

certification. However, for the benefit of patients, the community, and eventually physicians themselves, it is logical to institute some sort of recertification process. If a neurosurgeon's practice is primarily devoted to a subspecialty, he or she should be recertified in neurosurgery with an emphasis on that subspecialty.

Such recertification could be achieved by several methods. First, a neurosurgeon's practice could be reviewed over a period of time or it could be spot-checked. Second, neurosurgeons could take an oral or written examination that would reflect their subspecialty interest if one exists. Alternatively, neurosurgeons could participate in a symposium that reflects an individual's practice. During the event, several test procedures could be performed on cadavers or other models in addition to a written and/or verbal examination. I propose that such general recertification, which would emphasize the neurosurgeon's subspecialty if it exists, be performed approximately every 5 years.

I firmly believe that it is important for practicing neurosurgeons to be at the cutting edge of neurosurgery, and their subspecialty if they practice one, to assure that both patients and the community receive the best possible care. Establishing one or more of the recertification processes outlined above could accomplish this goal. The recertification process should not be conducted in an adversarial spirit, but rather one of encouragement and support to help neurosurgeons develop and maintain their expertise at the highest possible level.

In conclusion, I support subspecialization in neurosurgery. I do not support subspecialization that requires an additional independent certificate of qualification. I do encourage fellowships—in this case, spine fellowships—and I do encourage the institution of a recertification process that concentrates on a neurosurgeon's self-defined area of interest and practice, if it exists.

Volker K.H. Sonntag, M.D.
*Director, Residency Program
Division of Neurological Surgery
Barrow Neurological Institute
Phoenix, Arizona*

In my opinion, for neurosurgery to consider embracing subspecialty certification is simply a very bad idea at exactly the wrong time. Neurosurgery is a very small specialty comprised of 4500 to 5000 practicing neurosurgeons in the United States. Our major strength is our unity. Our weakness is the progressive fragmentation of our specialty. As we splinter off into elite groups, all neurosurgeons are

compromised organizationally and professionally. The fragmenting of neurosurgery weakens the fiber of neurosurgery which is a very carefully balanced fabric woven of the many areas of the specialty. The strength of neurosurgery is in neurosurgeons who are incredibly talented in subspecialty areas sharing their expertise with the rest of us. It is from this sharing, this communication, this collegiality, this camaraderie, that our patients and we as professionals benefit. If we have neurosurgeons practicing poor quality neurosurgery in a subspecialty area, let's deal with this issue constructively and cull the bad apples. Let us work together to help our profession survive the dangers of the health care revolution and the dramatic changes occurring in the marketplace. If we splinter, we dilute our strength, we dilute our national organizations, and we dilute our power.

Again, the last thing neurosurgery needs, at this or any time, is five subspecialty boards, five more journals, five more meetings to attend, and five more organizations for membership to join and financially support. In my opinion, neurosurgeons need to hang together or they will hang alone.

Stan Pelofsky, M.D.
*Chairman, Joint Council of
State Neurosurgical Societies
Oklahoma City, Oklahoma*

Subspecialization in neurosurgery is a reality, and I favor training subspecialists. In the large neurosurgical group with which I am associated, subspecialization is well-developed and works well. I believe it is the way neurosurgery will be practiced in the future.

However, I am reluctant to support subspecialty certification at this time. I am concerned that our specialty is not prepared for the impact it could have on current neurosurgical practice. There is a risk that certification may become a marketing ploy and that it could be used politically in hospitals when delineating privileges. Some very qualified general neurosurgeons could be adversely affected.

I predict that eventually some subspecialty certification in neurosurgery will take place. Prudent neurosurgeons, whether in solo practice or in a group, might keep this in mind in their very long-range strategic plans.

Julius M. Goodman, M.D.
*Neurosurgeon
Indianapolis, Indiana*

It was not long ago, at the dawn of this century, that neurological surgery was defining its unique iden-