



Victor Johnston, Murray Stalker, and the revival of general practice

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[S]pecialism is here, and here to stay ... The desire for expert knowledge is ... now so general that there is a grave danger lest the family doctor should become ... a relic of the past.

Sir William Osler¹

In the years leading to the establishment of the College of General Practice of Canada in 1954, general and family practice was perceived to be in serious decline as specialty medicine grew. It is interesting to see that this concern goes back well into the late 19th century and was not just a post-World War II phenomenon. In the years leading up to and following the establishment of the Royal College of Physicians and Surgeons of Canada (RCPSC) in 1929, the concern was expressed on many occasions and opinions varied as to what was driving the decline.

There is no question that specialty medicine and its increasing power to address acute illness was attracting medical students, patients, and money. The traditional general practitioner was threatened by various other changes as well. Transportation was more efficient, allowing patients to access major centres, and urbanization consolidated medical practice geographically so that the historical dependence on the services of the local (often rural) practitioner was less necessary. An article published in *CMAJ* in 1930 by W.H. Hattie,² the Assistant Dean of Medicine at Dalhousie University in Halifax, NS, spoke to the role of the profession and family physicians themselves in enabling or sustaining this trend. Students were encouraged by their community family doctors to pursue careers in the specialties, as this was seen to be the future of medical practice.

Taking up the torch

Victor Johnston, the first Executive Director of the College of General Practice of Canada, and Murray Stalker, the College's first President, independently took up the challenge of confronting the decline of general and family practice. Johnston and Stalker were really 2 sides of the same coin. Both were rural general practitioners, Johnston in a small town in southwestern Ontario and Stalker in the Eastern Townships of Quebec. They both eulogized the role of the rural

doctor and the general practitioner during their long practice careers and later in life. They became partners in the struggle to preserve a pattern of practice and quality of health care that they cherished and held up against the increasing trend toward specialization in medicine, and they became close friends. To understand the founding of the College, it is hard to separate them. It was natural that in 1954 they would become joint leaders of a new organization that aimed to revitalize family and general practice.

Osler's quote emphasizes that specialty medicine was something attractive to both physicians and patients. The founding of the RCPSC and specialty certification began the institutionalization of these new medical and surgical disciplines, and the traditional training and practice of physicians began to change. The change was not only in patterns of practice, but also in medical school curricula in which students were exposed to "experts" and not to the traditional generalist practice that Johnston and Stalker enjoyed and championed. The decline of general practice was therefore more a result of neglect than a deliberate effort to do away with it altogether.

In addition to the effects of socioeconomic changes and advances in medical science, general practice failed to keep up in terms of education and licensure. It is easy to forget how young modern medicine really is, and how organized medicine and standardized medical education are even younger. The Medical Council of Canada is only a little more than 100 years old, and its dream to set national standards for licensure was not fully realized until the early 1950s. The RCPSC was only established in 1929, and its standards for specialty practice were not fully accepted until the middle of the 20th century. Accreditation of training programs in the specialties as we know them today also was not fully implemented until the mid-1970s, when the RCPSC required training programs to be affiliated with universities. So it was only in the late 1940s and early 1950s that standardized training in the specialties was nationally defined, and until then postgraduate training was essentially hospital based. In some cases, general practice internships were offered but not required for licensure or practice. Nonetheless, the RCPSC did influence training at both the undergraduate and postgraduate levels, and changes were introduced to "improve" training of physicians from what had until then been preparation for general practice. Given the lack of any national standards despite the

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best efforts of the Medical Council of Canada, this training was variable in content and quality among provinces, hospitals, and medical schools.

Laying the foundation

In this context Johnston and Stalker began their work in the late 1940s. The new emphasis on specialties drove the agendas and structure of organized medicine, and particularly of the Canadian Medical Association (CMA) and the Ontario Medical Association. Sections devoted to areas of specialty medicine were established, but it seemed never to occur to anyone to establish a section or group to represent the interests of general practitioners. Specialty medicine also drove the undergraduate medical school curriculum and essentially ignored family and general practice. Students were not exposed to generalists during their undergraduate training, and increasingly general practitioners were not present as role models in the hospitals where students trained.

The efforts of these pioneers of family medicine were directed at 3 main targets: the general practitioner's role in the hospital, general practice and general practitioner role models in the undergraduate curriculum, and general practice postgraduate training and certification. The latter meant that there would need to be an increase in the academic engagement of family physicians, not only as teachers, but also as researchers and scholars. While both Stalker and Johnston wrote eloquently and often in the years leading up to the founding of the College, this set of goals was a clear and focused part of all their work and communications. In the College archives there is a large collection of typewritten speeches and papers that Johnston wrote during this period. This was the time when he and Stalker were lobbying the CMA to establish a Section of General Practice to represent the issues of this large community of members. In handwritten documents Johnston noted that despite the rise of specialists, 70% of the CMA's members were general practitioners. He then, in a scrawling hand (pharmacists must have hated him), drafted the following aims for the new section.

Aims of organization: Improve working conditions in general practice—this would improve medical care for all our people—That includes education of [the] public and prevention and cure.

How may this be done:

1. To get GPs into hospitals on an equal footing with specialists. (This would benefit all groups of physicians.)
2. To encourage participation of GPs in all hospital medical functions including that of teaching.
3. To stimulate them and give opportunities for clinical research.

In 1948 Stalker made a speech to the Quebec Division of the CMA expanding on Johnston's musings, suggesting

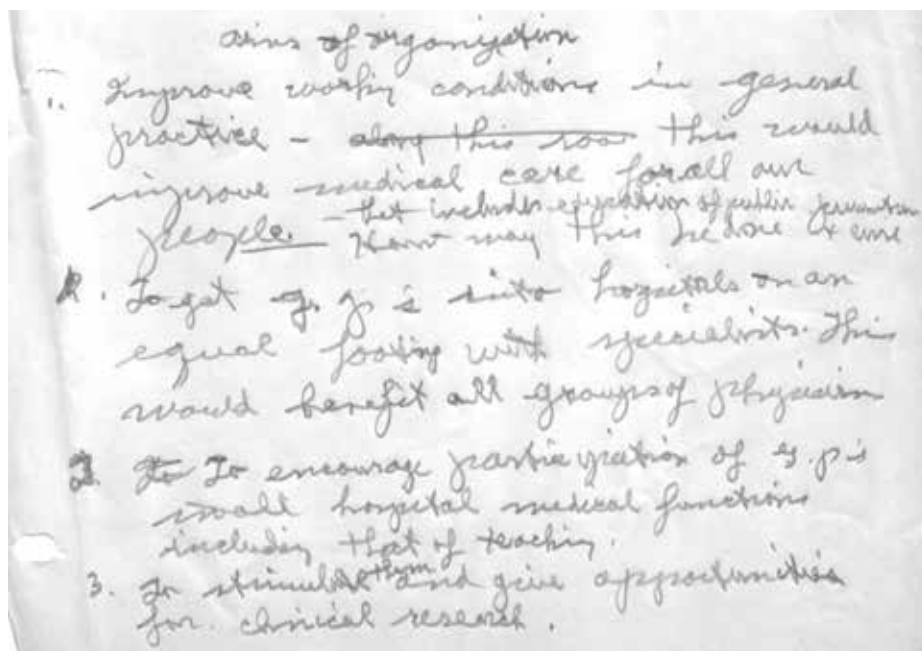
additional goals and strategies to revive and sustain general practice. Stalker's list had 8 items, and the final item was that the CMA establish a section to provide a strong voice for general practitioners within organized medicine. Stalker got his wish and a Section of General Practice was established within the CMA, but its goals and aims led to a serious internal debate as to whether it was appropriate for the CMA to house such an ambitious lobby group or whether the new section should be an independent organization. The section's executive committee began to study the issue in 1950, and finally in November 1952, Victor Johnston published the results of those deliberations in the *CMAJ* in an article entitled "The Accreditation of General Practitioners."³ The strong recommendation was to establish an independent College of General Practice to oversee the training and accreditation of general practitioners. Johnston was modest in his report:

These are the conclusions of the Section They are not visionary ideas of my own. They were arrived at after 2 years of study by ... representatives of government, of the Royal College ... by hospital and public health authorities and by members of the executive of the CMA.³

Building for the future


Although modestly expressed by both Johnston and Stalker, they were unrelenting in their efforts to have a College established with the specific goals of defining residency training for family medicine, implementing certification or some kind of equivalent, and creating a strong academic and clinical base for family and general practitioners in Canada's hospitals and universities. Johnston, likely better known as the face of general practice because of his national involvement over the years, was selected as Executive Director of the new organization and Stalker took on the honour of being the first President. While Johnston continued to be the face and voice of the College, Stalker stayed involved and was active in committee work and promoting the goal of a general practice residency.

Once the College was established in June 1954, a committee structure was put in place with a focus on continuing education, undergraduate and residency education, research, and hospital involvement. The College drew leading family physicians and general practitioners from across the country to tackle this enormous agenda, but it struggled. While Johnston and like-minded colleagues had been successful in founding the College and getting CMA support, they were not as successful convincing many of their colleagues of the virtue of the project. There continued to be resistance to many of the goals Johnston and Stalker had set for the discipline, and debate was clearly recorded in board and executive committee meeting minutes from those early years. The College also found it challenging to attract members, and



so finances continued to be a struggle and to inhibit the College's development. To his credit Johnston held firm and was able to draw in key members and colleagues with the needed administrative skills and dedication to education. His vision, with the support of Stalker and others, brought the College into existence and set an agenda that still guides the organization today. That vision has in many ways been realized, and family medicine has taken a leading role in medical education and practice in Canada.

Stalker died in 1965 at the relatively young age of 64, and Johnston survived him, passing away in 1976

at the age of 79. Both are honoured today with annual awards given in their names to outstanding family physicians and residents. The discipline owes these dedicated rural family doctors a great debt for the struggles they endured and the vision and commitment to family practice that they lived and represented. 

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Competing interests

None declared

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