



**College responds
to young surgeons asking,**



“What’s in it for me?”

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During the June Member Services Committee meeting, my attention was drawn to a list of Fellows who are about to lose their active membership status for a variety of reasons. Remarkably, one in 10 was a surgeon under age 45. As outgoing Chair of the College's Committee on Young Surgeons, I felt compelled to send each of them a letter inquiring about the reasons for their departure. In this correspondence, I also provided an update on the many endeavors the College has undertaken on their behalf. Their responses conveyed a sense that the College was indifferent to or out of touch with their needs. "What's in it for me?" they asked. I would like to take this opportunity to share with a broader audience the answer I provided and will continue to give when that question is raised.

Like most Fellows, I joined the College directly after residency, toiling over the two-year-plus application process and the formal, often cold correspondence. At that time, the College's focus primarily was on academics, and its governance structure was substantially hierarchical. Issues of infection control or AIDS prophylaxis were debated, while the clamoring voices of discontent about managed care organizations, diminishing patient-physician rights, and reductions in reimbursement were forced into the background. The College's delayed response to these rumblings then led to other specialties (family medicine) taking the lead on such issues as access to care and physician reimbursement. I personally recall "washing my hands" of the College at one point.

Political rebirth

However, shortly thereafter, the College experienced a rebirth, realigning its goals and efforts to correspond with its members and their needs. The College appointed a committee to actively comment on the Medicare fee schedule and the formulas used to set payment under it. The immensely dedicated members of what is now known as the General Surgery Coding and Reimbursement Committee serve in key positions on national committees and offer recommendations on how the system could be restructured so that surgeons receive more equitable payment for the services they provide. More importantly, they serve as a voice for surgery at the negotiating table and educate the membership through

practice management courses and updates in the *Bulletin*.

Additionally, the College has expanded the staff and activities of its Washington Office, providing crucial health care information to an often less than receptive federal government. The College's consistency in advocating for patient rights and access to care has won great respect from legislators. The College's efforts to achieve national professional liability and tort reform have led to active debate within Congress this year and to the Bush Administration making such reforms a top agenda item.

Communications

This "new" College has also ventured beyond the U.S. Postal Service to communicate with its members, having become attentive to the capabilities of the computer age to speed information exchanges. As part of this movement, the College continually redesigns its Web site, making the process of accessing information online more user-friendly.

Additionally, the College recently initiated a Web portal project. The Web portal will allow each member of the College to personalize his or her own homepage based on the individual's interests, needs, and specialty. This program will provide surgeons with a continual influx of pertinent information relative to their practices, offering daily updates to keep surgeons informed about not only educational activities, but political issues as well (see Dr. Russell's column and the article on page 28 for more details).

Young surgeons

Paramount to all of the College's efforts of late is its deep interest in the young surgeon. The College has engaged medical students interested in surgery, residents currently in training, and those surgeons just completing their residency through a variety of opportunities and benefits. In recognition of the role that future practicing surgeons will play as this profession continually reinvents itself, Claude H. Organ, Jr., MD, FACS, has sought to make his Presidential term "the year of the resident."

Furthermore, the College formed the Resident and Associate Society (RAS) (formerly the Candidate and Associate Society) to provide a forum for addressing the needs and concerns of young sur-

geons in training and just entering the field. As the College continues to tailor itself and adapt to the changing needs of individuals embarking on a surgical career, the Board of Governors' committees, the Board of Regents meetings, and the College's standing committees are welcoming the active participation of RAS members.

In response to business concerns that young surgeons have, the practice management course faculty has created a CD-ROM for residents. This program is intended to better equip them with a knowledge base in finance and management, subjects too often overlooked in training programs.

The College also has reduced membership dues for residents in acknowledgment of the financial burdens on residents and has streamlined the process for applying for Fellowship so that it only takes one year to complete. All of these efforts were developed to enlighten future surgeons about the benefits of membership and the importance of speaking with a unified voice for the care of the surgical patient.

Professionalism/competency

The College has also wrestled with the tough issues related to professionalism. A statement addressing the expert witness was submitted to level the playing field in medical lawsuits by ensuring that physicians who testify provide legitimate and knowledgeable information. The College has aggressively sought to engender a high level of competency among young and not-so-young surgeons and to ensure that they are prepared to apply new and emerging technologies. This effort is staffed with skilled instructors who address guidelines, credentialing, and patient safety standards for new devices.

Of course, the issue of competency extends well beyond the facile use of new technology. New measure of competency guidelines will redefine certification and verification for licensure in the future. The College has foreseen the likely direction of this trend and will be prepared to help its membership as the government imposes these new regulations upon us.

Leadership

In June, the Board of Regents met and addressed strategic planning issues in an attempt to be better prepared, positioned, and outspoken to help

its members deal with ongoing and emerging challenges. Issues of physician investment, advocacy, communications, education, information technology, member services, and research/optimal patient care were all addressed with bold vision and enthusiasm. Other burgeoning issues include the "restrictive covenants" that are in some contracts and retirement for aging Baby Boomers.

One might expect that all of these endeavors would entail years of development and study, yet the College has implemented many of these efforts in just the past six years. The Committee on Young Surgeons is in step with all of these projects. We have a seat at the table—contributing to, participating in, and suggesting approaches to the organization's policies.

As I conclude my term as Chair of the Committee on Young Surgeons, I leave inspired, remembering Rome was not built in a day, but it was, indeed, built. This is a new College with an ever-deepening dedication to its changing and increasingly diverse membership and their patients. I ask that each of you stay the course in terms of membership within this organization. □

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