

## **NPSA Council**

### **Teleconference**

**March 2, 2020**

#### Councilors attending (\*indicated)

\*John Waldhausen, MD, President (Seattle)  
\*Allen Hayashi, MD, President Ex-Officio (Victoria/Alberta)  
\*Nathalie Johnson, MD, Vice President (Portland)  
\*Vance Sohn, MD, 2<sup>nd</sup> Vice President (Tacoma)  
\*Kenneth Gow, MD, Secretary-Treasurer (Seattle)  
Sam Wiseman, MD, Senior Councilor (Vancouver)  
Timothy Bax, MD, Junior Councilor (Spokane/Idaho)  
Martin Schreiber, MD, Delegate to ACS Board of Governors (Portland)  
Laszlo Kiraly, MD, Recorder (Tacoma)  
Nis Schmidt, MD, Historian (Vancouver)

#### Others attending:

Matt Martin, MD – Bylaws Committee  
Rebecca Stark, MD – Annual Meeting Program Chair  
Antoine Bouchard-Fortier, MD  
Flavio Rocha, MD – Annual Meeting Committee  
Harvey Gail, NPSA Executive Director

### **A. Seattle Meeting Agenda**

Dr. Waldhausen started the meeting at 4:05 pm. He introduced the chair, Dr. Rebecca Stark. She commented on a change needed on the agenda noting there is an option to have the videos at the same time as the wine and cheese reception and then replace the video session with four more abstracts. She said the wine and cheese reception also works with e-posters. Dr. Martin said he likes posters because they give residents another presentation option. The group discussed the pros and cons of videos. Dr. Martin advised that videos could be written up as a “procedure technique” papers to be accepted by the *AJS*. Dr. Johnson noted it should be clear that the videos can be accompanied by a unique or new technique.

### **2. Bylaws Committee Recommendations**

Dr. Waldhausen noted the committee includes Dr. Johnson, Dr. Gow and Dr. Martin. Dr. Gow reviewed the tasks for the bylaws committee. He reviewed the changes referring to a Word doc with track changes added. He noted there are two new categories of members and that electronic voting is allowed and referenced in a few places. He noted to eliminate the 150-maximum number of members.

and to take away reference to number of members when referred to since it is now not relevant.

Dr. Gow reviewed the new text on trainee members. He said we decided not to set a dues rate in the bylaws. He also noted we added “he or she” and “him or her” in several places.

Dr. Gow noted the reference to a quorum needs to be amended. He did not think the 30-member quorum had been met at the annual meeting and he asked for comment on the 30-member attendee requirement. He also noted some changes to the way annual meetings are run. Dr. Johnson asked for input on whether

actual numbers should be referenced in the bylaws. She suggested having no set number to ensure a quorum as long as there is sufficient notice. Currently, proper notice is defined in the bylaws as 30 days. It was suggested that we keep the 30-day notice, but we adjust the bylaws so voting on changes to the bylaws could be done anytime of the year, not just at the annual meeting.

Dr. Gow clarified that to change the bylaws now, we have to make the changes under the conditions of the current bylaws. Under Article 7 section 4, the current reference is to require notice of meetings 4 month's prior. Dr. Johnson suggested it be changed to 30 days.

### **3. Financial Review**

Dr. Gow provided a memo summarizing recommendations and reviewing financial results over the last few years. He said in the 2000's attendance was around 140, now it seems to have dropped to a little under 100. He gave the averages over the last few years. He said in the long run financial losses at meetings can't become routine; there need to be wins every now and then.

Dr. Gow reviewed several ways to improve the financial status of NPSA:

- Increase dues rates dues.
- Increase retention rates (ensure people are renewing and continuing their membership).
- Increase number of residents at meetings.
- Keeping costs down at the annual meeting including trimming entertainment and catering expenses.
- Adding more abstracts could encourage more attendance from senior authors.
- Making CME credits an option on the registration form.
- Raise registration rates.

Dr. Gow said the names of the people who have not paid were circulated to the councilors. Harvey Gail suggested we switch to a new more dynamic web platform. Dr. Gow expressed that we should not raise dues. He felt that would not be popular.

Dr. Gow said one of the options is to use an app instead of printing a program which would save money as long as the app was inexpensive. Gail noted apps specifically designed for medical conferences can be expensive, so we would need to find an inexpensive option. Dr. Waldhausen noted Gail had been researching apps for the Oregon-Washington ACS Summer meeting (in June). Gail had noted that if this works and it is inexpensive, NPSA could adopt the same system.

Gow said we have not dipped into the Merrill Lynch account lately, but the funds are there if needed.

Gail noted that sponsorship is an important piece of the financial outcome. He said it stood out to him that sponsorship for the Seattle meeting was only \$17,000 in 2014, which seemed to be far short of what is normally received. He pointed out that the meeting in Tacoma had a net income of \$18,000, due primarily to much lower hotel;/catering costs. Gail said he has a list of sponsors and there are about 10 companies that have expressed interest in the Seattle meeting. He noted the list has a lot of contacts since some companies have several reps that work different geographic areas.

Dr. Martin said more residents would attend if they could show e-posters, especially if they knew it would get published. He said Pacific Coast Surgical runs three rooms of posters. He felt NPSA could potentially recruit 30 people. He said the e-posters could be added as research letters in the *AJS* submission.

Gail said there is a hard cost for applying for CME credit through the American College of Surgeons. He said the cost is based on the number of credit hours requested. He was not sure if self-assessment also had a cost in the CME application. He will research that. He said most of the cost for self-assessment is

administrative in nature; correspondence with the abstract authors on the questions, formatting the questions, uploading them to a web-based test app, etc. Gail noted that while administrative time would be saved from not having to coordinate self-assessment, the coordination required by the edition of e-posters would offset that.

Gail guessed that about 20 people received self-assessment credit in Victoria. Dr. Johnson liked the questions, just because in developing them the authors are encouraged to think a bit about their presentation. Also, she said it keeps people's attention in the audience. The group discussed the pros and cons of offering self-assessment credit. It was suggested to survey the members about CME credit and self-assessment in particular.

#### **4. Adjournment**

Dr. Waldhausen noted he wanted to keep the call to one hour, so the meeting was called for adjournment at 5:05 pm.

#### **ACTION ITEMS**

- Determine the hard costs in filing CME credit for self-assessment and determining the number of people receiving it (Gail).
- Create a draft budget including estimated costs for the Seattle meeting (Harvey Gail, Dr. Gow).
- Summarize bylaws changes to be voted on by the Council and presented to the members (Gail).
- Send list of exhibitors and sponsors to the councilors (Gail).

*Minutes taken by Harvey Gail, NPSA Executive Director*