

Why An "Educational Foundation" for A.C.P.A.

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Last December I was asked to present to the Officers and the Board of Directors of the *American Cleft Palate Educational Foundation* some of the background and development of the Educational Foundation of the American Society of Plastic and Reconstructive Surgeons in the hope that the discussion might be helpful in developing the structure for the American Cleft Palate Educational Foundation. Our President (1973-1974), Hughlett Morris, Ph.D., has asked me to put some of these thoughts in writing for your review.

The Membership of the American Cleft Palate Association at its Annual Business Meeting in Oklahoma City on May 10, 1973, voted to establish the *American Cleft Palate Educational Foundation (A.C.P.E.F.)*. Now we can reflect a bit on what is it? who is it?, and perhaps more importantly—why is it?

Let's begin with A.C.P.A. We are a *Business League*—a professional organization aimed to meet our professional needs for communication, updating of our thoughts, a forum for our verbosity and—let's face it—very good fellowship. In this regard, we have come a long way. There was a time when the plastic surgeons would get up and leave the meeting if a dentist started to give a scientific paper!—prehistoric, but true. We publish a fine journal, but it is expensive. We have a number of active committees, we have had an International Congress,—so why do we need an Educational Foundation?

First, what is it and who is it? It is a *public trust*. A separate organization from A.C.P.A. It has its own Officers, Board of Trustees, Membership, Constitution and By-Laws. The Membership happens to be the same as A.C.P.A.; that makes it easy—same classification, same rights, privileges and limitations except: (1) Associate Members may vote and hold office and (2) there is a classification of "Public Members" who may be non-professional people interested in cleft lip and palate. If—as a member of A.C.P.A.—you do not want to belong to the Educational Foundation, you may resign. There are no dues, there is one Business Meeting a year (to follow the Business Meeting of A.C.P.A. and the E.F. is responsible to the parent organization, A.C.P.A.).

That is all very fine and maybe it is very good *but* what good will this do

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and do we really need another organization? I confess to be a bit biased on this subject having just completed twelve years on the Board of Directors of a similar Educational Foundation in our plastic surgery society. The Plastic Surgery Educational Foundation is celebrating its 25th Anniversary and has grown from a very small—barely surviving group—to a rather dynamic organization with 31 committees and a yearly budget of about \$300,000. It is running in the black and its programs, as the name signifies, are educational.

Basically the activities of the Plastic Surgery Educational Foundation are three: (1) that of *raising funds* for the educational programs, (2) directing *continuing educational projects*, and (3) supervising a number of *special projects*. Let me stress from the outset that I think we in A.C.P.E.F. must start slowly, pick a few areas where we can be effective, produce a good product, and then reassess the results from time to time. We must stay flexible and must always recognize our close association with and our responsibility to our parent organization—A.C.P.A. By the same token, A.C.P.A. takes on the responsibility of seeing that the E.F. survives. This means money to begin with, but I think you will see that it will be a good investment.

Funds. This is a public trust. We are handling public funds and that is quite different from the money in A.C.P.A.'s treasury. On the other hand, it should be far easier to raise funds for a Foundation which is interested solely in educational projects for the treatment of children with facial deformities. Most of the projects in the Plastic Surgery E.F. run in the black as I have mentioned, and with that budget they really have to.

Continuing Education. Projects in continuing education are long term. They take time and planning, they need funds to get started, and if they are good they should continue and can often be good fund raisers in themselves. This in no way should impinge on A.C.P.A.'s Annual Scientific Meeting. On the other hand, it should be planned to enhance this meeting. In fact, if it does not, we may be in deep trouble. For example, why is it that only about 10% of our Members come to our Annual Meeting? Certainly we should be able to draw more than this, but I think we will have to present more than we are currently doing if our Annual Scientific Meeting is going to grow.

In 1974 there was a rejuvenation of the Short Course concept which I think is excellent and should continue. Also, with the growing needs for such activities as recertification and peer review we will have to see more efforts in postgraduate education.

There is a tremendous need in the field of audiovisual media: films, slide audio programs, audio cassettes and video cassettes. This is how our students are learning and yet these are not well developed or coordinated in the field of cleft lip and palate. These programs take time, "seed money", coordination, and perseverance. They can be adapted for lay use, use by parents' groups, teenagers, students, etc. Speaking of parents' groups, these

“moms” are really “on the move”. Anyone who has worked with them knows how helpful and dedicated they can be.

There are a number of areas where we could profit from spending $1\frac{1}{2}$ to $2\frac{1}{2}$ days in special symposia. The study of one subject in depth can be a great asset. I could learn a great deal in this regard in the field of cephalometrics, speech evaluation, orthodontia, etc., and hopefully others could profit from seminars on surgical subjects as well. These could be *interdisciplinary* or *intradisciplinary*, they could be pitched for the old timers, the students, or the parents. These are the obvious projects in continuing education.

In *Special Projects* let me review a few that have been developed by the Plastic Surgery E.F. as possible examples. The oldest special project is a Scholarship Contest. Most of the essays in this annual competition are in the Junior Classification which are authors who are either in training or have been in practice less than five years. Some years we have had only two or three entries, but last year we had over 25 representing 7 countries besides the U.S. and Canada. Much good material has come from this but by far the best asset—to me—is that the prizes are “Travel Scholarships”. They consist of a cash prize and money for a planned trip with letters of introduction wherever the winner might want to go. Over the years this has been a tremendous benefit. Over half of the winners have come from outside the U.S.A., and many have been able to visit the training programs in this country and abroad as a result. In a brief trip I was able to take in 1959 I was able to visit four programs in and around London plus outstanding men in Sheffield, New Castle, Edinburgh, Glasgow, Gothenburg, Stockholm, Uppsala, Copenhagen, Hamburg, Stuttgart and Paris. What an experience for a young person just starting in practice.

One of our most recent committees is for Research Grants. This provides “seed money” to help young people get started. This year four awards were given to people selected from 18 applicants for funds ranging from \$1000 to \$3000. Already these projects are moving well. We are well aware of the difficulty in obtaining federal research grants these days, and after all, if we cannot foster and support a group of excellent young people interested in the objectives and the goals of A.C.P.A. then we have probably already “had it”.

This year the Plastic Surgery E.F. inaugurated closed circuit live television of operative procedures, and we have just started an Academic Advisory Commission to help advise young people interested in academic careers, or for institutions interested in developing training programs. An Archives Committee is collecting historic manuscripts and memorabilia. We have had an International Address Book and Placement Bureau. One of our oldest and most active committees is an International Programs Committee which coordinates work by our members in a number of developing countries. These include East Africa, Thailand, South Vietnam, Indonesia, Micronesia, Central America and the Ship Hope. In fact a west coast

ferry boat is being refitted as a hospital ship for service on the Amazon River.

A Library Exchange Committee has just completed sending subscriptions of the *Journal of Plastic and Reconstructive Surgery* to medical schools in developing countries. These subscriptions run for a few years with the hope that someone will find the *Journal* useful and will want to continue the subscription. We really do not know the direct result of this project, but in the past four years of its existence foreign subscriptions have increased from \$25,000 to over \$67,000 per year. The budget for this committee has been \$2,500 a year. For two years this committee sent subscriptions of the *Cleft Palate Journal* along with the *Journal of Plastic and Reconstructive Surgery*.

The Plastic Surgery Educational Foundation is responsible for a scientific meeting for the chief residents in plastic surgery, and a reception for the out of country members and guests at our national meeting. We have established libraries in films, audio cassettes, audio slide programs and have started a video cassette library as well. We are presently working on teaching syllabi for medical students. These in essence are the kind of "special projects" that can be considered.

Now perhaps you can see the reason for the plastic surgeons \$300,000 budget, but let me stress again that A.C.P.A. should "make haste slowly", pick its projects carefully and strive to make effective progress. I think we are off to a good start and that the reasons and purposes are sound. With your support and enthusiasm, we should go far.