

General Internal Medicine Subspecialty Application Briefing Note

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Purpose:

To provide a background, rationale and overview of the proposed two-year subspecialty of Internal Medicine called General Internal Medicine (GIM).

Issue:

The current training model for General Internists in Canada is no longer meeting the needs of residents or patients. A new training program that emphasizes the advanced skills required of General Internists practising in the 21st century is necessary to meet the needs of patients and produce qualified, competent and satisfied physicians in this field.

Background:

There is general agreement about the need for clinicians with advanced expertise in general Internal Medicine competencies; however the way to optimally train these professionals remains the subject of much debate. Currently there are eight universities³ in Canada that already provide the option of two years of advanced training in General Internal Medicine into which residents match after their third year of Internal Medicine like all the other subspecialties of IM. All other universities provide one year of Ministry-funded training in undifferentiated Internal Medicine in addition to the first three years of Internal Medicine, although many of these universities also provide a fifth year of further advanced training that is funded from a variety of other sources (for example, the clinical scholar programs at several Ontario universities). The data in the table shows the growing trend for residents across the country to complete a fifth year of General Internal Medicine training.

Table: Canadian Post-M.D. Education Registry Data: (Canadian Citizens/Permanent Residents)

University Group	Number of R4 doing undifferentiated Internal Medicine				Percent of R3 entering R4 year in undifferentiated Internal Medicine				Percent of R4 undertaking a fifth year of training in GIM			
	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009
Quebec ^a	13	14	24	24	17%	19%	32%	26%	92%	100%	100%	100%
SK, AB, CA, UBC ^b	9	18	15	20	20%	31%	23%	26%	29%	33%	22%	47%
Ontario ^c	19	26	20	25	19%	24%	18%	19%	39%	52%	38%	50%
MUN, Dal, Man ^d	4	4	2	6	15%	13%	7%	20%	0	0	0	50%
Total	45/ 248	62/ 279	61/ 276	75/ 327	18%	22%	22%	23%	46%	64%	45%	75%

Note that the total numbers of residents who complete the core R1-R3 years in Internal Medicine and are eligible to proceed to R4 training in any of the subspecialties of medicine were 248 in 2006, 279 in 2007, 276 in 2008, and 327 in 2009

^a R5 is mandatory and government-funded

^b R5 is optional and government-funded

^c R5 is not government-funded, but a 5th year is available at some universities through clinical scholar programs

^d R5 is not government-funded

Rationale:

National standards: With eight programs already in existence, one of the major goals of the General Internal Medicine proposal is to create national standards of accreditation and evaluation for these programs and their graduates. Although the GIM training programs are not Royal College accredited at this time, each university has an unofficial associate program director for General Internal Medicine dedicated to overseeing this fourth (and fifth in the eight universities with a fifth year) year(s) of training.

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Currently these program directors have worked together under the auspices of the Canadian Society of Internal Medicine to develop and improve their training programs; however because GIM is not a Royal College recognized discipline and has no national standard, the fifth year of training has neither accreditation nor evaluation standards. This is relevant to future funding of residency training for those residents wishing to undertake a 5th year of training in GIM as provincial health ministries face increasing budgetary constraints to guarantee funding of postgraduate trainees only until they complete training in their “Royal College Accredited Specialty” – there are concerns that lack of Royal College Accreditation for the 5th year of GIM places the current ad hoc arrangements to fund 5th years in GIM under pressure, which will undoubtedly negatively influence postgraduate trainee career choices about GIM.

Develop highly skilled General Internists to meet the needs of Canadians: General internists mostly practise in academic health centres, large metropolitan hospitals and community regional hospitals. Practice profiles may vary from largely academic to mostly hospital to mostly ambulatory care. Thus training objectives for GIM need to be adaptable to these varying career paths so that the health needs of Canadians are met and teachers are well trained.

Address health human resource need: The number of trainees selecting Internal Medicine as their area of practice is insufficient to replace those retiring (Data from CSIM document “**CARE-FULLY: Defining a Plan for General Internal Medicine in Canada**”, updated 2010 by Dr. William Coke of the University Health Network, Toronto). Consistent advertisements in Journals and on-line confirm the continuing need for general Internists in regional hospitals and academic centres. Royal College recognition of GIM will allow trainees and employers to know what general internists are and what they are trained for.

Current Proposal:

The current proposal for GIM is for a two-year subspecialty that residents would match into following their third year in Internal Medicine. The proposed Objectives of Training and Specialty Training Requirements focus on advanced competencies in the following areas:

- care of the patient with common disorders which present frequently and often emergently and uncommon disorders which present emergently and urgently
- multisystem disease requiring complex care
- undifferentiated illness and patients
- cardiovascular risk reduction
- specific issues surrounding care of the complex multi-system patient during the peri-operative or peri-partum periods.

What distinguishes the General Internist from the Internist is the required advanced competency (as defined in the Objectives of Training) in these areas.

Like the current 16 recognized subspecialties of Internal Medicine, undertaking this training is **optional** for residents who would still be able to choose to complete a fourth year of undifferentiated Internal Medicine and be eligible for the IM Certification examinations (just as they do currently). Similarly, each University may choose to apply (or not) to have an accredited subspecialty training program in General Internal Medicine. Should a university apply to have an accredited GIM training program, this would not impact on the status of the existing training program in Internal Medicine.

Summary:

Recognition of GIM as a subspecialty will be advantageous to:

- patients, as General Internists will be better trained to care for their complex problems
- residents, as it will increase their choices for training (from 16 to 17 subspecialties in Internal Medicine) and the ones currently undertaking GIM training will have it recognized nationally
- the Royal College, as this will end a twenty-plus year dispute about recognition of GIM and allow accreditation of existing programs

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- Universities, as it will allow development of accredited training in GIM, and also potentially provide increased number and quality of teachers in the new “generalist” undergraduate curriculum
- the General Internist, who will be trained to a recognized standard and be in a stronger position to promote the specialty with the public, medical societies, and government

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Appendix: Frequently Asked Questions about GIM

A number of concerns were raised during the consultation about the proposal to formally recognize the subspecialty of GIM. The Specialty Committee in Internal Medicine and the Canadian Society of Internal Medicine have reviewed these concerns and provided below is a summary of their responses.

Will this proposal increase the length of training for Internal Medicine?

This subspecialty will be open to those who wish to apply, but **there will be no change in the length of training required for Certification in Internal Medicine** – this will remain 4 years long. There is no plan to change the current training requirements, which include three years of “core” training plus one year of advanced Internal Medicine training in one of several areas. There is also no plan to change the current Internal Medicine exam, which will still be held at the end of the 4th year of training.

Will this mean an additional national examination, with its added costs?

All subspecialties do have an evaluation process that must be completed successfully prior to certification. In GIM we are proposing a summative national examination in short-answer format to test key areas of GIM and a summative in-program assessment of skills, a FITER and a portfolio of the residents activity.

Why does this proposal include a fixed length of training (two years), rather than variable and competency-based training?

Although there is a competency-based pilot underway in Orthopedic Surgery, there is no Royal College format yet available on which to base Specialty Training Requirements in a competency based model. If such a model is developed, GIM is very interested in applying this to our subspecialty. Given the extent to which GIM members already participate in various Royal College endeavors (more than two thirds of Internal Medicine Examiners are GIM) there is no question that GIM will be at the forefront of efforts to develop and evaluate competency-based training programs in Internal Medicine

What are the health human resource implications of recognizing GIM as a subspecialty?

We contend that providing recognition of the current training programs and others in the future will enhance the view of GIM as a subspecialty such that it will no longer just be seen as a default for those who did not qualify to do further subspecialty training. This recognizable area of expertise will allow individuals and others to recognize the General Internist as an individual with specific and identifiable skills and this will serve to increase the appeal of GIM as a training option for residents. We have witnessed this already happening in Quebec, Alberta, and BC where General Internal Medicine is experiencing an upswing in popularity as a career choice since their university training programs established two-year GIM subspecialty training options. For example in Quebec, the proportion of residents choosing GIM has increased during the 2006 to 2009 period (see Table).

What is the scope of practice for a General Internist?

The present Internal Medicine specialist has broad training across the field, but has not had training specifically to develop expertise in the content areas identified as important for General Internists in surveys of CSIM members (ie. practicing general internists). These include advanced competencies in the following areas:

- multisystem disease requiring complex care
- undifferentiated illness and patients
- cardiovascular risk reduction
- specific issues surrounding care of the complex multi-system patient during the peri-operative or peri-partum periods.

The General Internist will have the training to independently manage most medical conditions throughout the course of the illness, except for areas exclusive to another subspecialty, such as electrophysiologic studies of the heart or endoscopic ultrasound.

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Isn't there already enough GIM training in the core 3 years of Internal Medicine?

No, just as 3 months of training in cardiology, gastroenterology, or nephrology is not enough to equip residents to become functioning cardiologists, gastroenterologists, or nephrologists, we do not believe the current 11 months of exposure to GIM during the first three years of training equips residents to deal with complex multi-system disorders (for example, while cardiologists assess and manage patients with chest pain, gastroenterologists assess and manage patients with GI bleeds, and nephrologists assess and manage patients with renal failure, the General Internist assesses and manages the patient with acute elevation in their serum creatinine to 500 $\mu\text{mol/L}$ associated with sepsis, an acute GI bleed, chest pain, and heart failure). Independently managing patients with these multi-system problems safely and effectively requires additional training.

Does the system have the capacity to train residents in GIM?

We noted that there are already unaccredited two-year training programs at eight universities and mechanisms for de facto R5 training in place at Toronto, Ottawa, McMaster and Western (through their Clinical Scholar Programs). If all universities choose to offer a GIM program and all residents currently entering the R4 year choose to enter it, then the maximum "need" would be for 22 to 31 additional resident years (based on CAPER data for the past 4 years) annually (see table 1). This does not present an overwhelming challenge, based on the current experience of program directors (who have scrambled to fund many of these positions on *ad hoc* bases in past years). However, with the tightening of provincial budgets, official Royal College recognition is vital to ensure that Ministry funding will still be available for those residents wishing to pursue a 5th year of training in GIM.

What will happen to the unmatched resident?

There will not be unmatched IM residents as GIM will only be one of the 17 subspecialty choices – it will not be compulsory and unmatched Internal Medicine residents will continue to be the remit of the Core Program Directors (just as they are now). Four years of satisfactory training in undifferentiated Internal Medicine will continue to result in eligibility for certification

Does this proposal have the support of Canadian General Internists?

The Canadian Society of Internal Medicine is the National Specialty Society for GIM in Canada and has approximately 1000 members. The Council of the CSIM has debated this proposal at length and in October 2008 the vote was 78% (14/18) in favour of moving forward with this application in its current format. It is worth noting that the CSIM Council is geographically representative and includes an equal number of members from community and academic centres. The proposal to pursue official Royal College recognition for General Internal Medicine has been discussed every October at our Annual Meeting Open Forum for the past 4 years, and information on this proposal has been made available to CSIM members via both our national journal (the Canadian Journal of General Internal Medicine) and our website.