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The Education and Certification of a Proctologist*

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To have served as your president during the past year has been a privileged honor. It was with much trepidation that I agreed to try to follow my illustrious predecessors. I have tried to serve our Society to the best of my ability under the watchful eyes of the Council, and have made no decisions without its approval. During this time I have taken only one liberty and that is to express my thoughts here today about the training and certification of a proctologist. This training, even today, is largely postgraduate; the undergraduate medical student receives little specific proctologic instruction. It is my opinion that more should be available.

When the American Proctologic Society was founded in 1899, there were no opportunities for training proctologists in this country. The English were a half century ahead of us in this regard. With the founding of this Society, however, postgraduate training in proctology began, and it has been fostered by this organization since that time. Annual meetings at which scientific papers, basic science lectures, and symposiums on diseases of the colon and rectum have been presented, have contributed much to the knowledge of the entire medical profession.

Pioneers in proctology, and their successors, have steadily endeavored to extend the opportunities for learning in many ways besides the annual scientific meetings. One of these was aiding in the establishment of Sections on Gastroenterology in the American Medical Association and Southern Medical Association; through these media, postgraduate proctologic knowledge has been more widely disseminated. These dedicated physicians soon began to establish preceptorships and insisted on providing teaching opportunities wherever possible.

In the intervening years, the entire medical profession has made great strides through research and increased knowledge of the basic sciences—anatomy, embryology, physiology and pathology. Because of this, clinical medicine has pressed forward on a firm foundation.

Proctologic residencies have been slow to develop, partially because of resistance from other branches of medicine. However,

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because of the constant efforts of our predecessors and some of our contemporaries, today we have 12 good proctologic residency training programs. We need more, and this is an area in which we can all help. Many medical schools, university hospitals and medical centers with ample clinical material and adequate teaching facilities could advantageously institute proctologic teaching programs. It is urgent that we encourage establishment of such training centers. The preceptorship method has been tried, but in my opinion it has shortcomings.

The neophyte proctologist is a graduate of a class A medical school, with some knowledge of the basic sciences as they relate to the gastro-intestinal tract. He should be chosen for his scholastic ability, good moral character, and desire to work. The institution that offers proctologic training should have facilities for organized teaching, particularly a capable staff willing to teach. The preceptor, or staff physician, must possess scientific qualifications. He must have a sense of obligation to the institution and more than a passing interest in the training program.

Although training facilities may vary in different institutions, some fundamentals should be common to all. Among the more important are:

(1) Sufficient clinical material to provide graduated responsibility of patient care. This training can be carried out on private patients. With the increase in insurance coverage, this becomes more important and probably helps teach the resident respect for the individual rather than considering him just a means to an end.

(2) Facilities for research should be available, at least in clinical areas.

(3) Pathology and surgical anatomy should be integrated into the program.

(4) The resident should be taught the art—if he does not already know it—of history-taking. To listen to a patient's entire story and evaluate it is a lost art, in some areas, which should be revived.

(5) Roentgenologic study and interpretation should also be included in the program.

The ideal training program should encompass four years. Three of these should be devoted to general surgery, into which should be woven pathology, clinicopathologic conferences, death conferences, autopsy responsibility, and weekly medical, gastroenterologic, proctologic and general surgical staff conferences. During the fourth year the trainee should assume complete responsibility for the care of his patients. This, I believe, is possible only if the entire training is obtained in the same institution, where all phases of the teaching program are co-ordinated and the resident is required to participate. Adequate library facilities are essential. The writing of worthwhile scientific papers should be encouraged, and the preparation of at least one should be obligatory. If the general surgical training is obtained in one institution, and the proctologic training in another, two years of proctologic training in addition to three years of general surgery are necessary.

That such a training program requires so many years is disturbing, and if an effort is made to shorten it, this should not be done by curtailing the premedical education. The premedical program should encompass enough of the humanities, as well as the basic sciences, to produce a broadly educated person. Summer vacations could be eliminated. The wisdom of abandoning the internship is debatable.

Many members of our Society have long recognized the need for our own journal. Those most responsible for achieving this great goal are well known to all of you. Thus, with the publication of *Diseases of the Colon & Rectum,* another milestone

was passed in the postgraduate education of our members, and all physicians. All of you know that the editorial excellence of our journal has been a decisive factor in its success. It belongs to us and we should manifest an active interest in it by preparing material worthy of its pages.

Members of this organization have made many contributions to postgraduate education. Among the most important is the lending library of 35 mm. colored transparencies. These slides are available to all who wish to use them. Also, a research foundation has been established, and a loan fund has been made available to young physicians in approved proctologic residencies needing financial help to complete their training.

The necessity of establishing standards of training in medicine, as I have outlined, became apparent soon after the founding of the American Proctologic Society. In 1904 the American Medical Association established the Council on Medical Education—now the Council on Medical Education and Hospitals—which is concerned, among other things, with regulation of educational programs in medical schools and hospitals. As the practice of medicine became more complex, the need for further standardization became apparent, and this led to formation of the various medical specialty boards which began with the establishment of the American Board of Ophthalmology in 1917. This was followed by incorporation of the American Board of Otolaryngology in 1924, the American Board of Obstetrics and Gynecology in 1930, the American Board of Dermatology and Syphilology in 1932 and the Advisory Board for Medical Specialties was organized on June 11, 1933.

The American Board of Proctology—now the American Board of Colon and Rectal Surgery—was incorporated in 1935, but because of the influence of some members of the medical profession who were opposed to establishment of proctology as a separate specialty, approval by the Council on Medical Education and Hospitals of the American Medical Association, and by the Advisory Board for Medical Specialties, was not granted until June 1949. The American Board of Colon and Rectal Surgery is now an autonomous body.

A carefully formulated constitution and bylaws were set forth. High standards of graduate and postgraduate facilities had to be set. In like manner, standards of fitness for those who practice proctology had to be provided; when these qualifications had been met, recognition by certification and listing of diplomates in the *Directory of Medical Specialists* was begun. This board initially issued two types of certificates, one denoting proficiency in surgical procedures on the colon, rectum and anus, and the other, issued until December 31, 1954, denoting proficiency in surgical procedures limited to the rectum and anal canal. The approval of our board by the Advisory Board for Medical Specialties was contingent upon discontinuance of the latter type of certification.

The question of who is to be certified has plagued examining boards in all specialties. There is no perfect, nor even completely satisfactory, way to measure accurately the competence of an individual in any specific phase of medical or surgical practice.

The public health first, and all physicians practicing proctology, whether certified or not, are benefited by elevating and maintaining appropriate standards of proctologic practice. The reasons mentioned are of primary importance, but there are other reasons for keeping the standards high. We must assure the steady advance of medicine and proctology, to attract efficient young physicians, and to increase the number and quality of training opportunities. There are members of the medical profession who occupy positions of respon-

sibility and influence who are not convinced of the need for a separate board of colon and rectal surgery. This board has more than justified its existence by setting high goals, improving them, and attracting an even larger number and higher quality of young physicians to our specialty.

The American Medical Association recognized the necessity for supervision of the various specialty training programs, and through the Council on Medical Education and Hospitals (as well as the Advisory Board for Medical Specialties) set up our Residency Review Committee in 1952. This committee has had a strong influence on undergraduate and postgraduate medical education.

All of this has been accomplished by persistent effort, hard work, farsightedness, and the dedication of a few, and it has not been done without handicaps and sacrifices. At times great pressure has been exerted on the Council of this organization, and on the American Board of Colon and Rectal Surgery itself, to reduce requirements, to establish several levels of certification, and to accept years of practice and other means of recognition as sufficient qualification. Your Council has sympathetically listened to these suggestions, and the members have spent much time studying such problems. The result is always the same when the evidence is carefully weighed. We have kept pace with all other branches of medicine, and have progressed faster than some, because the standards for certification by our board have remained high. The public health, the medical profession, and all proctologists have been the beneficiaries.