Subspecialty Training Requirements in General Internal Medicine

These training requirements apply to those who begin training on or after July 1st, 2013.

ELIGIBILITY REQUIREMENTS

Royal College Certification in Internal Medicine or enrolment in a Royal College accredited residency program in this area (see requirements for these qualifications). All candidates must be Royal College certified in their primary specialty in order to be eligible to write the Royal College certification examination in General Internal Medicine.

MINIMUM TRAINING REQUIREMENTS

Twenty six (26) 4-weeks blocks of approved residency in adult General Internal Medicine, a maximum of one year of which may be undertaken at the fourth year residency level during training for certification in Internal Medicine.

This period must include all of the following:

1. A minimum twelve (12) blocks of General Internal Medicine:
   1.1. Three (3) blocks General Internal Medicine consultation services (which could be in the emergency department, inpatient settings, or in a community setting)
   1.2. Two (2) blocks of General Internal Medicine in a junior attending/team leader role (see notes)
   1.3. One (1) block or longitudinal equivalent exposure to Internal Medicine complications and disorders pre, during or post pregnancy
   1.4. One (1) block or longitudinal equivalent exposure to perioperative care
   1.5. One (1) block of community General Internal Medicine experience
   1.6. The equivalent of two (2) blocks of ambulatory General Internal Medicine clinics in a longitudinal format (see note)
   1.7. One (1) block of Critical Care (coronary care and/or intensive care)
   1.8. One (1) block or longitudinal equivalent exposure to Exercise Stress Testing, Ambulatory Electrocardiogram (ECG) Interpretation and Ambulatory Blood Pressure Monitoring
2. Three (3) blocks selected from one or more of the following:
   2.1. Additional General Internal Medicine as in 1.1 to 1.6
   2.2. Other clinical areas pertinent to future General Internal Medicine practice, as approved by the General Internal Medicine program director

3. Eleven (11) blocks of further General Internal Medicine residency training selected to match the final career path and practice profile of the resident and approved by the GIM program director:
   3.1. Clinical rotations tailored to the specific clinical areas in which the resident will gain proficiency. Areas selected may include:
       3.1.1. Further study in any subspecialty area (including General Internal Medicine) of Internal Medicine
       3.1.2. Further study in procedural skills
       3.1.3. Obstetrical Medicine
       3.1.4. Further clinical study that is applicable to the resident’s future General Internal Medicine practice

   3.2. Scholarly rotations tailored to the specific areas for which the resident will gain proficiency. Areas selected may include:
       3.2.1. Course work for an applicable Master’s degree or Clinician Educator diploma
       3.2.2. Research or scholarly projects

**NOTES:**

1. For any of the rotations in section 1, the resident should demonstrate a progressively more senior role compatible with that of team leader or junior attending.

2. Approximately 24 weeks of one half day a week is equivalent to a four week block.

3. Clarifications of rotations.

**a) Community-based General Internal Medicine**

Community General Internal Medicine rotations will be structured in accordance with the Accreditation Committee paper of 2002.

**b) Longitudinal Ambulatory General Internal Medicine clinic experience**

This must include the care of patients with common acute and chronic medical problems as well as the care of patients with complex chronic conditions. Residents are expected to become increasingly independent in the management of the patients in the clinic.
c) Junior Attending Role/Team Leader” Role Definition

This is a position where the resident assumes as much as is possible (within medical legal constraints) the responsibility of the attending physician. In the clinical teaching unit (CTU) setting this should involve assuming team leadership simulating the attending, not the senior resident in Internal Medicine experience; in the community setting this should simulate the responsibilities and practice of the attending general internist. The program should be able to demonstrate that the resident is offered the opportunity to participate in such simulated attending role rotations in both the community and CTU setting where the resident is able to demonstrate the ability to function as the attending physician including all the roles implied therein.

d) Subspecialty Rotations Definitions

In subspecialty rotations, residents must not simply repeat internal medicine experiences. It is the responsibility of the General Internal Medicine residency program committee (RPC) and the General Internal Medicine program director to ensure that training in other areas is compatible with the future practice location of the resident. This should be done by demonstrating that specific goals and objectives have been set out for the specific skills and knowledge the resident must achieve in these rotations.

Royal College certification in General Internal Medicine requires all of the following:

1. Certification in Internal Medicine;
2. Successful completion of a 2-year Royal College accredited program in General Internal Medicine;
3. Successful completion of a scholarly project related to General Internal Medicine, as attested by the program director;
4. Successful completion of the certification examination in General Internal Medicine.

The 2-year program outlined above is to be regarded as the minimum training requirement. Additional training may be required by the program director to ensure that clinical competence has been achieved.

APPROVED – SSRC – November 2012