The vast majority of general internal medicine (GIM) programs in Canada have become distinct entities that provide training in additional competencies and leadership above and beyond those required for the specialty of internal medicine. In December 2010, after many years of effort, GIM finally achieved recognition as a distinct subspecialty by the Royal College of Physicians and Surgeons of Canada. A GIM Working Group has finalized the objectives and requirements for a 2-year subspecialty training program in GIM that will follow after the existing 3-year core internal medicine training program. These documents have now been approved by the Royal College.

Starting in 2013, programs will be able to apply to the Royal College to become accredited GIM subspecialty training programs. Undertaking this application process will be an individual program decision. Thus, each university will have the option to offer both a 5-year GIM subspecialty training program and a 4-year internal medicine specialty training program, or to continue with only the existing 4-year internal medicine specialty training program.

GIM subspecialty programs are poised to train physician-leaders who will address the health care challenges of the future, including an aging population, patients with multiple comorbidities and simultaneous health care issues, and the need for health care innovation. This mandate is summarized in the following excerpt from the Objectives of Training in General Internal Medicine (http://rcpsc.medical.org/residency/certification/objectives/gen_internal_medicine_e.pdf; reproduced from the Royal College website with permission).

**General Internal Medicine is a subspecialty of Internal Medicine which embraces the values of generalism, is aligned with population needs, and promotes the practitioner’s ability to adapt their practice profile when population needs change.**

General Internists are prepared to diagnose and manage patients with common and emergency internal medicine conditions, and are able to do so when the individual has multiple conditions and with limited access to other subspecialists. General Internists provide comprehensive care of the adult patient in an integrated fashion as opposed to an organ-centred or disease-centred approach. They are prepared to maintain stability of patients with multisystem disorders over the long-term or during physiological stresses such as during pregnancy or the peri-operative period.

General Internists advocate for their individual patients as well as for all patients within complex healthcare delivery systems, by aiming to optimize and not maximize care, including prevention of other conditions. General Internists 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 uniquely placed to engage in quality improvement, patient safety, and healthcare systems initiatives.

**Frequently Asked Questions**

**What are the objectives of training for the new 2-year GIM program?**

The full GIM program objectives may be found on the Royal College website at http://www.royalcollege.ca/portal/page/portal/rc/credentials/specialty_information. Under “Information by Subspecialty,” select “General Internal Medicine (GIM).”

The medical expert objectives are centred on the pillars of GIM. They include but are not limited to the following:

- Common and emergency internal medicine disorders in the outpatient and inpatient setting, including when there
is limited access to other subspecialists – this includes presentations of illness that are multi-system and undifferentiated; it also includes the ability to independently stabilize critically ill patients
- Internal medicine conditions before, during, and after pregnancy
- Chronic multisystem diseases such as but not limited to diabetes, hypertension, coronary artery disease, chronic obstructive pulmonary disease, dyslipidemia, and chronic kidney disease
- Multiple internal medicine co-morbidities in the perioperative period – both in terms of preoperative risk stratification and management of postoperative problems related to GIM
- Reducing risk factors for disease through application of pharmacological and non-pharmacological preventive measures

Procedural skills in exercise stress testing, ambulatory blood pressure monitoring, Holter monitor interpretation, and mechanical and non-invasive ventilation will be needed by all. Each individual resident may have a different list of additional procedural skills that should be attained. Structure is built into the residency program to allow this flexibility. Defining which procedural skills you need for your practice on an ongoing basis is a key competency to be attained.

Key items being emphasized in other competencies include those needed in the increasingly complex health care system such as handover; inter- and intra-professional collaboration; practice audits and ability to adapt practice; behavioural modification; practice management; patient safety; and knowledge of when to seek assistance.

What are the training requirements in the 2-year GIM program?
The specialty training requirements emphasize that GIM will be a 2-year training program that is planned in a longitudinal fashion with increased graded responsibility over the 2 years, not 2 consecutive years with similar content in each year. Key components include 15 blocks of clinical rotations primarily in GIM that may include consultative medicine, perioperative medicine, community GIM, preceptorships, CTU, obstetrical medicine, ambulatory care, and critical care. The other 11 selective blocks can focus on development of clinical skills, scholarly skills, or a combination of both. Flexibility has been built in to allow individual GIM programs to tailor the specific details to their sites.

What certification examination will GIM subspecialty trainees take?
Certification in the subspecialty of GIM will be by written examination, as is the case with all Royal College subspecialties. GIM trainees will take the written examination at the end of their 5th year of training. It is anticipated that the examination will first become available in 2014.

How do I apply for GIM subspecialty training?
Applications for GIM subspecialty training will take place through the CaRMS Medical Subspecialty Match. Information about GIM programs and contact information for GIM program directors can be found on the CaRMS website at http://www.carms.ca/eng/r4_about_intro_e.shtml.

What will happen to certification in the specialty of internal medicine?
No changes in the current path to certification in the specialty of internal medicine are anticipated. The written and oral examinations in internal medicine will continue to be offered to individuals who are completing their 4th year of internal medicine training.

Will every internal medicine program offer a GIM subspecialty program?
Each university will have the option to offer both a five-year GIM subspecialty training program and a four-year internal medicine specialty training program, or to continue with only the existing four-year internal medicine specialty training program.

How can practising general internists (who have completed 4 years of internal medicine training) obtain credentials in the new subspecialty of GIM?
There will be an opportunity for physicians currently practising in GIM to apply for certification through the “Practice Eligibility Route for Subspecialists” (PER-sub). The GIM specialty committee is currently tasked with determining specialty-specific criteria for PER-sub candidates. With this process in the beginning phase, it will likely be a few years before this route is available for general internists. Anyone interested in further information about the PER-sub route to certification should contact the Credentials Unit at persub@royalcollege.ca.

It is an exciting time for GIM with renewed interest for the discipline that is needed for people across the country!