



## Invigorating a state ACS chapter:

### The Georgia experience

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**T**hree years ago, the Georgia Chapter of the American College of Surgeon (ACS), facing declining membership and finances, began an effort to invigorate the organization by broadening its membership through a merger with another organization of general surgeons, solidifying its finances, and engaging young surgeons and surgical trainees. The result is a reorganized chapter, the Georgia Society of the ACS (GSACS), with a new set of bylaws that combine the educational mission of the old chapter with the more political goals and practice-based concerns of community surgeons. At its most recent annual meeting, August 27–29, 2010, in Atlanta, GA, the new GSACS had tripled its attendance to more than 140, and was supported by 16 vendors, double the number from the 2009 conference the previous year (see photos, pages 26–28).



At the 2010 GSACS meeting: Surgical Olympics participants.

## Finding a common cause

Several years ago, many surgeons in Georgia facing difficult social and economic issues felt that they had few advocates representing their interests. Neither the state ACS chapter nor the Georgia Surgical Society, the other major surgical organization in the state, had addressed political issues. Academic and hospital-employed surgeons dominated the state ACS chapter, and the Georgia Surgical Society had an educational focus and intentionally avoided social and political topics.

In 2005, a group of 30 largely private surgeons in community practices formed the Georgia Society of General Surgeons (GSGS), which had a practice-based and political issues focus. By 2009, membership in the GSGS grew to 200 surgeons, nearly all in active community practices. The effort was led by two surgeons in Albany, GA: Christopher Smith, MD, FACS, and V. John Bagnato, MD, FACS, whose plans to open an ambulatory surgery center (ASC) were blocked by a large community hospital.

Drs. Smith and Bagnato and the GSGS led a political effort in the statehouse to pass a mea-

sure that identified general surgery as a medical specialty, thus allowing general surgery practices to own and operate an ASC. At issue was the state certificate of need (CON) rules that excluded general surgery from a list of medical fields considered “single specialties,” and thus not allowing them to operate ASCs independent from hospitals—a common practice among such practices as plastic surgery, otorhinolaryngology, and orthopaedic surgery. State CON definitions held that general surgeons had “multiple specialty” practices and thus were barred from opening an ASC independent from an existing hospital or existing ASC.

The GSGS became involved in statehouse politics in an effort to change the definition of general surgery as a single specialty under CON rules. Its members formed a political action committee (SURGPAC) and hired a lobbyist with statehouse connections. John T. Perry, MD, FACS, gained considerable political experience during this period as SURGPAC chair. Despite vigorous opposition by the state hospital association, the measure passed.

Both the state chapter and the national ACS organization supported the GSGS in its endeavor.



John Harvey, MD, FACS (left), Chair of the Private Practice Committee for the GSACS Board; and James McLoughlin, MD, FACS, new Education Chair and organizer of the Surgical Olympics event, confer during the Surgical Olympics. Dr. Harvey served as the proctor and judge for the open suture station in the competition.

Grace Rozycki, MD, FACS, who was then Chapter President, and W. Lynn Weaver, MD, FACS, Past-President and a chapter Councilor, testified before the state board governing CON rules. National support came from Thomas R. Russell, MD, FACS, then-ACS Executive Director, who wrote letters to the board backing the GSGS. LaMar S. McGinnis, Jr., MD, FACS, Past-President of the ACS, and Thomas Gadacz, MD, FACS, who, at the time, was chair of the department of surgery at the Medical College of Georgia and a former ACS Chapter President, gave GSGS leadership support and advice. These actions, as well as the GSGS, received national exposure through coverage in the *Bulletin* of the ACS, and editorials in *General Surgery News*.

Fresh from this important political victory, the Georgia chapter and the GSGS began discussions on a merger to form a single more effective organization that would meet future challenges. Trauma system funding, a severe and dangerous problem in Georgia, emerged as a unifying issue that engaged both the chapter and the GSGS.

In late 2008, the leadership of the two organizations began a series of dinners, meetings, and conference calls that ended in an agreement to

attempt a merger. James K. Elsey MD, FACS, co-author of this article, represented the chapter in his role as president at that time. Thomas E. Reeve, III, MD, FACS, and John Harvey, MD, FACS, represented the GSGS. In May 2009, Harold L. Kent, MD, FACS, and Don K. Nakayama, MD, FACS, co-authors of this article and representatives of both organizations, combined mission statements and bylaws to form a preliminary draft. The staff of the ACS Division of Member Services made helpful suggestions and reviewed various versions of the bylaws to assure compliance and consistency with other state chapters. Representatives negotiated a final draft, which was sent to the memberships of both organizations for review and approval in August 2009 at the Georgia Chapter annual meeting.

### **Inclusion through standing committees**

With the launch of a new organization came a new name that combined the “Georgia Society” from the old GSGS group with the Georgia Chapter, to form the GSACS. The interests of the two founding organizations were addressed through membership in standing committees and representation on its board of directors.



The Atlanta Medical Center team, winners of the 2010 Surgical Olympics. Left to right: David Fielder (PGY I Medical College of Georgia (MCG) graduate), James Stevens (PGY III MCG graduate), Thomas Wood (PGY III MCG graduate), Algenon Parson (PGY I Creighton graduate), and Stephen Dada (PGY V Temple graduate).

Standing committees for private practice and rural surgery were formed to specifically address major issues of community surgeons in active practice. Other standing committees for women surgeons and young surgeons were formed to give representation to those important groups, as well. The chairs of the four committees were given voting positions on the board. Three standing committees (Committee on Trauma [COT], Cancer, and Education) from the former Georgia Chapter were retained, along with their chairs, who also had a voting position on the board. The SURGPAC chair, GSACS officers (president, president-elect, vice-president, secretary, treasurer), and the immediate past-president completed a 14-member board of directors with the president as its chair.

The bylaws specified that the president name a nominating committee of at least one surgeon each from private and rural practices, along with two others, for candidates for offices and committee chairs. The committee took care in selecting officers from both founding organizations, with attention to geographical considerations. While candidates were eligible from the floor during the annual meeting, the nominating committee's choices were all elected by acclamation.

## Combining financial resources

Treasurers from both organizations and outside accountants and legal consultants carefully reviewed the separate accounts. The treasuries from both organizations were then merged into a single account, with the GSACS treasurer having sole check-writing authority. Set-up and transparency of the merged account was greatly facilitated with the use of a computerized book-keeping program.

A central task for the executive director was to increase revenue. The merged organization chose the GSGS Executive Director Kathy D. Browning (co-author of this article), who had working experience with surgeons in the single specialty effort, to direct a single administrative structure. The former Georgia chapter survived largely on unrestricted monetary support from vendors supporting its annual meeting. Recent restrictions by pharmaceutical and device manufacturers made obtaining such grants more difficult. No one was able to definitely state when the \$100 membership fee was established—a level that had not changed for many years.

The board gave the executive director an incentive to increase vendor support and overall

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membership by paying her a percentage of fees generated at the annual GSACS conference and other meetings. After some debate, annual fees were raised to \$300—a substantial increase, but less than the \$500 to \$800 annual fees of some national organizations, including the ACS. Only one surgeon declined to renew his membership.

Thus in one year the GSACS was able to establish a financial foundation with a strong five-figure account balance, something the former Georgia Chapter was never able to sustain. Finances are separate from SURGPAC accounts, which, like the American College of Surgeons Professional Association (ACSPA)-*SurgeonsPAC*, are kept independent from the rest of the organization.

### A focus on young surgeons

Membership in GSACS must be worth the money and time of surgeons who are starting in practice. The GSACS annual meeting is in August, a time when young families are winding down summer vacations but children are still out of school. Meeting locations are selected to offer outside activities for families, and rates at destination hotels are negotiated for the most affordable option.

A young surgeons' committee—a standing committee with representation on the board—is charged with addressing concerns of young surgeons. Communication with the membership is via e-mail, along with links to Facebook and Twitter. Subjects covered at the Clinical Congress meeting have direct relevance to current practice issues. For example, the most recent GSACS meeting included two hour-long discussions on hospital employment of surgeons and the use of electronic and social media in surgical practices.

A priority was to have the GSACS support residents at state training programs, welcoming them as new colleagues in the field, and encouraging them to practice in the state. Residency program directors encourage attendance, and provide departmental funds to cover registration, travel, and per diem costs. Residents present clinical and basic science research projects where cash prizes for the three best presentations are given. The research competition of the state COT is part of the meeting, with the winning paper

going on to the regional COT competition. Mock oral boards have been part of the annual chapter meeting. Residents face examiners from other training programs not known to them, a situation that more closely approximates the setting of the oral examinations given by the American Board of Surgery. A breakout session at the annual conference addresses a topic of immediate relevance to surgical trainees, such as what to look for in a postgraduate specialty fellowship program.

A “Surgical Olympics” is held, which is a friendly competition that has been adopted by several surgical organizations at their meetings, including the ACS. Tests of surgical skill are timed and judged by GSACS members, intentionally chosen from the private surgical community. Thus not only do programs earn bragging rights for members, but young trainees are connected

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socially with surgeons in practice. Smiles and warm feelings attest to the success of the activity.

The GSACS provides \$250 scholarships to cover fees and expenses of two medical students from each of the six Georgia medical schools (Emory, Morehouse, Medical College of Georgia, Mercer Macon, Mercer Savannah, and the Philadelphia College of Osteopathic Medicine). The recent annual meeting had a special luncheon for medical students featuring a panel of residency program directors in the state, moderated by Dr. Weaver, advising students on the interview and selection processes.

An informal barbecue dinner for the families of residents and medical students, rather than a banquet, was held at the meeting. Games, bubble machines, and prizes engaged young children. Older practicing surgeons sat among younger attendees in an effort to welcome them into the organization. This low-key collegial event proved to be the highlight of the weekend and an invaluable forum for future relationship building.

## **SURGPAC**

Support of SURGPAC is voluntary and supported by a separate fee. The SURGPAC chair has a seat on the board, but political priorities are governed by the chair and separate SURGPAC board. Through its focus on state issues and offices, SURGPAC complements the ACSPA-SurgeonsPAC, which has an emphasis on national issues and federal offices. The GSACS sponsored a meeting, which will be held yearly, introducing members to the state legislative process and educating members on lobbying and politicking in local and state matters. The SURGPAC continues to focus on state issues and the support of local and state candidates that support SURGPAC priorities.

## **Sustaining the effort**

The initial effort to form the GSACS was successful because of the buy-in and support of the leadership and membership of the two founding organizations—the ACS chapter and the GSGS. Key to the initial success was forming a stable administrative structure and revenue stream. Its continued success depends upon engagement of practicing surgeons—particularly

young surgeons just starting practice—through attention to local issues and relevant educational services. GSACS' future lies in welcoming surgical trainees and medical students to a collegial organization that seriously addresses issues that challenge our chosen field. Ω

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