Membership in the American Surgical Association

Criteria

According to the Bylaws, “to be eligible for Fellowship, a candidate must be at least 30 years of age and a graduate of five years standing from a recognized medical college, have established a reputation as a surgeon from contributions as a practitioner, author, teacher and/or original investigator, and have been recommended by the Council. Certification by the American Board of Surgery or by one of the surgical American Specialty Boards is not a requirement for membership.”

In reality, surgeons with a wide range of backgrounds and achievements are nominated for membership in the American Surgical Association, and, thus, the merits and accomplishments of each nominee are considered individually. Generally, though, individuals who are selected for membership must fulfill the following criteria:

- Strong academic credentials as judged by grants held and their publication record
- Recognized leaders nationally as evidenced by leadership roles in major surgical organizations and other organizations as well as invited lectureships and collaborations
- Are ethical and professional in their conduct

Surgeons may be considered for Active membership (age 60 or less in the year of election) or Senior membership (age over 60 in the year of election to membership). There is a limit of 460 Active members, so the number of nominees who are elected to membership varies each year depending on the number of members who move to senior membership (among other factors)—and, thus, the number of vacancies. The Active membership limit was increased several years ago from 400 to 460 members with a stipulation that 20 additional active members would be added to the roster over three years (2011, 2012, 2013) in order to reach the new Active member limit of 460. There is no quota for Senior Membership.

The leadership of the Association strongly encourages sponsorship of membership applications for women leaders and underrepresented minorities, as well as from a range of surgical specialties. Furthermore, in line with the ASA’s collection of demographic information about its current Fellows, membership applicants are asked demographic questions to ensure that we know who we are, and to identify if there are specific groups of people that are being inadvertently excluded from membership and participation in the Association. With this as a goal, all candidates are judged equally on their merits by the Advisory Membership Committee.

What may help the nominee’s application?

- The nominee’s CV should be up to date.
- Generally, the nominee should hold the rank of Professor, although some outstanding nominees are elected to membership when they are Associate Professors.
- The candidate’s contributions in education, research, scholarship, and leadership should be outlined in each sponsor’s letter. In particular, major contributions in these areas should be highlighted. If the nominee works closely with a senior colleague or mentor at his/her institution, his/her independent contributions should be explicitly outlined.
- The best three papers must be submitted. The articles should be relatively recent ones (not ones that were published during training) and the candidate should generally be the first or senior author or at least have played a major role in the project. Basic science, translational research, and health service research are weighted equally. Clinical papers such as reporting of single institutional case series are not given as much weighting. Since most nominees are at least in their mid-career, senior authorship with residents/fellows as first author is often viewed as a sign that the nominee has developed a research program.
- Peer reviewed grants are given more weighting than industry or institutional grants, but all should be listed. Current and sustained funding strengthens the application but is not essential.
• According to the Bylaws, Fellowship will be terminated if the Fellow fails to attend three consecutive meetings without submitting an adequate excuse. Thus, greater consideration is given to individuals who are more likely to attend and submit their work for presentation at the Annual Meeting, but individuals from all surgical specialties are considered for membership.

• While local contributions (such as institutional leadership roles or major teaching commitments) are important, generally nominees will not be elected without significant contributions outside their own institution.

• There must be a primary sponsor and five other sponsors. It is generally worthwhile to have some of the letters written by individuals from institutions outside the candidate’s home institution to provide evidence that the candidate is known outside his/her own institution.

Process

The process for nominating individuals—as well as instructions for the completion of the proposal for membership—are outlined on the American Surgical Association website; sponsors and nominees should review this information.

Briefly, the timelines are the following:

• Nominations, including the nominee’s name and contact information and the names of the Primary, Secondary, and Tertiary sponsors, must be submitted via the ASA Members Only Area.

• All nominees must submit their applications before March 1, including:
  o Information regarding training, publications, grants held, and leadership roles, which must be submitted in a standardized format via the online application system; and
  o The names of three additional, required sponsors with their application—please note that it is strongly encouraged to have some of the letters of recommendation written by individuals from institutions outside the nominee’s home institution to provide evidence that the nominee is known outside of their region.

• All six required sponsor letters must be submitted by March 31.

• The names of individuals who are nominated are read at the Annual Meeting in April.

• The names of the nominees are sent out to members in the nominee’s region and specialty to ascertain how well they are known and also to solicit opinions on their suitability for membership. Of note, negative comments are not considered by the Advisory Membership Committee if they are submitted anonymously outside of the regional and specialty surveys.

• The Advisory Membership Committee meets in October during the ACS Clinical Congress and reviews all applications. The Committee consists of individuals from a variety of specialties who are geographically dispersed so nominees are usually known by one or more members on the Committee. All nominees are reviewed by the Committee and scored and ranked. The Advisory Membership Committee makes a list of individuals who are recommended for membership and submits it to the ASA Council.

• The ASA Council reviews the list of nominees who are recommended for membership.

• The general membership votes on the submitted list of individuals who are recommended for membership.

• For nominees who are not elected to membership, sponsors must submit a new nomination each year. Sponsors are notified in January if the nominee was not chosen to be on the ballot at the Annual Meeting so an application can be submitted if they so desire.