



## *On the existence of GIM*

*General Internal Medicine (GIM) is a distinct entity that cannot be replaced by any single specialty or even by all specialties combined.*

polyvalence, teamwork, and generalism.

GIM has a strong presence in every medical school across Canada, a national journal, national meetings, and a national specialty society, but according to the pre-eminent medical qualifying body in our country, GIM does not exist! The Royal College of Physicians and Surgeons of Canada recognizes the irony of this situation, and they also recognize how damaging the current situation is to all players involved, most importantly Canadian patients. Happily, steps are being taken to resolve this situation in the near future.

*... according to the pre-eminent medical qualifying body in our country, GIM does not exist!*

The fundamental issue that has been the stumbling block to formal recognition is whether GIM should be a one or two year fellowship. The CSIM has been promoting a national dialogue on this issue for many years, and other provincial and university based groups have been having similar dialogues. To my knowledge every group that has seriously debated this issue recognizes the advantages of a two-year program, and in fact the vast majority of GIM fellows in Canada are currently being trained in two-year programs. This is new and this is a game changer, as it is clear that the only form of GIM that the Royal College could and would recognize is a two-year program.

*... the vast majority of GIM fellows in Canada are currently being trained in two-year programs. This is new and this is a game changer ...*

The CSIM and other groups also recognize that any change brings unintended consequences, and we have identified key issues that must be incorporated into any new GIM training paradigm. They are:

1. GIM training must provide flexibility to fit the needs of academic and community settings across Canada.
2. GIM training programs need to be able to access the resources for technical skill training, which are needed in community and other settings.
3. The birth of GIM, must not be the demise of “core training” (the first three years). The core training experience is the foundation and backbone of training for all medical subspecialists. The training and evaluation of core internal medicine must maintain the strong generalist focus of the current system.



## *On the existence of GIM*

These concerns have been forwarded to the Royal College committee on specialties, and they are working with the Royal College and other groups to create structures that will grant GIM the recognition that we merit. Some have characterized this as a bold move forward for the Royal College. I remind those observers that this is a dialogue that has been going on for over 15 years, and that as a general rule there is very little that is bold about the Royal College. It is, by design, a conservative organization, and a move forward for the recognition of GIM can only be interpreted as a potential sign of responsiveness on their part.

*... there is very little that is bold about the Royal College ... a move forward for the recognition of GIM can only be interpreted as a potential sign of responsiveness on their part*

The CSIM will continue to advocate for recognition by voicing support of solutions that have a chance of working, and that correspond to the underlying values of our discipline, and the specific issues that we uncover through our national dialogue. This is a dynamic process, and I invite all CSIM members to raise your voice in the local and national dialogue that will lead to our recognition. You can do so by making your opinion known to your local department and division heads, program directors, CSIM representatives, or directly to the CSIM or Royal College.

I anticipate that this dossier will progress fairly rapidly. Nobody questions the roles or the value of GIM to our health care system, and the major issues have been in discussion for many, many years. Educational and governing organizations have a responsibility to be prudent, but also to act! Canadian patients and organizations that advocate for them should expect no less.

*Educational and governing organizations have a responsibility to be prudent, but also to act!*

The Royal College has dedicated staff, extensive organizational resources, and proven ability to execute when deemed necessary. The appropriate time frame for the steps in this process are weeks and months, and failure to resolve this issue within a year could only be recognized as a failure to meet the needs of the Canadian population.

As members of the CSIM we all have a say in this dialogue, and it is impossible that we will all agree on all the issues. One of the most challenging parts of teamwork and advocacy is learning how to disagree on details, while moving forward with principles. Working together I am confident that we will be able to find the common ground and close the door on this fundamental issue for GIM.

*One of the most challenging parts of ... advocacy is learning how to disagree on details, while moving forward with principles.*

Bert Govig MD FRCPC  
President CSIM - October 2008