



New England Surgical Society Newsletter

Volume 10, Number 1

December 2007

2007-2008 Executive Committee

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Thomas A. Colacchio, MD

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FROM THE PRESIDENT



Thomas A. Colacchio, MD

2007 at the Hilton Hotel in Burlington, Vermont with our overall attendance reaching 307. The outstanding scientific program included 18 podium presentations, two of



Dr. Thomas Colacchio, Incoming President (left) congratulates Dr. John Welch, Outgoing President, on a successful year.

It was indeed a great honor for me to assume the presidency of the New England Surgical Society at the 88th Annual Meeting in Vermont this past fall. I have certainly enjoyed the first 3 months of my term and am looking forward to leading our organization into what I anticipate will be a year of ongoing change within our profession and the NESS.

Under the leadership of our Past President, Dr. John Welch, the Society held a very successful meeting on September 28-30,

which were the winners of the 2007

NESS Resident and Fellow Research Day, 12 brief reports and 24 posters. This year also included a panel discussion, moderated by Dr. David Berger and the NESS Ad Hoc Issues Committee, whose controversial topic of Attending Work Hours sparked considerable debate on the floor. The 2007 Program Chair, Dr. Rocco Orlando, broke new ground with the introduction of concurrent Specialty Group Breakfast Sessions, which addressed three current challenges: On-Call Reimbursement, Maintenance of Certification, and

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*New President-Elect
Dr. Francis Moore.*

Editor's Corner

I hope this newsletter finds all of you nestled in to this perfect start to a New England winter. Here in Vermont we have had two snowstorms and it is only the beginning of December. I thought about our 2007 November here in northern New England. Last month I played a round of golf, rode my motorcycle until the 15th, did a little deer hunting and went snowboarding for a day at the end of the month. One can be certain in New England, every month provides ample opportunity for different outdoor activities.

I can speak for my Vermont NESS colleagues, that we very much enjoyed the 2007 Annual meeting in Burlington. Except for the



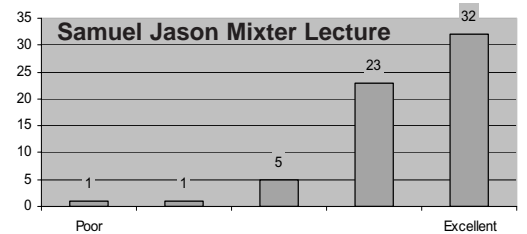
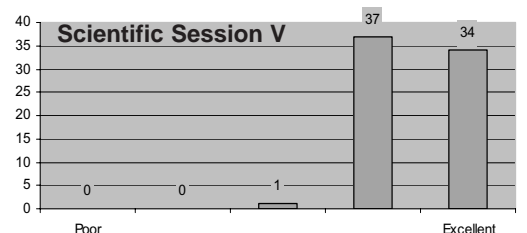
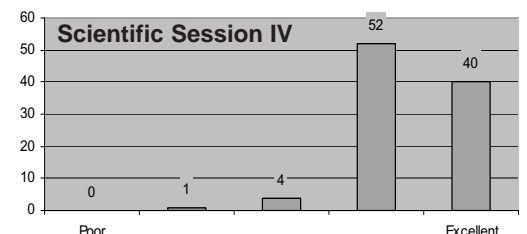
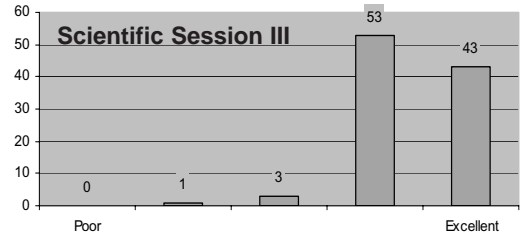
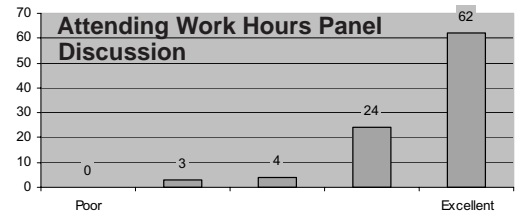
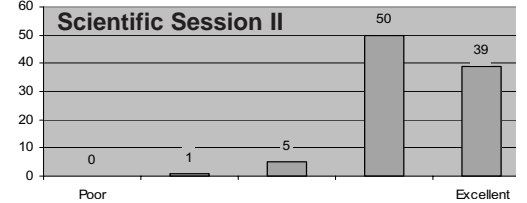
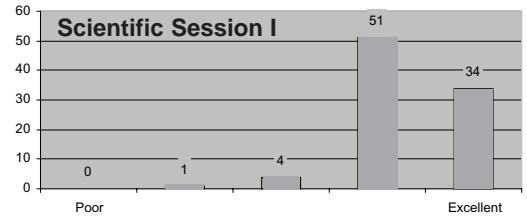
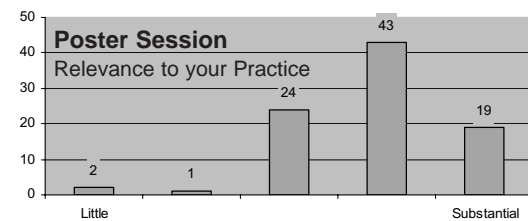
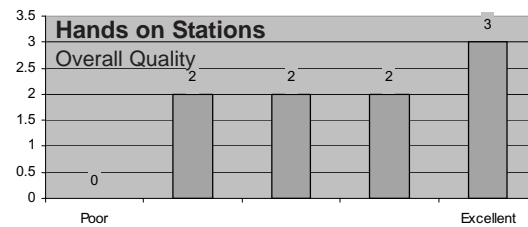
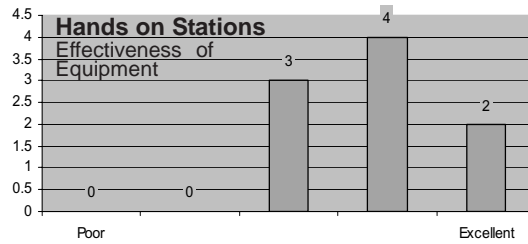
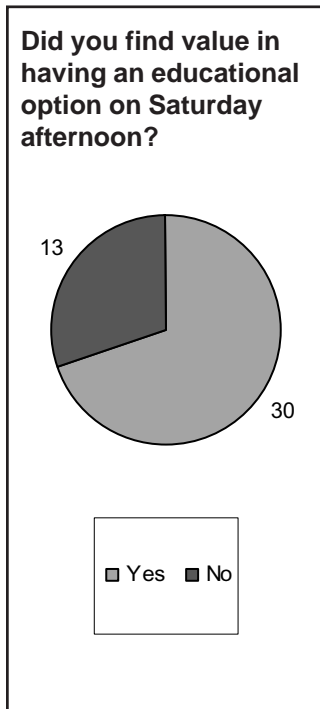
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Bruce J. Leavitt, MD

2007 ANNUAL MEETING REPORT

The 88th Meeting of the New England Surgical Society on September 28-30, 2007, in Burlington, VT, was a great success. With over 300 attendees, the meeting provided an exciting educational and social experience for physicians in the New England area.

General Post Meeting Evaluation Results



NESS AWARD WINNERS

RESIDENT ESSAY PRIZE COMPETITION

- 1st Place** **Improving Communication in the Surgical Intensive Care Unit: A Prospective Trial**
Mallory Williams, MD, Harvard School of Public Health
- 2nd Place** **Do All Patients Undergoing Parathyroidectomy Require Additional Neck Exploration When Intraoperative PTH Levels Do Not Decrease Appropriately?**
Patrick B. O'Neal, MD, Beth Israel Deaconess Medical Center
- 3rd Place** **Angiographic Embolization for Gastroduodenal Hemorrhage: Safety, Efficacy, and Predictors of Outcome**
George A Poultsides, MD, Hartford Hospital

NATHAN SMITH AWARD

Charles J. McCabe, MD
Massachusetts General Hospital

BEST POSTER AWARD

Clinical Outcomes in Patients With Severe Diabetic Foot Ulcers Treated With and Without Hyperbaric Oxygen
George A Perdrizet, MD, University of Connecticut
Hartford Hospital

Highlights of the EXECUTIVE COMMITTEE MEETING & ANNUAL BUSINESS MEETING

September 28 & 30, 2007 / Burlington, Vermont

Report of the Editor of the Archives of Surgery

Dr. Freischlag reported that the *Archives* ranks behind only the *Annals* and the *British Journal* as a general surgery publication, with an Impact-factor of 3.058. From the NESS Annual Meeting, a total of 34 manuscripts were submitted with 14 accepted and 20 rejected. During the last five years, the NESS has had acceptance rates of 75, 92, 50, 74 and 41%, for a 5-year average of 66%. The *Archives* will be limiting the affiliated Societies to one dedicated issue; the NESS edition will be in May. In addition, Society manuscripts accepted in excess of the one issue will be placed in the regular publication queue. Podium presentations will be given priority and, to allow for more papers, only comments of invited discussants will be accepted. The NESS issue can have about 10-12 manuscripts and the Society is given the option of having the Presidential Address, Mixter Lecture, panel discussions, etc. published.

Report of the Secretary

Dr. Tracy reported that the Spring Resident and Fellow Research Day has had substantial impact on resident programs throughout New England and had been the subject of increased correspondence to the various College Chapters in New England requesting additional financial support. Dr. Tracy encouraged NESS members to communicate with their home ACS Chapters on this same subject.

Dr. Tracy reported that the Executive Committee had voted to propose changes to the By-Laws regarding the election of Honorary members. Specifically, the Executive Committee recommends that the method of election be changed and that the limit on the number of Honorary members be eliminated. Article II, Section g. of the By-Laws would now read:

Honorary members shall be distinguished individuals in the field of surgery or the related sciences and shall be proposed and voted on by the Executive Committee. Honorary members shall not pay dues, nor shall they have the right to vote or hold office.

The membership subsequently approved.

Report of the Treasurer

Dr. Coe presented a financial report for the period ending August 31, 2007; total assets were \$265,260, versus year-to-date 2006 assets of \$256,311. The Reconciliation portion of the Statement of Financial Position indicated beginning cash of \$205,865 with a current operating surplus of \$59,395 as of August 31st before the expenses of the 2007 Annual Meeting being realized.

Report of the Audit Committee

Dr. Jack M. Monchik and Dr. Robert J. Touloukian, who together had served as an Audit Committee, indicated that the financial records of the Society were found to be in order.

Report of the Charitable Foundation

Dr. Kones, President of the NESS Charitable Foundation, presented a financial report for the period ending August 31, 2007; total assets were \$205,920. The Reconciliation portion of the Statement of Financial Position indicated beginning cash of \$198,283 with a current operating surplus of \$7,637 as of August 31st resulting in total assets of \$205,920.

Dr. Kones has been working with the Administrative Offices on electronic attempts to increase donations to the Foundation and there is now a special page dedicated to the Foundation on the NESS website (www.nesurgical.org).

Report of the Recorder

The following members has passed away during the year and a moment of silence was observed:

Donald P. Dressler, MD	Portsmouth, RI
George R. Dunlop, MD	Worcester, MA
J. Merrill Gibson, MD	Westerly, RI
Hermes C. Grillo, MD	Boston, MA
Charles Lyon Hopper, MD	Portsmouth, RI
Ernest K. Landsteiner, MD	Fort Myers, FL
Charles Larkin, MD	Middlebury, CT
Charles A. Macgregor, MD	Bernardston, MA
Eldred D. Mundth, MD	Naples, FL
Arthur Naitove, MD	Needham, MA
John P. Remensnyder, MD	Chestnut Hill, MA
William R. Waddell, MD	Silver City, NM

Report of the Ad Hoc Issues Committee

Dr. David L. Berger reported that the Panel Discussion on Attending Work Hour restrictions, which had taken place during the scientific program on Saturday, had inspired lively debate and that a post-discussion poll indicated an almost even split of opinion on the issue among those in attendance. The Committee needs more volunteers, especially younger members to continue to work on issues of importance.

Report of the Program Committee

Dr. Orlando reported that the Program Booklet provides all detail on the Annual Meeting. There were a number of new aspects to the program including an optional Ultrasound course on Saturday afternoon and a Specialty Group Breakfast session.

Report of the Representative to the American Board of Surgery

Dr. Jacobs addressed a number of current issues being worked by the ABS and the most recent steps being taken as of the June 2007 meeting of that body. Projects referenced by Dr. Jacobs included Maintenance of Certification, and efforts to make things easier in tracking CME, demonstration of competence, and the recent rush to increase the number of surgical criticologists.

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Highlights of the Executive and Annual Business Meeting

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Report of the Representative to the American College of Surgeons Board of Governors

Dr. Ferguson reported that 1/3 of the Board's most recent meeting had been focused on diversifying its investment portfolio. Other discussion of that meeting addressed workforce issues, with 73% of the Governors' responses to a recent survey indicating that as a significant problem. Other problems addressed were the staffing of ERs, obtaining specialists to cover trauma call, and adequate hospital and physician reimbursement for trauma. The Board of Governors is also concerned that surgeons are losing the moral high ground with the public, legislators, and payors regarding the issue of emergency responses to surgical calls.

Report of the Representative to the American College of Surgeons Advisory Council for Surgery

The next meeting of the ACS Advisory Council had not yet happened but would be taking place in October. Dr. Pricolo expressed his gratitude for the opportunity to serve and be an advocate on behalf of the NESS. Dr. Welch led a round of appreciation from the Executive Committee to Dr. Pricolo for his term of service.

Report of the Archives Committee

Dr. H. David Crombie outlined the plans for the upcoming Centennial of the Society in 2016.

Completion of the Archive: Expand Archives Committee to eight volunteers (to start) for research; Create a complete roster of NESS members since the founding; Expand the oral histories from former presidents; Obtain photos of all past presidents; Review published papers from annual meetings prior to advent of program books (create brief abstracts of notable papers); Seek photos of meeting venues of past years; Seek photos of members and families at those venues; Administrative staff to receive, scan to electronic format, collate, file, index.

Creating A Centennial History Publication: Themes being considered were Surgical science and techniques spanning the 100 years in New England; Education in surgery as reflected in NESS activities since 1916; NESS as active participant in national arena; Social life and camaraderie (spouses and families, old New England venues); Distinguished leaders, members, guests (Presidents, Nathan Smith awardees, Mixer Lecturer Lecturers); Look to the future of surgery and NESS

Centennial Publication Needs: Name a centennial publication steering and oversight committee; Professional writer/proofreader, preferably history oriented; Graphics designer; Printing (survey membership for those interested in hard copy vs. electronic); Budget and funding for these needs and contingencies

Dr. Crombie is looking forward to working on the project and with the Committee's eventual new Chairperson.

Report of the Nominating Committee and Election of Officers

Dr. Welch called upon Dr. Walter B. Goldfarb to present the report of the Nominating Committee. Dr. Goldfarb noted that the Committee consisted of himself as Chair, together with Drs. A. Benedict Cosimi and Robert M. Quinlan. The following slate was submitted and approved by the membership:

Recorder	Neil S. Yeston, MD
Treasurer	Nicholas P.W. Coe, MD
Secretary	Thomas F. Tracy, Jr. MD
Vice President	Jack M. Monchik, MD
President-Elect	Francis D. Moore, Jr., MD

NEW MEMBERS

Suresh K. Agarwal	<i>Boston, Massachusetts</i>
Thomas C. Banever	<i>Hartford, Connecticut</i>
Robert L. Bell	<i>New Haven, Connecticut</i>
William E. Charash	<i>Burlington, Vermont</i>
Catherine C. Chen	<i>Boston, Massachusetts</i>
Paul D. Danielson	<i>Worcester, Massachusetts</i>
Kimberly A. Davis	<i>New Haven, Connecticut</i>
Simon P. Drew	<i>Bennington, Vermont</i>
Fernando A. Ferrer	<i>Hartford, Connecticut</i>
Amy L. Friedman	<i>New Haven, Connecticut</i>
Atul A. Gawande	<i>Boston, Massachusetts</i>
Seth P. Harlow	<i>Burlington, Vermont</i>
Michael E. Ivy	<i>Hartford, Connecticut</i>
Ramon E. Jimenez	<i>Hartford, Connecticut</i>
Anne C. Larkin	<i>Worcester, Massachusetts</i>
David B. Lautz	<i>Boston, Massachusetts</i>
Jean Y. Liu	<i>White River Junction, Vermont</i>
Kevin P. Moriarty	<i>Springfield, Massachusetts</i>
Dmitry Nepomnayshy	<i>Burlington, Massachusetts</i>
Thomas Ng	<i>Providence, Rhode Island</i>
Konstantinos Papadakis	<i>Boston, Massachusetts</i>
Lisa A. Patterson	<i>Springfield, Massachusetts</i>
William P. Pennoyer	<i>Bloomfield, Connecticut</i>
Melissa F. Perkal	<i>West Haven, Connecticut</i>
James G. Petros	<i>Boston, Massachusetts</i>
Pieter M. Pil	<i>Oak Bluffs, Massachusetts</i>
G. Dean Roye	<i>Providence, Rhode Island</i>
Harry C. Sax	<i>Providence, Rhode Island</i>
John T. Schulz	<i>Bridgeport, Connecticut</i>
Julie Ann Sosa	<i>New Haven, Connecticut</i>
Jennifer Dale Walker	<i>Boston, Massachusetts</i>
Richard G. Weiss	<i>Hartford, Connecticut</i>

FROM THE PRESIDENT

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Acute Care Surgery; as well as an optional ultrasound course on Saturday afternoon. Congratulations to Rocco and the 2007 Program Committee on a job well done.

Other highlights of the scientific sessions included the 23rd Annual Samuel J. Mixer Lecture, delivered by Dr. Andrew Warshaw, and the conferment of the Nathan Smith Award to Dr. Charles McCabe for his contributions to our specialty as an "unsung hero" in the world of surgery. Following an impressive introduction made by Vice President Dr. Charles Shoemaker, Dr. John Welch provided a look into our future with his Presidential Address titled "Whither Goest General Surgery."

The social program in Vermont included Friday's Welcome Reception on board the Spirit of Ethan Allen that took us on a memorable evening cruise of Lake Champlain. The President's Banquet on Saturday was, likewise, a memorable night with classical opera provided by an impressive group of younger performers.

Items on the Executive Committee's agenda for this year will include the continuing expansion of the Ad Hoc Issues Committee membership as well as its role with respect to the Annual Meeting program. I encourage all younger members of the NESS to become involved with this important group as it will be a prime source of information and guidance which the Society will use as we navigate our changing future. The Executive Committee will also be working in tandem with



the 2008 Program Committee to meet new requirements recently established by the *Archives of Surgery* regarding the publication of manuscripts from the Annual Meeting. As announced in Vermont by Dr. David Crombie, Chair of the NESS Archives Committee, planning for the 2016 centennial of the Society is also now underway with the Executive Committee working in tandem with the Archives Committee on various projects related to the 100-year celebration of our organization.

In conclusion, I remind all NESS members of the importance of participation in the Society and I encourage you to maintain your involvement. Attendance at the annual meetings is the best way to fulfill the participation requirement and you will surely benefit from the excellent scientific programs as well as the camaraderie of your fellow surgeons in an enjoyable environment.

Thank you again for the privilege of serving as your NESS President and please feel free to share your thoughts with me on how the NESS might enhance its service to the surgical community.

Thomas A. Colacchio, MD

Editor's Corner

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boat ride, the weather cooperated nicely. It is always fun to have NESS colleagues visit one's home city or state. Every New England state has a charm and personality that is unique. That is why it is great to have the NESS annual meeting rotate amongst our five states.

Last week I was asked to see a patient with a malignant pleural effusion. She was a 75 year old woman with cholangiocarcinoma. I walked into her hospital room and introduced myself. Soon after, her demeanor switched from a frown to a big smile. She told me that 17 years ago I had operated on her husband, Harley, for his coronary artery disease. He passed away last year, but lived a great 16 years after his coronary artery bypass grafting procedure. She then asked if I still rode my Harley Davidson motorcycle since her husband and I discussed the name of Harley at the time of his CABG 16 years ago. As surgeons, we often focus on the details of the time such as surgical schedules, difficult upcoming cases, complication rates, etc. It is very refreshing to speak with a patient or family member years out from a procedure you performed and have them tell you of the years of quality life you help provide for them. Often times they tell of the pleasures of life, such as throwing a

ball with their grandson, attending the wedding of a family member, or taking a vacation with their kids. We often take for granted what we do for a living on a day-to-day basis. It is refreshing to speak with someone years out from a major operation to find out what life and health has provided them since your personal surgical intervention with that patient.

I hope you have an excellent winter in New England. Our Boston Red Sox made us proud and our Patriots are making history. See you in the fall of 2008 in historic Boston.

Bruce J. Leavitt MD

MARK YOUR CALENDAR

15th Annual Surgical Resident & Fellow
Research Presentation Day
May 16, 2008, Boston

NESS ANNUAL MEETING
September 26-28, 2008
Seaport Hotel, Boston

From the NESS Representative to the ACS Advisory Council for General Surgery

Victor E. Pricolo, MD

The Advisory Council for General Surgery of the American College of Surgeons met in Las Vegas on October 6, 2007, during the last Clinical Congress of the ACS.

The Council is composed of a representative from each of the eight U.S. regional surgical Societies, one each from the American Surgical Association, the American Society of General Surgeons, the Canadian Association of General Surgeons, the RRC for Surgery, the American Board of Surgery, the ACS Board of Regents, the ACS Candidate and Associate Society, the Young (<45 yo) Surgeons Committee, five Members-at-Large, two ACS Staff Liasons and chaired by Dr. Mark Malangoni.

Numerous topics were brought forward for discussion, including several action items. Each representative provided a report on his/her Society or Organization.

Dr. George Sheldon presented an update on the activities of the ACS web portal (e-FACS.org). The portal, which provides access to content, resources and tools of interest to surgeons has enjoyed a strong initial response in

the USA as well as internationally.

Dr. Anthony Meyer led a discussion, proposed by the NESS representative at the previous meeting, on the impact of duty hour limitations on surgical care in the future. This issue is rapidly becoming of interest to the practicing surgeons and may have an impact on the delivery of care in the urban as well as the rural/community setting.

Dr. Marc Malangoni, in his last meeting as committee Chair, expressed once again his concern for General Surgery as a sustainable specialty in the coming years and proposed the formation of a "Professional Organization devoted to General Surgery". Such proposal will be reviewed and discussed by the Board of Regents of the ACS.

A certain amount of time was spent finalizing the plans for next year's Clinical Congress, since there is not going to be a Spring Meeting.

I wish to thank the New England Surgical Society for the privilege of serving as its representative to the ACGS of the ACS from 2001 to 2007.

From the NESS Representative to the American Board of Surgery

Lenworth M. Jacobs, MD, MPH, FACS

ABS June Meeting

The American Board of Surgery met in Philadelphia from June 23 through June 26 under the chairmanship of Dr. Courtney Townsend. It was attended by 35 directors, 21 members of component boards and advisory councils, and 7 newly elected directors who attended for orientation purposes. This meeting marked the end of Dr. Townsend's tenure as an active director; Dr. Timothy Flynn moved from the Vice Chair to Chair position effective July 1, 2007. The following will summarize the main issues at the meeting.

A retreat was held for all attendees on June 24 to hear discussions from current leaders in the field of efforts to evaluate physician performance in practice. The Board has committed to begin assessing performance in practice (Part IV, Maintenance of Certification) beginning in 2008, and there remains a paucity of objective information on which to base this assessment. The speakers and their subjects are listed below.

Measuring Up: What? Who? How?, Lucian L. Leape, M.D., Adjunct Professor of Health Policy, Harvard Medical School
Measuring and Improving Surgeon Performance, John D. Birkmeyer, M.D., George D. Zuidema Professor of Surgery, Director, M-SCORE, University of Michigan

Using Surgeon-led Collaboration to Demonstrate Maintenance of Certification: The Washington Experience, David R. Flum, M.D., MPH, Associate Professor of Surgery, Adjunct Associate Professor, School of Public Health, University of Washington

The ACS Experience with NSQIP, Clifford Y. Ko, M.D., Associate Professor of Surgery, Director, Center for Surgical Outcomes and Quality, University of California, Los Angeles

Using Peer Assessment in Practice Evaluation, Richard J. Haynes, M.D., President, American Board of Orthopedic Surgery, Clinical Professor of Pediatric Orthopedic Surgery, Baylor University Medical Center and Univ. of Texas, Houston

Quality of Life Measurements for Assessment of Surgical Outcomes, Vic Velanovich, M.D., Clinical Associate Professor, Wayne State University, Division Head, General Surgery, Henry Ford Hospital

Following the presentations, roundtable discussions were held among all participants and the conclusions were forwarded to the Diplomates Committee for action. It is anticipated that one or more of the methods discussed will be added to the existing methods for meeting Part IV requirements at the January meeting.

Credentials Committee Policy Decisions

As a result of direct reporting to the Board from the Federation of State Medical Boards for the last three years, we have become aware of increased disciplinary actions by state licensing boards against ABS diplomates for a variety of infractions. It is mandatory that a diplomate hold a valid and unrestricted medical license wherever he or she practices, and if action is taken by a state to limit a medical license, the Board may similarly limit or revoke a diplomate's surgical certificate. The number of such actions has increased significantly in recent years because of improved and more efficient reporting, and 25-35 such actions are now taken yearly.

As more cases have been reviewed, it has become clear that the gravity of the infractions for which actions were taken by state licensing boards are highly variable, ranging from relatively minor with no impact on patient care to those having major quality issues and raising serious questions about medical competence. As a result, the Credentials Committee felt greater flexibility in setting ABS requirements were needed for regaining a surgical certificate which had been suspended or revoked, and that this decision needed to be based on a detailed review of the circumstances of each case. In the past, if the primary cause of

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ABS Report

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the license limitation were corrected, the diplomate has been able to regain his or her surgical certificate by taking the recertification examination and satisfying other conditions of recertification. The Credentials Committee felt this procedure is not sufficiently stringent for cases in which evidence of medical malpractice or negligence is present, even if the state licensing agency has returned the medical license to full and unrestricted status. In such cases, the Credentials Committee may therefore impose more severe requirements, including completion of the full initial certification process, including the Qualifying and Certifying Examinations, or any part thereof. This decision will be based on an assessment of the nature, severity, and extent of the patient incidents reported, and will be determined on an individual basis. The appeal rights of diplomates in response to any such actions continue as before.

The second major policy decision of the Credentials Committee was in regard to granting credit to residents for prior surgical training. Currently credit of one, two, or three years is offered, dependent on the extent of training and experience of the individual. The request must come from the program director of the residency where the resident is enrolled, after at least 9 months of direct observation. During the last five years several candidates who received three years of credit subsequently have had an excessively high failure rate on the Qualifying Examination after they completed residency and attempted to become certified. Such candidates only received two years of training in a U.S. residency, and it appears this diminished experience has contributed to poorer outcomes. Data compiled from the 2006 QE and the preceding senior level ABSITE examination for PGY-5 residents showed a very high correlation (correlation coefficient of 0.94) between ABSITE performance and subsequent QE performance. Based on this data the Credentials Committee therefore decided that any resident seeking three years of credit for prior training would have to demonstrate an ABSITE score at or above the 30% level in the ABSITE taken in the PGY-4 or PGY-5 year. Failure to do so would automatically limit the credit to two years.

Both of the above actions were subsequently approved by the full Board of Directors.

Transplantation Advisory Council

The RRC for Surgery, in 2006, proposed eliminating the requirement for a transplant surgery rotation during residency due to the poor quality of the experience for many residents who are in programs where they must obtain such rotations at other programs. In contrast, residents who have transplant rotations in their own institution where programs are present, often find these to be extremely valuable. Transplant surgery offers several potential advantages for training surgical residents currently - most transplant procedures continue to be done open, in an era where open surgery training is becoming progressively less common, and the variety and complexity of transplant procedures, particularly donor harvest procedures, offers excellent opportunities for senior level residents to become more familiar with hepatic, biliary, and renal anatomy and surgery. The ABS therefore requested the RRC for Surgery to delay implementation of this change, so that alternative solutions to the problem might be sought.

Meetings were arranged by Dr. James Schulak, Chair of the Transplant Advisory Council, between the leadership of the ABS and the transplant community in April to discuss the issues and

alternatives, and to request the transplant community, and specifically the leadership of the American Society of Transplant Surgeons, to see if they could not come up with a proposal to improve the teaching of transplant surgery at all levels and make this experience a more valuable one for surgical residents. The ASTS agreed to do so, and is currently undertaking a comprehensive reevaluation of the transplant curricula at each level of residency, which is expected to be completed by January. This will be brought back to the Transplant Advisory Council, and discussed further with the RRC for Surgery, before further action is taken.

New Directors

Seven new directors have been selected, to begin six year terms July 1, 2007. They, their location, and their sponsoring organizations, are the following:

Dr. L. D. Britt - Norfolk, VA - American Surgical Association

Dr. Joseph B. Cofer - Chattanooga, TN - Southeastern Surgical Congress

Dr. B. Mark Evers - Galveston, TX - Society of University Surgeons

Dr. V. Suzanne Klimberg - Little Rock, AR - American Surgical Association

Dr. David M. Mahvi - Madison, WI - Society for Surgery of the Alimentary Tract

Dr. Joseph L. Mills - Tucson, AZ - Society for Vascular Surgery

Dr. John R. Potts - Houston, TX - Southwestern Surgical Congress

RRC for Surgery

The term of Dr. J. David Richardson on the RRC for Surgery, ended at the June meeting. The ABS nominated three representatives to replace him, and Dr. Mark Malangoni was selected by the RRC members from the nominees. Dr. Malangoni attended his first meeting in June, and will serve on the RRC as an ABS representative for six years.

SUMMARY OF 2006-2007 EXAMINATIONS

Examination	# of Examinees	# Pass	# Fail	Pass Rate	Fail Rate	Total # Diplomates
Qualifying	1,268	972	296	76.7%	23.3%	
Recertification	1,578	1,487	91	94.2%	5.8%	16,790
Vascular Surgery QE	125	112	13	89.6%	10.4%	
Vascular Surgery Recert.	142	137	5	96.5%	3.5%	1,528
Surgical Critical Care	128	111	17	86.7%	13.3%	2,366
SCC Recertification	125	107	18	85.6%	14.4%	1,095
Hand Surgery	1	1	0	100%	0%	236
Hand Surgery Recert.	11	10	1	90.9%	9.1%	133
Pediatric Surgery ITE	78	---	---	N.A.	N.A.	
ITE - Junior Level Exam	3936	---	---	N.A.	N.A.	
ITE - Senior Level Exam	3669	---	---	N.A.	N.A.	
Certifying	1261	1027	234	81.4%	18.6%	53,772
Pediatric Surgery CE	67	61	6	91.0%	9.0%	995
Vascular Surgery CE	133	112	21	84.2%	15.8%	2,576
TOTAL	12,522					

N.A. = Not applicable.
4,839 examinees, excluding the ITE and PITE.

From the NESS Representative to the ACS Board of Governors

Charles M. Ferguson, MD

The Board of Governors met October 7, 2002, in conjunction with the annual Clinical Congress. The Governors have identified Reimbursement, Liability, and Work Force Issues as major areas of concern. The ACS continues to work diligently through the Washington office to address Medicare physician reimbursement cuts. All Fellows are encouraged to notify their senators' offices immediately to express concern over pending legislation which would further reduce physician reimbursement. Though numerous governors expressed cynicism as to the ability of Pay for Performance to have any true positive impact on patient care, it seems clear that this movement will continue to expand, and the ACS offers support via NISQIP and the Web Portal. Liability issues remain a major problem for multiple areas of the country. Tort reform at the federal level is felt to be dead, and though several states have initiated significant tort reform, others have such hostile environments that surgeon recruitment and retention is a problem. This further impacts all health care access, as on average General Surgery produces 40% of hospitals' margins, and the lack of availability of general surgeons

affects the ability of hospitals to remain open. Work Force Issues are felt to be a major concern because of a projected deficit in surgeon availability by 2020. While several medical schools have expanded their class size and several new medical schools have opened, this will not increase surgeon availability as there has been no increase in surgical residency positions in over 20 years, and without a new source for funding, it will not be possible to increase the number of such positions. The College is to embark on a major study on workforce in collaboration with Harvard School of Public Health.

On a positive note, the College is in a good financial situation, with total assets of \$473,687,000. There is currently \$387,115,000 in investment assets, with 16.3% annual return. Overhead runs a respectable 28%. Fellows are reminded that the Surgeons Diversified Investment Fund is managed by the same investment firm as the College's investments, with similar returns, and is open to all Fellows.

An extremely detailed report is available at the College website www.facs.org.



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