

THE AMERICAN ACADEMY OF GENERAL PRACTICE

ITS ORIGIN, OBJECTIVES, GROWTH AND OUTLOOK*

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As I understand the purpose of this meeting, it is for me to answer two questions: (1) Why was a Section on General Practice organized in most of the County Medical Associations in America, in the State Medical Associations, and in the American Medical Association? and (2) Why was the American Academy of General Practice organized? The answer can be very brief: First, to help the man doing general practice do better work and, secondly, to get him his proper place on the hospital staff and keep him there. I will endeavor to give you the facts and the high points and go into as little detail as possible.

Up to about 1925 the larger metropolitan hospitals in the United States mostly had their attending medical staff organized into 3 general divisions:

1. *The Senior Staff.* On this staff all members had full privileges in whatever department they chose. At that time there was also generally a free overlapping of departments: for instance, a surgeon could operate in any field whether he was doing belly surgery or some kind of special surgery. The surgeons did not quarrel how they overlapped. An obstetrician could take out an appendix if he wished or even tonsils.

2. *Second Division was a Junior Staff.* On this staff the members could all do their own work in any departments they might choose, but they had no consultation privileges and they were not supposed to assist anybody with surgery except a member of their own staff division.

3. *Third Division was the Courtesy Staff.* These members could admit patients to the hospital but they had to have some member of the Senior Staff as a consultant in each case. This Senior Staff man would help the younger man on each case in surgery and would generally do the work with the courtesy man as the assistant. They usually remained on the Courtesy Staff about 6-12 months. This general organization was quite a happy one, everybody was quite contented, and by and large the hospital staff ran smoothly.

However, as the population of the cities grew the hospitals began changing their by-laws. A young man just starting out in practice found it almost impossible to get on a hospital staff unless he limited his work to some speciality. The man on the hospital staff already as a General Practitioner found he could no longer do his own work, namely, he had to refer his work to some Senior Staff man. He could no longer do his own appendectomy for instance, the Senior man now had to do the work, the resident was the first assistant and the intern the second while the man who was responsible for the case to the family had to wait out in the hall wondering what was going on. This condition did not apply to all hospitals in all cities, but in most of the large hospitals this was getting to be the status.

Then came the war. As the doctors were taken into the services the older men and men of experience and of the ability which goes with experience found themselves out-ranked and commanded by young men just out of school, in many cases, because the younger man held a speciality certificate of some kind. Within a few months

the letters from the doctors on service began to pour back to the homeland. To the County Medical Association Secretary, to the State Medical Association Secretary, to the American Medical Association, and to the man's Congressman. The mail complaint was terrific. The more carefully minded doctors at home began to realize that the breach between the doctor doing general practice and the doctor in some speciality field was becoming unnecessarily widened.

At that time there were about 160,000 doctors of medicine practising in the United States. Of this number about 30,000 belonged to the various speciality boards and the speciality colleges and there was about another 30,000 who were eligible for speciality certification but who for various reasons would not be bothered to obtain the certificate. This left about 100,000 men in the General Practice field. Among this 100,000 men were a great many of great ability and ingenuity. They had been practising for years and they knew both the scientific side of medicine and the humanitarian side of the practice of medicine.

AMA SECTION ON GENERAL PRACTICE

The executives of the American Medical Association recognized that something had to be done about the status in which the men doing general practice were finding themselves. Accordingly in 1945 they organized a Section on General Practice in the American Medical Association, which would have equal status with all the other Sections at the annual meetings. They appointed one of their trustees, Dr. Wingate Johnson of North Carolina as its first chairman. He is an internist and is head of the Department of Medicine at Bowman Grey Medical School in Winston-Salem. The next meeting of the American Medical Association was held in Chicago and the newly organized Section was well attended and a great success. Dr. Paul Davis of Akron, Ohio, was elected chairman of this Section for the next year. The following year, I was elected chairman—I think largely to honor the West—and the interest in the Section had grown to such proportions that we had to be assigned a meeting-hall all to ourselves. Under the by-laws of the American Medical Association the Section on General Practice was now allowed a delegate to represent us in the House of Delegates.

The feeling among the general practitioners of the United States that they were being discriminated against in their respective medical associations and being pushed to the periphery in the metropolitan hospitals seemed to germinate simultaneously in all parts of the country during 1943, 1944 and 1945. A strong Section on General Practice was organized in the Michigan State Medical Association in 1943 with its headquarters in the Detroit County Medical Association. About the same time, a Section on General Practice was organized in Akron, Ohio. Towards the end of 1944 the general practitioners in northern California began to talk of getting together and they finally organized their group in Oakland. In January 1945 I was elected to the Council of the Los Angeles County Medical Association and soon after introduced a motion calling for a Section on General Practice to be organized in the association. This passed unanimously and I was instructed by the council to spearhead the organization. It was a success from the time of the calling of the first meeting. I was elected president of the Section and held the office for two years, when I had to give it up to give my time to State and National organizations. Sections

* An address given at a meeting of the Southern Transvaal Branch of the Association on 17 January 1956. American spelling preserved.

on General Practice had sprung up in the southern and eastern states also about this time—all spontaneously and simultaneously and each area hardly knowing what was going on elsewhere.

Our Section on General Practice in Los Angeles was nicely organized and enjoying exceptionally well-attended monthly meetings when the California State Medical Association convened in Los Angeles in the summer of 1945 for its annual convention. I was a delegate to this convention from the Los Angeles County Medical Association. At that meeting, I introduced a resolution calling for the forming of a Section on General Practice in the California State Medical Association. To the great astonishment of the house, none other than the Speaker seconded the motion. He turned over his gavel to his vice-speaker and got down to the floor from his podium and told the house how he had learned of the forming of sections on general practice all over the United States, and how he felt that the general practitioner was still closer to the people than any other doctor, etc., etc. The resolution passed unanimously and again I was instructed to organize a section in the State Association. This organization has stood the test of time and is still doing very good work.

During the next year, sections on general practice were organized in about 1/4th of the State Medical Associations across the Union.

In January 1946 the American Medical Association held its annual convention in San Francisco. The Section on General Practice was the largest of the convention and the best attended. We had speakers from the best universities in the country and the topics presented were practical and of the kind to give the General practitioner help in his ordinary everyday problems, but there was still unrest among the general practitioners. There were more general practitioners at this meeting than at any other previous convention of the AMA. The general practitioners were like an awakening China. I was personally besieged on all sides at this meeting by men expecting action. At this time I was chairman of the Section on General Practice of the Los Angeles Country Medical Association, of the California State Medical Association, and I was just succeeding to the Chairmanship of that Section of the American Medical Association.

Now, the various Sections in the AMA organization are purely scientific. Each Section is allowed one delegate to AMA House of Delegates. In the House of Delegates there are also members from the various State Medical Associations and some delegates at large making a House composed of almost 300 men. With only one delegate in such a large House the general practitioners began to realize that they would have to make some other plans if they expected to carry out their ideas of better recognition on the hospital staff back home.

AMERICAN ACADEMY OF GENERAL PRACTICE

At the close of the scientific meeting in our Section on the morning of the second day of this convention, I suggested to the assembly that they remain for a short discussion on general practitioners' strategy. Almost the entire audience of 300 men from every state in the Union remained. Key men had been appointed by the steering committee to make brief speeches. It was soon found that it was the feeling of all present that the General Practice movement could best be helped by forming an organization outside the American Medical Association and not limited by its constitution—a similar organization perhaps to the American College of Surgeons. Committees were appointed to study ways and means and plans, great care was exercised to see that all the states of the Union were represented on the sundry committees, and thus the American Academy of General Practice was conceived.

The committees reported at the next annual convention of the American Medical Association at Atlantic City the following year, and then the child was born. Maybe it was a little overdue at birth but it was a whopper when delivered and has grown by leaps and bounds ever since.

The American Academy of General Practice was organized in Atlantic City in the fall of 1947. The term Academy was selected in preference to the term College, because it was felt that the term Academy implied continuous study. Membership in the Academy is granted only for 3 years. At the expiration of that time the member must re-apply for membership and must present evidence to the board of directors that during the preceeding 3 years he has completed 150 hours in post-graduate study of a nature acceptable

to the board. This means that every member of the Academy must be continually studying and the line of study—whether medical, surgical or obstetrical—must be done at some University or at least at a University extension course and a certificate obtained for the work done. The directors of the Academy felt that there were too many men who had obtained a diploma by some sort of effort and had never so-to-say opened a book from that time on, but were still displaying the diploma in their office and obtaining hospital staff privilege on the strength of it but actually were doing a very poor class of work. To avoid this stigma, so far as the Academy was concerned, they put in the 150-hour postgraduate clause which would force all Academy members to be as up-to-date as possible.

The American Academy is organized as a body outside the jurisdiction of the American Medical Association and entirely independent of it. This was done so that the Academy could approach the problem of the status of the general practitioner on the hospital staff on a national basis, and could bring the power of a national organization to the bargaining table with him. The Academy does not present a flat demand to all hospitals that its members be given unlimited privileges on the hospital staff, but it does ask that its members be admitted to the various hospital services according to their proved ability.

The organizers felt that the Academy would not prosper unless it had proper management. After the first few months a very capable executive secretary or business manager was employed at a substantial salary, a good expense account, and a retirement insurance policy. This has proved to have been a very wise investment.

The Academy has prospered beyond our fondest hopes and expectations. We now have a membership of over 20,000 men—all of whom are doing their 50 hours of post-graduate study every year. We are now the largest medical organization in the USA except the American Medical Association itself. We hold a convention each year which draws an attendance almost equal to that of the AMA itself. We have a magazine of our own of which we are indeed proud; it has already been voted the No. 1 spot place among American medical magazines because of its general format and its very easy presentation of scientific material.

The Academy has something over 200 employees at its headquarters in Kansas City. We start erecting our own building next year. It will cost something over one million dollars and will be free of debt when ready for occupancy.

The most friendly feelings exist between the American Medical Association and the American Academy of General Practice because we have determined never to throw stones or call names. Members of the Academy must be members of the American Medical Association to be eligible for membership. Last year a past-president of the Academy was elected vice-president of the AMA. Many members of our academy are on AMA committees and one of our members from California, Dr. Dwight Murray of Napa, has been elected President of the AMA for 1956.

There is every indication that the influence of the American Academy of General Practice is being felt in American medicine. Many of the large metropolitan hospitals are again allowing the qualified general practitioner to take care of his own patients, whether they be medical, surgical, or obstetrical. A much better feeling is being exhibited between the speciality groups and the general practitioners. Consultations are more frequent and are on a more friendly basis. Each group is beginning to realize that it needs the other and both will do better by working together—just as the Army cannot be all officers or all enlisted men.

To summarize briefly:

1. The American Medical Association is a scientific body devoted to the study and practice of medicine.
2. It is divided into sections, the members of each section giving their attention to the particular branch of medicine in which they are interested.
3. One of the scientific sections of the American Medical Association is the Section on General Practice.
4. Because the Section on General Practice is purely scientific, the American Academy of General Practice was organized to help give the general practitioners the means of achieving their goal in the metropolitan hospitals and of obtaining satisfactory status on the hospital staff.