

**Congress of Neurological Surgeons
Policies For Promoting Activities Between
Congress of Neurological Surgeons and
The American Association of Neurological Surgeons**

The Congress of Neurological Surgeons (CNS) is an independent national and international neurosurgical organization.

For over five decades, the CNS has been one of two major professional societies that serve and represent neurosurgeons and the medical specialty of Neurosurgery in North America. The CNS is governed by an Executive Committee comprised of elected officers and appointees. It has well-defined organizational bylaws and serves as a scientific and education-based member service organization. The CNS is guided by its Strategic Plan and its Mission Statement, which states:

The Congress of Neurological Surgeons exists for the purpose of promoting public welfare through the advancement of neurosurgery, by a commitment to excellence in education and by dedication to research and scientific knowledge. The Congress of Neurological Surgeons maintains the vitality of our learned profession through the altruistic volunteer efforts of its members and the development of leadership in service to the public, to our colleagues in other disciplines, and to the special needs of our fellow neurosurgeons throughout the world and at every stage of their professional lives.

The CNS works closely with the American Association of Neurological Surgeons (AANS), the other major North American based neurosurgical organization. The interface between the AANS and CNS occurs in a variety of contexts. For purposes of this document, these interactions are divided into four categories:

- Advocacy;
- Sections and Committees;
- Professional Relationships; and
- Contracted Services.

1. Advocacy

A. United, One Message

Certain issues affect all Neurosurgeons and the entire specialty of Neurosurgery. If the respective leadership of the CNS and the AANS jointly conclude that the impact and influence of a united, single message from the specialty of Neurosurgery would be most beneficial, then the AANS and CNS should jointly develop a consensus message and deliver it as a single message -- the message of the collective whole of organized Neurosurgery. To accomplish this objective, the officers of the CNS and AANS should work together to develop a consensus response.

The CNS Executive Committee and the AANS Board of Directors should each review and jointly approve the consensus message. The approved AANS/CNS response should be offered under signatures of both the AANS and the CNS Presidents, and should be described specifically as the joint AANS/CNS message. The message, so described, might be offered through the Washington Committee or one of several Sections or Joint Committees of the AANS and CNS depending on the specific nature of the issues.

B. United, Two Messages.

In other circumstances, the respective leadership of the CNS and AANS may conclude that Neurosurgery is best served by a message that is offered separately by the two organizations. In those instances, the CNS and AANS should jointly develop a consensus message and deliver it separately. To accomplish this objective, the officers of the CNS and AANS should work together to develop a consensus message.

The CNS Executive Committee and the AANS Board of Directors should each review and jointly approve the consensus message. The approved AANS/CNS message should be offered

under independent signature of each President, and should be described as the consensus AANS/CNS message. Each organization should then offer this consensus message through its own organizational letterhead.

C. Independent, Two Messages.

In other circumstances, the respective leadership of the CNS and AANS may conclude that independent organizational messages, or possibly no message from one or the other organization would be appropriate. In those instances, the CNS and/or AANS should independently develop an organization-specific message (if it feels a message is appropriate) as its own message (not as a consensus opinion representing the collective whole of organized Neurosurgery). If both organizations believe a message should be made but cannot create a consensus message, individual CNS and AANS messages should be drafted and forwarded under separate organization means and letterhead, duly noted as (an) independent organizational messages.

2. Sections And Committees

The CNS, in collaboration with the AANS, jointly sponsors seven specialty Sections in Neurosurgery, the Council of State Neurosurgical Societies, and multiple Joint Committees and Activities.

The AANS and CNS have equal responsibility to these Sections, Committees and Activities, as well as equal governance authority and control over each organization, committee, or activity. Neither organization has more than 50% control over, financial responsibility for, or membership of (depending on the activity) the jointly sponsored Section or Committee.

The CNS has developed specific policies regarding the CNS relationships to the Sections and Committees of the AANS and CNS, and the conduct of Section and Committee activities and fiscal management.

3. Professional Relationships

The CNS recognizes the organizational contributions of the AANS and respects the AANS as a separate Neurosurgical organization. There are important historical, cultural, and mission-defined differences between the AANS and CNS. Those unique characteristics significantly benefit organized Neurosurgery. Neurosurgeons and the specialty of Neurosurgery benefit by having two distinct, independent, and influential organizations serving our discipline, each with varying perspectives and experiences.

The CNS' relationship with the AANS should be respectful and professional, mindful of the unique organizational structure and culture of each and of the personal opinions of CNS and AANS leadership.

4. Contracted Services

The CNS, by virtue of its role as a joint sponsor and promoter of Sections and Committees of the AANS and CNS, is responsible for half of the reasonable operational and staff expenses that are required for each joint activity. Separately, the CNS may wish to have the AANS provide services to the CNS, or have the AANS provide services to the combined AANS/CNS membership. For each significant service (or related group of services) provided, the parties should define in writing the scope, duration, and expense (and potential net revenue distribution, if indicated) of the services provided prior to delivery of such service.