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Editorial

The affiliation of the IJS and ASiT – Two organisations at a crossroads

In the mid 1970s there was great unrest amongst the senior surgical registrars at that time with respect to working hours, over-time payments and the introduction of a part 3 FRCS examination. Not much changes over the years!

A group of us which included Tony Giddings, John Smith (Past President of the RCSEd), John Black (President of the RCSEng), one of us (David Rosin) and others met and decided to form a Senior Registrars in Surgery group the 'Agitators Group' now known as the Association of Surgeons in Training (ASiT). The first meeting was held in Bristol organized by Tony Giddings. Some scientific papers were presented; there was an excellent dinner and I still remember the visit to Bristol sherry with their magnificent museum of glass. The group was formalized and it was agreed to have an annual meeting.

The second meeting was hosted by John Smith in Aberdeen; my first visit to the 'granite city'. I recall a visit to a whisky distillery, but my most vivid recollections are of the debate on the introduction of the part 3 FRCS proposed by the Edinburgh College. The then president, Mr Andrew Wilkinson, a paediatric surgeon from Great Ormond Street Hospital, London, was castigated during a very rowdy question time. It became very emotive with the consensus that the introduction of a new examination would be 'over our dead bodies'. Despite our protestations new specialty examinations were introduced. Later, when the FRCS was phased out and the new exit examinations were started, many of us, myself included, became examiners for the examination a decade earlier we had deplored. The years had blunted our memories as well as the fact that time and circumstances had changed the whole training of surgeons.

Sadly training today is even more in turmoil. ASiT throughout the years has been the voice of surgical trainees. During my two years as Vice President of the RCSEng, I spoke on a number of occasions including two of the annual meetings on the dire consequences introducing Modernising Medical Careers (MMC) and the Medical Training Application Service (MTAS) would bring to surgical training. My message was a strong selection method into surgical training with the generality of surgery being covered in 'streamed' posts relevant to specialty training. This was endorsed by the ASiT membership but sadly not heeded by the politicians or strongly supported by our leaders.

The IJS is itself a very young journal at a crucial stage of its development. It was set-up in 2003 and launched at Guy's, King's and St. Thoma's Medical School in London, all three medical schools having been merged under King's College London. It was fitting that the IJS be launched at an institution with such a rich surgical history. Its mission was 'to play a key role in the global advancement of

surgical research, education and clinical practice'.¹ The feeling was that journals had become incredibly sub-specialised and in many cases geographically isolated or restricted in terms of the papers they would attract and their editorial board representation: Surgeons should not lose their link to the broader surgical knowledge base which facilitates knowledge and technology transfer as well as the process of innovation across all surgical and allied specialties. This mission and set of principles was underscored and in keeping with the pressing need for more translational research. Customer service was another major theme with frustration about submission to decision times simmering to a boil amongst the surgical fraternity. In the internet age where people are used to instant access to information and swift online transactions this would increasingly not do. At the time our aim was to provide decisions on 90% of submissions within 4 weeks and to publish articles online as early as 7 weeks after being accepted.

The IJS has made significant progress since setting its mission. In 2004, the IJS appointed Elsevier, publisher of the leading general medical journal the Lancet, as its publisher. It was accepted to the PubMed index in 2007. The IJS has developed into a respected multidisciplinary journal that provides a first class service to authors, readers and reviewers around the world. Today the journal is available online in nearly 5000 institutions in over 80 countries. It subscribes to the highest standards defined by the ICMJE, COPE,² CONSORT³ and PRISMA. The journal's editorial board has recently undergone a major shakeup and now has greater breadth and depth than ever before. The journal has continued to innovate and prides itself on the rapid, high quality review process which provides final decisions to authors on average within 36 days. All articles are published online 4 days after acceptance and are then listed in PubMed 6 days later. Ultimately the value of a journal is dictated by how well it serves its stakeholders. Here the numbers speak for themselves. This year submissions are up 80% with article downloads growing by 60% on last year.

Similarly ASiT is going through major changes as well. It remains the voice of surgical trainees and is today stronger than ever, with over 2000 members from all training grades and surgical specialties across the UK. Always a forward looking organization, ASiT is now a registered charity promoting excellence in surgical training. ASiT remains independent from the Surgical Royal Colleges, and is run by trainees, for trainees. It represents their views through seats on the councils of the Surgical Royal Colleges, training organisations, the Department of Health and numerous other working parties and Governmental committees. More directly for trainees, ASiT continues to organize numerous training courses and

educational programmes throughout the year, in particular the well-attended annual conference.

The affiliation between the IJS and ASiT not only provides a vehicle for the publication of the scientific presentations of their annual meeting but also give ASiT members a medium through which their wider thoughts and aspirations can be made known. This is a most welcome advance and will, we are certain, prove most beneficial to both ASiT and the IJS.

Conflict of interest
None declared.

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