The Association of Canadian Medical Colleges and how it grew

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The Association of Canadian Medical Colleges has evolved over the 50 years of its existence in ways that could not have been anticipated by its founders who, none the less, would approve of the mature adult their infant has become. Both undergraduate and postgraduate medical education in Canada are now on a firmer and more rational base than would have been possible without the guidance and direction provided by a national body capable of resisting regional and sectarian pressures. Credit for this achievement must go to those who were responsible for the creation of the secretariat in the early 1960s. The vision of Wendell Macleod, the first chief executive officer, led to the development of the association's strong research arm, and his charm and wisdom created a smoothly operating and loyal staff. The record of the organization is a tribute to its staff and to the wisdom and foresight of its Council of Deans and Board of Directors.

Les fondateurs de l'Association des facultés de médecine du Canada n'auraient jamais pu imaginer l'évolution suivie par cette association au cours des 50 ans de son existence. Ils approuveraient cependant la maturité avec laquelle l'enfant d'hier se conduit aujourd'hui. Si l'éducation prédoctorale et l'éducation postdoctorale au Canada reposent aujourd'hui sur une fondation solide et rationnelle, c'est grâce aux conseils et à la direction que seul peut donner un organisme capable de résister aux pressions régionales et sectaires. Cette réalisation, nous la devons sans conteste aux responsables de la création du secrétariat dans les années 60. La vision de Wendell Macleod, le premier directeur général, a conduit à la mise sur pied d'un service de recherche solide tandis que son charme et sa sagesse ont permis de former, dès le départ, une équipe loyale et efficace. Les réalisations de l'Association témoignent de l'efficacité de son personnel et de la sagesse et de la prévoyance de son Conseil des doyens et de son Conseil d'administration.

The creation of the Association of Canadian Medical Colleges (ACMC) was an almost serendipitous outcome of the Canadian government's request to the country's medical schools to accelerate their programs to double for 1 year the number of medical graduates to meet wartime requirements. Having met to consider this request, the deans agreed that there were other matters in need of their collective attention. Late in 1942, Dean Alvin Mathers of Manitoba wrote to his fellow deans, "Since there are many points constantly arising that would benefit from discussion among those interested in Medical Education, there should be a facility provided for this purpose."

Mathers' initiative was warmly supported by the Canadian Medical Association (CMA).[1] Some urgency arose from the deans' concern that the *Health Insurance Act*, then under consideration, would have a serious impact on their programs, which relied heavily on charity patients for teaching. In April 1943, the deans met in Ottawa, and the 13 delegates decided that this was the time to form a national association. At the first annual meeting in August 1943, a constitution was adopted that provided each full-term school with the right to be represented at meetings by its dean and one faculty delegate and for the only 2-year school (Saskatchewan) to be represented by its dean. Annual meetings were to be held in Ottawa, and membership fees were set at $5 per representative.

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The constitution also stipulated the terms of institutional membership, the officers and their terms of office.[2] Interestingly, the purpose and objectives of the ACMC were not defined until Letters Patent of Incorporation were approved by the Registrar General of Canada in 1961, in which they were simply and inclusively defined as "To promote the advancement of medical education."[3]

Despite agreement by the schools to adopt an accelerated medical course during World War II, misgivings were soon voiced. Year-round operation of the schools had resulted in excessive fatigue among students and teachers, with resultant deterioration in the quality of both teaching and learning. Students in the accelerated program were enlisted as privates in the army, with a basic pay of $1.10 per day. One effect of this new-found affluence among the usually impecunious student body was a sharp increase in the rate of student marriages. There was even a suspicion that some students might have entered medical school primarily for the military pay cheque. However, the deans agreed that they had no choice but to continue to support the program.

Other matters of concern at the early meetings included the attitudes of teachers, students and patients to what were called "coloured students," medical school admission requirements, the cultural and educational deficiencies of entering students, the rigidity of curricula and the wisdom of requiring students to complete an internship before being awarded the MD degree.[4]

By 1944, the enlistment of physicians in the armed forces had so depleted medical faculties that an appeal was made to the federal government to release some teachers from service. During the postwar years, the schools devoted much time and energy to the rehabilitation of returning medical officers and coping with the influx of the more mature and highly motivated veterans. Such students constituted up to 25% of entering classes, and medical schools were obliged to increase admissions by 10% to 15% to accommodate them while maintaining an adequate flow of civilian applicants.

Efforts to deal with such matters as student health services, selection of students and student records produced a level of cooperation among the schools and with the federal government that had not hitherto existed. Despite the magnitude of these undertakings, they were smoothly accomplished by an association of no more than 21 members, on an annual budget in 1948 of $262.

Floating free: 1943-60

Before 1960, ACMC functioned as a loosely knit but remarkably effective free-floating association of the country's medical deans, each supported by a colleague, chosen by the dean or elected by the faculty. The ACMC was managed by its president, assisted by the secretary, each of whom held office for 2 years. The views of members were solicited from time to time by mail or, in rare cases of unusual urgency, by telephone. At annual meetings, delegates and guests could be accommodated in a modest conference room on a university campus, where they dealt with business in a day or, occasionally, a day and a half.

Postwar demands on the schools focused attention on the need for nationwide planning and action. A process of information exchange among the schools was inaugurated, whereby ACMC became the repository for data on student applications and admissions, student health and similar matters. In addition, the schools agreed to act collectively in their dealings with the federal government in such matters as the use of the hospitals of the Department of Veterans' Affairs for teaching.

From its founding, the ACMC maintained close linkages with the CMA, the Royal College of Physicians and Surgeons of Canada (RCPSC), the National Conference of Canadian Universities and the National Commission for the Protection of Medical Science in the United States. In 1946, the CMA invited the ACMC to name a delegate to its council. These bonds became increasingly important as the fledgling ACMC began to exert its influence on preparations for a national health plan, the medical manpower needs arising from Canada's involvement in the Korean war, support for medical research and similar matters that were too broad to be dealt with effectively by individual schools.

In 1956, the growing prestige of ACMC was reflected when it was able to send a deputation to a meeting with the federal ministers of National Health, Veterans Affairs, Trade and Commerce and National Defence to discuss the impact of a national health plan on medical education and on the support of medical research in Canada. One outcome of this meeting was the decision in 1960 to establish a Medical Research Council to provide a grants and awards program that had been under the aegis of the National Research Council. The ACMC's views were regularly received by government. One result of this was the appointment in 1962 of a subcommittee chaired by Dr. J.A. MacFarlane of the Hall Commission on National Health to study the needs of medical education.

At this time, many Canadian medical schools, in addition to their membership in ACMC, also belonged to the Association of American Medical Colleges (AAMC), and ACMC delegates were routinely invited to AAMC annual meetings. An outcome of this international liaison was a more formal arrangement for the inspection and accreditation of

Canadian medical schools by the Liaison Committee on Medical Education (LCME). Under this agreement, a Canadian dean was to be included on all inspection teams sent to Canadian schools. This arrangement ensured that Canadian graduates had easy access to training and practice in the United States. It also established Canadian medical education on a par with that in the United States.[4]

In the late 1940s and 50s, the ACMC always devoted time at its annual meetings to purely educational affairs. Discussion of departmental teaching programs or techniques took place with appropriate experts invited to lead the symposia.

The ACMC secretariat

By the late 1950s, the business of ACMC had become so voluminous that it could no longer be handled by a part-time president and secretary with occasional assistance from members. In 1959, representatives of the RCPSC and the CMA met with the ACMC to consider organizing a Canadian medical education secretariat under the auspices of ACMC.[4] The secretariat would function as an associate committee of the Canadian Universities Foundation to ensure that its activities related to the financing of medical education were in accord with those of the foundation. The Canadian Universities Foundation was the executive agency of what is now the Association of Universities and Colleges of Canada.

The Kellogg Foundation provided a 5-year grant to the secretariat for the appointment of a physician executive secretary as well as a social scientist and statistician to conduct studies of medical school programs and their needs. The grant also covered the cost of equipment and supplies for headquarters offices, which were provided by the Canadian Universities Foundation.[5] As a condition of the Kellogg grant, the ACMC was incorporated on 13 October 1961.

Among the urgent matters awaiting the ACMC's attention was the fact that 35% of new medical registrants in Canada were graduates of foreign medical schools. This stimulated the ACMC to consider requests from the University of Sherbrooke and from Memorial University of Newfoundland for the establishment of new medical schools. The ACMC initiated studies of the costs of medical education and sources of funding. The need for such studies became pressing as the trend in US schools to increase the use of full-time appointments in clinical departments began to spread into Canada. This was coupled with recognition of the need for a review of other emerging trends in medical education and consideration of modifications required to cope with them.

The search for an executive secretary was short and successful. Dr. J. Wendell Macleod, who had been dean of medicine at the University of Saskatchewan, decided to relinquish that post in the spring of 1961 and assumed the secretaryship at the beginning of 1962.[4] Dr. Macleod's appointment marked a striking change in the character of the ACMC. Along with the new offices in Ottawa, the association's budget was raised from $2036 in 1959 to $35 000, thanks to the Kellogg grant. This was sufficient for staff salaries as well as for travel and office rent.

Included in Dr. Macleod's mandate was the establishment of a program of national statistical studies in medical education. In 1964, he recruited David Fish, a University of Alberta graduate who was completing his PhD at the London School of Economics.[6] By 1965, Dr. Fish had obtained grant support from the Department of National Health and Welfare, the Milbank Memorial Fund, the Commonwealth Fund and the Department of Citizenship and Immigration to supplement that from the Kellogg Foundation. This enabled him to recruit two sociologists (Charlotte de Hesse and Grant Clark) to undertake special studies on faculty supply in the basic sciences and on medical school applicants and students. In the 5 years following Dr. Fish's appointment, ACMC published 29 research reports setting a trend that has continued to this day.[6]

During the 1960s, the ACMC was developing strategies to adapt medical education to changes in health care brought about by the nationwide medicare plan.[7,8] An important part of this adaptation was the ACMC's definition of a clinical teaching unit as an instrument to ensure that all patients in teaching hospitals were available for medical teaching. ACMC's definition was adopted by the RCPSC, the CMA and the Association of Canadian Teaching Hospitals.[9]

ACMC matures

With the establishment of the secretariat, the ACMC's annual meeting began to be supplemented by up to five interim meetings of the six- or seven-member executive committee. Attendance at annual meetings expanded from the 14 to 29 deans and associates of the early years to include representatives of the RCPSC, the CMA and, later, delegates from the teaching hospitals, the Medical Council of Canada and other groups. By 1969, 235 people attended the annual meeting.

The secretariat was able to take on specialized functions and services, beginning with publication of the association's newsletter. In March 1964, the first newsletter consisted of a dozen mimeographed sheets written by President J.F. McCreary. Early issues, recording activities of the association and faculty appointments, appeared at irregular inter-

vals. In 1967, editor Sheila L. Duff gave it a more business-like format and included medical education news from Canada and abroad, as well as the text of reports presented at the annual meeting. Circulation was enlarged to include the heads of all medical school departments as well as deans, associate and assistant deans, medical libraries, the heads of sister organizations and government departments. The changes resulted in a thicker, more widely read publication. When Dr. J.B. Firstbrook took over as editor, he changed the journal's name to the bilingual *Forum* as we know it today.

In 1978, when Eva Ryten succeeded Dr. Guy Lamarche as research director, she began publishing in *Forum* a series of statistical studies on medical school applicants, graduates and their career pathways as well as data on research support and related matters. *Forum* also included data collected by Charles Casterton on the intern matching service for which he was responsible from 1970 to 1985. *ACMC Forum* has become a valuable repository of much of the association's history of the last 30 years. Douglas Waugh, executive director and editor from 1975 to 1983, added editorial commentary on various aspects of medical education and the milieu in which it is conducted; de Guise Vaillancourt gave the journal the professional format that it bears today.

ACMC's research role rapidly established the organization as a leader in studies of the demographics of medical education in Canada. This role was maintained by Dr. Fish's successors, Drs. R.M. Grainger and Guy Lamarche, and was significantly expanded by Eva Ryten. The accumulation of longitudinal data on the evolution of medical education in Canada has become increasingly valuable as a planning resource, not only for medical educators, the CMA, the RCPSC and the College of Family Physicians of Canada (CFPC), but also for governments and granting agencies. It is also a source of information for the general public.

Also in the 1960s, ACMC took over the Canadian Intern Placement Service from the Canadian Association of Medical Students and Interns. Under the direction of Charles Casterton, ACMC established the Canadian Intern Matching Service (CIMS). Casterton set up the service with such meticulous care that it operated smoothly from the start and quickly gained a reputation for fairness and impartiality. When Sandra Banner took over its management in 1985, it was expanded to include not only first-year interns but also those entering residency programs. With the adoption of a 2-year prelicensure training requirement by the provinces of Alberta and Quebec, CIMS included those programs and, by January 1994, will add those of other provinces. CIMS will then be matching candidates for first-year postgraduate training programs in Canada directly into specialty training in family medicine or RCPSC specialty programs.

In 1979, the Committee on Accreditation of Canadian Medical Schools (CACMS) was established following a recommendation to the ACMC Executive Committee by President L.E. McLeod and Dr. Douglas Waugh.[10] Up to that time medical schools in Canada had been accredited by the US-based LCME. The decision to change to a Canadian accrediting body was taken because, with the advent of medicare, the medical education system in Canada was geared to meet social requirements that were significantly different from those in the United States.

CACMS adopted many procedures from the LCME. It was established in such a way that Canadian schools not only would continue to be awarded accreditation by the US body, but also would receive the CACMS imprimatur. CACMS is made up of representatives from both ACMC and the CMA and, like LCME, is under the watchful eye of public members. The system of joint accreditation has functioned to the satisfaction of both bodies as well as the schools that are surveyed. The majority of members of accreditation survey teams visiting Canadian schools are drawn from medical faculties in Canada.

In 1986, the Canadian Post-MD Education Registry (CAPER) was established with the support of the Canadian Association of Internes and Residents, CMA, Department of National Health and Welfare, RCPSC and CFPC. CAPER was designed to provide longitudinal tracking of each medical student in Canada through postgraduate training and the potential for tracking an individual from the day of admission to medical school throughout his or her career.[11] Such information would be invaluable for identifying educational, training and practice trends that would be useful in planning and as an early warning of manpower deficiencies and surpluses.

The ACMC is and will remain a fragile organism. It cannot be otherwise for an agency that will continue to lack reserve personnel to back up each of its professional positions. Its record over the 50 years of its existence is a tribute to its staff and to the wisdom and foresight of its Council of Deans and Board of Directors.

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