Dear Fellow Governors,

I am writing to you today as Chair of the Board of Governors (BOG) Newsletter Workgroup and as the editor of the newsletter. The Newsletter Workgroup has had multiple discussions and has formulated a plan to invigorate the BOG Newsletter. The group has proposed to offer four editions of the newsletter during the year, which will be centered around the Board of Regents meetings and the annual Clinical Congress. The group has suggested a new format to allow direct access from a central directory to topics of interest and the use of more graphics.

Content for the newsletter will include information from the Board Regents and BOG Leadership that is relevant to the Governors. We would like to organize a formal system to facilitate regular updates from all the pillar groups and the workgroups. To this end, we are requesting that the Vice-Chairs from each pillar collect information from each workgroup in their pillar group and collate that information into a concise update for inclusion in the newsletter. We will be posting a submission/publication schedule for the entire year to allow everyone to understand when the information is due. Liaisons from each American College of Surgeons (ACS) Division and the Resident and Associate Society (RAS) and Young Fellows Association (YFA) will also be asked to submit information with relevance to the Governors.

Individual Governors are also strongly encouraged to submit information of interest to the newsletter. To foster more collegiality among the Governors, we are asking individual Governors, including international Governors, to submit articles pertaining to special projects or work situations that they may be involved with in their districts.

We are also interested in hearing about awards and honors that have been bestowed upon Governors for their actions. Please include a photo with submissions of this type. We hope to facilitate an easy way for Governors to contact each other and interact on a more frequent and personal scale than just twice a year at meetings. ACS staff has set up a listserv for just such a purpose.

The newsletter will be running a series of articles that focus on BOG Executive Committee members. These articles will discuss professional backgrounds, involvement with the ACS, and anything else the members may be willing to provide to help us know them better.

Lastly, this workgroup has discussed finding a new name for the newsletter that might better reflect the new look and expanded content. Please send us your ideas for renaming this tool that we fervently hope will improve communication and collegiality between the Governors, the Regents, and ACS staff, and among the Governors themselves.

We are open to any additional suggestions to make this newsletter a better and more useful product.

Respectfully,

Michael D. Sarap, MD, FACS
msarap@msn.com
Cell: 740-705-0279
ATOP A GLACIER IN NEW ZEALAND

By Tyler R. Hughes, MD, FACS

For those of you who have little use for Twitter, let me tell you a story...

In October of 2012 I received an email from Mr. John Kyngdon of New Zealand of the Royal Australian College of Surgeons (RACS) inviting me to speak at their annual Clinical Congress in the spring (er, their fall) of 2013. I was both delighted and completely amazled that anyone from New Zealand even knew of my existence. The answer was the ACS Twitter feed. John had seen I was just appointed to chair the Advisory Council for Rural Surgery. He felt such a person would be just right for their rural section of the RACS meeting.

So, in May 2013 I took the 13-hour flight across the International Dateline to New Zealand. While there, I was able to visit rural hospitals, meet a number of rural New Zealand surgeons, represent the College in three separate presentations, meet a rural surgeon from Scotland, and get acquainted with the chair of the Committee on International Relations as well as other surgical leaders from Australia, New Zealand, and the South Pacific.

By coincidence, I met the president of the RACS Young Surgeons Association. From that meeting I introduced the RACS group to our Young Fellows Association, and they are now working together on common issues like mentors, call, and surgical training. At the same meeting, former ACS President Brent Eastman, MD, FACS, was presented honorary fellowship in the RACS. I was delighted to be at that event and to hear his inspiring message to the full RACS membership.

Twitter is more than a diversion, and being an active user as a Governor and Fellow of the College can lead to opportunities for incredible personal growth and the chance to advance the noble mission of the American College of Surgeons.

My story illustrates the power of social media done well by Jerry Schwartz, ACS Social Media Manager; Lynn Kahn, Director, ACS Division of Integrated Communications; Howard Tanzman, Director, ACS Information Technology; and the rest of the ACS staff.

After the meeting, I took a few personal days to explore the South Island of this intensely beautiful nation.

Mr. Kyngdon on his boat, “Riverdance”

Here Mary and I are atop a Glacier on South Island, New Zealand.
MEET THE BOG EXECUTIVE COMMITTEE

GARY L. TIMMERMAN, MD, FACS
Associate Professor and Chair
Department of Surgery, Sanford School of Medicine
University of South Dakota
Sanford Surgical Associates
Sioux Falls, SD
Chair, Board of Governors

“It is a sincere honor and privilege to serve you, the Governors and the College as Chair of the BOG. I look forward with anticipation to our future accomplishments and contributions to our Fellows and, most importantly, our patients.”

FABRIZIO MICHELASSI, MD, FACS
Lewis Atterbury Stimson Professor
Chairman, Department of Surgery
Weill Cornell Medical College
Surgeon-in-Chief, New York-Presbyterian
Weill Cornell Medical Center
New York, NY
Vice-Chair, Board of Governors
Member Services Pillar Lead

Recipient of the American Cancer Development Award, Andrew W. Mellon Foundation Award, and the Distinguished Leadership Award from the Crohn’s and Collitis Foundation of America.

JAMES C. DENNENY III, MD, FACS, FAOA
Professor of Clinical Otolaryngology
University of Missouri School of Medicine
Columbia, MO
Advocacy and Health Policy Pillar Lead

“I have long had an interest in socioeconomic issues and advocacy and have spent the better part of 20 years in the AAO-HNS working in those areas.”

SHERRY WREN, MD, FACS
Professor of Surgery and Associate Dean Academic Affairs
Stanford University School of Medicine
Palo Alto, CA
Quality (Research and Optimal Patient Care) Pillar Lead

“In 1997 I moved to Northern California and was fortunate to get involved with the local ACS chapter. The time spent in the chapter made me much more familiar with all of the divisions and services of the ACS such as advocacy, quality programs, and the National Cancer Data Base, to name a few.”
MEET THE BOG EXECUTIVE COMMITTEE

LORRIE LANGDALE, MD, FACS
Professor of Surgery, University of Washington
Chief, General Surgery and Director SICU
VA-Puget Sound Health Care
Seattle, WA
Chair, Committee to Study the Fiscal Affairs of the College
Secretary, Board of Governors

- Received the John K. Stevenson Award for teaching excellence from the Department of Surgery residents.
- Served on the National Board of Medical Examiners as a question author.
- Published in the area of medical student preparedness for residency training.

KAREN BRASEL, MD, FACS
Professor of Surgery, Bioethics and Humanities
Medical College of Wisconsin
Milwaukee, WI
Education Pillar Lead

"I spend about 60-70% of my time in the active clinical practice of acute care surgery... emergency general surgery, trauma, and surgical critical care. The remainder of the time is spent on research, teaching, and administration. My research interests, funded by the NIH, CDC, and the Department of Defense, include quality of life and functional outcomes, surgical palliative care, and resuscitation. I am currently the Chair of the ATLS Subcommittee of the American College of Surgeons Committee on Trauma, represent the Western Surgical Association as a Governor, and am a Director of the American Board of Surgery."

JOSEPH J. TEPAS III, MD, FACS, FAAP
Professor of Surgery and Pediatrics
Chief, Division of Pediatric Surgery
Chief Medical Information Officer
Associate Dean for Clinical Informatics and CMIO
University of Florida College of Medicine
Jacksonville, FL
Communications Pillar Lead

"As an academic surgeon, the process of teaching and training those who are the future of surgical care has always been an essential part of my being. The core of education is knowledge transfer, and the critical component of that is effective communication. As our American health care system continues its transformation, this same commitment to communication is the key that will allow the collective wisdom of the Governors and the Fellows ensure that the changes that do occur will support and enhance all of our commitment to the best care for all of our patients."

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Dear Fellow Governors,

Hello and welcome to the Board of Governors Newsletter. Many thanks to Mike Sarap, MD, FACS, Chair of the Newsletter Workgroup, and Joe Tepas, MD, FACS, and the Communications Pillar for their efforts to this inaugural issue and future publications. As your new Chair of the Board of Governors, my charge is to inspire, mobilize, and motivate your involvement in the newly created Pillars of the Board of Governors (BOG). This new structure was created over the past two years in answer to the Governors’ request for greater input and responsibility in the American College of Surgeons (ACS). Under the superb leadership and vision of Lena Napolitano, MD, FACS, six new pillars were created to complement and contribute to the divisions of the ACS. Multiple workgroups in each pillar have been developed to offer “product” to their respective divisions, providing a greater exchange of ideas over a broader audience of engaged, passionate Fellows.

As this year’s Chair of the BOG, I envision each pillar contributing meaningful and valuable input to our many divisions and leadership but, more importantly, to help our surgical colleagues of the ACS. As in any new endeavor, “the devil is in the details,” and with such a large audience of more than 270 Governors, it is a bit like “herding cats.” None the less, you as Governors possess the will, intelligence, and drive to create meaningful products and outcomes. Helping to lead such noble and distinguished surgeons is the most humbling and honorable endeavor in my professional career.

This is a time of great opportunity for the Governors to give of their time, talents, insight, and counsel to the American College of Surgeons, and ultimately our surgical colleagues and patients. I urge you to get engaged with your pillar workgroup, “roll up your sleeves,” and be part of a solution:

Inspiring Quality, Highest Standards and Better Outcomes—for us, our Fellows we represent, and ultimately our patients.

Gary Timmerman, MD, FACS
Chair, Board of Governors
By Philip Q. Caropreso, MD, FACS, and Tyler R. Hughes, MD, FACS

In 2012, the American College of Surgeons (ACS) leadership recognized that rural Fellows may have been experiencing isolation in their practices and perceived reductions in representation with their College.

“I cover a rural location and generally feel disconnected from the ACS. Two partners retired this past year and were never members. They applied early on and were denied… Coming out of residency I was the first to join. After I became a member my senior partners were offered membership but declined, believing the ACS not to advocate for the rural surgeon. Each year I have to convince myself that this is worthwhile.”

To connect and represent rural Fellows, the College leaders rapidly established the Advisory Council for Rural Surgery (ACRS), the first new advisory council in 50 years. Interactive communication was recognized to be an essential element for the ACRS to accomplish its mission: identify, investigate, and rectify the challenges of rural surgical practice. The rural listserv was the communication format chosen for rural surgeons. The rural listserv is a success in addressing rural surgeons’ concerns about isolation and representation. It is helping the ACRS fulfill its mission.

A listserv is computing software that automatically sends a copy of every e-mail received to all members of a subscribed group. Currently, there are 1,000 members on the rural listserv. The first e-mail was posted to the rural listserv on October 23, 2012. Since the inception of the listserv, more than 500,000 emails have been exchanged. Ease of access is the strength of a listserv. There is no need to log in to a website to access the e-mails, which are accessible on any computer or smart phone. Criticism has centered on too many e-mails in individuals’ inboxes. The increased activity has been a double-edged sword, simultaneously leading to more involvement and to unsubscriptions. The following graph illustrates the increasing participation since the listserv’s debut.

The discussion topics have been varied and appropriate to all aspects of rural surgical practice. The subjects have included government regulations, call coverage, compensation, medical staff by-laws, maintenance of certification (MOC), surgical privileges, venous stasis disease, abscess drainage, appendectomy, sentinel node biopsy, and gall bladder disease, just to mention a few examples. While the listserv is moderated, the exchanges have been respectful and diplomatic as well as informative. The following comment typifies nearly 100 percent of the replies to a recent survey about the strengths and weaknesses of the listserv.

(Continued on next page)
THE ACRS LISTSERV: A SUCCESS?

“The list is the most tangible, personally applicable arm of the College I have been exposed to in nearly 40 years as a Fellow. It serves an obvious need to discuss and compare in real time both surgical decision-making AND societal pressures. I have been impressed with the professional and altruistic character of most comments. It will give us as rural surgeons the framework to meaningfully influence the onerous trends in surgery, i.e., over-kill in statistical reporting, haphazard efforts at EMR, continued reduction in surgical reimbursement, etc.”

The listserv has provided a mechanism to address and to reduce rural surgeons’ isolation.

“I enjoy the rural listserv for the sense of connectedness with other rural surgeons.”

“It is a great way for me to keep up with what most surgeons practice. Common problems with multiple regional and training variations such as the abscesses are discussed. One of the great things about listserv is relief from the isolation we all feel as rural surgeons.”

“Being a solo rural surgeon I don’t have the chance to be around or work with other surgeons to keep up to date in all the aspects of surgery and running a surgical practice. It also allows me a chance to ask questions the answers to which you can’t find in any journal, book, or online search.”

“With the isolation inherent in rural practice, being part of a community and being able to compare notes with peers is invaluable.”

“I have this group of creative and intelligent colleagues sharing how they are dealing with many of our common problems.”

Other e-mail replies indicated that rural surgeons believe they’re better represented because of the listserv.

“Rural surgeons are in the spotlight and are benefitting from the support of ACS leadership.”

“Right now there are direct avenues for being vocal about this issue, and for discussion and strategy.”

“What is clearly different today from even a couple of years ago is a mechanism at the College level to get this from the grass roots to a high position on the long list of problems ACS must address.”

The ACRS listserv is a success. Rural surgeons are being connected and represented. The listserv is part of the mechanism for the fulfillment of the ACRS mission. Problems such as call coverage and 96-hour certification have been identified, and options for solving them are being investigated. To fully rectify such problems, long-term planning will be required. The listserv will continue to play a significant role in the initial steps of this process. As another survey reply stated:

“It will be great to watch it grow up.”
A LEGACY OF LEADERSHIP: LENA NAPOLITANO, MD, FACS

As a reenergized and more agile Board of Governors begins this year’s work, it is important to recognize the person who led us to this point. Dr. Lena Napolitano began her tenure as Chair of the Executive Committee convinced that there was a better way to apply the collective talents of the Board of Governors to all sectors of the College. Today, Governors actively engage in every component of the College’s mission, more effectively assist in program direction, and, most importantly, provide more responsive linkage between the Fellows and College leadership. This redesign began as a concept in the mind of a visionary leader. It was guided through a complex and coordinated evolution by clear thinking, determination, and commitment. It stands today as a major improvement in efficiency and function of one of the College’s most important components. It is, indeed, a fitting legacy to a visionary leader whom we thank today. Because of Dr. Napolitano, many future generations of Board of Governors members will enjoy a far more productive and rewarding time during one of the most important appointments of their career.

A new year has begun, and with it, the era of “Big Data,” (whatever that means). The reality is that big data can be a big asset to our ability to care for our patients, or it can be a big pain in just about any anatomic area you care to explore. There is no question that the paper medical record is soon to join the abacus and Apple IIE in the museum of great things whose time has passed. There is also no question that data is the glue that holds our health system together and the fuel that will drive it going forward. It is an absolute fact, however, that the best data in the world is absolutely useless if it is not effectively presented and communicated. Communication is the name of the game, and the Board of Governors Communications Pillar is committed to ensure that every Fellow of the College is well informed, well understood, and well represented.

Having just stepped into the shoes of Gary Timmerman, MD, FACS, as the Executive Committee lead for this pillar, I can see that its workgroup chairs are among our brightest and most dedicated Governors, and that they have great plans to ensure that our mission of keeping every Fellow fully engaged will be well met. As evidence for my enthusiasm, check out the brief summaries of what to expect in the next few months:

WEBSITE
Tyler Hughes, MD, FACS, and his workgroup have been assisting the College with what will be a complete rebuild with multiple enhancements that will include great opportunity for intramural as well as extramural communication. Governors and other users will be able to establish specific constituencies with which to engage in rapid, facilitated communication and idea sharing. From the perspective of communication among Governors as well as by Governors with respective constituent groups, it sounds like an incredibly powerful tool. We are planning a session as part of the Board of Governors meeting at Clinical Congress 2014 in San Francisco, CA, to educate everyone about the use of the new website.

NEWSLETTER
Mike Sarap, MD, FACS, and his workgroup are hard at work on this year’s publications that will unquestionably play to the same rave reviews as last year’s editions. Obviously the major contribution of this work is its content, so please let Mike or his colleagues know of everything that should be considered for this important document.
ANNUAL GOVERNORS’ SURVEY
Mark Puls, MD, FACS, and his team have already been actively engaged in design of the 2014 edition. We are considering expanding the scope of the survey to provide additional perspective from our younger Fellows, as well as including some feedback on perception of progress of health care reform at a state level.

BULLETIN OF THE AMERICAN COLLEGE OF SURGEONS
Dave Dexter, MD, FACS, and Tom Shires, MD, FACS, lead this workgroup and are focusing on subjects relevant to our mission as Governors and representatives of the Fellows. Some potential examples of valuable content were forwarded by John Rioux, MD, FACS, and his Domestic Chapter Activities workgroup, which is part of the Member Services Pillar and demonstrates the cross communication that is now more effective. One of Dr. Rioux’s group’s charges is determination of ways to assist chapters to reach the level of function they desire. To this end, the group has identified a list of topics that they feel would be worth covering as short “how we do it” type articles.

It seems pretty obvious that the Communications Pillar will be communicating often and effectively. As stated earlier, however, data is just data until it is shared. There are lots of things happening in our surgical world. We have the tools to communicate and welcome everyone to give us the information to share!

Jospeh Tepas, MD, FACS
Communications Pillar Lead
The Rural Surgeons Film Project is about the life and times of rural surgery and rural surgeons. It arose from the love of the daughter of a rural surgeon. Meredith Corrado, the daughter of Joe Corrado of Mexico, MO, is a filmmaker. Growing up the daughter of a rural surgeon she heard many of her father’s stories about the wonderful but complex life he led caring for people in his Midwestern town. She also heard his concerns. Concern for his town when he retired and the difficulty of finding someone to replace him. Concern for all of rural America and who would provide for them in the future.

Meredith attended the Rural Surgeons’ Dinner at the American College of Surgeons annual Clinical Congress in San Francisco, CA, in 2011. She heard stories from many other rural surgeons that were similar to the ones she heard from her father growing up. Meredith was inspired by her father and the stories of other rural surgeons and felt she wanted to give back. She took her skill as a filmmaker and her passion for her father, his life, and rural America and committed to the Rural Surgeons Film Project.

Since that time, Meredith has crossed the country interviewing many surgeons, surgical educators, and surgical leaders. More than 100 hours of stories and interviews will be transformed into a full-length feature film. She learned much from her travels, from Portland, OR, to Portland, ME. Her vision is to tell the story of rural America through the eyes of rural surgeons. To tell of the rich, fulfilling roles they play in their communities. To tell of the concerns for the future health care of these towns and entice young students and surgeons to give it a try.

The project is now in postproduction editing with the goal of completing the film for general viewing early in 2014. Meredith’s hope is to offer this film for rural health initiative fundraising, to help spread the word of the wonderful life of surgeons in rural America and the needs of patients in rural America. For more information, or to see a film trailer, visit www.ruralsurgeonsfilm.com.

It reflects the life of the rural surgeon and is very well done.
A SUMMARY OF THE 2013 GOVERNOR’S SURVEY

By Mark W. Puls, MD, FACS

For the last 20 years, a survey of the Governors of the ACS has been conducted. The goal of the survey is to gather accurate information regarding the problems, attitudes, and ideas of the Fellows of the ACS.

The 2013 Survey followed the format of previous Governors Surveys. Despite the requirement for all Governors to complete the survey, 203 of 274 Governors completed the survey.

For the past several surveys, specific questions have been asked regarding a particular theme. This year, an effort was made to find out information regarding physician practice patterns and the method of reimbursement for physicians. Of the respondents, 67.49 percent stated that they were in an academic practice, and 32.51 percent stated that they were in private practice.

When asked what their current reimbursement model was, 58.62 percent responded that they had always been an employed physician, and 27.59 percent responded that they had always been in private practice, which reflects the data in the previous sentence.
There was additional interesting information that came from the question regarding the current reimbursement model. Of physicians that had not always been an employed physician, 27.4 percent responded that they had either recently left private practice to become an employed physician within the last five years or intended to become an employed physician. This response clearly shows a recent trend of Governors shifting their practice pattern from private practice to an employed physician practice.

Continuing on this theme, Governors were asked whether they felt the current pay-for-performance model was sustainable. The majority responded no (71.43 percent) while 28.57 percent responded yes.

When asked what they felt was the best model for physician reimbursement, 52.71 percent responded that a value-based outcome payment method would be best. This response is encouraging, since it is the model supported by the ACS. A salary-based method for reimbursement was favored by 24.63 percent, and a pay-for-performance method was favored by 18.72 percent. Interestingly, only 3.94 percent favored bundled payments. When asked who they felt could best manage physician reimbursement, the majority responded that physicians and physician-based offices would best be able to handle reimbursement. A small minority responded that an accountable care organization, a hospital or health care organization, a managed care provider, or the government could best handle reimbursement.
Each year the Governors are asked to rank the issues that are of greatest concern to them. This year, the number one issue was “Health Care Reform and Its Impact on Your Practice.”

List of top issues:

1. Health Care Reform and Its Impact on Your Practice
2. Professional Liability/Malpractice/Tort Reform/Risk Management/Patient Safety
3. Medical Education/Graduate Medical Education
4. Physician Reimbursement/Medicare/Medicaid
5. Competency Measurement for the Practicing Surgeon/Newly Trained Surgeon

Over the years, these five issues have always been the top five issues, with the order changing from year to year. The next highest ranked issue was “Workforce Issues for Academic Practice/Community Practice.”

There were a series of questions asking how the current medical economic times would affect surgeons. When asked how the current times would affect surgical care of patients, 62.56 percent responded that they felt that patient care would suffer setbacks over the next 10 years. When asked whether the current times would affect the time they planned to retire, 47.78 percent responded that the current times would not affect the time they planned to retire. Of the remaining respondents, half responded that they would retire sooner, and half responded that they would retire later than they had planned. When asked whether the current times would affect their ability to teach medical students or residents, 70.70 percent responded that it would not. Given the current medical economic times, 40.39 percent responded that they expected their lifestyle to remain unchanged, and 56.65 percent responded that their lifestyle would become leaner with less financial opportunity.

When asked if they were a member of an accountable care organization, 80.3 percent of the Governors responded no, and 19.7 percent responded yes.

Regarding a performance-based payment system, 61.08 percent of the Governors stated that they did not participate in such a system, with 38.92 percent answering that they did.
Questions were asked regarding participation in the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®). A total of 49.26 percent of Governors stated that their hospital currently participated in ACS NSQIP, and 12.32 percent answered that their hospital intends to participate in ACS NSQIP. A total of 28.08 percent of Governors responded that their hospital currently uses some other type of surgical quality outcome metric system. Only 10.34 percent of Governors responded that their hospital did not use any type of surgical quality outcome metric system. When asked why their hospital did not participate in ACS NSQIP, the most common reason was due to cost and staffing requirements.

The ACS, along with 22 other medical organizations, is a member of the Surgical Coalition, which represents 240,000 surgeons and anesthesiologists. When asked to evaluate the value of the Surgical Coalition, 27.09 percent of the Governors responded, “Excellent,” and 41.38 percent responded, “Good.” Only 9.36 percent responded that they didn’t know about the Surgical Coalition.
When asked about the areas that the ACS should provide assistance with, 91.63 percent of the Governors responded, “Quality Initiatives;” 86.7 percent answered, “Performance Measures”; 69.46 percent responded, “Registries”; and 60.1 percent stated, “Contracting and Payment Systems.”
Governors were asked what they thought provided the best value in being a member of the ACS. The advocacy strength obtained from the ACS being the voice of many specialties of surgery was cited as a major strength. Others felt that the continuing medical education (CME) and educational opportunities provided through the annual Clinical Congress and other offerings of the Division of Education were very important. Others mentioned the Case Log system and the networking that develops through ACS membership.

When asked about what provides the least value in being a member of the ACS, there were multiple responses. Some Governors mentioned that:

- There was a lack of transparency in leadership development
- A lack of understanding of political action committee (PAC) goals
- A delay in ACS reaction and response to current events.

These responses are interesting, because these areas fall under the duties of the Governors, as a Governor is to serve as a method of two-way communication between the Fellows and the Board of Regents. Other areas that were mentioned as not providing much value included:

- The lack of influence that the ACS has over surgical residency training and medical school curriculum
- Slow results on the issues of tort reform and physician reimbursement
- Lack of international outreach and lack of access of ACS benefits to international members,
- A leadership structure that is perceived as outdated

Governors were asked to list issues that they would like to see the ACS address. There were many responses, and in no particular order they were:

- Preparing surgeons for the changes to come from health care reform
- Addressing the erosion of education and training for surgical residents and medical students
- Enhancing communication with surgeons in practice
- Advice and education regarding hospital employment and employment contracts
- Taking steps to invigorate chapters
- Addressing liability reform
- Making ACS NSQIP more easily affordable
- Addressing the issue of assessing competency for re-certification
- Providing more opportunities for online CME
- Becoming more responsive to surgical specialists
- Addressing rural surgery issues

The 2013 Governors Survey attempted to provide accurate information regarding the problems, attitudes, and ideas of the Fellows. Hopefully this information will be helpful to ACS leaders as they plan the future activities of the College.

Respectfully submitted,

Mark W. Puls, MD, FACS
Chair, Board of Governors Survey Workgroup
SAVE THE DATES

SCHEDULE OF EVENTS:

SATURDAY, MARCH 29–SUNDAY, APRIL 1, 2014
2014 Leadership and Advocacy Summit

SATURDAY, MARCH 29, 2014
1:00–3:00 pm  New Governors Orientation
3:00–5:00 pm  Pillar/Workgroup Meetings
5:30–7:00 pm  Welcome Reception

SUNDAY, MARCH 30, 2014
7:00–5:00 pm  Leadership Summit
6:00 pm  Advocacy Dinner

MONDAY, MARCH 31, 2014
Advocacy Summit

TUESDAY, APRIL 1, 2014
Day on the Hill

MAY 9–10, 2014
6th Rural Surgery Symposium

The Advisory Council for Rural Surgery and The Mithoefer Center for Rural Surgery are cosponsors of the 6th Rural Surgery Symposium, scheduled for May 9-10 at the ACS headquarters in Chicago. The symposium will include topics on advocacy, changes in surgical education and their impact on future surgical care for rural America, rural health care systems, surgical palliative care, and the economic impact of a general surgeon to a rural community. Clinical topics include benign anorectal disease, rural cancer care, and benign liver lesions. Registration for the symposium will open in February at www.facs.org.

To register for the event, visit http://www.facs.org/ahp/summit/index.html.
The Scholarships Administrator is compiling a database of prospective ad hoc reviewers for specialty scholarships and fellowships of the College. If you would like to become a prospective ad hoc reviewer, please contact Kate Early, at kearly@facs.org with your name and 1-3 specialty areas for which you would be a suitable reviewer.

COMMENTS ABOUT THIS NEWSLETTER?
Contact Betty A. Sanders, MBA, PMP at bsanders@facs.org or 312-202-5360.