Residents' page

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Welcome to the new millennium!

If you are reading this page, it means that you have survived the turn of the century! I will be looking forward to what it brings us. Numerous projects undertaken in the 1900s will undoubtedly bear fruit and will certainly be remembered as the ones to have started this new era.

We hope the amount of time and energy involved in the various policy initiatives and task forces will bring some solutions to ongoing or recurring problems in the health care system. As physicians, we all work toward this goal, and I can assure you that a lot of devotion goes into these projects: the Task Force on Physician Supply; the Task Force on Health Care Delivery Models; and working groups on residency interviews, review of curricula (eg, training for rural family practice), the examination process (harmonization, formulation of objectives for College certification, international medical graduates), and the well-being of the medical community, to name only a few.

We will see some great changes and some things will remain the same, just as the following article teaches us. Indeed, this month, I bring you with great pleasure a look at "then and now" in family medicine, an enjoyable and educational reflection by Eleanor Colledge, a second-year resident at the University of Toronto in Ontario. Let yourself enjoy these lines and learn a bit about the College's history. I remind you that you are welcome to collaborate on this page, and I remain available to receive your comments or questions on issues relating to residents. Have a great month!

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We had it tough!

Evolution of the family medicine residency program

Eleanor Colledge, MD

Perhaps, like many of us, you are focused on the future. First it was medical school, then deciding on family medicine, applying to programs, starting residency, thinking of a third year, or starting up a practice or locum tenens work. You probably have not given much thought to when, how, or why the family medicine residency program started or what it was like training 30 years ago.

It might have come to mind occasionally when you explained to yet another relative that you are training to be a family doctor, not a general practitioner. Or perhaps you gave it a moment's thought when your supervisor's response to your leaving post call was, "Post call? PAIRO regulations? Back when I was a resident, well, we had it tough! Every second night I was on call, the WHOLE year! We were up all night, with no backup, never home before 7 PM, and home, well, you could call it that, a hot stuffy residence room that came with our $10 a day and greasy hospital food."

Greasy hospital food, hmmm… some things never change, you think to yourself. In fact there are many other similarities between family medicine residency now and 30 years ago. There are also crucial differences that become evident by understanding the "medical environment" in which family medicine residents were training 30 years ago.

So let's back up about 45 years to 1954, a time when you could not have been a family medicine resident because there was no such program. It was in this year, however, that the College of General Practitioners of Canada was formed with a goal of "education at the undergraduate and immediate postgraduate levels and throughout the life of the practitioner."[1] As a result, the idea of specific training in family medicine began to emerge.

At the time the College was formed, the number of newly graduated doctors choosing general practice was on the decline. In 1945, about 80% of graduates chose general practice and 20% chose a specialty, but by 1960,

about 50% headed in each direction. A number of possible reasons were put forward for this decline. First, undergraduate and postgraduate training involved little or no teaching by GPs, and there was no real exposure to ambulatory care. Second, there was virtually no research being done by GPs. Third, and perhaps as a result of the other two reasons, many new graduates had a "fear and feeling of complete inadequacy to do general practice."[2]

After a year in a rotating internship in a hospital, new family physicians learned about primary care during the first few years on the job. Understandably, this made the early years of practice pretty stressful as Dr Wayne Weston (who was in the group of practice-eligible candidates to write the first family medicine certification examination) attests, "It was a scary experience; with no training in areas such as dermatology, all rashes were new, and we had had no preparation for dealing with the numerous emotional problems that patients presented."

Faced with declining numbers of new GPs, the College began to look into both undergraduate and postgraduate training in general practice. It is interesting that a report on the proceedings of the College's 1963 conference on education contained the following.

> The major difficulty facing the introduction of this valuable experience into the undergraduate learning experience is the lack of documented statistical research in the area of general practice. *It is not generally agreed by faculties of medicine that there is such a discipline as general practice since there is no living evidence of its existence.*[3] [Emphasis added.]

In 1964, steps were taken toward postgraduate training in family medicine with a decision to start "pilot project" programs. In June 1966, 12 residents in Calgary, Alta, and four residents in London, Ont, were the first to begin a 3-year family medicine residency program. Although I was unable to gather information specifically from the residents in this program about their experiences, a survey of GPs conducted between 1956 and 1960[4] provides insight into what it was like to be a resident at that time.

Definite differences from today were a lot fewer women and an average salary of $121 monthly with room and board included. Similarities were that most training took place in a hospital, and residents rotated through various specialities during the year. One similarity I found amusing was in complaints expressed about the training. Almost half the GPs surveyed complained about the amount of "scut work," and other frequent sources of complaint were the number of hours, the pay, the lack of teaching, and the poor education-to-service ratio.[4]

Does this ring a bell with any of today's residents? Either things have not changed much or we doctors just like to complain! I have to acknowledge, however, that "they" probably had it tougher, as with no PAIRO around to enforce working regulations, hospitals could take guidance from the Canadian Medical Association statement on "The Junior Intern's Duties."

> The conscientious intern, although requiring a reasonable amount of free time, should give his patient's welfare his first consideration in thought and deed on a ROUND-THE-CLOCK basis.[4]

The block capitals were in the original text, which comes from a booklet used to approve hospitals for internship programs. Hospitals appear to have been left to decide what they thought was a "reasonable amount of free time"!

With respect to family medicine residency specifically, the original programs encountered many different problems, one of which was a high drop-out rate. Reasons suggested for this were lack of recognition of the benefit, teachers' inexperience, lack of support from some general practice physicians who were concerned about creating a dual standard of family practice, and a lack of clear objectives for the programs.[5]

I cannot imagine how it felt to be a resident in one of these programs when, at the same time you were training, discussions such as the following were taking place at the 1968 Conference on Training in Family Medicine.

> The morning session discussion mainly consisted of attempts to define what a family physician is and whether such an entity should exist in the future....[5]

Later at the same conference, Dr Corley, Director of Alberta's family medicine program at the time, stated:

> ... the greatest failure appeared to be on our part—our failure to clearly demonstrate in terms that the residents themselves could identify and comprehend, the difference between a family doctor and a good general practitioner. This we have found extremely difficult to do. We cannot point to any existing model of the family doctor we hope the boy will become.[5]

Despite the difficulties, some residents pushed on, and in 1969, 13 candidates sat the first certification examination in family medicine. About half were practice-eligible candidates; the rest had completed one of the two pilot programs. It was a big event with many

of the well-known GPs of the time present. The format was very similar to today with a written component and simulated office orals. There were no actors, however, and you might walk into a room, as Dr Weston did, only to find Dr Reg Perkin playing the part of a depressed woman with sexual problems (was he wearing a skirt, I wonder?). This examination was the first of its kind: the 12 doctors who passed became the first certificated family doctors in the world!

Canada continues 30 years later to have a strong reputation for its family medicine residency programs. Those of us currently in the program are lucky enough to be working and learning in a environment in which family medicine is a defined, recognized, and essential speciality in the health care system.

Acknowledgment

I thank Lynn Dunikowski for her invaluble research in this area and Dr Wayne Weston for taking the time to answer questions about what it was really like to practise medicine in the 1960s.

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