



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
Highest Standards, Better Outcomes*

100+years

American College of Surgeons Leadership Manual

American College of Surgeons
Division of Member Services
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Table of Contents

| | |
|---|-------|
| History and Mission of the American College of Surgeons | 4 |
| Governance Structure of the American College of Surgeons | 4 |
| The Board of Regents | |
| Terms, Vacancies and Expectations for Regents | 4-5 |
| The Board of Governors | |
| Terms and Vacancies of Governors | 5-6 |
| Governors Meetings | 6 |
| Duties of Governors | |
| -Workgroups | 6 |
| -Committee on Applicants | |
| -Convocation-ACS Regents and Officers | 7 |
| -Oweida Scholarship | 7 |
| -Surgical Volunteerism and Humanitarian Awards | 7 |
| -Responsibility to Chapters | 7 |
| -Specialty Society Governors | 7 |
| -Recruitment of Fellows | 7 |
| -Pillars and Workgroups | 8-9 |
| -Duties of Chairs of the Board of Governors | 9 |
| Responsibilities of the Executive Committee | 9 |
| Requirements Regarding Representation of a Surgical Society | 10 |
| Responsibilities of the Nominating Committees | 11 |
| Chapters | |
| Roles and Responsibilities of Chapters | 12-13 |
| Procedures to Establish Chapters | 13-14 |
| Limitations of Chapters | 14 |
| Chapter Officers, Administrator, and Councils | 15-21 |
| Chapter Responsibilities for Nominating Governors-at-Large | 21-22 |
| Chapter Bylaws | 23 |
| Chapter Committees | 23-24 |
| Commission on Cancer | 24-25 |
| Committee on Trauma | 26-27 |
| Health Policy Advisory Council | 27 |
| Residents, Associate Fellows, and Young Fellows | 28 |

| | |
|---|-------|
| Advocacy and Coalitions-Legislative Advocacy | 28 |
| Continuing Medical Education (CME) | 28 |
| Advisory Councils | |
| History and Purpose of Advisory Councils | 29 |
| Structure and Components of the Advisory Councils | 29-36 |
| Responsibilities of Advisory Council Members | 37-38 |
| Clinical Congress Program for Advisory Councils | 38-39 |
| Divisions and Programs of the American College of Surgeons | 39-40 |
| Organizational Chart for the American College of Surgeons | 41 |

History and Mission of the American College of Surgeons

The College consists of all members of the Corporation that is named the American College of Surgeons. Its members are designated as Fellows. The College vests the general management of the Corporation to a Board of Governors. The original Board of Governors consisted of surgeons, who qualified as Fellows, invited by the designated Organization Committee to serve as the Founders of the College. At its first meeting, the Board of Governors elected from among its membership 12 Fellows who became members of the Board of Regents.

The Board of Regents approved the following as the mission statement for the American College of Surgeons: “The American College of Surgeons is dedicated to improving the care of the surgical patient and to safeguarding standards of care in an optimal and ethical practice environment.”

Governance Structure of the American College of Surgeons

The Board of Regents

- **Terms and Vacancies of Regents**

The Board of Regents (B/R) currently consists of 22 Regents. The Board of Governors (B/G), at each annual meeting of the Governors, elects Fellows as Regents, each to serve for a term of three years. Not less than two of the 21 Regents elected shall be from Canada. The President of the College shall be the twenty-second member of the B/R. No Regent shall be elected for more than three terms in succession. The management and control of the business and affairs of the College is vested in the B/R.

Individuals who are no longer in active surgical practice may not be nominated for an initial term on the B/R. If a Regent retires from active clinical practice while serving on the Board, he/she may not be nominated for reelection when the current term expires. Vacancies on the B/R are filled by Fellows, chosen by the B/G at the next meeting of the Governors following the occurrence of the vacancy. Any Fellow elected to fill a vacancy serves an initial three-year term.

A regular meeting of the B/R is held annually at a time and place designated by the Board 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 B/R upon request signed by not less than 50 members of the B/G or by 12 members of the B/R. Not less than 10 days' notice of the time and place of any regular or special meetings are sent to each Regent via the Regent's address as specified in the College database. Twelve members of the B/R constitute a quorum for the transaction of business at any meeting of the Board. The College holds an annual meeting of the Board of Governors. The Board of Governors meets in executive session annually for the transaction of business, which includes the election of members of the Board of Regents and the election of officers. Other routine business may be brought before the Board of Governors by the College or the Board of Regents.

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

Regents are expected to:

- Be knowledgeable, supportive, and representative of the College's mission, vision, strategic plan, and its organizational structure and policies
- Maintain current knowledge of health care issues and surgical trends, legislation, and other public policy matters affecting the College
- Have a practical understanding of the type and quality of services provided by the College to its members and the public
- Display professionalism in all official and unofficial proceedings related to College business and endeavor to keep disagreements and controversies impersonal while promoting unity
- Serve in leadership positions or undertake special assignments when asked, including attendance at College Chapter and specific surgical specialty Advisory Council meetings
- Represent the College and its interests to other medical and surgical groups or specialty societies in which he or she enjoys prominence and respect. Regents will be crucial in developing relations with other surgical specialties.
- Play a key role in developing relations with all surgical specialties and periodically meet with leaders and professionals from such organizations to keep them informed of College activities and to specifically communicate about College activities to these groups
- Maintain effective working relationships with the Chair, Vice-Chair, other Regents, Officers, and the executive staff and observe proper protocols in following the administrative chain of command
- Assist in meeting the needs of the Executive Director for occasional counsel as per the Executive Director in the policy implementation process

The Board of Governors

- **Terms and Vacancies of Governors**

The Board of Governors consists of:

- Not more than 150 Governors-at-Large, comprised of 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 B/G.

- One or more Governors from each commonwealth of the United States and from each country in which a chapter exists, or where at least 15 Fellows from that country request a Governor.
- 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 B/G.
- Every chapter in each state, province, commonwealth, and country may recommend candidates for Governor.

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

- **Governors Meeting**

The annual meeting of the Board of Governors is held at a time and place designated by the Board of Regents in conjunction with the Clinical Congress. Special meetings are called by the Chair of the Board of Governors at the request of the B/R, or upon request by not less than 50 Governors. Special meetings may also be called by the Chair of the Board of Governors with the approval of the Executive Committee of the B/G. Not less than 10 days' notice of the time and place of any regular or special meeting shall be given. Fifty members of the B/G shall constitute a quorum for the transaction of business at any meeting of the Board.

- **Duties of Governors**

Governors act as liaisons between the Board of Regents and the Fellows, and act as a clearinghouse for the Regents on assigned subjects and local problems. While the B/R carries the ultimate overall responsibility for conducting all College affairs, it depends heavily upon the B/G 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 B/R gives these Governors the opportunity to keep abreast of actions of the Regents and to provide a report to the other Governors, and through them, to the Fellows.

Governors also serve on:

- **Workgroups:** Workgroups 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 B/R has increasingly asked the B/G to review special problems. Customarily, all workgroups report first to the B/G Executive Committee and then to the B/G at its annual meeting. A workgroup may report to the Executive Committee of the B/G for its authorization to transmit the result of its deliberations to the B/R.
- **Committee 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.

- **Convocation-ACS Regents and 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 Scholarships:** 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 the Oweida 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 American College of Surgeons' 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 reports should be agenda items 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.
- **Recruitment of Fellows:** Governors are expected to oversee and assist with recruitment of Fellows at the local level.
- **Board of Governors Workgroup Appointments**

With the exception of the Board of Governors (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 workgroup Chairs serve a two-year term after serving at least two years on the workgroup. (It would be optimal for the Chair to have served as Vice-Chair.) This term is renewable. Vice-Chairs serve a one-year term after serving at least one year on a workgroup. This term is also renewable.

Workgroup 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 workgroup Chair and Vice-Chair and with the agreement of the members. *Active participation in the workgroup and*

attendance at the annual Clinical Congress will be a major determinant of reappointment.
Workgroup Chairs serve as liaisons to other relevant workgroups.

The Executive Committee of the Board of Governors appoints new members to serve as Board of Governors Executive Committee Liaisons, Vice-Chairs, and Chairs of these workgroups. The Executive Committee seeks information from the members of the workgroup as necessary when a new Chair is to be appointed. The Executive Committee also seeks input from the Chair when a new Vice-Chair is to be appointed. The workgroup Chair is responsible for appointing members.

Board of Governors Workgroups report to the B/G and to the Executive Committee of the Board of Governors. Governors who are interested in serving on a B/G workgroup should contact the workgroup chair or the staff administrator. The Executive Committee of the B/G makes every effort to fulfill each workgroup request. Letters of appointment are mailed following the conclusion of Clinical Congress, and appointments are made by the Executive Committee shortly thereafter.

The B/G Pillars and Workgroups are as follows:

- **Member Services Pillar**
 - A. Chapter Activities Domestic Workgroup
 - B. Chapter Activities International Workgroup
 - C. Surgical Volunteerism and Humanitarian Awards Workgroup
 - D. B/G Seats on Committees:
 - Committee on Diversity Issues
 - International Relations Committee (IRC) of ACS
 - Resident/Associate Society (RAS)
 - Women in Surgery Committee
 - Young Fellows Association (YFA)

- **Education Pillar**
 - A. Continuing Education Workgroup
 - B. Patient Education Workgroup
 - C. Surgical Training Workgroup
 - D. B/G Seats on Committees:
 - Clinical Congress Program Committee
 - Committee on Allied Health
 - Committee on Allied Health Professionals
 - Committee on Continuous Professional Development
 - Committee on Education
 - Committee on Emerging Surgical Technology and Education
 - Committee on Ethics
 - Committee on Medical Student Education
 - Committee on Patient Education
 - Committee on Resident Education

- **Advocacy and Health Policy Pillar**
 - A. Coalition Workgroup
 - B. Health Policy and Advocacy Workgroup

- C. B/G Seats on ACS Health Policy and Advocacy Group (HPAG)
- D. B/G Seats on Health Policy Advisory Council (HPAC)
- **Quality, Research and Optimal Patient Care Pillar**
 - A. Best Practices Workgroup
 - B. Physician Competency and Health Workgroup
 - C. Surgical Care Delivery Workgroup
 - D. B/G Seats on Committees:
 - Committee on Cancer
 - Committee on Perioperative Care
 - Committee on Trauma
- **Communication Pillar**
 - A. Newsletter Workgroup
 - B. Survey Workgroup
 - C. B/G Representative to ACS Website
 - D. B/G Representative to ACS NewsScope
- **Committee to Study the Fiscal Affairs of the College**
- **Duties of Chairs of Board of Governors Workgroups**

The duties of the chairs are as follows:

- Immediately following the Clinical Congress, B/G Workgroup Chairs will submit committee reports (and photos) to the Editor of the *ACS Bulletin*
- Participate in the Executive Committee telephone conference calls, as needed
- Conduct the coordination of Clinical Congress program proposals
- Submit workgroup reports for the annual B/G agenda book no later than mid-August
- Submit agendas for the October workgroup meetings no later than August 31
- Give verbal reports to the full Board at its annual business meeting on Sunday morning
- Attend the Saturday meeting of the B/G Executive Committee
- Communicate directly with the Pillar Leads to inform them of all activities of each workgroup and inform them of any new projects and progress on a quarterly basis

Responsibilities of the Executive Committee of the Board of Governors

The members of the Executive Committee of the Board of Governors shall consist of the Chair, Vice-Chair, Secretary of the Board of Governors, and four other Governors, who are to be elected by the Board of Governors, two each year for a term of two years.

The Chair, Vice-Chair, and Secretary sit with the (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 B/G. The Chair reports to the B/R on the activities of the B/G, and likewise, to the B/G the activities of the B/R. The Chair also delivers the report of the B/G at the Annual Business Meeting of Members.

The full Executive Committee holds regular meetings to review major actions taken by the B/R, plan the annual meeting of the B/G, and to review and plan the activities of the B/G workgroups. The Executive Committee appoints the pillar leads, workgroup members, Chairs, Vice-Chairs, and Committee liaisons.

The Chair facilitates the annual Latin American Governors meeting, and if possible, circulates through all of the annual B/G workgroup 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 four remaining Executive Committee members serve as pillar leads.

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

Requirements Regarding Governor Representation of a Surgical Society on the Board of Governors

Requirements are as follows:

- The society must be a surgical specialty society composed primarily of surgeons.
- An organization requesting representation on the B/G must have demonstrated strong scientific/educational activities and programs for at least a period of five years.
- The society applying for B/G representation must have 300 Fellows of the College.
- The society must submit its membership roster, identifying those members who are Fellows of the American College of Surgeons.
- 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.

If more than half of the Fellows of the specialty society are represented by another similar specialty society on the B/G, 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.

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

A Nominating Committee of the Board of Governors consists of five members of the Board, and is 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 nominates four members and three alternate members of this Nominating Committee for election by the B/G. The Chair of the Board of Governors appoints the fifth member, who will be the Chair, and designates one of the members elected by the B/G as Vice-Chair.

This Nominating Committee meets regularly with the Elections Advisory Committee during the selection process, and consults with the Nominating Committee of the Fellows prior to submitting its nominations to the B/G at its annual meeting in the year following the appointment of this committee.

Additional nominations for election to the B/R, or for officers of the B/G, 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 25 or more members of the Board, and not less than 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 B/G 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 B/R and candidates for the Officers and Executive Committee members of the B/G. Nominees for Regents and the Officers and Executive Committee members of the B/G are voted on by the Governors during their adjourned meeting in October. This committee also nominates ACS representatives to the American Medical Association (AMA) House of Delegates. The B/G also votes on these nominations during its adjourned meeting.

Responsibilities of the Nominating Committee of the Fellows

A Nominating Committee of the Fellows, five in number, is 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 is 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 B/G are made after due consideration of recommendations submitted by College chapters, and in some cases by local or provincial nominating committees, individual Fellows, from surgical associations or federal medical services. This committee meets with and advises the Nominating Committee of the Board of Governors and the Elections Advisory Committee, 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 100 or more Fellows, and not less than 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 B/G. 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 Elections Advisory Committee

An Elections Advisory Committee shall be composed of: (a) Three (3) immediate past Chairs of the Board of Regents who have completed their term within the last six (6) years and who have also been elected as Presidents. If three (3) are not available to serve, the most recent Past Presidents will be asked to serve. (b) Two Regents in their final terms. (c) The Executive Director.

The most recent Chair of the Board of Regents, who has also been elected as President, shall be the Chair of the Elections Advisory Committee and shall select two Regents in their final terms to serve on the Elections Advisory Committee.

The purpose of the Elections Advisory Committee shall be to conduct an annual inventory of the Board of Regents to assess its needs with respect to appropriate representation and balance and to avoid any perfunctory or strictly prescriptive selection of new Regents. The Elections Advisory Committee shall review the qualifications and performance of each nominee in an effort to assist the Nominating Committee of the Board of Governors in its deliberations related to recommending Regents for election or reelection. Upon completion of this inventory and assessment process, the Elections Advisory Committee shall report its recommendations in writing to the Nominating Committee of the Board of Governors.

The Elections Advisory Committee also has the responsibility to provide advice to the Nominating Committee of the Board of Governors and to the Nominating Committee of the Fellows.

ACS Chapters

Roles and Responsibilities of Chapters

The roles and responsibilities of Chapters are as follows:

- Chapters should promote close fellowship among members in order to unite their efforts to improve the quality of care for the surgical patient by elevating the standards of surgical education and practice.
- Chapters should provide a medium through which surgical experiences may be presented and discussed. Such discussions also should include other aspects of surgery, such as continuing education, granting of surgical privileges, review of ethical practices, and all other factors that influence the quality of surgical care at the community level.
- Chapters should serve as a meeting ground for all surgical specialties for discussing common problems, shared surgical interests, and ways to complement one another's efforts to improve the quality of surgery.
- Chapters should provide a forum for young surgeons who may not have attained membership in other surgical organizations. In both formal and informal settings, senior surgeons may influence their younger colleagues, not only in matters of patient care, but also in concerns of surgical ethics.
- Chapters may provide economic support for College programs, such as its various endowment funds, including the General Endowment Fund and the Scholarship Endowment Fund.
- Chapters are encouraged to offer their collective and individual members' assistance to other professional and civic groups concerned with the health of the community.
- Chapters, by virtue of their local influence and credibility, can focus community attention on national College programs, such as those conducted by the Committee on Trauma and the Commission on Cancer, as well as the College's activities concerning professional liability, patient

safety, education, communications, public relations, advocacy and health policy, and other activities that are approved by the B/R of the College.

- Chapters should encourage Associate Fellows, Resident Members, and medical students to take part in the chapter's scientific program and other activities that the chapter considers appropriate.
- Chapters in the United States, Canada, and international countries where chapters exist, are responsible for nominating Governors-at-Large to fill pending vacancies or new seats on the Board of Governors. All nominations are submitted to the Nominating Committee of Fellows (NCF) through the College's Division of Member Services. The NCF is responsible for making final nominations for election to the B/G during the annual Clinical Congress. Final nominations are voted on by Fellows attending the Annual Meeting of Fellows at the Congress.

Note: In areas of the United States and Canada where no chapter exists, Governors will be nominated by nominating committees designated by the College. In international countries where no chapters exist, Governors are nominated by Fellows through a system of mail ballots that are tabulated by the Division of Member Services.

Chapters are encouraged to participate in advocacy activities at the state and federal levels. These may include visiting members of Congress on Capitol Hill in Washington, DC; using the online Legislative Action Center to share your views with your members of Congress; becoming a state advocacy representative (StAR) for state and federal legislators who are familiar with chapter officers and members; and seeking out and accepting appointments to insurance carrier and regulatory liaison committees and commissions. To schedule a Capitol Hill visit, to become a StAR, or for information and assistance with state and federal legislative activities, chapters should contact the College's Division of Advocacy and Health Policy at 202-337-2701.

Procedures to Establish a New Chapter

The Board of Regents of the American College of Surgeons has established the following protocol to be used in organizing a chapter:

1. The state, area, province, or country must have a Fellow who is an elected member of the College's Board of Governors. If a Governor has not been elected, at least 15 Fellows in that country can request that a Governor be elected.
2. The Governor of the College should send a letter to the Chair of the Board of Regents, notifying the College of the intent to organize a chapter.
3. Fellows of the College eligible for membership in the proposed chapter must be sent a letter over the signature of the Governor, informing them of the plans for a chapter and asking each Fellow to vote either "yes" or "no" on the proposal.
4. If a majority of the Fellows vote affirmatively for the organization of a chapter, this information must be communicated to the College.
5. Upon receipt of the formal notification, the proposed chapter will be sent a set of sample bylaws and an outline for a provisional group of officers. Written bylaws for the proposed chapter must be submitted to the College for review by the College's counsel.
6. Once the College has determined that the submitted bylaws are in proper order or need revisions, the Governor or the designated chapter officer will be notified. Upon receipt of the document, if necessary, the recommended changes should be incorporated into the proposed chapter's bylaws.
7. After the provisional officers have been elected at a meeting called for this purpose, a formal letter petitioning recognition as a chapter must be sent to the Chair of the Board of Regents. Along with

the formal petition, the College should receive the final Bylaws and a listing of the provisional officers from the proposed chapter. The B/R is solely responsible for granting charters. No formal recognition of a chapter can be made until the B/R has reviewed the formal petition for a charter and acted favorably.

8. Following formal action by the Board of Regents, a charter will be prepared, signifying the existence of the new chapter.

Limitations of Chapters

The limitations of chapters are as follows:

- The charter granted to a chapter contains a specific reference concerning representation of the College at the local level. It states: “Neither the chapter nor its officers, nor any member of the chapter, is authorized to represent, or in any way bind, the American College of Surgeons.”
- Chapter officers or members may receive inquiries from surgeons who are interested in applying for Fellowship. Chapter officers are encouraged to maintain a supply of membership requirements and applications, or alternatively, Chapter officers can refer these inquiries to the College’s Division of Member Services.
- The use of the official American College of Surgeons’ seal is restricted without specific permission of the College. Certainly, the seal should appear on chapters’ stationery and newsletters. Inquiries for use of the seal, indicating the proposed use, should be directed to the Division of Member Services.
- A chapter’s authority is confined to its geographic area.
- Through the Governor(s), chapters can make suggest to the B/R regarding changes in existing College policies or ideas for developing new ones. Chapters may be aware of the need for studies of problems affecting surgical patient care or other concerns related to the surgical community. These ideas may be forwarded to the B/R through the Governor(s), who submits reports to the College annually. These reports should incorporate suggestions from the chapters, as well as any concerns of local Fellows.
- Although ACS chapters are encouraged to be involved with state and federal advocacy activities, participation in political action activities, such as campaigns and political fundraising, should be undertaken with advice from legal counsel. The regulations of the U.S. Internal Revenue Service (IRS) prohibit 501(c)(3) chapters from participating in political campaigns.
- In contrast, 501(c)(6) organizations can engage in some political activities. Nearly all of the College’s Chapters are tax-exempt organizations under either section 501(c)(3) or 501(c)(6) of the IRS Code.
- If a Fellow is testifying as an individual, it is appropriate to indicate one’s official position in the College as a qualification as a witness. However, Fellows should not present themselves as spokespersons for the College unless they have been specifically authorized by the College to do so.
- Because of prohibitions contained in federal and state antitrust laws, chapters should not participate, either as a chapter or in conjunction with other organizations, in any activity for which the ultimate objective is the promulgation of surgical fee schedules.

Chapter Officers and Council

Chapter bylaws should clearly specify the leadership and governance structure of the chapter, including the terms of office for each officer and general nomination and election procedures.

Customarily, the officers of the chapter—who must be affiliated with the College—include:

- President
- President-Elect or Vice-President(s)
- Elected Members of the Council
- Treasurer*
- Secretary*

**The offices of secretary and treasurer may be combined.*

Only active members may be officers of the chapter. Also, state laws may require that a chapter have certain designated offices. Some state laws also specify that certain offices may not be held simultaneously by one person.

With regard to elections of officers and council members and the appointment of other chapter leaders, chapters should comply with the College's Statement on Diversity, which was adopted by the Regents in August, 2001 as follows:

The American College of Surgeons wishes to promote full participation in College activities by all surgeons: young surgeons, women surgeons, surgeons from minority groups, and surgeons from all practice venues. The College strongly supports and is committed to ensuring pluralism and equal opportunity which recognizes and respects the diversity of its members in order to maintain the highest standards of leadership in the profession. Specific recruitment of fellows from under-represented groups within the American College of Surgeons, including women, minorities, young surgeons, and private practitioners, is essential to maintain the strength of the College. Furthermore, the American College of Surgeons will underscore this commitment to diversity by ensuring that meaningful positions of leadership within the College are held by fellows derived from all groups of members, including young surgeons, women surgeons, surgeons of minority origin, and surgeons from all types of surgical practices. Nominations for leadership positions should be based on individual qualifications, willingness and ability to participate in and attend meetings, and expertise.

All Chapter officers and Council members are responsible for ensuring that proper financial controls are utilized. Internal financial control is defined as a process, affected by an entity's officers and Council members, designed to provide reasonable assurance regarding the achievement of objectives in the following categories:

- Reliability of financial reporting
- Compliance with applicable laws and regulations
- Effectiveness and efficiency of Chapter operations
- Safeguarding of all Chapter assets

Chapter President

Most chapters provide for a sequential advancement through the officer structure of the chapter before a fellow can be considered a candidate for the office of president. This advancement may come through

service on committees of the chapter or to the College or through active participation in the affairs of the chapter council or governing body. A chapter president is usually elected for a term of one or two years. A candidate for chapter president should possess qualities of leadership and a keen desire to further the aims and objectives of the chapter and the College.

Chapter presidents and secretaries are invited to attend the annual meeting of the ACS Board of Governors held in conjunction with the annual Clinical Congress. By doing so, they gain firsthand knowledge of the activities of the Board and its Committees on Blood-borne infection and Environmental Risk, Chapter Activities, Fiscal Affairs, Physician Competency and Health, Socioeconomic Issues, and surgical practice in hospitals and ambulatory settings. Chapter officers also are invited to other periodic national College meetings, such as the spring Leadership and Advocacy Summit, to exchange information on ACS programs and activities, chapter management, and leadership development.

- **The duties of the Chapter President are as follows:**

The position of president holds two central responsibilities: First, to keep the chapter focused on meeting its goals as well as the goals of the College; second, to oversee the officers and committees of the chapter. In keeping with these general aims, the duties of a chapter president might be as follows:

- Monitor the progress of the chapter in view of its goals and objectives
- Preside at the annual meeting of the chapter and all meetings of the council or governing body
- Serve as a spokesperson for the chapter in representing the interests of surgery at the state or provincial and community levels
- Extend chapter influence by maintaining good relations with other chapters, state or provincial medical associations, and lay organizations
- Appoint appropriate chapter committees and provide guidance to committees to enable them to fulfill their responsibilities

- Designate a senior vice president or other officer to perform the duties of the president in his or her absence
- Keep current with new information and policies from the College and communicate the information to chapter members
- Maintain a close relationship with the College in conducting chapter activities and programs and communicate local needs and ideas to the College
- Represent the chapter at national meetings
- Recognize the achievements of chapter members

Chapter Secretary

The duties of the Chapter Secretary are as follows:

- Record, distribute, and maintain minutes of all meetings of the chapter and its council or governing body.
- Submit the Chapter's Annual Meeting Report to the ACS Division of Member Services (on forms provided for this purpose) within 10 days after the chapter's annual meeting. The Annual Meeting Report should include copies of all minutes of the meetings of the council or governing body, minutes of the business session at the annual meeting, a year-end financial statement, and an annual meeting program.
- Coordinate the activities of the council in nominating Governor(s)-at-large. In April of each year, the secretaries of chapters where Governor-at-large vacancies will occur will receive one nomination form for each pending vacancy or new seat. Upon receipt of the form(s), the secretary should:
 - A. Complete and submit the nomination form(s) to the ACS Division of Member Services after the chapter council has nominated Governor(s)-at-large
 - B. Determine if the balloting by the chapter council will be through a council meeting, teleconference, or other correspondence
 - C. Conduct the actual balloting for nominees for Governorship
 - D. Tabulate the votes of the council members and list a nominee and an alternate for each vacancy
 - E. Confirm the final nominee (or slate of nominees) with the council
 - F. Complete and sign the nomination form(s) and return it to the ACS Division of Member Services in June
- The ACS Nominating Committee of Fellows is responsible for final selection of Governor nominations during the annual Clinical Congress. All final Governor nominations are voted on by the Fellows attending the annual meeting of Fellows at the Clinical Congress.
- Maintain a current roster of all Fellows of the College within the chapter's geographic area, noting those who are members of the chapter. Information on how to access rosters of members is available upon request from the department of Chapter Services.
- Distribute meeting notices, reports, and other communications as requested by the chapter council to members of the chapter
- Coordinate printing and/or distribution of the chapter scientific program and the chapter newsletter.
- Arrange, as necessary, for meeting sites for an annual chapter meeting and other committee meetings. If possible, this should be done at least six months prior to the meeting date.
- Notify the ACS Division of Member Services of future chapter meeting dates and places *as soon as possible* (at least four months), so that the meeting can be publicized in the *Bulletin of the American College of Surgeons*. Contact information for the person handling arrangements for the meeting also should be reported to the Division of Member Services.
- Distribute pertinent College communications to chapter officers, council members, and other surgical leaders.

Chapter Secretary-Treasurer

Many chapters combine the offices of secretary and treasurer and elect one fellow to assume the responsibilities of both offices simultaneously. Electing separate fellows to these offices, however, is

equally appropriate. The secretary- treasurer is usually elected for a term of three years and may be reelected for additional terms if the chapter's bylaws permit.

Chapter Treasurer

The duties of the Chapter Treasurer are as follows:

- Administer the funds of the chapter
- Distribute dues notices and periodically review any delinquent members with the council
- Maintain accurate financial records of all expenses and revenues and retain all bank statements and canceled checks
- Maintain records of all authorizations for disbursements of funds
- Prepare necessary financial reports, including tax returns, for review by the council as well as by state and federal revenue agencies. *[Note: These reports may be prepared for the treasurer by an accountant.]*
- Secure necessary council authorization to open and maintain checking and savings accounts and signature authorizations. Banks are usually willing to assist with the necessary signature cards and forms of resolution.
- Respond to inquiries from members about financial matters

Chapter Administrator/Executive

Chapters may employ personnel, either full-time or part-time, to assist in fulfilling the secretary's responsibilities, as well as in managing the day-to-day activities of the chapter. Duties include maintaining membership records, completing and filing appropriate tax forms, sending out meeting notices to members, contracting for meeting sites, and performing other duties in conjunction with the chapter's programs, among other administrative responsibilities.

Chapter President-Elect or Vice-President

Many chapters have adopted the "president-elect" system to provide for the orderly progression of the President-Elect to the presidency a year after election. In some chapters, the Vice-President progresses to the presidency. Still other chapters provide for progression from Vice-President to President-Elect and then to President. All of these practices are acceptable. The presidential designee should use the period prior to assuming the presidency to prepare for assuming this leadership role. Regardless of the chapter's system of progression, the bylaws should clearly provide for the individual next in line to assume the president's duties and responsibilities if the president is unable to complete the term or is absent at the time of a called meeting of the council or chapter. The president-elect, the vice-president, or both, are usually members of the council or governing body of the chapter.

Chapter Councils

All chapters have elected councils, which serve as the chapter's governing body. Some chapters, however, have designated their governing bodies as the board of trustees or board of directors. The term council is synonymous with other designations for the chapter governing body.

The council is responsible for managing the business affairs of the chapter between chapter annual meetings. Council members should represent surgical specialties, as well as general surgery. Geographic representation of council members also may be a consideration, as well as representation of undergraduate and graduate surgical education interests located in the chapter's area. When possible, representative young surgeons should be considered as potential candidates for election to the council. When seeking nominations for election to the council, the nominating committee should seek Fellows who are highly interested in the activities of the chapter and who are willing to contribute actively to the development and initiation of chapter programs. The size of the council is determined by the chapter's bylaws.

Ideally, the council's voting members should include:

- President
- President-Elect and/or Vice-President
- Secretary-Treasurer (or both if these are separate offices)
- Three, six, or nine elected councilors whose elections are staggered to provide for overlapping terms of service
- Recent past officers (with or without voting privileges, depending on the chapter's bylaws)

To ensure strong liaison and communication between the College and the chapter, College policy stipulates that the following individuals also should serve as *ex officio* members of the chapter council:

- Governor(s) —College policy recommends that the Governor(s) have voting privileges
- Chair of the College's state or Provincial Committee on Trauma—with or without voting privileges, depending on the chapter's bylaws
- Chair of the state Cancer Liaison Program—with or without voting privileges, depending on the chapter's bylaws

In addition to these individuals, representatives from the following groups should also be considered for chapter councils:

- Young Fellows Representative
- Resident-Associate Society Representative
- Chairs of the chapter's various committees
- Representative from the national medical association—surgical section
- Representative from the Association of Women Surgeons (AWS).

The responsibilities of these representatives, as defined by the AWS include: (1) involvement with the chapter; (2) service on the nominating committee; (3) with chapter approval, hosting a networking breakfast or reception; (4) contact with AWS members who are not chapter members to encourage them to join; and (5) identification and recommendation of AWS members to serve in chapter leadership and senior positions.

Duties of the Chapter Council

The Chapter Council has the following duties:

- Assist the officers in conducting the business of the chapter
- Establish dues structure, subject to approval by chapter Fellows at the chapter's annual meeting
- Recommend changes in chapter bylaws, subject to approval by the ACS Board of Regents
- Meet at least twice annually, once in conjunction with the annual meeting of the Chapter
- Conduct teleconferences as appropriate, and communicate electronically as required
- Advise the chapter president regarding committee appointments and make recommendations concerning the organization of new chapter committees
- Receive reports from:
 1. Governor(s)
 2. Chapter officers
 3. Chapter committee chairs
 4. Young Fellows Association representative(s)
 5. Resident-Associate Society representatives
 6. AWS representatives
 7. State specialty society representatives
 8. Chairs of trauma and cancer committees or Cancer Liaison Fellows
 9. College officials or staff, if invited to participate
 10. Others
- Recommend date(s) and place(s) of next annual meeting of the chapter
- Nominate Governors-at-large with the Chapter Executive's direction
- Conduct such other business within the authority of the council as determined by its bylaws or articles of incorporation.
- Establish the agenda for the annual meeting of the chapter's business session

The agenda should include the following items of business:

1. Call to order by the president
2. Approval of minutes of previous meeting(s)
3. Report of secretary-treasurer with appropriate motions for approval after discussion
4. Report of the Governor(s) with appropriate discussion following the report
5. Reports from chapter committee chairs with time for discussion, if necessary
6. Report from the council with time for discussion
7. Remarks from guests, if appropriate
8. Report of Chapter Nominating Committee's recommendations and elections of officers
9. Report of the young surgeon representative(s)
10. Report of the Resident-Associate Society representatives

11. Old business
12. New business
13. Adjournment

This suggested agenda may be altered as required by the individual chapter's bylaws.

Executive Committee

The Executive Committee of the council consists of the officers of the chapter. During the intervals between meetings of the council, the Executive Committee exercises the power of the council in managing and directing the business of the chapter. The Executive Committee cannot elect members of the chapter, amend bylaws, or regulate fees, dues, or assessments.

Multiple-Chapter Coordinating Councils

College policy suggests that in states or provinces with more than one chapter, a multiple-chapter coordinating council should be established. Multiple-chapter Coordinating Councils (MCCCs) should not be confused with chapter councils, which are responsible for managing the business affairs of their individual chapters. Representation on the MCCCs should include the presidents, secretaries, and Governors of the chapters involved. MCCCs serve as links of communication among the various chapters within the state and, with the advice of the Governors, help to coordinate activities and promote cooperation among the chapters. MCCCs can be especially effective in addressing state legislative and regulatory measures affecting surgery, such as professional liability reforms, state Medicaid issues, health insurance reforms, state licensing agencies, and others. MCCCs should also be involved with state and federal foundations for quality improvement, Medicare Carrier Advisory Committees, and other professional liaison committees. Through the joint efforts of these MCCCs, the energy and expenses associated with state-level liaison activities can be shared by all of the College's chapters within a state.

Chapter Responsibilities in Nominating Governors-at-Large

The Board of Regents has approved the following procedure for chapters to follow in nominating Governors-at-Large. The procedure outlines these responsibilities:

- Each chapter is responsible for nominating Governors-at-large for its specific geographic area. In most instances, chapters nominate Governors-at-large to represent an entire state, province, or commonwealth, because the majority of states have one chapter.
- In multiple chapter states—New York, Missouri, Pennsylvania, Illinois, Texas, Florida, and California—individual chapters must nominate Governors-at-large from within their geographic boundaries to represent their intrastate geographic areas.
- Because the Montana/Wyoming Chapter jurisdictionally covers both states, this chapter nominates a Governor-at-large for each of these states. In those areas where no chapter exists—British Columbia, New Brunswick, Newfoundland, Nova Scotia, Ontario, Prince Edward Island, Quebec, and Saskatchewan—Governors-at-large are nominated by a nominating committee.

- The chapter council is responsible for nominating Governors-at-large. Nominations should be made by council members, excluding Governor *ex officio* members eligible for reelection, at the annual meeting of the council, or if this is not possible, via teleconference, or mail/e-mail ballot. A majority of the voting members of the council in office at any given time shall constitute a quorum, which must be present during the meeting or teleconference at which candidates for Governors-at-large are recommended. A corresponding majority is also necessary if nominations are made by mail/e-mail ballot. Chapters may not submit nominees or alternates whose ACS membership dues are not current.
- The Chapter Executive will be responsible for tabulating the votes of council members and listing the nominee and the alternate receiving the largest number of council votes. These names will be listed on the official ACS Governor Nomination form, signed by the Chapter Executive, and submitted to the Division of Member Services. The nominating Committee of the Fellows is responsible for making final nominations for election to the B/G during its meetings at the Clinical Congress.
- The Division of Member Services will notify Chapter Executives when Governor-at-Large vacancies occur in their respective areas. Nomination forms will be sent to each Chapter Executive in April of each year for use by chapter councils in nominating Governors- at-Large. Chapter Executives, in turn, should notify their members about Governor-at-large vacancies and encourage suggestions from chapter members to be considered by the council when nominating Governors-at-large.

The procedure for nominating Governors-at-large in countries outside the United States, Canada, and Mexico, stipulates that the College will ballot individual Fellows in each of these countries where a chapter does not exist, requesting three nominees in order of preference.

Candidates for Specialty Society Governors are recommended by the specialty organizations they represent, and the two names (nominee and required alternate) submitted by an officer of each organization will be sent to the nominating Committee of the Fellows for final nomination.

Chapter Executives' Roles in Governor Nominations

In April, Chapter Executives of those chapters where Governor-at-large vacancies occur will receive one nomination form for each pending vacancy or new seat. Upon receipt of these forms, the secretary should follow the following procedure:

1. Retain the nomination form(s) for completion and submission to the Division of Member Services after action is taken by the chapter council to nominate Governor(s)
2. Determine if the action by the council will be through a council meeting, teleconference, or mail/e-mail ballot
3. Conduct the actual balloting for nominees for Governor through a council meeting, teleconference, or mail ballot
4. Tabulate the votes of the council members, and list a nominee and the required alternate for each vacancy
5. Confirm the final slate(s) of nominees with the council members
6. Fully complete and sign the nomination form(s) and return to the Division of Member Services

The Division of Member Services will compile all nominations for Governor, together with background information, and prepare a summary printout for use by the Nominating Committee of the Fellows, which is responsible for final selection of nominations for Governor during the Clinical Congress. All nominations for Governor are voted on by the Fellows attending the Annual Meeting of Fellows during the Clinical Congress.

Note: When a chapter officer is nominated as a Governor, the chapter should elect a replacement chapter officer as soon as possible following the official election of its nominee as a Governor. The chapter should also follow this same procedure if a chapter officer is elected to the Board of Regents. This procedure helps to ensure that leadership positions within the College will be available to a greater number of Fellows.

Chapter Bylaws

Model bylaws, which are provided by the Division of Member Services, can be used by Chapter officers and the Chapter's legal counsel as a general guideline when drafting bylaws. The sample language does not need to be followed verbatim. The suggested bylaws can, and should be, varied to reflect the particular requirements of each chapter. The College's legal counsel reviews each chapter's bylaws, including any amendments. Chapter officers are encouraged to submit all proposed revisions to the Chapter Services Manager of the Division of Member Services. Sample bylaws are available upon request from the Chapter Services Manager at the College.

International chapter officers should note that sections relating to Associate Fellows, Resident members, and medical students do not apply to international chapters, because these categories of affiliation with the College are not available to international surgeons.

Chapter Committees

A chapter's strength depends on the level of member involvement in its programs. If the chapter is to succeed in improving the quality of care for the surgical patient at the community level, it must combine and coordinate the efforts of its members in developing effective community-oriented programs. A meaningful and active committee structure provides the mechanism for chapter member involvement.

Because chapters vary in size and program needs, the following suggestions regarding committees should be considered with regards to chapter resources and priorities. A chapter should form committees that it can reasonably manage in order to produce effective activities.

The following are suggested Chapter Committees:

- **Program Committee**

The Program Committee (PC) organizes scientific or other programs to address the educational needs of Fellows in the chapter. This committee should have from six to nine members, serving staggered two- or three-year terms. The PC should have adequate representation from the surgical specialties to ensure a balanced program schedule. The secretary-treasurer should inform the PC of the amount of funding allocated for program expenses, such as guest speakers' travel and honoraria.

- **Membership Committee**

The central focus of the Membership Committee is to develop recruitment and retention programs that will encourage Fellows of the College to become active members of the chapter.

- **Nominating Committee**

The Nominating Committee (NC) should have broad representation, including members from the surgical specialties, to help dispel any notion that a chapter is governed by a self-perpetuating group. The NC should have three to five members serving one-year terms and should not include chapter members who hold official committee appointments and who are currently serving as officers of the chapter. A former chapter officer also should be included on the committee. The NC should be notified of the pending vacancies among the chapter officers and council members. It also should have information concerning terms of service, eligibility for reelection, and other pertinent information to enable it to act appropriately in selecting the best qualified and most highly motivated chapter members to serve as chapter leaders.

- **Auditing Committee**

If a chapter does not employ an independent accountant to prepare its financial reports and tax returns, and conduct an annual audit of all financial transactions, an Auditing Committee (AC) should be appointed. The primary functions of the AC is to ensure that proper internal controls are in place, and that financial reporting is completed and reviewed in a timely manner.

The AC should be comprised of at least three members who hold no other official positions within the chapter, and who have the time and interest to review the financial records of the treasurer prior to the chapter meeting. AC members should serve one-year terms. The AC may also include current chapter officers. The Treasurer should provide the financial records to the AC for review at a mutually convenient time for all involved. It is recommended that the AC meet on a quarterly basis to review the financial reports and audit controls performed by the Treasurer. If the AC feels there are any irregularities in the data, and/or internal control issues, an independent audit should be completed as soon as possible to minimize the risk of fraud. The chair of the AC should give a report at the chapter's annual meeting on the results of any audit of the chapter's financial records.

Commission on Cancer

Through the Cancer Liaison Program, the Commission on Cancer (CoC) has a nationwide network of 1,600 fellows and physicians representing other specialties involved in cancer care that provide leadership for local hospital cancer programs. State Liaison chairs guide the activities of these physicians and interface with College chapters and American Cancer society divisions. Cancer Liaison Physicians serve as a primary CoC point of contact for hospital review and use data collected by the CoC's National Cancer Data Base (NCDB) and special studies, promote approved programs, and collaborate with the American Cancer Society on data-driven cancer control initiatives. The relationship of the CoC to each chapter is very important in establishing the CoC's programs as an integral and important aspect of chapter activity and of the individual chapter members. It is difficult for usually busy surgeons to understand and appreciate the impact of the CoC unless they are informed of its activities on a *regular basis*. In order to facilitate the lines of communication between the CoC to the chapters, it is important for the state chair of the Cancer Liaison Program to engage in all or many of the following activities related to the chapter.

- **Membership of CoC State Chairs**

Recommendations for CoC state chair appointments and reappointments are submitted to the chapter president for council consideration by the Cancer Programs staff of the College. These recommendations are received from the outgoing state chair and American Cancer Society division representatives. The chapter council is given the final responsibility and authority for selecting the individual to be appointed by the CoC to the role of State Chair. State chairs serve a three-year term and are eligible for reappointment. Performance is evaluated annually, and results are reviewed by the CoC Committee on Cancer liaisons. Committee recommendations for state chair replacements are shared with the chapter, and performance assessments are shared regularly with the chapter president for discussion with the council at the time consideration is being given to reappoint a state chair.

State chairs of the Cancer Liaison Program should:

- Serve as chair of the chapter cancer committee and/or be recognized by the chapter as the official CoC representative
- Serve as an *ex officio* member of the chapter council (with or without voting privileges, depending on the chapter's bylaws)
- Submit a written and/or verbal report for council meetings and verbally report on activities to the chapter at the annual meeting to the full membership
- Submit reports for Chapter Council and Annual Meetings
- Maintain a list of CoC-cancer programs recently approved or reapproved new cancer liaison physician appointments and reappointments. This activity includes:
 - A. State data on patterns of care and outcomes from the national Cancer Data Base
 - B. CoC-approved cancer program participation in the Facility Information Profile System (FIPS) data-sharing effort with the American Cancer Society
 - C. Changes to the CoC's cancer program or data standards
 - D. New CoC programs or initiatives
 - E. Involvement in cancer control initiatives taking place within the state
- Communicate regularly with Cancer Liaison Physicians in the state, including:
 - A. Contacting and providing an orientation to newly appointed Cancer Liaison Physicians
 - B. Sending an update on CoC activities, collaborative activities with the American Cancer Society, and chapter activities
 - C. Holding an annual meeting with Cancer Liaison Physicians to exchange information
 - D. Assisting with hospital cancer programs
- Monitor participation in the facility information Profile system (FIPS) and data submissions to the national Cancer Data Base
- Assist with Cancer Liaison Physician appointments
- Participate in a CoC program survey
- Assist struggling programs with deficiency resolution
- Identify and recruit new facilities for the CoC approvals program
- Conduct quarterly evaluation of Cancer liaison Physician performance, and take corrective action, if needed
- Participate in collaborative activities
- Access and use the NCDB Benchmark Reports for the state. Identify areas for improvement, and work with state groups to plan interventions

- Provide leadership by participating in regularly scheduled meetings and working with the American Cancer Society cancer control staff and other state-based groups involved in cancer control planning initiatives
- Serve as a resource to state groups or hospitals to make presentations on behalf of the CoC
- Attend the annual state chair and CoC meetings to gain insight and direction regarding the role
- Complete an annual report of activities

For the CoC to be effective in its goal to decrease morbidity and mortality from cancer, it is essential that the state chairs become visible, productive, and active volunteers within each chapter.

Committee on Trauma

- **Responsibilities of State Chairs of State/Provincial Committees**

Chairs of State Chairs of State/Provincial Committees are appointed through the Office of the Trauma director by the chair of the ACS Committee on Trauma (CoT) following nomination by the appropriate region chief and approval of the chair of the regional committees. Nomination of a state/provincial chair by a region chief requires consultation by the region chief with the president of the respective state chapter of the American College of Surgeons. A state/provincial committee chair is appointed for a period of three years. Reappointment for a second three-year term may be recommended by the region chief in consultation with the chair of the regional committees. By College policy, state/provincial chairs are to serve on their chapter councils, which provides the chair an opportunity to inform the members of trauma activities and to coordinate with other chapter activities.

State/Provincial committees on trauma traditionally consider issues relating to all aspects of trauma surgery; that is, pre-hospital, emergency department, operating theater, intensive care, and rehabilitation within the state/province. The scope of these components includes patient care, education, and research.

- **Duties of State/Provincial Chairs**

State/Provincial Chairs are responsible for:

- The identification, recruitment, and the maintenance of individuals who are capable and interested in serving as members, associates, or advisors on their committees. This effort should include surgeons from hospitals that are trauma centers, as well as hospitals that are not. The committee should be involved in all trauma-related activities and convene formally, at least annually, to discuss progress and establish priorities for its state/province. 1
- Advanced Trauma Life Support® (ATLS) Courses: The chair must be an ATLS instructor and should establish ATLS courses sufficient to meet the needs of the state/province. The chair must approve all ATLS courses and ensure their quality. Stipulations are provided by the American College of Surgeons and are published in the ATLS instructor manual. The chair should communicate directly with the ATLS section if there is any known or potential deviation from these regulations.

- **Surgical Residents Trauma Papers Competition:** The chair should solicit abstracts and organize the formal Residents Trauma Papers Competition, providing a winning paper from the state/province to the respective region chief. Guidelines for this competition are detailed in the Call for Abstracts distributed from the Committee on Trauma each spring.
- **Capital Program:** The Chair is responsible for annually submitting a confidential list of capable trauma surgeons in the state/province to the CoT Capital Program director and providing necessary changes as soon as recognized. The White House may contact the chair directly to verify the listing for anticipated visits.
- **Trauma Legislation:** The Chair should formalize a list of existing legislation that addresses trauma systems (designation, triage, reimbursement, registry, and so on) and injury prevention (seat belt, helmet, alcohol, gun control, and so on). The CoT is developing a library of model legislation collated from all states/provinces. This information is available to chairs to assist them in composing new legislation, as well as testifying for its support.
- **Educational Programs:** The Chair should encourage trauma-related education in the state/province, which may consist of providing a course/symposium or co-sponsoring a program given by another organization. Co-sponsorship can be provided by the state/provincial committee, but this is specifically not to be construed as co-sponsorship by the American College of Surgeons. Support may be in the form of financial assistance, providing speakers, or supplying a mailing list. Endorsing a program implies that the chair has reviewed the material to be presented and that it does not conflict with principles advocated by the ACS. The program brochure should acknowledge support of the state/provincial CoT but should not include the ACS' seal unless specifically approved by the ACS Committee on Trauma.
- **Injury Prevention:** The chair shall encourage and support injury prevention efforts in the state/province. This support may consist of providing educational materials, speakers for community program development, and utilizing the resources of the CoT office. Development of strong cooperative efforts with other organizations that address injury control and prevention is encouraged. Co-sponsorship can be provided by the state/provincial committee for both injury prevention programs and injury control legislation, but this is specifically not to be construed as co-sponsorship by the ACS. Endorsement implies that the chair has reviewed the issue/program and that it does not conflict with the principles advocated by the ACS.

Health Policy Advisory Council

The Health Policy Advisory Council (HPAC) is a subcommittee under the College's Health Policy and Advocacy Group (HPAG). Its specific mission includes: (1) facilitating a two-way communication pathway between HPAC and the ACS Fellowship at-large through the dissemination, collection, synthesis, and provision of feedback on advocacy and health policy issues to the HPAG; (2) increasing surgeons' voices on Capitol Hill by fostering an extensive grassroots advocacy network; and (3) providing a platform for the College to mentor and develop future members of other health policy committees within the College structure. For more information about the College's Division of Advocacy and Health Policy please visit: <http://www.facs.org/ahp/index.html>.

Residents, Associate Fellows, and Young Fellows

The future of a chapter, and of the American College of Surgeons, lies in the recruitment and involvement of young surgeons. One of the best ways chapters can encourage the participation of young surgeons in its programs and activities is to invite them to all activities and ask for their involvement on chapter committees. All resident and associate fellow members are automatically members of the Resident and Associate Society (RAS). Chapters are asked to appoint one to three (1-3) liaisons to RAS to foster collaboration and expose young surgeons to the workings of the College. Also, all Fellows under the age of 45 are automatically members of the Young Fellows Association (YFA). As new Fellows, this group of individuals needs to be exposed to the broad offerings of the College and encouraged to take on leadership roles within the Chapters to further enhance their stature in the community and the broader surgical arena.

Advocacy and Coalitions-Legislative Advocacy

As the federal and state governments have become more active in regulating virtually all aspects of health care, it has become increasingly important for chapters to participate in advocacy efforts. The College is committed to helping chapters develop and implement grassroots advocacy activities. Very often the surgical perspective on an issue is not heard by legislators or other government officials, resulting in passage and implementation of laws or regulations that may create more problems than those they were intended to solve. Only through active participation by chapters in grassroots advocacy can it be assured that Fellows' concerns are fairly represented.

Continuing Medical Education (CME) for Chapters

Since its founding in 1913, the American College of Surgeons has actively developed and improved Continuing Medical Education (CME) programs in surgery to elevate the standards of surgical education and practice. Today, an important component of the College's CME activities is chapters' CME program.

The College intensified its efforts to expand its CME programs through the introduction of the surgical education and Self-Assessment Program (SESAP) in 1971. Several revised and expanded SESAP programs have been introduced since, and new editions of SESAP are released at three-year intervals.

Chapters can use certain segments of the item-analysis aspects of SESAP as day-long educational programs. Information concerning SESAP can be obtained by contacting the College's SESAP office. Fellows who complete SESAP qualify for Category 1 credit of the Physician's Recognition Award of the American Medical Association (AMA).

For further information about CME as it relates to chapters, please visit our Chapter Services webpage: <http://www.facs.org/about/chapters/index.html>.

Advisory Councils for the Surgical Specialties

History and Purpose of Advisory Councils

Since the founding of the College, surgical specialties have been involved in College activities. This is accomplished through, for the most part, the Board of Governors. Currently, about one-third of the Governors represent specialty organizations and the Advisory Councils for the Surgical Specialties. The Advisory Councils act as a conduit of communication between the B/R and the specialties. This crucial role has been targeted for further development, particularly as surgery faces uncertainty and change in a managed care environment. At present, there are 13 Advisory Councils: Cardiothoracic Surgery, Colon and Rectal Surgery, General Surgery, Gynecology and Obstetrics, Neurological Surgery, Ophthalmic Surgery, Orthopaedic Surgery, Otolaryngology – Head and Neck Surgery, Pediatric Surgery, Plastic and Maxillofacial Surgery, Rural Surgery, Urology, and Vascular Surgery.

The primary functions performed by the Advisory Councils are:

- Advising the B/R on policy matters and policy formations relating to their specialties
- Discussing matters that Council wishes to be presented to the B/R or other appropriate College divisions or committees
- Serving as a liaison in the communication of information to and from surgical societies and the B/R
- Nominating persons from the specialty to serve on College committees, as well as other committees and organizations
- Providing input in the development of educational programs for the Clinical Congress and Spring Meeting

In 1979, in order to develop the optimum climate within the College for relating to the specialties, the B/R approved a major reorganization of the Specialty Advisory Councils. Although the Specialty Advisory Councils had been a part of the College's organizational structure for many years, the goal of the reorganization was to elevate the status of the Advisory Councils and to intensify communication between the B/R and the various specialty organizations. The Advisory Councils remain an important and increasingly more active part of the organizational structure of the ACS.

Structure of the Advisory Councils

• Composition of Membership of the Advisory Councils

Each Advisory Council has a specific number of members from the various specialty societies as well as participants from the College's B/G. In addition, the Advisory Councils have a Program Representative and a Surgical Forum Committee Representative who serve as liaison members to the College's Program Committee and Committee on Fundamental Surgical Problems, respectively. Each Advisory Council also has, as part of its membership composition, an *ex officio* Regental Representative who assists to facilitate the communication between the B/R and the Advisory Council. The total number of participants for each Advisory Council varies depending on the number of Governors and specialty societies having representation. During 1994-1995, a Young Surgeon Specialty Society Representative (age 45 or younger) was added to many of the Advisory Councils. These additions were made to assure input by young surgeons on the Advisory Council. Since the formation of the Resident and Associate Society (RAS), each Advisory Council has a RAS Representative that participates for one three-year term.

- **Terms of Office for Members of Advisory Councils**

The term of office for members of the Advisory Councils is three years and runs in conjunction with the Clinical Congress held in October. A second three-year term is possible if: (a) the member will continue to be active in the organization he or she represents during the course of the second term, or (b) after recommendation by the Advisory Council. The term of office for Advisory Council Chair is two years, with eligibility for re-appointment to a second term. Vice-Chairs serve a one-year term, and are eligible for reappointment to a second term.

- **Appointments to Surgical Advisory Councils**

Members are appointed to the Council through the following:

- **Specialty Societies:** The Advisory Council members representing specialty societies are nominated by representative societies. Nominees must be Fellows of the College and, for the most part, are requested to be a part of the governing body of the society, with at least three years of projected tenure in that position.
- **Specialty Board:** The Advisory Council member from the specialty board is nominated by the appropriate board. The nominee must be a Fellow of the College and should have at least three years of projected tenure on the board.
- **Governors:** Specialty societies are represented on the Board of Governors and these Governor Representatives may participate on the Advisory Councils. In the event there are two or more Governors from the specialty society, the Governor Representative participating on the Advisory Council is selected by the Executive Committee of the B/G.

- **Components of Membership of Advisory Councils**

Please note that the total number of members may vary if there is one individual serving in two capacities (for instance, a Specialty Society Representative who also serves as Program Representative). Additionally, the membership component may change from time to time at the request of the Advisory Council or at the direction of the College.

Additionally, each Advisory Council routinely reviews its composition, making recommendations as appropriate. Therefore, one or more of the following lists are subject to revision:

- **Advisory Council for Cardiothoracic Surgery**

Membership includes:

- Two Governor Representatives
- Eight Specialty Society Representatives
- Two Specialty Board Representatives
- One Program Representative
- One Surgical Forum Representative
- One ACS Resident and Associate Society Representative
- One ACS Young Fellow Association Representative
- One Board of Regents Representative

- **Advisory Council for Colon and Rectal Surgery**

Membership includes:

- One Governor Representative
- Four Specialty Society Representatives
- Two Specialty Board Representatives
- One Program Representative
- One Young Surgeon Representative
- One ACS Resident and Associate Society Representative
- One Board of Regents Representative

- **Advisory Council for General Surgery**

Membership includes:

- 16 Specialty Society Representatives
- One Specialty Board Representative
- One Program Representative
- Five Members-at-Large
- One ACS Resident and Associate Society Representative
- One ACS Young Fellow Association Representative
- One Board of Regents Representative

- **Advisory Council for Gynecology and Obstetrics**

Membership includes:

- Five Governor Representatives
- Five Specialty Society Representatives
- One Specialty Board Representative
- One Program Representative
- One Surgical Forum Representative
- One ACS Resident and Associate Society Representative
- One ACS Young Fellow Association Representative
- One ACOG2 Junior Fellow Representative
- One Board of Regents Representative

- **Advisory Council for Neurological Surgery**

Membership includes:

- Four Governor Representatives
- Six Specialty Society Representatives
- One Specialty Board Representative
- One Program Representative

- One Surgical Forum Representative
- One Young Surgeon Representative
- One ACS Resident and Associate Society Representative
- One Board of Regents Representative

- **Advisory Council for Ophthalmic Surgery**

Membership includes:

- Two Governor Representatives
- Three Specialty Society Representatives
- One Specialty Board Representative
- One Program Representative
- One Young Surgeon Representative
- One Member-at-Large
- One ACS Resident and Associate Society Representative
- One Board of Regents Representative

- **Advisory Council for Orthopaedic Surgery**

Membership includes:

- Three Governor Representatives
- Nine Specialty Society Representatives
- One Program Representative
- One Surgical Forum Representative
- One ACS Resident and Associate Society Representative
- One ACS Young Fellow Association Representative
- One Board of Regents Representative

- **Advisory Council for Otolaryngology – Head and Neck Surgery**

Membership includes:

- Six Governor Representatives
- Four Specialty Society Representatives
- One Specialty Board Representative
- One Program Representative
- One Young Surgeon Representative
- One ACS Resident and Associate Society Representative
- One Board of Regents Representative

- **Advisory Council for Pediatric Surgery**

Membership includes:

- Two Governor Representatives
- Four Specialty Society Representatives
- One Specialty Board Representative
- One Program Representative
- One Surgical Forum Representative
- One Young Surgeon Representative
- One ACS Resident and Associate Society Representative
- One Board of Regents Representative

- **Advisory Council for Plastic and Maxillofacial Surgery**

Membership includes:

- Three Governor Representatives
- Eight Specialty Society Representatives
- One Specialty Board Representative
- One Program Representative
- One Surgical Forum Representative
- One Young Surgeon Representative
- One ACS Resident and Associate Society Representative
- One Board of Regents Representative

- **Advisory Council for Rural Surgery**

Membership includes:

- Four Governor Representatives
- One Program Representative
- Three A/C for General Surgery Committee on Rural Surgery Representatives
- Seven Members-at-Large
- One ACS Resident and Associate Society Representative
- One ACS Young Fellow Association Representative
- One Board of Regents Representative
- Two *ex officio* members

- **Advisory Council for Urology**

Membership includes:

- Five Governor Representatives
- Three Specialty Society Representatives
- One Specialty Board Representative
- One Program Representative

- One Surgical Forum Representative
- One Young Surgeon Representative
- One ACS Resident and Associate Society Representative
- One Board of Regents Representative

- **Advisory Council for Vascular Surgery**

Membership includes:

- One Governor Representative
- Six Specialty Society Representatives
- One Specialty Board Representative
- One Program Representative
- One Surgical Forum Representative
- One Residency Review Committee Representative
- One Member-at-Large
- One ACS Resident and Associate Society Representative
- One ACS Young Fellow Association Representative
- One Board of Regents Representative

- **Specialty Societies That Are Asked To Nominate Specialty Society Representatives to the Advisory Councils**

Please note that each Advisory Council routinely reviews those specialty societies asked to name Specialty Society Representatives. Thus, the following lists are subject to change:

- **Advisory Council for Cardiothoracic Surgery:**

- American Association for Thoracic Surgery
- American Society of Transplant Surgeons
- Society of Thoracic Surgeons
- Southern Thoracic Surgical Association
- Thoracic Surgery Directors Association
- Western Thoracic Surgical Association

- **Advisory Council for Colon and Rectal Surgery:**

- American Society of Colon and Rectal Surgeons
- Colon and Rectal Program Directors Association

- **Advisory Council for General Surgery:**

- American Association of Surgery for Trauma
- American Society of General Surgeons
- American Surgical Association
- Association of Program Directors in Surgery
- Association of Women Surgeons

- Canadian Association of General Surgeons
 - Central Surgical Association
 - Midwest Surgical Association
 - New England Surgical Society
 - Pacific Coast Surgical Association
 - Society of American Gastrointestinal and Endoscopic Surgeons
 - Society of Surgical Oncology
 - Southeastern Surgical Congress
 - Southern Surgical Association
 - Southwestern Surgical Congress
 - Western Surgical Association
- **Advisory Council for Gynecology and Obstetrics:**
 - American College of Obstetricians and Gynecologists
 - American Society for Reproductive Medicine
 - American Urogynecologic Society
 - Society of Gynecologic Oncology
 - Society of Gynecologic Surgeons
- **Advisory Council for Neurological Surgery:**
 - American Association of Neurological Surgeons
 - Canadian Neurosurgical Society
 - Congress of Neurological Surgeons
 - Council of State Neurosurgical Societies
 - Neurosurgical Society of America
- **Advisory Council for Ophthalmic Surgery:**
 - American Academy of Ophthalmology
 - American Ophthalmological Society
 - Association of University Professors of Ophthalmology
- **Advisory Council for Orthopaedic Surgery:**
 - American Academy of Orthopaedic Surgeons
 - American Orthopaedic Foot and Ankle Society
 - American Orthopaedic Society for Sports Medicine
 - American Society for Surgery of the Hand
 - Musculoskeletal Tumor Society
 - North American Spine Society
 - Orthopaedic Trauma Association
 - Pediatric Orthopaedic Society of North America

- **Advisory Council for Otolaryngology – Head and Neck Surgery:**
 - American Academy of Otolaryngology - Head and Neck Surgery, Inc.
 - American Broncho-Esophagological Association
 - American Head and Neck Society
 - American Rhinologic Society

- **Advisory Council for Pediatric Surgery:**
 - American Academy of Pediatrics - Surgical Section
 - American Pediatric Surgical Association
 - Association of Pediatric Surgery Training Program Directors
 - Canadian Association of Pediatric Surgeons

- **Advisory Council for Plastic and Maxillofacial Surgery:**
 - American Association of Plastic Surgeons
 - American Council of Academic Plastic Surgeons
 - American Society for Aesthetic Plastic Surgery
 - American Society of Maxillofacial Surgeons
 - American Society of Plastic Surgeons
 - Canadian Society of Plastic Surgeons
 - Plastic Surgery Foundation
 - Plastic Surgery Research Council

- **Advisory Council for Urology:**
 - American Association of Clinical Urologists
 - American Association of Genito-Urinary Surgeons
 - American Urological Association

- **Advisory Council for Vascular Surgery:**
 - American Venous Forum
 - Association of Program Directors in Vascular Surgery
 - Canadian Society for Vascular Surgery
 - Peripheral Vascular Surgery Society
 - Society for Clinical Vascular Surgery
 - Society for Vascular Surgery

- **Advisory Council Meetings**

Most Advisory Councils meet twice a year: Once during the spring for an interim meeting which, for the majority of the Advisory Councils, is held during a specialty society meeting, and again during the Clinical Congress in October for an annual meeting.

The Council of Advisory Council Chairs typically holds an interim meeting in March or April.

Responsibilities of Advisory Council Members

The responsibilities of the various Advisory Council members are as follows:

- **The Advisory Council Chair**

The Chair of the Advisory Council presides at all Advisory Council meetings and communicates with the administrative staff liaison at the College regarding issues to be addressed at each meeting. The College staff liaison also prepares the agenda, the minutes, and related materials, and assists with necessary follow-up items after each meeting. All Advisory Council Chairs are invited to attend the Board of Regents meeting in October during Clinical Congress.

- **Specialty Society Representatives**

The role of Specialty Society Representatives on each Advisory Council has been identified as crucial in facilitating communication between the governing body of each specialty society and the College's Board of Regents. Each Specialty Society Representative is expected to attend the interim and annual meetings of the Advisory Council.

Each Specialty Society Representative is encouraged to communicate with its governing body prior to Advisory Council meetings to identify areas of mutual concern and interest between the specialty society and the ACS. These issues, as well as information regarding the activities of the specialty society which would be of interest to the members of the Advisory Council, should be identified in a brief written report for the agenda material. The Specialty Society Representative's report is due approximately four to five weeks prior to each meeting; College staff provides information in advance of each deadline. In addition to providing a written report, each Specialty Society Representative is encouraged to add specific agenda items for consideration.

Each Specialty Society Representative is requested, and strongly encouraged, to establish a method by which it can communicate the activities of the Advisory Council, as well as the College's, to the governing body of his or her specialty society.

- **The American Specialty Board Representative**

The Board Representative is asked to attend both the interim and annual meetings of the Advisory Council. Copies of the Board's annual report prepared for the ACS will be included in Advisory Council's annual meeting agenda material. College staff will request a brief written update from the Board Representative that should outline the new activities of the Board that are of interest or concern to the Advisory Council, as well as statistical information regarding recent Board examinations. Additionally, Board Representatives are encouraged to contact College staff and request that any topics to be discussed by the Advisory Council be placed on the meeting agendas.

- **Governor Representative**

The Governor Representative, whose primary responsibility is to the College's Board of Governors, acts to facilitate communication between the Advisory Council and the B/G. The Governor Representatives are invited to attend the interim and annual meetings of the Advisory Councils and are expected to provide a brief written report for inclusion in the agenda book relative to any items of interest arising from the B/G.

- **Program Representative**

The Program Representative is responsible for the planning and coordination of the educational programs that the specialty will present at Clinical Congress. Information regarding program preparation is included below, under ACS Clinical Congress Program for Advisory Councils.

- **Surgical Forum Representative**

The representative to the Surgical Forum participates in the selection of abstracts for presentation at the Clinical Congress and for publication of abstracts in a supplement of the Journal of the American College of Surgeons. The Forum Committee meets annually, usually in the spring to review and make the final selection of abstracts. The Forum Representative is also invited to attend both the interim and annual meetings of the Advisory Council and provide a report.

- **Young Surgeon Representative**

The Young Surgeon Representative is customarily appointed through one of the surgical specialty societies. This representative provides a conduit of communication regarding the young surgeon-related activities between the surgical specialty societies and the activities of the Advisory Council.

- **ACS Resident and Associate Society (RAS) Representative**

As mentioned previously in this manual, membership in RAS is automatic upon becoming a member of the Resident Group or an Associate Fellow. The RAS representative to the Advisory Council is selected from RAS members during one of the scheduled RAS meetings. The RAS representative participates with its respective Advisory Council for a three-year term.

ACS Clinical Congress Program for Advisory Councils

- **Program Representatives for Advisory Councils:**

The Program Representative for each Advisory Council is responsible for the planning and coordination of the educational programs that the specialty will propose for the College's Clinical Congress. It is expected that the Program Representative will work closely with the Advisory Council in preparing a *specialty program* that will be submitted for approval to the College's Program Committee and to the Board of Regents at its adjourned meeting in October.

- **The ACS Advisory Council Program Committee:**

The College's Program Committee is comprised of a Chair, Vice-Chair and eight members. Advisory Council Program Representatives, as well as representatives from other College Committees, serve as liaison representatives to the Program Committee. The College's Program Committee meets twice a year: in the spring and on the Saturday preceding the Clinical Congress. During the meeting preceding the Clinical Congress, the Committee approves the entire Clinical Congress Program for the succeeding year. In addition, the Council of Advisory Council Program Representatives meets during Clinical Congress. Attendance at these meetings, as well as the Advisory Council meetings, is essential.

- **Preparation of Advisory Council Programs:**

Over the past few years, there has been continued development of Multidisciplinary Panels for Clinical Congress. In addition, the Advisory Councils continually review ways to make their contribution to the Clinical Congress Program more meaningful. As one result of that review, the Council of Advisory Council Program Representatives was formed, meeting for the purpose of joint planning and to discuss topics of general interest.

The Advisory Council Program Representative should have a draft copy of the proposed *specialty program* for the following year available for consideration by their Advisory Council during the Advisory Council interim meeting held in the spring.

Once the *specialty program* has been finalized by the Program Representative and reviewed by the Advisory Council, the following steps are taken:

1. On-line submission to the ACS Division of Education, prior to mid-June, of the proposed *specialty program* for the following year. The *specialty program* submitted should include the title for each proposed session, a proposed moderator and alternate for each proposed session, and a brief description.
2. ACS Program Committee reviews, feedback, and recommendation of the proposals from ACS committees. The Program Committee has multiple reviews of the proposals, and proposals are categorized as *declined* or *under review*.
3. For proposals categorized as *under review* for the following year, ACCME-required fields regarding gap analysis information/fields are completed for each proposal prior to final review by the Program Committee at the Clinical Congress meeting.
4. A Saturday meeting preceding the Clinical Congress by the College's Program Committee. The purpose of this meeting is the finalization of the definitive outline program for all general sessions and specialty sessions for the Clinical Congress. The Board of Regents reviews and approves the proposed program at its adjourned meeting during Clinical Congress.

Divisions and Programs of the American College of Surgeons

- ACS Foundation
- Fellows Leadership Society
- Advocacy and Health Policy
- Cancer Programs
- Journal of the American College of Surgeons
- Division of Education
- Division of Member Services
- Fellowship Requirements and Benefits
- Medical Students, Residents, and Associate Fellows
- Continuous Quality Improvement (formerly the Office of Evidence-Based Surgery)
- Division of Research and Optimal Patient Care
- Public Information Programs
- Trauma Programs

Committees of the American College of Surgeons

- ACSPA Surgeons PAC
- Advisory Committee on SESAP
- Allied Health Professionals Committee
- Central Judiciary Committee
- Commission on Cancer
- Comprehensive Communications Committee
- Continuous Professional Development, Committee on
- Diversity Issues, Committee on
- Education, Committee on
- Emerging Surgical Technology and Education, Committee on
- Ethics, Committee on
- Forum on Fundamental Surgical Problems, Committee on
- General Surgery Coding and Reimbursement Committee
- Health Policy Advisory Council
- Health Policy and Advocacy Group
- Informatics, Committee on
- International Relations Committee
- Legislative Committee
- Medical Student Education, Committee on
- Member Services Liaison Committee
- Patient Education Committee
- Perioperative Care, Committee on
- Program Committee
- Resident and Associate Society
- Resident Education, Committee on
- Scholarships Committee
- Surgical Research Committee
- Trauma, Committee on
- Video-Based Education, Committee on
- Women in Surgery Committee
- Young Fellows Association

The American College of Surgeons — Organization Chart

