

These training requirements apply to those who begin training on or after July 1, 2019.

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 Internal Medicine in order to be eligible to write the Royal College certification examination in General Internal Medicine.

The following training experiences are required, recommended, or optional, as indicated:

TRANSITION TO DISCIPLINE (TTD)

The purpose of this stage is to verify the achievement of the competencies of Internal Medicine primary specialty training and to provide an orientation to the GIM residency program and its educational outcomes, as well as the new health care setting. In addition, this stage begins the resident's identity formation as a generalist, and career planning for eventual setting of practice.

Required training experiences (TTD Stage):

1. Clinical training experiences:
 - 1.1. Any clinical general internal medicine (GIM) experience
2. Other training experiences:
 - 2.1. Evidence of active Advanced Cardiac Life Support (ACLS) certification
 - 2.2. Orientation to the health care setting, GIM program, and Competence by Design

Recommended training experiences (TTD Stage):

3. Other training experiences:
 - 3.1. Development of learning plan with review of prior training portfolio, as applicable
 - 3.2. Initial career planning

Optional training experiences (TTD Stage):

4. Other training experiences:
 - 4.1. Simulation experiences in the management of acute presentations

FOUNDATIONS OF DISCIPLINE (F)

In this stage residents will learn and apply the General Internal Medicine approach in their assessment and management of patients with a variety of conditions and presentations. A major aim of this stage is familiarity with the outpatient clinic, learning the unique aspects of patient flow, access to resources, and sequencing of investigations in this health care setting.

Required training experiences (Foundations stage):

1. Clinical training experiences:
 - 1.1. GIM referral-based clinic
 - 1.2. Any acute care setting, with resident supervision provided by general internist(s)
 - 1.3. Afterhours coverage of GIM service

Recommended training experiences (Foundations stage):

2. Clinical training experiences:
 - 2.1. GIM in a community-based setting
 - 2.2. Longitudinal GIM clinic
3. Other training experiences:
 - 3.1. Formal instruction in:
 - 3.1.1. Perioperative medicine
 - 3.1.2. Obstetrical medicine
 - 3.1.3. Patient safety and quality improvement principles and their application to GIM practice
 - 3.2. Training in performance of point of care ultrasound
 - 3.3. Simulation experience in procedural skills
 - 3.4. Journal club or equivalent experience in evidence-informed medicine

CORE OF DISCIPLINE (C)

In this stage, residents will build on their use of the GIM approach in cases with greater complexity including patients with end stage disease or complex medical presentations, and patients who are pregnant, of reproductive age, or who are in the perioperative period. This stage also focuses on counselling patients and families, leading and managing clinics and teams, and teaching and coaching junior learners. This stage provides the resident with the opportunity to identify and prepare for individualized career goals linked to the locations or focus of future practice; this may include enhancing clinical skills in a specific area of interest, developing a new clinical focus or developing a scholarly focus.

Required training experiences (Core stage):

1. Clinical training experiences:
 - 1.1. GIM referral based clinic
 - 1.2. Longitudinal GIM clinic
 - 1.3. Obstetrical medicine: clinic and/or acute care
 - 1.4. Perioperative medicine: clinic and/or acute care
 - 1.5. GIM inpatient care: ward or consultation service
 - 1.6. Any setting providing critical care
 - 1.7. GIM in a community-based setting
 - 1.8. After-hours coverage of GIM service
 - 1.9. After-hours coverage of learner supervision
 - 1.10. Supervision and interpretation of cardiac exercise stress tests
 - 1.11. Interpretation of:
 - 1.11.1. Cardiac diagnostics: Holter monitoring; ambulatory blood pressure monitoring
 - 1.11.2. Pulmonary function tests
2. Other training experiences:
 - 2.1. Journal club or equivalent experience in evidence-informed medicine

Recommended training experiences (Core stage):

3. Other training experiences:
 - 3.1. Formal instruction in:
 - 3.1.1. Performance of a practice audit
 - 3.1.2. Resource utilization
 - 3.1.3. Bioethics
 - 3.1.4. Debriefing and reflection

- 3.1.5. Wellness and sustainable practice development
- 3.1.6. Teaching and/or supervisory skills
- 3.2. Experience in an administrative role (clinical or educational); this may include participation on a hospital or faculty-based committee

Optional training experiences (Core stage):

- 4. Clinical training experiences:
 - 4.1. Training in the performance of the following diagnostic or therapeutic procedures:
 - 4.1.1. Bone marrow aspiration and biopsy
 - 4.1.2. Chest tube insertion
 - 4.1.3. Echocardiography
 - 4.1.4. Elective cardioversion
 - 4.1.5. Joint arthrocentesis other than knee
 - 4.1.6. Overnight oximetry interpretation
 - 4.1.7. Point of care ultrasound (POCUS)
 - 4.1.8. Skin biopsy
 - 4.1.9. Transvenous pacemaker insertion
 - 4.1.10. Other procedures as determined to be acceptable to the residency program committee, based on community needs

TRANSITION TO PRACTICE (TTP)

The focus of this stage is the integration of clinical and administrative skills in preparation for independent practice. Residents will be responsible for all aspects of a GIM practice, including triage, patient flow, and direction and coordination of patient care. Residents will integrate inpatient, outpatient, and afterhours coverage responsibilities. This stage will also provide formal instruction in areas of administrative and professional responsibility. This will include practice management, the certification process, maintenance of certification, and the development of plans for ongoing learning and professional development.

Required training experiences (TTP stage):

- 1. Clinical training experiences:
 - 1.1. Most responsible physician role for a GIM service and/or practice
 - 1.2. Integrated GIM practice
 - 1.3. After-hours coverage of a GIM practice

2. Other training experiences:
 - 2.1. Formal instruction in:
 - 2.1.1. Practice management
 - 2.1.2. Certification process
 - 2.1.3. Maintenance of certification and preparation for continuing professional development

CERTIFICATION REQUIREMENTS

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

1. Royal College certification in Internal Medicine;
2. Successful completion of the Royal College examination in General Internal Medicine; and
3. Completion of all elements of the GIM Portfolio.

NOTES:

Community experience should occur early in training before career planning is complete and/or selectives are chosen.

MODEL DURATION OF TRAINING

Progress in training occurs through demonstration of competence and advancement through the stages of the Competence Continuum. There is no mandated period of training; historically, training in General Internal Medicine has required 2 years. Individual duration of training may be influenced by many factors, which may include but are not limited to the resident's singular progression through the stages, the availability of teaching and learning resources, and/or differences in program implementation. Duration of training for any one individual is therefore at the discretion of the Faculty of Medicine, the Competence Committee, and program director.

Guidance for programs

The Royal College Specialty Committee in General Internal Medicine suggested course of training, for the purposes of planning learning experiences and schedules, is as follows:

- 1-4 weeks in Transition to Discipline
- Up to 6 months in Foundations
- 12-18 months in Core
- 2-3 months in Transition to Practice

Guidance for postgraduate medical education offices

For planning purposes, the stages of the Competence Continuum in General Internal Medicine are generally no longer than two months for Transition to Discipline, six months for Foundations, 18 months for Core, and six months for Transition to Practice.

This document is to be reviewed by the Specialty Committee in General Internal Medicine by December 2019.

APPROVED – Specialty Standards Review Committee – November 2017