

MEDICAL LICENSURE

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Too often it is assumed that medical licensure is for the protection and benefit of the practitioners of medicine. Nothing can be farther from the fact. Protection of the profession is not the purpose of licensure—it is a result. Protection of the public is the real object of licensure. To discuss licensure on any other basis is not merely futile, but dangerous; dangerous both to the public and to the profession.

Medical licensure is a function of the individual province, not of the Dominion. Each province has, for administrative purposes, confided this function to some body, educational or professional. The action of the administrative body requires the consent or confirmation of the province, and may, and often does, come under its scrutiny, criticism and even revision.

In every province the governing body, the College of Physicians and Surgeons, commonly known as the Medical Council, has set forth certain requirements for the acquiring of a medical license. (A) Preliminary education; (B) A course of instruction (i) in certain subjects, (ii) for a certain number of years; (C) Passing of certain examinations.

(A) *Preliminary Education.*—It should not be forgotten that, by the British North America Act, education is a matter solely under provincial control; the Dominion has nothing to do with it. Those of us who have had experience in the Medical Council of Canada have learned that some of the provinces are very jealous indeed of their provincial rights, and that uniformity as to preliminary medical education is not the simple matter it may appear. Educa-

tional ideals are different in the several provinces. That one ideal is better or more desirable than another I leave you to decide.

The provinces do not even approximate uniformity in their matriculation requirements. The announcements of the several provincial councils reveal a wide difference in the matriculations, dependent upon educational ideals, or upon the equipment of the primary schools. This difference is not to be wondered at, for education is not compulsory in all of the provinces. In some it is a matter of comparatively recent enactment. Because of this there must be a difference in the educational requirements of the public schools, and of the high schools—this in turn necessitates differences in matriculation. These differences are not irreconcilable. Time will probably bring an equality of preliminary education. If it is thought wise to discuss the requirements of preliminary education I would suggest that the minimum requirement that will enable a student to grasp the subject of medicine engage our attention. We can, without coming into conflict with educationalists, discuss the second requirement which is purely professional.

The second requirement is courses of instruction; (a) for a given number of years, (b) in certain medical subjects.

There would seem to be but little difficulty in coming to an absolute uniformity of standard and yet there are serious variations. One practical difficulty is that the councils are not teaching bodies. Instruction is given, not by the medical councils, but by the universities

which are independent of the councils, and each of the universities has ideas and ideals of its own; ideas and ideals which in the very nature of things must change more quickly than those of the medical councils, and which are not uninfluenced by financial and local conditions or even by political considerations.

The western provinces, Manitoba, Alberta and Saskatchewan, form a group which has recognized the value of the practical association of the licensing and the teaching functions and has confided the curriculum and examinations to the provincial universities. Other provinces have no provincial universities or have so many universities that it has been impossible to confine the examinations and curriculum to any one university, so that the Medical Council has been forced to keep these matters under its own control.

Number of Years.—The number of years of professional studies demanded varies from five years of six months to six years of eight months of teaching. In other words, some provinces demand a course half as long again as others.

One province demands two years of pre-medical study followed by five years of professional study. Other provinces do not demand any premedical study. The tendency of the universities is increasingly to demand the pre-medical years. This demand no doubt arises from dissatisfaction with preliminary education and from a knowledge that an adequate medical education requires an increasingly broad foundation of general education.

Medical subjects demanded.—The provinces are at one as to the subjects regarded as essential, viz. anatomy, practical anatomy, chemistry, practical chemistry, physiology, materia medica and therapeutics, surgery, clinical surgery, medicine, clinical medicine, obstetrics, diseases of women and children, medical jurisprudence, hygiene, and pathology.

How great a variation may exist is shown by the fact that in the syllabus of some of the provincial councils there is wanting one or more of such subjects as chemistry, physics, histology, embryology, pharmacy, toxicology, bacteriology, ophthalmology, diseases of the ear, nose and throat, psychology, psychiatry.

The requirements in *practical subjects* exhibit a like variation, especially in obstetrics and hospital attendance.

As to Obstetrics.—Some councils ignore all practical experience in this subject. Others demand ten or even twenty cases, and one demands in addition to ten cases eight months practice in a lying-in hospital.

In the Matter of Hospital Attendance.—The requirements vary from nothing to three years. The regulations reveal striking differences as to how many beds a hospital must have in order to afford proper and sufficient clinical opportunities. One province is satisfied with twelve months at a general hospital of fifty beds under the charge of not less than two qualified practitioners. Another demands eighteen months in a hospital of one hundred and fifty beds under charge of not less than four practitioners of whom two must be surgeons. Twenty-four months in an incorporated general hospital is the requirement of one, three years of another. One province demands not merely a certificate of hospital attendance, but goes a step further and requires six months' service as an interne. This interne requirement is a dead letter, but so confident is that province of the necessity of an internship that it now proposes to demand it for one year.

In Examinations.—At least four plans exist.

1.—The provincial university conducts the examinations for the councils, or gives a certificate of university examination, which, presented to the council, ensures registration.

2.—The provincial council accepts the university examination in the primary subjects, but itself conducts the final examination for license.

3.—The council conducts both primary and final examinations.

4.—The council conducts examination at the end of each year with the aid of assessors. The percentage necessary to be obtained is in no case less than 50 per cent and goes up to 60 per cent.

From this analysis of the requirements and procedure of the various councils it appears that either some provincial councils are too lax, or others are too severe in their requirements for licensure; or the needs of the various provinces differ; or the council has not given sufficient consideration to the question of what is needed by the practitioner who must possess at least "usual and reasonable skill."

If licensure is for the protection of the public, surely the people of one province have the right to protection of the same grade as those of

another. In this lies the argument for standardization of requirements for medical licensure. You must, however, consider the question whether standardization or uniformity is desirable. If desirable, is it feasible? If feasible, how is it to be accomplished? Is it to come from within each province or is it to come from without? What standard is desirable?

The problem has already been attacked from one standpoint, not the standpoint of uniformity of preliminary education, medical education, hospital and laboratory instruction, but of examination. Whether this is the most desirable way, whether it is grasping the shadow and losing the substance may be a moot question, but it seemed the only feasible way, and resulted in the Medical Council of Canada. The Medical Council of Canada was made possible only by the bold step of ignoring all questions of preliminary education, of medical education in all its details, and insisting only on a standard of examination. This is the strength of the Medical Council of Canada, and its weakness.

One must not lose sight of the fact that the license of the Medical Council of Canada exists only by the grace of the provincial councils which accept it without any question of curriculum, mutual reciprocity or standard—a courtesy which they deny to their sister provinces, of whom they demand both mutual reciprocity and an equality of standard and curriculum. As has already been said, by the British North America Act, education is a matter strictly within the jurisdiction of the individual provinces, so that standardization of medical education is a matter for individual action of each of the nine provinces.

Because of the British North America Act, the Medical Council of Canada is limited to examination in professional subjects only, the Canada Medical Act says that its "standard of examination shall not be lower than the highest for the like purpose (registration) in any province." So far no question has arisen as to the construction to be put upon the word "standard," but what does it mean? Is it percentage of examination marks, or character and number of professional subjects, or quality of the examination?

Sooner or later this question must arise. In Ontario, men rejected at the provincial examination have one week later procured the license of the Medical Council of Canada, and demanded

registration in Ontario. Nova Scotia has provided for such cases (p. II, paragraph 5) by enacting "no candidate shall be admissible to examination who has been rejected in the subjects of the examination by this or any other licensing board within the three preceding months."

In the working of the Canada Medical Act, the greatest source of trouble has been Section 12. a. "No candidate shall be eligible for any examination prescribed by the Council, unless he is the holder of a provincial license, *or*"—and I draw your attention to the word *or*—"unless he presents a certificate from the registrar of his own provincial medical council that he holds a medical degree accepted and approved of by the medical council of the said province."

There are here two practical difficulties. Some of the provincial councils do not hold their examinations until after the date of that of the Medical Council of Canada. The results of the university examinations are often not known in time for the provincial council to give the enabling certificate. The difficulty has been met by the councils giving a certificate that the candidate is eligible to take their examination and later forwarding a certificate of the medical degree having been obtained.

If the Medical Council of Canada were to postpone its examination until the results of the university and provincial council examinations are announced, it might not have any candidates, as the students at once scatter to their homes, rather than be put to the expense of waiting the announcement of results and then writing on another examination.

Quebec alone of the provinces has seen fit not to acquiesce in this *modus vivendi*, and refuses to give an enabling certificate unless the candidate has passed the provincial examination for license and has a medical degree, and has satisfied all the preliminary requirements for license.

Another difficulty is what construction is to be put on the words "his own provincial medical council." Is it the province in which his home is, that in which he matriculated, that in which he has pursued his medical studies, or that in which he intends to practice. A candidate may be a student of medicine *in* a given province and yet not be *of* that province.

It is not for the Medical Council of Canada to put an interpretation on these words; it

leaves that to the provinces and accepts without question the enabling certificate of any province. This enabling certificate clause holds within it practically the same danger as will be pointed out in connection with British reciprocity. The student naturally seeks the line of least resistance and will present an enabling certificate from the province whose requirements are the least stringent. And there may spring up a money order business in enabling certificates.

Another problem productive of serious complications is that of British reciprocity. Since the onset of the Great War every province, with the exception of British Columbia, has had reciprocity with the General Council of Medical Education of Great Britain.

Provincial licentiates avoid the examination of the Medical Council of Canada. They send to Great Britain their certificate of provincial registration together with a fee, obtain British registration thus, and then register in any province. It is a real money order business in registration certificates, and is resented by many of the provinces. It works out practically as interprovincial registration without any equality of standard of preliminary education or of medical education. To close this back door Saskatchewan has had its medical act changed so that it grants registration only to those registered by passing the examinations of the General Medical Council of Great Britain. As the General Medical Council does not hold any examinations Saskatchewan has closed the door on the whole British register.

New Brunswick has sought to protect the Medical Council of Canada, by demanding proof of a bona fide residence in Great Britain from those possessed of a certificate of British Registration.

The result, a result not foreseen, is that a graduate from Saskatchewan or New Brunswick can, through British registration enter

any other province of Canada, but graduates from the other provinces cannot register in Saskatchewan or New Brunswick.

The Medical Council of Canada has sought reciprocity with the General Council of Medical Education of Great Britain. The latter has done its best to bring this about, but has failed. Not merely has it failed, it has caused Saskatchewan, New Brunswick, and I believe, Manitoba, to give up reciprocity. British Columbia has not had it for years.

Interprovincial reciprocity by the medium of the General Council of Medical Education of Great Britain is impossible so long as provincial pride exists, and there is any disparity in the requirements for medical licensure. Comparison and criticism of standards are inevitable and will always be heard, yet I do not despair of equality of preliminary and professional requirements being attained. Equality is not necessarily uniformity. Equality once attained, there can be no possible objection to inter-provincial reciprocity, British reciprocity being given up entirely, and the provinces agreeing to accept the license of the Canada Medical Council.

This brief résumé of the requirements for licensure reveals a state of chaos which this conference may help to reduce to at least a semblance of order.

THE CHAIRMAN: I am sure this address of Dr. McCallum will make us think. I fancy we all agree in the principle, that it would be exceedingly desirable, if possible, to come to some uniform standard of education in the various provinces of Canada. This subject will be up for discussion, and I hope the members of the Congress will think over it and see if it is not possible for this Congress to do what I, and I think all of us, would consider a splendid piece of work, that we should bring the provinces together in some way to consider this question and, if possible, solve the problem along reasonable lines. However, I do not propose to say anything further on that point.

On order of the Chairman, the Secretary then called the roll. When that was finished the next paper on the programme was read.