

## The American College of Epidemiology

Epidemiology, originally regarded as a specialty of medicine, has gradually developed over the past two centuries — and more rapidly during the past two decades — as both an academic discipline and a field of practice in a large variety of health agencies, including hospitals, industries, research institutes and other types of institutions. The recent decade has been marked by an increase in the number of individuals who have chosen epidemiology as a career or who have entered epidemiology from such disciplines as statistics, sociology, genetics and biology. This phenomenon has resulted from societal demands for individuals trained to study human populations in order to elucidate etiological factors of a broad variety of diseases, to ascertain the extent of public health problems in populations, to conduct interventions in populations, to evaluate the efficacy of programs, etc. To realize these objectives, it is necessary to integrate quantitative skills, as well as biological and social knowledge, to the studies of populations. Such integration is basic to epidemiology. The changes that have occurred over this time span are a manifestation of the maturation of epidemiology as a profession.

When epidemiology consisted entirely of being a specialty of medicine, physicians entering the field usually became (and still become) certified by the American Board of Preventive Medicine or some other medical specialty board. As physicians, they conduct epidemiologic studies and receive recognition in academic or non-academic circles by the work they have done. For those whose health professional background is in dentistry, veterinary medicine, or similar areas, similar opportunities are available. However, for the increasing number of epidemiologists whose post-baccalaureate

training is in graduate programs in epidemiology or other related areas, questions have arisen regarding their status within the discipline.

To initiate efforts to develop criteria for professional recognition, the American College of Epidemiology was organized in 1979. The primary purpose of the College is “to provide a means for certifying epidemiologists who are trained and/or accomplished in the practice of their discipline.” Additional purposes are to “review the needs, develop or stimulate the development of any necessary continuing educational program in epidemiology” and to “provide a forum for the review and discussion of any issues pertaining to the present status, future development and practice of epidemiology.”

The concept of the College was presented at meetings of several epidemiologic societies over a period of two years. Various issues were openly and broadly discussed, and it was clear that there was some disagreement about the need for the College. In these discussions, it became apparent that there are two major areas of polarization which need to be mentioned. My personal feeling is that formation of the College and the conduct of its activities in a truly professional manner will gradually neutralize these polarizations.

1. Medical-nonmedical: Some nonphysicians opposed the formation of the College since they thought it would be controlled by physicians. In contrast, some physicians opposed the College since it would “open the door” and provide increased professional status to nonphysicians.

2. Town-gown: Some of those in academic positions tend to regard themselves as being researchers and think of epidemiology as a purely research discipline. Those in health agencies and institutions regard themselves as *practitioners of epidemiology*. Some academicians do not regard such practitioners as epidemiologists, because they are not researchers (in the academic sense). I personally think that it is important for epidemiologists to realize that epidemiology historically includes a broad spectrum

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of activities from *research to practice* and had its major roots in the public health or hygienic movement. These two extremes of the spectrum should mutually nourish each other; the future of epidemiology depends upon a symbiotic relationship between these two components of the spectrum.

During 1980-1981, the organizing Board of Directors decided that the successful development of the College would essentially depend upon a perceived need for such an organization by epidemiologists. This could only be determined from the actual response of the epidemiologic community in applying for membership in the College. To make a long story short, membership applications were distributed, and about 700 such applications were received during early 1981. An Ad Hoc Committee for Initial Membership was selected by other epidemiologic organizations. This Committee reviewed the applications and 180 individuals were accepted as Fellows and 49 as Associates. A Board of Directors was elected, which met in December 1981, and which elected Officers and appointed a Committee on Membership to review the remaining applications on which action had been deferred. This process has almost been completed.

From September 29 to October 1, 1982, the First Annual Meeting of the College was held, which consisted of a one-day Scientific Meeting and half-day Membership Meeting. The meeting was a huge success, both scientifically and organizationally. In contrast to other epidemiologic society meetings, the scientific meeting consisted of overviews and state-of-the-art presentations. Thus, papers were presented on Cardiovascular Diseases: Beyond the Major Risk Factors, Clinical Epidemiology, Infectious Disease Update — USA, Legionellosis, Environmental Carcinogenesis, Prospects for Dietary Prevention of Cancer, Epidemiology of Female Reproductive Cancers, and Case-Control Studies. Each presentation had a formal discussant, followed by general discussion. The membership present indicated that such a format be maintained in

preference to reports of the results of specific research projects.

At the membership meeting, a discussion was initiated of the programmatic activities of the College. The areas of these activities are indicated by the types of committees to be formed, some of which are already called for in the bylaws and some of which were recommended by the membership. The following areas are to be the responsibility of these committees: education, publications, international affairs, certification and examination, ethics, public policy, liaison with other organizations, and legislative affairs. An effort will be made to conduct a survey of research needs and of manpower in epidemiology, and of training resources and needs. Members of these committees are currently being appointed.

At the time of this writing, there are 280 Fellows and 258 Associate Members of the College. Applications for membership are still being reviewed and requests for applications are being received.

Clearly, this unexpectedly enthusiastic response to the organization of the College indicates the existence of a real need in the epidemiologic community. There is a need for professional identity, for a program of professional activities, that views epidemiology both as a profession and scientific discipline. All those who regard themselves as epidemiologists in whatever programmatic area they are engaged, are welcome to join the College, providing they meet the training and experiential criteria. A statement of membership procedures, criteria and application forms are available from Dr. Curtis Mettlin, Secretary, American College of Epidemiology, Roswell Park Memorial Institute, 666 Elm Street, Buffalo, NY 14203.

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