English surgeons may at last be about to become doctors

Roger Dobson *Abergavenny*

After a century and a half of being called Mr, change is in the air, with the president of the Royal College of Surgeons, Hugh Phillips, hinting that the days of Mr and Miss as titles for surgeons may be numbered.

Writing about the public consultation over plans for the introduction of non-medically qualified surgical care practitioners, Mr Phillips says it is important that patients know who's who.

"The issue of job title is part of the public consultation, and this is not easy resolvable," he says in the *Annals of the Royal College of Surgeons of England* (2005;87(suppl):153; doi:10.1308/147363505X45584).

He told the *BMJ*: "There has been concern recently about who people are in the health service—who is actually treating you? It is not always absolutely clear to the patient, I suspect, and it is not even clear as to whether someone is a doctor. I think that is a legitimate cause for concern."

"If you look all around the world surgeons are called doctors, but we have held on to this

ancient rule of the guilds whereby we weren't physicians because we didn't have to go to university, we were apprentices."

"All I am interested in is that people know who is treating them. It is terribly important to identify doctors, and one way of doing it is to call them doctors."

"It is clearly an anachronistic situation. It is not one of the cardinal issues facing health care, but I don't like anachronistic situations, I like clarity, so maybe I would go down in favour of saying why not call them doctors?"

The tradition of addressing surgeons as Mr or Miss is thought to have its origins in the days of the unqualified barber surgeons whose shaving skills with the blade had naturally helped them carve out a career in surgery. King Henry VIII granted a royal charter to the company of barbers and surgeons in 1540 (picture).

But by the beginning of the 18th century physicians and a few surgeon members of the Great Company of Barbers and Surgeons had gained university qualifications and were called Dr, while other surgeons, many of whom

had learnt their skill as apprentices, continued to be addressed as Mr. When the Royal College of Surgeons of London was set up in 1745, Mr was kept and became a symbol of status, because it marked the completion of formal examinations.

Just what English surgeons think about the idea of becoming doctors is not clear, because little if any research has been carried out. In Australia, where Mr has also persisted in some areas, research shows considerable differences of opinion.

When researchers quizzed urologists they found that 91% of urologists in New South Wales preferred Dr, while 85.7% in Victoria opted for Mr. All the female urologists who took part in Victoria preferred Dr, say the authors in the report of their

findings published in the *Medical Journal of Australia* (2004;181:20).

"The use of the title Mr among NSW urologists appears to have become obsolete. As NSW is the state with the most urologists, the umbrella title of Mr, as dictated by English tradition, can no longer be used for male urologists," wrote the authors.

As surgeons debate their title, it has been pointed out that there are other advantages to being called Dr beyond issues of confusion among patients. Writing in *Hospital Doctor* last month (21 Apr 2005, p. 9), Dr Sean McHale, a consultant anaesthetist in Chichester, called for surgeons to abandon the anachronistic title. He added, "Even now some of my surgical friends manage to call themselves Dr when booking restaurant tables." □

Breaking the 500 year old link with hairdressing

Doctors object to a wider role for surgical care practitioners

Colleen Shannon *London*

Junior doctors have warned that allowing nurses, therapists, and technicians to perform basic surgical procedures would jeopardise patients' safety and diminish training opportunities for trainee surgeons.

At an annual conference for junior doctors held last week, delegates urged the BMA to oppose a new policy that would formalise the role of surgical care practitioners. The trainees believe that a political drive to cut costs and waiting lists underlies the proposals regarding such practitioners, which a conference resolution portrayed as "a

misguided attempt by government to reach its arbitrary targets and to trick patients into accepting lower standards of care in return for lower costs."

Junior doctors also believe that patients would be misled by the job title and wrongly assume that surgical care practitioners are medically qualified.

A sample curriculum for these practitioners has been drawn up by the Royal College of Surgeons of England and the NHS Modernisation Agency, and a consultation exercise is currently under way. Under the proposals surgical care practitioners would assist in operations, under the supervision of a consultant surgeon. They would also take on more responsibility for preoperative and postoperative care.

Various career paths in the proposals are under consideration, and entrants to the training scheme could range from experienced theatre nurses to students

fresh from secondary school.

The main safety risk is that professionals without broad medical training would not be equipped to make quick decisions when complications arise, said Ram Moorthy, the conference delegate who proposed the motion and an ear, nose, and throat specialist registrar at Royal Shrewsbury Hospital. "I don't think any operation is basic. There is always the potential for complications."

Mr Moorthy also worries that consultant surgeons will have less time to train junior doctors if they have the added responsibility of supervising surgical care practitioners. "If the consultant has to train the SCP [surgical care practitioners], who will be training me?"

The Royal College of Surgeons' proposals have been broadly supported by the Royal College of Nursing, with the caveat that entry to practitioner

training should be restricted to experienced health professionals.

Mike Hayward, the college's professional nurse adviser in acute care, commented: "All this programme does is formalise what has been done for years, in a safe framework of knowledge and competencies. If you think of the years and years of experience that a theatre nurse may have, then they are ideally placed to perform minor surgical procedures."

He said that junior doctors would not have to miss out on training. There was no reason why an experienced surgical care practitioner could not teach a junior doctor about some aspects of surgery, he added. "Nurses are not trying to become mini-surgeons. Ultimately, modern day health care is about teams." □

The Curriculum Framework for the Surgical Care Practitioner: A Consultation Document is accessible at www.dh.gov.uk/consultations