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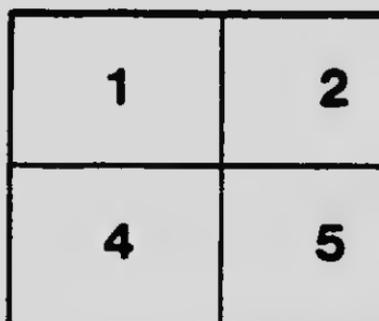
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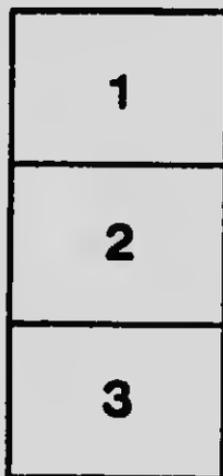
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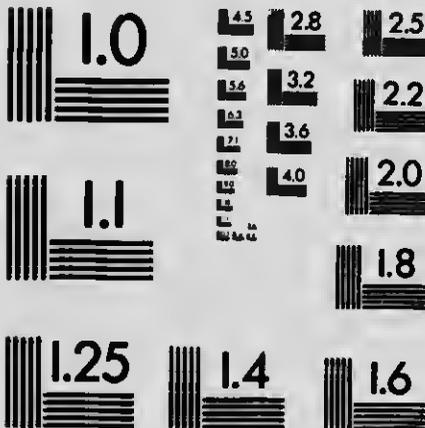
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With Compliments of
D. R. W. Powell
REGISTRATION UNDER THE CANADA
MEDICAL T*

* Read at the Tenth Annual Conference of the Council on Medical Education, Chicago, Feb. 24, 1914.

R. W. POWELL, M.D.
Registrar of the Medical Council of Canada
OTTAWA, ONT.

Allow me in the first place to express my appreciation of the compliment extended to me in giving me this opportunity of addressing this distinguished gathering of educationalists. I fully realize that it is the office I hold that has singled me out for this distinction, but nevertheless, I feel that you will pardon my humble pride when I tell you that this scheme of "Dominion Registration" has for many years been very dear to my heart and that in season, and out of season, I have forwarded the measure to the limit of my capacity, and now when I find that within eighteen months of its fruition I am here in the flesh to amplify its measures to my colleagues of this great Republic, I feel a sense of gratification not measurable in words.

Since the birth of the Dominion of Canada in 1867 the profession of medicine has never once lost sight of the unfortunate position it was placed in by reason of certain clauses of the British North America Act, which placed matters affecting education under the control of the Provinces. It is fairly clear that such was not the absolute intention of the framers of that Act; but rather that what was intended to be included was matters of ordinary, or common public education, and from that day to this the Provinces have held out stoutly for what they honestly believed were their rights under the constitution.

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With the birth of the Dominion came the birth of the Canadian Medical Association, and at its first session in Quebec in 1867 under the presidency of Dr. Tupper, now the veteran Sir Charles Tupper, the question was introduced and discussed and a Bill was actually framed about two years later to test the question in the Canadian Parliament. So many obstacles appeared to be in the way that the scheme was dropped, so far as the active political leaders were concerned. When I mention that Sir Charles Tupper, a prominent member of our profession in his day, and a prominent and leading politician as well, felt that the scheme for a Federal Act was out of the question, you will realize that serious difficulties must have been on the horizon. Sir Charles was not a man to be daunted by trifles, and he was always the embodiment of loyalty to our profession.

I may add that years afterward (in the early eighties) I personally went into the matter with him, only to be told that the one and only way to accomplish our desires was by first securing an amendment to the British North America Act in the Imperial Parliament at Westminster—many of my hearers must know what a herculean proposition this would entail.

Our profession, always hopeful, and never pessimistic, kept on bringing the question to the notice of the general body of practitioners as represented by the Canadian Medical Association. From the time I joined the Association in 1879 the point has never once been lost sight of, and it came about that the great mass of practitioners, constantly increasing in numbers and influence, became gradually permeated with a desire for some general scheme that might be called an interprovincial reciprocity, or, roughly, a breaking down of imaginary barriers so far as active practice was concerned.

Committees were formed and discussions took place annually, but all to no purpose. It would appear that we were seeking the solution of an impossible situation.

The growth of the Dominion, the addition of new Provinces, the establishment of new borders, all tended to tighten the rein, and the barriers became strengthened rather than weakened.

Equalization of standards and the creation of examining boards with corresponding similarity of ideals must be the preceding elements to inter-provincial reciprocity. Then again, certain Universities had acquired charter rights from the Crown extending to all faculties, and this became a barrier not easy to surmount in some quarters.

I must now digress for a moment to say that at a most opportune and auspicious moment a patriot and a prophet arose in our country, and to him was given a roving commission by the Canadian Medical Association to inaugurate a scheme for the establishment of a Medical Council for Canada. I refer, of course, to Dr. T. G. Roddick of Montreal, late dean of the faculty of medicine of McGill. To say that Dr. Roddick threw his whole soul into this work would but feebly express my thoughts and his untiring services. He devoted his time and his money, as well as his energy, to it and in 1896 actually sought and obtained a seat in Parliament in order to be in a still stronger position to forward his measure. Could human devotion and enterprise go further than this? It necessitated hard work, much patience and diligence, as well as a refined diplomacy of a high order. Unbounded pluck and perseverance came to his assistance. He travelled the length and breadth of Canada on three separate occasions, met all the Provincial Councils, sympathized with them, argued with them, persuaded

them to rise above provincialism; and while all this was going on he never lost an opportunity of bringing his scheme to the notice of the profession at large. It is gratifying to us all to know that his work has been appreciated and that on its consummation in November, 1912, he was unanimously elected the first President of the Medical Council of Canada by acclamation.

I most sincerely wish that he could have been here to-day to enter into the spirit of this meeting and to take my place on this platform by addressing you, but it was not possible. He begs me, however, to assure you that he is thinking of this meeting to-day and that while he can only send his benediction, his hopes and wishes are for the highest fruition of your endeavours, and that they will be crowned with a result that will stand for what is highest and best.

The history of the passing of the Canada Medical Act can now be told without trespassing too long on your patience. I may say that the pivotal points of the Act were few. Certain great principles had to be kept in mind, and possibly if I take these up seriatim I can the better elucidate what has happened.

I have told you that the Provinces of our Dominion had certain charter rights specifically granted to them, and it was provided that as new Provinces were carved out and given a constitution by the Canadian Parliament, at Ottawa, these charter rights were to be automatically extended. One of these was education, and so it came about that each Province has from time to time passed certain laws regarding the admission of men to the license to practise medicine. Certain bodies, outside what we know as the regular profession, had also secured rights for their adherents.

It is evident now that the Parliament of Canada could not pass laws that would contravene the Provincial rights, and I may say that on many occasions the framers of the Canada Medical Act were confronted with this awful bugbear. It was thought by some that beneath the wording of the Act there must be some sinister influence lurking that would in some way undermine their privileges. It was not really so, because the Canada Medical Act to-day does not take away a single right of the Provinces, albeit some years were required to be spent to establish the argument.

The first point then is that the Federal Act constitutes a body known as the Medical Council of Canada, giving it powers to create an examining board, and to establish a Medical Register for Canada. The next point was that the standard to be fixed by the Council, the passing of which would entitle the candidate to be enrolled on the Register, was at all times to be at least as high as that obtaining in any Province of the Dominion. If the Council allows the standard to fall below a certain plane, and exception is thus taken to the Act by an aggrieved Province, there is provision in the Act for a tribunal before which the matter is to be heard and settled.

The next point was the composition of the Council. This really gave rise to much controversy owing to the unequal distribution of medical men in the various Provinces and to the fact that if so-called justice was to be done, as regards representation by population, the Council would be an unwieldy, cumbersome body with its efficiency proportionately reduced. It was kept in mind that in this great country where I am speaking to-night the small State of Rhode Island has representation in the Senate equal to her sister States. I submit this subject to correction.

To leave out pages of discussion and argument, a basis was finally arrived at as follows: Each Province of the Dominion through its Medical Council is entitled to send two representatives to the Council, and they are to be appointed, or elected, in such manner as the particular Provincial Medical Council may by by-law enact.

Then, each University having a teaching faculty of Medicine, or Medical School having University affiliations for granting degrees in Medicine, is entitled to send one representative.

The Homeopathic body, which has certain rights in the Provinces, is considered as a whole, and they elect three representatives from their adherents in Canada.

In order to cement this body and give the Government of Canada a voice in the conduct of its affairs, and to make it more or less an advisory body, if need be, to the Canadian Government, the Governor General in Council (which is the Dominion Cabinet) has the right to send three representatives. On this point it is provided further, that as certain of our Western Provinces have not as yet University representation, and until they do have it by virtue of the creation of faculties having degree-conferring powers in Medicine and Surgery, two of the three government appointees must be selected from one or other of the said Western Provinces to distribute as equably as may be the total body of the Council over the entire Dominion.

Another point was that the Medical Council of Canada was to have nothing to do with matriculation, or preliminary education. The framers of the Act immediately conceded that this was eminently fair and in the spirit of the British North America Act.

Another important point, which followed naturally from the foregoing, is that holders of foreign diplo-

mas must present certificates similar, or equal to those required from Canadian graduates.

This was necessary in order that the Provincial authorities, who must sign the certificates of those applying to come up for the Medical Council of Canada examinations, and who are not as yet licensed practitioners of any Province of Canada, can satisfy themselves on all points as to whether the candidate has fulfilled all the requirements, including preliminary education and matriculation and the course of study subsequently.

A difficult question arose in considering the status of those who were already licensed in some Province when the Act came into force. It was felt by certain Provinces that it would possibly be to their detriment if the whole body could receive Dominion Registration by paying the fee when the Act came into force and so receive registration in any Province if they so desired. It was decided that a fixed time should be settled for a man to have been licensed before he could thus take advantage of the Act. It was pointed out that if a man had been six or seven years practicing in a given locality, he would be more likely to have formed alliances, and be more or less rooted in his habitat, and that growing Provinces would therefore not be liable to a stampede. After prolonged discussion and negotiation this period was fixed at ten years. Therefore, when the Act came into force, those who had been licensed prior to that particular date, and had been ten years so licensed, could apply for and obtain Dominion Registration by paying the fee and complying with certain ordinary regulations. This so-called "ten-year clause" goes on for all time and applies to all who were licensed to practise in Canada prior to Nov. 7, 1912. Thus, if a man was licensed in 1904 he can obtain Dominion Registration under this clause when ten

years have expired from the date of his registration, namely, 1914, and so on.

The result of this will be that the ten-year clause will be taken advantage of more largely in the first few years of its operation than later, and after ten years have elapsed there will be only a few men seeking registration by this means, because the natural law is always operating and cannot be legislated away, namely, that we are growing older.

I now come to my final paragraph and about this there was much discussion and argument: At what date was the Act to come into force? Leaving aside much detail of interesting argument, it was finally settled in the Act that it was not to become operative, but was more in the nature of a permissive Bill, till all the Provincial Legislatures had legislated in effect that they agreed to its provisions, and had so amended the Medical Act of the Province that it provided that if A. B. presented himself to the Registrar of the Province, holding a certificate that he is enrolled on the Medical Register of Canada, he is entitled to be registered on the Register of the Province as a licensed practitioner by complying with the ordinary regulations in that behalf, such as paying the established required fee, etc., etc.

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