community. As discussions at meetings attended by the Governors raise concerns and interests expressed by the Fellows, the Regents expect the Governors to transmit these pertinent comments to them. A logical extension of this communication could be carried on throughout the year by means of a newsletter, attendance at state surgical society meetings, hospital surgical section meetings, county medical society programs and so forth.

Specialty Society Governors: The responsibilities of the Governors representing surgical specialty societies do not differ in any significant degree from those of Governors-at-Large. Their obligations obviously do not stop with reports to or from their societies. They are Fellows of the College, elected to a policy-influencing body of the College, and should take an active part in all College activities, exerting their influence in their state, commonwealth or province, as well as in the surgical society they represent. **They have full privileges of discussion and vote on all matters that concern or do not concern their specialties, and should take an active part in ACS chapter affairs.**

CME Accreditation: A Governor who is selected by a chapter that is participating in the College's program to sponsor chapter annual meetings for CME credit must: attend and participate in the chapter's program planning meetings, evaluate the content of the planned program, notify the College of his or her approval of the program, attend the chapter's annual meeting, and submit a personal evaluation of the meeting to the College.

Membership Recruitment: Governors are expected to oversee and assist with recruitment efforts at the local level.

Major Importance

The Board of Governors is an organizational element of major importance to the College. A heavy responsibility rests on the shoulders of Governors to carry out their functions, both as representatives of the individual Fellows, and as liaisons between these Fellows and the Board of Regents, which alone carries the ultimate responsibility for College policy and College action.

B/G Committee Appointments

- With the exception of the B/G Committee to Study the Fiscal Affairs of the College (the B/G Secretary is automatically the Chair of this committee for however long he/she serves as Secretary), the committee Chairs serve a two-year term after serving at least two years on the committee (it would be optimal for the Chair to have served as Vice-Chair). This term is renewable.
- The Vice-Chairs serve a one-year term after serving at least one year on the committee. This term is renewable.
- The members are appointed for an initial term that coincides with the remaining years of their current B/G term. They are reappointed at the discretion of the committee Chair and Vice-Chair and with the agreement of the member. Active participation on the committee and attendance at the annual Clinical Congress will be a major determinant of reappointment.
- Committee Chairs will serve as Liaisons to other relevant committees.
- The Executive Committee of the Board of Governors appoints the new members, B/G E/C Liaisons, Vice-Chairs and Chairs of these committees. The Executive Committee seeks information from the members of the committee as necessary when a new Chair is to be appointed. The Executive Committee seeks input from the Chair when a new Vice-Chair is to be appointed. The committee Chair is responsible for appointing subcommittee members.

The B/G committees report to the Board of Governors and the Executive Committee of the Board of Governors. Governors who are interested in serving on a B/G committee should complete and return the Committee Request Form that is included in this document.

The Executive Committee of the Board of Governors makes every effort to fulfill each committee request. These appointments are made during the Executive Committee's last meeting during the Clinical Congress. Notification letters are mailed following the conclusion of Clinical Congress.

Board of Governors Committee Chairs' Job Description

- 1. Immediately following the Clinical Congress, B/G Committee Chairs will submit committee reports (and photos) to Mr. Stephen J. Regnier, ACS *Bulletin* Editor, upon his request.**
- 2. Participate in the Executive Committee telephone conference calls (February, April, June, and August).**
- 3. Begin any new projects no later than April 1.**
- 4. Conduct the coordination of Clinical Congress program proposals via committee email [SharePoint site].**
- 5. Submit committee reports for the annual B/G agenda book no later than mid-August.**
- 6. Complete all projects for the year (Oct – Oct) by mid- late-August.**
- 7. Submit agendas for the October committee meetings no later than August 31.**
- 8. Give verbal reports to the full Board at its annual business meeting on Sunday morning.**
- 9. Attend the Wednesday morning meeting of the B/G Executive Committee.**

Committee Request Form

The ACS Board of Governors has six working committees, and they are listed below. If, as a Governor, you would like to be a participating member of one of these committees, please indicate which committee you prefer, what talents you believe that you would bring to the committee, and why you are seeking assignment to that particular committee. Also, please tell us why you are eminently qualified to serve on that committee:

The Executive Committee of the Board of Governors makes every effort to fulfill all requests.

_____ Chapter Activities

- To serve as an advocate for all of the College's chapters, and monitor and report on chapters' activities, resources, and issues.

_____ Fiscal Affairs

- To study all aspects of College finances in collaboration with the B/R Finance Committee, especially in relation to membership dues, and to study other possible means of increasing the College's income.

_____ Physician Competency and Health

- To examine issues related to surgical competency, emphasizing credentialing and practice within expected community standards, and to promote maintenance of physical and mental wellness in the Fellows.

_____ Socioeconomic Issues

- To identify societal and economic factors which affect the work and well-being of the Fellows and their ability to provide optimal care for their patients, and to provide guidance to the Board of Governors regarding proposed actions which can promote the vitality, visibility, and future of the surgical profession. To select the surgical volunteerism and humanitarian award recipients.

_____ Surgical Infections and Environmental Risks

- To present and produce well designed clinical comparative effectiveness and cost effective research and other data on surgical infections and environment.

_____ Surgical Practices

- To provide the American College of Surgeons with information regarding the important issues that affect the delivery of surgical care in hospitals and ambulatory surgical centers, and to develop and support programs that will improve the care of surgical patients.

Please sign and fax this form to P. Sprecksel at 312-202-5021

Responsibilities of the Executive Committee of the Board of Governors

(Excerpt from ACS *Bylaws* - Article V. Section 2. (b) Board of Governors: The members of the Executive Committee of the Board of Governors shall consist of the Chair, Vice-Chair, and Secretary of the Board of Governors, and four (4) other Governors, to be elected by the Board of Governors, two (2) each year for a term of two (2) years.)

The Chair, Vice-Chair, and Secretary sit with the Board of Regents (B/R) during the meetings of the Regents in February, June, and October. These Officers also serve on Regental committees. In addition, the Vice-Chair serves as an ex officio member of the Nominating Committee of the Board of Governors.

The Chair reports to the Board of Regents on the activities of the Board of Governors (B/G), and likewise, to the Board of Governors on the activities of the Board of Regents. The Chair also delivers the report of the Board of Governors at the Annual Business Meeting of Members.

The full Executive Committee holds an interim meeting with the Chairs of the B/G committees. The purpose of this meeting is to review major actions taken by the Board of Regents, plan the annual program meeting of the Board of Governors, and to review and plan the program activities of the B/G committees.

The Chair chairs the annual Latin American Governors meeting, and if possible, circulates through all of the annual B/G committee meetings, time permitting. The Secretary is automatically the Chair of the B/G Committee to Study the Fiscal Affairs of the College, as well as an ex officio member of the B/R Finance Committee. The five remaining Executive Committee members are appointed to a B/G committee to serve as the Executive Committee Liaison.

The Liaisons attend their respective committee meeting, note attendance, and when necessary, request input from their committee members in relation to the appointment of the committee Chair. They consult with the committee Chair in relation to the appointment of the committee Vice-Chair.

The full Executive Committee appoints the new members, Executive Committee Liaisons, Vice-Chairs, and Chairs of the B/G committees.

**REQUIREMENTS REGARDING GOVERNOR REPRESENTATION
OF A SURGICAL SOCIETY ON THE BOARD OF GOVERNORS**

- A. The society must be a surgical specialty society composed primarily of surgeons.
- B. An organization requesting representation on the Board of Governors must have demonstrated strong scientific/educational activities and programs for at least a period of five years.
- C. One-half of the membership of a society applying for B/G representation must be Fellows of the College. The society must have at least 400 members.
- D. The society must submit its membership roster, identifying those members who are Fellows of the American College of Surgeons.
- E. A society officer must submit a written request on behalf of the society to the Chair of the Board of Governors, describing the activities and purposes of that society.
- F. If more than half of the Fellows of the specialty society are represented by another similar specialty society on the Board of Governors, then the new specialty society is generally not eligible for representation. The applying specialty society is responsible for documenting through membership lists its eligibility for Governor representation.
- G. The society's request for representation must be evaluated and acted upon by the Executive Committee of the Board of Governors (approval by the Board of Regents is not required).

Responsibilities of the Nominating Committee of the Board of Governors

(Excerpt from ACS *Bylaws* - Article VI. Section 2. A Nominating Committee of the Board of Governors, consisting of five (5) members of the Board, shall be appointed annually to make nominations for: (a) election to the Board of Regents, and (b) officers of the Board of Governors. The Executive Committee of the Board of Governors shall nominate four (4) members and three (3) alternate members of this Nominating Committee for election by the Board of Governors. The Chair of the Board of Governors shall appoint the fifth member, who shall be its Chair, and shall designate one of the members elected by the Board of Governors as Vice-Chair.

This Nominating Committee shall meet regularly with the Advisory Committee on Nominations of the Board of Regents during the selection process and will consult with the Nominating Committee of the Fellows prior to submitting its nominations to the Board of Governors at its annual meeting in the year following the appointment of this committee.

Additional nominations for election to the Board of Regents or for officers of the Board of Governors may be made from the floor at the annual meeting of the Board, provided that such nominations have been submitted in writing to the Secretary of the Board of Governors, signed by twenty-five (25) or more members of the Board, not less than forty-eight (48) hours prior to such annual meeting.)

At its first meeting during the Clinical Congress, the Executive Committee of the Board of Governors nominates members of the Board of Governors to serve on the following year's Nominating Committee of the Board of Governors. These names are presented to the Governors at their adjourned meeting for a final vote.

The Nominating Committee of the Board of Governors nominates Fellows as candidates for the Board of Regents and candidates for the Officers and Executive Committee members of the Board of Governors. Nominees for Regents and the Officers and Executive Committee members of the Board of Governors are voted on by the Governors during their adjourned meeting in October.

This committee also nominates ACS representatives to the AMA House of Delegates. The Board of Governors also votes on these nominations during its adjourned meeting.

Responsibilities of the Nominating Committee of the Fellows

(Excerpt from ACS *Bylaws* - Article VI. Section 3. A Nominating Committee of the Fellows, five (5) in number, shall be appointed annually to make nominations for: (a) election to the offices of President-Elect, First Vice-President-Elect, and Second Vice-President-Elect of the College, and (b) election to the Board of Governors. This Committee shall be appointed by the President of the College, the Chair of the Board of Regents, and the Chair of the Board of Governors, acting jointly.

The nominations of this committee for election to the Board of Governors shall be made after due consideration of recommendations submitted by College chapters, and in some cases by local or provincial nominating committees, with respect to Governors referred to in Section 1 (a) of Article III; from local chapters or individual Fellows with respect to Governors referred to in Section 1 (b) of Article III; and from surgical associations or federal medical services with respect to Governors referred to in Section 1 (c) of Article III.

This committee shall meet with and advise the Nominating Committee of the Board of Governors and the Advisory Committee on Nominations of the Board of Regents, prior to submitting its nominations to the next Annual Business Meeting of Members following the appointment of this committee.

Additional nominations for President-Elect, First Vice-President-Elect, and Second Vice-President-Elect may be made from the floor at the Annual Business Meeting of Members, provided that such nominations have been submitted in writing to the Secretary of the College, signed by one hundred (100) or more Fellows, not less than forty-eight (48) hours prior to such annual meeting.)

Following the Clinical Congress, the ACS President, B/R Chair, and B/G Chair hold a telephone conference call to select the members of the Nominating Committee of the Fellows for the following year. The slate is final once all members have confirmed acceptance of their responsibilities.

The Nominating Committee of the Fellows nominates candidates for the offices of President-Elect, First Vice-President-Elect, and Second Vice-President-Elect of the College. The committee also nominates candidates for election to the Board of Governors. Candidates for these offices are voted on by the Fellows during the Annual Business Meeting of Members at the Clinical Congress in October.

Responsibilities of the Advisory Committee on Nominations of the Board of Regents

(Excerpt from ACS *Bylaws* - Article VI. Section 1. (b) The Board of Regents shall appoint a committee of four (4) members to consist of three (3) Past Presidents and/or Regents and the Chair of the Board of Regents to meet with and advise the Nominating Committees of the Board of Governors and the Fellows. This committee shall be called the Advisory Committee on Nominations of the Board of Regents.)

The Advisory Committee on Nominations of the Board of Regents provides consultation to the Nominating Committee of the Board of Governors and the Nominating Committee of the Fellows during their deliberations. Members of either Nominating Committee are free to contact and consult with any member of the Advisory Committee.

Mission Statement

At its meeting June 9-10, 2000, the Board of Regents approved the following mission statement for the American College of Surgeons.

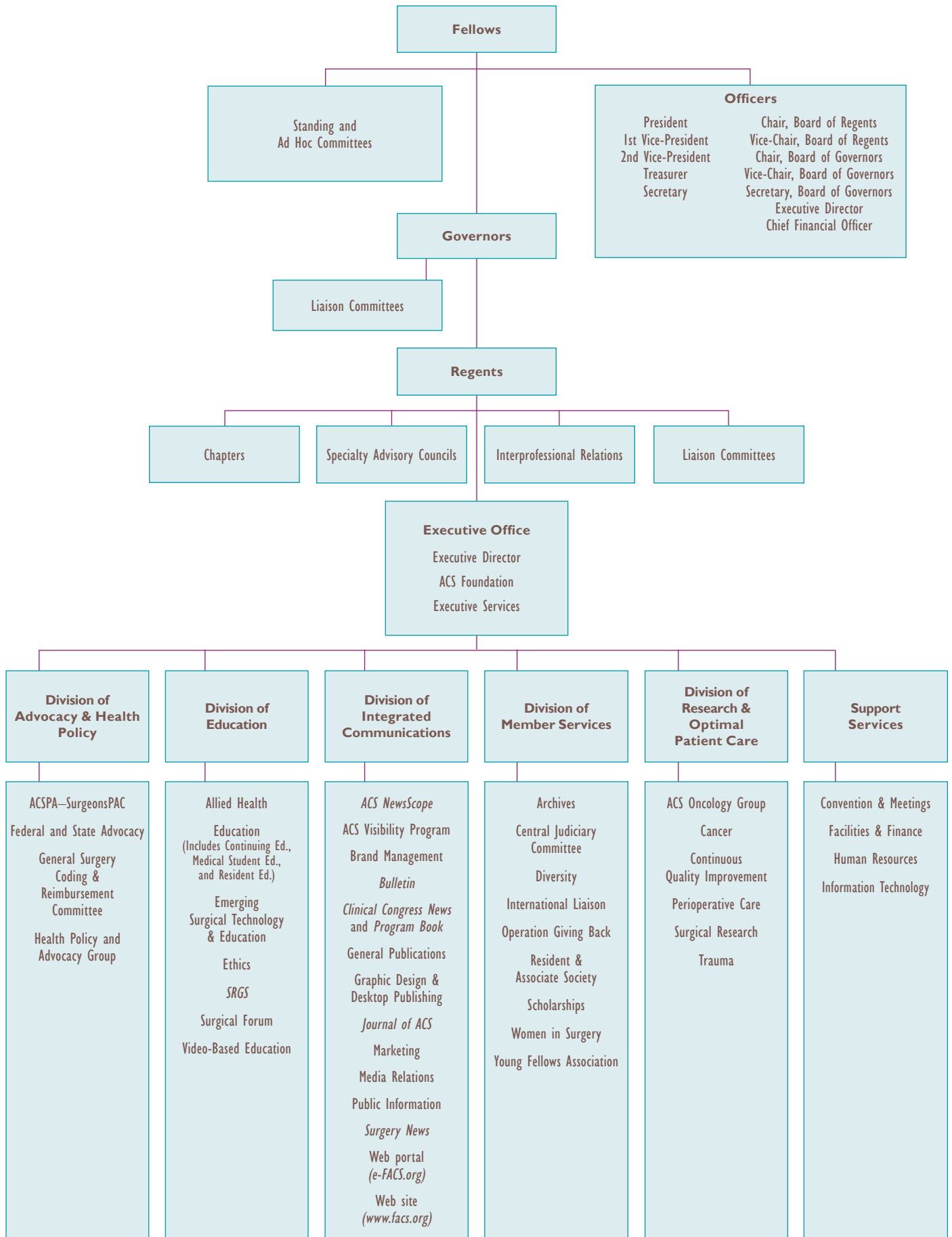
“The American College of Surgeons, as an association of surgeons, is dedicated to promoting the highest standards of surgical care through education of and advocacy for its Fellows and their patients. The College provides a cohesive voice addressing societal issues relating to surgery. The American College of Surgeons supports programs and policies which ensure patients access to high-quality, effective care provided by appropriately prepared and well-qualified surgical specialists of their choosing. Such care is to be delivered in a system that provides maximum safe- guards for patient safety. Since 1913, the American College of Surgeons has initiated programs that have protected patients both in and out of the hospital. The American College of Surgeons will work with interested and qualified parties to provide patients with the maximum safety in a system that puts patient welfare first.”

Governance

The policies of the American College of Surgeons and the management and control of its business are implemented through various organizational and administrative groups designed to offer Fellows the broadest possible participation in College affairs. These include the Officers of the College, the Board of Regents, the Board of Governors, and the chapters and standing committees of the College. The Officers of the College include:

- President, First Vice-President, and Second Vice-President, who are elected by the Fellows during Clinical Congress
- Secretary and Treasurer, and Chair and Vice-Chair of the Board of Regents, who are elected by the Regents
- Chair, Vice-Chair, and Secretary of the Board of Governors, who are elected by the Board of Governors
- Chief Financial Officer and Executive Director, who are appointed by the Board of Regents

The American College of Surgeons — Organization Chart



Strategic Plan

Vision - As an association of surgeons, the American College of Surgeons is dedicated to promoting the highest standards of surgical care through education of and advocacy for its Fellows and their patients. The College provides a cohesive voice addressing societal issues related to surgery.

The American College of Surgeons supports programs and policies that ensure patients access to optimal, effective care provided by appropriately prepared and well-qualified surgical specialists of their choosing. Such care should be delivered in a system that provides maximum safeguards for patient safety. Since 1913, the College has initiated programs that have promoted the well-being and protection of patients both within and outside the hospital environment. The American College of Surgeons will work with interested and qualified parties to optimize patient welfare and safety.

Areas of primary focus

Education

- Facilitate and provide educational opportunities to further quality care.

Research and Optimal Patient Care

- Advance the practice of surgery through research and scholarly activity to advance knowledge culminating in optimal patient care.

Advocacy and Health Policy

- Effectively represent the interests of patients and surgeons.

Member Services

- Assist members in the development of an optimal and ethical practice environment for the benefit of the surgical patient.

Goals and objectives - To provide assurance to its Fellows and their patients that it will fulfill its mission and implement its vision, the American College of Surgeons has established the following goals. Through its programs and services, the College will meet specific operational and program objectives in each of its primary focus areas.

In Education, the College will provide programs that meet the educational needs of surgeons and the public and assist surgeons in their responsibility to maintain competence, lifelong learning, and professionalism.

Objective: Develop innovative delivery methods for educational activities.

Objective: Assist members in meeting educational quality measures, such as CME.

Objective: Develop and enhance patient educational materials relative to surgical care.

Objective: Develop educational products designed to meet the needs of surgeons.

Objective: Facilitate access to volunteer opportunities for surgeons.

Objective: Assist members in documenting relevant activities for various reporting requirements.

In Research and Optimal Patient Care, the College will advance the practice of surgery through research and scholarly activities to expand medical knowledge.

- Objective:* Provide opportunities for scholarships and fellowships.
- Objective:* Educate surgeons about funding and research-related activities.
- Objective:* Facilitate involvement in research activities, such as clinical trials and outcomes efforts.
- Objective:* Develop strategies to improve philanthropic activities.

In Advocacy and Health Policy, the College will be the recognized authority on issues related to surgery and care of the surgical patient and effectively represent the interests of patients and surgeons.

- Objective:* Develop strategies to provide high-quality and safe care for surgical patients.
- Objective:* Develop effective communications strategies to interface with legislative and regulatory bodies.
- Objective:* Enhance public relations activities to advocate effectively for patients and surgeons.
- Objective:* Interact effectively with the health insurance industry.
- Objective:* Interact with other members of the health care community.
- Objective:* Facilitate debate regarding public policy on issues affecting surgical care at both the local and national levels.
- Objective:* Enhance the ability to identify, prioritize, and promote public policy issues relative to surgical care.
- Objective:* Enhance communications efforts regarding the College's activities in this area.

In Member Services, the College will remain a major professional association for all surgical specialists and will meet the needs of surgeons with programs and services that help them adapt to a changing health care system.

- Objective:* Improve communications between members and leaders of the ACS.
- Objective:* Enhance the meaning and value of "FACS" for surgeons and the public.
- Objective:* Encourage interaction with other surgical specialty groups to address shared interests.
- Objective:* Explore opportunities to expand membership, both domestic and international.
- Objective:* Educate and train surgeons in the evaluation and use of new technology.
- Objective:* Establish a "customer service" approach to the provision of membership services.
- Objective:* Provide services that are directed toward meeting the socioeconomic and business needs of members.

Planning - The Board of Regents realizes that planning is a continuous and dynamic process. Therefore, this plan must be structured such that it can adapt to a changing environment. The Board, its committees, and the staff must continuously review the

components of this plan to ensure that the College continues to meet the needs of surgical patients and its members.

Structure and Support - If the programs and services of the College are to be implemented in an effective and efficient manner, an organizational structure that reflects the priorities of the College must be in place. That is also the case with regard to the staff structure, which in many instances must be a reflection of the leadership matrix that is put in place to implement the policies of the Board of Regents. An organization that works together in a cohesive and collegial fashion to champion the needs of surgical patients and of its members will have no limits to its success. To assist in achieving such success, administrative support will be provided in the areas of communications, executive services (including development), finance and facilities, human resources, and information services. A function of the Board of Regents and the Executive Director, therefore, is to ensure the creation and support of such an organizational and staff structure.

Programs and strategies - The future development of key programs, strategies, and services will make this a living and vibrant document. These are the programs that will ensure that the College will implement and achieve its goals and objectives. These programs must have the following components when presented to the Board of Regents. They will:

- Relate to the mission, vision, and goals of the College.
- Have a business plan to ensure that programs are practical and financially reasonable.
- Identify the expected outcome and the timetable for achieving outcome(s).
- Have an evaluation template to determine levels of success.
- Have review time lines to ensure regular and timely oversight.

It is the responsibility of the College's committees and the Executive Director to ensure that these programs, strategies, and services are prepared in this manner and that they are presented in an effective and timely fashion to the Board of Regents.

Divisions and Support Services

The programs of the College are administered by a staff of 260.

Division of Advocacy and Health Policy - Conducts research and analysis on socioeconomic issues and implements the College's advocacy agenda before federal and state policymakers and in the private sector. Sponsors education programs on health policy, compliance, and practice management issues. Supports the Health Policy Steering Committee, and the General Surgery Coding and Reimbursement Committee. Also serves as liaison to the American College of Surgeons Professional Association. Director: Mr. Christian Shalgian

Division of Education - The mission of the American College of Surgeons Division of Education is to enhance the care of surgical patients and actively promote patient safety through leading-edge educational programs and products that effectively address the needs of practicing surgeons, surgery residents, medical students, surgical patients, and the public.

The Division of Education is committed to supporting continuous professional development of individuals through a range of educational activities including national meetings, regional conferences, didactic and experiential courses, and educational programs in print and electronic forms. It intends to comprehensively evaluate the impact of educational interventions on physicians' learning and behaviors and patient outcomes through a process of continuous quality improvement. The Division also supports the activities of the Ethics Committee of the Board of Regents. Director: Ajit K. Sachdeva, MD, FACS, FRCSC

Division of Integrated Communications - Produces the monthly *Bulletin* of the American College of Surgeons, the *Surgery News* magazine, and the weekly electronic newsletter *ACS NewsScope*; manages public information activities, including patient inquiries and media relations; produces the editorial and graphic content for several hundred publications for College committees and events, including the Clinical Congress; and develops and manages the content and site navigation for the College's Web site and Web portal, in addition to providing support and guidance for chapter Web sites. Supports the activities of the Public Profile and Communications Steering Committee. Director: Ms. Linn Meyer

Division of Member Services - Supports all activities of the Board of Governors and its liaison committees. In addition, support is provided for the Nominating Committee of the Board of Governors, the Nominating Committee of the Fellows, and the Advisory Committee on Nominations of the Board of Regents. Additional support is also provided for the following committees: Committees on Applicants, Application Review Committee, Central Judiciary Committee of the Board of Regents, Member Services Liaison Committee of the Board of Regents, Advisory Councils for the Surgical Specialties, Resident and Associate Society, Young Fellows Association, International Relations Committee, Scholarships Committee, Women in Surgery Committee, and Committee on Diversity Issues. The Division also supports all ACS chapters' activities and meetings. Director: Paul E. Collicott, MD, FACS

Division of Research and Optimal Patient Care - The mission of the American College of Surgeons' Division of Research and Optimal Patient Care is to improve the quality of surgical care by enabling all surgeons to apply the best scientific evidence available in all aspects of their daily practice with respect, compassion, and dignity for all patients. The Division supports the activities of the Research & Optimal Patient Care Committee of the Board of Regents. The Division is comprised of three areas: Cancer, Trauma, and Continuous Quality Improvement (formerly the Office of Evidence-Based Surgery).
Director: Clifford Y. Ko, MD, FACS

Cancer -The Cancer Programs of the American College of Surgeons exist within the Division of Research and Optimal Patient Care. A standing committee of the College since 1922, and administered by the Cancer Programs office, the Commission on Cancer (CoC) is a consortium of professional organizations dedicated to reducing the morbidity and mortality of cancer through education, standard setting, and the monitoring of quality care. The CoC Approvals Program sets standards for quality, multidisciplinary cancer care delivered in more than 1,400 hospital settings. The CoC's National Cancer Data Base (NCDB) is a nationwide oncology outcomes database for more than 1,400 hospital cancer programs in the 50 states. In addition, the CoC has formed twelve multidisciplinary Disease Site Teams (DSTs) to provide expertise in three areas: review and publish National Cancer Data Base (NCDB) data on treatment patterns, trends, and outcomes; propose hypothesis-based special studies; and identify opportunities for educational interventions to improve cancer care. Medical Director: David P. Winchester, MD, FACS

Trauma - Organizes educational programs and publications in trauma and supports the Advanced Trauma Life Support Course, the National Trauma Registry (NATIONAL TRACS), the National Trauma Data Bank, the Verification/Consultation Program for Hospitals, the Trauma System Consultation Program, and a Regional Trauma Organization of State/Provincial activities. The Committee on Trauma is also active in pre-hospital trauma care, injury prevention and control, performance improvement and patient safety, rural trauma, disaster management, and outcomes studies. Medical Director: John Fildes, MD, FACS

Continuous Quality Improvement - Continuous Quality Improvement provides the infrastructure for conducting health services research, clinical research, laboratory research, meta-analyses, clinical trials, outcome studies, research hypothesis generation, and the development of evidence-based practice guidelines. The office also collaborates with the Division of Education and the Division of Advocacy and Health Policy to provide educational programs and to promote public policy initiatives. Administrative Director: Ms. Karen Richards

Support Services

Executive Services - Provides general administration for the College divisions, support services and staff. Offers guidance to and provides support for the Officers, Board of Regents and its liaison and ad hoc committees, and the Advisory Council to the Board of Regents (Past Presidents of the College). Maintains interprofessional relations with other medical and surgical organizations and addresses the current educational and

socioeconomic issues faced by the Fellowship and the surgical community as a whole through chapter visits, academic lectures, presentations to surgical societies, and monthly editorials in the College's *Bulletin*. ACS Executive Director: David B. Hoyt, MD, FACS; Executive Consultant: C. Rollins Hanlon, MD, FACS and Director, Executive Services: Ms. Barbara L. Dean

Convention and Meetings - Responsible for the logistical planning and operation of all ACS internal and external meetings. Also provides a range of association management services to other surgical organizations. Services include venue and service provider contract negotiation, housing, meeting specification determination and coordination, budget and travel management, and when necessary, registration, exhibit management, and onsite coordination. Director: Mr. Felix Niespodziewanski

Finance and Facilities - Administers investments, office services, and properties. Supports the Finance Committee, Investment Subcommittee, and Executive Compensation Committee of the Board of Regents. Chief Financial Officer: Ms. Gay L. Vincent, CPA

Human Resources - Responsible for staffing, personnel records, employee benefits, and staff development program. Director: Ms. Shannon Tasson

Information Technology - Manages computer technology for the College including membership management, e-commerce, web applications, computer networking and security, and desktop computing. Also supports the Committee on Informatics. Director: Mr. Howard Tanzman

Journal of the American College of Surgeons - Publishes the official scientific journal of the College. Editor-in-Chief: Timothy J. Eberlein, MD FACS

American College of Surgeons Oncology Group (ACoSOG) - The American College of Surgeons Oncology Group was established primarily to evaluate the surgical management of patients with malignant solid tumors. ACSOG includes general and specialty surgeons, representatives of related oncologic disciplines and allied health professionals in academic medical centers and community practices throughout the United States of America and foreign countries. Co-Chairs: Heidi Nelson, MD, FACS and David M. Ota, MD, FACS

Committees of the College

Advisory Committee on SESAP - To produce and administer the Surgical Education and Self-Assessment Program (SESAP); to aid surgeons in attaining and maintaining the high level of knowledge and understanding necessary to provide optimal patient care. Staff: Ajit K. Sachdeva, MD, FACS, FRCSC

Advisory Councils for the Surgical Specialties - To develop the optimum climate within the College for relating to the specialties, to act as a communication link with the specialties, and to contribute to the College's educational programming. Staff: Paul E. Collicott, MD, FACS

Allied Health Professionals Committee - To comprehensively address the educational needs of allied health professionals as members of surgical teams, to educate surgeons regarding the roles of allied health professionals, to support and assist allied health professionals involved in surgical care; to participate in defining duties of allied health professionals, and to assist with the process of accreditation of their respective educational programs. Staff: Ajit K. Sachdeva, MD, FACS, FRCSC

Central Judiciary Committee - The Central Judiciary Committee (CJC) is a Regental Committee which has the general supervision and direction of disciplinary matters under the Board of Regents. The CJC consists of five Fellows of the American College of Surgeons, three of whom must be Regents. Members of the CJC are appointed by the Board of Regents and serve until such time as their successors are appointed and qualified. Staff: Paul E. Collicott, MD, FACS

Commission on Cancer - Established by the College in 1922, the multidisciplinary Commission on Cancer is a consortium of professional organizations dedicated to reducing the morbidity and mortality of cancer through education, standard-setting, and the monitoring of quality care. Commission membership is comprised of 100 individuals who are either surgeons representing the College or member organization representatives from the 37 national, professional organizations affiliated with the Commission. The activities of the Commission are coordinated through the Approvals, Cancer Liaison, and Quality Integration committees, and the Disease Site Teams. Staff: David P. Winchester, MD, FACS

Committee for the Forum on Fundamental Surgical Problems - To select abstracts for the Owen H. Wangensteen Forum on Fundamental Surgical Problems. Staff: Ajit K. Sachdeva, MD, FACS, FRCSC

Committee on Continuous Professional Development -To comprehensively address the educational needs of practicing surgeons in both academic and community-based settings, across the surgical disciplines, and throughout the different career stages, from the junior to senior level surgeon. Staff: Ajit K. Sachdeva, MD, FACS, FRCSC

Committee on Diversity Issues - The mission of the Committee on Diversity Issues is to study the educational and professional needs of underrepresented surgeons and surgical trainees and the impact that its work may have on the elimination of health disparities

among diverse population groups. To this end, the Committee seeks recognition and support from the ACS through the College's mission policies and programs. Staff: Paul E. Collicott, MD, FACS

Committee on Education - To provide the overall direction, guidance, and coordination for the spectrum of educational activities of the American College of Surgeons and to comprehensively address the needs of various learners, including practicing surgeons, surgery residents and Fellows, and medical students, at the various stages in their professional development and from across the surgical disciplines. Staff: Ajit K. Sachdeva, MD, FACS, FRCSC

Committee on Emerging Surgical Technology and Education -To study the implications of emerging surgical technologies and to suggest the best methods of developing generic policies that will accelerate education in this area and protect our patients' welfare. Staff: Ajit K. Sachdeva, MD, FACS, FRCSC

Committee on Ethics - To provide the Board of Regents with a means for deliberation and preparation of ethical issues that the College may address. Staff: Ajit K. Sachdeva, MD, FACS, FRCSC

Committee on Informatics - The charge to the committee is to guide the College in: (1) methods to propagate and disseminate information for education of the Fellowship; (2) evaluation and preparation of interactive technologies for all aspects of Fellowship management and education; (3) the preparation and maintenance of policies necessary to coordinate and insure compatibility of information technology within the College; (4) participation in national committees and leadership organizations that direct the application of healthcare information technology and direct healthcare information technology policy; and (5) a gradual but continuous migration of all forms of communication within the College, between the College and its Fellowship, and among the Fellowship, from conventional methods to methods utilizing the latest mainstream technology. Staff: Mr. Howard Tanzman

Committee on Medical Student Education - To comprehensively address the educational needs in surgery for medical students during all four years of medical school; to support educational efforts that facilitate the transition from medical school to residency training; and facilitate the involvement of medical students in the educational activities of the American College of Surgeons. Staff: Ajit K. Sachdeva, MD, FACS, FRCSC

Committee on Patient Education - To improve the quality of patient care and promote patient safety through educational efforts that recognize patients as integral members of the surgical team. The committee's aim is to help patients and their significant others become thoroughly informed about their operation, provide evidence to guide them in their decisions, and empower them with the knowledge and skills necessary to participate in their surgical care and continued postoperative care upon discharge. Staff: Ajit K. Sachdeva, MD, FACS, FRCSC

Committee on Patient Safety and Quality Improvement - To provide a resource to the College in policy development concerning surgical care quality improvement and patient safety; provide educational information for the profession and public on the subjects of surgical care quality improvement and patient safety; and to help the College provide input to public and private sector entities that are involved in the development and implementation of performance- and cost-based incentive programs. Staff: Mr. Christian Shalgian

Committee on Perioperative Care -To serve as the primary resource to the College, the profession, the community and the government on topics concerning perioperative care. The mission of the CPC is to develop and present information and recommendations related to education, technology, standards of care, clinical and facilities management and assessment of outcomes. Staff: Ms. Karen Richards

Committee on Resident Education - To comprehensively address the educational needs of surgical residents and Fellows from across the surgical disciplines and to support educational efforts to facilitate the transition from medical school to residency training and from residency training into surgical practice. Staff: Ajit K. Sachdeva, MD, FACS, FRCSC

Committee on Trauma -To improve all phases of the management of the injured patient including prehospital care and transportation, hospital care, and rehabilitation; to prevent injuries in the home, in industry, on the highway, and during participation in sports; to establish and implement institutional and systems standards for care of the injured; to provide education to improve trauma care; and to cooperate with other national organizations with similar objectives. Staff: John Fildes, MD, FACS

Committee on Video-Based Education -To survey existing medical motion pictures, to decide upon subjects suitable for motion picture illustration, and to determine and develop the demand for such films. Staff: Ajit K. Sachdeva, MD, FACS, FRCSC

General Surgery Coding and Reimbursement Committee - Formed at the request of the College's Advisory Council for General Surgery in 1991, the Committee formerly called the CPT/RUC Committee, represents and acts in the interests of General Surgeons and their clinical practices regarding regulatory, legislative, and other issues that impact coding, billing and reimbursement for general surgical services. Staff: Mr. Christian Shalgian

Health Policy Steering Committee - The purpose of the Health Policy Steering Committee is to: (1) identify public policy issues and concerns affecting surgeons and our patients; (2) prioritize these issues and concerns, identify those on which the American College of Surgeons should focus its attention and resources and recommend these priorities to the Board of Regents; (3) develop action plans for addressing these issues, including recommending positions and initiatives the College should adopt; (4) expand and monitor mechanisms by which the American College of Surgeons makes surgeons, our patients and the public aware of our health policies and agendas; and (5) develop and maintain mechanisms by which legislative and regulatory issues can be addressed in a timely and effective manner. Staff: Mr. Christian Shalgian

International Relations Committee - To promote relationships between the College and surgeons throughout the world in the areas of clinical practice, education, and research in order to provide a basis for optimal health care delivery. Staff: Paul E. Collicott, MD, FACS

Member Services Liaison Committee - To advise the Board of Regents on all issues related to membership in the College, including applications for Fellowship; revisions to membership requirements; and matters related to dues and status changes. The Member Services Liaison Committee has oversight responsibilities for all credentials committees that the Board of Regents may establish for the purpose of allocation review. Staff: Paul E. Collicott, MD, FACS

Program Committee - Responsible for planning and implementing the continuing educational offerings of the College, primarily the postgraduate courses, sessions and symposia at the annual Clinical Congress. In addition to its eleven-member committee, over 30 liaison members represent the various disciplines and groups in surgery. Staff: Ajit K. Sachdeva, MD, FACS, FRCSC

Public Profile and Communications Steering Committee - To enhance the public profile and visibility of the American College of Surgeons. Staff: Ms. Linn Meyer

Resident and Associate Society - The RAS will serve to familiarize surgical residents and young surgeons with the ACS and its programs and the value of being a Fellow. The RAS will also provide opportunities for the opinions and concerns of residents and young surgeons to be heard by the ACS leadership. The RAS will provide an avenue for participation in ACS affairs and promote the development and use of leadership skills in organized surgery. Staff: Paul E. Collicott, MD, FACS

Scholarships Committee - To promote and administer the American College of Surgeons Research Scholarships, Fellowships, and Awards. Staff: Paul E. Collicott, MD, FACS

Surgical Research Committee - To be concerned with, and to represent the College in, matters addressing the progress of academic surgery and the funding, content, and direction of surgical research as it pertains to improving the care of patients. Staff: Ms. Karen Richards

Women in Surgery Committee - To promote recruitment and retention of Fellowship within the American College of Surgeons among women in the surgical specialties; to aid in the development of and enhance the leadership roles for women surgeons within the American College of Surgeons as well as other surgical and medical organizations. Staff: Paul E. Collicott, MD, FACS

Young Fellows Association - To serve as an inclusive organization for Young Fellows (age 45 and younger); to provide opportunities for Young Fellows to be involved with College activities—four Work Groups are available: Advocacy, Communications, Education, and Member Services; to plan and conduct an annual Leadership Conference,

which is held in conjunction with the Joint Advocacy Surgical Conference; and to present an Annual Forum during the College's Clinical Congress so that Young Fellows have opportunities to network with each other, to share their concerns, and to meet with members of the College's leadership. Staff: Paul E. Collicott, MD, FACS