



The College as a forum for collaboration

by Joshua Rosenow, MD, Chicago, IL

We are entering a new era of surgical training and practice. Those of us who trained before work-hour regulations were instituted will be partners and colleagues with surgeons who performed their residencies under the new system. Academic faculty must contend with the increasing pressure to obtain funding, while reimbursements decline and house staff assistance grows scarcer. The relationship between resident and faculty is undergoing a wholesale reassessment, as is the entire system of graduate medical education that gave rise to the title of “resident.” Overhead and liability costs are spiraling upward, while payment is heading downward. Never have surgeons, especially young ones, had a greater need for an organization like the American College of Surgeons.

When I was a neurosurgical resident, the chair of the department introduced me to the College because of my intent to become involved in organized medicine. My first ACS meeting was dominated by an effort to produce a statement regarding the then-imminent work-hour regulations. Though the debate was often rather contentious, we came together as surgeons with a common goal—to preserve the quality of resident training and to provide patients with the best care possible. One message stood out: the leadership of the College was truly counting on our group to produce something they could work with. Since then, the Resident and Associate Society of the ACS (RAS-ACS) has continued to explore issues of importance to young surgeons, such as the relationship between residents and staff, the length of surgical training, and family leave for residents.

The changes in practice and training that have occurred and continue to evolve make involvement in the College more relevant today than ever. Much of what we are experiencing now is uncharted territory. No one has decades of experience in surgical practice under the conditions we now face. The ACS provides a forum for young surgeons from all specialties to share ideas and work together. An orthopaedic program in Texas may have just the

solution to the workforce problems that the otolaryngology program in Pennsylvania has been experiencing. College organizations such as the Committee on Trauma coordinate national policy and research on issues of importance to all surgeons. The National Trauma Data Bank™ and the American College of Surgeons Oncology Group allow surgeons from multiple disciplines to collaborate on scientific endeavors while the Clinical Congress provides a forum for the presentation of the results of those efforts.

For many years, medicine has been a rather fractious profession. Such fragmentation has only served to reduce our influence in Washington, DC. Many of the surgical subspecialties have relatively few members, limiting their legislative influence. Through involvement in an umbrella organization like the College, our numbers are greater, which increases our clout and enables surgeons to be proactive and shape the debate. This strength becomes ever more important as issues such as pay-for-performance programs, tort reform, and negative Medicare payment updates come to the fore.

The College is the one forum that allows all surgeons opportunities for collaboration, leadership development, and advocacy. Through the College, we speak with one voice. □

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