

The College at work: The Advisory Councils

by Jennifer F. Herendeen, *Senior Editor*

“Since the founding of the College, surgical specialties have been closely integrated into all College activities. This is not surprising since the College was conceived by a specialist in gynecology, Dr. Franklin H. Martin.”

—*William E. Adams, MD, FACS*¹

Editor's note: *Recently, ACS Executive Director, Thomas R. Russell, MD, FACS, in his monthly editorial for the Bulletin, commended "the dedicated, voluntary work contributed by many of our Fellows...to successfully perform the many and varied functions that make up the work of the College..."²*

This second in a series of articles profiles the dedication and work of the College's boards, committees, and councils, who are responsible for proposing and effecting actions regarding the needs of today's practicing surgeon. (The first article appeared in the March 2000 Bulletin, and profiled the College's Board of Regents and Board of Governors.)

If, as a Fellow of the College, you have ever participated in or benefitted from the multidisciplinary sessions at the Clinical Congress and the programs at the Spring Meeting, then you have sampled some of the contributions made by the College's Advisory Councils. Concomitantly, if you are a member of a specialty society or board, and you have noticed the College's presence within your organization, then you too have witnessed the Advisory Councils at work.

The constituency of the College includes all specialties (see Table 1, p. 28). The College values its connections to the various specialty organizations, and manifests these relationships through both the Board of Governors (approximately one-third of the Governors represent specialty organizations) and the Advisory Councils for the Surgical Specialties, which are standing committees of the Board of Regents. The Advisory Councils for the Surgical Specialties are comprised of liaison members from various College committees, including the Board of Governors, Program Committee, Surgical Forum, and various surgical specialty societies.

The first Advisory Councils of the College—the Advisory Councils for Ophthalmic Surgery and Otorhinolaryngology—were created in 1937. Since that time, the number of councils has grown to 12 (see Table 2, p. 28). This increase in the number of Advisory Councils reflects the expanding scope of surgery during the last 30 years. Today, amidst the many, worrisome

changes within our health care system, these councils continue to modify their mission of identifying issues that benefit from an in-depth, multidisciplinary focus.³ Today, the Advisory Councils perform the following functions:

- Serve as a liaison in the communication of information to and from surgical societies and the Regents.
- Advise the Regents on policy matters relating to their specialties.
- Discuss matters to be presented to the Regents or other College departments or committees.
- Nominate Fellows from the surgical specialties to serve on College committees and other committees and organizations.
- Provide specialty input into the development of general and specialty sessions for the Clinical Congress.

Originally, the councils only advised the Regents and planned educational programs for the Clinical Congress. However, as the health care arena began changing in the 1970s, the role of the Advisory Councils was revamped. In 1979, in order to enhance the College's relationship with the specialties, the Board of Regents approved a major reorganization of the Specialty Advisory Councils. Although the councils had been a part of the College's organizational structure for years, their status was now elevated to "intensify" communication between the Board of Regents and the various specialty organizations.⁵

Nuts and bolts

Each of the 12 councils is comprised of members from the various specialty societies, as well as members of the Board of Governors. Also serving on each council is a Program Representative and a Surgical Forum Committee Representative, who are liaison members to the Program Committee and the Committee on Fundamental Surgical Problems. Each council also has an ex-officio Regental representative to facilitate communication between the Regents and the council. Finally, in 1994, a Young Surgeon Specialty Representative was added to many of the councils.

The total number of council members varies,

but currently ranges from nine to 17 among the 12 councils.

Each council meets twice a year: once in the spring (usually during a specialty society meeting), and during the Clinical Congress. Of course, there are numerous conference calls, letters, and e-mail communications among the members throughout the year. The Council of Advisory Council Chairs also meets twice annually: once in February (prior to the Board of Regents meeting), and during the Clinical Congress. The Chair of the Advisory Council Chairs attends the three yearly meetings of the Board of Regents. This direct link to the Regents enables the council chair access to the issues of

prime interest to the College, and, as noted by 1999 Chair Dr. Hiram C. Polk, Jr., "In reviewing the agenda books for those meetings and listening to the Regents' discussions three times a year, I am impressed by the tremendous breadth of issues the College addresses on a regular basis and the intense level of activity that is maintained by the staff and various committees..."⁴

Members serve for three years, and a second three-year term is possible. Council members representing the specialty societies are named by the representative societies, and are usually requested to be part of the governing body of the society. The same appointment process holds for specialty board representatives. The Advisory Councils have Governor Representatives from the specialty society members of the Board of Governors.

Finally, each Advisory Council routinely reviews those specialty societies that are asked to name representatives. Although this number varies, the current Advisory Councils have between two and 10 specialty societies asked to

Table 1

Specialty representation—active FACS*

Specialty	Fellows
Col-Rec	724
Gen Thor	34
Gyn	22
Gyn-Onc	243
Med Admin	5
Neuro	1,924
Non-Surg	4
Ob-Gyn	1,822
Ob	8
OMS	36
Ophth Surg	3,017
Ophth-Otol	5
ORL	3,972
Ortho	3,424
Ped Surg	593
Plastic	3,070
Surgery	20,306
Thoracic	3,752
Urology	4,445
Vasc Surg	1,228
Total	48,634

*Information adapted from American College of Surgeons Fellowship Statistics as of December 31, 1999.

Table 2

Founding of Advisory Councils

Advisory Council	Date founded
Cardiothoracic Surgery (orig. Thoracic)	1949
Colon and Rectal Surgery	1960
General Surgery	1970
Gynecology and Obstetrics	1949
Neurological Surgery	1949
Ophthalmic Surgery	1937
Orthopaedic Surgery	1949
Otorhinolaryngology	1937
Pediatric Surgery	1969
Plastic and Maxillofacial Surgery	1952
Urology	1949
Vascular Surgery (orig. Thoracic/Cardiothoracic)	1988

Advisory Council Chairs 2000 roster

General Surgery

Josef E. Fischer, MD, FACS, *Cincinnati, OH*
josef.fischer@uc.edu

Cardiothoracic Surgery

Benson R. Wilcox, MD, FACS, *Chapel Hill, NC*
benson@med.unc.edu

Colon and Rectal Surgery

H. Randolph Bailey, MD, FACS, *Houston, TX*
hrbailey@utsurg.med.uth.tmc.edu

Gynecology and Obstetrics

Conley G. Lacey, MD, FACS, *La Jolla, CA*
lacey@laceyduggan.com

Neurological Surgery

Martin B. Camins, MD, FACS, *New York, NY*
martin_camins@msn.com

Ophthalmic Surgery

Lee R. Duffner, MD, FACS, *Hollywood, FL*
leeduffner@aol.com

Orthopaedic Surgery

Bruce D. Browner, MD, FACS, *Farmington, CT*
browner@nso.uchc.edu

Otorhinolaryngology

Paul A. Levine, MD, FACS, *Charlottesville, VA*
pal@virginia.edu

Pediatric Surgery

Bradley M. Rodgers, MD, FACS, *Charlottesville, VA*
bmr@virginia.edu

Plastic and Maxillofacial Surgery

Stephen J. Mathes, MD, FACS, *San Francisco, CA*
sjmathes@pacbell.net

Urology

Jerome P. Richie, MD, FACS, *Boston, MA*
jprichie@partners.org

Vascular Surgery

Jerry Goldstone, MD, FACS, *Cleveland, OH*
jgoldst77@aol.com

Staff for all councils except General Surgery:

Karen S. Guice, MD, FACS, *Chicago, IL*
kguice@facs.org

Mark Peterson, *Chicago, IL*
mpeterson@facs.org

Staff for Advisory Council for General Surgery:

Olga Jonasson, MD, FACS, *Chicago, IL*
ojonasson@facs.org

Donna Coulombe, *Chicago, IL*
dcoulombe@facs.org

name a representative.

Whether a council member is a Chair, a Specialty Society Representative, a Specialty Board Representative, a Governor, a Program Representative, a Surgical Forum Representative, or a Young Surgeon, he or she has specific duties throughout the year that call upon his or her skills and commitment as the primary liaison between the College and his or her representative organization. These duties include meeting attendance, written reports, and communica-

tions with various organizations. For example, the Specialty Society Representatives on each Advisory Council are considered "crucial in facilitating communication between the governing body of each specialty society and the College's Board of Regents."⁵ These representatives are encouraged to identify areas of concern that are shared with the College and their representative society, and to do so via a written report submitted prior to their Advisory Council meeting.

Clinical Congress

In recent years, the Advisory Councils have escalated their visibility in the multidisciplinary program planning for the Clinical Congress. Since 1993, the Council of Advisory Council Program Representatives was formed as a College committee that meets twice a year to plan and discuss topics of general interest.

The programs suggested by the councils are submitted to the College's Assembly Department, and then to the Program Committee.

What are they doing now?

A lengthy tome would be the result of attempting to list here all the key contributions made by each council to the College during the last year alone. Suffice it to say that many of the official statements of the College, educational programs, and scholarly contributions to both the *Bulletin* and the *Journal of the American College of Surgeons* have benefitted from Advisory Council input.

Each council has a Web page that highlights its activities and provides a complete list of members (www.facs.org/about_college/councils/acabout.htm). The council chairs, ACS staff, and their e-mail addresses are listed on page 29.

The College is currently reviewing and refining its structure and mission for the year 2000 and beyond, and in commenting on this significant planning period in his "From my perspective" column in the April *Bulletin*, ACS Executive Director Dr. Russell said, "The Advisory Councils and the Board of Governors must be evaluated and understood with respect to their ability to effectively communicate ideas, the value of those ideas, and whether they can be put into meaningful, workable measures. Through this process, we hope to gain insight into the desires and wishes of all Fellows of this College who represent the many surgical specialties and who also represent various types of surgical practices, whether in an academic or nonacademic setting, or in an urban or rural geographic area."²

In the future, the College will continue to address the needs of today's practicing surgeon, and it is more than likely that the Advisory Councils will continue to evolve in their scope and contribution—the future looks busy and productive for our council members. □

Acknowledgment

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References

1. Adams WE: Advisory Councils for the Surgical Specialties. *Bull Am Coll Surg*, 56(9):26, 1971.
2. Russell TR: From my perspective (editorial). *Bull Am Coll Surg*, 85(4):4, 2000.
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4. Polk HC Jr: Advisory Council for General Surgery: From the Chair. *Gen Surg News*, 7(2):1, Aug., 1999.
5. American College of Surgeons: *Advisory Councils for the Surgical Specialties: Orientation manual*. Chicago, IL: American College of Surgeons, Nov. 1999.