APDCRS History

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1916 to 1949

During the early 20th century, proctology was a neglected area of medical practice with vulnerable patients often being treated by self-taught itinerant doctors. Most physicians were not adequately trained in the treatment of hemorrhoids, fissures, abscesses, and fistulas. The majority of medical schools did not have sections of proctology and most instruction was provided by departments of general surgery. Dr. Walter A. Fansler was focused on educating specialists and maligned practitioners who called themselves proctologists after completing a two-week course on the subject. In 1916 he established the first Section of Proctology at the University of Minnesota. Proctology training programs slowly started to emerge though without structure or standardization.

In 1932 the National Board of Medical Examiners created the Committee on Specialists, which promoted standardized curriculums and training that would be followed with an examination by independent experts; and passing the examination would result in approval to practice that specialty. The primary focus was to create one nationwide specialty board for each specialty that would be charged with determining competence for practice. That resulted in the American Board of Medical Specialties (ABMS) being established in 1933, which focused on assuring independence of each individual board. Prior to ABMS any practitioner could claim whichever proficiency they wished since there was not a system in place to validate expertise. The creation of ABMS helped to standardize residency curriculums for each specialty and improve the overall quality of graduate medical education.

The American Medical Associations' Council on Medical Education was charged with accrediting specialty boards. The American Board of Proctology (incorporated 8-13-1935) argued steadfastly that proctology should be recognized as an accredited specialty, although the American Board of Surgery (incorporated 1-9-1937) staunchly disagreed. Following years of appeals and petitions, in 1949 ABMS agreed to support the accreditation of the American Board of Proctology (ABP) as a primary specialty board, and not a subsidiary board of the American Board of Surgery (ABS). At that time ABP approved residency training programs and in 1949 there were 12 sanctioned Proctology Training Programs offering 23 residency positions. In addition to approved training programs there were also multiple apprenticeship style preceptorships offered throughout the country.

State	Program	Program Director
California	U.S. Naval Hospital	Unknown
Illinois	Loyola University Clinics	C. L. Martin
Michigan	Detroit Receiving Hospital	C. G. Johnston
Minnesota	Mayo Clinic	L. A. Buie
New York	Millard Fillmore Hospital	L. S. Knapp
Ohio	Youngstown Hospital	P. J. Fuzy
Pennsylvania	Allentown Affiliated Hospitals	M. Kleekner
	Jefferson Medical College	T. A. Shallow
	Presbyterian Hospital	K. Zimmerman
	Reading Hospital	F. G. Runycon
	Temple University	H. E. Bacon
Wisconsin	Milwaukee County Hospital	A.G. Schutte

1950 to 1979

Depending on the training pathway chosen, from 1949 to 1955 there were two different certificates offered by the American Board of Proctology. One was only in anorectal surgery whereby training consisted of an internship and three years of graduate training, followed by no less than two years of training or practice limited to proctology. The other certificate was for applicants desiring certification in anorectal and colonic surgery. Following one year of internship, three years of general surgery, and two years of residency specifically in proctology, the applicant could pursue certification.

In 1959 the American Board of Proctology required a minimum of 3 years in an approved general surgery residency and 2 years of colon and rectal surgery, either in an approved training program or a recognized preceptorship. In 1961 the American Board of Proctology commenced a name change to the American Board of Colon and Rectal Surgery (ABCRS), resulting in renaming Proctology Training Programs to Colon and Rectal Surgery in 1962. At that time there were 13 ABCRS approved Colon and Rectal Surgery Residency Training Programs offering 28 residency positions.

State	Program	Program Director
California	Queen of Angels Hospital	D. Gazzaniga
	White Memorial Hospital	M. R. Hill, Sr.
Louisiana	Ochsner Clinic	P. H. Hanley
Michigan	Ferguson Clinic	J. A. Ferguson
Minnesota	Mayo Clinic	R. J. Jackman
	University of Minnesota	W. C. Bernstein
New York	Buffalo General Hospital	L. S. Knapp
	Millard Fillmore Hospital	W. H. Bernhoft
Pennsylvania	Allentown Affiliated Hospitals	G. L. Kratzer
	Temple University	H. E. Bacon
	University of Pittsburgh	K. Zimmerman
Texas	Baylor University	A. Baldwin
Wisconsin	Milwaukee County Hospital	R. T. McCarty

In 1972 the American Medical Association (AMA) established the Liaison Committee on Graduate Medical Education (LCGME), which created general requirements for all residency programs and in 1975 the LCGME started formally accrediting programs. In 1976 there were 20 LCGME accredited Colon and Rectal Surgery Residency Training Programs offering 35 residency positions. In 1981 the LCGME transitioned to a private nonprofit organization – The Accreditation Council for Graduate Medical Education (ACGME).

State	Program	Program Director
California	Queen of Angels Hospital	B. R. Jackson
Illinois	Carle Foundation	G. B. Thow
	Cook County Hospital	H. Abcarian
Louisiana	Ochsner Clinic	J. E. Ray
Maryland	Greater Baltimore Medical Center	J. D. Rosin
Massachusetts	Lahey Clinic	M. C. Veidenheimer
Michigan	Ferguson Clinic	W. P. Mazier
Minnesota	Mayo Clinic	R. J. Spencer
	University of Minnesota	S. M. Goldberg
New Jersey	Muhlenberg Hospital	E. P. Salvati
New York	Buffalo General Hospital	J. E. Alford
	Deaconess Hospital	B. A. Portin
Ohio	Cleveland Clinic	R. B. Turnbull
	Grant Hospital	R. B. Samson
Pennsylvania	Allentown Affiliated Hospitals	G. L. Kratcher
	Saint Vincent Health Center	F. J. Theuerkauf, Jr.
	Temple University	A. G. Gennaro
Texas	Baylor University	W. Bailey
	Presbyterian Hospital	R. J. Rowe
	University of Texas - Houston	J. W. Harris

In addition to accredited LCGME Colon and Rectal Surgery Residency Training Programs, there were still un-accredited preceptorship programs approved by ABCRS. In 1977 ABCRS put forth a call for more training programs and asked institutions with sufficient clinical material to consider starting a preceptorship program and developing it into a residency. As a result of changes in general surgery residency training, in 1977 ABCRS approved decreasing colon and rectal surgery residency training from two years to one in favor of four years of general training following the first postgraduate (intern) year. The change went into effect after July 1978. In 1979 there were 26 LCGME accredited Colon and Rectal Surgery Residency Training Programs offering 46 residency positions. Temple University, Baylor University, and Presbyterian Hospital in Dallas Texas continued two-year training programs, all others were one year in length. In 1982 ABCRS discontinued preceptorship training programs.

Soon after ABMS approved the American Board of Proctology as an independent specialty board, the Board Secretary started holding meetings with Program Directors during the annual American Proctologic Society Convention. As the number of programs increased, the meetings became more important, more subjects were discussed, and more Board members attended. On May 8, 1977 in Orlando, Florida, Dr. Stanley M. Goldberg discussed with ABCRS the need for and advantages of holding a workshop for Program Directors at a time and place removed from any other meeting. He felt there was a need for concentrating efforts on all aspects of residency programs and particularly a discussion on the characteristics of good, well-rounded training in colon and rectal surgery. Dr. Goldberg made the MOTION that such a workshop be held. The MOTION was passed, and ABCRS President Dr. Alejandro F. Castro appointed the following committee to make the appropriate arrangements:

Member	Institution
Stanley M. Goldberg - Chair	University of Minnesota
Wallace Bailey	Baylor University
Marvin L. Corman	Lahey Clinic
Norman D. Nigro - Secretary ABCRS	Wayne State University
Frank J. Theuerkauf, Jr.	Saint Vincent Health Center

On June 10, 1979 in Atlanta, Georgia, Program Directors, or their representatives, were present from all but six residency programs. ABCRS President Dr. Eugene P. Salvati proposed the formation of a Program Directors' organization. He felt such an organization would tie the Program Directors together in a mutual relationship which would be beneficial to all programs and the Board. He suggested the name be "The Association of Program Directors of Colon and Rectal Surgery" and that one person be elected President-Secretary for a three-year term. A MOTION was made and passed. Dr. Goldberg was nominated and elected President-Secretary and charged with organizing the meeting and details of the organizational structure. It was decided it should not be associated with another meeting, but rather freestanding and held in late February or early March in a "sun belt" state.

At that time the National Residency Matching Program (NRMP) was in its infancy and colon and rectal surgery residency programs did not participate. Programs interviewed applicants when they saw fit, and it was not uncommon for interviewees to wait from six to 18 months after applying to a program to receive notification of acceptance or denial. It was also common for programs to accept candidates for training without interviewing others. Discussions regarding establishing a Matching Program to benefit both applicants and Program Directors ensued and following significant debate a MOTION was made and approved to implement a Matching Program in July 1981 (interview year 1980), with plans for the Program to be worked out and thoroughly discussed at the inaugural APDCRS meeting.

1980 to 1989

The inaugural meeting of the Association of Program Directors for Colon and Rectal Surgery (APDCRS) was held on March 1 – 2, 1980 in Key Largo, Florida. As a result of substantial work needed to establish the Association two additional interim meetings were held that year; one in conjunction with the American Society of Colon and Rectal Surgeons (ASCRS) meeting in Hollywood, Florida on May 11, and another on October 20 in Atlanta, Georgia in conjunction with the American College of Surgeons meeting. That was the only time in the history of APDCRS additional interim meetings were held. Meetings in the 80's were typically three days in length and incorporated educational, business, workshops, and social programs for members and their significant others. A variety of organizations and delegates presented reports to APDCRS including ABCRS, American College of Surgeons (ACS), AMA, ASCRS, and the Residency Review Committee (RRC). Members who attended the inaugural meeting included:

Member	Institution
Herand Abcarian	Cook County Hospital
Albert L. Amshel	Thomas Jefferson University
Wallace Bailey	Baylor University
Robert W. Beart, Jr.	Mayo Clinic
Marvin L. Corman	Lahey Clinic
William H. Dickson	Suburban Hospital
Victor W. Fazio	Cleveland Clinic
Carl F. Geigle	Saint Vincent Health Center
Stanley M. Goldberg	University of Minnesota
Oscar M. Grablowsky	Georgia Baptist Medical Center
Ernestine Hambrick	Cook County
James M. Hampton	University of Texas – Houston
Indru T. Khubchandani	Allentown Affiliated Hospitals
Ira J. Kodner	Washington University
Guy L. Kratzer	Allentown Hospital
W. Patrick Mazier	Ferguson Clinic
Jack W. McElwain	Nassau County Medical Center
Elliott W. Prager	Santa Barbara Cottage Hospital
Leela M. Prasad	Cook County

Raul Ramos	University of Texas - San Antonio
John E. Ray	Ochsner Clinic
John D. Rosin	Greater Baltimore Medical Center
Charles T. Simonton	Presbyterian Hospital
Amargit Singh	Buffalo General Hospital
G. Bruce Thow	Carle Foundation

In 1980 there were 27 LCGME accredited Colon and Rectal Surgery Residency Training Programs offering 38 residency positions. Except for three, all clinical training programs were one year in length. Temple, Baylor, and Presbyterian Hospital continued two-year training programs. By 1983 all programs were one year in length although some programs offered one year research positions followed by a clinical year.

State	Program	Program Director
California	Santa Barbara Cottage Hospital	E. W. Prager
Georgia	Georgia Baptist Medical Center	O. M. Grablowsky
Illinois	Carle Foundation	G. B. Thow
	Cook County Hospital	H. Abcarian
Louisiana	LSU Affiliated Hospitals (Shreveport)	H. W. Boggs, Jr.
	Ochsner Clinic	J. E. Ray
Maryland	Greater Baltimore Medical Center	J. D. Rosin
	Suburban Hospital	W. H. Dickson
Massachusetts	Lahey Clinic	M. L. Corman
Michigan	Ferguson Clinic	W. P. Mazier
	Henry Ford Hospital	T. A. Fox
	William Beaumont Hospital	W. L. Beauregard
Minnesota	Mayo Clinic	R. W. Beart, Jr.
	University of Minnesota	S. M. Goldberg
Missouri	Washington University Medical Center	R. D. Fry
New Jersey	Rutgers Affiliated Hospitals	E. P. Salvati
New York	Buffalo General Hospital	A. Singh
	Deaconess Hospital	B. A. Portin
Ohio	Cleveland Clinic	V. W. Fazio
	Grant Hospital	R. B. Samson
Pennsylvania	Allentown Affiliated Hospitals	G. L. Kratzer
	Saint Vincent Health Center	F. J. Theuerkauf, Jr.
	Temple University	A. R. Gennaro
Texas	Baylor University	W. Bailey
	Presbyterian Hospital	C. T. Simonton
	University of Texas - Houston	J. M. Hampton
	University of Texas - San Antonio	R. Ramos

Important topics covered during the inaugural meeting included the creation of and reaching a consensus on Rules and Regulations (now known as Bylaws) including objectives, membership, dues, officers, elections and meetings, the Matching Program, and the organizational structure of training programs (teaching of colonoscopy, anorectal surgery and enterostomal therapy, and funding, malpractice insurance, compensation and evaluation of general surgery training).

Large portions of APDCRS meetings in the 80's were dedicated to the Matching Program. Dr. John S. Graettinger, Executive Vice-President of the NRMP, was present at the inaugural meeting and explained in detail how the Matching Plan would work. It required multiple mailings from the NRMP to program directors, general surgery residency programs, and applicants. The process would start in mid-March and culminate in October with all residents and Program Directors being notified of their Match by way of telegram on October 1. Dr. Graettinger stressed the importance of the cooperation of Program Directors in agreeing to a uniform date of acceptance, and the need for 100% participation from programs and residents to assure it would work. During the 1983 meeting Dr. Herand Abcarian from Cook County Hospital was appointed liaison to monitor the Program and a Committee was created to develop guidelines for Program Directors to clarify what they could and could not promise a resident during an interview. Committee members Drs. G. Bruce Thow, Ira J. Kodner, W. Patrick Mazier, and Theodore E. Eisenstat concluded:

1. There should be one uniform match date
2. No pressure should be put on the residents
3. No regulations other than that there be no written agreement between the residency director and applicant

Although there was some initial dissatisfaction and sporadic issues, by 1984 the Matching Program was overall functioning well and helping programs attract more and better qualified applicants. Programs felt the Match made recruitment easier and both programs and residents felt the Match brought order and equality to the selection process and was worth continuing.

In the 1980's residents were required to submit an Operative Record to ABCRS at the completion of training. The record did not specify a minimum number of cases for training programs or residents, there was simply a suggested number of experiences (200 anorectal procedures, 50 abdominal cases, 50 colonoscopies, 25 polypectomies). Program Directors discussed whether a minimum number of cases should be required of the program or the resident, the degree of resident involvement in each case, and to what extent such a requirement would affect the quality of the program and the resident. Program directors did not think a minimum number should be set but that there should continue to be guidelines and the use of terms such as adequate or ample. It was felt it was difficult to have a national norm because of factors including complexity of cases, supervision, formal education, and level of responsibility. At the March 2 – 3, 1987 meeting ABCRS Secretary Dr. Abcarian discussed deficiencies in residents' operative experience and the Board denying a candidate the opportunity to take the qualifying examination. Dr. Salvati questioned how the Board could deny a candidate when there were no firm guidelines on numbers of cases required. Dr. Abcarian replied it was a matter of interpretation by the Board. Deeming that unfair to trainees, APDCRS formed a Standards Committee to address the creation of guidelines for Program Directors regarding numbers of procedures and "Objectives for Colon and Rectal Surgery Residency Training". Dr. Gerald J. Marks from Thomas Jefferson University was

appointed Chair of the committee. Members included David J. Schoetz, Ian C. Lavery, William R. C. Stewart, and Harold. R. Bailey. A MOTION was made and passed to have the Board provide Program Directors with an anonymous list compiled from residents' operative records showing national minimum, maximum, and median numbers for each of the procedures listed on the form so Program Directors could assess their program in relation to the range being reported. Although multiple ACGME Residency Review Committees (RRC) avoided including minimum numbers for training programs at that time, the CRS RRC was interested in obtaining numbers to review.

Throughout the 80's multiple discussions were held regarding the promotion of colon and rectal surgery training and how to provide information to and attract interested general surgery residents. A MOTION was brought forth to host a hospitality suite at the American College of Surgeons meeting, though defeated. The concern was doing so would make the specialty appear as if it were in trouble and searching for residents. Instead, a decision was made to have an exhibit as well as social gathering at the ASCRS Convention so Program Directors, Board Members, ASCRS Officers, and interested residents could meet. It was also decided a poster should be developed and sent to general surgery residency training Program Directors so they could hang it up. In 1983 Dr. William Stone (unknown from where) designed the "Matching Program Poster", which announced all residencies and the Matching Program. The poster was distributed twice yearly and in a different color each Match year. In 1896 a decision was made to publish twice yearly a list of all ACGME accredited Colon and Rectal Surgery Training Programs in Diseases of the Colon and Rectum.

Ongoing discussions occurred at multiple meetings regarding creating guidelines for establishing colon and rectal surgery residency programs, how to prepare for an on-site ACGME RRC review, program directors trying to reach agreement on what they consider acceptable practice or acceptable standards relative to a specific body of knowledge, what a colon and rectal surgery resident should know, developing selected reading lists, the program directors' ultimate responsibility in comprehensively evaluating residents (attitude, motivation, interpersonal relations, academics, personality, performance, skills, safety), assisting Canadian colleagues with establishing colon and rectal surgery residency programs, and creating a colon and rectal surgery residency program directory.

Much debate surrounded the proposal for creating an in-service examination including when to administer the exam, who would own the exam (APDCRS, ABCRS), how many times per year the exam would be given, and who would write the questions. Discussions continued for years. At the April 3 – 4, 1984 meeting in Sarasota, Florida a consensus was reached that:

1. An in-service examination is a teaching tool
2. It should not be used to help the Board in its evaluations
3. No special in-service examination should be developed

Conversations regarding creating a "Core Curriculum" representing the minimum level of basic material a colon and rectal surgery resident should possess upon completion of training occurred during multiple meetings. Concerns were brought forth regarding areas where there was not unanimity in methods of treatment, the necessity of such a curriculum, and difficulties in trying to implement it. Members agreed there are basic critical knowledge elements that residents should

know, but the way to approach the problem is not to develop a "Core Curriculum" but rather to have a body of knowledge covering "Issues, Questions, and Dangers" relating to various aspects of the specialty. During the 1987 meeting Dr. William G. Robertson from Santa Barbara Cottage Hospital proposed creating a colon and rectal surgery review study manual. He proposed asking residents to voluntarily review and write five pages on a topic. The pages would be collated into a manual and shared with all programs. A MOTION was passed to proceed with creation of the manual and Dr. Robertson was appointed coordinator and Dr. Richard P. Billingham developed topic lists for the manual. The Residency Study Guide was a huge success and updated yearly. The guide was eventually renamed Selected Topics in Colon and Rectal Surgery and was utilized for many years continuing into the 90's.

Funding for colon and rectal surgery residency training was a topic of considerable discussion at APDCRS meetings, and multiple members (Frank J. Theuerkauf Jr., Herand Abcarian, J. Byron Gathright, Indru T. Khubchandani) were intimately involved in high level dialogues. The federal government had enacted legislation (Prospective Payment System) affecting Medicare reimbursement, and specifically limiting funds to hospitals, which in turn would limit funding for graduate medical education (GME). The National Social Security Advisory Panel was also exploring alternative means to pay hospitals for educational expenses. Proposals were being put forth (Senator Durenberger Proposal) to fund GME for no more than five years or first Board eligibility / procurement, with the thought that further training should be at a persons' own expense. Other proposals included connecting GME funding to medical schools, which would create problems for free-standing institutions, and leaving it up to individual institutions to obtain additional funds. Possible solutions brought forth by APDCRS included:

1. Charging for the residents' services (junior staff title for residents)
2. Obtaining outside or State grants
3. Philanthropy
4. Going back to preceptorships
5. Payment to residents from attending staff
6. Decrease or eliminate resident compensation
7. Foundations
8. Community hospital to pay from operating funds
9. Funding from ASCRS
10. Endowment funds
11. Renaming "resident" to "fellow" since fellows can bill for services and residents cannot

The Bylaws (referred to as Rules and Regulations at that time) were agreed on during the 1981 meeting and stated, "The Officers of the Association shall be a President and Secretary-Treasurer, who shall be elected for a three-year term". At the April 27 – 30, 1981 meeting in Palm Beach, Florida Dr. Ernestine Hambrick from Cook County was elected Secretary-Treasurer, while Dr. Goldberg continued as President. During the April 15 – 16, 1982 meeting in Key Biscayne, Florida the membership approved a MOTION to suspend the Rules and Regulations to reelect Dr. Goldberg to a second three-year term as President. At the April 24 – 26, 1983 meeting in Sarasota, Florida Dr. Ira J. Kodner from Washington University was elected Secretary-Treasurer. At the conclusion of the April 9 – 10, 1985 meeting in Sarasota, Florida Dr. W. Patrick Mazier from the Ferguson Clinic was elected President. During the March 3 – 4, 1986 meeting in Scottsdale,

Arizona Dr. Howard D. Robertson from Carle Foundation was elected Secretary-Treasurer. At the March 6 – 8, 1988 meeting (unknown where) Dr. Robertson's seat was vacated secondary to a career change. Dr. William G. Robertson from Santa Barbara Cottage Hospital was elected to complete Dr. Howard Robertson's term and Dr. Mazier was elected to a second three-year term as President, the only other time in APDCRS history a President would be appointed to a second term. At the March 5 – 7, 1989 (unknown where) meeting Dr. W. Robertson was reelected Secretary-Treasurer.

Term	President	Institution
1979 – 1982	Stanley M. Goldberg	University of Minnesota
1982 – 1985	Stanley M. Goldberg	University of Minnesota
1985 – 1988	W. Patrick Mazier	Ferguson Clinic
1988 – 1991	W. Patrick Mazier	Ferguson Clinic

Term	Secretary-Treasurer	Institution
1981 – 1983	Ernestine Hambrick	Cook County
1983 – 1986	Ira J. Kodner	Washington University
1986 – 1988	Howard D. Robertson	Carle Foundation
1988 – 1990	William G. Robertson	Santa Barbara Cottage Hospital

1990 to 1999

By 1990 there were 29 ACGME accredited Colon and Rectal Surgery Residency Training Programs offering 49 residency positions; a 7% increase in programs and 29% increase in residency positions compared to 1980. Eight programs offering a one-year research position followed by a clinical year included Cleveland Clinic (Ohio), Creighton University, Ferguson Clinic, Lahey Clinic, Mayo Clinic, University of Minnesota, University of Toronto, and Washington University.

State	Program	Program Director
California	Santa Barbara Cottage Hospital	E. D. Prager
Connecticut	St. Francis Hospital	D. L. Walters
Florida	Cleveland Clinic	D. G. Jagelman
	Orlando Regional Medical Center	S. W. Larach
Illinois	Carle Foundation	J. C. Bonello
	Cook County Hospital	H. Abcarian
Louisiana	Louisiana State University (Shreveport)	H. W. Boggs, Jr.
	Ochsner Clinic	J. B. Gathright
Maryland	Greater Baltimore Medical Center	J. D. Rosin
	Suburban Hospital	W. H. Dickson
Massachusetts	Lahey Clinic	D. J. Schoetz
Michigan	Ferguson Clinic	W. P. Mazier

	Henry Ford Hospital	T. A. Fox
	William Beaumont Hospital	W. L. Beauregard
Minnesota	Mayo Clinic	B. G. Wolff
	University of Minnesota	S. M. Goldberg
Missouri	Washington University Medical Center	R. D. Fry
Nebraska	Creighton University	A. G. Thorson
New Jersey	Robert Wood Johnson	E. P. Salvati
New York	St. Luke's Roosevelt Hospital	T. H. Dailey
	SUNY Buffalo	B. A. Portin
Ohio	Cleveland Clinic	I. C. Lavery
	Grant Hospital	W. R. C. Stewart
Pennsylvania	Healtheast Teaching Hospital	I. T. Khubchandani
	Saint Vincent Health Center	L. C. Rusin
	Thomas Jefferson University	G. J. Marks
Texas	Baylor University	W. Bailey
	Presbyterian Hospital	P. J. Huber, Jr.
	University of Texas – Houston	H. R. Bailey

In the 1990's the annual meeting structure changed to a shorter format including only educational and business matters. Meetings were also moved to September with an eventual transition away from "sun belt" states. At the 10th Annual Meeting on March 9 – 11, 1990 in Laguna Niguel, California Dr. Robertson's Secretary-Treasurer seat was vacated secondary to a career change and Dr. Elliott D. Prager from Santa Barbara Cottage Hospital was elected to complete Dr. Robertson's term. During the April 27 – 28, 1991 meeting in Palm Beach, Florida Dr. Robert D. Fry from Washington University was elected President. Dr. Bruce G. Wolff from Mayo Clinic made a MOTION to limit the term of president to one term of three years, and it was passed. All meetings from 1992 – 1999 were held in Chicago, Illinois. At the September 17, 1992 meeting Dr. Prager was reelected Secretary-Treasurer. During the September 23 – 26, 1994 Dr. J. Byron Gathright from Ochsner Clinic was elected President. At the September 24 – 25, 1995 meeting Dr. Richard P. Billingham from Northwest Colon and Rectal Clinic was elected Secretary-Treasurer. At the conclusion of the September 29, 1996 meeting Dr. Gathright informed members he was no longer qualified to be President secondary to personal reasons and Dr. Alan G. Thorson from Creighton University was elected President. During the April 10, 1999 meeting Dr. Martin A. Luchtefeld from Ferguson Clinic was elected President and Dr. Billingham was re-elected to a second term as Secretary-Treasurer.

Term	President	Institution
1991 - 1994	Robert D. Fry	Washington University
1994 - 1996	J. Byron Gathright	Ochsner Clinic
1996 - 1999	Alan G. Thorson	Creighton
1999 - 2002	Martin A. Luchtefeld	Ferguson Clinic

Term	Secretary-Treasurer	Institution
1990 – 1995	Elliott D. Prager	Santa Barbara Cottage Hospital
1995 – 1999	Richard P. Billingham	Northwest Colon and Rectal Clinic
1999 – 2003	Richard P. Billingham	Northwest Colon and Rectal Clinic

In 1991 The American College of Surgeons Advisory Council for Colon and Rectal Surgery awarded a Representative seat to APDCRS. In addition to the Association, the Council was also represented by ABCRS and ASCRS. Council positions are for three years and renewable for a second term. The Council meets twice a year, once at the ACS Clinical Congress for its Annual Meeting, and once at the ASCRS Annual Convention for its Interim Meeting. The Council discusses reports from other groups including the ACS Board of Regents and Governors. Representatives throughout the 90's included:

Term	ACS Advisory Council	Institution
1991 - 1994	E. D. Prager	Santa Barbara Cottage Hospital
1994 - 1997	E. D. Prager	Santa Barbara Cottage Hospital
1997 - 2000	S. D. Wexner	Cleveland Clinic (Florida)

Discussions regarding changes to Medicare payments for graduate medical education continued. At that time Medicare reimbursement for medical education reimbursed hospitals up through a residents' fifth year of training. Beyond that time, reimbursement decreased by 0.25 for each additional year of training (0.75, 0.50, etc.), and hospitals were being reimbursed less for training colon and rectal surgery residents. APDCRS surveyed programs regarding funding and found 20 were funded through private hospital funding, three through a junior partner, two through the military, and one through the VA. Other sources of funding included private clinics, research foundations, alumni, grateful patients, and surgical suppliers. In the mid 90's further proposals were sent to Congress to reduce Medicare Graduate Medical Education by 50% with some proposals stating, "Residents in programs beyond the initial board certification (except geriatrics) should not be counted for funding purposes."

In addition to funding cuts for Graduate Medical Education, the 90's brought with it the government's proposal to reduce residency positions (Rockefeller-Waxman Bill) and specifically decrease the number of specialty positions (40%) while increasing the number of primary care positions (60%). During the 1995 meeting it was proposed that for residents entering colon and rectal surgery residency training the PGY-5 general surgery residency year could be supplanted with one year of colorectal training, thus condensing all general and colon and rectal surgery training into five years. Members agreed on the condensed training as long as the American Board of Surgery agreed colon and rectal surgery residents would be able to maintain their ability to sit for ABS examinations and not hamper timely entry into the ABCRS certification process.

Ongoing discussions regarding developing new programs and supporting new program directors was a major focus in the 90's. Dr. Salvati created a book entitled "How to go about setting up a resident training program for colon and rectal surgery – A primer", which included sections on:

1. RRC for Colon and Rectal Surgery
2. Objectives for Colon and Rectal Surgery Residency Training
3. Special requirements for residency training in Colon and Rectal Surgery
4. Instructions on completing forms for residencies in Colon and Rectal Surgery
5. ACGME application form
6. Examples of information given to prospective candidates
7. Matching Plan for Colon and Rectal Surgery

Applications for colon and rectal surgery residency training were different for each program. At the 1993 meeting Dr. H. Randolph Bailey from the University of Texas discussed the cumbersome and time-consuming applications residents had to complete for each residency program they applied to. He put forth a call for all program directors to send him a copy of their programs' application form with the intent to review them and create a universal application that all programs could use.

Ongoing discussions were held regarding the promotion of colon and rectal surgery training and how to provide information to and attract / recruit interested general surgery residents. With the support of the ASCRS Residents Committee, in 1993 a "Directory of Residency Training Programs" providing important information about programs was published and mailed to all PGY-4 general surgery residents. The ASCRS Residents Committee also started hosting meetings at the annual American College of Surgeons conference.

ABCRS operative reports and case number monitoring continued to be topics of intense discussion. At the 1992 meeting Dr. David J. Schoetz (ABCRS Examination Chairman) noted the accumulation of numbers of operative cases alone does not characterize a residents total education experience and both the Board and RRC felt non-operative experiences should be incorporated into the credentialing process. They wanted to categorize the total training environment and felt the information could present a much clearer picture of what a residency program is teaching. Several Program Directors suggested terminating the project, but after considerable debate a MOTION was made and approved to continue. A subcommittee comprised of Drs. Anthony M. Vernava, Steven D. Wexner, Alan G. Thorson, and W. Douglas Wong was formed to help support Dr. Schoetz. A Non-Operative Patient Encounter Form was created, and multiple years of pilot evaluations ensued. The subcommittee found time constraints and difficulties imposed on residents with regard to completing the forms. During the 1997 meeting it was determined this was an endeavor that would require collaboration between all major stakeholders (APDCRS, ABCRS, RRC) and a Trilateral Outpatient Reporting Committee was formed. Martin A. Luchtefeld from the Ferguson Clinic was named Chair of the Committee. H. Randolph Bailey represented ABCRS, Terry C. Hicks represented RRC, and John C. Reilly represented APDCRS. The Committee designed a form to be completed on a daily basis in the clinic setting and presented it to Association members. A MOTION to accept the form was approved as well as a plan for all Program Directors to trial the new form.

ABCRS Examination Chairman Dr. Schoetz created an Operative Report Database from multiple years of submitted graduate Operative Report Forms. During the 1993 meeting he outlined that national norms, means, and mediums/maximums were being created to establish a nation-wide program average and if a candidate displayed deficiencies judged at two standards of deviation below the mean they may not be approved for certification. The Operative Report form was also modified to include a column for laparoscopic surgery, which increased the report to 17 grouped categories. During the 1994 meeting Dr. Schoetz shared that preformatted disks were created for residents to record cases starting in 1995, which would replace manual reviews that were difficult and time consuming for Program Directors. The Board was interested in determining if numbers reported had validity in establishing minimum standards by which a satisfactory level of performance could be uniformly judged as a means to objectively and fairly evaluate a residents' operative performance. The Board was moving cautiously and trying to avoid the mistakes made by the American Board of Surgery in which it set minimum numbers and in subsequent years found 20% of its programs were unable to meet the standards and accreditations had to be withdrawn.

The 1994 meeting brought back a discussion on creating a "Core Curriculum" for colon and rectal surgery residency training, which both the Board and RRC were interested in. After considerable discussion and debate a Core Curriculum Committee was created to move forward with development and Dr. Alan G. Thorson from Creighton University served as Chair. Members included Alan V. Abrams, Sergio W. Larach, Anthony M. Vernava, Steven D. Wexner, and W. Douglas Wong.

During the 1996 meeting Dr. Abcarian (ABCRS Executive Director) noted the Board reached a decision to name APDCRS as one of the Board's sponsoring organizations and allocated one seat for a term of four years, renewable once. Dr. Alan G. Thorson was elected to the position in 1997.

Term	ABCRS Representative	Institution
1997 - 2001	Alan G. Thorson	Northwest Colon and Rectal Clinic

During the 1996 meeting Howard Tanzman (Director, Division of Integrated Communications) from the ACS presented on the U.S. Government Internet system. He gave an overview of how it worked and how it could potentially benefit colon and rectal surgeons as a source of valuable patient, medical, and specialty information. At the 1997 meeting a Website Committee was formed to explore this further. Members appointed to the committee included Chair Dr. Richard P. Billingham from Northwest Colon and Rectal Clinic, and Drs. Jan Rakinic and David A. Cherry. One of the charges of the Committee was to revisit Dr. H. Randolph Bailey's 1993 universal application proposal and create an electronic version for colon and rectal surgery residency in an attempt to standardize the application process so residents did not have to fill out different and separate applications for each training program they wished to apply to. At that time the Electronic Residency Application Service (ERAS) was in its infancy and only accommodating medical school applicants.

During the 1997 meeting it was brought forward that the initial 1980 Rules and Regulations (Bylaws) document had never been reviewed or updated and had not kept pace with the evolution of the Association. A Bylaws committee was formed, and Dr. Theodore E. Eisenstat from Robert-

Wood Johnson was named Chair. Members included Alan G. Thorson and David L. Walters. At the 1998 meeting multiple updates were presented and a MOTION to approve each was accepted.

1. Membership and Voting
2. Admission to Membership
3. Dues
4. Meetings
5. Composition and Number of Directors
6. Election
7. Standing Committees

As part of the Bylaws update, a MOTION was passed to designate a Member-at-Large for a non-renewable three-year term and Dr. John J. Murray from Lahey Clinic was elected to the position.

Term	Member-at-Large	Institution
1998 - 2001	John J. Murray	Lahey Clinic

Dr. Alan G. Thorson from Northwest Colon and Rectal Clinic reported on Ethicon's support of colon and rectal surgery residents by offering hands-on laparoendoscoic training courses twice each year, and in 1997 APDCRS was asked to help design courses for colon and rectal surgery residents. Dr. James W. Fleshman from Washington University presented on training in laparoendoscoic surgery and APDCRS agreed to create a Laparoscopic Surgical Education Committee to continue working with Ethicon to further develop and refine the course. Dr. Fleshman was appointed Chair. Members included Drs. David E. Beck and Alan G. Thorson. The courses were extremely popular and by 1999 a total of five were offered throughout the year with two being held at Ethicon Endo-Surgery in Cincinnati accommodating 25 residents at each course. The other three accommodated 15 residents each and were held at Washington University.

During the 1998 meeting it was brought forth that program coordinators desired their own workshop to provide them the opportunity to ask questions, share policies, and discuss common issues. The first Program Coordinators Workshop was held in conjunction with the 1999 APDCRS meeting and continues to this day.

In the early 90's a relationship between the Association of Program Directors (APDS) in General Surgery and other specialties was burgeoning. APDS was interested in creating specialty sections within its Association with a plan to allow specialty groups to sit on their Board of Directors as special section members. Representatives for APDCRS were Drs. Terry C. Hicks and Alan G. Thorson. In 1999 APDS created a Joint Council of Subspecialty Program Directors with the goal of interfacing, exchanging ideas, and finding solutions to common concerns that pertain to general surgery and other specialties to enhance the quality of their respective educational programs. Each subspecialty (vascular surgery, plastic surgery, cardiothoracic surgery, colon and rectal surgery, critical care) was provided two seats on the Council. The Council met twice per year, once at the APDS Annual Meeting, and once at the ACS Clinical Congress for its Interim Meeting. Drs. Hicks and Thorson were elected to represent APDCS. The Joint Council continued for multiple years.

2000 to 2009

By 2000 there were 34 ACGME accredited Colon and Rectal Surgery Residency Training Programs offering 61 residency positions; a 17% increase in programs and nearly 25% increase in residency positions compared to 1990.

State	Program	Program Director
California	University of Southern California	M. L. Corman
Connecticut	St. Francis Hospital Medical Center	D. A. Cherry
District of Columbia	Washington Hospital Center	L. E. Smith
Florida	Cleveland Clinic	S. D. Wexner
	Orlando Regional Healthcare System	S. W. Larach
Illinois	Carle Foundation	L. E. Tangen
	Cook County Hospital	C. P. Orsay
Kentucky	University of Louisville	S. Galandiuk
Louisiana	LSU (Shreveport)	P. A. Cole
	Ochsner Clinic	T. C. Hicks
Maryland	Greater Baltimore Medical Center	A. V. Abrams
Massachusetts	Lahey Clinic	J. J. Murray
Michigan	Henry Ford Hospital	E. J. Szilagy
	Spectrum Health	M. A. Luchtefeld
	William Beaumont Hospital	D. C. Barkel
Minnesota	Mayo Clinic	R. M. Devine
	University of Minnesota	A. C. Lowry
Missouri	St. Louis University	W. E. Longo
	Washington University	E. H. Birnbaum
Nebraska	Creighton University	A. G. Thorson
New Jersey	Robert Wood Johnson	T. E. Eisenstat
New York	Mount Sinai	J. W. Milsom
	St. Luke's Roosevelt Hospital Center	L. Gottesman
	SUNY Buffalo	A. Singh
Ohio	Cleveland Clinic	S. A. Strong
	Grant Medical Center	P. S. Aguilar
Pennsylvania	Lehigh Valley Hospital	R. D. Riether
	Saint Vincent Health Center	J. C. Reilly
	Thomas Jefferson University	J. Rakinic
Texas	Baylor University	R. D. Dignan
	Presbyterian Hospital	C. L. Simmang
	University of Texas - Houston	H. R. Bailey
	University of Texas - San Antonio	J. L. Mayoral
Washington	Northwest Colon and Rectal Clinic	R. P. Billingham

At the end of the 90's discussions were held regarding the advantages of incorporation and tax-exempt status for the Association. Dr. Billingham investigated the matter further and a MOTION was passed to proceed. Legal Council was obtained and during the 2000 meeting recommendations were provided to proceed with filing for incorporation based on a 501(c)(6) tax status. A MOTION was duly made and passed. Updates to clauses in the Bylaws brought forth by Council were also approved. APDCRS became a non-profit corporation in 2000.

After multiple years of work the Core Curriculum Committee presented their curriculum to the Association focusing on 17 content sections of factual objectives and demonstratable skills which defined minimal technical competence and core knowledge expected of a resident completing colon and rectal surgical training. The document was approved and provided to all programs at the 2000 meeting and intended to be perceived as a living document and regularly monitored to ensure that it is continually improved and updated.

The Website Committee continued its work and with the support of ABCRS was able to add a separate APDCRS homepage on the Board's website in 2000. Secondary to costs, APDCRS was unable to afford creating their own independent site.

Work continued with creating a standardized universal electronic application for all colon and rectal residency programs, which was finalized and approved by Association members during the 2001 meeting. Around that time ERAS expressed an interest in including markets other than medical school applicants and negotiations with APDCRS ensued. In July 2003 APDCRS was granted access to ERAS and its universal electronic application process and was the first specialty to use it.

Laparoscopic courses arranged by the Laparoscopic Surgical Education Committee continued to be well attended. As the courses grew in popularity other centers were added including Boston Massachusetts (Director, Dr. Peter W. Marcello) and Dallas Texas (Director, Dr. Clifford L. Simmang). Dr. Simmang from Presbyterian Hospital took over as Chair of the Committee in 2003 and starting in 2004 courses stated to be offered during ASCRS meetings. For multiple years courses continued to expand to different sites (St. Francis Hospital, University of Cincinnati, University of Pennsylvania, Wright State) with numerous Association members volunteering their time to proctor including Drs. Robert W. Beart Jr., Elisa H. Birnbaum, Sergio W. Larach, Matthew G. Mutch, Jeffrey W. Milsom, Harry T. Papaconstantinou, and Thomas E. Read.

As with laparoscopic surgery, transrectal ultrasound was expanding in colon and rectal surgery practices. Dr. Simmang proposed creating a hands-on course for residents, which resulted in the formation of the Transrectal Ultrasound Couse Committee. Dr. Simmang served as the Chair of the Committee along with members Drs. David A. Cherry, Ann C. Lowry, Lee E. Smith, and W. Douglas Wong. The first course with 80 slots was offered during the 2001 ASCRS Convention, and for residents unable to participate a second course was offered at the University of Minnesota. The popular courses continued for multiple years.

The Trilateral Outpatient Reporting Committee persisted with its work trying to identify non-operative experiences, but efforts continued to be plagued by multiple years of low resident

responses making comprehensive interpretation and validity of data impossible. During the 2001 meeting Dr. Richard L. Nelson (RRC Chair) noted the RRC had sufficient information about outpatient encounters from its site visits and interviews with residents and did not need the data. A robust discussion ensued, and the Association felt the forms were difficult to complete, burdensome, and time consuming, and a MOTION was passed to discontinue the project and Committee.

The ABCRS Operative Report Database continued to accrue numbers from graduating residents submitting Operative Experience Forms and with nearly a decade of data the Board established numbers in each of the 17 categories that represented a reasonable range that each resident should obtain prior to graduation. Dr. Herand Abcarian (ABCRS Executive Director) outlined that if there are a limited number of cases available there may not be enough procedures for all residents; therefore, the resident allotment for a particular program may have to be adjusted. At the 2001 meeting Dr. Abcarian revealed the Operative Experience Form had been updated to include CPT codes with the intention to use the new form on pre-formatted diskettes for residents starting training on July 1, 2001. Dr. Abcarian stressed the need for program directors to make every effort to ensure their residents meet the prescribed numbers. Otherwise, they may be penalized for being a "program problem." Dr. Abcarian also highlighted the Board instituted a Standards Policy based on established minimum numbers in each of the 17 operative categories, which would also go into effect for residents starting training on July 1, 2001. Residents displaying insufficient numbers in five or more categories would not be allowed to enter the certification process until they are able to furnish sufficient case numbers to meet the Board's requirements.

In 2000 the Board reelected Dr. Thorson to a second and final term as APDCRS representative. During the 2002 ABCRS meeting a decision was made to assign a second seat to APDCRS for a representative to serve on the Board, and Dr. Martin A. Luchtefeld from Spectrum Health was elected and went on to serve a second term. At the 2004 ABCRS meeting Dr. Clifford Simmang from Presbyterian Hospital was appointed representative, and during the 2009 meeting he was reelected to a second term.

Term	ABCRS Representative #1	ABCRS Representative #2	Institution
2001 - 2005	Alan G. Thorson		Northwest Colon and Rectal Clinic
2002 - 2006		Martin A. Luchtefeld	Spectrum Health
2005 - 2009	Clifford L. Simmang		Presbyterian Hospital
2006 - 2010		Martin A. Luchtefeld	Spectrum Health
2009 - 2013	Clifford L. Simmang		Presbyterian Hospital

Initially started by ABMS in 1999, the ACGME entered into a joint effort with ABMS on defining certification of competence. That resulted in the development of the ACGME Outcome Project and six Core Competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice), which were implemented in 2002. During the 2004 meeting Dr. Ann C. Lowry from the University of Minnesota took over as Chair of the Core Curriculum Committee and significant work began on completely revising the Curriculum to fit the ACGME Core Competencies. Members involved included Drs. H. Randolph Bailey, John C. Reilly, Eric G. Weiss, and Charles B. Whitlow. Dr.

David A. Cherry from St. Francis Medical Center assumed the role of Chair of the Committee in 2005.

In 2003 the ACGME started offering electronic reporting of operative (CPT) and non-operative (ICD-9) experiences on its website and invited ABCRS to join the venture with the goal of developing a uniform process compatible to both groups. APDCRS felt an Operative Experience Committee needed to be formed to review the Operative Experience Form to develop a consistent format and comprehensible category system that would be more understandable and compatible to all groups with members representing APDCRS, ABCRS, and the RRC. Dr. Martin A. Luchtefeld from Spectrum Health represented APDCRS. After significant work a decision was made to proceed with the ACGME electronic reporting system and ABCRS noted entry of cases into the system would be mandatory for all colon and rectal surgery residents entering training on July 1, 2005. The Board continued to require residents submit an Operative Experience Form. At that time, upon completion of training a year-end report was printed and signed by both the resident and program director to acknowledge training oversight and ensure accuracy of the report, and then mailed to the ACGME. Both the RRC and ABCRS were then provided year-end reports from the ACGME.

The topic of an in-service examination for colon and rectal surgery residents had not been revisited since the mid 80's. During the 2003 meeting newly appointed In-Service Examination Chair Dr. Martin A. Luchtefeld from Spectrum Health brought forth the concept that a good method of evaluating a residents' Medical Knowledge is through examinations containing multiple choice questions. A proposal was made to administer the ASCRS Colon and Rectal Surgery Education Program (CARSEP) examination with a plan to complete half of the exam early in the year and the second half later in the year. Exams would be graded by each program, and results e-mailed to Dr. Luchtefeld to collate and create a rank order list that would be distributed to each participating program. At the 2007 meeting Dr. Luchtenfeld updated the Association that ABCRS Exam Chair Dr. Patricia Roberts invited the idea of holding an in-service examination for colon and rectal surgery using questions from a newly created Board Central Question Bank, which was welcomed by all. The first "Colon and Rectal Surgery In-Training Examination" (CARSITE) was created as a computer exam based on questions from CARSEP VII and provided to Program Directors to start using in 2008.

During the 2004 meeting Dr. Gary D. Dunn from Schumpert Medical Center proposed changing colon and rectal surgery training from one to two years noting several suppositions:

1. Colon and rectal surgery is the only specialty whose training is one year
2. General surgery residents seem to be less technically proficient in basic procedures than in the past
3. Procedures have become more complex
4. More exposure is required to various procedures
5. General surgery work limits impose complications

Discussions continued and during the 2006 meeting it was reported the American Board of Surgery was contemplating adopting a four-year training program and consideration was being given to changing colon and rectal surgery training to two years. A Blue Ribbon Committee on Resident

Education was established with representatives from ABCRS, ASCRS, RRC, and APDCRS. Dr. Bruce G. Wolff from ABCRS presided as Chair, and Drs. Alan G. Thorson and Jeffery W. Milsom were elected to represent APDCRS. In 2008 the Committee submitted a training proposal (4+1+1) to ABCRS, which included six months of colon and rectal surgery training during the PGY-5 year. With the necessity to complete all training in one system the proposal required an institution to have both general and colon and rectal surgery residency programs. ABCRS approved the proposal and submitted it to ABS for comments.

In 2007 Dr. Robert D. Madoff (ABCRS and RRC member) presented a new case log format that outlined procedures and diagnoses separately so experiences completed by the entire resident group each year could be evaluated to provide a better way to more effectively determine if minimums were being achieved. The new case log format was adopted in 2008 along with the Board transitioning to using the ACGME electronic case log system and no longer requiring submission of Operative Experience Forms. The Board and RRC collaboratively adopted minimums for training programs that many Association members felt were unrealistic and would result in hardships for numerous programs. Because implementation was expected to be challenging the expectation from ABCRS was all programs would be able to achieve case minimums for their residents by the 2011 – 2012 academic year. In 2009 the Blue Ribbon Committee was disbanded and replaced by the Standards and Credentials Committee and chaired by Dr. Steven D. Wexner from Cleveland Clinic Florida. The focus of the Committee was to quantify all aspects of training to determine what defines a potentially Board certifiable colorectal surgeon besides adhering to an absolute number of cases.

As a result of the formation of the APDS Joint Council of Subspecialty Program Directors, on April 29, 2000 APDCRS held its 20th Annual Meeting as a join meeting with APDS in Phoenix Arizona, the first and only time that occurred in APDCRS history. During that meeting Dr. Steven D. Wexner from Cleveland Clinic Florida was elected to a second term as ASC Advisory Council Representative. Annual meetings from 2001 – 2008 were held in Chicago, Illinois with a Program Coordinators workshop on Friday and Program Director meeting on Saturday. At the May 5, 2001 meeting Dr. Scott A. Strong from Cleveland Clinic Ohio was elected Member-at-Large. During the May 4, 2002 meeting Dr. Ann C. Lowry from the University of Minnesota was elected President. At the May 3, 2003 meeting Dr. David A. Cherry from St. Francis Hospital was elected Secretary Treasurer, and Dr. Clifford L. Simmang from Presbyterian Hospital was elected ACS Advisory Council Representative. During the April 24, 2004 meeting Dr. Clifford L. Simmang was elected Member-at-Large. At the May 14, 2005 meeting Dr. David A. Cherry was elected President, which vacated his Secretary-Treasurer seat. Dr. Scott A. Strong from Cleveland Clinic Ohio was elected Secretary-Treasurer. Dr. Clifford Simmang stepped down as Program Director at Presbyterian Hospital, thus relinquishing his Member-at-Large seat, which Dr. Eric G. Weiss from Cleveland Clinic Florida was elected to fill. During the April 29, 2006 meeting Dr. Strong, having served only one year as Secretary-Treasurer, was reelected to a three-year term. He was also elected ACS Advisory Council Representative. At the May 5, 2007 meeting Dr. Randolph M. Steinhagen from Mount Sinai was elected Member-at-Large. During the May 3, 2008 meeting Dr. Gerald A. Isenberg from Thomas Jefferson University was elected President and Dr. Jorge A. Lagares-Garcia from Rhode Island Colorectal Clinic Foundation was elected Secretary-Treasurer. Secondary to other commitments Dr. Strong vacated his ACS Advisory Council seat and Dr. Charles B. Whitlow from Ochsner Clinic was elected to complete his remaining 2008 – 2009 term.

The May 2, 2009 meeting was held in Hollywood, Florida in conjunction with the annual ASCRS Convention. Dr. Whitlow was elected to a second term as ACS Advisory Council Representative and Dr. Lagares-Garcia was elected to a second term as Secretary-Treasurer.

Term	President	Institution
2002 - 2005	Ann C. Lowry	University of Minnesota
2005 - 2008	David A. Cherry	St. Francis Hospital
2008 - 2011	Gerald A. Isenberg	Thomas Jefferson University

Term	Secretary-Treasurer	Institution
2003 - 2005	David A. Cherry	St. Francis Hospital
2005 - 2008	Scott A. Strong	Cleveland Clinic (Ohio)
2008 - 2009	Jorge A. Lagares-Garcia	Rhode Island Colorectal Clinic Foundation
2009 - 2011	Jorge A. Lagares-Garcia	Rhode Island Colorectal Clinic Foundation

Term	Member-at-Large	Institution
2001 - 2004	Scott A. Strong	Cleveland Clinic (Ohio)
2004 - 2005	Clifford L. Simmang	Presbyterian Hospital
2005 - 2007	Eric G. Weiss	Cleveland Clinic (Florida)
2007 - 2010	Randolph M. Steinhagen	Mount Sinai

Term	ACS Advisory Council	Institution
2000 - 2003	S. D. Wexner	Cleveland Clinic (Florida)
2003 - 2006	Clifford L. Simmang	Presbyterian Hospital
2006 - 2008	Scott A. Strong	Cleveland Clinic (Ohio)
2008 - 2009	Charles B. Whitlow	Ochsner Clinic
2009 - 2012	Charles B. Whitlow	Ochsner Clinic

2010 to 2019

By 2010 there were 49 ACGME accredited Colon and Rectal Surgery Residency Training Programs offering 85 residency positions; a 44% increase in programs and 39% increase in residency positions compared to 2000.

State	Program	Program Director
California	Cedars-Sinai Medical Center	P. R. Fleshner
	University of Southern California	G. T. Ault
Connecticut	St. Francis Hospital & Medical Center	W. P. Pennoyer
District of Columbia	Washington Hospital Center	T. J. Stahl

Florida	Cleveland Clinic	E. G. Weiss
	Florida Hospital Medical Center	S. W. Larach
	Jackson Memorial	F. Marchetti
	Orlando Health	A. Ferrara
Georgia	Georgia Colon and Rectal Surgical Clinic	D. N. Armstrong
Illinois	Cook County	J. R. Cintron
	Southern Illinois University	J. Rakinic
	University of Chicago	A. Fichera
Indiana	Indiana University	O. B. Johansen
Kentucky	University of Louisville	S. Galandiuk
Louisiana	LSU (Shreveport)	P. A. Cole
	Ochsner Clinic	C. B. Whitlow
Maryland	Greater Baltimore Medical Center	G. Y. Apostolides
Massachusetts	Brigham and Women's Hospital	R. Bleday
	Lahey Clinic	T. E. Read
Michigan	Henry Ford Hospital	C. A. Reickert
	Michigan State University (Grand Rapids)	M. A. Luchtefeld
	William Beaumont Hospital	D. C. Barkel
Minnesota	Mayo Clinic	E. J. Dozois
	University of Minnesota	J. L. Trudel
Missouri	Washington University Consortium	M. G. Mutch
Nebraska	Creighton University	A. G. Thorson
New Jersey	Robert Wood Johnson	B. T. Chinn
New York	Mount Sinai	R. M. Steinhagen
	North Shore Long Island Jewish Health System	J. A. Procaccino
	Presbyterian Hospital (Cornell)	J. W. Milsom
	St. Luke's Roosevelt Hospital Center	M. A. Bernstein
	SUNY Stony Book University & Medical Center	M. L. Corman
	University of Buffalo	A. Singh
Ohio	Cleveland Clinic	J. D. Vogel
	Grant Medical Center	P. S. Aguilar
	University Hospitals Case Medical Center	B. J. Champagne
Pennsylvania	Lehigh Valley Hospital	R. J. Sinnott
	Penn State University	L. S. Poritz
	Saint Vincent Health Center	J. C. Reilly
	Thomas Jefferson University	G. A. Isenberg
	University of Pennsylvania	D. J. Maron
Rhode Island	Brown University	T. E. Cataldo
	Rode Island Colorectal Clinic	J. A. Largares-Garcia
Texas	Baylor University Medical Center	W. E. Lichliter
	Christus Santa Rosa Health Care	J. L. Mayoral
	Texas Health Presbyterian	J. M. Downs
	University of Texas - Houston	M. J. Snyder
Utah	St. Mark's Health Care	J. A. Griffin
Washington	Swedish Medical Center	R. P. Billingham

In order to create a more efficient transition when new leaders take office and promote more effective governing a Bylaws Re-Design Committee Chaired by Dr. Richard P. Billingham from Swedish Medical Center was created in 2010. Members included Drs. Amir Bastawrous, Bertram T. Chinn, Phillip R. Fleshner, and Michael J. Snyder. The Committee recommended the following changes, which were approved by the Association:

1. The addition of a Vice-President (President Elect) that shall be elected for a successive two-year term.
2. Decreasing the term of President from three to a two-year successive term.
3. Decreasing the term of Secretary-Treasurer from three to two years and is eligible for re-election to a second two-year successive term.
4. The Officers of the Association shall be President, Vice President, and Secretary Treasurer.
5. Decreasing the term of Member-at-Large from three to a two-year successive term.
6. The Board of Directors of the Association shall consist of the Officers and Member-at-Large.
7. The addition of a Nominating Committee, which shall consist of the last three APDCRS Presidents who are willing to serve and be charged with presenting a slate of names to the Association when electing Board Members during annual meetings.
8. For continuity, elections should occur in successive years.

A new Core Curriculum Committee was created in 2010 with Dr. Jennifer S. Beaty from Creighton University serving as Chair. Committee members included Drs. Glenn T. Ault, Bertram T. Chinn, Phillip R. Fleshner, Gerald A. Isenberg, Evalgelos Messaris, Jan Rakinic, Randolph M. Steinhagen, and Judith L. Trudel. The Committee's focus was to completely rewrite the Core Curriculum and map it to the six ACGME Core Competencies and outline what APDCRS believed was necessary to qualify an individual as a competent surgeon. The "Core Curriculum for Colon and Rectal Surgery Residents" document was unveiled at the 2011 meeting and provided to Association members for immediate use in their programs.

Residency programs nationwide struggled to operationalize Core Competencies and create objective assessments of resident competency, which led the ACGME, thought the Next Accreditation System, to create competency Milestones in 2009 to provide a framework for evaluating competency-based outcomes with scales from novice to mastery. APDCRS members were intimately involved in creating Milestones for Colon and Rectal Surgery and The Milestones Work Group included Chair Charles B. Whitlow from Ochsner Clinic, and members Drs. Glenn T. Ault, Jennifer S. Beaty, Bertram T. Chinn, Karin M. Hardiman, Gerald A. Isenberg, Jan Rakinic, and Anthony J. Senagore.

Colon and Rectal Surgery Milestones were introduced in July 2015, necessitating a need for the Core Curriculum to be updated again. In 2015 Evangelos Messaris from Beth Israel assumed Chair of the Committee with the support of members Karim Alavi, Jennifer S. Beaty, Joshua Bleier, Steven H. Brown, Paula I. Denoya, J. Marcus Downs, John A. Griffin, Brian R. Kann, Bruce A. Kerner, Scott R. Kelley, Warren E. Lichliter, Kim C. Lu, Surya P. Nalamati, Benjamin R. Phillips,

Robert J. Sinnott, and Michael J. Snyder. The Core Curriculum was completely revised and during the April 2017 meeting it was presented to and approved by Association members for immediate use. Further revisions to the ACGME Common Program Requirements resulted in the need to update the Core Curriculum in 2019. Updates were carried out by Committee members Jennifer S. Beaty, Robert K. Cleary, Syed G. Husain, Scott R. Kelley, Surya P. Nalamati and Chair Michelle E. Murday from Mountainstar Healthcare / St. Marks.

By 2010 the CARSITE exam was being administered to residents by almost all training programs. Some exam questions were being written by Program Directors and residents. The goal was to continue growing the pool of CARSITE questions, replace the CARSEP questions, and make it a stand-along exam. Dr. Glenn T. Ault from the University of Southern California assumed the role of In-Service Examination Committee Chair in 2011. By 2015 the 150-question examination was primarily composed of questions written only by Program Directors, with minimal CARSEP questions. All questions submitted by Program Directors were reviewed by Dr. Ault and Committee members Drs. Brian R. Kann and Craig A. Reickert. In 2015 Dr. Reickert from Henry Ford Hospital took over as Chair for the renamed CARSITE Committee.

Discussions continued regarding the Board and RRCs collaborative plan to require all programs to adhere to Minimum Case Numbers. APDCRS requested a delay in implementing the new requirements until evidence was provided that case volumes equate to competency or enough time is allowed for a new measure to be developed and validated, though the request was denied. Although exposure to a particular number of cases over time does not confer proficiency or competence, minimum case numbers were set by the ABCRS and RRC in 2011. The numbers can be changed at any time by a vote from the RRC and approval by the ACGME, which has been accomplished on numerous occasions since its adoption. The last time Minimum Case Numbers were changed was 2017.

During the 30th Annual Meeting on May 14 – 15, 2010, in conjunction with the ASCRS Convention in Minneapolis Minnesota, Dr. Jan Rakinic from Southern Illinois University was elected ABCRS representative. Dr. Randolph M. Steinhagen's Member-at-Large position was extended by one year to allow for alignment of officer positions as outlined by the Bylaws Re-Design Committee. All following annual meetings from 2011 to 2019 were held in Chicago, Illinois. At the June 10 – 11, 2011 meeting an entire new slate was elected including Dr. Jan Rakinic as President, Dr. Charles B. Whitlow from Ochsner Clinic as Vice-President, Dr. Jose R. Cintron from Cook County as Secretary-Treasurer, and Dr. Craig A. Reickert from Henry Ford Hospital as Member-at-Large. During the May 4 – 5, 2012 meeting in Chicago, Illinois Dr. Eric G. Weiss from Cleveland Clinic Florida was elected as ACS Advisory Council Representative. During the June 7 – 8, 2013 meeting Dr. Whitlow assumed the role of President, Dr. Glenn T. Ault from the University of Southern California was elected Vice-President, Dr. Craig A. Reickert was elected Secretary-Treasurer, and Dr. Matthew G. Mutch from Washington University was elected Member-at-Large. Dr. Simmang's eight-year term as ABCRS Representative expired in 2013 and the Nominating Committee complied a slate of names for submission to the Board and Dr. Glenn T. Ault was selected to represent APDCRS. At the April 25 – 26, 2014 meeting Dr. Jan Rakinic was elected to a second four-year term as APDCRS Representative to ABCRS. During the April 24 – 24, 2015 meeting a completely new roster was chosen inducing Dr. Ault as President, Dr. Reickert as Vice-President, Dr. Mutch as Secretary-Treasurer, and Dr. Jennifer S. Beaty from

Creighton University as Member-at-Large. Dr. Weiss was reelected to a second three-year term as ACS Advisory Council Representative. At the April 28 – 29, 2017 meeting a new slate was elected including President Dr. Beaty, Vice-President Dr. Robert K. Cleary from St. Joseph Ann Arbor, Secretary-Treasurer Dr. Scott R. Kelley from Mayo Clinic, and Member-at-Large Dr. Rebecca E. Hoedema from Spectrum Health. During the April 27 – 28, 2018 meeting Dr. David J. Maron from Cleveland Clinic Florida was elected ACS Advisory Council Representative. At the April 12 – 13, 2019 meeting an entire new slate was chosen including President Dr. Cleary, Vice-President Dr. Kelley, Secretary-Treasurer Dr. Hoedema, and Member-at-Large Dr. Michael A. Valente from Cleveland Clinic Ohio.

Term	President	Institution
2011 - 2013	Jan Rakinic	Southern Illinois University
2013 - 2015	Charles B. Whitlow	Ochsner Clinic
2015 - 2017	Glenn T. Ault	University of Southern California
2017 - 2019	Jennifer S. Beaty	Creighton University
2019 - 2021	Robert K. Cleary	St. Joseph Mercy Ann Arbor

Term	Vice-President	Institution
2011 - 2013	Charles B. Whitlow	Ochsner Clinic
2013 - 2015	Glenn T. Ault	University of Southern California
2015 - 2017	Craig A. Reickert	Henry Ford Hospital
2017 - 2019	Robert K. Cleary	St. Joseph Mercy Ann Arbor
2019 - 2021	Scott R. Kelley	Mayo Clinic

Term	Secretary-Treasurer	Institution
2011 - 2013	Jose R. Cintron	Cook County
2013 - 2015	Craig A. Reickert	Henry Ford Hospital
2015 - 2017	Matthew G. Mutch	Washington University
2017 - 2019	Scott R. Kelley	Mayo Clinic
2019 - 2021	Rebecca E. Hoedema	Spectrum Health

Term	Member-at-Large	Institution
2010 - 2011	Randolph M. Steinhagen	Mount Sinai
2011 - 2013	Craig A. Reickert	Henry Ford Hospital
2013 - 2015	Matthew G. Mutch	Washington University
2015 - 2017	Jennifer S. Beaty	Creighton University
2017 - 2019	Rebecca E. Hoedema	Spectrum Health
2019 - 2021	Michael A. Valente	Cleveland Clinic (Ohio)

Term	ACS Advisory Council	Institution
2009 - 2012	Charles B. Whitlow	Ochsner Clinic
2012 - 2015	Eric G. Weiss	Cleveland Clinic (Florida)
2015 - 2018	Eric G. Weiss	Cleveland Clinic (Florida)
2018 - 2021	David J. Maron	Cleveland Clinic (Florida)

Term	ABCRS Representative #1	ABCRS Representative #2	Institution
2010 - 2014		Jan Rakinic	Southern Illinois University
2013 - 2017	Glenn T. Ault		University of Southern California
2014 - 2018		Jan Rakinic	Southern Illinois University
2017 - 2021	Glenn T. Ault		University of Southern California
2018 - 2022		Jennifer S. Beaty	Creighton University

At the 2009 meeting Dr. Jose Lagares-Garcia from Rode Island Colorectal Clinic brought forth the concept of robotic surgical training noting it could be a potentially valuable tool in resident training. Multiple conversations continued to occur between APDCRS and Intuitive on setting up training for colon and rectal surgery residents. At that time there were few places with robotic platforms and few colon and rectal surgeons performing robotic surgery. Dr. Amir L. Bastawrous from Swedish Hospital outlined the initiation of a pilot training program for the 2010 – 2011 academic year with nine colon and rectal surgery residents completing the program. The curriculum was created by Amir L. Bastawrous, Robert K. Cleary, and Jorge E. Marcet from University of South Florida. Robotic procedures continued to grow as well as interest in training in robotic surgery. In 2014 the training program was brought under the umbrella of APDCRS and a Robotics Committee was formed with Dr. Bastawrous serving as Chair. Members included Drs. Robert K. Cleary, and Mark K. Soliman from Colon and Rectal Clinic of Orlando. That year eight courses consisting of one day of didactics and one day of hands-on skills were given at four sites around the country and 93% of residents participated. During the 2015 meeting it was decided to continue studying the effects of the training program and establish post course training milestones, establish a curriculum monitored by Program Directors, and standardize the assessment of skills. The course continued to be a resounding success and 98% of residents participated in 2015. That year a more advanced course was created, and 13 residents completed the year-long pilot. The advanced course required completion of the basic course that was open to all residents in addition to viewing webinars, submitting video cases for the Robotics Committee to review, and submitting simulator training times. The advanced course was found to be successful, and a proposal was put forth to the Association to continue offering it. In order for residents to get the most out of the year-long advance course, minimum criteria were outlined to participate including:

1. A faculty member/mentor in the program must have completed 100 robotic cases
2. Completion of 20 hours of simulator training if they have a simulator
3. Exposure to 35 robotic cases throughout the academic year of which 10 will be bedside assist and more than six will be cases that are completed from start to finish by the resident
4. Submission of an on-line log of cases for the Robotics Committee to track progress
5. Submit a complete video from start to end for the Robotics Committee to review

A MOTION was made to proceed with the advance course and approved. Basic training courses continued to be offered to all residents. As robotic surgery continued to grow by the 2017 – 2018 academic year all residents were invited to participate in the advanced course.

In addition to the PDA logo no longer being representative of the Association, the website had not undergone an update since 2000 and as a result only a few program directors and coordinators accessed it once or twice per year. During the 2014 meeting newly elected Website Committee Chair Dr. Brian R. Kann from Ochsner Clinic outlined the need for a complete redesign of the site focusing on Program Directors / coordinators, residents, and applicants. During the 2015 meeting Dr. Kann revealed a completely redesigned website and logo.

After lengthy discussions between the Blue Ribbon Committee on Resident Education, ABS, and General Surgery RRC, the topic of changing colon and rectal surgery training was revisited during the 2017 meeting. In addition to the initial proposal for 4+1+1, the Committee also presented a 4+2 pathway whereby the last two years would focus on colon and rectal surgery training at the same or a different institution. An APDCRS Future of Colon and Rectal Surgery Training Committee was formed in 2017 to look at this further. The Committee included Chair Steven R. Hunt from Washington University, and members Glenn T. Ault, Jennifer S. Beaty, Elizabeth Breen, Robert K. Cleary, Joshua Bleier, Rebecca E. Hoedema, Scott R. Kelley, and Michael A. Valente. Options the Committee discussed included:

- 4 + 2
- Early Specialization Program (ESP)
- Flexibility in Training (FIT)

ESP allows General Surgery Program Directors to customize up to 12 months of resident's rotations in the last 36 months of general surgery residency to allow for "early tracking" into the residents' chosen specialty with no more than six months of early specialization rotations allowed in any one year. This is at the discretion of the General Surgery Program Director and neither ABS or General Surgery RRC approval is required. FIT requires General Surgery Program Directors to get permission from both ABS and the General Surgery RRC to allow their resident to complete 4.5 years of general surgery training and 1.5 years of colon and rectal surgery training in the same institution with the flexible six months in either the PGY-4 or 5 years. The Committee presented options to ABS and the General Surgery RRC but following extensive discussions neither were in favor of proceeding and colon and rectal surgery residency training continued as a 5 + 1 program.

The 2017 meeting opened with discussing the American Board of Surgery's endeavor in developing Entrustable Professional Activities (EPAs). Invited speaker Gurjit Sandhu, PhD, from the University of Michigan presented on EPAs including a conceptual framework and a move away from time based and toward competency based training. Members separated into groups and worked through EPAs together to decide if it were a direction APDCRS should move towards. At that time the Association did not feel EPAs needed to be pursued.

Dr. Kann took over the position of Chair of the CARSITE Committee in 2017 and was supported by members Kim C. Lu and Michael A. Valente.

At the 2018 meeting Dr. Robert K. Cleary (Vice-President APDCRS) provided background information on creation of a uniform standard letter of recommendation (SLOR) for applicants to use when applying for colon and rectal surgery residency training. The SLOR was piloted through ERAS for the 2018 interview season and was well received. The Association approved continuation of the standard letter and renamed it "Colon and Rectal Surgery Resident Assessment Application". The letter was last updated in 2021 by Scott R. Kelley (President APDCRS) to include sections on timeliness in completing administrative tasks, responding to communications / emails, commitment to their own education, and leadership skills. The standard letter is still in use today.

ACGME Milestones were revised in 2019 and APDCRS members involved in the Milestones 2.0 Work Group included Drs. Glenn T. Ault, Jennifer S. Beaty, Joshua Bleier, Robert K. Cleary, Joseph T. Gallagher, Gerald A. Isenberg, and Michael J. Snyder. The Milestones 2.0 update was unveiled in July 2021.

2020 to Current

By 2020 there were 66 ACGME accredited Colon and Rectal Surgery Residency Training Programs offering 105 residency positions that were more geographically balanced across the country. Compared to 2010 that represented a 35% increase in programs and nearly 24% increase in residency positions.

State	Program	Program Director
Alabama	University of Alabama - Birmingham	J. A. Cannon
California	Cedars-Sinai Medical Center	P. R. Fleshner
	University of California - Irvine	S. D. Mills
	University of Southern California	K. G. Cologne
Connecticut	St. Francis Hospital & Medical Center	R. T. Lewis
District of Columbia	Washington Hospital Center	B. L. Bello
Florida	Advent Health	B. A. Orkin
	Cleveland Clinic	D. J. Maron
	Florida Hospital Medical Center	S. W. Larach
	Jackson Memorial	F. Marchetti
	Colon and Rectal Clinic of Orlando	J. T. Gallagher
	University of South Florida	J. E. Marcet
Georgia	Emory University	V. O. Shaffer
	Northside Hospital	W. L. Ambroze, Jr.
Illinois	Cook County Health and Hospitals System	V. Chaudhry
	Southern Illinois University	J. Rakinic
	University of Chicago	K. Umanskiy
Indiana	Indiana University	D. C. Maun
Kentucky	University of Kentucky	J. A. Patel

	University of Louisville	S. Galandiuk
Louisiana	Louisiana State University	G. R. Orangio
	Louisiana State University (Shreveport)	M. D. Stratton
	Ochsner Clinic	B. R. Kann
Maryland	Greater Baltimore Medical Center	G. Y. Apostolides
Massachusetts	Beth Israel Deaconess Medical Center	T. E. Cataldo
	Brigham and Women's Hospital	N. Melnitchouk
	Lahey Clinic	E. M. Breen
	University of Massachusetts	K. Alavi
Michigan	Beaumont Health	M. A. Ziegler
	Henry Ford Hospital	S. P. Nalamati
	Michigan State University (Grand Rapids)	R. E. Hoedema
	St. Joseph Mercy Ann Arbor	R. K. Cleary
Minnesota	Mayo Clinic	S. R. Kelley
	University of Minnesota	M. Y. Sun
Missouri	Washington University Consortium	S. R. Hunt
Nebraska	Creighton University	M. Shashidharan
New Jersey	Robert Wood Johnson (Rutgers)	B. T. Chinn
New York	Albany Medical Center	B. T. Valerian
	Icahn School of Medicine Mount Sinai Hospital	R. M. Steinhagen
	Icahn School of Medicine Mount Sinai Morningside	N. D. Gandhi
	New York University	M. J. Grieco
	Zucker School of Medicine / Northwell	J. A. Procaccino
	Presbyterian Hospital (Cornell)	K. A. Garrett
	Stony Book University & Medical Center	P. I. Denoya
	Strong Memorial Hospital (University of Rochester)	L. K. Temple
	University of Buffalo	M. A. Falvo
Ohio	Cleveland Clinic	M. A. Valente
	Grant Medical Center	B. A. Kerner
	The Ohio State University	S. G. Husain
	University Hospitals Case Medical Center	S. L. Stein
Oregon	Oregon Health and Science University	K. C. Lu
Pennsylvania	Allegheny Health Network	P. J. Recio
	Geisinger Health System	C. J. Buzas
	Lehigh Valley Hospital	J. S. Park
	Penn State University	J. S. Scow
	Thomas Jefferson University	B. R. Phillips
	University of Pennsylvania	J. Bleier
Rhode Island	Brown University	A. A. Klipfel
South Carolina	Prisma Health (University of South Carolina)	J. A. Crockett
Tennessee	University of Tennessee	J. D. Stanley
	Vanderbilt University	M. M. Ford
Texas	Baylor University Medical Center	W. E. Lichliter
	Christus Santa Rosa Health Care	J. L. Mayoral
	University of Texas Health Science Center	M. J. Snyder

	University of Texas Southwestern Medical Center	C. H. Olson
Utah	Utah HealthCare / St. Mark's	M. E. Murday
Washington	Swedish Medical Center	M. E. Hawkins
Wisconsin	University of Wisconsin	C. P. Heise

2020 brought with it Coronavirus Disease 2019 (COVID-19), the 40th Annual APDCRS Meeting, and the Associations first virtual meeting. Unlike previous meetings where invited speakers attended and presented on a host of topics, the 2020 meeting was strictly business. With ongoing issues with COVID a virtual meeting was also held in 2021. During the April 17, 2021 meeting a new slate including President Dr. Scott R. Kelley, Vice-President Dr. Rebecca E. Hoedema, Secretary-Treasurer Dr. Michael A. Valente and Member-at-Large Dr. Joshua Bleier were elected by electronic ballot, the first time that occurred in APDCRS history. Dr. David J. Maron was reelected to a second term as ACS Representative and Dr. Michelle E. Murday became the ABCRS Representative. Dr. Jennifer Beady stepped down as Program Director at Creighton University, thus relinquishing her ABCRS representative seat, which Dr. Josh Bleier was elected to fill

Term	President	Institution
2021 - 2023	Scott R. Kelley	Mayo Clinic

Term	Vice-President	Institution
2021 - 2023	Rebecca E. Hoedema	Spectrum Health

Term	Secretary-Treasurer	Institution
2021 - 2023	Michael A. Valente	Cleveland Clinic (Ohio)

Term	Member-at-Large	Institution
2021 - 2023	Joshua Bleier	University of Pennsylvania

Term	ACS Advisory Council	Institution
2021 - 2024	David J. Maron	Cleveland Clinic (Florida)

Term	ABCRS Representative #1	ABCRS Representative #2	Institution
2021 - 2025	Michelle E. Murday		St. Marks Healthcare
2022 - 2026		Josh Bleier	University of Pennsylvania

As a result of the COVID-19 pandemic and the inability to proceed with in-person interviews a Virtual Interview Committee was created during the 2020 meeting with representation from a multitude of programs. Dr. Scott R. Kelley from Mayo Clinic served as Chair. Members included

Drs. Joshua Bleier, Thomas E. Cataldo, Marianne V. Cusick, Paula I. Denoya, Kelly A. Garrett, Michael J. Greico, Melinda E. Hawkins, Steven R. Hunt, Syed G. Husain, Gerald A. Isenberg, Bruce A. Kerner, Michelle E. Murday, Surya P. Nalamati, Sharon L. Stein, Randolph M. Steinhagen, Mark Y. Sun, and Brian T. Valerian. Program Coordinator Jennifer Sharp from Strong Memorial University also joined the committee. The Committee created multiple documents they shared with the Association on how to proceed with virtual interviews which were noted to be a success for the 2020 interview season. APDCRS conducted studies looking at virtual interviews from the perspective of both applicants and Program Directors and published the results. They found 73% of applicants, compared to 55% of Program Directors, agreed or strongly agreed that interviews should be virtual regardless of COVID. Virtual interviews continued for the 2021 and 2022 interview seasons.

During the 2020 virtual meeting Dr. Emily F. Steinhagen from University Hospitals Cleveland Medical Center presented on ileal pouch anal anastomosis (IPAA) procedures and the dilemma with case numbers decreasing over time. Dr. Steinhagen introduced the Optimal Pouch Training Project, which she created to evaluate the issue. She commenced with several rounds of surveys and semi-structured interviews from both faculty and residents to capture a wide perspective to better understand what participants feel are the essential steps and judgements needed for IPAA procedures. The Association was fully supportive and throughout the 2021 and 2022 meetings discussions continued regarding learning curves, numbers of cases needed, creating expert consensus on essential steps of IPAA to achieve competence, addressing whether skills performed in alternative procedures can supplement skill and judgement acquisition, and creating adjunctive educational curriculums (modules, interactive didactics, simulation, wet labs, intensive training courses). Work continues on this important endeavor.

Robotics Committee Chair Dr. Amir Bastawrous from Swedish Hospital presented on the APDCRS Robotic Colorectal Training Program and outlined the inability to offer courses secondary to COVID. To continue offering high level educational content to residents the Committee created a virtual training series and webinars. In 2021 courses resumed. The 2022 - 2023 academic year marked the robotics training course 12th year having trained approximately 700 residents in nearly 90 courses. Robotics Committee members include Drs. Robert K. Cleary and Mark K. Soliman.

2022 marked the first in-person meeting since 2019, and it was a packed meeting and agenda. The meeting started with guest speaker Dr. Brenessa M. Lindeman from the University of Alabama Birmingham providing members with an extremely informative talk outlining the general surgery experience of adopting Entrustable Professional Activities (EPAs). The last time EPAs were discussed at APDCRS was in 2017 and since then multiple specialties started working on and implementing their own. Further discussion ensued and APDCRS members unanimously voted to pursue creating Entrustable Professional Activities for colon and rectal surgery residency training programs and an EPA Committee was formed. Dr. Jitesh A. Patel from the University of Kentucky was nominated chair and Dr. Surya P. Nalamati from Henry Ford Hospital Vice Chair. Dr. Glenn A. Ault served the role of ABCRS Representative. A diverse Committee was created including members Jamie A. Cannon, Thomas E. Cataldo, Paula I. Denoya, Joseph T. Gallagher, Melinda E. Hawkins, Michelle E. Murday, Jeff S. Scow, Michael J. Snyder, Raldolph M. Steinhagen, and

Mark Y. Sun. The Committee decided on three EPAs to pilot that are high volume for every training program (complicated diverticulitis, perianal abscess, colonoscopy), and work is ongoing.

ACGME Program Requirements for Graduate Medical Education in Colon and Rectal Surgery were updated and released in July 2021. As a result of both Milestones and Program Requirements updates the Core Curriculum for Colon and Rectal Surgery Residents, last updated in 2019, required review and revisions. A new Core Curriculum committee was assembled during the 2022 meeting, and Dr. Kim C. Lu from Oregon Health & Science University was selected as Chair. Members included Paula I. Denoya, Rebecca E. Hoedema, Surya P. Nalamati, Jitesh A. Patel, Jeff S. Scow, Virginia O. Shaffer, and Mark Y. Sun.

During the 2022 meeting Dr. Joshua Bleier from the University of Pennsylvania took over the role of Chair of the Website Committee and shared with Association members the website was last updated in 2015 and was lacking the functionality necessary for current information technology environments. He outlined a new platform and complete overhaul of the website. The APDCRS logo was also felt to be out of date and Dr. Bleier presented different illustrations for members to vote on and a completely new and more modern logo was adopted. It was also noted that in our current era we needed to focus not only on the website, but also social media. With that, Dr. Bleier formed the Website and Social Media Committee with members Robert K. Cleary, Kyle G. Cologne, Paula I. Denoya, Gabriela C. Poles, and Javier Salgado Pogacnik.

The Board of Directors (Drs. Scott R. Kelley, Rebecca E. Hoedema, Michael A. Valente, Joshua Bleier) reviewed the Association Bylaws, which were last updated in 2018. They found multiple areas that needed to be revised including membership and voting, admission to membership, dues and fees, meetings, officers and directors, and committees. All updates were voted on and unanimously approved.

Dr. Scott R. Kelley from Mayo Clinic discussed with the Association increasing engagement by including Affiliate Members and Associate Program Directors (APDs). APDCRS Bylaws state, "*A Board-certified colon and rectal surgeon who is an Associate Program Director, considering applying for a program, or who has a special interest in colon and rectal training programs may be admitted as an Affiliate Member. Affiliate Members may attend meetings of the Members but shall not be entitled to vote on any matters*." Dr. Kelley outlined there are no Affiliate Members of the Association and there are 36 Colon and Rectal Surgery Residency Training Programs with Associate Program Directors, but they are not invited to or included in the Association. APDCRS members unanimously approved creating an email listserv for Associate Program Directors and including them on APDCRS communications and offerings. Members also unanimously approved inviting APDs to annual meetings and providing them the opportunity to apply for Affiliate Membership and serve on committees.

Since APDCRS has the sole responsibility for the CARSITE, each year Program Directors are asked to write four questions to keep the exam current and relevant. Topics are assigned by the CARSITE Chair. Low question submission rates over multiple years have been an issue for the exam and as a result newly appointed CARSITE Committee Chair Syed G. Husain from The Ohio

State University spent a good portion of the 2022 meeting discussing the exam and need for Program Director engagement. A lengthy discussion ensued regarding ways to increase engagement, including allowing Associate Program Directors to write questions with the caveat that the Program Director would act as their mentor and be responsible for submitting the questions. The Association agreed on the proposal, and it resulted in a 29% increase in submitted questions. A new and significantly expanded CARSITE Committee was created including members Drs. Brian R. Kann (ex officio), Joseph T. Gallagher, Kelly A. Garrett, Benjamin R. Phillips, Surya P. Nalamati, Jeff S. Scow, and Michael A. Valente.

To further improve engagement and keep the Association informed of APDCRS events and committee workings, ACGME updates, and resident educational offerings, a newsletter was created, and the inaugural bulletin was sent to all Program Directors, Associate Program Directors, and Program Coordinators in July 2022. The newsletter continues to be released four times per year (Spring, Summer, Fall, Winter).

Last updated 4-11-2023.