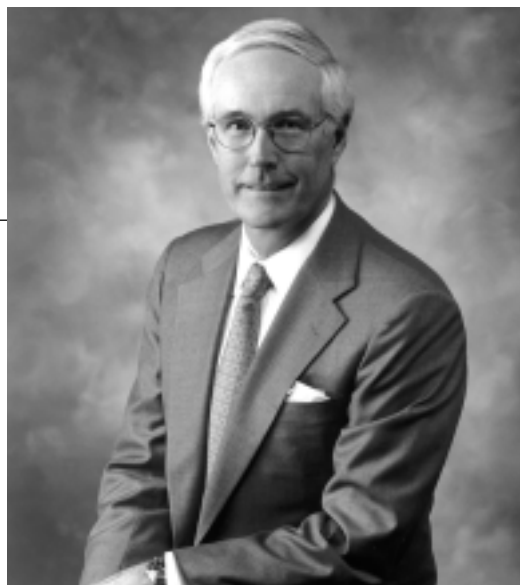


From my perspective



As the Bush Administration and the 107th Congress take control in Washington, DC, the American College of Surgeons will continue to diligently and assiduously follow the activities of the federal government through our Washington Office. What will happen on the health care front during the 107th Congress is difficult to predict, but Fellows can be certain that we will closely monitor developments and respond appropriately.

While it is important for the College to maintain its presence and influence in Washington, of perhaps equal or greater significance is having a voice in the individual state governments, which deal with a myriad of issues more regularly and, often, more quickly. I was reminded of the effects of state regulatory and legislative activity on surgical practice during my visits with some 18 chapters during the past year—effects that in many cases ultimately have an impact on surgeons throughout the country. The fact that state legislatures hold considerable sway over the practice of surgery at the local level underscores the core value of the College having 67 chapters in the United States, and that is to keep the College informed about local issues and their impact on our Fellows and their patients.

Further, our chapters are the best means we have for bringing educational programs to surgeons' "front doors" so that they can more easily and conveniently keep up with advances in surgical practice. As the College prepares to deal with the future of public policy and increasing demands for improved surgical competence, we are looking to our chapters to be a strong part of our leadership team.

Chapters and state politics

In the December 2000 *Bulletin*, I wrote about the residents' work hours issue in New York State, a problem brought to my attention during a chapter visit I made there last fall. More recently, at a New Jersey Chapter meeting I learned about new regulations in that state, which require cardiac surgeons to perform 100 open-heart operations per year in a single institution in order to be credentialed by the state.

What is particularly troublesome about the New Jersey regulations is the fact that the state is becoming involved in the credentialing of cardiac surgeons. Traditionally, the medical staffs at indi-

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vidual hospitals have been responsible for verifying surgeons' qualifications through the use of objective criteria, such as education, training, board certification, and a review of their outcomes and clinical activities. The state's entry into the credentialing process seems capricious and, based on volume alone, overly simplistic and arbitrary. James Alexander, MD, FACS, the Immediate Past-President of the New Jersey Chapter, has written a strong letter to the state's Commissioner of Health and Senior Services expressing surgeons' dismay with these new regulations.

Although it may seem that the impact of these regulations would be limited to the state of New Jersey and the specialty of thoracic surgery, surgeons in other locations and specialties should be aware of this development, because situations like this one have a tendency to migrate and become issues of more global concern. The College, therefore, applauds and supports the activism that the

New Jersey Chapter has demonstrated with regard to this matter. When local chapters show concern about issues such as residents' work hours and the credentialing of surgeons, all Fellows benefit. They become aware of smoldering issues that could spread to their geographic area or surgical specialty. For instance, New Jersey's credentialing policies may apply only to cardiac surgeons today, but they could be expanded to affect other specialties in other states tomorrow. So, chapters that are very active in the political arena, as exemplified by the New Jersey Chapter, have the capacity to influence local laws and regulations, and, of equal importance, to alert chapters across the country about those issues and to share ideas and strategies for dealing with them.

In other words, advocacy on behalf of the Fellowship is an important part of the mission of the College's chapters. Through its Health Policy and Advocacy Department, the College provides issue-oriented resources, as well as advocacy materials, for use by chapters. I encourage chapter officers to contact Henry R. Desmarais, MD, MPA, director of the department, for advice on getting more involved at the state and local government levels. You can reach Dr. Desmarais by phone at 202/331-2701 or via e-mail at hdesmarais@facs.org.

Educational and outreach activities

As the demand for the College to generate more specialized and regional educational activities grows, we anticipate that our chapters will become our partners in these endeavors. In the future, we will attempt to further the educational activities of the chapters not only by granting continuing medical education credits, but also by cultivating a more active speakers' bureau. This service will ensure that Chicago headquarters staff can better coordinate and assist in planning and presenting educational meetings. I also expect the College to offer educational programs that chapters can incorporate into their meeting agendas, such as hands-on courses pertaining to new technology and workshops on practice management, ethics, and so forth.

Some chapters, such as the Metropolitan Washington Chapter, are providing models for sponsoring hands-on educational courses. That chapter, for instance, currently presents an Advanced Operative Strategies Course for chief residents. Through this program, young surgeons have the

opportunity to practice performing difficult procedures on cadavers under the supervision of local surgeons who have mastered those operations and their associated technology.

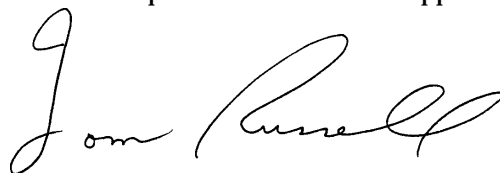
I would also like to encourage our chapters to assume a more proactive role on peer review panels, advisory committees to local Medicare carriers and other payors, and committees of other medical associations. These entities make a broad range of policy decisions that have an impact on the practice of surgery. Therefore, surgeons can play an important role in advocating on behalf of the Fellowship and their patients by working with these groups.

Preparing chapters for change

Through our Chapter Leadership Conference (previously known as the Chapter Officers Seminar), which will take place May 16-18 here at College headquarters, we hope to provide advice and support to chapter officers and administrators. Chapters that have not been especially active in the recent past need to be evaluated and perhaps rejuvenated. One way we could conceivably revitalize dormant chapters is through pilot projects or some other means that would allow them to learn from and emulate more robust and successful chapters.

In any event, I can assure you that infusing a sense of purpose and meaning into each chapter is a priority in the College's ongoing planning process, and we will do all we can to support them in their endeavors. As the chapters become more active, we anticipate that they will experience an increase not only in membership but also in relevance.

As always, your thoughts and suggestion for boosting the legislative, educational, and outreach activities of our chapters would be most appreciated.



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.