

Faculty of Anaesthetists



From Faculty to Royal College The Golden Jubilee of the Faculty of Anaesthetists of The Royal College of Surgeons of England

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The 50th anniversary of the foundation of the Faculty of Anaesthetists of The Royal College of Surgeons of England (RCS) was celebrated on 18 March 1998, not by the Faculty itself but by the Royal College of Anaesthetists.

From craft to science

By the 1940s anaesthesia for surgical operations was a century old and whilst there had been considerable improvements in practice, anaesthesia was still a craft lacking intellectual appeal and attracting few full-time specialists. Several events during that decade resulted in a revolution in anaesthesia.

Curare was introduced in 1942 and its use to produce complete muscle paralysis resulted in a new concept in the practice of anaesthesia by making it more controllable and hence safer. However, it also demanded a knowledge of applied respiratory physiology that did not then exist. Anaesthetists had to go to the laboratory for extensive research into the application of the basic sciences to anaesthesia. It thus provided the challenge needed to turn anaesthesia from craft to science.

This of course needed many more specialist anaesthetists. During the Second World War the Army created large numbers of mobile surgical teams to treat casualties near the front line. They had plenty



of surgeons but they had to train new anaesthetists. When these doctors returned to civilian life they were enthusiastic for their new specialty and seeking permanent posts that had not existed before the war. At the start of the National Health Service (NHS) hospitals needed full-time salaried staff and it was they who provided posts for the ex-service anaesthetists. However, anaesthesia was not yet a recognised specialty meriting consultant status. To gain this, evidence

of academic excellence was needed.

The founding of the Faculty

The RCS played a crucial role in establishing anaesthesia as a specialty. During the war it had co-opted to its Council an anaesthetist, Dr Archibald Marston of Guy's Hospital, then President of the Association of Anaesthetists of Great Britain and Ireland (AAGBI). He was a colleague of the PRCS, Sir Alfred, later Lord Webb-Johnson, who urged the setting up of a Faculty similar to that of Dental Surgery established a year earlier. This was done with commendable speed and its first Board met on the third Wednesday in March 1948 under Marston as Dean. The Faculty soon became the academic framework for anaesthesia to establish itself as a specialty within medicine and without it anaesthetists would not have been given consultant status in the NHS.

The Faculty within the RCS

The minutes of both Council and Board of Faculty reveal that whilst Council wanted its new Faculty to have as much autonomy as possible, it clearly intended

Top, left: The Dean of the Faculty's badge of office worn by all Deans from its beginning in 1948

Top, right: The Arms of the College of Anaesthetists granted 1989

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to retain ultimate control

The Board showed an independent spirit from the start. When the surgeons asked for three nominations from whom they could select one to serve on Council, the Board gave them Hobson's choice and named only one. When Council suggested reducing costs to the College by having fewer committees or limiting them to Londoners, the Board ignored the suggestion. It refused to respond to the queries of the British Medical Association, who perceived the new Faculty as a threat to its authority and it was equally unworried when the Scottish Faculty of Actuaries laid claim to the abbreviation of FFA.

First Faculty initiatives were to up-grade the DA to Fellowship standard, to improve training and to start hospital recognition. It collaborated in founding the Research Department of Anaesthetics whose first Professor, Ronald Woolmer, started basic science courses at a time when such instruction was non-existent. Woolmer liked to end each course with 'a good report', taking his students onto the roof of the College and demonstrating loudly and clearly the explosive qualities of cyclopropane, to the astonishment of the public in the Square and the lawyers next door.

Both Faculties' progress was of steadily increasing autonomy within the College and with separate representation on outside bodies. In 1966 their Deans were admitted as full members of Council with voting rights but there remained many inequalities, trivial in themselves but providing a focus for those who wanted change. By the 1970s the Faculties appeared to be in an ideal position, with full autonomy in their affairs yet protected from financial pressures by their parent College. They could not claim to be deprived of influence because of Faculty status.

Winds of change

Meanwhile several other specialties had established their own independent Colleges. Many anaesthetists felt that the time had come for them to do likewise. A campaign was started outside the RCS to rally support for such an enterprise.

In 1971 the AAGBI held a referendum of all anaesthetists to ascertain the degree of support. The result was equivocal, a very small majority voting for a separate college. Whilst there was strong support for independence, there were also strong reservations, including anxieties about financial viability and losing close relationships with surgeons. This indecisive result may be why both the College Council and the Faculty Board ignored the situation for too long, perhaps hoping it would go away.

Although enjoying autonomy, the Faculties had

only single representatives on Council whose equality did not extend to eligibility for election to Presidential office, though it is doubtful if anyone had ever thought of this. Those pressing for separation were at first prepared to let the Faculty negotiate with Council, but became impatient with slow progress. When discussions were started it became clear that the issue was splitting both the specialty and the Board of Faculty itself and this made it difficult for the surgeons to know what anaesthetists as a whole wanted.

In 1971 the President, Sir Thomas Holmes Sellors had written:

'we must not underestimate the pressures on our anaesthetic colleagues to create a separate . . . College of their own. If this is ultimately shown to be their democratic wish, the College must be prepared, however regretfully, to permit their separation to take place in as friendly and constructive a way as can be devised, remembering . . . the links between surgery and anaesthesia must always be close.'

In 1972 Council stated that it considered the two Faculties 'had achieved parity of status and respect with surgery' and proposed, amongst other concessions, that Faculty membership of Council be increased to three and granting them eligibility for election to the office of President, a momentous and generous decision. It was five years before the new Consolidating Charter brought these changes into being. The Privy Council was concerned about the magnitude of the change and wished to be sure of the intentions of the whole body of anaesthetists.

There followed a long period of consultation. Some anaesthetists wanted complete separation, others were happy with the *status quo*, feeling that it gave a corporate strength that outweighed the advantages of separation, yet others sought something in between. Half-way positions suggested included a three-faculty 'Royal College of Surgical Sciences' comprising surgery, dental surgery and anaesthesia, or a title change such as 'Royal College of Surgeons and Anaesthetists'. Council, not unreasonably, would not countenance these and would not at the time go beyond increasing Faculty membership of Council with eligibility for presidential office.

When the new Charter was finally granted in March 1977 Council showed that in making anaesthetists eligible for high office it was not making a promise for a distant future. At the first opportunity it elected an anaesthetist to the Vice-Presidency.

However there was pressure for further change. There were clashes of views outside the College and between anaesthetists themselves and these exchanges

sometimes verged on acrimony. In January 1978 the President and the two Deans wrote to all Fellows urging them to support the new Charter in the interests of the unity of the College and arguing that further splitting would be detrimental to the profession's ability to influence government.

In the 1980s a change in sentiment became detectable. Ideas previously unthinkable were being advocated as possibilities. Everyone agreed that titles contributed to prestige, so finally in February 1986 Council agreed to request the Privy Council to grant the College the right to create colleges within its own constitution. A motion that 'Council and the Board of Faculty agree in principle that there should be an independent College of Anaesthetists with its own Charter but preserving the closest possible integration within the Royal College of Surgeons' was presented to the Faculty Board, who carried it by 13 votes to three.

The formality of changing the Charter went through slowly and on 19 October 1988 the 'College of Anaesthetists of the Royal College of Surgeons' was inaugurated.

The Royal College of Anaesthetists

Unfortunately, in spite of all the initial support for what many had hoped might be a template for avoiding further fragmentation within the medical profession, protocol defeated it. The Privy Council could not recommend a Royal Charter unless there was constitutional independence. In December 1989 the President of the College of Anaesthetists approached the PRCS saying that his Council was intent on complete separation. It went forward. The Privy



Inauguration of the College of Anaesthetists in the Royal College of Surgeons 19 October 1988. Sir Ian Todd PRCS sounds the gong. Standing behind him: Professor M Rosen, President, Professor W W Mushin, Drs A K Adams, C F Scurr, J F Nunn, Sir Gordon Robson and Dr J E Riding, some of the past Deans of the Faculty of Anaesthetists



HM The Queen unveiling a plaque at the Royal College of Anaesthetists in Russell Square, with the President Professor A A Spence, 8 July 1993.

Council agreed to recommend that the Queen should approve an independent College of Anaesthetists, the Royal Charter was granted on 16 March 1992 and Her Majesty formally opened the College the following year.

Anaesthetists have reason to be grateful to successive Presidents and Councils for their help and support. Of course there were differences of opinion, but the final separation and the discussions leading up to it were carried out in the friendly and constructive spirit advocated by Sir Thomas Holmes Sellors 17 years before. His hope of maintaining close links is not entirely fulfilled, as an anaesthetist no longer sits on the surgeons' Council; however, a Vice-President of the RCS remains a co-opted member of Council of the RCA.

In the hurly-burly of medical politics surgeons and anaesthetists occasionally forget what they owe to each other. Historically it was the discoveries of anaesthesia and of antisepsis that made modern surgery possible. It was therefore gratifying that the RCS responded 50 years ago to the need for professional recognition for anaesthesia and continued to support its development and its eventual need for the prestige of its own Royal College.

Acknowledgements

I am grateful to the Royal Colleges of Surgeons and of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland for access to their records. I also thank the many people who have shared their recollections with me.

This paper is a small part of the Golden Jubilee lecture of the Royal College of Anaesthetists delivered in the Royal College of Surgeons on 18 March 1998. A copy of the full lecture may be found in the RCS library.