

Effective for residents who enter training on or after July 1, 2025.

DEFINITION

General Internal Medicine is a subspecialty of Internal Medicine which encompasses the values of generalism and is characterized by its breadth of clinical activity and alignment of practice profile with health needs of local populations.

GENERAL INTERNAL MEDICINE PRACTICE

General Internal Medicine (GIM) is a generalist subspecialty; its practitioners, general internists, may be found in a wide range of practice locations and care settings: academic, urban, rural, and remote; caring for patients in both the hospital and outpatient setting. General internists provide care for patients with medical conditions across all organ systems and disease mechanisms, and at all phases of a patient's illness, including resuscitation and stabilization of critical illness, management of acute presentations and chronic conditions, prevention and health promotion, and continuing symptom management when disease modification is not possible or the mechanism of illness is unknown.

General internists demonstrate expertise in the assessment, diagnosis, treatment, and medical management of adult patients, providing in-depth care for patients with medical conditions. They have expertise in the assessment and management of patients with coexisting physiological stressors, such as those occurring in the peri-operative period or pregnancy. In addition, they manage the care of patients with multi-system diseases, multiple co-morbidities, competing conditions, and/or undifferentiated presentations, providing expertise and coordination of care when the patient's disease burden is beyond the scope of the primary care physician and/or the organ- or disease-focused subspecialist.

The GIM approach to patient care focuses on the individual in a holistic manner, aiming to optimize not maximize care. General internists integrate their assessment of the breadth of a patient's medical conditions with evidence-informed decision-making and the patient's preferences and goals of care to develop comprehensive disease and symptom management plans adapted to the patient's unique context and care setting. They coordinate care around the patient's needs, applying their knowledge of the local health care system to marshal

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resources and minimize duplication of services.

In many of the settings in which they work, general internists occupy a central role in the provision and coordination of medical care. They are the principal recipients of referrals from primary care providers and emergency room physicians, and consultants for managing medical conditions in patients under the care of other specialists. Similarly, they act as a link to other medical subspecialists, consulting other physicians for highly specialized disease- or organ- specific issues and/or coordinating the care of patients with multiple conditions. The general internist's medical expertise together with their expert knowledge of local health care resources enables the provision of comprehensive subspecialist care within the patient's community.

GIM practice is responsive to the needs of the local patient population. GIM training provides the general internist with the skills to assess the current, unmet, or emerging health needs of the communities they serve and the broad base of knowledge and skills to adapt their practice and/or professional development in order to respond to those needs. This may include leadership in the development of local resources and/or engagement with health care administrators to meet population needs through improvements in access, treatment, or health care delivery.

General internists advocate for their individual patients as well as for all patients within complex health care delivery systems. They are advocates of health promotion, harm reduction, and preventative medicine. They recognize that the practice of medicine is tightly linked to the art and science of health care delivery and, by virtue of their pivotal role, are well placed to engage in medical education, quality improvement, patient safety, clinical research, and health care system initiatives.

ELIGIBILITY REQUIREMENTS TO BEGIN TRAINING

*These eligibility requirements apply to those who began training in Internal Medicine **prior to July 1, 2023:***

Royal College certification in Internal Medicine

OR

Registration in a Royal College accredited residency program in Internal Medicine (see requirements for these qualifications)

A maximum of one year of training may be undertaken during concurrent training for certification in Internal Medicine.

*These eligibility requirements apply to those who began training in Internal Medicine **on or after July 1, 2023**:*

Royal College certification in Internal Medicine

OR

Successful completion of the Core stage of training in a Royal College accredited residency program in Internal Medicine (see requirements for these qualifications)

Training in General Internal Medicine may overlap with completion of requirements for certification in Internal Medicine (see requirements for the Overlap Training and Alternative Pathway to Internal Medicine Certification).

ELIGIBILITY REQUIREMENTS FOR EXAMINATION¹

All candidates must be Royal College certified in Internal Medicine in order to be eligible to write the Royal College examination in General Internal Medicine.

GENERAL INTERNAL MEDICINE COMPETENCIES

Medical Expert

Definition:

As *Medical Experts*, General Internists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Key and Enabling Competencies: General Internists are able to...

1. Practise medicine within their defined scope of practice and expertise

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of GIM
- 1.3. Apply knowledge of the clinical and biomedical sciences relevant to GIM
 - 1.3.1. Apply knowledge of GIM conditions in an integrated, holistic, evidence-informed manner in individuals with multi-system or undifferentiated disease
 - 1.3.2. Clinical presentations and conditions applicable to General Internal Medicine, including manifestations, investigation, and management both for acute presentations and chronic conditions

¹ These eligibility requirements do not apply to Subspecialty Examination Affiliate Program (SEAP) candidates. Please contact the Royal College for information about SEAP.

- 1.3.3. Epidemiology of common diseases
 - 1.3.3.1. Diabetes
 - 1.3.3.2. Hypertension
 - 1.3.3.3. Dyslipidemia
 - 1.3.3.4. Coronary artery disease
 - 1.3.3.5. Chronic obstructive pulmonary disease
 - 1.3.3.6. Cerebrovascular disease
 - 1.3.3.7. Dementia
 - 1.3.3.8. Common malignancies
 - 1.3.3.9. Chronic kidney disease

- 1.3.4. Pharmacology as it relates to
 - 1.3.4.1. Drug interactions
 - 1.3.4.2. Therapeutic monitoring
 - 1.3.4.3. Medication reconciliation
 - 1.3.4.4. Polypharmacy review
 - 1.3.4.5. Optimal medication use in the frail elderly and patients with multiple comorbidities
 - 1.3.4.6. Optimization of medication use, including cost-effectiveness and deprescribing
 - 1.3.4.7. Dose adjustment in patients with altered pharmacokinetics, such as renal or hepatic dysfunction
 - 1.3.4.8. Safety and efficacy of medication use in pregnancy and during breastfeeding
 - 1.3.4.9. Substance misuse and withdrawal

- 1.3.5. Behavioural sciences, including behavioural modification and the psychology of chronic disease and addictions

- 1.3.6. Principles of risk assessment and primary and secondary prevention, including cardiovascular, thrombotic, pulmonary, and renal disease

- 1.3.7. Principles of medical peri-operative care
 - 1.3.7.1. Influence of single or multiple pre-existing medical conditions on peri-operative care and outcomes
 - 1.3.7.2. Effect of surgery and anesthesia on pre-existing medical conditions
 - 1.3.7.3. Timing of surgery in the patient with pre-existing medical condition(s)
 - 1.3.7.4. Evidence-informed assessment, stratification, and mitigation of

- peri-operative risk
- 1.3.7.5. Use of medications, including for ongoing management of pre-existing conditions, and for risk reduction particular to the peri-operative period
- 1.3.7.6. Monitoring strategies for adverse events and illnesses
- 1.3.7.7. Diagnosis and management of acute medical illnesses in the peri-operative period, including but not limited to delirium, cardiovascular and pulmonary disease
- 1.3.7.8. Medication reconciliation
- 1.3.7.9. Identification and management of patients at risk from current or former substance use disorders
- 1.3.8. Principles of obstetric medicine
 - 1.3.8.1. Physiology of maternal changes in pregnancy, labour and the postpartum period, including impact of pregnancy on medical conditions and medical conditions on pregnancy
 - 1.3.8.2. Evidence-informed risk assessment and mitigation for women of reproductive age with chronic medical conditions
 - 1.3.8.3. Evidence-informed screening and diagnosis of diabetes and hypertension in pregnant women
 - 1.3.8.4. Management of diabetes and hypertension in pregnancy, both pre-existing and gestational
 - 1.3.8.5. Management of hypertension in pregnancy: pre-existing, gestational, post-partum
 - 1.3.8.6. Diagnosis and management of common chronic medical conditions during the antepartum and postpartum period
 - 1.3.8.7. Diagnosis and management of acute medical emergencies in pregnancy, including but not limited to thrombotic, cardiovascular, infectious, neurological, and pulmonary conditions
- 1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
 - 1.4.1. Perform clinical assessments that address all relevant issues
- 1.5. Carry out professional duties in the face of multiple, competing demands
- 1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in GIM practice
 - 1.6.1. Provide care for patients with undifferentiated presentations
 - 1.6.2. Provide evidence-informed, patient-centred care of one or more conditions in the presence of coexisting illnesses

2. Perform a patient-centred clinical assessment and establish a management plan

- 2.1. Prioritize issues to be addressed in a patient encounter
 - 2.1.1. Identify relevant clinical issues in a consultation request
 - 2.1.2. Establish priorities, considering the perspective of the patient and family,² including values and preferences, as the patient's situation evolves
- 2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
 - 2.2.1. Elicit a relevant and comprehensive history
 - 2.2.1.1. Accurate medication and therapeutic history, including prescribed and non-prescribed medications and treatments (e.g., complementary medicines)
 - 2.2.1.2. Occupational history
 - 2.2.1.3. Preventive health history, emphasizing information needed to reduce risk
 - 2.2.1.4. Peri-operative history emphasizing information needed to plan risk stratification and reduction
 - 2.2.1.5. Obstetrical history emphasizing information needed to establish GIM diagnoses and management before, during, or after pregnancy
 - 2.2.2. Perform a focused evidence-informed physical examination that is relevant and accurate
 - 2.2.3. Assess an individual's access to health care, food, security, and technology, as well as ability to utilize health care information
 - 2.2.4. Develop a differential diagnosis for a patient, including those presenting with undifferentiated symptoms
 - 2.2.5. Select investigation strategies, demonstrating awareness of the availability and access to resources in various health care settings
 - 2.2.5.1. Patients with single or multiple co-morbidities
 - 2.2.5.2. Patients with undifferentiated symptoms or acute illness of unknown etiology
 - 2.2.5.3. Patients in the peri-operative period
 - 2.2.5.4. Pregnant patients

² Throughout this document, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

- 2.2.6. Integrate and summarize information gathered through the clinical assessment and investigations
- 2.3. Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation
 - 2.3.1. Promote and facilitate discussions about end-of-life care with patients and their families
 - 2.3.2. Identify patients whose clinical status is deteriorating despite disease modifying therapy
 - 2.3.3. Recognize and respond to signs that it is time to transition care away from a disease modifying approach
 - 2.3.4. Recognize when ongoing resuscitation efforts are no longer effective and should be discontinued
- 2.4. Establish a patient-centred management plan
 - 2.4.1. Triage and stabilize patients with GIM conditions
 - 2.4.2. Establish management plans for
 - 2.4.2.1. Patients with critical illness, including providing or arranging for definitive care
 - 2.4.2.2. Patients with acute or chronic GIM conditions, across the adult lifespan and across care settings
 - 2.4.2.3. Patients with single or multisystem GIM disorders, in any health care setting
 - 2.4.2.4. Patients in the peri-operative period, including risk stratification, risk modification, and post-operative medical care
 - 2.4.2.5. Obstetrical patients with medical conditions, incorporating expertise in the physiological changes during pregnancy, the impact of pregnancy on medical disorders, and the application of appropriate investigations and treatments in pregnancy
 - 2.4.2.6. Elderly patients with or without multiple medical conditions, and/or medical frailty
 - 2.4.2.7. Patients with end-stage and/or incurable disease, optimizing symptom management and supporting achievement of the patients' goals of care
 - 2.4.2.8. Patients at end of life, adjusting investigations and treatment for the patient's prognosis and goals
 - 2.4.3. Prescribe risk reduction strategies
 - 2.4.3.1. Apply knowledge of and techniques for interventions for long-term healthy behaviours and preventive health care, including but not limited to appropriate screening, smoking cessation,

immunization, exercise, and nutrition

- 2.4.4. Determine the setting of care appropriate for the patient's current health needs, and arrange admission or transfer to an alternate level of care, as appropriate
- 2.4.5. Anticipate complications of disorders and their treatments and incorporate these considerations in the management plan

3. Plan and perform procedures and therapies for the purpose of assessment and/or management

- 3.1. Determine the most appropriate procedures or therapies
 - 3.1.1. Optimal use of medications
 - 3.1.2. Exercise prescription
 - 3.1.3. Nutrition
 - 3.1.4. Optimization of body weight for health
 - 3.1.5. Modification of addictive behaviours
 - 3.1.6. Stress modification
 - 3.1.7. Patient self-management and monitoring of chronic illness
 - 3.1.8. Delirium prevention
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources
 - 3.3.1. Coordinate multiple diagnostic and therapeutic interventions
 - 3.3.2. Balance risk, effectiveness and priority of interventions in the presence of multiple co-morbidities
- 3.4. Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances
 - 3.4.1. Establishment of an airway and use of bag and mask ventilation, mouth-to-mask ventilation, and hand-held resuscitators
 - 3.4.2. Endotracheal intubation
 - 3.4.3. Invasive and non-invasive mechanical ventilation
 - 3.4.4. Cardiopulmonary resuscitation
 - 3.4.4.1. Combined assisted ventilation and external cardiac compression in one-person and two-person rescue
 - 3.4.4.2. External cardiac defibrillation
 - 3.4.4.3. Emergency transcutaneous pacing

- 3.4.4.4. Diagnosis and management of life threatening cardiac arrhythmias
- 3.4.5. Insertion and care of peripheral arterial catheters
- 3.4.6. Venous access, including central line placement in elective and emergency situations
- 3.4.7. Ultrasound guided central venous access
- 3.4.8. Diagnostic and/or therapeutic thoracentesis, including ultrasound guided
- 3.4.9. Diagnostic and/or therapeutic abdominal paracentesis, including ultrasound guided
- 3.4.10. Lumbar puncture
- 3.4.11. Arthrocentesis of the knee joint
- 3.5. Supervise and/or interpret and provide reports for cardio-pulmonary investigations
 - 3.5.1. Cardiac exercise stress testing: supervision and interpretation
 - 3.5.2. Ambulatory blood pressure monitor
 - 3.5.3. Ambulatory electrocardiogram (Holter monitor)
 - 3.5.4. Pulmonary function test

4. Establish plans for ongoing care and, when appropriate, timely consultation

- 4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
 - 4.1.1. Provide longitudinal management of common chronic illnesses across health care settings
 - 4.1.2. Adapt management plans to the context and the full spectrum of health care settings, such as inpatient versus outpatient, urban versus rural/remote
 - 4.1.3. Determine the necessity and timing of referral to other subspecialists
 - 4.1.4. Assess the need and timing of transfer to another level of care
 - 4.1.5. Determine the appropriate medical transport for safe patient transfer to another health care setting
 - 4.1.6. Arrange appropriate follow-up care services

5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

- 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents

- 5.2. Adopt strategies that promote patient safety and address human and system factors
 - 5.2.1. Model behaviours that support continuous improvement of health care quality

Communicator

Definition:

As *Communicators*, General Internists form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

Key and Enabling Competencies: General Internists are able to...

1. Establish professional therapeutic relationships with patients and their families

- 1.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
- 1.2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 1.3. Recognize when the perspectives, values, or biases of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
- 1.4. Respond to a patient's non-verbal behaviours to enhance communication
- 1.5. Manage disagreements and emotionally charged conversations
- 1.6. Adapt to the unique needs and preferences of each patient and the patient's family, and to his or her clinical condition and circumstances
 - 1.6.1. Tailor approaches to decision-making to patient capacity, values, and preferences

2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families

- 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
- 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
- 2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent
 - 2.3.1. Retrieve previous health information from electronic or print sources, or other health care professionals, to prevent duplication and redundancy of services

3. Share health care information and plans with patients and their families

- 3.1. Share information and explanations that are clear, accurate, and timely while assessing for patient and family understanding
 - 3.1.1. Discuss the risk-benefit balance of diagnostic and therapeutic options
 - 3.1.2. Discuss information about end-of-life care and options that do not modify disease
 - 3.1.3. Convey information for lifestyle change to prevent and modify disease
 - 3.1.4. Validate the patient's and family's understanding of medical information and management plans, including follow-up
- 3.2. Disclose harmful patient safety incidents to patients and their families accurately and appropriately

4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals

- 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
- 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
- 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health
 - 4.3.1. Use effective communication strategies to engage patients in lifestyle change
 - 4.3.2. Explore barriers to shared decision-making and provide appropriate solutions
 - 4.3.3. Engage patients and their families in decisions about patient-centred care options during the entire illness experience from acute care to end-of-life care

5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy

- 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
 - 5.1.1. Document clinical encounters to adequately convey clinical course, clinical reasoning, and the rationale for decisions
 - 5.1.2. Adapt the written consultation to the purpose and nature of the consultation request
 - 5.1.3. Document the interpretation of cardiac and respiratory diagnostic testing, communicating critical results urgently as needed

- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
 - 5.2.1. Utilize an electronic medical record and access investigations electronically when available
 - 5.2.2. Utilize telephone, telehealth, electronic, or other means to facilitate management of patients
 - 5.2.3. Describe the limitations and advantages, including legal implications, of utilizing email and other technology for direct patient care
- 5.3. Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding

Collaborator

Definition:

As *Collaborators*, General Internists work effectively with other health care professionals to provide safe, high-quality patient-centred care.

Key and Enabling Competencies: General Internists are able to...

1. Work effectively with physicians and other colleagues in the health care professions

- 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
 - 1.1.1. Describe contextual factors that influence the engagement of health care team members
 - 1.1.2. Facilitate the care of patients through partnerships with other health care teams, including the surgical, primary care, and/or obstetrical team
 - 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
 - 1.2.1. Make effective use of the scope and expertise of other health care professionals, including counsellors, dietitians, educators, nurse practitioners, occupational therapists, pharmacists, physiotherapists, psychologists, and social workers to optimize patient care
 - 1.2.2. Work effectively in intra- and inter-professional teams
 - 1.2.3. Establish a clear understanding with the referring physician regarding role and responsibility for ongoing care
 - 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
 - 1.3.1. Integrate the patient's perspective into the collaborative care plan
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- 1.3.2. Involve the patient's primary or other specialty care providers, as appropriate, in the establishment of management plans
- 1.3.3. Provide support and advice for ongoing management when in the consultant role, including but not limited to telecommunications

2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts

- 2.1. Show respect toward collaborators
- 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture
 - 2.2.1. Negotiate to establish management plans when there are differences in recommendations provided by other health care professionals

3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care

- 3.1. Determine when care should be transferred to another physician or health care professional
- 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care
 - 3.2.1. Provide safe, efficient, and patient-centred transitions between health care settings as well as between different health care professionals, both specialty and primary care
 - 3.2.2. Facilitate the transitions of patients within the health care team and the health care community, including:
 - 3.2.2.1. Transition from inpatient to ambulatory care
 - 3.2.2.2. Transition from diagnostic to therapeutic care in those situations where this involves alternate specialists
 - 3.2.2.3. Provide support and advice for ongoing management of stable conditions by the primary care team
 - 3.2.3. Summarize the patient's issues for the receiving care provider, including plans to deal with ongoing issues as well as anticipated changes in the clinical course
 - 3.2.4. Communicate, as needed, with the receiving physician(s) or health care professional(s) clarifying issues after transfer

Leader

Definition:

As *Leaders*, General Internists engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

Key and Enabling Competencies: General Internists are able to...

1. Contribute to the improvement of health care delivery in teams, organizations, and systems

- 1.1. Apply the science of quality improvement to contribute to improving systems of patient care
 - 1.1.1. Identify gaps in care for which quality improvement initiatives are needed
 - 1.1.2. Design and lead quality improvement initiatives
- 1.2. Contribute to a culture that promotes patient safety
- 1.3. Analyze patient safety incidents to enhance systems of care
 - 1.3.1. Analyze patient safety incidents and near misses
 - 1.3.2. Employ a systems-based approach to develop solutions for quality improvement and patient safety issues
- 1.4. Use health informatics to improve the quality of patient care and optimize patient safety

2. Engage in the stewardship of health care resources

- 2.1. Allocate health care resources for optimal patient care
 - 2.1.1. Demonstrate resource stewardship in clinical care
 - 2.1.2. Apply knowledge of the resources available in various health care settings
- 2.2. Apply evidence and management processes to achieve cost-appropriate care

3. Demonstrate leadership in professional practice

- 3.1. Demonstrate leadership skills to enhance health care
 - 3.1.1. Demonstrate knowledge of the human resource, financial, and system issues pertaining to the delivery of health care
 - 3.1.2. Enhance the interactions between the primary and specialty care systems to improve care coordination and shared primary specialty care

3.1.3. Enhance the transition between ambulatory and inpatient care

3.2. Facilitate change in health care to enhance services and outcomes

3.2.1. Demonstrate leadership in activities to enhance services and outcomes, addressing issues such as:

3.2.1.1. Limited access to diagnostic resources, inpatient care, and critical care

3.2.1.2. Transfer of patients to an alternate level of care, either more or less specialized

3.2.1.3. Medical needs of patients undergoing surgical procedures

4. Manage career planning, finances, and health human resources in a practice

4.1. Set priorities and manage time to integrate practice and personal life

4.2. Manage a career and a practice

4.2.1. Demonstrate knowledge of the human resource, financial, and record-keeping issues pertaining to managing a practice

4.2.1.1. Supervision of other health care professionals

4.2.1.2. Steps to setting up a GIM career, including application for a position, negotiation, financial planning, and human resource planning

4.2.1.3. Different types of physician remuneration

4.2.2. Attend to patient care responsibilities, including timely review of test results and response to direct requests from patients

4.2.3. Manage patient care information obtained in both acute and ambulatory care settings and ensure appropriate and timely follow-up

4.2.4. Triage referrals based on urgency

4.3. Implement processes to ensure personal practice improvement

4.3.1. Audit practice to guide change

4.3.2. Adapt to changes in patient care needs in the community

Health Advocate

Definition:

As *Health Advocates*, General Internists contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

Key and Enabling Competencies: General Internists are able to...

1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment

1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources

1.1.1. Facilitate timely patient access to health services and resources

1.1.2. Facilitate end-of-life care by advocating for patient-centred services

1.1.3. Explore individual patient support systems that impact on therapeutic decisions

1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours

1.2.1. Demonstrate a framework for conversations about behavioural change

1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients

1.3.1. Promote and counsel preventive health care:

1.3.1.1. Smoking cessation

1.3.1.2. Dyslipidemia management

1.3.1.3. Hypertension management

1.3.1.4. Weight management

1.3.1.5. Nutrition

1.3.1.6. Promotion of an active lifestyle

1.3.1.7. Promotion of appropriate alcohol use

1.3.1.8. Avoidance of recreational drug use

1.3.1.9. Avoidance of medication overuse

1.3.2. Implement preventive strategies

1.3.3. Discuss with patients and families the indications to restrict operation of a motor vehicle and/or any need for further assessments

2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner

- 2.1. Work with a community or population to identify the determinants of health that affect them
 - 2.1.1. Identify the social and physical environment of the community they serve and how it promotes health and disease
 - 2.1.2. Identify vulnerable or marginalized populations within those served and respond appropriately
- 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
 - 2.2.1. Identify health care system deficiencies that may impact on patient care and identify potential strategies for improvement
- 2.3. Contribute to a process to improve health in the community or population they serve
 - 2.3.1. Describe the principles of assessment and management of patients with potential emerging and epidemic diseases
 - 2.3.2. Facilitate the link between primary care, specialty, and subspecialty medicine to optimize patient care
 - 2.3.3. Identify and respond to unmet health care needs within their own practice

Scholar

Definition:

As *Scholars*, General Internists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating of evidence, and contributing to scholarship.

Key and Enabling Competencies: General Internists are able to...

1. Engage in the continuous enhancement of their professional activities through ongoing learning

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
 - 1.1.1. Audit practice to define their scope of practice and identify learning needs
 - 1.1.2. Design a program to address learning needs
 - 1.1.3. Develop a plan to access further training for additional needed skills in their practice

- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
 - 1.2.1. Seek and respond to information about performance in the clinical setting
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

2. Teach students, residents, the public, and other health care professionals

- 2.1. Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners
 - 2.1.1. Apply strategies for deliberate, positive role-modeling
 - 2.1.2. Support the implementation of the formal curriculum while recognizing, and addressing where appropriate, the impact of the informal or hidden curricula
- 2.2. Promote a safe and respectful learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
 - 2.3.1. Balance supervision and graduated responsibility, maintaining patient safety while providing learners the opportunity for autonomy and professional development
- 2.4. Plan and deliver learning activities
- 2.5. Provide feedback to enhance learning and performance
 - 2.5.1. Observe learners and provide coaching to guide performance improvement
 - 2.5.2. Document observations of learner performance to support learner progression in training
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner
 - 2.6.1. Utilize feedback provided by learners, teachers, and others to improve their own teaching practice

3. Integrate best available evidence into practice

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources for general internal medicine conditions
 - 3.2.1. Demonstrate knowledge of guidelines and/or management recommendations and critically appraise the relevance of resources for individual patient management

- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
 - 3.3.1. Critically appraise relevant medical literature to make evidence-informed clinical decisions
- 3.4. Integrate evidence into decision-making in their practice
 - 3.4.1. Recognize the limits of evidence in decision-making for patients with complex co-morbidities, unique physiological stressors, and/or ambiguous presentations/conditions

4. Contribute to the creation and dissemination of knowledge and practices applicable to health

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
 - 4.4.1. Participate in scholarly research, quality assurance, or educational activities relevant to General Internal Medicine, including any of the following
 - 4.4.1.1. Developing hypotheses, including a comprehensive literature review
 - 4.4.1.2. Developing protocols for scholarly projects
 - 4.4.1.3. Preparing grant applications
 - 4.4.1.4. Developing research ethics proposals
 - 4.4.1.5. Executing project protocols
 - 4.4.1.6. Interpreting and synthesizing results
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

Professional

Definition:

As *Professionals*, General Internists are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Key and Enabling Competencies: General Internists are able to...

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards

1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality

1.1.1. Identify limits in their own expertise

1.1.2. Respect the boundaries of the consultative role

1.1.3. Adhere to the principles of patient confidentiality

1.2. Demonstrate a commitment to excellence in all aspects of practice

1.3. Recognize and respond to ethical issues encountered in practice

1.4. Recognize and manage conflicts of interest

1.5. Exhibit professional behaviours in the use of technology-enabled communication

2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care

2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians

2.2. Demonstrate a commitment to patient safety and quality improvement

3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation

3.1. Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice

3.1.1. Apply professional standards and laws governing capacity and competence for medical decision-making

3.1.2. Apply the law as well as local policies and procedures relevant to substitute decision-making, and documentation of advance directives and goals of care

- 3.1.3. Maintain public safety through adherence to requirements for mandatory reporting, such as driving restrictions and reportable infections
- 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
- 3.3. Participate in peer assessment and standard setting

4. Demonstrate a commitment to physician health and well-being to foster optimal patient care

- 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
 - 4.1.1. Maintain capacity for professional clinical performance in stressful situations
- 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
- 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

This document is to be reviewed by the Specialty Committee in General Internal Medicine by December 2027.

APPROVED – Specialty Standards Review Committee – November 2017

REVISED (eligibility criteria updates) – Specialty Committee in General Internal Medicine and the Office of Standards and Assessment – July 2024

APPROVED – Office of Standards and Assessment (as delegated by the Specialty Standards Review Committee) – October 2024