

*Deal All with Skill and*

# 2024–2025 ACS Annual Report

DECEMBER 2025

ACS / AMERICAN COLLEGE  
OF SURGEONS

THE HOUSE OF SURGERY®



# Letter from the Executive Director & CEO

It is with great pride and gratitude that I share the 2024-2025 report with our members.

Over the past year, ACS staff and member volunteers have made several significant achievements, including launching a new Strategic Plan, developing a robust Clinical Data Strategy, and advancing our myriad programs, products, and services—all while adhering to the principles of operational excellence.

This report presents the highlights of those numerous milestones. Please take time to peruse the following pages and learn more about our organization's endeavors. I hope you are as proud of the ACS as I am. As The House of Surgery®, we remain steadfastly committed to better serving the needs of surgeons in all disciplines and improving the care of all surgical patients.

Please feel free to reach out to me at any time throughout the year with your questions and feedback at [executivedirector@facs.org](mailto:executivedirector@facs.org).

**Patricia L. Turner, MD, MBA, FACS**  
*Executive Director & CEO*



# Strategic Plan



The ACS unveiled its new Strategic Plan in mid 2025. This plan was developed through input from multiple stakeholders, including the Board of Regents, Officers, Past Presidents, Board of Governors, Young Fellows Association, Resident and Associate Society, various committee leaders, and staff executives. The plan has four main pillars that define goals and serve as guideposts, while the transcending principle of operational excellence serves as its base.

As with all strategic plans, the purpose is to create a roadmap, prioritize essential aims, establish key performance indicators, and ensure the ongoing success of the ACS.






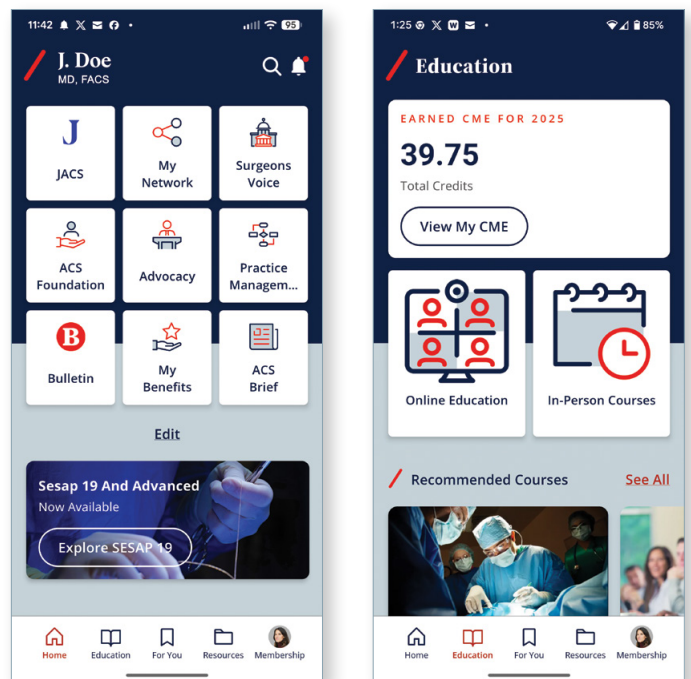
## Clinical Data Strategy

One of the more revolutionary initiatives falls mainly under the Innovate and Accelerate pillar. It is a multiyear Clinical Data Strategy that includes collaboratives with several technology companies to help transform ACS Quality Programs by using artificial intelligence (AI) to mitigate the burden and simplify data collection processes, create a more complete set of patient records, and provide timelier insights for clinicians and researchers. The first collaborative agreement was signed in July 2025 with Epic Systems Corporation, and pilots are expected to begin next year with the ACS National Surgical Quality Improvement Program (ACS NSQIP®), NSQIP Pediatric, and the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).

## Members-Only Mobile App

Another key initiative supports all four strategic plan pillars. It involves transforming and modernizing the ACS technology infrastructure by connecting disparate data sources and standardizing systems to help members have more streamlined and personalized experiences. This digital transformation will take several years; however, one of the first projects—a members-only mobile app—has already been released and is receiving positive feedback. The MyACS mobile app provides an easy, single sign-on gateway to many of the resources members say they access on a regular basis. Based on usage and member feedback, work will begin on additional features and updates in the coming year.

 Learn more at [facs.org/myacsapp](https://facs.org/myacsapp).



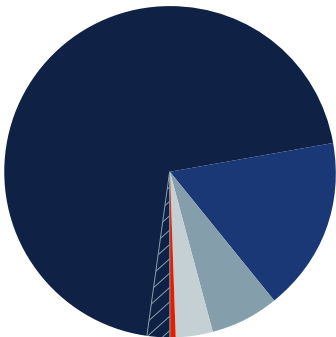


# Membership



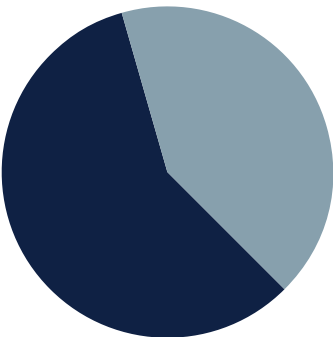
The ACS’s greatest strength lies in its cohesive community of more than 93,000 members that include dedicated surgeons across all disciplines and career stages from residency to retirement, medical students, and members of the surgical care team, continually striving toward surgical excellence. In 2025, the ACS welcomed 2,122 new Fellows from 93 countries. Overall, the number of Initiates continues to grow, consistent with the last several years.

Total Members—93,512

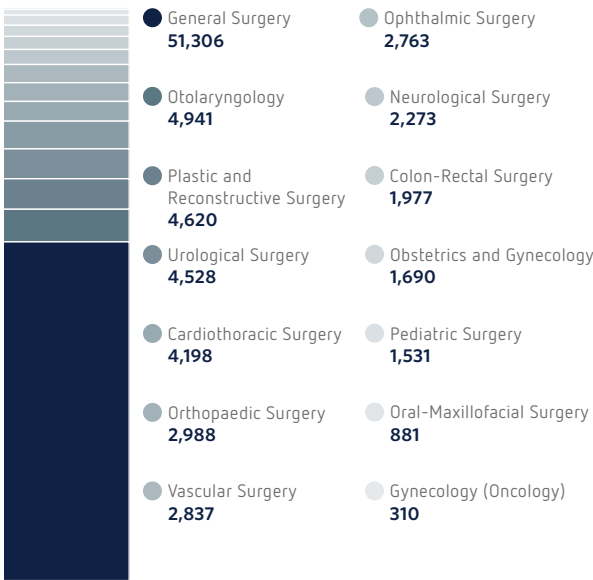


- Fellows 67,560
- Residents 15,883
- Medical Students 6,321
- Associate Fellows 3,402
- Initiates (included in Fellow total) 2,122
- Affiliate Members 346

Global Membership by Discipline



- General Surgery 47,654
- Other Disciplines 34,361



Trainee participation is also robust. The ACS welcomed 2,697 new Resident Members and 1,806 new Medical Student Members this past year.

ACS members represent all surgical disciplines; slightly more than half (58%) are general surgeons, followed by 6%

otolaryngologists—head and neck surgeons, and 5% plastic and reconstructive surgeons.

In October 2025, a Dominican Republic Chapter was approved, bringing the total number of ACS chapters to 124 around the world.

2,122  
New Fellows from  
93  
Countries

93,512  
Members Worldwide  
(Up from 93,251 in 2024)

~2,700  
New Resident Members  
>1,800  
New Medical Student  
Members

Dominican  
Republic  
1 New Chapter





## Member Benefits

Benefits for ACS members are continuously evaluated and updated to help serve the needs of all surgeons. In addition, programs that provide meaningful engagement opportunities for surgeons are a priority.

In 2025, two new lifecycle groups were added—a Senior Fellows Society (SFS) and a Medical Student Society (MSS).

The SFS is a novel program for senior and retired surgeons, allowing continuous career-spanning engagement with ACS activities that help foster bidirectional interactions across generations of surgeons. The inaugural SFS meeting was held at Clinical Congress 2025 in Chicago, with a committee structure to be formalized in the first quarter of 2026.



Learn more at [facs.org/sfs](https://facs.org/sfs).

The MSS and its first Executive Committee members will help strengthen the connection between medical students and the larger ACS mission. Executive Committee members will play an integral role in guiding society priorities, fostering collaboration, and promoting student engagement while giving them leadership opportunities.



Learn more at [facs.org/mss](https://facs.org/mss).





In addition to the new MyACS members-only mobile app, several other member benefits were enhanced over the past year. These include expanded online resources in the Practice Management Hub, Clinical Practice Hub, and a new hub on the Optimal Workplace Environment.

## Resource Hubs

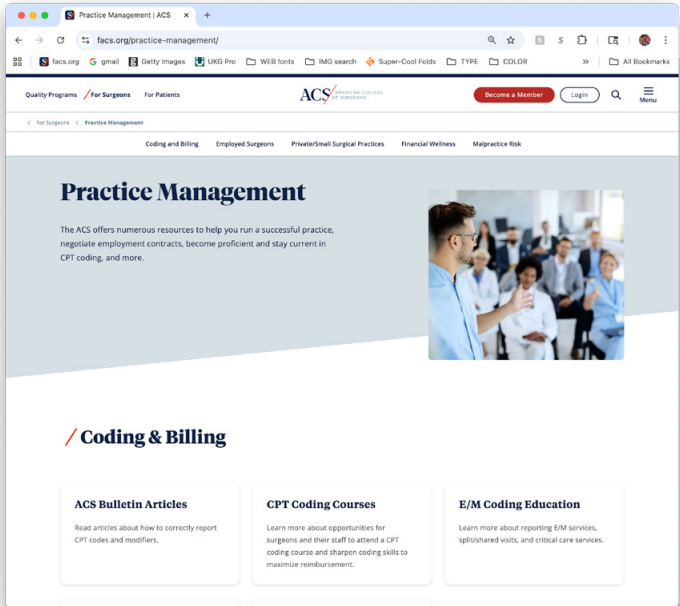


Two new best practices guidelines were added to the Clinical Practice Hub—*Management of Genitourinary Injuries* and *Management of Chest Wall Injuries*. This hub makes it easy to find publications, courses, and other information that you and your surgical teams can immediately use for patient care.

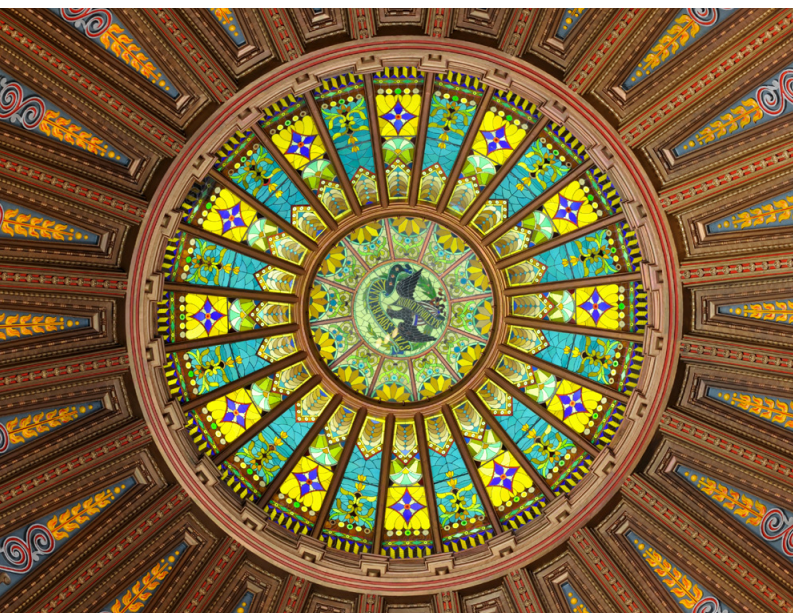
 Learn more at [facs.org/clinical-practice](https://facs.org/clinical-practice).

The complementary Practice Management Hub highlights information on coding, billing, personal finances, contract negotiations, access to compensation benchmarking and productivity reports, plus more. Content added this past year focuses on telehealth, coping with litigation, what to consider when allowing job shadowing, and academic surgeon salaries.

 Learn more at [facs.org/practice-management](https://facs.org/practice-management).



In the upcoming weeks, an Optimal Workplace Environment Hub will be launched with materials to help surgeons have a better understanding about workplace issues such as unionization. The hub initially will include comprehensive frequently asked questions and answers about unionization, such as a detailed bibliography and other resources. Over time, it will be expanded to include workplace standards for surgeons and other useful materials.



The ACS continues to advocate aggressively against policies that threaten surgeons and surgical patients. Priority issues include the ongoing Medicare physician payment crisis, proposed reductions in Medicaid access, and steadily increasing administrative burdens and practice expenses. In addition, the ACS is leading efforts to champion legislation to strengthen the surgical workforce, improve the transparency and efficiency of the prior authorization process, and establish a National Trauma and Emergency Preparedness System.

Surgeons are facing unprecedented threats from multiple sources, and the ACS will not stop working on your behalf to ensure the viability of the profession and patient access to care from skilled surgeons.

## New Advocacy Leaders

In June, two part-time medical directors joined the ACS office in Washington, DC, to help revitalize health policy research and strengthen engagement in advocacy activities.



**Thomas C. Tsai, MD, MPH, FACS**, became the Medical Director for Health Policy Research. Dr. Tsai is a minimally invasive gastrointestinal and bariatric surgeon at Brigham and Women's Hospital and an associate professor of surgery at Harvard Medical School and the Harvard T. H. Chan School of Public Health, all in Boston, Massachusetts.



**Margaret (Megan) C. Tracci, MD, JD, FACS**, became the Medical Director for Surgeon Engagement. Dr. Tracci is an endovascular surgeon and professor of surgery at the University of Virginia (UVA) School of Medicine in Charlottesville. She also is an associate professor at the UVA School of Public Health.



In addition to Drs. Tsai and Tracci, **Joshua M. V. Mammen, MD, PhD, FACS**, began a 3-year term as the ACS Professional Association-SurgeonsPAC Chair. A surgical oncologist, Dr. Mammen works closely with PAC Board members and contributors to amplify the voice and demonstrate the expertise of surgeons in conversations with government officials who make health policy decisions.



Learn more at [facs.org/advocacy](https://facs.org/advocacy).



One of the pillars of the Strategic Plan focuses on providing timely, evidence-based training and education through accessible and modernized platforms so that surgeons in all disciplines and career stages will be prepared for current and future roles and challenges.



To help the ACS revolutionize in this area, a highly respected surgical educator and innovator was added to the ACS executive team. General surgeon Kyla P. Terhune, MD, MBA, FACS, became the Senior Vice President, Education, on November 1. Previously, Dr. Terhune was a professor of surgery and anesthesiology and the associate dean for graduate medical education at the Vanderbilt University School of Medicine, as well as senior vice president for educational affairs and the Designated Institutional Official at Vanderbilt University Medical Center. She succeeded Ajit K. Sachdeva, MD, FACS, FRCSC, who will focus solely on the Academy of Master Surgeon Educators until his retirement in September 2026.

## In-Person Opportunities

To help surgeons optimize their practices, attain new skills, and manage their careers, the ACS offers dozens of in-person and virtual opportunities. A few of these are featured through page 13.

### Leadership & Advocacy Summit

This annual event in Washington, DC, helps prepare surgeons to be advocates for the profession and hone their leadership skills outside of the operating room. Approximately 500 surgeons participated in the 2025 Leadership & Advocacy Summit in April, inspiring thoughtful reflection and important conversation about surgeons' shared responsibilities to transform the healthcare landscape.

Interwoven programming underscored the vital intersection of leadership and advocacy, exploring topics ranging from lifelong surgeon competency, building foundations of trust, and knowing your worth as a surgical leader, to understanding your value as a surgical advocate, evolving policy in an era of digital transformation, and how to play "the long game of Congress."

On the final day of the summit, 246 ACS members participated in 218 meetings with members of Congress and/or key members of their staff.



#### SAVE THE DATE

#### 2026 Leadership & Advocacy Summit

February 28–March 3

Washington, DC

Learn more at [facs.org/summit](https://facs.org/summit).





Prior to the Leadership & Advocacy Summit, in March, approximately 500 surgeons, allied healthcare providers, program directors, and oncology and accreditation specialists traveled to Phoenix, Arizona, for the 2025 ACS Cancer Conference.

Beginning in 2026, the Cancer Conference will be thoughtfully combined with the Quality and Safety Conference, offering attendees the benefits of both conferences with a single registration fee.

The 2025 Quality and Safety Conference was held in July in San Diego, California, and attracted more than 1,500 surgeons, nurses, registrars, surgical quality officers, and other members of the healthcare team.

Attendees celebrated the 20th anniversary of the conference and were treated to a series of engaging and enlightening sessions ranging from using AI in healthcare and quality improvement, to multidisciplinary success stories, to ways to mitigate day of surgery cancellations.

Retired Navy fighter pilot Jack Becker gave the keynote lecture on how “crew resource management” can reduce stress and mistakes. “Human error is unavoidable,” Becker said. “Pilots and surgeons often can afford to make a mistake—but what your team cannot afford is repeated mistakes that lead to a culture of error.”



**2026 Quality, Safety & Cancer Conference—NEW!**

Orlando, FL

Learn more at [facs.org/qsc2026](http://facs.org/qsc2026).





## Clinical Congress

The ACS’s flagship annual meeting—Clinical Congress—returned to Chicago in 2025 for the first time in a decade.

Retaining the popular Saturday-through-Tuesday format, more than 11,000 attendees (in-person and virtual) participated in several hundred general and specialty-specific sessions, eight Named Lectures, and dozens of interactive activities such as debates and networking events. Thematic sessions focused on endocrine, hernia, trauma/orthopaedics, AI, and education. Multidisciplinary sessions explored topics such as limb salvage, adolescent bariatric surgery, thyroid disorders, and acute mesenteric ischemia.

On-demand recordings from many of the sessions will remain available through February 23, 2026.



### SAVE THE DATE

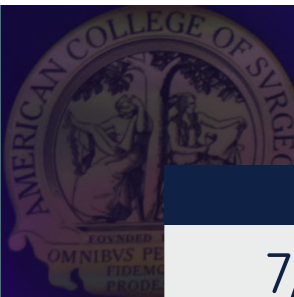
#### Clinical Congress 2026

September 26–29

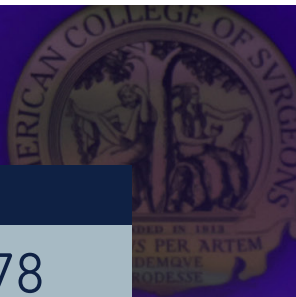
Washington, DC

Learn more at [facs.org/clincon2026](https://facs.org/clincon2026).







# American College of Surgeons



REGISTRATION 2025					
7,431 Physician Registrants	10,559 In-Person Registrants	1,019 Virtual Registrants	11,578 Total Registrants		
CLINICAL CONGRESS 2025 BY THE NUMBERS					
2,827 Total Presentations	2,111 Faculty Members and Presenters	8 Named Lectures	3 Special Sessions	106 Panel Sessions	76 Scientific Forum Sessions
7 ePoster Sessions	23 Video-Based Education Sessions	46 Meet-the-Expert Sessions	4 Great Debate Sessions	16 Didactic + Skills Courses	UP TO 197 AMA PRA Category 1 CME Credits™ Available



## TQIP Annual Conference

The final signature event of the year, the 2025 Trauma Quality Improvement Program Annual Conference (TQIP) drew more than 2,100 attendees to Chicago in November. Approximately 500 additional individuals registered for the on-demand sessions.

The theme for the 15th annual TQIP meeting was “Team Works,” highlighting the importance of high-functioning teams. In addition to sessions on expanding your team to ensure the best patient outcomes, using advanced technology to augment the team, and intrateam conflict resolution, the TQIP meeting reprised its popular leadership and registry tracks.

The keynote speaker was Coach Donnie Campbell, who inspired the popular *Ted Lasso* streaming series; the trauma survivor speaker was Bri Scalesse, who—at age 6—survived a fatal car crash that left her without a mother and a complete T12 spinal cord injury.



### SAVE THE DATE

#### 2026 TQIP Annual Conference

November 13–15

Anaheim, CA

Learn more at [facs.org/tqipconference](https://facs.org/tqipconference).

Other well-attended in-person educational meetings included Surgeons and Engineers, Surgical Simulation Summit, Surgeons as Educators, Surgeons as Leaders, and Residents as Teachers and Leaders.



## Online Education

Many of the online learning opportunities the ACS offers can be accessed through [learning.facs.org](https://learning.facs.org), while others are available through alternative systems. These synchronous and asynchronous opportunities help surgeons optimize their practices, attain new skills, and manage their careers at their convenience. The following are among the newest ACS offerings.

### SESAP

A new edition of the Surgical Education and Self-Assessment Program—SESAP® 19 and SESAP 19 Advanced—was launched in October at Clinical Congress. This edition includes about 1,000 questions and offers up to 264 CME credits. SESAP helps surgeons master general surgery topics using case-based questions that include images, explanations of why each answer is correct/incorrect, reference links, and peer comparisons. It also includes flashcards.



Learn more at [facs.org/sesap](https://facs.org/sesap).

### Resident Assessments

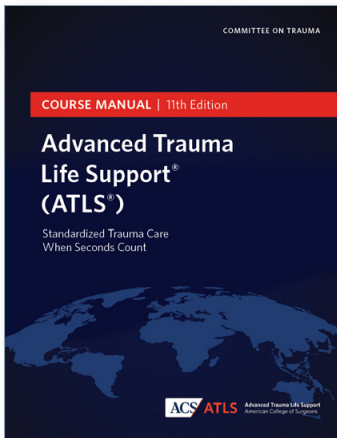
Two programs were released over the past year to help residency program directors assess trainees at various stages of residency. The Objective Assessment of Skills in Surgery (OASIS) evaluates technical skills for junior-level trainees, while the Senior Resident Readiness Assessment (SRRA) evaluates cognitive decision-making skills for fourth-year residents. These complement the Entering Resident Readiness Assessment® (ERRA), which evaluates cognitive decision-making skills for entering first-year surgery residents. All three allow comparison with national benchmarks.



Learn more at [facs.org/erra](https://facs.org/erra), [facs.org/oasis](https://facs.org/oasis), and [facs.org/srra](https://facs.org/srra).

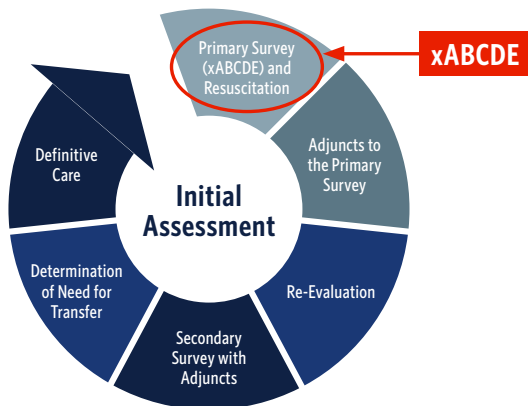


## Trauma Courses

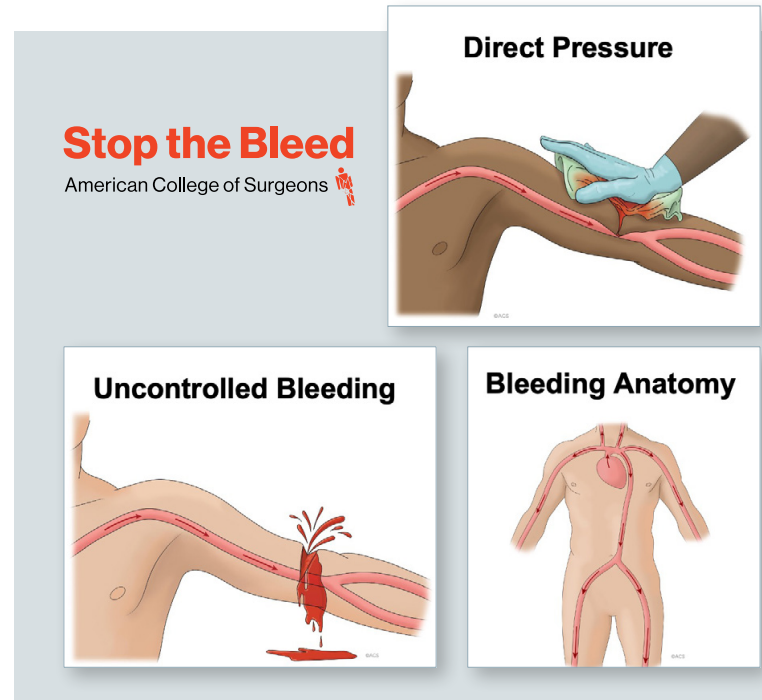


Various components of the ACS Advanced Trauma Life Support® (ATLS®) 11th version were released this summer and fall, offering enhanced educational content along with an updated and interactive visual presentation of the course that serves more than 50,000 learners annually in more than 80 countries. ATLS 11 includes traditional, hybrid, refresher, and instructor courses, along with a MyATLS app that was released in 2024.

One of the most significant changes to ATLS 11 was refining the **A**irway, **B**reathing, **C**irculation, **D**isability, **E**xposure (ABCDE) approach to assess and treat trauma patients. For certain patients, rapid control of exsanguinating external hemorrhage is lifesaving. To reflect this additional focus, the letter “x” was added to the beginning of the well-known ATLS mnemonic, becoming xABCDE.



The Fundamentals in the Management of Traumatic Brain Injury (TBI) course is a joint initiative of the Brain Trauma Foundation and the ACS. This new online course aims to educate trauma care providers about the key evidence-based recommendations of the TBI guidelines, which consistently have been shown to reduce TBI mortality by 50%.



Version 3 of the ACS Stop the Bleed Course formally launched in early 2025, and an updated website was unveiled in August 2025. A key change in the version 3 course is using more visuals than written descriptions. This format broadens course use by removing the need for translations and prompting the presenters with ways they can contextualize the course for their specific learner group. In addition, the ACS Stop the Bleed program reached a new milestone, with more than 5.4 million people instructed to respond in bleeding emergencies since the program was introduced in 2016.

➔ Learn more at [facs.org/atls](https://facs.org/atls), [facs.org/tbi](https://facs.org/tbi), and [www.stopthebleed.org](https://www.stopthebleed.org).

## Cancer Education

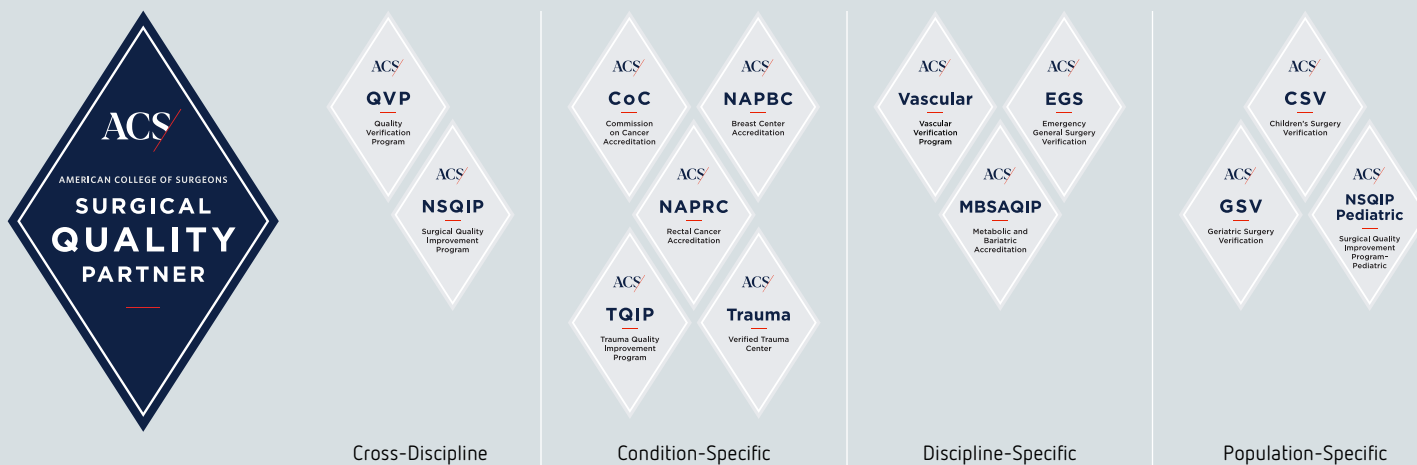
Several staging protocols were added to the American Joint Committee on Cancer® (AJCC®) Staging Online platform. This easy-to-navigate, subscription-based resource helps those involved with cancer care access approximately 80 different cancer staging protocols. Updates to thymus, lung, mesothelioma, and nasopharynx were published in December 2024; by the end of 2025, the ACS plans to publish version 9 of salivary glands, oropharynx, and thymus.

➔ Learn more at [facs.org/ajcc](https://facs.org/ajcc).

# Quality Programs

ACS Quality Programs have set the standard for surgical care since 1917 by measuring performance, identifying areas of improvement, providing resources and tools to facilitate improvement activities, engaging systems of care, and—most importantly—reflecting the patient voice.

## ACS Surgical Quality Programs



The suite of programs now encompasses 13 cross-discipline, condition-specific, discipline-specific, and population-specific initiatives involving verification and accreditation.

In addition to the work described on page 4 related to the Clinical Data Strategy, the essential ACS Quality Programs continue to evolve. Highlights from this past year include the addition of a Geriatric Surgery Verification (GSV) level that allows hospitals to comply with the new Centers for Medicare & Medicaid Services Age Friendly Hospital Measure and a Surgical Clinical Reviewer (SCR) Toolkit to help support SCRs and promote data accuracy.

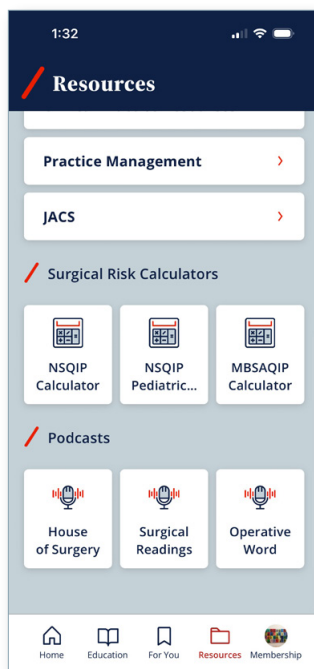
## New Standards

The National Accreditation Program for Rectal Cancer® (NAPRC®) recently published standards effective in January 2026 that focus on advancements in the treatment of patients with rectal cancer. In addition, MBSAQIP standards are being prepared for release (compliance required in July 2026), as are GSV Program standards (expected release in spring 2026).



 Learn more at [facs.org/quality-programs](https://facs.org/quality-programs).





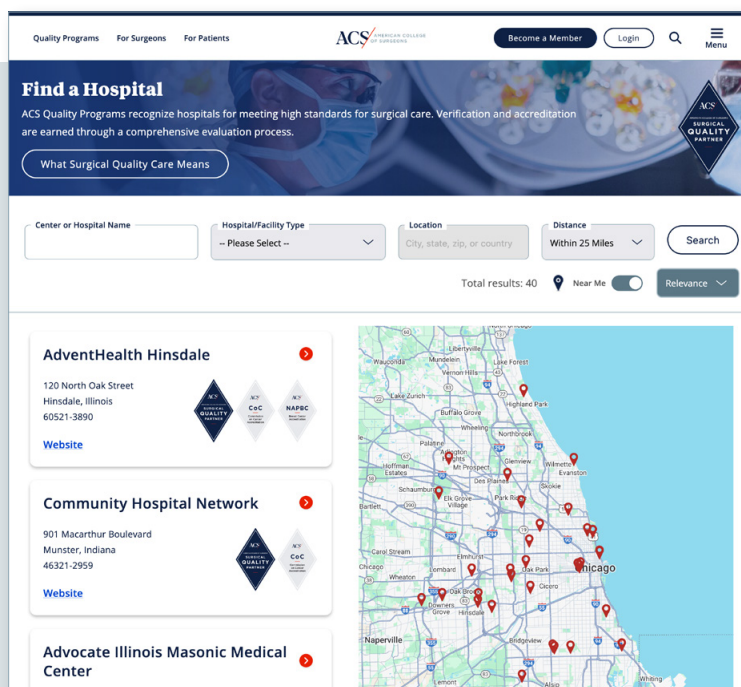
## Risk Calculators/ On-Demand Reporting

New versions of risk calculators for NSQIP and NSQIP Pediatric were released in 2025, equipped with machine learning methodology. A similar transition to machine learning technology is expected to be included in the MBSAQIP Bariatric Risk/Benefit Calculator by the end of 2025. All three surgical calculators are easily accessible from the MyACS mobile app under the resources tab. Additionally, the MBSAQIP registry is expected to have an on-demand reporting tool in the coming weeks that is similar

to the tool that has been available for NSQIP and NSQIP Pediatric for quite some time.

## Public Reporting

Phase 1 of the multiyear ACS public reporting initiative was completed with the launch of a Find a Hospital search on [facs.org](https://facs.org).



This interactive, map-based experience enables patients and families to search for ACS-accredited or verified hospitals by location and program type. Each hospital profile prominently displays its corresponding Surgical Quality Partner diamonds, highlighting participation in one or more ACS Quality Programs.

These visual identifiers strengthen institutional credibility, demonstrating the hospital's commitment to the highest standards of surgical care.

[Learn more at \[facs.org/find-a-hospital\]\(https://facs.org/find-a-hospital\).](https://facs.org/find-a-hospital)

## Sustainability

The Surgical Sustainability Team for Action and Innovation (SUSTAIN) is a new surgeon-led collaborative within the ACS Quality portfolio, designed to help surgical teams implement practical, high-impact sustainability initiatives that also support quality, safety, and cost-efficiency. The initiative focuses on reducing surgical environmental impact through evidence-based strategies that deliver both operational and environmental benefits. The first cohort of participants is poised to begin structured programming in the coming weeks, with support focused on areas such as tray optimization, desflurane elimination, and instrument reprocessing.

## Surgical Adhesions Improvement Project

The multiyear effort to understand and heal intraperitoneal adhesions advanced with a comprehensive systematic literature review and establishment of a rigorous framework for ongoing data evaluation, stakeholder engagement and strategy development. Five manuscripts—each focusing on a key area of surgical adhesions research—have been published or are in progress to be published. In addition, three surgeons have been awarded grants of \$100,000 each to study the biology of adhesive disease and/or the development of medical products that may prevent or heal adhesions in the abdomen or pelvis.

## Rural Accreditation

The ACS Commission on Cancer (CoC) is preparing to widely introduce a Rural Accreditation Program, following successful pilots in Iowa and Kentucky. A multidisciplinary rural task force developed the program, modifying existing CoC standards to make them more achievable in the rural environment. A Rural Trauma Program also is in development, following a needs-assessment emphasizing the many challenges facing trauma care in rural areas, such as resource limitations, educational gaps, and transportation issues.

The mission of the ACS Foundation is to secure financial support for the College's charitable, educational, and patient-focused initiatives. The Foundation, which celebrated its 20th anniversary in 2025, provides a wide range of funding opportunities for ACS members and supporters to enhance the quality of surgical care and education globally.

## Foundation

This past fiscal year (FY) was marked by continued growth and unparalleled success—surpassing revenue totals of any prior year. More than \$3.8 million was raised, with \$3.3 million directly supporting key initiatives such as patient and surgical education, grants and scholarships, and quality programs. In addition, the Foundation helped advance initiatives sponsored by the ACS Health Outreach Program for Equity in Global Surgery, which has high-functioning surgical teaching hubs in Ethiopia, Rwanda, and Zambia, as well as the Excelsior Surgical Society (ESS)—the military society of the ACS—which hosted a meeting at the Excelsior Hotel in Rome, Italy, this past February to mark the 80th anniversary of the ESS inaugural meeting at that same hotel following World War II.

Major gift efforts were further bolstered by the active involvement of ACS leadership and members of the Foundation Board of Directors. Their efforts helped secure 27 gifts of \$10,000 or more and continued the growth of the Chapter Fund Program, which was supported by 296 donors and grew by 4% in FY25.



The year also brought two landmark leadership gifts that underscored growing confidence in the College's vision. A \$2 million gift from Pon Satitpunwaycha, MD, FACS, the largest in the Foundation's history, will provide long-term support for priorities that help advance the College's mission. Additionally, Coloplast continued its 15-year relationship with the ACS through a contribution of \$642,150 for the ACS Patient Education Ostomy

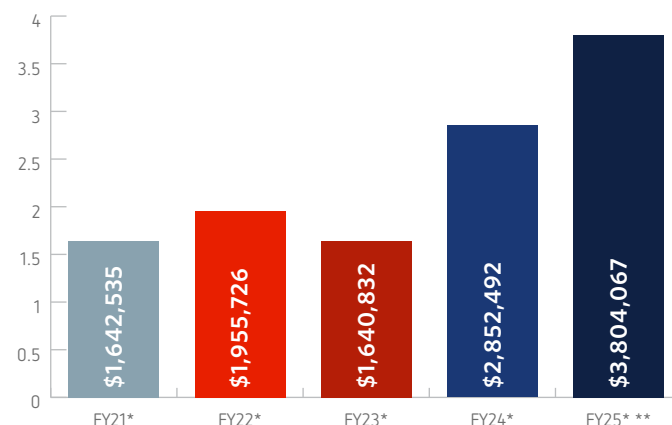
Skills Kit Program, the only multi-association, multidiscipline, skills-based program available to train patients and their care providers on ostomy home care management.

## Scholarships

Distribution of scholarships also remained robust. In FY 2025, contributions to the ACS Foundation helped fund 19 scholarships, totaling more than \$1 million, to 48 individuals. Additional awards were funded directly from the ACS.

Total Revenue

\*Excludes in-kind gifts \*\*Unaudited





# Major Awards and Honors



The ACS annually celebrates a handful of extraordinary individuals who embody surgical excellence and inspire the next generation of surgeons.

In 2025, these remarkable surgeons included:

- Marshall Z. Schwartz, MD, FACS  
*Distinguished Service Award*
- John L. Cameron, MD, FACS  
*Scientific Forum Award*
- Anna Marie Ledgerwood, MD, FACS  
*Inspiring Women in Surgery Award*
- Lorrie Langdale, MD, FACS  
*Distinguished Philanthropist Award*

The accomplishments described herein—plus many more—were possible only because of the tireless work of hundreds of dedicated surgeon volunteers. Thank you for your generosity of time and commitment to quality surgical care.

The ACS also thanks the 2024-2025 Officers (especially President Beth H. Sutton, MD, FACS), Regents (especially Chair Fabrizio Michelassi, MD, FACS), Governors, and other surgeon leaders, and welcomes newly elected leaders, including:

Anton N. Sidawy, MD, MPH, FACS—*President*  
 Anne C. Mosenthal, MD, FACS—*First Vice-President*  
 Edward Barksdale Jr., MD, FACS—*Second Vice-President*  
 Timonhly J. Eberlein, MD, FACS—*President-Elect*  
 Sharon M. Henry, MD, FACS—*First Vice-President-Elect*  
 Robert P. Sticca, MD, FACS—*Second Vice-President-Elect*  
 Lena M. Napolitano, MD, FACS—*Board of Regents Chair*  
 Douglas E. Wood, MD, FACS, FRCSEd—  
*Board of Regents Vice-Chair*





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