A licence to practise

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The desire to maintain standards in training and in clinical practice is nothing new and the means by which this is achieved in a modern system is both topical and controversial. The cathedral city of Norwich has many links with the past, and this historical review summarizes the attempts to license and to improve standards in those engaging in surgical practice.

It was the monks in their religious houses or monasteries who were the first to have knowledge of the nature and cure of diseases and the treatment of wounds. Their servants would have acted as barbers and shaved their tonsures, and ultimately priests who shed blood or performed surgery were debarred from the higher offices of the Church[1]. It follows that the barbers, accustomed as they were to the use of razors, were supervised in the treatment of cutting skin. This practice spread outside monasteries, the work being done by men of rather lowly rank and perhaps indifferent education.

The first record of a barber in the Norwich area was John Belton in 1163, and of a surgeon, Randulph de Morlee, in 1288[1]. He may have been one of the surgeons with both education and some training – shall we say the equivalent of a modern-day urologist!

The formation of guilds (gilds)

Soon after the Norman conquest, groups of people were formed with common interests and one such guild was that of the barber-surgeons. Initially these served a religious function, members celebrating mass on the guild's patronal feast day, attending funerals of deceased members and offering financial assistance to impoverished dependants. Evidence for this is seen in the reply given in 1388 to Richard II who sent out enquiries to ask the nature and constitution of guilds. Williams[2] quotes the reply from Norwich:

'And a brotherhood there is ordained of Barbers in the City of Norwich, in the worship of God and His Mother and Saint John the Baptist, that all brothers and sisters of the same Guild, as long as twelve persons of them live, they shall offer a candle and two torches of wax, and these lights they promise to avow to keep and maintain, and these Ordinances that be underwritten, upon their power and diligence, in worship of Christ and His Mother and Saint John the Baptist ... every year at Midsummer Day, and they hearing their Mass at the high altar at Charunel in Christ's Church ...'

Later the guilds laid more emphasis on craft practices and served professional purposes, with rules governing the election of members, the selection and instruction of apprentices to their craft, the setting of standards in the craft and, when appropriate, fixing a fair price for goods or services.

The City of Norwich

It must be remebered that Norwich was an important inland port, and along with the coastal port of Great Yarmouth was a focus for long-distance trade. Indeed it was, into the 18th century[3], the second largest city in the realm after London. Norwich had also achieved a recognized place in 'urology' for the excellent way it dealt with bladder stones, which were endemic in this part of East Anglia in the 18th and 19th centuries[4]. Its city wall enclosed (Figure 1) the offices and buildings which were the meeting places of the guilds and trade organizations. The Norwich Guild of Barber-Surgeons was subject to the overriding authority of the mayor and aldermen who exerted control over the craft and trade organizations and reinforced quality control.

Types of practitioner in Renaissance England

There were four kinds of doctors in Renaissance England: the physicians, surgeons, apothecaries and barbers, probably in descending order of social standing. Additionally, of course, there were various unlicensed practitioners and a host of quacks who wandered from place to place with their remedies. Some undoubtedly operated on conditions such as cataract, bladder stone and hernia.

The barbers had always done some minor operations, such as the letting of blood and the drawing of teeth, and inevitably they came into conflict with those who were pure surgeons for extending their repertoire!

King Henry VIII and the barber-surgeons

In 1540 the Barbers' Company and the smaller Surgeons' Company united in London, the merger taking place in the provinces a few years later. After this union the Company of the Barbers with the Surgeons took the teaching of their craft, but particularly anatomy, quite seriously. Most of the lectures and demonstrations were organized by the Company and were performed by a slightly more educated group, many of whom were physicians.

Although it has been suggested that Thomas Vicary gave the first course of anatomical lectures[5], it is from Norwich that the first recorded Reader of Anatomy came, namely John Caius (Figure 2), who served as Master of Anatomy for some 17 years. He was born in Norwich in 1510, living to the age of 63 years and received his medical education at Gonville College, Cambridge, and also in Padua where he lodged in the same house as Andreas Vesalius who published *De Humani Corporis Fabrica* in 1543[6].

The second Reader of Anatomy was William Cunningham, also a Norwich man[5]. He was born in 1531, admitted to Corpus Christi, Cambridge and

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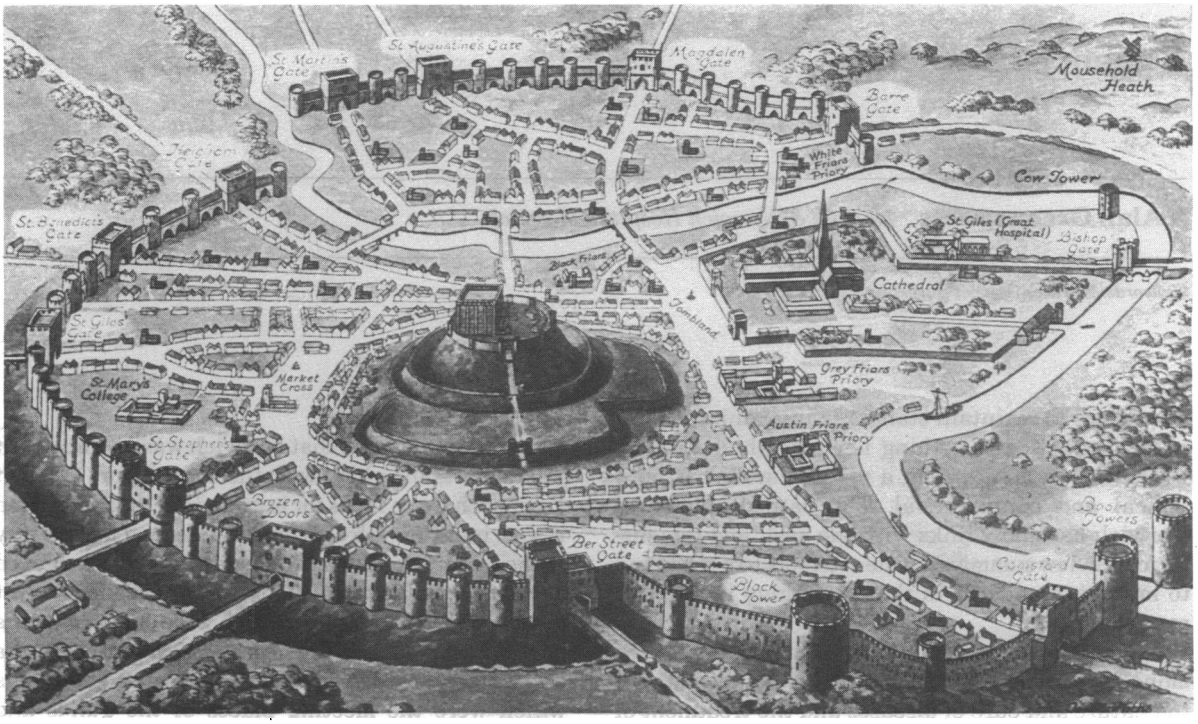

Figure 1. Diagrammatic sketch of Norwich in 15th–16th century

graduated MB in 1557. After studying in Heidelberg he came to live in London when he was 28 years old and was appointed Reader in 1563. He was an interesting person, producing the first map of an English city, namely Norwich, in his *Cosmographical Glasse*[5]. Cunningham described Norwich in 1558 as a 'Healthful and pleasant citie, having a faire river called Yerus running through it'.

So the scene was being set for the education of surgeons both in London and in the provinces.

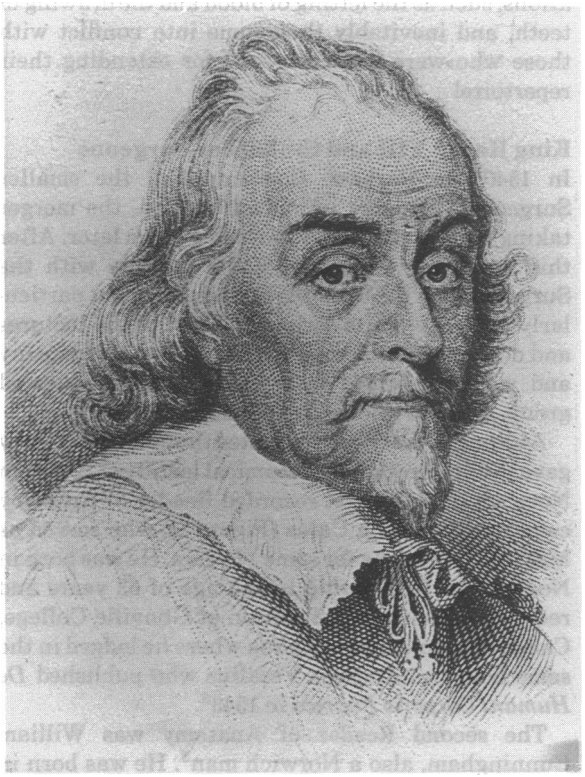

Figure 2. John Caius

1684 Ordinances

The Ordinances[7] approved by the Mayor and Aldermen in Norwich in 1684, relating to the governing of the Barber-Surgeons' Company within the city, suggested that the headman and wardens should call a quarterly meeting at a new hall, or at some other public convenient place, to consult, discourse and advise about matters concerning the mystery and craft. Thus I think it can be assumed that some form of quality control existed which was monitored both by the Company itself and also was supported by the Mayor and Court of Aldermen.

The Mayor and Council often required the officers of the Barber-Surgeons' Company and other surgeons to examine those who were practising, or wished to practise, within the confines of the city wall after complaints had been made. John Porter, for example, is noted in the Court Rolls of the City of Norwich in 1559 to complain about Allen Sendell:

'Who hath taken upon hym to occupye and minister in the knowledge of surgery having neyther learnyng nor knowledge. And it is orderyd by this Courte that the said John Porter wth the Wardens and Surgens shall examen the sayde Sendall and try his knowledge therein and in case their shall fynde him mete to use and occupye the same science, so to admythe hym, and in case his knowledge nor learnyng be not by them thought good then to be sequestered and commanded to sece from occupying, upon payne of such ponyshement as the Lawe doth admyth.'[2]

It is important to point out that the Barber-Surgeons' Company of Norwich had no power to license an individual to practise medicine or surgery, but inevitably the Company or its officers made their views known and were able to make recommendations to the Mayor and Council concerning practice within the city.

Apprentices to the barber-surgeons

The apprenticeship system dominated medical education in England for centuries; perhaps some

would say that it still does! And the Ordinances of the Norwich Barber-Surgeons' Company indicated certain rules and regulations relating to these apprentices. A young man would be bound as an apprentice to a practising surgeon for a period which varied from 3 to 7 years. In Norwich the period of training was 7 years[2].

No barber or barber-surgeon could train an apprentice unless he was a Freeman of the City of Norwich himself. During this time the apprentice lived in his master's house and assisted him, gradually taking on greater responsibility until he had served his term and achieved his independence. Not infrequently, the apprentice would marry the master's daughter and succeed to the practice. Clearly, however, there were deficiencies in this system as there are in any other.

Licensing by bishops[8]

In order to check the so-called ignorant people practising medicine and surgery, an Act of Parliament was passed in 1511 in the reign of King Henry VIII which placed the licensing of surgeons and physicians in London in the hands of the Bishop of London and the Dean of St Paul's. Furthermore, the Act also allowed the archbishops and the bishops in their dioceses to do the same, providing they were assisted in the examination by doctors of physic and by persons expert in the art of surgery.

A Testimonial was prepared and delivered to the bishop or his chancellor. One example dated 4 April 1680 reads:

'These are to certify, whom it may concern, that John Bokerham is very well qualified in the grounds and practice of Chirurgery. And hath likewise the advantage of training and proven observation. It is true that he has not been a learned scholar so it is not to be expected that he should be criticised in Latin and in Greek.'

The licence itself would have been in the form of a document with the bishops' seal attached. One presented to Robert Haust by Bishop John Parkhurst and written in Latin is preserved in Norwich Records Library.

At times the city fathers, to whom such licences had to be presented in order to obtain permission to practise within the City of Norwich, would grant approval to outsiders. On 17 October 1677 in the Court Rolls of the City of Norwich is an entry: 'Christopher Gornal of St. Martin in ye Fields hath leave to practice Phisick and Chirurgery in his chamber in ys city until further order, he having produced ye lycence of the Rt. Rev. Father in God, the Lord Archbishop of Canterbury.'

Even so, the Barber-Surgeons' Company must have exercised some authority, as is evidenced in the local records. In the Court Rolls of the City of Norwich it is noted: 'Mr Warwick Dade, Chirurgeon, is allowed to practice chyurgery in ys city, paying 20d. according to an order of the Companie of Barber-Chirurgeons'.

So we see a system of control by apprenticeship, licensing by bishops, approval by the city fathers and a monitoring by the Barber-Surgeons' Company – all in an attempt to maintain standards.

Types of licence

Certainly in London, at the conclusion of his training, the more serious-minded student of surgery could present himself for examination at the Barber-Surgeons' Hall, as a result of which three qualifications were given: (1) a licence to practise for a limited time or in a limited sphere; (2) a Mastership in Anatomy and Surgery with a general and permanent licence to practise; (3) the great Diploma which would correspond now to consultant status.

But even those in possession of the Diploma were obliged to attend 'postgraduate' demonstrations. Furthermore, the Barber-Surgeons' Company of London came to an agreement with the Bishop of London and the Dean of St Paul's that they would not grant a seal until the candidate had been approved by the examiners of the Barber-Surgeons' Company.

Separation of the Barbers' and Surgeons' Companies

Although the surgeons were becoming a little unhappy over their union with the barbers in 1684, it was not until 1745 that the eventual separation took place and the Company of Surgeons held its first meeting on 1 July 1745 at the Stationers' Hall. The Surgeons' Company was eventually to become the College of Surgeons of London and then the Royal College of Surgeons of England[9].

The Norfolk & Norwich Hospital

Benjamin Gooch (Figure 3) was one of the founders and the first surgeon of the Norfolk & Norwich Hospital, being the leading Norfolk lithotomist of the first half of the 18th century. He was a great writer of textbooks on surgery and perhaps one of the few authors in the mid-18th century to do this – quite remarkable for a surgeon practising from the small Norfolk village of Shotesham.

Whilst himself an apprentice, Gooch had appreciated the need for a 'plain methodical guide upon the subject'[10] to guide students in surgery. And in his works Gooch revealed his own great knowledge of surgery and surgical literature[11]. He had a great friendship with William Hunter and there was a mutual admiration between the two of them.

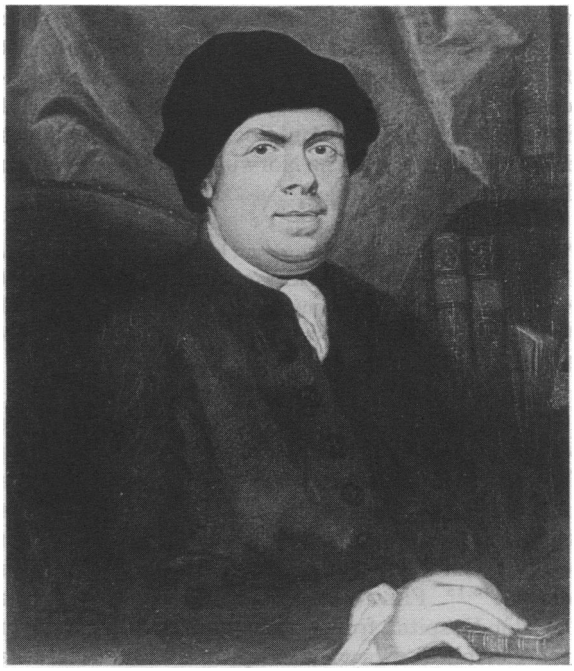

Figure 3. Benjamin Gooch

Figure 4. John Yelloly: a portrait in the Royal Society of Medicine

A review of the overall Norfolk contribution in clinical practice, research and surgical education has also been the subject of a unique contribution by Sir Francis Avery Jones in his Thomas Vicary lecture, 'The Norwich Schools of Surgery'[12].

Norwich links with the Royal College of Surgeons and the Royal Society of Medicine

Although London was perhaps the best place for teaching and hospital work in England, recognition for provincial teachers and surgeons was given. Some names linking Norwich with the educational and training system should be mentioned briefly. Sir Astley Paston Cooper was born at Brooke in Norfolk where his father was curate of the Church of St Peter. The Norfolk & Norwich Hospital was probably the first he entered when becoming a resident pupil under the watchful eye of Mr Edward Rigby (1747–1821), who was a surgeon and physician to the Norfolk & Norwich Hospital and perhaps obtained his greatest fame as an obstetrician, describing concealed accidental haemorrhage. Astley Cooper, whose portrait is to be found at the Royal Society of Medicine, was influenced by one of the Norwich surgeons, William Donne, of whom he wrote:

> 'It was at the Norfolk and Norwich Hospital that I first saw Mr Donne operate (for stone) in a masterly manner and it was this which inspired me with a strong impression of the utility of surgery and led me to embark in it as my profession.'[13]

The geographical links with Norwich, the College of Surgeons and the Royal Society of Medicine become all the more apparent when one mentions the name of John Yelloly. In the entrance hall of the Society's house a portrait of John Yelloly can be seen (Figure 4). He wrote on medical aspects of calculous disease[14,15]. First a physician on the staff of The London Hospital, from which he resigned, he came to the Norfolk & Norwich Hospital in 1821 where he remained until 1832.

In 1805 both Astley Cooper and John Yelloly were influential in forming the Medico-Chirurgical Society of London – the forerunner of the Royal Society of Medicine in 1807. John Yelloly was the first Secretary.

Evolution of the examination system

It was through the efforts of interested surgeons such as Astley Cooper that the examination system, as we know it, came to fruition. The only way the new Council of the College of Surgeons in London, formed in 1800, could discriminate between good teaching and good surgeons was really by recognition of the schools and hospitals in which individuals worked – perhaps the forerunner of the Specialist Advisory Committee.

The concept of an examination for teachers who would then become Fellows soon developed in the College of Surgeons, though it remained somewhat nebulous until the year 1836, when Astley Cooper was elected President of the Royal College of Surgeons and a Council decision was taken that, 'No person be recognised as a lecturer of Anatomy and Physiology, Pathology or Surgery in England until he shall have undergone an examination by the Council of the College on two separate days, the first examination on Anatomy and Physiology, the second on Pathology and the principles and practice of surgery.'

This rather cumbersome assessment of a single candidate by the whole Council was altered and the Higher Surgical Diploma of the Fellowship of The Royal College of Surgeons of England was instituted by a Royal Charter in 1845. Sir Benjamin Brodie was then Vice-President, becoming President the following year. It was he, perhaps, who succeeded more than all his predecessors in connecting the pursuit of surgery with the cultivation of science in general.

The object of the Fellowship was, in the words of its founder, 'To ensure the introduction into the profession of a number of young men who may be qualified to maintain its scientific character and will be fully equal to its higher duties of hospital surgeons, teachers and improvers of physiology, pathological and surgical science afterwards'.

The Fellowship made the College the exemplar of surgical education of the whole kingdom and the examination for the Fellowship which Brodie introduced was stated in 1943, on the programme to celebrate the centenary of the Fellowship of the Royal College of Surgeons of England, to be 'the most honourable surgical examination in Great Britain and perhaps the world'. Such remarks, made in relation to the English College, applied equally to the other Royal Colleges who have, to a greater or lesser extent, maintained the format of a Primary or 1st Part of the Fellowship and a Final Part examination.

One of the problems has been that the Diploma of the Fellowship was thought by some to be evidence of sufficient knowledge to allow independent practice; and many going abroad to foreign countries were thus thought to be fully trained. At home it was recognized that the Fellowship of the Royal College of Surgeons in the United Kingdom has never been thought to equate with the completion of surgical training, but merely a passport to continue into higher surgical training.

With the formation of the Joint Committee for Higher Surgical Training in 1970, the Specialist

Advisory Committees were charged with approving training programmes in specific hospitals, registering candidates for higher training, obtaining a written report from those who were responsible for training and advising the appropriate Royal College of the Fellows who had completed their training. A certificate of completion of higher surgical training in theory entitled the holder to be considered for a post in the National Health Service.

The Royal Colleges have been able to use the Fellowship and the Certificate of Higher Surgical Training in an attempt to raise and maintain the standards of education in surgery throughout the country and have appointed Regional advisers to help in this process. Many would feel that this method, suitably adopted, could form the basis for the licence in a particular specialty. But matters seem to be moving a stage further in many surgical disciplines, not without criticisms within the specialist associations themselves.

The way forward

It is true to say that the evolution of postgraduate training in other countries, such as Australasia and the USA, has made the Royal Colleges review the current system of licensing to practise surgery, particularly in the specialties. I am concerned that the standards of knowledge of the basic sciences leaves a lot to be desired, even though the examination is geared towards that which is both relevant and functional to clinical practice. Insufficient grounding takes place at the undergraduate level, particularly in subjects such as anatomy, and consolidation in clinical and postgraduate years is therefore difficult to maintain. Furthermore, many feel opposed to the lowering of standards in the Final FRCS, believing that the generality of surgery is of prime importance in the urological specialty. The urologist must have a broad-based education before specialty needs are met.

The Royal College of Surgeons of Edinburgh already holds a specialty examination in orthopaedic surgery, cardiothoracic surgery and surgical neurology and a similar intercollegiate examination will shortly take place in urology.

I have described the history of change in the surgical system and evolution in the surgical specialties seems inevitable. If one starts with the premise that all learning is a continuing process and the aim of training is to produce excellence and maintain standards, maybe we must accept some form of final assessment in a specialty subject. But if this is so, it must incorporate an advanced knowledge of basic sciences and of the theoretical and practical aspects as applied to the specialty subject.

Understandably, concern is expressed about the format of the Fellowship examination and whether this should take place in two parts or be extended into three. Many are worried that it should be taken towards the end of higher surgical training. I personally cannot see any easy transition from the current Fellowship into a two-part specialty examination without dropping standards. Maybe I am a traditionalist and feel the need in the foreseeable future of a third assessment, much as is going on in many surgical specialties in Edinburgh. The timing of the examination towards the end of training avoids problems which might be associated with an exit examination, thus allowing the candidate time to make good deficiences in knowledge and experience.

Deane[16] has pointed out that the performance in the basic science section of the specialty examination has been less than satisfactory in all the specialty examinations. This must be a cause of some concern when one is attempting to combine the two parts of the current Fellowship into one examination before proceeding to a final specialty examination.

Most of us have come round to the view that some form of assessment of higher surgical training is inevitable. If it improves standards of basic science knowledge, pinpoints deficiences in training both for the benefit of the trainees and for those of us with accredited training programmes, and keeps us all aware of the need to be in the forefront of discussions and advances, so much the better.

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