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Since the College established the Governors' Committee on Chapter Activities (GCCA) in 1972, the committee has devoted itself to assisting chapters with membership recruitment, education programming, management, and administration. Currently, there are 22 members of the GCCA. These individuals include two liaison members from the International Relations Committee and one liaison member from the Executive Committee of the Board of Governors.

In 1995, under the leadership of Richard Fratianne, MD, FACS, four subcommittees were appointed. This division of responsibilities has benefited the GCCA, as well as the chapters. The four current subcommittees are Advocacy and Coalitions, International Activities, Meetings and Organizations, and Recruitment and Diversity. The GCCA meets annually at the Clinical Congress. Teleconferences have been particularly useful in conducting subcommittee meetings.

The remainder of this report reviews the current activities and objectives of each of the subcommittees. It concludes with a philosophical overview of the role of the individual chapters of the American College of Surgeons.

#### ***Advocacy and Coalitions (A&C)***

Richard Lynn, MD, FACS, serves as Chair of this subcommittee, which was formed in October 2002 as a part of the reorganization of the Board of Governors' (B/G) standing committees. The B/G Executive Committee expressed the need for the College's chapters to become much more involved with state-level issues and activities. Thus, the new A&C Subcommittee was appointed. The first year of operation for the A&C Subcommittee has been very active. Members have conferenced with Chris Gallagher, Manager, State Affairs, in the College's Washington Office and Jon Sutton, State Affairs Associate, in Chicago, IL—both of the Division of Advocacy and Health Policy—to discuss the chapters'

**Table 1: Leadership development**

Activity	Number of chapters				
	Small	Medium	Large	Total	Percent*
Send one or more representatives to annual leadership conference	10	12	17	39	81%
Send one or more young surgeons to annual leadership conference	10	12	16	38	79
Send chapter executive to leadership conference	0	7	9	16	33
Contributed \$500 or more to ACS endowment funds	5	6	14	25	52
Achieved Life Membership in ACS Fellows Leadership Society	0	0	2	2	4
Select and send at least one resident to Clinical Congress	1	3	5	9	19

**Table 2: Council representation—Special interest**

Special interest representatives	Number of chapters				
	Small	Medium	Large	Total	Percent*
Young surgeons	11	13	19	43	90%
Association of Women Surgeons	2	4	11	17	35
Resident	3	7	11	21	44
Retired	4	3	10	17	35
Cancer liaison	6	8	11	25	52
Committee on Trauma	11	13	19	43	90

\*N = 48.

concerns regarding the professional liability insurance crisis. The A&C Subcommittee also received updates on the proposed *Office-Based Surgery Principles*, which, when completed, will be shared with state-level regulatory agencies governing surgery. In addition, the A&C Subcommittee has monitored the appointment of StARs—State Advocacy Representatives—with the goal of having at least one StAR in each chapter. These individuals will serve as principal representatives when important state legislation needs to be addressed.

Dr. Lynn has distributed a letter to the Governors-at-Large and chapter presidents to inform them of this new GCCA subcommittee. The subcommittee intends to examine chapters' involvement with state-level advocacy activities and determine how improvements can be made. Finally, the A&C Subcommittee is examining how chapters may assist the College's Committee on Trauma in developing and implementing statewide trauma systems.

### **Meetings and Organization (M&O)**

Erwin Thal, MD, FACS, serves as Chair of this subcommittee, which is responsible for identifying characteristics of successful chapter organizational structures and education programs. The subcommittee then communicates this information to the chapters. The subcommittee also provides new ideas and topics that should be presented at chapters' education programs. This input may, in turn, help unify surgical specialists on topics of broad appeal or shared concerns.

Under Dr. Thal's leadership, the M&O Subcommittee has completed a Chapter Performance Checklist project. The checklist is intended to provide an inventory of chapters' current activities, as well as to provide a gauge to measure chapters' performance. Of the 65 U.S. chapters that were included in the "performance review," 48 responded.

The responses to the Chapter Performance Checklist were tallied by grouping chapters by size. Total responses included:

**Table 3: Continuing Medical Education—Types of programs**

CME programs	Number of chapters				
	Small	Medium	Large	Total	Percent*
Provided Category 1 credit via ACCME sponsor	6	8	15	29	60%
Conducted 1-8 CME hours per year	3	5	9	17	35
Conducted 8-15 CME hours per year	3	5	8	16	33
Conducted more than 15 CME hours per year	3	2	1	6	13
Provided 4-8 hours “hands-on” CME credit	0	2	2	4	8
Provided CME program for residents	3	7	9	19	40

**Table 4: Advocacy activities**

Activity	Number of chapters				
	Small	Medium	Large	Total	Percent*
Participated in Capitol Hill Visit program with ACS staff	3	10	11	24	50%
Accessed the Legislative Action Center to send letters to Congress	0	2	6	8	17
Participated in state-level advocacy by communicating with state legislators	7	8	13	28	58
Participated in state medical society advocacy committee(s)	7	10	15	32	67
Contacted state surgical specialty societies regarding advocacy issues	1	3	10	14	29
Participated in Medicare Carrier Advisory Committee activities	2	8	10	20	42

\*N = 48.

Size of chapter	Number responding
Small chapters (less than 399 total members)	14
Medium chapters (400-999 total members)	15
Large chapters (more than 1,000 members)	19

Of the performance data collected, Tables 1-4 (pages 29-30) contain information that may be of most interest to the College’s membership.

During the next year, the M&O Subcommittee intends to improve the performance checklist form. In addition, the subcommittee’s activities also will include: (1) encouraging chapters to conduct ACS off-site education programs (for example, coding, practice management, information technology, sentinel node biopsy, ultrasound, and so forth); (2) encouraging all domestic chapters to support the Candidate and Asso-

ciate Society of the American College of Surgeons (CAS-ACS); and (3) providing assistance and support to chapters that express interest in merging with another ACS chapter(s) or local/regional surgical society.

### **International Activities (IA)**

Desmond Birkett, MD, FACS, serves as Chair of this subcommittee, which is also new. Created in 2002, the IA Subcommittee is intended as a “forum” to provide opportunities for the international Governors to meet and exchange reports on their international chapters’ activities.

The first meeting of the IA Subcommittee was held last October, and at least 16 international Governors attended. It was agreed that this forum should be continued, and the 2003 session has been scheduled for Wednesday, October 22, during the Clinical Congress in Chicago, IL.

In the future, the IA Subcommittee will be examining strategies, programs, and activities to enhance the College’s relationships with its inter-

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national chapters and Fellows. In addition, the IA Subcommittee will be responsible for identifying strategies to recruit international surgeons for Fellowship in the College. The IA Subcommittee will also seek to establish new international chapters.

### **Membership and Diversity (M&D)**

Eddie Hoover, MD, FACS, serves as Chair of this subcommittee, which is responsible for making recommendations on membership recruitment and retention at both the national and chapter levels. With assistance from Governors representing the Association of Women Surgeons and the National Medical Association, the M&D Subcommittee also makes recommendations on strategies to enhance the College's recruitment activities aimed at women and minority surgeons.

In early 2003, the M&D Subcommittee identified 20 Fellows that were added to the chapters' online Speakers Bureau. In October of this year, the M&D Subcommittee plans to submit a resolution to the Board of Governors that seeks to encourage the College's Program Committee to achieve greater diversity among invited speakers at ACS education programs. This resolution should be considered an action affirming the Diversity Statement of the College that was passed in 2002.

Future activities of the M&D Subcommittee include: (1) monitor and report on diversity initiatives in the medical profession; (2) maintain liaison with the recently established Committee on Diversity Issues and the Committee on Women's Issues; (3) examine how mentoring programs may be implemented at the chapter level; (4) examine whether affiliate membership in the ACS should be extended to nonsurgeons who participate in patient care in the OR (for example, medical students, perioperative nurses, certified registered nurse anesthetists, surgical technicians, physician assistants, and so forth); (5) discuss the potential for transferring the activities of the existing committees on applicants to the chapters; and (6) examine an existing list of services currently available to Fellows and make recommendations on services and/or activities that should be expanded, developed, or dropped.

### **New philosophy**

The Governors' Committee on Chapter Activities was formed by the College to help chapters become more effective. Its current members believe that initiatives at the chapter and state levels in such venues as tort reform and trauma systems evolution are examples of how the chapters may indeed help the College achieve its goals. For better or worse, much of that which we are asked to promote and defend for our patients and our profession is decided within the political process of our great democracy. If, as it has been said, all politics is local, then we at the state and chapter level must become both more active and effective. Surgeons have learned from bitter experience that the faith and hope of our profession lie upon the individual shoulders of those within the bonds of its membership. We as individual surgeons and individual chapters no longer have the luxury of asking the College to accomplish for us those missions that we are more capable of accomplishing for ourselves. □

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