

A Conversation With AAOS President E. Anthony Rankin, MD

Peter D. McCann, MD

E. Anthony Rankin, MD, is the 76th President of the American Academy of Orthopaedic Surgeons. In a recent conversation, we discussed his major focus during his leadership year at the Academy.

I asked Tony how one individual serving as president could possibly influence the course of a massive ship of state such as the AAOS. He explained that in 2005, the Board of Directors of the Academy established a strategic plan with nine specific goals designed to enhance the mission of the AAOS. A clear governance structure and a presidential line of succession provide a platform for continuity and the ability of the Academy to achieve those goals over a period of years. (Review the AAOS Strategic Plan at: www.aaos.org/member/mbrsvc/strategicplan.asp.)

Hence, AAOS presidents do not pursue individual agendas, but, in a sense, “carry the torch” and lead the organization for one year. Individual presidents may focus on several of the Academy’s strategic goals during their tenure, depending upon their interests. Among those goals, Tony is most interested in advocacy, unity, and diversity.

The AAOS advocacy efforts focus on two principal fronts: liability reform and physician reimbursement by Medicare. Tony noted that he has been very involved in the political process in Washington and coordinates his efforts with the AAOS Office of Governmental Relations, which has spent an enormous amount of time meeting with members of Congress on Capitol Hill. Tony emphasized,



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however, that the Academy’s efforts alone are insufficient to bring about real change in liability reform or improving physician reimbursement. Success of these initiatives requires the direct involvement of individual orthopedic surgeons in the political process at the grassroots level.

Tony’s interest in unity is driven by the fact that approximately 70% of the current members of the Academy belong to specialty societies or have specific areas of clinical expertise. There is a risk that our Academy may fragment into smaller groups, possibly diluting the power of the larger organization to effect change, especially in terms of education and research programs, community relations, and advocacy. Indeed, we are much stronger when the approximately 35,000 members of the AAOS speak with one voice.

Finally, the Academy’s interest in diversity and culturally competent care is warranted by the needs of the ever-evolving American population. Citing the importance of role models among the nation’s diverse groups, Tony is committed to not only increasing the numbers of female and minority students in our residency programs but also promoting minority and female orthopedic surgeons into positions of leadership at the Academy.

Tony is not naïve, and he appreciates the challenges he faces in achieving these three goals. He is certain that the most important element in achieving success is the engagement of the entire orthopedic community, encouraging our participation in the political process as well as in our professional societies.

We are extremely fortunate to have a president of Tony’s caliber—his energy, insight, and winning personal style will ensure that the Academy can achieve its strategic goals in the coming years and continue to make the practice of orthopedic surgery the wonderful profession we all enjoy. ■

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