

From my perspective

Anyone who is involved with any aspect of the College's Clinical Congress understands the positive effects of this annual event. The 2007 conference, which took place October 7–11 in New Orleans, LA, was no exception. Indeed, this year's meeting provided positive reinforcement for the indomitable people of New Orleans as they continue efforts to improve their city, for surgeons to engage in cutting-edge educational programs, and for the College's leadership to learn what we could be doing more effectively.

Rebuilding New Orleans

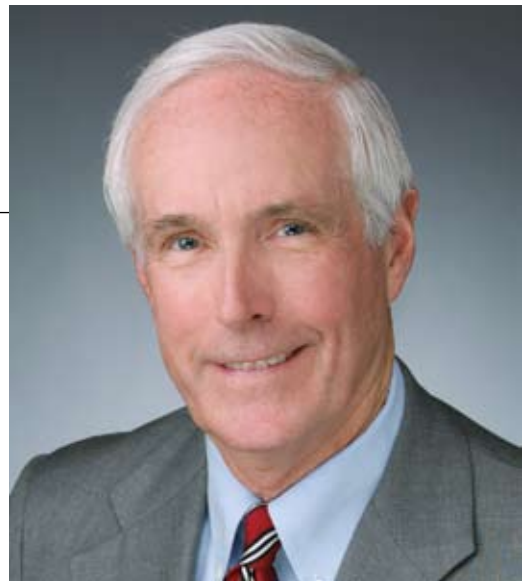
It is always gratifying to see so many surgeons, residents, medical students, exhibitors, and College personnel come together in one location. Approximately 11,170 individuals gathered for this year's Clinical Congress, and more than 6,670 of them were physicians.

The people of New Orleans, who are still working to rebuild their lives more than two years after Hurricane Katrina, undoubtedly found the attendance figures gratifying. The Clinical Congress was the first major convention to take place in the city since May, and many of the local businesspeople and service workers expressed how pleased they were to have us there.

Furthermore, a number of Clinical Congress attendees and ACS staff participated in Project New Orleans, which was organized through the American College of Surgeons' Operation Giving Back program and Habitat for Humanity. Participants in this project assisted in transforming an abandoned school into the Daughters of Charity–St. Cecilia Clinic, which will restore access to health care services in the flood-ravaged, economically disadvantaged Ninth Ward. This successful venture was featured in *USA Today* (http://www.usatoday.com/news/nation/2007-10-11-tourism_N.htm?csp=34&loc=interstitialskip), giving us a chance to demonstrate to the general public the service-oriented qualities most surgeons exude.

Educational program

Of course, the primary purpose of the Clinical Congress always has been to expose surgeons and trainees to the latest in surgical thinking and procedures. Under the direction of Barbara L.



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Bass, MD, FACS, Chair, and Layton F. Rikkers, MD, FACS, Vice-Chair, the College's Program Committee assembled an outstanding program.

Many of the scientific sessions focused on technological innovations and new techniques. Highlights included sessions on natural orifice operations, fertility-sparing procedures, advances in stem cell biology, tissue engineering, neuroscience, accelerative partial breast irradiation, and laparoscopic and endoscopic procedures. Attendees also explored such nonclinical issues as advocacy at the state and federal levels, professionalism, ethical collaboration with industry, and the emergency workforce. Furthermore, the Clinical Congress featured postgraduate courses intended to help surgeons fulfill their practice-based learning Maintenance of Certification requirements. For instance, the Clinical Congress featured postgraduate review courses in general surgery, urology, and cardiac and thoracic surgery for individuals preparing for certification and Maintenance of Certification exams.

In addition, two new Named Lectures debuted this year. The Committee on Women's Issues, friends, colleagues, and women surgeons throughout the nation rallied together to establish The Olga M. Jonasson Lecture. Dr. Jonasson, who died in August 2006, was a pioneer and trailblazer in academic surgery, having been appointed the first woman chair of surgery in the U.S. In addition, I had the honor of presenting the inaugural Herand Abcarian Lecture. Dr. Abcarian is the Turi Josefsen Professor of Surgery at the University of Illinois College of Medicine in Chicago and is a leader in the field of colon and rectal surgery. My remarks related to the overall theme of this year's meeting: the role of mentoring in surgery.

We have already begun reorganizing the program for next year to make it more meaningful for all surgical specialists. For example, under a new approach that we will phase in over the coming years, the Clinical Congress will be composed of "tracks" centered on the specific needs of the various surgical specialties and learner groups. We intend to organize these tracks in a way that will enable attendees to be on-site for only a few consecutive days rather than the entire week.

Charting the future

The Clinical Congress also provides a venue for the College's Regents, Officers, and Executive Staff to take the pulse of the membership and think about the future of the organization as a whole. During the Board of Regents' meeting that precedes the annual meeting, the Board of Governors reports on the issues of greatest concern to the Fellows.

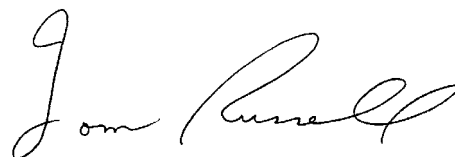
To my dismay, in the nearly eight years that I have served as your Executive Director, the Governors have consistently indicated that the surgeons they represent believe the College should be doing more to address three issues: professional liability, physician reimbursement, and health care reform. Working together, the Regents, Officers, and I have really tried to lead the College into new spheres of political influence so that we can work with the government and other stakeholders to correct the problems in these areas. Nonetheless, the reality of dealing with our political system is that we have been able to effect only incremental changes in terms of payment, liability, and health system reforms.

We were pleased that the Children's Health and Medicare Protection (CHAMP) Act, which the House passed in August, contained many constructive provisions that would have had a positive effect on physician reimbursement. In addition to renewing and expanding the State Children's Health Insurance Program, that bill would have replaced the 9.9 percent and 5 percent Medicare reimbursement cuts slated for 2008 and 2009, respectively, with 0.5 percent increases. Even more significantly, it also would have supplanted the sustainable growth rate with a new system of six expenditure targets and fee schedule conversion factors for various categories of physician services.

Unfortunately, our political system is in a state of paralysis, and the CHAMP bill was gutted in the Senate. Given the politically divisive state of affairs in Washington, we may not see any real movement in the health policy arena until after the 2008 elections. In the meantime, the College's leadership is working to develop a more influential presence on Capitol Hill through our new Washington Office and the Health Policy Research Institute.

We also are creating a system that will enable the Regents and other members of the College's leadership to hear more directly from the Fellowship. We are modifying the way in which the Regents and Governors relate to each other to encourage a more interactive dialogue.

Finally, I believe that the College's newly elected President, Gerald B. Healy, MD, FACS, has the clear-sighted vision this organization needs at this time in its history. Dr. Healy has chosen to make competence, safety, and quality the theme of his presidential term. He believes, and I agree, that the College can do much to help surgeons become more skilled and safer health care professionals.



Thomas R. Russell, MD, FACS

If you have comments or suggestions about this or other issues, please send them to Dr. Russell at fmp@facs.org.