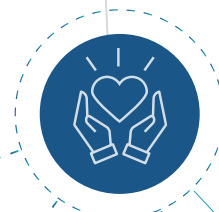


# ACG STRATEGIC PLAN 2019





**VISION:** The ACG is the preeminent professional organization that champions the prevention, diagnosis, and treatment of digestive disorders, serving as a beacon to guide the delivery of the highest quality, compassionate, and evidence-based patient care.

Our **MISSION** is to enhance the ability of our members to provide world class care to patients with digestive disorders and advance the profession through excellence and innovation based upon the pillars of:

- Patient Care
- Education
- Scientific Investigation
- Advocacy
- Practice Management

*“Advancing gastroenterology,  
improving patient care”*

# HISTORY of the ACG

## **The American College of Gastroenterology was founded in 1932**

by a group of 10 clinical gastroenterologists in and around New York City who felt that there was a need for an organization to serve the interests of practicing clinicians involved in patient care and research. It was called the New York Society for the Advancement of Gastroenterology, and its first educational meeting was held in 1933. Just two years after its founding, the name was changed to the National Society for the Advancement of Gastroenterology to reflect the aspirations of the organizational leadership and the interest of clinical gastroenterologists from around the country. As a sign of the staying power of the new organization, it began publishing a clinical journal, *The Review of Gastroenterology*, first published in 1934. This journal would eventually become *The American Journal of Gastroenterology*.

In 1938 the organization again changed its name, this time to the National Gastroenterological Association, as part of an effort to better reflect its membership from across the country. During the decade after World War II, the Annual Meeting and Postgraduate Course evolved into its current format.

By 1954 the modern organization took shape, including creation of the Board of Governors to connect the Board of Trustees to local gastroenterologists throughout the United States and establishment of a formal committee structure to develop and execute policies.

The Board of Trustees made a commitment to hold scientific meetings throughout the country. The journal was renamed *The American Journal of Gastroenterology* and the organization was christened as the American College of Gastroenterology.

During the next 25 years, the College experienced steady growth in membership and educational offerings. The *Journal* gained impact, and ACG began to be identified as the gastroenterology society most focused on the needs of clinical gastroenterologists. The Postgraduate Course and Annual Scientific Meeting and the regional courses came to exemplify the College's commitment to the continuing medical education of the practicing clinician.

Beginning in the 1980s, the College extended its activities in two key areas: national affairs and research. The Board of Trustees determined that it was imperative for the organization to engage with the government and other regulatory bodies to advance clinical gastroenterology. This allowed the College to be an advocate for health care reforms to benefit our patients. For example, in the 1990s the College promoted colonoscopy as the optimal strategy for colorectal cancer screening and led the way to establish Medicare coverage for screening our elders, and to mandate state-based health insurance coverage for screening our younger patients in the screening cohort. This effort was spearheaded by members of the Board of Governors who were able to rally local legislators

for this effort. This has led to a reduction in colon cancer deaths and an ever-larger number of people being screened. The College continues to be a strong advocate for the needs of patients with digestive disorders and their physicians as health care continues to change.

During the 1980s the Board of Trustees authorized funding for clinical research projects. Small at first, the success of this program led to the creation of the ACG Institute for Clinical Research & Education in 1994 as a division within the College to increase opportunities for young clinical researchers, to expand our knowledge about the science of gastroenterology, and to provide resources for a wide array of physician and patient educational projects. Supported by contributions to the College, the ACG Institute has, through 2018, funded 626 investigators with more than \$19 million. The ACG Institute is most proud of the more than 50 Junior Faculty Awardees whose academic careers have been launched through Institute funding in the last two decades, enriching the next generations of clinical researchers.

The American College of Gastroenterology remains true to its roots and dedicated to the advancement of gastroenterology. The College now includes nearly 15,000 members from 86 countries. In the early 2000s the College purchased its first permanent home, a building in Bethesda, Maryland. The College

sponsors outstanding clinical gastroenterology conferences both regionally and nationally, and publishes several journals: *The American Journal of Gastroenterology*, *Clinical and Translational Gastroenterology*, and *ACG Case Reports Journal*. The College hosts the ACG Education Universe, an online trove of continuing medical education programs available throughout the world, and supports the international educational efforts of the World Gastroenterology Organisation. ACG assists the next generation of gastroenterologists with innovative initiatives for fellows-in-training, such as the ACG Edgar Achkar Visiting Professorship Program and other fellow programs. The College develops and promotes evidence-based guidelines to improve patient care and helped to establish GIQuIC, a clinical GI quality registry to allow gastroenterologists to benchmark and enhance their care. ACG has spearheaded efforts to remove barriers to effective colon cancer screening and to maximize its effectiveness. Education, research, and patient care are abiding interests of ACG—they were at the beginning and they remain so now.

After more than 85 years, the American College of Gastroenterology continues to shape the future of gastroenterology for the benefit of patients everywhere.

# KEY PRIORITIES *of the ACG*

1

**Satisfy the needs of our membership and profession** through adherence to our mission and vision. The strength of the organization flows through the provision of services to a diverse group of clinicians who strive to provide the optimal care for their patients with digestive diseases and disorders.

2

**Support members and develop leaders** who embody the values of integrity, honesty, and professionalism to form the governance of the College, emulate our mission and vision, ensure social and fiscal responsibility of the affairs of the College, and represent the diverse interests and needs of the membership.

3

**Create and deliver timely and relevant educational activities and academic opportunities**, through a variety of innovative platforms enhancing best practices in patient care, practice management, and leadership in gastroenterology and hepatology.

4

**Promote the academic achievements of our profession** by providing premier journal offerings and a robust and comprehensive annual meeting at no charge to our members.

5

**Support and foster a wide variety of clinical and translational research opportunities** to students, trainees and researchers through increases in funding of scholarships, awards and grants, and develop resources to strengthen the understanding of clinical research methods and promote scientific collaboration and impactful discoveries.

6

**Promote and emphasize the importance of quality** by establishing metrics, measuring outcomes, and providing leadership to enhance and evolve systems for measuring, researching, and improving quality improvement in the field of gastroenterology.

7

**Create a powerful voice in all areas of national affairs and public policy** to advocate for all our members, improve the practice of medicine, and enhance the health and well-being of our patients.

8

**Embrace the values of camaraderie, mutual trust, and respect** within a diverse professional organization composed of voluntary executive officers, board of trustees, board of governors, administration, and our members.

9

**Enhance the professional satisfaction of our members** by acknowledging and attenuating the impact of burnout, and acknowledging the importance of wellness and professionalism.

10

**Strengthen partnerships and alliances with national and international organizations** to improve the GI health of all populations through education, research, and advocacy.

These key priorities will be reassessed every 3 years





Oppenheim, Crile & Clancy

1932

In November, a small group of physicians forms the Society for the Advancement of Gastroenterology. They perceive the need for an association for physicians with a clinical or research interest in gastrointestinal (GI) diseases.

December 27: The society is incorporated by twelve physicians from New York City, Brooklyn, and Long Island.

1934

Plans for expansion of the Society for the Advancement of Gastroenterology are detailed in an undated document, probably written sometime this year.

The society's flagship publication, *The Review of Gastroenterology*, makes its debut in March. One of the society's charter members, Samuel Weiss, MD, of New York City, is selected as editor.

In September, the organization's name is changed to the National Society for the Advancement of Gastroenterology.



1936

In June, the society's first annual scientific convention takes place in Atlantic City, New Jersey. A total of twelve papers are presented.



Wolf Schindler Gastroscopy

1938

At a special meeting of the membership, the name of the society is changed again to the National Gastroenterological Association.

In January, the first headquarters opens in New York City with a staff of three.



Samuel S. Weiss, M.D.



1939

The number of issues of the review is increased from four to six per year. Because of the association's many Latin American members, a Spanish edition is initiated.

1941

Daniel Weiss is appointed as the association's first executive director.



1946

The Bulletin of the National Gastroenterological Association is first published; it would cease publication in 1982.

The association holds its first postwar scientific convention, which is a huge success. An annual prize contest is inaugurated for the best unpublished contribution to gastroenterology. The contest is discontinued in 1973.



Acid Reflux Drop

1947

On October 10, the commissioned Ryan Report, *A Study on Organization of the National Gastroenterological Association*, is issued. On November 17, the Executive Board receives the report. The number of issues of *The Review of Gastroenterology* is increased from six to twelve per year.

1948

The Board of Trustees revises the constitution and bylaws and reorganizes the administration of the association. Limits are placed on the terms of office, and a vice president is elected from each of four designated regions of the country.



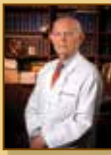
Medical Lateral Gastroscopy



Schindler Rigid Gastroscopy

1949

President William Morrison helps establish the association's first postgraduate course.



Dr. Basil Hirschowitz

1950

The association's leaders establish the Board of Governors, which replaces the old National Council.



1953

The Ladies' Auxiliary, which has supplied helpful support to the organization through the years, is formed.

1954

The annual convention format is changed to three days of meetings followed by the postgraduate course.

*The Review of Gastroenterology* is renamed *The American Journal of Gastroenterology*.

At a membership meeting in Washington, DC, the name American College of Gastroenterology is adopted.



1955

The name of the organization is officially changed from the National Gastroenterological Association to the American College of Gastroenterology (ACG). The inaugural meeting of the Board of Governors is announced by its first chair, Henry Baker, MD.



Dr. Martin Gordon and Dr. Paul Roberts: The Evolution of Gastroscopy display

1958

Upon the renewal of the meetings of the World Organization of Gastroenterology (OMGE), the College begins sending representatives to all OMGE meetings.



Dr. Benjamin Chodoff

1965

First editor-in-chief Samuel Weiss retires and is named editor emeritus.

1966

The Samuel S. Weiss Award for outstanding service to the College is created, to be awarded biannually.

November 1932

1932

1934

1936

1938

1939

1941

1946

1947

1948

1949

1950

1953

1954

1955

1958

1965

1966



EIGHTY-FIVE YEARS

celebrating a

1991

ACG initiates a challenge to the Health Care Financing Administration (HCFA) on global surgery and the Resource-Based Relative Value Scale (RBRVS) fee schedule.

1991



Eds. at Summer Camp sponsored by ACG

1992

The ACG, AGA, ASGE, and the American Association for the Study of Liver Diseases (AASLD) establish the Gastroenterology Leadership Council (GLC).

As a result of President Clinton's proposed national health care reforms, ACG mandates a special dues assessment in March to marshal resources to participate in health care reform and to begin the push for a Medicare colorectal cancer screening benefit. ACG initiates a working relationship with Patton Boggs as legislative counsel.

ACG sponsors its first summer camp for children with GI conditions. The first ACG legislative fly-in takes place.

ACG's first GI physiology course is held in conjunction with the annual scientific meeting and postgraduate course.

1993

The ACG Institute for Clinical Research & Education (ACG Institute) is established. During the first year, more than \$8 million is raised to educate physicians and the public about common GI diseases.

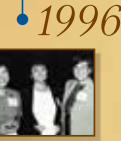
1994

Astra Merck Inc. awards grant to AGA for *H. pylori* research.

ACG practice management publications are released to aid the GI practitioner. The International Relations Committee initiates an international training grants program that supports bringing selected physicians from around the world to the United States or Canada for additional education, training, and clinical research under ACG supervision.

1995

The ACG Institute, with support from Astra Merck, initiates the ACG National Public Information and Education Campaign on GERD. The first ACG Board of Governors Course is held. The William D. Carey Award, Freshman Governor's Award, and Senior Governor's Award are established.



ACG leaders at White House Briefing

1996

In May, ACG trustees visit the White House to receive a briefing from leading Clinton administration officials on the Medicare program, the prospect on legislation to enact preventive benefits for colorectal cancer screening, HCFA's anticipated rule-making on practice expenses, and the recently concluded balanced budget agreement.

1997

In August, President Clinton signs into law the bill enacting a Medicare colorectal cancer screening benefit. The first GI structure and function course is held in conjunction with the annual scientific meeting and postgraduate course. The ACG Institute initiates a Junior Faculty Development Award. This two-year award is

designed to support a junior faculty member or mid-career clinical investigator of outstanding promise and to assist in facilitating his/her progress into an independent productive career in gastroenterology or hepatology. In the first year of the program, the grant is \$30,000 per year for two years.

The Stuart Distinguished Lecture is changed to the J. Edward Berk Lecture to honor this past president. Representative Benjamin L. Cardin (D-MD), a dedicated champion of the issue of colorectal cancer screening in Congress, is awarded the ACG's Distinguished Service Award at the annual scientific meeting.

1998

Christina M. Surawicz is elected as the College's first woman president. The Junior Faculty Development Award grant is increased to \$40,000 per year for two years.

1998



Dr. Christina M. Surawicz



The first GI pharmacology course is held in conjunction with the annual scientific meeting and postgraduate course.

1999

In July, ACG President-elect Rowen K. Zetterman (also acting as chair-elect of the Board of Regents of the American College of Physicians-American Society of Internal Medicine) presented testimony before the House Energy and Commerce Committee relating to HCFA's site-of-service differential policy, including the proposed legislative fix crafted by ACG's National Affairs Committee. Virginia state Senator Emily Couric is awarded the American College of Gastroenterology's Distinguished Service Award in October for her successful efforts in sponsoring Virginia's new colon cancer screening law, which is the most comprehensive in the nation.

2000

The Junior Faculty Development Award grant is increased to \$50,000 per year for two years.

2001



The ACG Institute begins a capital campaign with the goal of doubling its grant-making capacity and resources available for educational programs. In November, the College introduces an irritable bowel syndrome (IBS) education campaign with the publication of evidence-based recommendations on IBS treatment as a supplement to *The American Journal of Gastroenterology*.

2002



Brands, Graham, and Rogers

The ACG Clinical Achievement Award is renamed the Berk/Fise Clinical Achievement Award in honor of J. Edward Berk and Thomas Fise. First ACG Washington, DC, is held. The College introduces the education component of multimedia IBS campaign. *The American Journal of Gastroenterology* Lecture is initiated at the Joel Richter, MD, MACG Talley, MD, PhD, FACG co-editors of *The American Journal of Gastroenterology*.

2003



Dr. J. Edward Berk



Dr. F. Warren Nagent



Dr. William S. Rosenthal



Dr. Sidney J. Winawer



Dr. Burton I. Korlitz



Dr. Franz Goldstein



Dr. Jerome D. Waye



Dr. James L. Ashford



Dr. Walter Harvey Jacobs



Dr. John P. Fopp



Dr. Arthur H. Aufses



Dr. Myron Lewis



Dr. Chesley Hines, Jr.



Dr. James Barkin



Dr. David V. Graham



Dr. Arvey L. Rodgers



Dr. Larry Brandt



Dr. William D. Carey



Dr. Joel E. Richter



Dr. Seymour Katz



Dr. Marvin M. Schuster



Dr. Sarkis J. Chouman



Dr. Luis Balart



Dr. Rowen K. Zetterman



Dr. Edgar Ashkar



Dr. Frank L. Lanza



Dr. Douglas K. Rex



Dr. John W. Papp, Jr.



Dr. Jack A. DiPalma



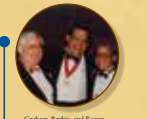
Dr. David A. Johnson



Dr. Amy E. Fackel



2, ACG is formed.



1968

The Stuart Distinguished Lecture is inaugurated to honor physicians who have made exceptional contributions to gastroenterology.

1970

An Advisory Council of Past Presidents is formed.

1973

Richard Marshak, radiologist at Mount Sinai Hospital in New York City, establishes an award for the best radiological paper published in the journal.

1974

The Henry Baker Presidential Lectureship is established.

1977

ACG is designated a separate and alternate delegate to the American Medical Association House of Delegates. ACG establishes the David Sun Memorial Lecture, to be given annually at the postgraduate course. The College sends an official delegation to the First International Conference on Gastrointestinal Cancer, held in Israel.

1978

The Ladies' Auxiliary establishes a lecture to be given annually by an outstanding woman in the field of gastroenterology.

1979

The first retreat of the Board of Trustees is held at Hilton Head Island, South Carolina.

1981

Daniel Weiss, executive director for 40 years, retires. ACG leaders recruit a management firm, the Professional Relations & Research Institute, to manage the business affairs of the College. Gardner McCormick is recruited to serve as executive director. A Board of Governors' task force meets at the Rye Town Hilton in New York to discuss the future of the Board of Governors and its relation to the membership and the Board of Trustees. The College serves as the host organization for the Inter-American Society of Gastroenterology held in Bal Harbour, Florida.

1982

The College celebrates its 50th anniversary. Guidelines for the training of gastroenterologists are prepared and published.

1983

The constitution and bylaws are revised to further streamline the organization. The Research Committee becomes a standing committee. Clinical research awards are established, and the first three winners are announced.

1985

ACG begins offering a board review course in alternating years at the annual meeting. The three U.S.-based societies devoted to GI medicine—the American Gastroenterological Association (AGA), the American Society for Gastrointestinal Endoscopy (ASGE), and the ACG—hold their first joint conference. Daniel Barrett of the Professional Relations & Research Institute replaces Gardner McCormick as executive director. The National Affairs Committee is established.

1986

The Ad Hoc Membership Committee sets goals to increase membership among women, trainees, and the academic community. John Papp testifies on Capitol Hill regarding proposals for methods by which Medicare will pay physicians.

1987

ACG retains the Washington-based firm Health & Medicine Counsel of Washington, and later Medical Advocacy Services, Inc., to represent clinical gastroenterological interests politically. In January, Thomas Fise becomes the fourth executive director of the College. The first ACG Clinical Achievement Award is presented to Leonidas Berry, MD, in recognition of a lifetime of distinguished contributions to clinical gastroenterology.

1988

ACG headquarters moves to Arlington, Virginia. The first ACG self-assessment test is introduced. At ACG's annual meeting, the first practice management seminar is introduced to aid members in coping with practice management problems.

1989

The Board of Governors now has representation from every state. The title of master of the American College of Gastroenterology (MACG) is introduced. A governor is designated for every province in Canada. ACG develops "Current Topics in Gastroenterology." "The Governor's Update" is designed to encourage all ACG governors to communicate regularly with their constituents at the local and state levels. In May, Chesley Hines, Jr., MD, FACP, and Sarkis J. Chobanian, MD, MACG, are invited to testify before the House Ways and Means Committee. Thomas Fise is appointed ACG Washington representative to work with the National Affairs Committee.

1990

Regional postgraduate courses are initiated. The Regional Council of Governors is established. The ACG Patient Care Committee Speakers' Manual program is initiated. The Ad Hoc Committee on Women in Gastroenterology is formed. President Ronald Reagan is awarded the American College of Gastroenterology's Distinguished Service Award.

# history of achievements

Development Award is inaugurated in conjunction with the annual scientific meeting and postgraduate course. The annual David Y. Graham Lecture is established at the annual scientific meeting. The first GI recertification course is held in conjunction with the annual scientific meeting and postgraduate course. The annual David Y. Graham Lecture is established at the annual scientific meeting. The first GI recertification course is held in conjunction with the annual scientific meeting and postgraduate course. The annual David Y. Graham Lecture is established at the annual scientific meeting.

2004



In February, ACG moves to its new headquarters building in Bethesda, Maryland. The Junior Faculty Development Award grant is increased to \$75,000 per year for two years. The first phase of the ACG Institute's \$12 million capital campaign is achieved. Edgar Achkar, MD, FACP, is appointed ACG Institute Director.

2005

2006

Thomas Fise, Esq., retires as Executive Director; Bradley C. Stillman, Esq., becomes the College's fifth Executive Director. ACG introduces ACG Education Universe, an online, self-directed continuing medical education program. ACG introduces the online self-assessment test, a detailed examination for trainees and established practitioners. The Emily Couric Lecture is founded to honor the Virginia state senator who helped establish state-based guidelines for colorectal cancer screening.

2007

ACG Education Universe: An online portal expands access to CME and training resources. "Saturday with GI Experts" - Innovative series of local courses feature expert faculty. ACG SmartBrief Bi-weekly e-newsletter offers media headlines for busy GI clinicians. First ACG Minority Health Service Award to Dr. LaSalle D. Leffall, Jr.

2008

Obesity Initiative tackles challenge of GI complications of overweight and obesity. UK-based Nature Publishing adds the Red Journal to its family of journals. Advancing public policy and representing clinical GI before Congress and the regulatory agencies. The College mourns the loss of Jack Berk, MD, MACG, Past President and great friend to ACG.

Collaboration with World Gastroenterology Organisation (WGO) involves ACG in "Train the Trainer" and World Digestive Health Day. ACG celebrates WGO's World Digestive Health Day on IBS. ACG Colorectal cancer screening guideline first to recommend African Americans begin at age 45. GI Circle launches: an online professional networking community for ACG members. ACG and ASGE launch quality benchmarking registry: GI Quality Improvement Consortium "GIQuIC." ACG Institute tops \$10 million in clinical GI research support.

2010

ACG introduces podcasts for patients on CRC, IBD, and common GI topics. ACCME Accreditation with Commendation. Hands-on Workshops come to ACG Annual Meeting. ACG takes on the public health challenge of chronic viral hepatitis C infection in the U.S. Dr. Moayyedi and Dr. Chey take the reins as Co-Editors and increase A/JG's impact factor.

2011

ACG Institute surpasses \$1 million annual grant support. Social Media gains traction at ACG for GI health awareness. 5k race for digestive health with Gutrunners™. Dr. Eamonn M.M. Quigley receives Inaugural ACG International Leadership Award.

2012

Dr. DiMase of Rhode Island recognized in 2011 for efforts to increase colorectal screening among the uninsured with first ACG Community Service Award. He died in 2012. New A/JG audio podcasts feature Red Journal's clinical highlights.

2013

Introducing ACG Case Reports Journal. Mohammad Yaghoobi, MD, MSc, Editor-in-Chief, ACG Case Reports Journal. ACG introduces Hepatitis School.

President Ronald J. Vender, MD, FACP, attends launch of NCCRT "80% by 2018" colorectal cancer campaign with American Cancer Society's Dr. John R. Seffrin and U.S. Asst. Secretary for Health Dr. Howard K. Koh. Launch of online communities: ACG-CCFA IBD Circle and Hepatitis Circle. ACG Institute launches Edgar Achkar Visiting Professors Program. Brian E. Lacy, MD, PhD, FACP, & Brennan M.R. Spiegel, MD, MSHS, FACP, become A/JG Co-Editors-in-Chief. Launch of the "SCOPY": Service Award for Colorectal Cancer Outreach, Prevention and Year-Round Excellence. Rana H. Yadlapati, MD, Editor-in-Chief, ACG Case Reports Journal.

2015

ACCME awards Accreditation with Commendation for the second time. Nicholas J. Shaheen, MD, MPH, FACP, appointed ACG Institute Director. David C. Whitcomb, MD, PhD, FACP, becomes CTG Editor-in-Chief. Launch of the "SCOPY": Service Award for Colorectal Cancer Outreach, Prevention and Year-Round Excellence. Rana H. Yadlapati, MD, Editor-in-Chief, ACG Case Reports Journal.

2016

ACG launches social media campaign for March Colorectal Cancer Awareness Month. Social media presence expands as ACG joins LinkedIn, Instagram. Brian E. Lacy, MD, PhD, FACP, & Brennan M.R. Spiegel, MD, MSHS, FACP, become A/JG Co-Editors-in-Chief. Katie Couric authors A/JG Red Section article, "An Unexpected Turn: My Life as a Cancer Advocate." Matthew A. Chin, MD, Editor-in-Chief, ACG Case Reports Journal.

2017

Glenn M. Eisen, MD, MPH, takes over as GIQuIC President & Director from Irving M. Pike, MD, FACP, who served since inception in 2009. New online communities launched: Women in GI Circle and Functional GI Health & Nutrition Circle. ACG Magazine makes its debut as the College retires ACG Update newsletter. ACG hosts World Congress of Gastroenterology at ACG 2017 with World Gastroenterology Organisation. ACG introduces IBD School. Governors and Officers visit Capitol Hill to press ACG's legislative agenda. Parth J. Parekh, MD, Editor-in-Chief, ACG Case Reports Journal.





## MEMBERSHIP

Membership remains the raison d'être of our organization. The face of clinical gastroenterology has changed over time as have the needs of members and the patients they serve. The ACG will actively seek to ensure that College membership reflects the diversity of our profession. To that end, the College remains committed to:

1. **Recruit more** women, under-represented minorities, advanced practice providers, and practice leadership (e.g. managers) into the membership.
2. **Continue outreach** to GI Program Directors and GI trainees for membership.
3. **Recognize the impact of membership diversity** through programs and projects designed to meet the specific and unique needs of different groups of College members.
4. **Provide our members with tools and resources** to allow them to provide the best care for their patients.
5. **Support our members** with resources and mentorship to enhance their professional success.



## GOVERNANCE AND ADMINISTRATION

### BOARD OF TRUSTEES:

1. **Advance the priorities of the membership** by continuing the College's commitment to including both academic and private practice clinicians in leadership roles and by reflecting the diversity among the membership across GI specialties and personal background.
2. **Maintain the tradition of prudent deployment of resources** and responsible management of finances to ensure that the College can meet its needs far into the future.
3. **The Executive Director and the Trustee for Administrative Affairs will collaborate** to assure that sound principles of non-profit governance are in place for the College.
4. **Organize and implement an orientation and mentoring process** for new trustees through their first term of appointment.
5. **Act as ambassadors** of the College.
6. **Embrace fiduciary and other responsibilities** as leaders of the organization.
7. **Ensure a support structure** to meet the needs and activities of the Board of Governors and College Committees.

### BOARD OF GOVERNORS:

8. **The Board of Governors will support members** by providing a forum for members to express their practice concerns and provide resources and solutions from the College.
9. **The Board of Governors will help identify members** who distinguish themselves in service to the College and afford them opportunities to demonstrate and expand their leadership capabilities for the organization and the profession of clinical gastroenterology.
10. **The Governors will identify and orchestrate approaches to expand** College membership.
11. **The Governors will lead advocacy efforts** at the state and national level.
12. **The Board of Governors will ensure the Governors maximize their level of engagement** with our members as this unique structure within the College and organized gastroenterology is important to the future health of the College and our profession.



## GOVERNANCE AND ADMINISTRATION

### COMMITTEES AND COUNCILS:

The work accomplished in the Committees of the College represents some of the most important activity done on behalf of the membership and the patients we serve, as well as our profession at large. The charter of the Committees, standing or ad hoc or of any councils appointed by the College, should be constantly reassessed to ensure their charge is relevant and meets the mission of the College. The Committees provide an important forum where College members can engage with each other on the important work of the organization.

1. **Committees are the backbone** of the College.
2. **Committees represent a means of personal involvement and contribution** by College members.
3. **Committee members are expected to participate** in calls, meetings, and share in the necessary committee work.
4. **Committee Chair leadership offers a mechanism to identify the strengths and cultivate** the skills of future leaders of the College and the profession.
5. **Communication and collaboration are essential** among the various College Committees, as well as among the membership and the public at large.
6. **Councils shall be used to focus on issues** that cross traditional committee lines.
7. **Councils shall be appointed by the President** with the approval of the Board of Trustees, report to the Board regularly, and shall serve for as long as deemed necessary and appropriate.

### ACG INSTITUTE:

The mission of the American College of Gastroenterology Institute for Clinical Research and Education is to promote digestive health through education of the clinician, the patient, and the public, to support clinical research and innovation in gastroenterology and hepatology, and to raise public awareness about prevention of digestive disease.

8. **The ACG Institute generates philanthropic support** of the work of the College from both industry partners and generous individuals and is critical and strategically important as the ACG looks to grow the corpus of its endowments, securing the future of the organization.
9. **The ACG Institute advances investigative science and clinical practice** through its support of a variety of Clinical Research Awards, which include the Junior Faculty Development Awards, a three-year award to support career development.
10. **The ACG Institute serves as an incubator** of evidence-based educational programs and resources for clinicians and their patients, focusing on areas of need with direct impact on practice.





## EDUCATION

Education is a founding principle of the College. The College is committed to lifelong learning in the pursuit of outstanding patient care and will:

1. **Offer the foremost educational opportunities** for all constituents of the College.
2. **Develop novel formats** for both live and virtual education, including formal and informal settings, and use of innovative technology and learning methods.
3. **Emphasize interactive and collaborative learning** activities to further our educational goals.
4. **Promote educational activities** that feature evidence-based diagnostic and therapeutic strategies.
5. **Generate, update, and disseminate practice guidelines** to optimize and standardize quality of care.
6. **Provide tools for practitioners** to implement quality assessment and practice improvement activities.
7. **Foster the development of trainees** by providing unique learning opportunities involving experts in both clinical practice and academic research.
8. **Furnish high-quality patient education** materials to support clinical practice.
9. **Implement strategies and contribute resources** for members to maintain knowledge and competency in the practice of gastroenterology.



## PUBLICATIONS AND COMMUNICATIONS

The College has always provided our membership with state-of-the-art information via print and, more recently, digital publications. The College is committed to:

1. **Maintaining the highest level of publication quality** and continue to expand the reach of *The American Journal of Gastroenterology* in print and digital format.
2. **Continuing to develop and update web-based and social media** tools for communications, news, and continuing medical education.
3. **Promoting the reputation of the expanding publication** of the College's family of journals, including *Clinical and Translational Gastroenterology* and *ACG Case Reports Journal*, as well as other publications to meet the needs of clinicians and trainees.
4. **Expanding the development and regular updates** of clinically relevant evidence-based practice guidelines.
5. **Enhancing access to high-quality patient publications** and electronic media.
6. **Partnering with other patient and professional organizations** and explore new technologies to enhance patient and member communication.



## RESEARCH

Funding and promoting clinical research is a founding principle of the College. The College and the ACG Institute are committed to:

1. **Promoting and supporting research** in all aspects of clinical gastroenterology, education, and quality for trainees, clinicians, and physician scientists.
2. **Continue to champion the funding for clinical research** from the College, the ACG institute, and other sources.
3. **Encourage research** to establish clinical outcomes for commonly seen GI conditions where they do not currently exist.
4. **Explore opportunities to partner** with other funding sources to develop projects of mutual interest.



## PUBLIC POLICY

The College is the voice and advocate for our members in order to provide the best care of our patients. The College is committed to:

1. **Maintaining and expanding ACG's role as the primary champion** of the professional needs of clinical gastroenterologists in the legislative and regulatory arenas while collaborating with other societies and organizations on issues broadly impacting practitioners and the provision of quality care.
2. **Exploring methods and opportunities for interaction** with patients, the public, the media, patient advocacy societies, non-profit organizations, and other medical societies to support ACG public policy issues. Actively searching for opportunities to collaborate with other national societies when it is in the best interest of our members and ACG objectives.
3. **Continually evaluating the role of public policy** consultants and providing an ongoing review to the Board of Trustees regarding the consultants' effectiveness in meeting the College's needs as defined by the College leadership, Legislative and Public Policy Council, and Executive Director.
4. **Re-evaluating and expanding membership education, training, and communication** regarding public policy, with major emphasis on the grassroots activities undertaken through the Board of Governors, key committees, and the membership at large.



## QUALITY

The College must continue to be a leader in promoting quality for clinical gastroenterology and make quality a priority to:

1. **Maintain and expand our GI registry** (GIQuIC) and measure, report, and research quality outcomes that are meaningful, practical, and relevant to clinical gastroenterology.
2. **Encourage, coordinate, and monitor all quality-related** activities across the College.
3. **Collaborate with sister societies** on developing quality metrics.
4. **Proactively identify and expand quality metrics** and engage with governmental agencies responsible for assessing quality in clinical gastroenterology.
5. **Develop and define metrics to improve quality** in non-procedural areas including access, results reporting, patient communication, and patient experience.



## WELLNESS AND PROFESSIONALISM

The College recognizes the substantial work-related pressures to which clinicians are exposed and the associated burnout which threatens the gastroenterology workforce. The College endeavors to:

1. **Increase awareness in our members** of the signs and symptoms of burnout and the benefits of wellness and professionalism.
2. **Educate our members on both personal and organizational strategies** to mitigate burnout.
3. **Provide tools and resources** to measure burnout and improve wellness and professionalism.
4. **Partner with other organizations to advocate** for innovative systems or changes in health care delivery to reduce redundancy and low value activities in the workplace.
5. **Demonstrate, by example, professionalism** in every aspect of patient, peer, and public interactions.



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