



# Donald Ingram Rice: 1965–1985

## *Constructing Certification in family medicine*

Paul Rainsberry PhD

*Leaders make things possible. Exceptional leaders make things inevitable.*

Lance Morrow

In 1960, after less than 10 years in practice, a young Donald Rice stood up at a meeting of the Nova Scotia Chapter of the recently founded College of General Practice of Canada and made a passionate plea that the College not move to establish Fellowship or Certification in general practice. He argued that it was unnecessary and could only further diminish and divide a discipline already threatened by the growth of specialty medicine.

It was an opinion shared by many GPs at the time, but Rice's stand earned him an appointment to the College's new Committee on Fellowship and launched a career he might not have anticipated when he made his appeal. The appointment became his personal "road to Damascus." Just 4 years later he would be selected the second and longest serving Executive Director of the College, and would become one of its strongest advocates for advanced training and Certification in family medicine. His efforts as Executive Director would ultimately lay the foundation for family medicine as a specialty in Canada.

### New way of doing medicine

The 1960s were a dynamic and exciting time to take the reins of the College. General practice, or family medicine, was emerging from serious decline, and advocates of a "new way" of doing medicine were publishing their ideas, spawning a critical look at the clinical methods advocated by emerging specialty medicine. The new way was in many ways simply a description and articulation of general practice methods and experience. Ian McWhinney in Canada and Gayle Stephens in the United States were spearheading the creation of a new literature and defining a new discipline, but this work needed to be supported by an administrative and institutional infrastructure that would sustain and grow the discipline in the competitive academic and political worlds. This was a task that Rice relished over his 21 years as Executive Director.

The College was founded in 1954 with a mandate to defend and preserve general practice as a part of the Canadian health care system. A key element of that

mandate was to improve the continuum of education for general practice, from undergraduate training to continuing medical education; the idea of discipline-specific training and Certification was an explicit part of this from the beginning. The challenge was that in its initial stages, the College was a small and poorly funded organization, with no consensus within the membership or the broader general practice community about this mandate. Once engaged in the process, Rice came to realize that general practice could not succeed without nationally defined standards administered by a national College, not unlike the model set by the Royal College of Physicians and Surgeons of Canada for the other specialties.

### Establishing general practice residency

Before Rice's appointment as Executive Director, there were several attempts to meet this challenge. The College archives include documents outlining standards for a family medicine or general practice residency defined as a 1-year program following the successful completion of a rotating internship, which, in all models, was hospital based. While there were efforts to support and encourage the engagement of general practitioners in hospitals, including much kowtowing to specialty hospital staff to include family physicians in the education of medical students, there was no coherent push to require that part or all of undergraduate or postgraduate training be with or involve general practitioners.


This philosophy and the apologetic approach to introducing general practice into medical education continued well into the 1960s, when, under Rice's influence, a series of national meetings were held to define the educational goals of family medicine. Lack of funding delayed this initiative for a while, but in 1962 the first of 2 national meetings were held to clarify the role of the College in the definition, accreditation, and assessment of discipline-specific training in general practice. Led by the College's Committee on Education, a final summary report of the outcome of these meetings was presented to the Board of Directors in 1964. At this time, Rice was ready to succeed Dr Victor Johnson and was serving as Associate Executive Director.

The Board meeting of November 1964 was one of the most contentious but substantive meetings in the history of the College. Rice had decided he needed a clear mandate to drive the education agenda and he asked for the Board's support with eloquence and firmness.

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Many objections were expressed, including quibbles over language and whether the College should support “Fellowship” or “advanced training.” The minutes clearly show that Rice confronted the waffling, arguing that it was time to act and that he was willing to lead curriculum development and establish the first general practitioner residency programs. In response to his intervention, the Board passed the following resolution:

That the Board of Directors of the College of General Practice of Canada endorses the principle of advanced training in general practice leading to a higher qualification than the presently required qualifications for ordinary membership in the College and specifically directs the Executive to initiate such a program now.<sup>1</sup>



Donald Rice, M.D.


This resolution was critical to establishing the first 2 general practitioner residency programs in Canada. Rice visited the deans at most of the medical schools in Canada and while he had hoped to see 3 programs up and running in 1966 (Dalhousie, his alma mater, being one), he only managed to convince the University of Calgary and the University of Western Ontario (now Western University) to come in line. The resolution also paved the way for the development of the Certification examination and the rapid expansion of residency training programs in the early 1970s. Within less than a decade of that pivotal 1964 Board meeting, there was an accredited family medicine residency training program in every medical school in Canada, 970 family physicians had achieved Certification, and membership had expanded from 2400 to 3400, giving the College much-needed added resources to pursue its goals. Certification moved the College from a club of like-minded family physicians to a dynamic and fast-growing organization capable of being a leader in medical education.

### The specialty debate

Despite this success, the initial reluctance to pursue discipline-specific training and Certification continued to inhibit progress. Many in the leadership of the College in the 1950s and 1960s advocated for the establishment of a specialty of family medicine, which was the clear intention of the founding members, but division within the general practice community between those who were suspicious of and those who supported the specialty designation kept the College from formally declaring family medicine a specialty. Graduates of the new programs were facetiously referred to as slow learners

and often adopted the description themselves in a self-deprecating fashion. Nonetheless, the movement continued to grow and the academic community matured and took leadership roles within the medical schools.

Progress was slow and steady and residency training programs continued to grow, but before the end of Rice's term the College faced another considerable challenge. In 1981 the Canadian Medical Association (CMA) Council voted to conduct a study of training in family medicine and general practice and established the CMA Task Force on Education for the Provision of Primary Care Services, otherwise known as the Wilson Task Force (after the chair, Dr Lawrence Wilson). By this time, less than half the people entering family practice were residency trained—the remainder entered from junior rotating internships. The motivation for the challenge came from those who still questioned the entire mandate of the College, the idea of family medicine residency training, and whether family medicine was a specialty. Several members of this CMA Task Force are on record as favouring internship training over residency training, and several members of the CMA Council saw this as an opportunity to stop the family medicine residency process in its tracks and return to the rotating internship as the best preparation for general practice. Wisely, the College and Rice did not resist the CMA's study but let it unfold, trusting in the quality of what had been built. The outcome was never in doubt. In 1984 the Wilson Task Force unequivocally recommended discipline-specific training and Certification in family medicine, and that the College of Family Physicians of Canada (CFPC) should be the organization to administer and set the standards for this training. The Wilson Task Force and the CMA reaffirmed what the CFPC and Rice had advocated for and worked toward for nearly 20 years. Rice was convinced that within 10 years of the CMA Task Force being established, residency training in family medicine would be a requirement for licensure in Canada. He was only 2 years off in his prediction. The last internship programs closed down in 1992 and family medicine residency training became the default route to family practice licensure.

In 2007 the CFPC declared family medicine a specialty, more than 50 years after the founding meeting and 40 years after the first Certification examination. There continue to be challenges for the discipline, but the College and its members owe a tremendous debt to Rice for his foresight and dedicated work in building the infrastructure and foundation on which family medicine flourishes to this day. 

**Dr Rainsberry** is CFPC History Project Consultant for the College of Family Physicians of Canada in Mississauga, Ont.

#### Competing interests

None declared

#### Reference

1. *Board of Directors resolution*. Mississauga, ON: College of Family Physicians of Canada; 1964.