

## Looking forward

**T**he American College of Surgeons (ACS) exists to ensure optimal care for the surgical patient and to promote the interests of surgeons in order to enable them to achieve this goal. Many current issues challenge this vision. If we are to succeed in the future, clear leadership and organizational focus will be essential. We can debate whether the College is, or should be, a trade or professional organization. Elements of both are present in our structure, but first and foremost the College exists to uphold professional standards.

Today, no one organization is big enough or powerful enough to be independent of others, and the only thing that is constant is change. Effectively managing change requires vision, skills, incentives, and a work plan. Without these key elements, we are confused and anxious, or slow to evolve.

Providing leadership to secure the future of the surgeon during times of change is the responsibility of the ACS Board of Regents, its Officers, and its Executive Staff. The recent emphasis on defining the College as the “house of surgery” will help us balance our self-interests with the goal of achieving the greater good.

We will need specific strategic goals and measurable outcomes to be successful. Currently we have four areas of focus identified by our Regents and the members of the Board of Governors. These focal points are quality and safety of surgical care, patient access to surgical care, medical liability reform, and reduction of health care costs. Bringing diverse opinions to consensus will be essential to influencing public policy and demonstrating a unified voice to the outside world. Clarity of organizational roles will be critically important while moving forward. Engaging our membership in the decision-making process and communicating effectively as decisions are made are essential for our organizational success.

### *Optimal surgical care*

Defining optimal surgical care and employing outcomes research will require a greater effort and participation by our members in the future. Public expectations will emphasize validated evidence-based care that is delivered safely, cost-effectively, and with appropriate access. The



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health of our citizens is our greatest national asset. We can be the most substantial force for good in America, and we can help lead real and effective health care reform.

Many thought leaders and legislators have made critical recommendations regarding health care reform. The common theme is effectiveness and safety. Ensuring that care is effective and safe will do the most in achieving the goal of reducing unnecessary costs.

Though presented as a new concept, the effectiveness initiative started with Ernest Codman, MD, about a hundred years ago. Dr. Codman was one of the founders of the American College of Surgeons and its Hospital Standardization Program—which ultimately became today’s Joint Commission. Our heritage positions us to lead. We must put forth what is best for the patient. Patient advocacy and our service to mankind are the only interests to be considered. If we fail in keeping true to this mission, we will find ourselves faced with more government-controlled medicine, loss of professional ideals, and, ultimately, mediocrity.

High performance surgical care will stress the principles of teamwork. Regionalized health systems will be necessary to achieve optimal outcomes in some areas. Many surgeons in the

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future may be hospital based. Defining best practices and measuring relevant outcomes will provide key factors in our ability to produce the quality improvement techniques that will allow us to preserve our professional status. We have current evidence that the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) reduces complications, improves quality, and cuts costs. We can, and should, develop a blueprint for surgical performance and assist our membership with oversight of their practices. We should expand our verification programs. Establishing verification programs was a major turning point in our history, and these programs have perhaps improved care more than anything else we have done. Delivering on these programs will be essential to maintaining our leadership role in surgery.

Similar to creating standards for care, we need to further develop an effective infrastructure for research. It took from the dawn of creation until the 16th century to answer questions by experiment rather than authority. Even so, many things today are still done based on tradition and the views of thought leaders rather than on true research. The promotion of new knowledge by creating an infrastructure that encourages and supports basic and clinical research in all aspects of surgical innovation is essential for future optimal surgical care. Developing focused areas for surgical research will be an important goal for the College in the future. Appropriate collaboration with public support agencies and industry to create this structure will be essential to our success.

### *Educational efforts*

Educational effectiveness has never been more important. The rapid accumulation of knowledge and the development of technology challenge every surgeon as soon as he or she leaves post-graduate training.

One of the most important tasks we can accomplish is to help surgeons educate themselves. Providing efficient learning through electronic access, focused curriculum development and assessment techniques, skills training and validation, and the definition of legitimate goals for Maintenance of Certification will be essential

services we will provide. As a College, we need to better determine which educational programs are the most effective.

We must also maintain the principles of teaching surgery by example, as well as by precept. Though challenging because of current time constraints, mentorship and one-on-one communication and critique have never been more important. Our programs have to encourage ongoing iteration as we move forward.

This approach will allow surgeons to maintain confidence in their skills and a secure professional identity. It will assure the public about surgeons' professional standing and credentials. Developing our partnerships with the American Board of Surgery and other surgical boards, as well as with the Residency Review Committees, will foster implementation of best practice in our educational efforts.

### *Membership*

Membership in the American College of Surgeons will continue to be the mark of a surgeon who is committed to quality. The College's focus on promoting optimal patient care, maintaining professional standing, and advocating for the patient within organized medicine will always be values that every surgeon and surgical patient will recognize. Growth of our membership will continue to occur if we achieve these essential goals.

In addition, we need to continue to advocate regarding pocketbook issues, liability reform, and the development of professional standards to help surgeons practice smartly. Enhancing reimbursement and reducing risk for the surgeon are completely aligned with this goal and can be important benefits of membership. Increasing the participation of our members in achieving these goals will be critically important to membership growth in the U.S. and in countries around the world, where opportunities for growth have never been better.

"FACS" should be the most important surgical identity any surgeon holds, and we can reestablish the primacy of this identity. "FACS" declares our dedication to the patient every time it is written, and this is a commitment we share with our subspecialty colleagues. Further expansion of collaboration with the surgical subspecialties

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and our international partners will ensure the success of the house of surgery.

### *Advocacy and Health Policy*

Involvement in advocacy efforts and the development of health policy are essential College activities because socioeconomic forces have changed the complexity and values of the practice of medicine. Some people say the overall state of the U.S. economy is linked to what has happened in health care. Thus, it is critically important that surgeons regain influence and our decision-making ability regarding patient care issues by studying relevant health policy, providing leadership and effectively interacting with government officials and payors, and successfully achieving leadership opportunities through direct participation in all aspects of organized medicine.

We must use the innate leadership abilities we have as surgeons to advocate for the individual

surgical patient. The infrastructure being developed by the College to facilitate achievement of this goal is commendable, and needs to be expanded in the future. These efforts have been positively affected by our leadership in the last several months during the legislative debate, and we have good evidence that Congress is listening.

### *Working together*

In looking forward to the future of our profession and this organization, it cannot be denied that many challenges lie ahead. However, it is also true that the opportunities for the American College of Surgeons have never been better. We must all work together to ensure that the challenges are minimized and the opportunities maximized, with the end result being that our dedication to our profession and our patients remains solidly in place.



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