New England Surgical Society

Newsletter

Volume 11, Number 3 **December 2009**

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FROM THE PRESIDENT

Patricia K. Donahoe, MD

The Presidency of the New England Surgical Society (NESS) is an honor for me and my great appreciation goes out to the membership for the unique opportunity to serve you, and all other surgeons in New England, in this capacity.

2008-2009 has presented a number of economic challenges for the Society but, as the recovery begins, we can proudly say that the Society has stood steadfast and strong during this difficult period. Our 90th Annual Meeting in Newport, under the leadership of Dr. Francis Moore, Jr., was most successful both scientifically and socially, confirming the dedication of our members to the New England Surgical Society which has shown continuous growth for almost a hundred years.

On the subject of our NESS centennial, I plan to have our 2010 Annual Meeting in Saratoga Springs address the "NESS for the Next Century" as a theme. I encourage you to come and join us in upstate New

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Editor's Corner

Bruce J. Leavitt, MD

It is fall turning to winter here in New England. Snow has yet to arrive, but as we New Englanders know, winter and its wonderful white crystals will soon arrive. The lawnmower has been put to bed for the winter and the snow blower is ready. It is my hope you all had a great Thanksgiving and are preparing for a wonderful upcoming holiday season.

Since my last editorial, I have returned from Sri Lanka on a surgical mission for Doctors Without Borders (Medicines Sans Frontieres or MSF). There is no question that the MSF experience that I had this past summer had a profound effect on me as a person and as a surgeon. It also gave me an appreciation for where we live, for the surgical care we provide and for our families and

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HYATT
REGENCY



HYATT
REGENCY
NEWPORT







Neil Hyman


Resident Prize Awards

1st Place

Kate V. Viola, MD
Yale University School of Medicine
Family and Gender Impact Career Goals: Results of a National Survey of 4586 Surgery Residents

2nd Place

Jessica P. Simons, MD
University of Massachusetts Medical School
Surgery and Radiation Therapy for Abdominal and Retroperitoneal Sarcoma: Both Necessary and Sufficient?

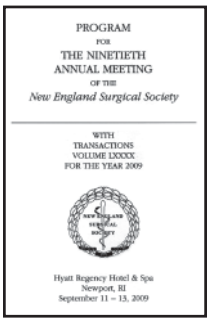
3rd Place

Alicia R. Privette, MD
University of Vermont/Fletcher Allen Health Care
Pre-operative Predictors of Positive or Close Margins Following Initial Partial Mastectomy for Breast Cancer

Best Poster Prize Award

Daniel I. Chu, MD
Boston University School of Medicine
N-acetyl-L-cysteine (NAC) Reduces Intraabdominal Adhesion Formation Through The Upregulation Of Peritoneal Fibrinolytic Activity And Antioxidant Defenses

PROGRAM BOOKLET MAILINGS


PROGRAM
FOR
THE NINETIETH
ANNUAL MEETING
OF THE
New England Surgical Society
WITH
TRANSACTIONS
VOLUME LXXXX
FOR THE YEAR 2009
Hyatt Regency Hotel & Spa
Newport, RI
September 11 – 13, 2009

As the Society had been recognizing considerable postage expenditures for the mailing of the Annual Meeting program booklets, a cost-cutting measure has been the elimination of booklet mailings in light of the fact that attendees receive them onsite during the meeting and the full scientific programs and abstracts are also now posted and archived on the NESS website (www.nesurgical.org). Should any NESS member who was unable to attend the meeting still wish to have a hard copy of the book, however, they simply need to contact the NESS Administrative offices at ness@prri.com, or 978-927-8330.

New Members

Robert T. Brautigam, MD
Hartford, Connecticut

Thomas E. Clancy, MD
Boston, Massachusetts

Philip R. Corvo, MD
Stamford, Connecticut

Mark E. Crane, MD
Berlin, Vermont

Bruce A. Crookes, MD
Burlington, Vermont

Alan Dardik, MD, PhD
New Haven, Connecticut

Francis V. DiPierro, MD
Bangor, Maine

Jeffrey R. Harnsberger, MD
Manchester, New Hampshire

Matthew M. Hutter, MD
Boston, Massachusetts

Kristina H. Johnson, MD
Hartford, Connecticut

Paul F. Lentrichia, MD
Johnston, Rhode Island

Peter T. Masiakos, MD
Boston, Massachusetts

Thomas J. Miner, MD
Providence, Rhode Island

Bruce M. Molinelli, MD
Greenwich, Connecticut

Guy R. Nicastri, MD
Pawtucket, Rhode Island

Rafael V. Pieretti, MD
Boston, Massachusetts

Juan A. Sanchez, MD
Waterbury, Connecticut

Ketan R. Sheth, MD
Cambridge, Massachusetts

Lelan F. Sillin, MD
Burlington, Massachusetts

Paul A. Taheri, MD
Burlington, Vermont

Sarah P. Thayer, MD
Boston, Massachusetts

NEW ENGLAND SURGICAL SOCIETY ANNUAL BUSINESS MEETING

Sunday, September 13, 2009 / Grand Ballroom, Hyatt Regency Hotel / Newport, Rhode Island

Report of the Secretary

Dr. Tracy reminded all members that per the Caucus discussions, all candidates being proposed for new membership consideration in 2010 and beyond need to be submitted via the new online membership module on the NESS website. Only candidates proposed during Caucus are to be submitted and he encouraged submission of candidate data ASAP to ensure adequate paperwork review by the State Representatives prior the winter interim meeting of the Executive Committee.

Dr. Tracy also announced that, in light of the electronic communication the Society can now utilize as well as the Newsletter, the Executive Committee has approved a proposed By-Laws Amendment, regarding By-Laws Amendments, for the membership's review. Per the current By-Laws, this would not be voted upon by the membership until next year's Annual Meeting in Saratoga. Dr. Tracy explained that there are two options for the membership's consideration: Option A proposes an electronic and Newsletter (if possible) circulation of proposed By-Laws changes at least 60 days prior to the Annual Meeting during which the change will be voted upon and approved by a 2/3 majority; Option B proposed the same but adds that the actual vote would be made electronically within 30 days following the Annual Meeting so that those members who did not attend have the opportunity to also vote.

Dr. Moore reminded the membership that the vote on this By-Laws change will not take place until the 2010 meeting and that a vote to enact a By-Laws change would precede it per the current By-Laws. Dr. Moore then asked if there are any questions for Dr. Tracy from the Membership regarding the Report of the Secretary.

Report of the Recorder

Dr. Neil S. Yeston informed the Membership of the loss of the following members during the past year:

Sang I. Cho, MD, Massachusetts; Ronald W Cooke, MD, Connecticut; Robert N. Davie, MD, Connecticut; John Herbert Fisher, MD, Massachusetts; Eugene Fitzpatrick, MD, Connecticut; Clement Hiebert, MD, Maine; Alan D. Hilgenberg, MD, Massachusetts;Shukri F. Khuri, MD, Massachusetts; Robert G. Maxfield, MD, New Hampshire; Charles J. McCabe, MD, Massachusetts; J. Bishop McGill, MD, Vermont; Henry Saltonstall, MD, New Hampshire;Wilfred T. Small, MD, Rhode Island;

Report of the Treasurer

Dr. Pricolo presented a financial report for the period ending July 31, 2009. Total cash as of the end of July was $233,124. The Reconciliation portion of the Statement of Financial Position indicated beginning cash of $230,836 with a current operating surplus of $2,287 as of July 31st resulting in total assets of $233,124. Total receipts as of July 31st were $89,460 and consisted of: $26,750 in Dues & Assessments to which Dr. Pricolo noted that this only reflected dues revenue received since the beginning of the year and some additional 2009 dues had come in prior to the end of 2008; $4,000 in contributions toward the Research Day; $58,575 in Meeting Registration receipts so far for the 2009 Annual Meeting; and $135 in Interest Income. Total Disbursements of $87,173 consisted of: $59,626 in total General and Administrative expenses; $9,491 in total Publications expenses; $1,784 in Research Day expenses; a total of $9,028 in Meetings and Education disbursements to date, a portion of which had been late payments for the 2008 program; and a total of $7,244 in Council Officers/ Committees expenses so far in 2009.

Report of the Audit Committee

Dr. Moore called upon Dr. Pardon Kenney and Dr. Edward Kwasnik, who together had served as an Audit Committee. Drs. Kenney and Kwasnik indicated that the Audit Committee had found the financial records of the Society to be in order.

Report of the New England Surgical Society Charitable Foundation

Dr. Brooks presented a financial report for the period ending July 31, 2009. Total assets as of the end of July were $218,369 and included: a total of $46,484 in the checking accounts; $ 48,362 in the Sovereign Bank CMI Account; and $120,000 in the Sovereign Bank Certificate of Deposit. Also listed in the assets were $465 worth of Nathan Smith Medallions and $3,059 worth of NESS Neckties currently in inventory. The Reconciliation portion of the Statement of Financial Position indicated beginning cash of $213,639 for the year with an operating surplus of $4,730 resulting in total assets of $218,369. Total receipts as of July 31st were $8,405 which consisted of: $7,747 in contributions and a total of $658 in interest revenue from the checking, CMI, and the CD collectively. Total Disbursements as of July 31st were $3,675 which consisted of payments made in support of the Research Day, $325 in Liability Insurance Coverage and tax filing fees with the State of New Hampshire, and $350 in bank fees.

Report of the Ad Hoc Centennial Celebration Steering Committee

Dr. Colacchio and the committee members had conducted meetings and conference calls on the planning for the Society Centennial in 2016. It had been agreed that an Electronic Living History for the Society should be established in the form of a website through which historical content could be submitted for review and approval prior to publication on the site. An initial budget had also been

(continued on next page)

NESS Annual Business Meeting Minutes *(continued from previous page)*

reviewed by the leadership and was now being presented for approval by the Membership. After some questions from the Membership it was VOTED to approve the initial budget for a Living Archive of the NESS as part of the Centennial project.

Report of the Representative to the American Board of Surgery

Dr. Moore referred the Membership to Dr. Jacobs' formal report on Page 34-38 of the Program Booklet.

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

Dr. Moore referred the Membership to Dr. Ferguson's formal report on Pages 39-41 of the Program Booklet.

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

Dr. Moore referred the Membership to Dr. Zarfos' formal report Page 42 of the Program Booklet.

Report of the Nominating Committee and Election of Officers

Dr. Quinlan noted that the Nominating Committee consisted of himself as Chair, together with Drs. Welch and Colacchio and they submitted the following slate, which was subsequently approved:

Recorder	Richard J. Barth, Jr., MD
Treasurer	Victor E. Pricolo, MD
Secretary	Thomas F. Tracy, Jr. MD
Vice President	Nicholas P.W. Coe, MD
President-Elect	James C. Hebert, MD

Dr. Moore acknowledged Dr. Neil S. Yeston and thanked him for his years of service on the Executive Committee.

Introduction of New President-Elect

Dr. Hebert was escorted to the podium by Past Presidents Drs. Welch and Colacchio, and the membership congratulated him on his election. Dr. Hebert thanked the Society and remarked how he was looking forward to leading the organization.

Introduction of Incoming President

Dr. Moore called Patricia K. Donahoe, MD to the podium to assume the Presidency of the Society. Dr. Moore presented Dr. Donahoe with the Society's ceremonial gavel. Dr. Donahoe expressed appreciation to Dr. Moore for his years of work on the Executive Committee and provided him with a Plaque of Appreciation in recognition of his invaluable service as President. Dr. Moore expressed his gratitude for the privilege of serving the NESS and thanked the Executive Committee and the Membership.

Dr. Donahoe took a few moments to discuss the upcoming Annual Meeting in Saratoga Springs in 2010.

Editor's Corner (continued from page one)

friends. It has also given me a perspective on volunteer service and the tremendous good it does for both the people you serve and yourself.

Time does not allow me to tell my MSF story in its deserving entirety. We operated in a MASH style operative tent for 4 weeks. I performed eighty-five operations on Tamil civilians that were injured in the recently ended civil war. My surgical and diagnostic skills were tested because of the lack of laboratory and radiologic exams, having only basic surgical instruments and the comforts of home. I went through military checkpoints to and from the hospital. All patients did well and my memories of them and my MSF colleagues will last a lifetime.

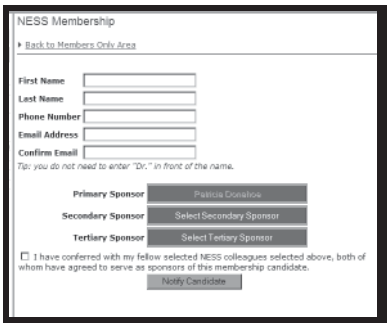
My living experience there was also unforgettable. There were 30 MSF expatriate volunteers from across the globe. I slept in a tent with a mosquito net over my cot. During early evening jogs I would see grey monkeys in trees and peacocks walking peacefully. The poverty, childhood malnutrition, and living conditions of the people I served are something that I have never seen before.

As I stated earlier, volunteer service has been an important part of my life as a New England surgeon. Many of our members have done medical or surgical service in their community, our nation or abroad. All of us realize the good we provide our local community as a surgeon. However, one's personal growth can only expand when we offer services in a volunteer setting. Whether it be treating a high school athlete as a team doctor, giving a lecture to your son's or daughter's biology class, volunteering at your community clinic, or traveling to the far parts of our earth as a surgeon, the experience you impart and the personal growth you develop can only enrich you as a person and as a surgeon. If you have not had the opportunity in your career to volunteer your services, it is never too late. I was the second oldest physician in our MSF hospital in Sri Lanka. It was really great to see young physicians from across the world volunteering their time and, at times, getting a little advice from their "older" colleague.

I wish you all a great New England winter.

Bruce J. Leavitt, MD

Online Membership Application at www.nesurgical.org



The New England Surgical Society (NESS) has now established an online membership application process, effective with candidates for consideration in 2010.

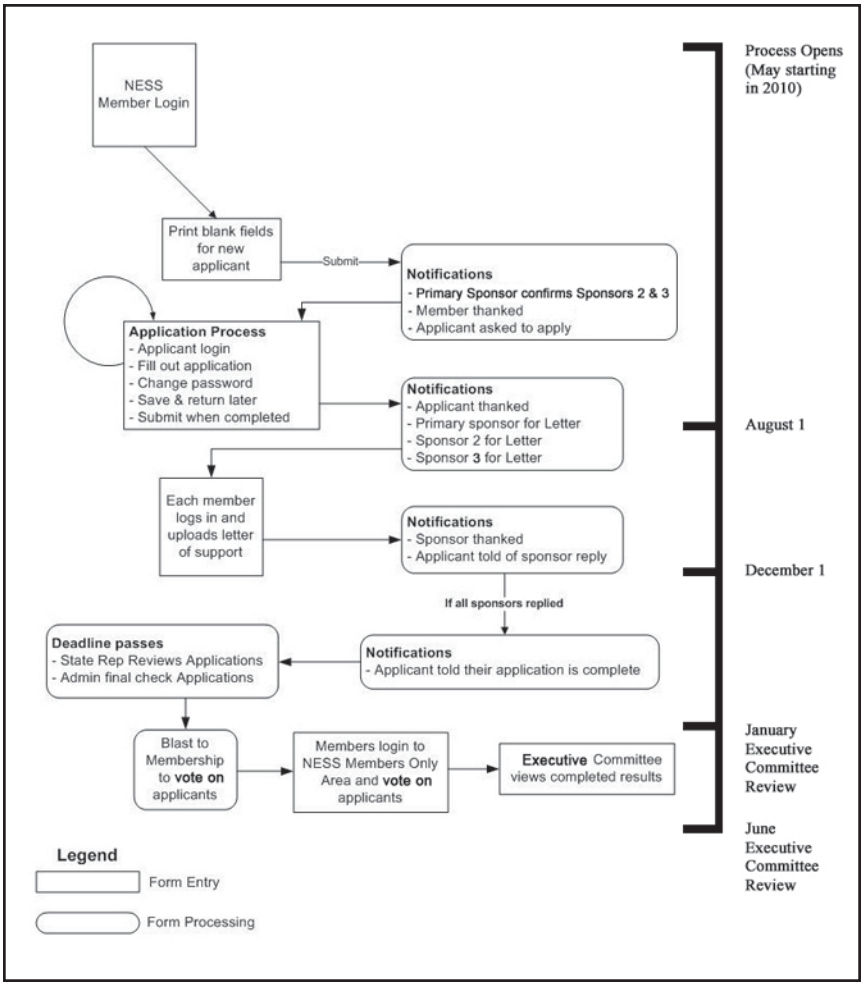
Nominations for membership in the Society may be submitted by any Active or Senior member. **Although the 2010 candidate submission process has closed,** Active and Senior members may now submit candidates for 2011 consideration; access to the application is via the NESS "Members Only Area" at *www.nesurgical.org* and, once you are in, select "Sponsor a New Member."

Your candidate will be sent an email notification of your sponsorship for their candidacy and will be asked to complete an additional portion of the application. Once that is complete, you will be notified and letters of support for your candidate will be requested.

Please note the following:

- *Although you are encouraged to have your co-sponsors submit their letters of support as soon as possible*, this can also be done in the weeks between your state caucus (during the Annual Meeting) and December. Co-sponsor information and support letters are, likewise, now being submitted via the **online membership application**; after your co-sponsor information has been given, they will be notified via email to complete that stage of the process.

- This past year's window for candidate submissions was due to the timing of the new **online membership application** and the 2009 Annual Meeting caucuses. Starting in 2010, the online submission process will begin in May with the same August deadline.



2016 NESS CENTENNIAL

Are you interested in the Society's history?

The Ad Hoc Centennial Celebration Steering Committee would like your help! Contact Stan Alger, NESS Executive Director, at 978.927.8330 if you would like to volunteer your services in the Centennial planning project.

FROM THE PRESIDENT

(continued from page one)

York this October so that you can share your ideas on where our path should lead us during our second 100 years. The venue promises to be spectacular. As Dr. Thomas Colacchio mentioned during the Annual Business Meeting in Newport, the Ad Hoc Centennial Celebration Committee will also be continuing its planning for the 2016 centennial and a website through which you can share historical content will be available after the first of the year. Any questions on the centennial project can be directed to the Society's administrative offices at 978.927.8330.

Dr. Moore's Presidential address provided an historical perspective on the Coconut Grove tragedy which thereafter changed burn care and prevention.

Our 2009 Annual Meeting at the Hyatt Regency in Newport, Rhode Island generated overall attendance of 318 (275 of which were professional) and included in the scientific program 19 podium presentations, 12 brief reports, and 32 posters, which were informative, innovative, and state of the art. The Samuel J. Mixter Lecture, delivered by Dr. Atul Gawande, set standards for quality and safety, the heated debate of the panel discussion on Acute Care Surgery accurately defined the competing issues, and Dr. Andrew Warshaw's comments regarding health care policy brought us up to date with impending legislation. Concurrent Specialty Group Breakfast Sessions were, once again, held on Saturday morning and covered Maintenance of Certification, Quality Indicators and How It Impacts Your Practice, and On-Call Reimbursement. Our optional Fundamentals of Laparoscopic Surgery (FLS) testing was successful and the Hyatt offered a most enjoyable setting for the social functions despite the weather! Congratulations to Dr. John Louras and the 2009 Program Committee on another successful meeting for the NESS. Dr. Moore's Presidential address provided an historical perspective on the Coconut Grove tragedy which thereafter changed burn care and prevention.

The NESS has been working very hard over the past year to reduce expenses for the Society while, at the same time, maintaining full services for our members. Electronic communications have been consistently provided to keep members advised of NESS activities; an important initiative launched over the summer of 2009 was the new online membership application process, which has been well-received by our members. As the Society had also been recognizing considerable postage expenditures for the mailing of the Annual Meeting program booklets, an additional cost-cutting measure has been the elimination of booklet mailings in light of the fact that attendees receive them onsite during the meeting and the full scientific programs and abstracts are also now posted and archived on the NESS website (www.nesurgical.org). Should any NESS member who was unable to attend the meeting still wish to have a hard copy of the book, however, they simply need to contact the NESS Administrative offices at ness@prri.com, or 978-927-8330.

In closing I remind all members that attendance at the NESS Annual Meeting and/or the Spring Resident and Fellow Research Day is the best way to fulfill your member participation requirement so please stay connected with the NESS website (www.nesugical.org) for updates on these educational opportunities.

Thank you again for the privilege of being your NESS President and please feel free to share your thoughts and indicate how the Society might enhance its service to you as a dedicated member (ness@prri.com, or 978-927-8330).

Patricia K. Donahoe, M.D.

From the NESS Representative to the ACS Board of Governors

Charles M. Ferguson, MD

The Board of Governors met at the ACS Clinical Congress in Chicago. Discussion at the board meeting covered the following topics:

American College of Surgeons Professional Association (ACSPA)

As of September 15, 2009, the ACSPA-SurgeonsPAC raised $465,709. Forty-two percent of the U.S. Governors contributed $42,820 and 44 percent of the U.S. Officers and Regents contributed as well. PAC contributions were made to 45 candidates, leadership PACs, and party committees.

American College of Surgeons Board of Governors

The Executive Committee of the Board of Governors held its five telephone conference calls scheduled for the year. In addition, two face-to-face meetings were held during the Clinical Congress.

The Board of Governors annual survey communicates to the College's leadership the concerns and recommendations of the Fellows regarding major issues related to surgery. The results of the survey are presented to the Board of Regents as it considers future College endeavors. The top five issues of concern to the Fellows of the College in 2009, as reported by the Governors, are: Health Care Reform; Physician Reimbursement; Professional Liability/Malpractice; Workforce Issues; and Graduate Medical Education

The Board of Governors and the Board of Regents (B/R) held a joint session during the annual business meeting of the Governors. The session focused on the College's draft 2009 statement on health care reform. The draft was a major topic of discussion at both the business and adjourned meetings of the B/G. The 2009 draft evolved in part from the 2008 ACS Statement on Health Care Reform, with added emphasis on medical liability reform. As the College did with its 2008 statement, it will use its finalized 2009 statement to form the basis of its interactions with Congress on health care policy. The finalized document is expected sometime in November.

ACS Health Policy Research Institute (ACS HPRI)

ACS HPRI is engaged in a variety of projects including analysis of surgery workforce trends. HPRI is also engaged in the development of an interactive atlas of the U.S. surgical workforce. The HPRI launched its Web site in July. The site links to the ACS Web site.

ACS Health Policy and Advisory Council

The Board of Regents approved the formation of a Health Policy and Advisory Council which will be a subgroup of the Health Policy and Advocacy Group. Establishment of the Council will allow for better outreach to, and input from, the Fellows on health policy matters. The Council will be composed of Governors, Young Fellows, RAS members, ACS Health Policy Scholars, and ACS Fellows with expressed interest or expertise in health care policy.

ACS National Surgical Quality Improvement Program (ACS NSQIP)

While important and substantial advances are being made in both the programs' technical and clinical aspects, the most progress has been achieved in the joint quality improvement efforts with a variety of different groups; e.g., shared efforts with Centers for Medicare and Medicaid Services (CMS) to develop ACS NSQIP-based performance measures, working with the Joint Commission (JC) to improve surgical safety, and collaborating with many surgical societies to further expand ACS NSQIP's content and reach. Overall, ACS NSQIP is reaching an important "tipping point" as the program's proven technical aspects are advancing, clinical improvement is building on the expertise of internal initiatives, and surgical improvement efforts are being shared with organizations such as CMS, JC, Institute for Healthcare Improvement, and others.

Addition of "Procedural Skills" to the ABMS/ACGME Core Competencies

Since the American Board of Medical Specialties (ABMS) and the Accreditation Council for Graduate Medical Education (ACGME) defined the six core competencies several years ago, there has been widespread concern about the omission of technical skills on the list of the competencies. The College addressed this gap by focusing specifically on technical skills through a variety of innovative competency-based educational programs that addressed psycho-motor skills, cognitive skills, judgment, and teamwork. Leaders from across the surgical specialties have supported the notion of adding a seventh core competency to address technical skills, or have addressed this competency through approaches similar to the one adopted by the College. The ABMS and the ACGME appointed a Joint Task Force on Technical Skills to discuss this matter and develop appropriate recommendations. The Task Force unanimously endorsed inclusion of technical skills as a core competency, and named the new core competency "Procedural Skills." Subsequently, the Board of Regents voted to approve the addition of "Procedural Skills" as the seventh core competency.

Journal of the American College of Surgeons (JACS)

Online and fax JACS CME submissions currently exceed 278,000 credits provided as a member benefit. The efficiency and economics of the JACS CME-1 program is beneficial to all members, especially in this time of heightened emphasis on maintenance of certification. It would benefit the ACS Chapters to include information for their members during their meetings about the JACS CME-1 program.

New Chapters

The Board of Regents approved the formation of the College's 34th and 35th International Chapters: the ACS Pakistan Chapter and the ACS Austria-Hungary Chapter. This brings the total number of ACS chapters to 102: 35 International, 2 Canadian, and 65 U.S.

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ACS Board of Governors Report *(continued from previous page)*

Health Careers (a.k.a. Job Bank)

As of September 2, 2009, there were 1,072 active jobs listed on the site with 265 posted résumés. This is a valuable service for all members of the College.

Resident-Associate Society (RAS)

RAS gave special recognition to Mark D. Boyer, MD, FACS, for his efforts on behalf of the Surgical Jeopardy program. Jacob Moalem, MD, FACS, hosted the first RAS Town Hall meeting during which the discussion focused on resident work hour restrictions. RAS continues to focus on educational opportunities and is thankful for the fund that has supplied scholarships for Resident Members. New ideas continue to be generated on how to increase those funds in order to offer new opportunities for deserving young surgeons.

Young Fellows Association (YFA)

The YFA held its inaugural meeting on Monday, October 12, 2009, during the Clinical Congress. Mark A. Malangoni, MD, FACS, a former chair of the former Committee on Young Surgeons, provided the welcoming remarks at the inaugural meeting. The YFA consists of four workgroups: Advocacy, Communications, Education, and Member Services. Nearly 100 Fellows have joined a workgroup. Visit the new YFA Web page at http://www.facs.org/memberservices/yfa/.

Web Portal

The most frequently visited pages on the ACS Web Portal during the second quarter of 2009 included "My Page," "My Profile," "My Cases," and "My CME," closely followed by member services, member tools, and member benefits. The most-visited communities were minimally invasive surgery, rural surgeons, general surgery, breast cancer surgery, and Residents and Associate Fellows. The "Communities & Specialties" area of the portal continues to provide quality content targeted to main interests of members of the College.

Operation Giving Back (OGB)

In the past year, there have been nearly 23,000 unique visitors who have conducted more than 93,500 page views of the OGB Web site. Since June, there have been 51 new volunteer opportunities posted to the Web site with 196 opportunities currently, actively available.

Executive Director

Thomas R. Russell, MD, FACS, will retire from his College position as Executive Director on December 31. Dr. Russell has been the College's Executive Director for ten years. During its business meeting, the Board of Governors expressed its appreciation for all of Dr. Russell's accomplishments on behalf of surgery and surgical patients.

The Board of Regents met in Executive Session during the Clinical Congress and heard presentations from finalists for the position of Executive Director of the American College of Surgeons. After all candidates made their presentations, the Regents voted to approve the selection of David B. Hoyt, MD, FACS, of Orange, CA, as the next Executive Director of the College. The College welcomes Dr. Hoyt as he begins his new tenure on Friday, January 1, 2010.

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

Kristen A. Zarfos, MD, FACS

The Advisory Council for General Surgery held its spring meeting in Chicago on April 18, 2009.

Standard items for discussion and review by the Advisory Councils included updates from the Divisions of the College, recent ACS testimonies and statements regarding health care reform, discussion items from the Second Annual Joint Surgical Advocacy Conference (JSAC), and Operation Patient Access.

The ACS Health Policy Research Institute began operations in March 2008. The Institute is currently housed at the Shepps Center at the University of North Carolina. Current activities and products of the Institute include surgical workforce projections, index of surgical under service, and surgical subspecialization. In addition, the Institute is working to summarize literature on resident work hour restrictions with particular attention to the implications for surgical workforce planning.

The ACS is working with the surgical specialty societies to develop a united response from surgery to the send to the ACGME regarding resident duty hours. Specifically, the College is asking its colleagues to focus on how the recommendations from the IOM would affect patient care, education and training, budgets, and the well-being of surgical residents. The College's Resident and Associate Society (RAS) has issued a position statement on work hours, which was published in the ACS *Bulletin*.

Dr. David Feliciano, the Chair of the Advisory Council for General Surgery, is the community editor for the recently-developed general surgery page on the ACS Web portal. The general surgery page will allow more dissemination of information to the ACS membership on Advisory Council activities and information pertinent to the general surgery community.

The Advisory Council continues to propose educational programming for the Clinical Congress, and formulates programming which would benefit the varied surgical attendance at the Clinical Congress. In addition to panel discussions and courses, the Advisory Council has submitted recommendations for a Town Hall Meeting and Meet-the-Professor lunches.

The Advisory Council voted to re-appoint Dr. Feliciano to a second two-year term as Chair, and elected Dr. Stephen Olson, Hines, OR for an initial one-year term as Vice Chair starting in October.

From the NESS Representative to the American Board of Surgery

Lenworth M. Jacobs, MD, MPH, FACS

The American Board of Surgery met in Cancun, Mexico for five days under the direction of Dr. Russell Postier, Chair. The following issues were addressed:

Modular (Focused Practice) Recertification

The American Board of Internal Medicine (ABIM) has proposed to ABMS that a new procedure for the recognition of expertise in a focused area of practice be developed for use in maintenance of certification. This would be specifically targeted to areas in which expertise is developed after residency as a result of a specific practice environment, and would allow explicit recognition of subspecialty areas of practice where the focus of practice has narrowed. Such areas would be distinguished from, and would not overlap with, areas where subspecialty certificates are offered, because they would not necessarily require additional fellowship training after residency, nor would any subspecialty examination be given. The principal impetus for this has come from medical hospitalists within ABIM, who normally receive no training beyond basic medical residency, but who limit their practice to the in-hospital environment. ABMS held a two-day task force meeting in early December to discuss whether to proceed with this initiative, and several problems became evident. It was felt to be a way of providing recognition for specific expertise that develops as a result of practice, rather than fellowship training, but it was also felt that it would be confusing to the public and would be difficult to distinguish in their mind from subspecialty certification. ABMS has not yet taken a final stand on the issue. ‘

This issue was the subject of a retreat held on Sunday, January 11, and was subsequently discussed at the main meeting on January 14. Several pros and cons were brought out, and it was specifically noted that of the four parts of MOC, the issues of focused practice are already possible in regard to Part II (CME and self-assessment) and Part IV (performance in practice). Part I is generic, relating to licensure and professionalism, and hence is not subject to focused practice. That leaves only Part III, the secure examination, as a real focus. The issue then is whether a diplomate should be able to recertify by taking a modular examination which is concentrated in a narrower area of surgery than the general examination is customarily given. There are significant problems in doing this, both in finding sufficient questions in a narrow area, e.g., breast surgery, to allow a psychometrically valid examination, and in having sufficient numbers of diplomates taking the examination to give statistically adequate results. Lastly, there is the philosophical issue of whether it is a good idea to recertify a diplomate in surgery on the basis of an examination which is not targeted to the broad range of surgical subjects. The opinion was expressed by a number of directors that allowing a focused examination to be taken for recertification would only encourage fragmentation of surgery, when in fact the principal public need is for more generalists. It was also agreed that any attempt to identify a subspecialty area of focused practice on the certificate would be extremely confusing to the public in regard to differentiating it from subspecialty certification as it already exists.

After extensive discussion and an expression of the ranges of opinions on this issue, the Board voted, and on a split vote (18-13) decided not to proceed with the possibility of modular recertification. It was agreed as noted above that Parts II and IV already may be focused in a modular area, but it was felt that the secure examination, which is not extremely difficult for an active practitioner to prepare for, should not be changed.

10M Report and Response

The recently released report of the Institute of Medicine regarding residency work hours was the subject of extensive discussion, both in formal and informal sessions... ‘Ff1e report has recommended that the 80 hour limit remain unchanged, but that a maximum shift length of 16 hours be allowed, after which at least 5 hours of uninterrupted sleep be required. Total shift length is limited to 30 hours. It was the universal opinion of directors that the proposal is unworkable in the context of surgical residency, and that it cannot be implemented effectively in the real world in which residents are required to give patient care. In addition, there was great concern expressed that the entire area of work hours restriction was giving residents the message that their sleep cycle is more important than patient welfare, and there have already been multiple reported examples of residents who violate present work hour restrictions because of their personally perceived obligations to care for patients and provide continuity of care.

The Board formally requested the staff to prepare a white paper which will address the problems of the 10M proposals in regard to surgical residency, and to provide this to the ACGME prior to their scheduled symposium on March 3-4 at which this issue will be addressed. Several directors volunteered to be part of the writing committee if needed.

Public Members

The Board decided at the June meeting to add two public members, and several individuals have been nominated by the directors. There was discussion of the desirable credentials at the meeting and further nominations were solicited, to be sent to the Board office within a week after the conclusion of the meeting. All names, with short bios, will be compiled and then mailed out to all directors for evaluation and prioritization. Once a prioritized list is available, the individuals will be approached and asked if they would be willing to participate as public members, given the obligation to attend at least two meetings per year.

American Board of Radiology Proposal for Vascular Interventional Radiology Primary Certificate

The American Board of Radiology has sent a proposal to the ABMS (COCERT) asking that a primary certificate in Vascular Interventional Radiology be created separate from the present certificate in Diagnostic Radiology. This would entail five years of residency, and would begin with one year of surgical residency, followed by 18 months of diagnostic radiol-

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ogy and 24 months of interventional radiology, as well as 6 months of additional clinical time involving complex patient management. The Vascular Surgery Board reviewed this proposal in depth, and prepared a critique of the proposal, which primarily focused on the disparity between the level of clinical skills envisioned, and the amount of clinical training required. The intent of the certificate is to prepare an interventional radiologist who can individually provide pretreatment and evaluation, interventional radiology treatment, and posttreatment followup. It was the strong opinion of the VSB that the amount of clinical training provided in the application for the certificate was insufficient to prepare a radiologist to evaluate and adequately plan management of these complex patients, and that the total of 18 months of clinical time would not in fact provide adequate background. It also was felt that the certificate would alter the role of interventional radiology as it currently functions in the management of vascular patients, and that it was not clear the training outlined would be sufficient to allow this level of change in responsibilities. As a result the VSB,and subsequently the full Board, took a strong position in opposition, and this opinion will be transmitted to COCERT prior to their meeting in February at which this certificate will have its first reading.

Certification in Surgical Oncology

The Surgical Oncology Advisory Council discussed in depth a white paper which they have prepared outlining the pros and cons of proposing to the Board that a new certificate in surgical oncology be created. SOAC is not yet prepared to move ahead with this, but anticipates that they may have this prepared by the June 2009 meeting of the Board, and if so, will present the proposal at that time. The Board has discussed this issue at recent meetings, and there is divided opinion as to whether the creation of a surgical oncology certificate would be desirable or not, or whether it would result in the exclusion of general surgeons who could not qualify, but have a significant degree of oncology in their practices. No formal proposal was brought forward at this time, and SOAC will discuss this further with the membership of the Society of Surgical Oncology before finalizing the proposal.

ABMS Proposals for Maintenance of Certification Standards

The Committee on Maintenance of Certification (COMMOC) of ABMS has published the second draft of their proposed standards for MOC, and has formally asked for comments to be submitted by January 31. This was reviewed by the Diplomates Committee, and subsequently by the full Board, and was felt to contain several unworkable and excessively expensive proposals. In particular, a proposal that CAHPS surveys be required of all diplomates at five year intervals, that all diplomates be required to complete a 20 hour patient safety course, and that all diplomates undergo 360 degree evaluations at five year intervals were all thought to be unworkable, and unproven in regard to their beneficial impact on patient safety or quality of care. The expense of each is also high, and if all were implemented, it would at least double the present cost of recertification. As a result the Diplomates Committee made a strong recommendation that the ABS take a position in opposition to the recommendations as drafted, and so inform COMMOC prior to the deadline for comment. It is anticipated that COMMOC will evaluate the feedback and make final recommendations for the MOC Standards at the March 2009 ABMS meeting.

Board Certification for International Graduates

The issue of allowing Board certification for international graduates without requiring a period of residency training in the United States has been raised by various organizations, and in particular has been discussed in conjunction with the Maintenance of Licensure initiative from the Federation of State Medical Boards. This was discussed in the Diplomates Committee, and it was felt that perhaps some method may be found for allowing highly qualified international graduates who have worked for some period of time in academic centers to qualify for Board certification in the future. However, when trying to draft specific proposals that would clearly define candidates who were qualified for Board certification, it was clear that this will be quite difficult to define sufficiently narrowly to ensure that those allowed to proceed to certification actually have the necessary broad credentials. In particular, if there is no period of residency training, there are many characteristics of the individual in practice which cannot be evaluated, and the quality and breadth of training programs in various countries are extremely variable. Thus, in discussion at the general meeting, it was felt by the diplomates that we should proceed slowly in this area and not loosen the restrictions prematurely, as it would be nearly impossible to reverse an action once it was taken.

New Directors

New directors have been elected from the following organizations to serve a six-year term starting July 1, 2009:

American Medical Association - Stephen Evans, M.D. American Pediatric Surgical Association - Ronald Hirschl, M.D. American Surgical Association - Selwyn Vickers, M.D. American Society of Transplant Surgeons - Douglas Hanto, 'M.D.

Dr. Evans will replace Dr. Russell Postier, Dr. Hirschl will replace Dr. Marshall Schwartz, Dr. Vickers will replace Dr. Carlos Pellegrini, and Dr. Hanto will replace Dr. James Schulak, all of whom are completing their terms of office.

It should also be noted that Dr. Larry Kaiser's term of office expired in June. He was succeeded by Dr. Cameron Wright from the American Board of Thoracic Surgery.

Necrology

We were saddened to learn of the deaths of Clement A. Hiebert, July 3, 2008, and Lloyd M. Nyhus, December 15, 2008, Senior Members of the American Board of Surgery.

New England Surgical Society
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Beverly, MA 01915

SAVE THE DATE

New England Surgical Society

17th Annual

Surgical Resident and Fellow
Research Presentation Day

FRIDAY, MAY 14, 2010