

The College at work: Governing bodies

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In 1913, the American College of Surgeons was established with 400 founding members. Its mission was to improve the quality and education of surgeons. To map out the structure of such a large organization and its governing bodies and committees is a complex task. Yet, from its inception almost 89 years ago, many surgeons with busy private practices or demanding academic positions have volunteered their time and energy to further the mission of the College.

Today, these same efforts continue to be required of members of the existing boards and committees of the College in order to perpetuate its original goals and to integrate the needs of today's practicing surgeon.

Most of the surgeons who volunteer their time to serve the College do so in addition to balancing numerous other professional commitments. However, it is by having surgeons who are actually involved in today's daunting medical arena that the College is able to comprehend and realistically address the needs of its constituents.

The following article, and those to be published in forthcoming issues of the *Bulletin*, will profile the boards and committees responsible for listening to, synthesizing, and proposing actions regarding the needs of the College's 57,000 members. We begin with the Board of Regents and the Board of Governors.

Regents

Today's surgeon may view the current health care environment as the most vexing in modern history. He or she often feels besieged by public, government, and managed care demands and scrutiny. Yet, 87 years ago, when the College was forming, the state of health care and the qualifications of its practitioners were in an abysmal state by today's, and even yesterday's, standards. Fee-splitting was common—the historian and Fellow, Dr. Loyal Davis, deemed this practice “one of the worst evils of the profession”¹—lax hospital standards were witnessed throughout the country, and questionably credentialed physicians practiced unfettered.

In addition, the public was highly skeptical about the society of surgeons that Drs. Franklin Martin and John Murphy were forming, and believed that the College would be an elitist club for surgeons with merely “the ambition to belong to something and decorate one's name with letters.”¹

So, from its inception, the College has been required to step up to the plate with vigor in a difficult health care environment and educate its constituents while raising the standard of patient care. To accomplish this herculean

task, the College's founding fathers decided that a board of trustees should be entrusted with the job of management and control of funds to oversee the activities attendant to the mission of the organization. Those trustees became known as the Board of Regents. The Regents today continue to create and guide the activities of the College in conjunction with the Board of Governors.

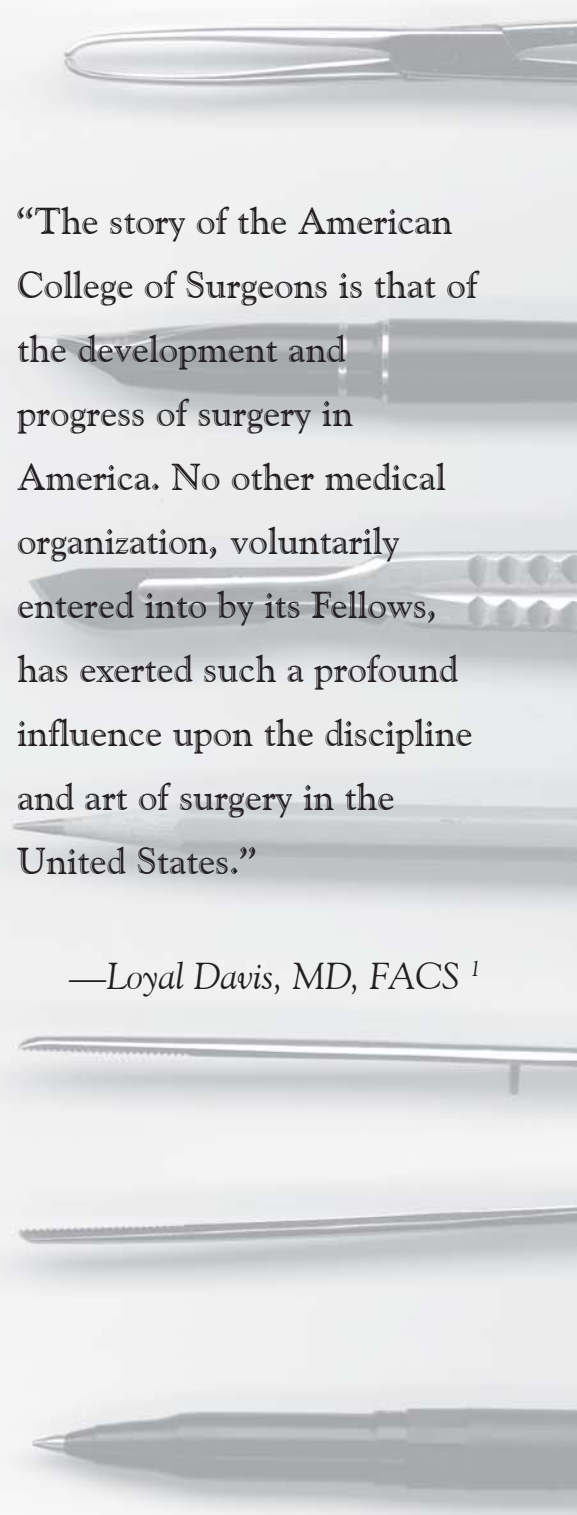
As stated in the *Bylaws* of the American College of Surgeons, last amended in 1999, the "management and control of the business affairs of the College shall be vested in the Board of Regents."² The Regents have the responsibility for electing Fellows; establishing and revising Fellowship requirements; determining Fellowship dues; awarding Honorary Fellowship; expelling and/or disciplining Fellows; approving and issuing official College statements; amending the bylaws of the College; electing the members of all of the College's standing committees and councils, with the exception of the Executive Committee of the Board of Governors; and selecting the time and place for the annual Clinical Congress.

Regents are elected to a maximum of three consecutive three-year terms. The Board consists of 19 Regents—18 are elected and the 19th Regent is always the President of the College, who also serves on the Board. At least two of the Regents must be from Canada, in recognition of the founding of the College by surgeons from both the United States and Canada. The Regents represent a variety of experiences and interests, so that when they meet—either in person, through letters, or via conference calls—a panoply of contemporary issues are represented.

By its number and structure, this group is designed to keep on top of the issues of interest to the Fellowship. The election process for the Regents, in fact, was set up so that, according to Dr. Davis, "changes in the board should be made by evolution, not revolution, so that new young members could learn the problems and develop their interest."¹ Although there are no age parameters regarding membership on the Board of Regents, since 1971 the average age of members has been between 58 and 60.

Since 1913, the Regents have launched proactive committees to address fees, hospital standardization, trauma and cancer treatment, and clinical research. The Regents of yesteryear predicted with pinpoint accuracy the topics of lasting concern to the physician and patient, as their original committees, in one form or another, are still in place in 2000.

The structure of the Board of Regents includes a number of standing Regental committees as reflected in the College's *Bylaws*. These committees are the Central Judi-



“The story of the American College of Surgeons is that of the development and progress of surgery in America. No other medical organization, voluntarily entered into by its Fellows, has exerted such a profound influence upon the discipline and art of surgery in the United States.”

—Loyal Davis, MD, FACS¹

ciary Committee, the Finance Committee, and the Executive Committee.

Members of the Executive Committee of the Board of Regents consist of the Chair and Vice-Chair of the Board of Regents, the President of the College, and three other Regents elected by the Board of Regents. During the intervals between meetings of the Board, the Executive Committee exercises the powers of the Board of Regents in the management and direction of the business and the conduct of the affairs of the College.²

There are also Regental Liaison Committees—Communications, Fellowship, Organization—which review pending business before the Board of Regents.

Another Regental committee is the Honors Committee, which is concerned with nominating candidates for such distinctions as Honorary Fellowship, the ACS Distinguished Service Award, the Martin Memorial Lectureship, the Sheen Award, and the Jacobson Innovation Award.

Other special Regental committees are the Committee on Ethics, Committee on Professional Liability, Committee on Scholarships, Committee on Emerging Surgical Technology and Education, and Committee on Informatics. These bodies will be discussed in future installments in this series.

The Board of Regents meets formally three times a year in February, June, and October during the Clinical Congress. Regents are notified of various committee assignments prior to the February meeting each year. Each Regent serves on multiple committees, and it is a rigidly guarded tradition that all Regents be present for the full period of each meeting of the Board of Regents. The time commitment for preparation and attendance at these meetings is considerable.

C. James Carrico, MD, FACS, current Chair of the Board of Regents, estimates that the time commitments required of the Regents "...are as great, or greater, than any volunteer responsibilities I know of, except those of the American Board of Surgery." The most obvious time commitments, he states, are related to the Regental meetings, which include two to three days travel plus an equal amount of preparation time, including a thorough study of the agenda book (usually 250 pages or more of information), as well as preparation for action

on items ranging from the budget to major policy statements and guidelines. According to Dr. Carrico, when added together, participation easily requires 14 or more working days per year. "Special projects, including participation in the planning and conduct of hands-on courses and new programs, add to the demands, so that the majority of Regents easily devote three or more working weeks per year from their practices and other activities," Dr. Carrico said.

Finally, the purpose and vigor of the Board of Regents is key to the College and is immutable, as Franklin Martin wrote in 1933: "The Board of Regents has been of one accord—that the institution must fulfill its obligation to the public as a great educational guild for practical surgeons."³ A listing of the current Regents (and Officers) of the College may be found in this issue on page 32.

Governors

Who speaks to the College for the individual Fellows? Who listens to the concerns of practicing surgeons from Baltimore to Burundi? The answer is the Board of Governors. The Governors provide the critical link between Fellows and the Regents, and the structure of this board as well as the requirements of its members ensures this communication.

The founding members of the College called for the election of members of a Board of Governors who would in turn elect members of a Board of Regents. The late ACS Archivist, George W. Stephenson, MD, FACS, observed that, "In the early years, Governors were utilized individually to assist the Director with local problems, but seldom functioned as a body, except for electing Regents and their own officers. This changed in 1950 when Dr. William Estes, Jr., was elected chairman. He urged that the Regents utilize the Governors effectively, in matters where a consensus of the Fellows might influence decisions and that the Governors pursue definite projects...from that time on, the Governors have been a vital and contributory force in administration."⁴

Today, there are 264 Governors, including 149 Governors-at-Large, 79 Specialty Governors, and 36 International Governors. The Governors-at-Large serve as liaison between Fellows in each state and the ACS, whereas the Specialty Society Gov-

ernors liaison between their specialty organizations and the ACS (while also serving their state or province).

Governors are nominated by the chapters and specialty societies, and are elected during the Annual Meeting of Fellows at the Clinical Congress each October. The Governors serve a maximum of two consecutive three-year terms.

In 1978, each Governor began submitting an annual report to the College—a watershed event in linking the individual Fellows with the Regents. These reports, which contain vital input from Fellows around the world, flood into the College each July—last year there were a total of 233. From the College, these reports are sent to the Chair of the Board of Governors, who synthesizes them in a summary report to the Board of Regents.

This reporting system allows the Governors, on behalf of the Fellows, to suggest categories of activity for the College. And, in terms of influencing the direction of the College, this feedback is imperative in keeping the College current. The breadth of arenas in which the Governors have initiated College activity include: reimbursement legislation, testimony before Congress, public relations, physician wellness, malpractice, and relations with the specialties. Specifically, the Governors have recently revised the College's *Guidelines for Optimal Ambulatory Surgical Care and Office-Based Surgery*; sponsored postgraduate courses on infectious diseases (and numerous other educational programs); developed a Subcommittee on Membership, Diversity, Recruitment, and Retention; monitored activities of the National Practitioner Data Bank; and contributed to the Surgical Outcomes Data Assessment System, to highlight just a few.

Keeping the College relevant to today's surgeons, particularly young surgeons beginning their careers, is not only the purview of the Governors, but the emphasized direction of the College as well. At a recent ACS meeting, Executive Director Thomas R. Russell, MD, FACS, said, "Our big challenge is to stimulate young surgeons to join the College."

In order to prepare a thorough annual report of the Fellowships' needs, each Governor attends local chapter meetings, attends the Governors' annual meeting in October, participates in the Clinical

Congress Convocation ceremonies, and attends state and provincial credentials meetings or local committee on applicants meetings. In addition to this full meeting slate, the Governors meet informally through conference calls during the year.

The interim business of the Governors is handled by the Executive Committee: Barbara L. Bass, (Chair), J. Patrick O'Leary (Vice-Chair), William F. Sasser (Secretary), Sylvia D. Campbell, Timothy C. Fabian, G. Wilkins Hubbard II, and David S. Mulder, all MD, FACS. Governors' representatives also sit in on the Board of Regents meetings in February, June, and October.

The preceding paragraphs provide merely a skeletal structure of the sundry meetings that the Governors attend. In addition to meetings and teleconferences, the Officers and Executive Committee also receive, digest, and act upon mailings from the ACS on reports from Regents meetings, summary Governors' reports, the ACS Response Report to the Governors' reports, and various socioeconomic and legislative news.

By virtue of its numerous committees, the Board of Governors reflects the broad scope of topical issues affecting today's practicing surgeons. These committees are: Ambulatory Surgical Care, Bloodborne Pathogens, Fiscal Affairs, Chapter Activities, Physicians' Health, Professional Liability, Socioeconomic Issues, and Surgical Practice in Hospitals.

As most people know, a committee is judged by its activities, and the vitae of the Governors' committees is impressive. These activities are detailed in the committee reports, published in the *Bulletin* (see January, p. 41-46, and February, p. 29-34), and deftly answer the question, "What does the College do for me?"

The Governors encourage each Fellow to participate in his/her chapter meetings and to communicate with his or her local Governor. The Organization Department of the College or the officers or executive committee members are also available for questions or comments.

A Governor who chairs the Committee on Socioeconomic Affairs, G. Wilkins Hubbard II, MD, FACS, recently summarized not only his committee's charge, but that of the entire body of Governors, when he said that he "views the challenge to represent the Fellowship in confronting
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difficult issues facing our patients and our colleagues with enthusiasm and will make every effort to draw upon the resources of the College, including in particular the practicing surgeon, to meet the challenge.”⁵ □

Coming next: The Advisory Councils.

References

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5. Hubbard GW II: Governors at work: Committee on Socioeconomic Affairs. *Bull Am Coll Surg*, 85(2):30-31.