

# From my perspective

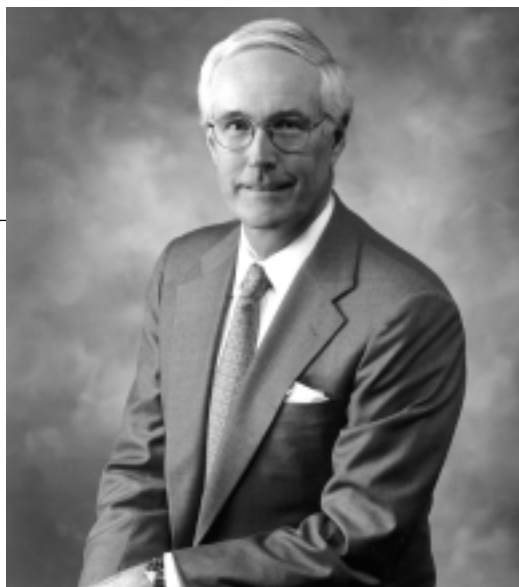
**A**s I complete my first year as Executive Director of the College, it seems appropriate for me to reflect on this experience. It has been a year of great transition for me, not only because I moved to Chicago, but also because I have become much more familiar with the intricacies and the inner workings of the College and with the excellent staff who serve the Fellows so loyally.

During the past year, I have spent a significant amount of time travelling to universities, chapters, and local or regional surgical societies. As a result of my travels, I have come to fully appreciate the differences in practice from state to state and between urban locations and rural areas. Also much clearer in my mind are the special needs of the various surgical specialties, and the fact that the College must determine how it can best serve them. Looking back on the many discussions I've had during the course of my travels, one overriding reality comes to the forefront—we must start coming together as a group of surgeons rallying around our primary mission of caring for the surgical patient and, in the process, truly form a “house of surgery” and put an end to unnecessary fragmentation and divisiveness.

To help build a more cohesive and responsive organization that can truly achieve our goals, we are entering into an active phase of planning for the future. As I reflect on the last year, it is clear that many programs have been strengthened or expanded and mark the beginning of this ongoing planning process. Following are comments about some of the progress we have made.

## ***Activities for young surgeons***

Because young surgeons represent the future of the profession and of the College, I am very pleased to have seen the development of programs designed to meet their needs. For instance, the Candidate and Associate Society has succeeded in recruiting over 6,000 young surgeons and in forming an executive council. Additionally, we have established a job bank, and a number of residents have informed us that they have secured gainful employment through it. Finally, we have continued to seek further ways to fund scholarships and fellowships for young surgeons.



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## ***Improved access to educational programs***

The educational activities of the College are designed to meet the needs not only of residents, but also of active, participating Fellows, and we have begun exploring ways to evaluate and enhance these programs. The Spring Meeting was a great success again this year, as was the Clinical Congress. A new activity related to the Congress is the upcoming launch of a “Web-casting” program to allow surgeons who could not physically participate in the meeting to have online access to the information provided during the courses. This program will be available on the College’s Web site—[www.facs.org](http://www.facs.org)—late this month or early in February. We hope to expand this pilot program in the future to capture more activities at the Clinical Congress for those who are unable to attend. This is just the beginning. Indeed, the Internet will be increasingly important as we use it to make customized educational

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programs available to our Fellows in their own offices.

In another innovative move, the College recently has fostered the development of a National Ultrasound Faculty under the leadership of Steven R. Shackford, MD, FACS, of Burlington, VT. This group has organized a series of "hands-on" ultrasound courses, in a modular structure, which have been taught at national College meetings for the past several years. We are now ready to export the courses to other surgical meetings. Remaining under the sponsorship and management of the College, the first two courses are scheduled to be presented in the spring of 2001 in Cancun, Mexico, in conjunction with the Southwestern Surgical Congress, and in Atlanta, GA, as part of the meeting of the Society for Surgery of the Alimentary Tract.

Additionally, our Office of Continuing Medical Education (CME) will be further developed this year as we continue our effort to offer the ability to accredit programs regionally or locally and to be a major source of credible CME. Finally, the *Journal of the American College of Surgeons (JACS)* will be circulated to all Fellows beginning this month, and a CME program—both electronic and print—is now available for *JACS*.

As we look to the future, we are conducting an in-depth analysis of all of our educational programs, which is being overseen by a work group chaired by two Regents. We intend to more precisely tailor all of our programs to reach surgeons in all specialties and to make our programs useful in responding to the continuing certification and competency movement.

### ***Services for practicing surgeons***

I continually think about valuable services that we can enhance or add in an effort to make the College more relevant to the practicing surgeon. One such vehicle is our Web site, which continues to expand literally on a monthly basis. An online directory of Fellows was launched about a year-and-a-half ago and has now been enhanced with a program through which Fellows can update and edit their individual online directory listings. The Web site will continue to

be improved to facilitate the activities of Fellows and to allow patients to access educational information and to be able to find Fellows of the College in their local area when they need an operation. In addition, through cooperative relationships with Web-based companies like Web MD, the College is providing Fellows with the wherewithal to create their own Web site.

In addition, we realized that our previous process for applying for College Fellowship was too arduous for today's busy practicing surgeons. As a result, we have facilitated application for Fellowship by decreasing to only one year the required time in practice before an application can be accepted, and very soon surgeons will be able to apply electronically.

Last year we also generated two services that augment surgeons' efforts to comply with regulatory policies and to locate worthwhile speakers for chapter meetings. More specifically, the Board of Governors Committee on Ambulatory Surgical Care updated our *Guidelines for Optimal Ambulatory Surgical Care and Office-Based Surgery*, and the College established a speakers' bureau for chapters.

### ***Research efforts***

Many Fellows in private practice as well as in universities have participated in the American College of Surgeons Oncology Group (ACOSOG) and have entered patients in clinical trials. This program will continue to diversify, allowing us to advance the science of surgery.

Additionally, we plan to expand and improve the capabilities of the National Cancer Data Base and the National Trauma Data Bank to once again make them sources of current information about treatment of these conditions for practicing surgeons in all specialties. We anticipate that all of our activities in the area of evidence-based surgery will offer ongoing value to Fellows.

### ***Health policy and advocacy***

The College devoted considerable time and effort to numerous activities in the health policy and advocacy area during the past year. Our Capitol Hill Visit Program for the chapters re-

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mains active, as do our workshops on coding and on fraud and abuse. Some of the more specific advances we made this past year in terms of advocating for all surgeons include:

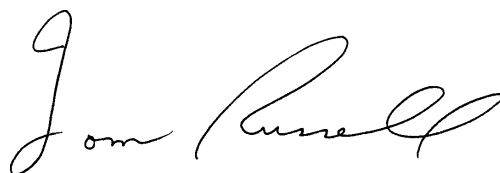
- Completing Medicare's second five-year review of relative values and successfully defending our recommendations before the AMA/Specialty Society RVS Update Committee (RUC) and the full RUC.
- Persuading the Health Care Financing Administration (HCFA) to refine the practice expense values for evaluation and management services.
- Attaining a seat on the Practicing Physicians Advisory Council (PPAC), which advises the Secretary of the Department of Health and Human Services.
- Encouraging a critical evaluation of the National Practitioner Data Bank and allocation of federal funding for the Trauma Care Systems Planning and Development Act.
- Convincing HCFA to move a number of procedures from a list of procedures for which Medicare payment would only be made if performed on an inpatient basis to a list that permits those operations to be performed in either the inpatient or outpatient setting.
- Supporting surgeons seeking accreditation in local markets to perform procedures or use technology for which they are well trained and competent.

### ***Guiding principles for the future***

If we are truly going to represent the surgical patient and be the embodiment of the surgical profession's values, we must represent the profession in totality. To that end, we must diligently work with all specialty societies and other organizations that support the surgical patient, such as the American Society of Anesthesiologists, the American Board of Medical Specialties, the Council of Medical Specialty Societies, and many others.

As we plan for the future and strengthen our programs, four overarching goals are foremost in our minds: (1) improving the care of the surgical patient by putting real meaning behind being a Fellow of the American College of Sur-

geons; (2) making the College a true umbrella organization, representing the surgical patient and all surgeons; (3) broadening our educational and research programs; and (4) offering new and innovative services that will assist surgeons in better serving their patients. With your help, support, and suggestions, much of what we have done will be strengthened, and we will be able to continue to work toward reaching these goals.



*Thomas R. Russell, MD, FACS*

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If you have comments or suggestions about this or other issues, please send them to Dr. Russell at [fmp@facs.org](mailto:fmp@facs.org).