

New Governors' Orientation

This document is for your use in becoming familiar with your responsibilities as an ACS Governor. The document includes information describing the responsibilities and programs within the various College divisions, including the function of the Board of Governors as described in the *ACS Bylaws*. It will also give you an overview of the major organizational components of the College including the Board of Regents, various committees, and so forth.

Board of Regents (B/R)

The management and control of the business and affairs of the College shall be vested in the Board of Regents (B/R). The B/R meets three times a year for approximately 1 1/2 days in February, June, and October. All Regents are required to be present for the full period of each meeting.

The B/R is composed of 22 Regents, one of whom is President. *ACS Bylaws* stipulate that at least two Regents must be from Canada.

Regents are selected for their demonstrated leadership qualities, integrity, and devotion to the highest principles of surgical practice. Surgical specialty, geography, diversity, and practice venue are also important.

Regents are nominated by the Nominating Committee of the Board of Governors, and elected by the Governors at their adjourned meeting during the Clinical Congress. Regents are elected for three-year terms and may serve three successive terms.

The Executive Committee (EC) of the Board of Regents is nominated by the Nominating Committee of the Board of Regents. The EC is elected by the Regents at their adjourned meeting during the Clinical Congress.

The B/R accomplishes much of its work through its liaison committees.

- Executive Committee
- Finance Committee
- Central Judiciary Committee
- Honors Committee
- Member Services Committee
- Committee on Ethics
- Scholarships Committee
- Bylaws Committee
- Research & Optimal Patient Care Committee

These committees meet in conjunction with the B/R. In addition to the B/R meetings, the EC meets three times a year via conference call: April, August, and December. The EC considers policy and other matters of concern, and subsequently makes recommendations to the B/R.

The Finance Committee (FC) provides general supervision and directs the financial affairs of the College. The Secretary of the Board of Governors (B/G) attends the FC meetings in his or her

capacity as B/G Secretary and Chair of the B/G Committee to Study the Fiscal Affairs of the College.

The Central Judiciary Committee has the difficult task of reviewing and making recommendations to the B/R regarding all disciplinary matters relating to Fellows.

The Honors Committee is responsible for nominating individuals to receive various distinctions from the College such as Honorary Fellowship and the Distinguished Service Award.

The Member Services Committee deals with credentialing and other matters related to the Fellowship. The Committee reviews nominations and appointments to specialty boards and residency review committees.

The Member Services Committee also reviews recommendations from the B/G to the B/R. The B/G Chair and Vice-Chair serve on this committee.

The Committee on Ethics provides the B/R with a means for deliberation of ethical issues which the College may address.

The Scholarships Committee promotes and administers the ACS research scholarships, fellowships, and awards.

To deal with special contemporary problems, the B/R periodically appoints special committees such as its Bylaws Committee and Research & Optimal Patient Care Committee.

In setting College policy, the Board of Regents is sensitive to the concerns of the Fellows and relies heavily on input from the Board of Governors.

Board of Governors (B/G)

The Governors shall act as a liaison between the 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 the B/R. They shall, upon request of the Regents, render reports on their local activities and on the College situation in their areas (the annual electronic B/G survey).

The Board of Governors functions in a fashion very similar to that of the Board of Regents. Currently, there are 270 Governors. This figure includes 81 surgical specialty Governors (who represent 72 surgical specialty societies), 150 Governors-at-Large, and 39 International Governors.

Each state or province is allocated one seat on the Board of Governors for up to 500 active Fellows of the College. Additional Governors-at-Large are allocated to a state or province for

each increase of 250 active Fellows. Countries outside the United States and Canada, where at least 15 Fellows from that country request a Governor, are entitled to one Governor-at-Large. Every chapter in each state, province, and country can recommend candidates for Governor.

Specialty societies desiring representation on the Board of Governors submit their request to the College, and final action as to whether a specialty society is entitled to a Governor is taken by the Executive Committee of the Board of Governors after reviewing requests based on specific criteria which a specialty society must meet in order to obtain Governor representation.

Nominations to fill Governor vacancies are submitted to the College by surgical specialty societies, chapters, and Fellows in those few areas where chapters do not exist or are inactive. Governors-at-Large were nominated by chapters for the first time in 1984 as a result of a major B/G recommendation that was approved by the B/R.

The Nominating Committee of the Fellows makes final nominations for Governors after reviewing the recommendations received from the surgical specialty societies, chapters, and Fellows. Governors are elected by the Fellows during the Annual Business Meeting of Members at the Clinical Congress. Governors may serve a maximum of two consecutive three-year terms.

In 1977, the B/R approved several B/G recommendations to expand the role of the Governors as the connecting link between the individual Fellows of the College. Primary among these recommendations was the requirement that each Governor submit an annual report to the College. In 1980, the first response report was prepared. This report presented an overview of College program activities in relation to the major categories of concerns and recommendations made by the Governors the preceding year. The Regents have received the reports of the Governors with high commendation, and since 1978, many of the suggestions submitted by the Governors have contributed to expanded or new College programs and policies. The College has expanded its efforts in areas of legislation, public relations, malpractice/professional liability, socioeconomic issues, physician reimbursement, chapter activities, relations with surgical specialties, and general surgery as a direct result of Governors' recommendations. The 501(c)(6) corporation (ACSPA) and the formation of the ACSPA-SurgeonsPAC originated from the B/G recommendations. Operation Giving Back was created as a direct result of B/G recommendations and B/R approval.

The Executive Committee (EC) of the Board of Governors is nominated by the Nominating Committee of the Board of Governors. The EC is elected by the Governors at their adjourned meeting during the Clinical Congress.

The B/G Chair, Vice-Chair, and Secretary (ACS Officers) sit with the B/R during its meetings in February, June, and October, and actively participate in the deliberations of the B/R. The three Officers then disseminate information to the B/G on the major actions taken by the B/R. Another step in keeping the B/G informed of ACS/ACSPA activities is through the B/G Chair's report that is distributed via email, posted on the B/G Web and Portal pages, and published in the *Bulletin*.

The B/G accomplishes much of its work through its liaison committees.

- Executive Committee
- Chapter Activities
- Fiscal Affairs
- Physician Competency and Health
- Socioeconomic Issues
- Surgical Infections and Environmental Risks
- Surgical Practice in Hospitals and Ambulatory Settings

These committees meet in conjunction with the B/G. In addition to the B/G meetings, the EC meets with the B/G committee chairs four times a year via conference call: February, April, June, and August. The EC conducts the interim business of the B/G, plans the annual B/G program, reviews the B/G committee programs and activities, and makes recommendations to the B/G.

The Chapter Activities Committee serves as an advocate for all of the College's chapters, and monitor and report on chapters' activities, resources, and issues.

The Fiscal Affairs Committee studies 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.

The Physician Competency and Health Committee examines 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.

The Socioeconomic Issues Committee identifies 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 B/G regarding proposed actions which can promote the vitality, visibility, and future of the surgical profession.

The Surgical Infections and Environmental Risks Committee presents and produces well designed clinical comparative effectiveness and cost effective research and other data on surgical infections and environment.

The Surgical Practice in Hospitals and Ambulatory Settings Committee provides the ACS 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.

All six of the B/G committees meet on the Saturday preceding the Clinical Congress. There will be a New Governors' Orientation (NGO) just prior to the start of these meetings. The NGO will be held from 3:00 – 3:30 p.m. The B/G committee meetings will be held from 3:30 – 6:00 p.m. The following is a general outline of the Governors' commitments during the week of the Clinical Congress.

- **Saturday** afternoon preceding start of Clinical Congress – New Governors’ Orientation from 3:00 – 3:30 p.m.
- B/G committees meet separately from 3:30 – 6:00 p.m.
- **Sunday** meeting of full B/G from 7:00 a.m. – 2:30 p.m. (registration and continental breakfast from 6:00 – 7:00 a.m.)
- Convocation from 6:00 – 8:00 p.m. (robing from 5:00 – 6:00 p.m.)
- **Tuesday** evening B/G reception and dinner from 7:00 – 11:00 p.m.
- **Wednesday** morning meeting of full B/G from 7:00 – 8:30 a.m. (continental breakfast @ 7:00 a.m.)
- Annual Business Meeting of Members (formerly the Annual Meeting of Fellows) from 4:15 – 5:15 p.m.

<http://www.facs.org/about/governors/boardgv.html>

ACS Chapters

- Local chapters may be organized under regulations established by the Board of Regents for the purpose of furthering the objectives of the College. The chapters shall be distributed geographically within cities, states, provinces, countries, or other areas, and shall perform such duties as may, from time to time, be determined by the Board of Regents.
- Chapter Officers (Presidents, Vice-Presidents, Secretaries, and Treasurers) and councils should encourage Fellows practicing within their geographic area to become members of the chapter. Membership in the chapter will provide a means for maintaining a close relationship with local Fellows of the College and opportunities to inform Fellows of the objectives and activities of the College.
- Residents and Associate Fellows should be included in the affairs of the chapter. They should also be encouraged to participate in the scientific programs of the chapters.
- Chapters shall attempt to assure high standards of professional conduct in their area.
- Each chapter shall be organized as a separate legal entity. The College shall not be liable for the debts and obligations of any chapter.

Advisory Councils for the Surgical Specialties

Since the founding of the College, surgical specialties have been involved in College activities. Several pathways have been created for surgical specialty activities. One route is through the Board of Governors where currently less than one-third of the Governors represent surgical specialty organizations. Another major avenue for integrating surgical specialties into College activities is the Advisory Councils for the Surgical Specialties. At present there are 12 Advisory Councils: Cardiothoracic Surgery, Colon and Rectal Surgery, General Surgery, Gynecology and Obstetrics, Neurological Surgery, Ophthalmic Surgery, Orthopaedic Surgery, Otolaryngology-Head & Neck Surgery, Pediatric Surgery, Plastic and Maxillofacial Surgery, Urology, and Vascular Surgery.

The basic purpose of the Advisory Councils has been to act as a communication link with the specialties, but their most obvious, specific assignment has been to contribute to the College's educational programming.

- Societies are asked to select their own representatives to the Councils;

- The individuals selected to serve are to be current members of the governing body of the society; and,
- The Chairs of the Advisory Councils meet with the Board of Regents during its October meeting.
- The specialty Advisory Councils are Regental committees. Their principal purpose is to advise the Regents on College matters and activities as they relate to given specialties.

Functions performed by the Advisory Councils are five-fold:

- 1) To advise the Board of Regents on policy matters and policy formulation;
- 2) To discuss matters which the Council wishes presented to the Board of Regents or other appropriate College committees;
- 3) To serve as a liaison in the communication of information to and from surgical societies and the Board of Regents;
- 4) To nominate surgeons from the specialty to serve on College committees and other organizations; and,
- 5) To aid in the development of programs for the Clinical Congress.

Standing 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.

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.

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.

Continuous Professional Development, Committee on

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.

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.

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.

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.

Committee for the Forum on Fundamental Surgical Problems

To select abstracts for the *Owen H. Wangenstein Forum on Fundamental Surgical Problems*.

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.

Health Policy Steering Committee

The purpose of the Health Policy Steering Committee is to:

- Identify public policy issues and concerns affecting surgeons and our patients.
- 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.
- Develop action plans for addressing these issues, including recommending positions and initiatives the College should adopt.
- 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.
- Develop and maintain mechanisms by which legislative and regulatory issues can be addressed in a timely and effective manner.

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

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.

Medical Student Education, Committee on

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.

Patient Education Committee

The American College of Surgeons Patient Education Committee works 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.

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.

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.

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 11-member committee, over 30 liaison members represent the various disciplines and groups in surgery.

Public Profile and Communications Steering Committee

To enhance the public profile and visibility of the American College of Surgeons.

Resident and Associate Society (RAS-ACS)

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.

Resident Education, Committee on

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.

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.

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.

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.

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.

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
