The Demise of the Sport Medicine and Science Council of Canada

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The growth, organization, and institutionalization of sports medicine, as we recognize it today, have occurred alongside the “negation of the amateur athlete” and widespread transformations in the production of high performance sport since the 1950s. The development of sports medicine in Canada has similarly dovetailed with the emergence of a national high performance sport system, in the late 1960s and early 1970s, ideologically centered on excellence and increasingly professionalized, bureaucratized, and instrumentally rationalized. The shift toward professionalization, bureaucratization, and rationalization—modeled, in part, on the high performance sport development systems of the countries of the former Eastern Bloc—saw the proliferation of cadres of various sport experts and interest groups in coaching, sport administration and management, sport sciences, and, as explored in this article, sports medicine.

This article focuses on the Sport Medicine Council of Canada (SMCC) and its demise in the late 1990s. Created in 1978 and renamed in 1988 the Sport Medicine and Science Council of Canada (SMSCC), the Council was an important component in the sociohistorical development of sports medicine in Canada because it represented the first and, arguably, only attempt by the government to develop and implement a national coordinating body governing sports medicine and science for Canadian high performance athletes. The Council provided a platform on which sports medicine and science occupational groups (e.g., sports medicine physicians, sport physiotherapists, athletic therapists, exercise physiologists, etc.) boosted and accelerated their professional development, although an in-depth exploration of their individual histories and “professional projects” falls outside the scope of this article. The history of the Council, and in particular its demise, is in itself a unique case study of some of the interactions, politics, and power struggles within and among different interest groups over the structure and scope of Canada’s sports medicine delivery system.

I draw from a larger study on the origins, development, and institutionalization of sports medicine in Canada within and in relation to high performance sport, including the various occupational groups that comprise the field. Two principle research methods were employed: documentary research (policy and archival) and in-depth semistructured interviews with key informants. Because of the dearth of
documents relating to the development and structure of sports medicine in Canada, the collection of public archival documents was more successful, albeit marginally, than the collection of either current or historical policy documents. The majority of public archival material was collected from the National Archives of Canada located in Ottawa, Ontario, whereas the remainder was collected from sports medicine organizations and/or key informants participating in the study. In total, approximately 775 to 800 pages of archival material were identified and studied. This study also incorporated semistructured interviews with key informants in an attempt to triangulate the data and add flesh to the bones of the documentary research. Sixteen key informants participated in the study, recruited using purposive and snowball sampling techniques, between September 2003 and May 2004. The list of individuals who could be interviewed far outweighed the time and financial resources available; because of the nature of the project, however, this study was concerned less with quantitative representativeness than interviewing those who were involved with the development of sports medicine in Canada or who could speak to it with some authority. All interviews were conducted privately and confidentially, and names of research participants are withheld by mutual agreement. Documents and transcribed interviews were analyzed following Strauss and Corbin’s coding process for categorizing and synthesizing research themes.4

Although sports medicine encompasses a number of medical, paramedical, and research-oriented disciplines, this project focused on the broad development of the therapeutic and clinical practice of sports medicine for Canadian high performance athletes. The development of high performance sport sciences in Canada in such areas as research, physiological testing, or performance enhancement is an important part of the development of sports medicine and cannot be completely ignored. Given the focus of this piece, however, in-depth analyses of the development of high performance sport sciences in Canada in relation to the care of high performance athletes is reserved for future research. The history of the Council does not fully capture the singular histories of each individual sports medicine occupational group or all of the specific ways in which the occupational groups have contributed to the field of sports medicine. Focusing on the Council, however, does provide an opportunity to explore a major chapter in the sociohistorical development of sports medicine in Canada, one that involved the major sports medicine occupational groups and, in turn, had a significant impact on the development of these nascent groups.

The Beginnings of Canada’s Sports Medicine Governing Body

The transformation of international high performance sport and the Canadian high performance sport system after WWII is the backdrop against which the SMCC developed. Although formal federal government involvement in the area of traditionally volunteer-driven sport had its origin in the passage of the Fitness and Amateur Sport Act of 1961, it was not until, arguably, the late 1960s and early 1970s that the federal government “embarked . . . on a course of direct promotion of what was to become known as high performance sport.”5 A variety of factors contributed to the Trudeau and subsequent governments’ decision to invest in sport;