Early Moves for a Medical School in Canberra
— in the beginning —

The early plans for Canberra based on Walter Burley Griffin's 1911 winning submission envisaged teaching and research in medicine by a university sited next to a hospital on the northern shore of the lake. A small hospital materialised there almost immediately, a university school for medical research but not teaching came into being alongside it in 1946, but it was not till the year 2001 that a government-backed decision was made that a university medical school for the training of doctors would definitely be developed in Canberra.

That decision came thirty years after detailed plans for a medical school were first developed by the Australian National University (ANU), in close association with the health services in Canberra. The latter included a neighbouring Canberra Community Hospital which had completed its expansion on the lakeside at Acton, a large new hospital under construction in the Woden Valley, a major teaching hospital being planned for the northern shore of another lake, Lake Ginninderra, in Belconnen and a wide range of health-related services in the community.

The first real promptings for the planning of a medical school had been voiced in the mid 1950s. Discussions then led up to a major conference in 1968 in which 'International representatives of the social sciences and medicine conducted a searching and constructive examination of present-day medical practice and forecast the form it will need to take to meet the future requirements of the community'. Detailed planning of a medical school for Canberra which would satisfy these requirements was then undertaken and a formal submission for funding the school, strongly supported by the health authorities and the medical community, was made to the Australian Universities Commission (AUC) in 1971. Finally, however, after delays and revision and refinement of plans and changing political circumstances, the project was shelved by the ANU Council in 1976 in the face of financial stringency and lack of Commonwealth and AUC support.

It is the story of this initial attempt to develop medical education in Canberra, this 'Castle in the Air' which never became grounded, that is told here[1] .

Initial probing : 1955 – 1963

In May 1955 the Commonwealth Director-General of Health asked Sir Leslie Melville, Vice-Chancellor (VC) of the ANU for advice about the possible need for teaching facilities at the Canberra Community Hospital. The reply envisaged medical schooling as a vague possibility in the far distant future:

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[1] For a more detailed account, mainly drawn from material held in the Noel Butlin Archives Centre at the Australian National University, see *Early Moves for a Medical School in Canberra: An historic account compiled by Malcolm Whyte*, (2003). ANU, Canberra.

> I have consulted the Dean [Professor A.H. Ennor] of the John Curtin School of Medical Research and would endorse his view that the University is not likely to request any facilities which would affect the current planning. The time may come when there should be an undergraduate Medical School in Canberra but this is not likely to be within the period to which you refer [1970–80] or even a foreseeable time thereafter. Our Research School does not expect to require any Hospital facilities.

The Hospital went ahead accordingly to develop its patient care services, without provision for teaching, aided by recommendations in 1956 by John Lindell, MD, Chairman of the Victorian Hospitals and Charities Commission. Six years later, however, following further investigation, Lindell's second Report highlighted the question of a Medical School and thereby forced it to be considered seriously:

> Neglecting for the moment physical facilities, the absence of "public" beds makes it impossible to graft a medical undergraduate clinical school on to the Hospital. The comments on postgraduate training become more cogent as they concern undergraduates. It was stated that no date has been determined for a medical school to be established at Canberra, nor that a firm decision has been made on the question. In view of the City's growth, the rapid development of the Hospital, its proximity to the expanding Australian National University, and most of all the importance of establishing a first-class hospital in the National Capital, it would be wise, indeed it is an obligation, to plan the Hospital so that it could, if called upon, function as a medical undergraduate hospital.
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> This is evidently a matter of high policy, involving many considerations, but it seems inevitable that, at some stage, the Hospital will be needed for teaching purposes. Despite other possible considerations, this decision might be forced by the need to have a hospital service of the highest quality in the Capital City. Only a complete University undergraduate and postgraduate teaching hospital can give this service.
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> It must be stressed that if the Hospital is built without careful consideration of possible teaching needs, any attempt to provide these in future years will result in a makeshift. Adaptation at that stage will be expensive; indeed, it may well be impossible to convert the Hospital into a good functioning unit. Wise planning to provide for possible future needs is necessary at this stage rather than heavy expenditure.

At that time the Hospital was operating 'in important essentials as a private hospital' for a population of about 70,000 with 318 beds, an absence of 'public' patients and a 'staff of some 70 attending doctors, who rate equally in terms of authority and responsibility'. It had been unable to attract resident medical officers, whereupon 'a group of doctors organised a teaching programme, using their own patients for the purpose [and one] young graduate, under this programme, is now in residence at the Hospital. This is a commendable effort by the doctors concerned, to establish a training programme in their own time and at some personal inconvenience.' Canberra's population was growing more rapidly than had been forecast and it was planned to expand the Hospital to 600 beds.

In the following year, 1963, Dr WD Refshauge, Commonwealth Director-General of Health, took the matter forward by raising questions about the teaching of medical students with the Acting Vice Chancellor of the ANU, Professor AD Trendall. The answer was that the matter had been kept in the background while the basic

disciplines were being established but an area contiguous to the Hospital had been allocated for such a development in the future.

An intra-university meeting was convened comprising the Principal of the School of General Studies (SGS), the Dean of the Faculty of Science and the three medically qualified Professors (Courtice, Eccles and Fenner) of the John Curtin School of Medical Research (JCSMR; one of the four research schools comprising the University's Institute of Advanced Studies [IAS]). They agreed that the demand for undergraduate medical education would grow – 'to the extent where it alone would make it difficult for the University not to set up an undergraduate course in medicine' and that 'The University should be prepared to undertake medical education but should not necessarily take the initiative in seeking its establishment.' It was even conceded that clinical teaching might need to begin by 1973 and the VC was advised to inform the DG of Health that it appeared inevitable that a medical school would be established in Canberra 'within a reasonably short period' and that the Boards of the University SGS and IAS would be requested to consider a timetable and the financial implications for such a development.

In that same year, 1963, the Dean of the JCSMR (also Head of its Department of Biochemistry), Professor Hugh Ennor, had made a request for space in the Hospital for a clinical research department of his School and it was suggested 'that the head of the proposed clinical unit of the John Curtin School who is to be appointed before the end of 1966 might be given the assignment of establishing the medical school.' As it transpired I was to be that bunny!

Preliminary exploration: 1963 – 65

The Canberra Community Hospital Board set up a committee to consider the matter, chaired by Dr Ralph Reader who was a Board member and Medical Director of the National Heart Foundation. The Boards of the University also appointed a committee, chaired by Professor Hugh Ennor. After each committee had discussed the topic from its own angle a joint meeting was held in December 1964 under the chairmanship of Hugh Ennor who then took their thoughts to the DG of Health.

It was recommended that the ANU should set up an Advisory Steering Committee to consider the matter more deeply and to proceed to organise a Seminar on community health needs in the future which could then be used as a basis for detailed planning of an appropriate medical school for Canberra. It was suggested that the school might be intimately associated with one or more of the existing or proposed hospitals in Canberra – Canberra Community, Woden, Belconnen, Majura – and 'could serve as the nucleus of a second university'.

The nine members of the Committee, under the Chairmanship of Hugh Ennor who was by then also Deputy Vice-Chancellor, were drawn from the ANU (John Curtin School, Research School of Social Sciences and School of General Studies), the

Commonwealth Health Department, the Canberra Community Hospital, and the Universities of Sydney and Adelaide. The latter representative, Sir Sidney Sunderland, was also a member of the AUC which at all times was kept appraised of developments. The Committee met for the first time in July 1965 and immediately obtained University approval to conduct 'an investigation into the desirability or otherwise of the University undertaking undergraduate medical education'. Whereupon the Committee became the Advisory Committee on Undergraduate Medical Education in the Australian Capital Territory.

Within four months, after much discussion and gathering information from other medical schools in Australia and overseas, it produced a 16-page Report plus six Tables and a six-page Appendix of notes on estimated costs[2] . It dealt with medical manpower in Australia and the value of medical education in the ACT for both the University and health services, and went on to describe the type of medical school that might be best 'adapted to the needs of the latter half of the twentieth century'. It foresaw adequate resources being available for clinical teaching by the mid 1970s and proposed that a school should plan for an intake into the first year of at least 100 students. The costs were tentatively estimated as £3.15 million for capital building works and equipment and £1.05 million for the annual recurrent costs of the fully developed school.

On this basis the Committee recommended ''that the University should decide in principle to establish a medical school after the triennium 1967-69', that 'the centre of the school should be situated on the Hospital peninsula in close association with the Canberra Community Hospital', and that 'The second Canberra hospital, and those which follow it, could be planned in the light of the needs of clinical teaching'. But first: 'should the University decide to establish a medical school, the views of experts on medical education should be sought at a seminar to be held at the University'.

This was a critical stop-or-go point in time for the development of a medical school: to proceed or not. The ANU Boards gave qualified approval for 'the preparation of plans for a possible medical school' but various criticisms were raised, as were doubts about the proposed availability and use of patients for clinical teaching, and it was insisted that any such establishment must not be allowed to prejudice the present facilities and operation of the university faculties and other future developments on the campus. One Professor pointed out that the stated cost for the medical school was approximately equal to that of all five existing faculties! Another suggested 'that the Committee forget about the Report *pro tem* and go to the next stage, the symposium'. And that is what happened, leaving further consideration of a medical school 'on a back burner'.

An exploratory Conference in 1968: to look into the future

[2] Document S.1598A/1965 being Folio 22 in the ANU archival records, Part 4 of file 36.8.29.

It was in 1964 that the University and Health authorities (and the AUC) agreed that a seminar on medical education should be held but the preparation for it and the actual date for it to be held were progressively moved ahead. A Planning Committee was finally set up in 1966 under the Chairmanship, initially, of Hugh Ennor (now knighted) who then resigned from the University in early 1967 to become the first Permanent Head of the Commonwealth Department of Education and Science, followed by Professor Colin Courtice, Head of the Department of Experimental Pathology in the JCSMR, who was the Acting Dean of the School for a time. It spawned the actual Organising Committee which was chaired by Sir John Crawford, Vice-Chancellor, and it was here that I entered the scene as one of its members having recently become the Foundation Professor and Head of the Department of Clinical Science which was part of the JCSMR but physically, and functionally, set up in the Hospital.

The Department was mentioned earlier as a possible first entrant of the University into the hospital system and that its Head might possibly have an assignment to establish a medical school. I was appointed, perhaps with that in mind. I had been the Executive Chairman of the Planning Committee for a New Sydney Hospital (while Director of Medical Research in the Kanematsu Memorial Institute) before coming to the ANU, and I willingly accepted a responsible role in the whole process from here forward. Professor John Lowenthal, Dean of Medicine in the University of Sydney, once referred to me as a John the Baptist, preparing the way for a medical school! The reception of the Department and its gradual acceptance and integration into the life of the hospital was a town and gown exercise, but it was also a 'thin edge of a wedge' of academically inclined, full-time, salaried clinicians entering the domain of visiting, private doctors. Its experience in this regard, related elsewhere[3], was to be crucial for the planning and establishment of a medical school which would be a much more ambitious collaborative venture between the university and community hospital and health services in general.

Originally the Planning Committee was asked to plan two seminars, 'the first to be international in scope with the theme, "The Role of the Medical Practitioner in the Community and its relation to medical education", and the second to be held possibly some months later with the theme "Medical Education in the ACT"' Both were to be conducted without any commitment to establishing undergraduate medical education in the ANU. The Committee proceeded to draw up a program for the first event, with an amended theme 'Medical Practice and the Community'.

Assisted by Sir Harry Wunderly, followed by Dr Bob Kirk (Senior Fellow in the Human Genetics Group, JCSMR), as Organising Secretary and Executive Officer, preparations were completed and the Conference was held in Canberra, 26–30 August

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[3] Whyte, Malcolm. (2001). Getting Medicine and Research Closer Together. In *The John Curtin School of Medical Research. The first fifty years 1948–1998.* (Fenner, F. and Curtis, D., eds), Brolga Press, Gundaroo, pp. 271–274.

1968, presided over by the Chancellor, Dr HC Coombs. There were 57 invited participants, ten of them from overseas, 22 from the ACT and 25 from elsewhere in Australia with expertise and experience in medical and other health-related areas, education, demography, economics, urban biology, psychology, management and administration.

The purpose of the Conference was 'to attempt to determine trends in medical practice and the likely structure of medical services in the future, preliminary to a study of future developments in medical education'. As can be imagined it ranged over a wide spectrum of topics and it was not surprising that 'a full and detailed blueprint was not achieved'. Details are to be found in the published Proceedings[4] The intended second conference on Medical Education in the ACT was not held.

Following the Conference a new Committee on Medical Education in the ACT was formed, chaired by Professor Frank Fenner, Director of the JCSMR, to consider the implications of the conference and to address a whole raft of questions. Is it in the national interest to develop a school here? Is the ACT a suitable place for it? Would it be a worthwhile and acceptable component of the ANU? What sort of a medical school should it be? How big? How costly? When and where should it be developed? What steps have to be taken to plan the venture in more detail and to get it under way? The VC suggested that the committee should work on the assumption that a medical school should be established, encouraged by his understanding that the AUC 'was expecting this University to provide the next medical school [after Flinders]'. A small subcommittee of which I was Convenor was charged with doing the work of producing detailed plans.

Justification and innovative ideas for a medical school

Research and discussions led to the belief that increased numbers of medical graduates were required in Australia, but 'the national contribution of a medical school in the ANU is likely to be more significant in terms of the type and quality of the school and its graduates than because of the numbers of doctors it produces'.

It was decided that a new school could usefully move away from the existing rather uniform hospital-based pattern for producing an 'undifferentiated' graduate to take advantage of a wider range of health services and research and other resources such as existed and were easily accessible in the ACT, to provide more flexible courses to train not only doctors but also other health-related personnel. An analogy used during planning was to liken the scheme to a supermarket: an approved entrant would choose from the subjects and electives available on the shelves what was wanted and needed for accreditation as a family general practitioner, budding surgeon or pathologist, biochemist or anatomist, bioengineer, nurse or whatever, and have the

[4] Brown, R.G. and Whyte, H.M. (eds) (1968). *Medical Practice and the Community*. ANU Press, Canberra.

acquisition assessed for accreditation at the checkout. An intermediate degree would provide an outlet for those who did not require more intensive clinical involvement.

The aims for the clinical components of the course were defined as follows:

1. That clinical education will be provided within the setting of personal medicine (that is, private medicine, as contrasted with the public system in which medical schooling has been traditionally established);
2. That the freedom of both patients and their doctors to elect not to be involved in teaching will be respected;
3. That students will be involved in a working and learning relationship with all of the main varieties of medical practices and practitioners (not confined to specialties in acute general hospitals);
4. That students will be given increasing clinical responsibilities during their course.

These and other features being considered for a medical school in the ACT were put to the 119 active Visiting Medical Officers associated with the Canberra Community Hospital. More than 95% of the 111 respondents thought that the proposed model was feasible and consented to co-operate in their hospital practice, 77% in their consulting rooms, and 90% of the GPs in home visits. 76% of the respondents thought that at least 75% of their patients could be counted on to co-operate.

Estimates were made of the population of Canberra and its surrounding 'catchment' area over the next two decades, of the numbers of patients available for teaching (an estimated 50% of all patients), and of the number of medical students likely to seek enrolment from this population and from other States. These led to the conclusion that an ANU medical school could reasonably expect an intake of more than 60 students in 1976 , 80 by 1986 and that the flow of patients would be more than adequate for clinical teaching.

Timing was going to be important so that the educational requirements could be integrated into the planning and development of the rapidly growing health services. The overall organisation and control of services was changing, Canberra Hospital had plans to expand, a large hospital in the Woden Valley was due to start admitting patients in 1973/74, classification of staff and specialised clinical units with full-time salaried specialists in charge were under consideration, and two hospitals were to be built in Belconnen within a decade. It was thought that the 'best fit' for medical schooling and service development to integrate would be for the first intake of students to be in 1976:

> These events in the development of the health services in the ACT can only occur once, when they will present uniquely opportune moments for the introduction and integration of educational activities. No other medical school in this country (nor perhaps elsewhere) has had this opportunity to participate in the development of a total community health service into which medical education could be incorporated in its formative stages.

Specific recommendations: 1969

A detailed Draft Report prepared by the subcommittee was debated and modified slightly by an expanded full Committee in November 1969 and then circulated, as the 'Report: Committee on Undergraduate Medical Education' (29 pages plus nine Appendices)[5] , to the Boards of the University and more widely early in 1970. The Report made a specific proposal for a novel type of school which seemed most appropriate to modern times and to national needs and local circumstances, but recognised 'that ultimately the details, and even the general pattern, of the course will be decided by the men who have to teach it'.

The full medical course was designed as a flexible integrated continuum to embrace what traditional university courses provided plus some related educational components of what was normally acquired for specialisation after graduation. The proposal was for a full course to extend over a period of seven years, made up of four years in a course leading to a first degree of Bachelor of Medical Science, and a further three years towards a second degree of Bachelor of Medicine. Each of the two sections would have an obligatory core of subject matter plus electives.

The first degree would be recognition of completion of a course in human biology in health and disease, comparable in educational content with other 4-year courses offered by the University and regarded as equivalent to an Honours course Graduates aiming for careers which do not need full clinical accreditation and those wishing to interrupt their medical training for any reason, such as to work towards a Master's or Ph.D. degree, could withdraw at this point. Selected clinical and other relevant situations throughout the medical and health services would be used in the educational process.

The second degree course aimed to provide students with educational guidance along specialising clinical pathways of their own choosing with increasing personal responsibility and involvement with patients including being paid as 'student doctors' in their final two years. One important pathway was to be General Practice, or Family Medicine.

At the end of seven years in this course graduates would be at least as advanced towards their career-goals as after eight years (six in the university, two in hospital) in the medical education system prevailing at that time. The courses would be flexible and adaptable to future changes in the types of graduates required by the community.

The criteria for selection of entrants were to be wider than examination marks; course work was to be presented as topics, rather than departments, by co-ordinating and integrating the participation of contributing disciplines; knowledge was to be acquired by problem-based learning rather than didactic teaching; the relevance of basic medical sciences to clinical situations was to be demonstrated from the beginning of the

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[5] Document 4620A/1969 being Folio 839 in the ANU archival records, Part 15 of file 36.8.29.

course; and it was proposed that three departments, additional to the eight found in most medical schools in Australia, be established – Community Medicine, Clinical Pharmacology and Therapeutics, and Human Population Biology.

One particularly distinctive feature was that the educational process would be merged as much as effectively sensible with the full range of the existing medical and health services in the community.

> In the traditional system students are exposed almost exclusively to patients and doctors in the context of acute general hospitals. This is gradually changing. In the proposed course students would be involved in a working and learning relationship with all of the main varieties of medical practice and practitioners, and with other vocations which require medically qualified personnel ... students will be introduced early in their course to selected patients and their problems. This encounter will be used in the early stages as an aid to education and in the later years to develop clinical skills and learn the elements of clinical medicine.

This involves learning, largely apprenticeship-style, within the system of 'personal' medicine, including being 'student doctors' (replacing graduated Resident Medical Officers, or Interns) in the final two years :

> Far from being a handicap, the system which operates in Canberra, which is so different from the system of public medicine to which medical education has been adapted elsewhere, offers a unique opportunity for a significant advance to be made in medical schooling. Existing schools will gradually have to adapt to this system. There are distinct advantages in developing a school de novo in it and in having students trained within the system in which they will be expected to work after graduation.

Another unusual feature was that at least 20% of the designated study time, in both sections of the course, was to be devoted to electives:

> to make up educational deficiencies, broaden their academic base, study a subject in depth, have some experience of research, channel their professional interests in one or more selected pathways, enjoy some intellectual pursuit outside the medical field and generally to effect a match between diversity of interests, aptitudes and background with an equally diverse array of ultimate careers.

This was linked to the very distinctive feature of providing educational 'launching pads' for the main streams of specialisation, including General Practice as a specialty, within the second degree course:

> This [initial training for Community Medicine, Medical, Surgical and Behavioural Specialists (neurology, psychiatry) and Medical Scientists] follows the example set by some schools in America and is akin to the training of engineers in our own universities. It also allows of two special opportunities in the ACT being exploited. One is the deliberate promotion of clinical scientists; the second is the promotion of General Practice to its proper status, which could set a pattern for other schools and produce academic GP's as well as high quality practitioners in the field.

It was recommended that the school should open in 1976 with an intake of 65 students, rising to 118 by 1984 so as to reach self-sufficiency for student-doctors in ACT hospitals by the year 1990. Estimates of hours of involvement with students, department by department, were made and compared with other medical schools. The

recommended total of academic staff, including part-time equivalents, was 108, plus 203 support staff. The running cost was estimated to build up from $40,000 in 1972 to about $3 million per year from 1982. The capital cost, to provide for 'new departments and extensions to existing departments in the Life Sciences area [on campus], for new departments and student facilities associated with three major hospitals, for extensions to health centres and facilities associated with the increased numbers of staff and students in the university precincts, and equipment', was to be of the order of $7 million.

The Boards of the University reacted more or less predictably to the Report. They found the proposal academically acceptable, but were very concerned about costs and the possible effects on existing sections and expansion of the University. A medical school was competing with a daunting lot of other new developments under consideration for the 1973–75 Triennium which included Natural Resources, North Australia Research, Health Industry Research, Earth Sciences, Humanities Research, a Surveys Research Centre, Engineering Science, Quaternary Studies, Human Relations and Music and Fine Arts. It was consoling that the AUC Chairman 'indicated the possibility that expenditures [on a medical school] could be earmarked for three triennia'.

The Council of the ANU gave its approval for work to continue on the preparation of a Submission to the AUC for funding in the 1973–75 triennium, for the VC to consult the Commonwealth Government about financial and administrative problems, for continued participation in the planning and development of Canberra's medical facilities and services, and to have further discussions with the medical community.

A formal Submission to the AUC: 1971

Assisted by officers of the University I prepared papers for the Committee on The Government and Administration of Teaching Hospitals in the ACT, An Administrative Structure for the Co-ordination of Programming and Budgets of the University and Health Services as well as on the curriculum, staffing, availability of patients, costing and timing of the proposed medical school. There followed a flurry of consultations—with the Minister for Health, the Director general of Health, the ACT division of the Australian Medical Association, the Director of the ACT Health Services, the Canberra Hospital Board and its Medical Advisory Committee and the Postgraduate Committee in Medicine. 'All', it was noted, 'were enthusiastic'.

The Minister for Health (Dr Forbes) decreed that there should be consultations between his Department, the Canberra Hospital Board and the University on future appointments 'of all medical and administrative staff who may, in due course, be concerned with or affect the teaching programme' and decreed that his Director General should likewise consult the University on appointments of senior clinical medical

personnel within the ACT Health Services. A joint working party was set up to plan structural facilities.

Professor Frank Fenner, as Chairman of the ANU Committee on Undergraduate Medical Education, sent a paper giving 'an up-to-date summary of the main points' of the proposal to all medical practitioners in the ACT and within 100 km of Canberra. A Press Release was distributed to the ANU Reporter, The Canberra Times and to appropriate government departments.

The VC, Professor John Crawford, met with the DG of Health, Sir William Refshauge, and they agreed on co-operative aspects of the proposal which needed to be attended to, such as: legislation; joint advisory committees on finance, buildings and equipment; joint electoral committees; accreditation and conditions of service of staff; and provisional registration and payment of student-doctors.

Finally, after much consultation, committee work and a tremendous amount of detailed work behind the scenes, a draft proposal was received by the University Council and approved for submission to the AUC on 12 March 1971. The actual Submission, *The Australian National University 1973–75 Triennium, Part 4: Special Submission on the Proposal for Undergraduate Medical Education*, 'the product of five years' intensive study', was forwarded to the AUC on 22 April 1971, followed by a supplementary document on Medical Manpower.

The submitted request differed in certain respects from the 1969 recommendations. While recognising that the starting date for enrolling students would ideally be 1976 it opted for 1977 mainly for financial reasons. Staff numbers were reduced to 88 full-time equivalent academics and support staff to 108 . Costs were reduced and extended into subsequent triennia. The estimated recurring costs were $0.472m in the 1973-75 period rising to $5.513m in 1979-81. The estimated capital expenditure for a Human Sciences Building and additional facilities on campus and for facilities in hospitals, beginning with $40,000 in 1973, was $4.262m overall, 1973-78.

Awaiting a verdict

It was to be a very long wait, virtually from 1971 to 1976, punctuated by critical comments from the AUC about the proposal, deferment of any decision while it made an Australia-wide study of medical manpower and the need for new or expanded medical schools, and then further deferment but continued planning while a Feasibility Study of a revised ANU proposal was carried out.

In the meantime **p**reparations had to continue apace for the possibility of a go-ahead decision which would require appropriate structural and functional developments in the University and Hospitals' domains in readiness to start recruiting staff within two years and to start teaching an initial entry of 60 to 70 students in 1977.

The health Department assumed that a medical school would be approved in order to develop its plans on time.

The Committee on Undergraduate Medical Education continued to work actively, university staff busily prepared detailed site and structural plans, the overall staffing and costing were refined, and close co-operation was maintained with the health services' sector.

I was kept busy: as a member of the ACT Hospitals Advisory Committee, the Working Party on the Long Term Development Plan for Canberra Hospital (together with other university representatives), the Belconnen Hospital Planning Team (which met regularly with the architects in Melbourne and included another university representative, from the Property and Plans section), the Working Party on Education and Research for the Belconnen Hospital, and working groups associated with the developing Woden Hospital, Calvary Hospital and Health Centres. Also, for good measure, I was Convenor of a Working Group on Community Medical Services set up by the ACT Medical Association and a member of one of the Westmead Teaching Hospital planning committees in Sydney. I was relieved from Headship of the Department of Clinical Science for seven months up to the end of 1971 to apply myself full-time to all this planning.

The major functional feature of the proposed school which required extensive consultation, planning and agreed co-operation was related to the integration of education into the health services: so that 'learning opportunities should be suffused throughout the system with as little distortion as possible'; so that 'there is no clear distinction between what is "university" and what is "health services"; so that university clinical departments are 'functional entities rather than spatially definable units [comprising] both part-time members {Visiting Medical Officers] and full-time academics'; with integrated administrative and funding arrangements. The co-operation of 'private' patients and their doctors in the educational process was a basic requirement for success of the scheme, while the employment of student-doctors was regarded as highly desirable for educational and practical reasons.

Detailed structural planning proceeded for a Health Sciences block on the university campus, and, as part of the neighbouring Canberra Hospital, central administrative areas for the dispersed medical school and extensive teaching facilities including auditoria, library, museum, research areas, consulting rooms, common rooms, live-in accommodation and parking areas. Similarly, medical educational requirements were being considered and incorporated into the planning of other hospitals – Woden, due to have 380 beds in 1973 and 600 in 1974, Calvary (300 beds from 1976), and Belconnen (400 beds in 1980 rising to 1200 in the 1990s) – and the Central Health Laboratory in Woden (proposed completion in 1976). The proposed Tuggeranong hospital (300 beds in 1984, 600 in 1989) was not taken into account. Such was the optimism for a medical school and the closeness of the partnership developed between university and health services that the brief for the Belconnen Health Complex directed

that it 'will be designed from the beginning as a university teaching institution, and university staff will participate in all aspects of the Complex's operation'.

In November 1971 the AUC visited the ANU, discussed the proposal in detail, and 'complimented the University on its Special Submission'. However, they expressed reservations about the numbers and range of patients, the co-operation of doctors and their private patients, and the economics of an annual intake of less than 200 students, and 'felt unable at this stage to support the Submission'.

The verdict was deferred pending the result of an investigation into national manpower which the Commission proposed conducting. The University and the Health Authorities had to accept uncertainty, that their plans for developments and integration would have to take account of a nebulous new timeframe and that the ultimate decision might be a negative one. However, optimism was still in the air a year later when, after attending a World Conference on 'Educating Tomorrow's Doctors', my report included:

> The one thing above all others which the discussions of the Conference pointed up is the enviable uniqueness of the A.C.T. situation – of being able to start Medical Education from "scratch", to help in forming the integrated heath services throughout the community, and to have medical education grow up with these services in an integrated fashion.

The Karmel Report: 1973

An AUC Committee on Medical Education was appointed in June 1972 by the Minister for Education and Science, the Hon Malcolm Fraser MP. Thirteen months later the Committee issued its report on 'Expansion of Medical Education', commonly referred to as the Karmel Report[6] .

The Committee made some general comments which could be taken to be supportive of the ANU-type project. These included: support for expansion of medical manpower in Australia; emphasis on the need for community and rural health services and personnel; support for innovation in new schools and a different kind of medical graduate—'one more versed in the ways of people as psychological and sociological beings and not simply as physically malfunctioning organisms'; and recognition of the advantages of a team approach to the training of health professionals (as in a faculty of health sciences). Support for a small school was conditional: 'Smaller schools [with fewer than 100 students in the second year of the medical course] should not be established unless a special reason outweighs the disadvantages related to smallness'.

On the other hand it was severely critical of many of the distinctive features of the proposal for medical education in the ACT:

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6 *Expansion of Medical Education::report of the Committee on Medical Schools to the Australian Universities Commission, July 1973.* Canberra, Australian Government Publishing Service, 1973.

While the idea of an innovatory course taught within the framework of integrated total health care for the community is attractive, the Committee considers that there are features of the Australian National University proposal which require comment. Lengthening of the course in the way proposed seems to the Committee to be a retrograde step in view of the proposition to introduce curricula for five-year courses in other universities. The intention to streamline students at undergraduate level towards general practice or a chosen specialty has not yet been attempted in Australia. Early streaming is practicable only in a large school with a diversity of well established specialties. With a small school, the demands on staff in maintaining parallel programmes for what must be small groups in each field, would be very great and an abnormally high staff-student ratio would be required; indeed, the high costs of the proposal are reflected in the budget estimates prepared by the University. The elective programmes would also create great demands for staff. The four-year Bachelor of Medical Science course with its electives would probably attract a high proportion of scientifically motivated students in which case the yield for general practice would be low.

In the Committee's opinion, the availability of an adequate supply of patients with disorders suitable for teaching purposes is uncertain. It is true that private patients can be subjects for the teaching of students, but this usually requires teaching by the patient's personal doctor in very small groups or to individual students. Logistic problems become complicated, and student-staff ratios must be very favourable. General practitioners' patients comprise a large part of those admitted to Canberra Hospital; if these practitioners were to be involved in teaching it would be expected that it would take place in community health centres or their own practices rather than in the hospital.

When the Report of the Health Insurance Planning Committee's is implemented, it is expected that a proportion of patients in Canberra hospitals would elect to be "hospital" patients, that is non-private patients. This Committee has made an overall estimate of a 10% swing from private to hospital care, and this swing is expected to be most pronounced in the procedural specialties such as surgery and obstetrics... To have a sufficient effect, however, it is the view of this Committee that the proportion of hospital patients would require to be of the order of 30–40%.

It has been strongly urged on the Committee that an immediate decision should be made because plans for hospitals, community health centres and other facilities are being completed now and it is necessary for the University to be involved both in the planning and organisation from the outset. The Committee agrees that the University should be involved but is not convinced that an immediate decision on the establishment of a medical school is necessary to achieve this objective.

The 'bottom line' for the ANU was deferment of a decision for three years:

A decision on the proposed medical school at the Australian National University should be deferred for three years, pending consideration of the effects of the new National Health Insurance Scheme and of community health centres on medical practice in the Australian Capital Territory.

During that time the project would have to remain on the drawing board and planning would have to continue, cautiously, but hopefully not half-heartedly:

The Committee's recommendations about other medical schools are of interest. **T**wo new schools were approved: at the University of Newcastle, to take its first students in 1977, and at the James Cook University in Townsville, Queensland, to take its first students in 1980. New schools were not approved for Macquarie University, Wollongong University College, La Trobe University, Griffith University and Murdoch University. An increase in the production of medical graduates was recommended from

the existing schools in the Universities of Sydney, Melbourne, Adelaide, Western Australia and Queensland (if the James Cook school did not eventuate) and Monash and Flinders Universities. But no increase from the University of Tasmania.

Second thoughts for continued planning

The ANU Council responded to the Karmel Report by asking the VC to set up yet another committee, to consider the implications for the proposal in hand and to consult with Government authorities.

The Committee sought comments and advice, and assurances, from educational and health authorities, consulted widely and posted extracts of the Report to all doctors in the region inviting comments and attendance at an all-day seminar on the topic.

By way of revision of the curriculum it suggested that the length of the course might be reduced and the first (B.Med.Sci.) degree dropped but it was hoped that provisional registration for students to be 'Student Doctors' could be retained and that the school would still produce graduates with 'a level of attainment equal to at least eight years of training and experience under traditional methods'.

It was felt that special emphasis should be retained on: Community Medicine, including family practice; a Comprehensive Medical School; Behavioural Sciences; and Streaming. The latter was still thought to be 'feasible, efficient (even in monetary terms) and sensible and can be effectively integrated with the educational opportunities offered to members of the health team, other than doctors' and would 'apply equally forcefully if "physician assistants" [alluded to in the Karmel Report] were to be introduced into health services and trained in the Comprehensive Medical School'.

The projected Seminar to test professional support was organised by the Director of the ANU's Centre for Continuing Education in conjunction with the Postgraduate Committee in Medicine and held all-day on 1 December 1973 with 46 participants. Material for consideration had been pre-circulated in more than 30 papers.

Every input, except one from one specialist, was in favour of proceeding to press for a medical school along the lines proposed by the ANU. Practitioners—generalists, specialists, salaried, private—believed it to be feasible and desirable. A 21-page paper from the A.C.T. Health Services (which, incidentally, expected there to be at least 14 health community centres, 8 community hostels for rehabilitation, a mobile rehabilitation service and two major hospitals in operation under a Health Commission before 1980) stated:

> In conclusion, there is no doubt that Canberra could support a medical school in terms of the population, the catchment from which students could be drawn, the variety of disorders and amount of teaching material available. But over and above these factors there are sound advantages to be gained by the medical and health professions if a medical school is established in Canberra.

> This is particularly so in regard to regionalisation of health services, community medicine, development of the health team concept and health administration and health services research.

The University's committees were satisfied that their recommendations for a medical school in the ACT had the approval and backing of the health services and practitioners. Likewise the health authorities were sufficiently assured to continue to include the proposals into their own planning.

A Government funded feasibility study: 1974 – 76

Encouraged by the results of the consultative Seminar and with the blessing of the ANU Council and its Committee on Undergraduate Medical Education the Acting VC, Professor Dunbar, wrote to the Minister for Education on 1 April 1974 suggesting that:

> a practical way to proceed may be for a decision to be taken in principle to establish a Faculty of Medicine in the Australian National University on the understanding that limited funds, say $80,000, would be provided to enable the University to appoint two or three key staff to undertake a more detailed study of the outline proposal with the aim of providing a developed submission to the Australian Universities Commission based on the present philosophy....
>
> The University is convinced that the development of a Medical School along the lines proposed is feasible, that it would make important contributions to academic life and health services in this region and that it would uniquely meet an important national need.

After consulting with the AUC the Minister for Education, the Hon. Kim Beazley, MP, replied in July agreeing to a grant of $50,000 for 'a detailed feasibility study relating to the establishment of a medical school' and envisaging that the study would use consultants as well as employed staff and pay special attention to the critical points referred to in the Karmel Report, following which 'a firm decision would then be made on whether a medical school should be established at the Australian National University'.

A committee was set up to oversee the study and proceeded to seek outside advice and assistance. Professor John Ludbrook, Professor of Surgery in the University of Adelaide, took a leading role for some months. He came to Canberra on several occasions, participated in Committee meetings, conducted consultations, led workshops with groups of local practitioners and visited health service facilities. Dr John Evans, President of Toronto University in Canada where he had been a leading figure in establishing the highly acclaimed, innovative medical school in Mc Master University, came to Canberra for discussions with the Committee and later continued to contribute to the Canberra project by correspondence.

Others from outside the ACT who assisted in various ways included Dr Rosinski from the Office of Health Sciences Education in the School of Medicine, University of California, Professor Rod Andrews, Dean of the Faculty of Medicine, Monash University, Dr M Heffernan, Family Medicine Program, Melbourne, Associate Professor

M McCall, Department of Medicine, University of Western Australia, Dr D Newble, Department of Medicine, Queen Elizabeth Hospital, Adelaide, Dr W Pigott, Community Care Teaching Unit, Royal Prince Alfred Hospital, Sydney, and groups of final year medical students from the University of NSW and Monash University, Victoria. In addition, Mr LC Crawford, a Management Consultant in Sydney, was engaged to assist the Committee[7]

About 690 copies of a Discussion Paper inviting comments were distributed widely throughout the University, Health Departments and Services and medical community and to staff in the Canberra College of Advanced Education (CCAE) and all who had been involved in the planning to date.

Overwhelmingly the medical fraternity, health service personnel, the Minister of Health (Dr D Everingham, MP) and other advisors were supportive and believed the scheme to be feasible but there were critics on the University campus, especially concerned about cost. It was also a time of medico-political ferment[8], but fortunately the antagonism which developed against the government moves to introduce salaried specialists into the hospital system did not extend to the medical school proposal, or the ANU, or its salaried specialists in the hospital-based Department of Clinical Science.

A preliminary Report: June 1975

The Steering Committee issued an extensive Report on the Undergraduate Medical School, Feasibility Study, acknowledging contributions from 100 persons and organisations (21 of them outside the ACT). It expressed satisfaction with feasibility, but recommended a shorter, intensive course (four years to graduation plus one preregistration year), omitting the halfway degree and leaving 'streaming' towards specialised vocational fields to the postgraduate period. A draft curriculum, student selection, staffing, Faculty organisation, building program, costs and administrative arrangements with the ACT health services were described in some detail.

There were reactions, of course. The President of the ANU Students' Association wrote that 'in terms of "value for money", I think it is a poor report'! To the JCSMR it appeared 'to be denying the pursuit of excellence ... and ... neglecting an opportunity to provide highly organised, specialist oriented, first class training for the most able people in medicine ... which would develop scientific and clinical talent and support long-range research'. The SGS called for a more thorough investigation of staff-student ratios, cost per student, likely impact on existing faculties and so on. From the CCAE

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[7] Mr Crawford had collaborated with, and been a co-author with, Drs F.L. Ritchie and H.M. Whyte in 'Replanning Sydney Hospital' (Medical Journal of Australia, 1, p1098, 1969 and 2, p700,1969) and was the author of numerous other articles, such as, 'Hospital De-Ministration: Experiments in six teaching hospitals' and 'The Bedside Dollar'.

[8] Powell, Keith. (1999), *Canberra's Health 1950–1994, A stormy growth: an oral history through doctors,* Brolga Press, Gundaroo.

(later to become the University of Canberra) came regret that stronger mention was not made of close co-ordination with their School of Health Studies. Dr Ronald Wells, Chairman of the Capital Territory Health Commission, backed up this last idea and would have liked to see greater emphasis on a School of Health Professionals. He thought the Report 'is really excellent':

> However, the forces of reaction and selfishness are already mobilising and I feel you'll have a long long struggle.

Too true! This complemented my cynical mood of the moment. I wrote to one interstate well-wisher, 'After the local academics have had a go at it, it will be redressed and sent onwards, if there is anything left of it, to our political masters'. And to Dr John Evans, 'As you very well know, it is not easy, in fact virtually impossible, to crystallise thoughts into a brief document in wording which gives a wide variety of people a clear and undistorted idea of the project. Not that even the composers have it clear in their minds, certainly not in detail!' Then, in July 1974, I went away on study leave for seven months to work in the McMaster University Medical Centre in Canada and to observe at close quarters its medical schooling which had the reputation of being at the time one of the most innovative and successful medical educational ventures in the world.

Before leaving, however, I suggested that Peter Sinnett, Professor of Human Biology, University of Papua New Guinea, who was on study leave, might be considered to lead the group working on the feasibility study.. Peter had been a clinical assistant and Research Fellow with me in Sydney and then at the ANU before being appointed to a Foundation Professorship in PNG where he was responsible for devising and teaching a preclinical segment of the new medical curriculum which combined anatomy, physiology, biochemistry, genetics and immunology. His study leave had been spent to date in Sydney focussed on small group teaching, it extended to the end of the year and he was interested to tackle our task without salary.

This was approved. Peter was appointed a Visiting Fellow in the Office for Research in Academic Methods (ORAM) and, working closely with members of that unit and with Len Crawford and the other members of the Working Group set up by the Steering Committee, he presented a preliminary report in November 1975. This drew a very mixed response: such as too much detail, not enough detail, and 'the Board of the SGS would continue to oppose the establishment of a Medical School as another Faculty within the University'.

Decreasing optimism: in 1976

The VC noted in February that the Chairman of the AUC 'thinks that an ANU Medical School is still quite conceivable (despite the new population projections)' but possibly not in the 1977-79 triennium. The Chairman of the ACT Health Commission, Dr Wells, reported changes in the Government's view of future developments – reduced population growth in the ACT, a reduced expansion of hospital beds, a likely reduction

in the funding of health services, delays in the building program – and that the 'present Government climate [is] not likely to be responsive to a proposal for a medical school in the immediate future'. The Belconnen Hospital was unlikely to be operational before 1986, a Tuggeranong Hospital development was uncertain, and there would be little opportunity for the development of highly specialised clinical departments. He felt that the University would be well advised to defer any specific submission at least until the 1980-82 triennium, and perhaps even until the 1983-85 triennium.

Clearly all three parties – the ANU, the AUC and the governmental health authorities – were thinking of postponement if not cancellation. The Acting VC wrote to the Chairman of the AUC that the situation:

> leads us to the view that it may be some years before a Medical School can be operating successfully in Canberra. Nevertheless, we hold strongly that Canberra will at some time be the location of a Medical School, most appropriately as part of The Australian National University.

Alternative, or interim, activities were suggested, such as a series of seminars coupled with research into health policy; a joint medical educational venture with Wollongong University; and the AUC was asked about the possibility of an annual grant of $130,000 being made available in the 1977-79 triennium for a small research unit of health care studies.

Surveying the scene on my return from study leave my notes to the DVC and the Steering Committee included:

> I guess one of the most important things to be done apropos of the Medical School project, is to cull all the accumulated material and put it in ship-shape condition so that it is not lost and will be readily available at any time. This is a mothballing activity.
>
> it is difficult to envisage that any further useful work can be done, or needs to be done, on the proposal till an affirmative decision is made by the Government;
>
> Progressive work on the Feasibility Study has ceased.
>
> Any prolongation of this already long drawn-out period of uncertainty, which inevitably invites the propagation of pessimistic rumours, impairs morale, recruiting and the development of high quality professional services in the ACT health system, decreases the unique advantages offered by the local circumstances for integrating medical education with health services and co-ordinating the development of education for different streams of health professionals and has a negative influence on the life and growth of the University and town-and-gown relationships.

I should record here my dismissal of any suspicion of a conflict of interest (and of any disappointment or resentment as a reason for my later resignation). I had told the VC in 1974 that I revelled in helping to produce the plans for a School but would not be an applicant, as Dean, for implementing them and while in Canada on study leave I had confided to the Director of the JCSMR that I intended resigning one year hence, in January 1977. That said, here are some of my frank comments to the Committee just prior to the tabling of the Feasibility Report about the possible sequelae if a decision is made to negate or to postpone further the establishment of a medical school:

1. Red light. If a decision is made not to go ahead with the idea of a medical school either now or in the foreseeable future, then I believe this will be detrimental to Australian medicine and medical education, to health services in the ACT and surrounding region and to the ANU. I believe that the JCSMR is suffering from a deficiency disease through lack of association with a medical school which is involved in education and service and that this will jeopardise its growth and regrowth and maintenance of high, healthy standards. It will be one thing if it is the Government and the AUC which turn the red "stop" light on: but if it is the ANU itself which kills the project at this stage (by rescinding its early decisions), without producing any new overwhelmingly persuasive reasons for its action, then in mildest terms, I would accuse it of being inconsistent and irrational and I would feel it was being short-sighted and irresponsible and displaying disrespect, bordering on contempt, for the many people on and (mainly) off campus who applied themselves seriously to the challenge and contributed to the development of the ANU proposal.

2. An amber light. If the matter "hangs fire" without any clear indication of approval, even if the ANU is encouraged to submit a proposal for the 1980-82 or later triennium, then the subject will inevitably go off the boil, perhaps into deep freeze, all the consequences mentioned above will apply, it will be difficult to sustain any continuing surveillance and liaison-type activities and there will be difficulty in getting anyone to reactivate the program with energy and enthusiasm when the time for this comes round. Continuing opposition and halfheartedness can be expected, and accepted, from a large section of the university staff: a greater deterrent to a zealous reworking of plans would be any suspicion that the backing provided by Council and senior officials of the ANU might crumble.

The Feasibility Report: June 1976

The final Report[9] was 27 pages in length plus another 16 of Tables and Appendixes. In general it was simply an expansion of the Preliminary Report except that it was now proposed that the course should be spread over five years to graduation—two years devoted primarily to training in the basic medical sciences and, without any sharp demarcation, three to clinical and practical aspects—followed by one year to Registration. Streaming towards specialisation in the course was omitted.

Detailed tabulation showed the extent to which various disciplines would contribute to the four horizontal phases of the course interlocked with the three vertical streams of Social, Clinical, and Biochemical Studies. Estimates of the required staffing were for a Dean, 42 full-time academics, 19 equivalent full-time academic posts for part-time members, and up to 92 other staff. These were based on a school of 250 undergraduate medical students (50 entrants per year), 20 other undergraduates taking courses in the school and 15 postgraduate students. The estimated running cost, based on 1976 values, was $2.75 millions per annum.

Once again, it was stated that extensive consultation and investigation, and assurances, had convinced the Committee that the proposal was feasible in terms of participation of doctors, availability of patients and the arrangements worked out for

9 Document 2026/1976 in the ANU archival records, Part 8 of file 4.4.4.64A.

overall organisation and management. The student:staff ratio was dealt with in some detail and was comparable to other Australian medical schools.

No starting date was nominated but advantages were recognised in 'starting as soon as possible, keeping the planning period short [two years before the entry of students], perhaps enrolling a pilot group of students to help develop the course and having a two-step growth in the size of the school'. Moreover, 'If a School of Health Professions, or some such comprehensive health educational arrangement were to be organised in the ACT then a medical school operating along the lines suggested could be fitted easily into the scheme'

Overall, the innovative features in the original 1970 plan had been whittled down, and the uniqueness of the opportunity for implementing them integratively into the developing health services in the ACT had declined progressively, influenced by the passage of time, criticism and the need to court approval for funding

The end of the road: July 1976

The ANU Council received the Report from the Steering Committee of the Undergraduate Medical School Feasibility Study on 9 July 1976. Recognising the new predictions for growth of population and numbers of hospital beds, and the impending decrease in funding for universities, it could see no advantage in developing the study further. It therefore agreed 'to defer consideration of the issues until examination indicated that medical teaching might be undertaken in the ACT' and asked the VC to maintain, in the meantime, appropriate liaison with other interested parties in the ACT.

In other words, the Council switched on a red light, putting a stop to progress, at least *pro tem*, without waiting for the Government to honour the promise it made in July 1974, namely, to give 'In the light of the feasibility study and of developments in the delivery of health care in the ACT a firm decision ... on whether a medical school should be established at the ANU'.

Planning ceased. Liaison with the health authorities continued, but in lower key, and their planning of future facilities and functions took less note of what might be required for medical education. It was the end of a 13-year saga which started in 1963 when serious planning for the development of undergraduate medical education in Canberra first became an agenda item for both the University and the Government health authorities.

In retrospect

What led to the demise of the project? Possible contributing factors could have been: that initiation, continued pressure and the strongest support and advocacy for it came from outside the university, from the medical practitioners and the health

services; that the university community generally was responding, and reacting, to this pressure, but not sincerely seeking or accepting ownership of such a development; that a medical school would be a part of the ANU School of General Studies but the leading lights in planning and promoting it were drawn from the Chancelry and the Institute of Advanced Studies; that the planners were rather idealists focussed on an end result than pragmatists paying more attention to political means to the end; that medical schooling was regarded in some quarters as vocational training for a craft, rather than an academic, scientific pursuit worthy of inclusion in a prestigious national university; that medical schools are notoriously expensive, posing a threat to the financing of other faculties.

Other reasons could conceivably have been related to the innovative features being unfamiliar, perhaps somewhat surprising, even shocking (especially to non-medical assessors) and posing risks for successful implementation of what is novel. Moreover the original proposal was to foreshorten and integrate much of the traditionally prolonged sequence of undergraduate then postgraduate training (of specialists) into a single, flexible entity, but this meant that the university would take more of the hitherto divided responsibility for producing registrable doctors. This would have been overall more sensible and efficient, perhaps, but more expensive, and therefore alarming, from a university (and AUC) funding point of view.

Prolongation of the planning timetable also introduced difficulties: serial Vice-Chancellors, changing membership of multiple planning committees, changes of Government and health policies, medico-political unrest, diminution of excitement and increasing frustration and fatigue.

It is noteworthy – characteristic of the prevailing culture in that era – that membership of the many committees involved in the planning process was entirely male and without consumer representation.

After recent perusal (in 2003) of the full historical account of this early attempt to develop a medical school in the ACT comments have been made by three key authoritative figures involved in it.

Emeritus Professor Anthony Low who was VC when the proposal was finally shelved recalled that the ANU Council was really compelled to make the decision because university funding was in such jeopardy.

Dr Ron Wells, who was at different stages in the planning process Chairman of the Capital Territory Health Commission, Director of the ACT Health Services and Temporary Chairman of the Federal Hospitals and Health Services Commission, had perceived a good deal of covert opposition to the plan and less than optimal methods for promoting it. Its innovative features came up against traditional conservatism, defensiveness against the implication that established Australian medical schools were old fashioned, and the threat to hard-won influence, power, wealth and social standing

of members of both the academic and medical fraternities. The antipathy of State governments and universities to Canberra and the ANU played a part. Broader health care problems of the times were overlooked and advocacy for the proposal relied unduly on persuasion through detailed reports and too little on lobbying and friendly personal contacts at the highest levels of government.

Emeritus Professor Peter Karmel, who was Chairman of the AUC, from 1971 to 1977, wrote that 'the Commission was not enthusiastic about creating a medical school at the ANU' It found the proposal attractively innovative but very expensive and was skeptical about a sufficiency of patients, the role of private practitioners and the projected number of hospital beds. Also, 'From the mid-1970s onwards marked changes in the financial environment affected universities in general and the ANU in particular [having been treated very generously in the past]' and 'The tightness of government funds post-1975 made approval of major expensive new developments rather unlikely'.He suspected (correctly) that the willingness of the AUC to listen to proposals from universities was sometimes interpreted as support.

He summed up his remarks with a pinpointing comment about this early attempt to introduce a medical school and an optimistic one about the twenty-first century reality:

> To sum up, whatever the views within the ANU, the 1970s proved to be not a good time to promote a medical school in Canberra. I am sure that circumstances are now much more auspicious and the new ANU school should do very well, even if more modestly costed than that proposed almost thirty years ago.

A flicker for the future

A brief spark arose from the ashes in the following year, foreshadowing what, in fact, did eventuate some years later.

In July 1977 John Blandford, Commissioner of the Capital Territory Health Commission (CTHC), sent a report to the VC, Professor DA Low, based on a discussion he had had with Professor Bob Walsh, Dean of Medicine in the University of New South Wales. He put forward a proposal 'as an incremental step in establishing a full medical school in Canberra'.

One possibility suggested was of a clinical school being established within the ANU with clinical facilities provided by hospitals under the control of the CTHC. An alternative was:

> ... for a parent university in Sydney or Melbourne to have an outpost of their clinical school in Canberra with or without some formal liaison arrangements with the ANU and, in particular, the Department of Clinical Science which is located at Canberra Hospital.

The report mentioned that the University of New South Wales already had an outpost at Duntroon and that it was looking at the possibility of using Wollongong for

clinical teaching. It would find Canberra attractive. It was seen as an economic way of providing clinical teaching facilities for say 40 students for a period of three years.

The timing was—once again, *sic*!—opportune in that medical staffing was being reorganised in specialised units and divisions and a surplus of beds and physical facilities in hospitals and health centres, as a result of the opening of Calvary Hospital and a decline in population growth, 'would permit the redeployment of clinical services in such a way that teaching space could be provided cheaply within existing structures and made available to the Clinical School if necessary on a rental basis.'

Thereafter the prospect for undergraduate medical education in Canberra continued to lie dormant awaiting a Phoenix-like uprising – indeed, a series of uprisings – in the years ahead.