

# From my perspective



**T**he surgical practice environment is a dynamic one subject to ongoing change. New pressures and expectations continually arise. At times it may appear that achieving the reforms necessary to meet these fluctuating demands and to resolve inherent problems is a slow and frustrating process. However, when one considers the various forces and factors at play, the ability of organized medicine, specifically the American College of Surgeons, to respond to and influence the waves of the future is really quite remarkable.

As part of the College's ongoing reorganization, we have altered our committee structure so that we can more effectively deal with pressing issues, including graduate medical education, surgical competence, diversity in the workforce, enhanced appeal to young surgeons, and advocacy and health policy. Following is a summary of how we are changing our committee structure so that we can address the issues of today.

## *Graduate surgical education*

Early last month, the Accreditation Council for Graduate Medical Education (ACGME) presented the final report from its panel on resident work hours and the learning environment. The document was developed over a lengthy period of time with input from multiple organizations, including the College. If the proposal is adopted, it will lead to significant changes in the way in which surgical residents are trained, including the number of hours they are expected to work. Also, the work environment in hospitals will have to change. For example, training institutions will need to hire additional support staff to augment the coverage deficit that is likely to occur given the shorter work hours.

All of us who have a stake in surgical training will need to band together to gain an understanding of how these new rules should be implemented. To that end, the College hosted a meeting last month that allowed representatives from all the surgical specialties to discuss their plans for complying with the proposed changes. It is clear to many of us that if the profession fails to improve resident work hours and the training environment, the government will take legislative and regulatory action, which inevitably will lead to more bureaucratic nightmares for the profession.

**“We have altered our committee structure so that we can more effectively deal with pressing issues, including graduate medical education, surgical competence, diversity in the workforce, enhanced appeal to young surgeons, and advocacy and health policy.”**

Clearly medicine, and specifically surgery (because it is likely to be more affected by these changes than are other disciplines), needs to come together and reconsider the way we have trained residents up to this point.

The College's new committee structure will allow us to more effectively respond to an array of educational issues, including those brought forth by the ACGME. Through our Division of Education, we are establishing an oversight committee of surgical educators who represent the broad spectrum of specialties. This committee will supervise and coordinate the activities of three subcommittees, which will focus on the following issues: medical student education, resident education, and continuing surgical education. We intend to recruit the best volunteer educators to help us

---

examine these three areas and to help us make the surgical training process more rewarding and more effective. I believe these committees can be very helpful in increasing interest in a surgical career among medical students and in making the education process more fulfilling by offering not only scientific programs but courses in ethics and practice management as well.

Also on the medical student education front, through our Subcommittee on Medical Student Education we plan to formulate a strategy for introducing medical students to the spectrum of surgical specialties and demonstrating the range of career options and expectations associated with each of the disciplines.

### **Competence**

Just as we need to fulfill the needs of medical students and surgical residents, we will always need to provide opportunities for practicing surgeons to improve and refine their skills through continuing medical education (CME). To that end, we have established three workgroups charged with helping the College develop programs to promote core competencies. Specifically, the three panels are expected to generate programs centered on interpersonal and communications skills, systems-based management, and practice-based learning. We anticipate that these workgroups will create a curriculum that we can incorporate into our CME programming.

In addition, other committees that are working with the Division of Education will also have close ties with the Committee on Emerging Surgical Technology and Education and with a newly constructed Committee on Perioperative Care. All of these bodies will be encouraged to engage in cooperative efforts to develop courses, Clinical Congress sessions, and so on, in order to meet the needs of surgeons at all levels of training.

### **Diversity**

All surgeons need to be aware of the demographic changes that are taking place within the surgical workforce, and the College must be willing to meet the needs of individuals who in the past may not have chosen a career in surgery. For example, in an effort to encourage more women to get involved in the College and to enter the surgical disciplines, the College formed a Committee

on Women's Issues some time ago. We are also working in close collaboration with the Association of Women Surgeons (AWS) on issues of concern to women surgeons.

In addition, we recently created a new Committee on Diversity, which will study the educational and professional needs of underrepresented surgeons, so that they are supported and encouraged by the policies of the ACS. I am pleased to announce that Myriam Curet, MD, FACS, a general surgeon from Stanford, CA, and the current president of the AWS, will be the first chair of this important committee.

### **Advocacy and health policy**

A 2001 survey of College Fellows indicated that surgeons are almost unanimous in their desire to have the College become their aggressive socioeconomic advocate.\* I believe that we can satisfy this expectation and become a more forceful agent for the profession with regard to reimbursement, professional liability, and other issues of great concern to surgeons.

To help the College and its Fellows manage the effects of government policies on the health care arena, we formed the Health Policy Steering Committee, which is composed of surgeons representing all specialties and who have expertise in political and socioeconomic issues.

Additionally, as I noted in my April 2002 column, we have a new component of the College, the American College of Surgeons Professional Association, which has 501(c)6 tax status. The American College of Surgeons Professional Association was first proposed by the Governors' Committee on Socioeconomic Issues. This new branch of the College has allowed us to form a political action committee comprising surgeons from various specialties who have a particular interest and acumen in political activity.

These committees, supported by a restructured Division of Advocacy and Health Policy, should do much to promote the College's ability to act as a true advocate for practicing surgeons. We anticipate that the new structure will allow us to be more effective with regard to federal and state legisla-

---

\*Knight TT, Richardson JD, Kalbfleisch JH: Career disaffection among surgeons in the era of managed care. *Am Surg*. 68:519-523, June 2002.

---

tive and regulatory affairs, assisting Fellows with practice management, communication with policymakers, and outreach to the public.

### *Young surgeons*

Because the future of our profession and this organization is dependent on young surgeons, we established the Candidate and Associate Society of the ACS a few years ago. This group has been working to introduce residents to the mission and vision of the College and to foster an ongoing relationship with them throughout the early phases of their careers. The work of the CAS replicates that of the College's Committee on Young Surgeons (CYS), which for many years has endeavored to introduce young Fellows who are new to practice to the various programs and activities of the College. The activities conducted by the CYS continue to be of fundamental importance to the work of the College, and the group serves as an important conduit between young Fellows in practice and ACS leaders.

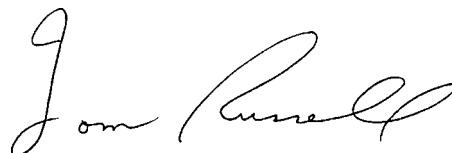
Finally, through our new Subcommittee on Medical Student Education, we are currently in the process of formulating plans to set up a mechanism for interacting more closely with medical students. We believe it is important for medical students to become affiliated with the College very early on in their careers so that they can be introduced to the entire spectrum of surgical care and its various disciplines and gain an in-depth understanding of the benefits and challenges a career in surgery would offer them.

### *Across-the-board cooperation*

As the College's new and restructured committees work on these issues, they and the College as a whole are increasingly collaborating with other surgical and medical organizations and forming issue-related coalitions. I believe these cooperative efforts will become even more important in the coming years, providing organized medicine with a united voice. As one significant step toward coalition building, the College continues to have active dialogue with the American Medical Association and to work in a cooperative spirit with the AMA and other organizations who share our vision.

Because the health care waters will continue to be less than tranquil, the committees I have dis-

cussed in this column, as well as others not mentioned here, will need to be reorganized to ensure that we have a dynamic group of volunteers who understand the changing issues. We will also need to ensure that surgeons who serve on these panels are dedicated to creating an environment that will best allow our Fellows to deliver surgical care of the highest quality to their patients. These individuals must also remain devoted to changing the way in which our profession is perceived, so that we can continue to attract the best medical students and residents into the fold.



*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](mailto:fmp@facs.org).