



CAIR Position Statement on the Proposal to Recognize General Internal Medicine as a New Subspecialty

The Canadian Association of Internes and Residents (CAIR) is the national representative body of over 7,500 Resident Physicians in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, the Maritime Provinces, and Newfoundland and Labrador. CAIR is a "blended" organization representing resident physicians across Canada and across specialties. It includes the Provincial Housestaff Organizations (PHOs) who represent resident interests at the regional level. CAIR also works collaboratively with other national health organizations (e.g. the Colleges, the Medical Council of Canada and the CMA) to explore new approaches in the delivery of health care and quality medical education. This paper outlines the CAIR position statement on the proposal for the recognition of General Internal Medicine as a new subspecialty, as received from the Royal College on March 15, 2010.

CAIR understands that the proposal to recognize GIM has been discussed and deliberated upon for several years. As a specialty that, according to the Canadian Society on Internal Medicine, "has a strong presence in every medical school across Canada, a national journal, national meetings, and a national specialty society",¹ there is an evident necessity to ensure that GIM training programs across the country meet the highest national standards for postgraduate medical education, accreditation, certification examinations and continuing professional development. Formal recognition by the Royal College for their training and specific contribution as a specialty would have the benefit of standardizing GIM training across the country.

This is of even greater importance considering the growth of communities requiring generalist care – particularly rural and remote communities, the number of physicians choosing medical subspecialties versus generalist specialties and the unprecedented growth in knowledge and technology which has sustained this development. It is therefore important to resident physicians that our medical education system continues to remain relevant to the needs of the communities we will serve, while at the same time supporting the recruitment, training and retention of physicians that are required. CAIR supports the appropriate recognition, compensation and respect for GIM and GIM physicians. We are however concerned that the proposal in its current form will not achieve the stated goals.

TRAINING LENGTH

It is our firm view that there should be no lengthening of residency training without an evidenced-based rationale for further training. We are uncertain as to where the current perceived gaps in training are as well as the intended benefits of an additional year of training. Upon reviewing one of the research articles that was provided, which outlined perceived gaps between training and preparation for various aspects of Canadian GIM practice, we noted that the majority of areas in which gaps were identified were procedural skills and the CanMEDS competencies outside the medical expert role.² We agree with the authors' recommendations that

¹ Canadian Society of Internal Medicine. On the existence of GIM.

[http://www.csionline.com/content/pdf/On_the_existence_of_GIM%20\(1\).pdf](http://www.csionline.com/content/pdf/On_the_existence_of_GIM%20(1).pdf). Accessed March 29, 2010.

² Card, S. et al. Are Canadian General Internal Medicine training program graduates well prepared for their future careers? BMC Medical Education, 2006, 6:56.

consideration should be given to emphasizing such procedures in training programs and strengthening the non-medical expert CanMEDS roles. The proposal also identifies that the additional year would be to obtain training that is specific to planned areas of practice for each resident. Certainly, if the purpose of the extra year is to address gaps in GIM training, individually planned areas of practice should provide for up to 10 months of "scholarly rotations" such as coursework, applicable Masters or research scholarly projects. This would not seem to merit requiring all GIM trainees to undertake additional training, nor does it seem appropriate to delay entry to practice for all. CAIR has also received feedback from residents stating that many excellent candidates preferentially choose general internal medicine as it is the shortest route to achieving their practice interests. Residents have also pointed out that the extra year would only serve to deter residents from choosing GIM, as residents may be more inclined to choose an IM subspecialty that is more highly remunerated such as Cardiology, Gastroenterology or Nephrology.³

COMPETENCY-BASED EDUCATION & TRAINING

It is incongruous that at the very time that educators are considering competency-based education and training in schools, as evidenced by the University of Toronto's competency-based curriculum pilot project in Orthopaedic Surgery, this proposal is seeking to extend the length of training without a well-articulated evidence-based rationale. We believe that it is prudent to consider the changes in our training environment over the past decade. A fixed period of time for training does not take into account individual variation in the time required to learn all the components of a particular discipline. We strongly agree that it is the 'quality of time and not the quantity in residency training' that matters. Rather than increase the length of residency training programs, it would be preferable to assess what competencies are required of a competent GIM graduate and re-structure the GIM program accordingly rather than the other way around. In this way, you can appropriately determine whether it would take one or two years to successfully complete the program.

POTENTIAL HEALTH HUMAN RESOURCE IMPLICATIONS

There can be no doubt that the goal of attracting trainees into GIM is an important one, however, this stated goal has potential recruitment implications and long-term health human resource implications. It has been established that Canada suffers from a shortage of general internists. The two articles from Dr. Card and Dr. Horn, make note of the low number of residents choosing generalist careers, including GIM, at a time when there is increasing public need and demand for generalists in Canada.^{4,5} CAIR firmly believes that the goal of postgraduate medical education is to prepare physicians to improve the health and health care of the general public through the education of graduated physicians. The postgraduate medical education system must ensure that trainees acquire both an adequate knowledge base and sufficient clinical experience in order to determine that an individual is a safe and expert independent practitioner. The medical education literature frequently point to the growing appreciation of the importance of educational practices being 'patient-centered' as well as 'learner-centered'. Focusing residency training and education on patient needs is therefore an important principle in our view.

³ Average payment per physician, for physicians who received at least \$60,000 in fee-for-service payments by Internal Medicine subspecialty and province, 2007-2008. National Physician Database, Canadian Institute for Health Information.

⁴ Card, S et al. Are Canadian General Internal Medicine training program graduates well prepared for their future careers? BMC Medical Education 2006, 6:56.

⁵ Horn, L et al. Factors associated with the subspecialty choices of internal medicine residents in Canada. BMC Medical Education 2008, 8: 37.

However, we believe that that an additional year of training will, instead of improving the situation, directly exacerbate the existing physician shortages. CAIR was informed that funding for a fifth year is offered only in Alberta, British Columbia, Saskatchewan and Quebec. We therefore contacted CAPER to better understand how many residents in these four provinces complete a fifth year of training. Table 1 below outlines the number and proportion of R-4 GIM trainees who also later trained in R-5 GIM.

Table 1
The Number and Proportion of R-4 General Internal Medicine Trainees
Who Also Later Trained in R-5 GIM

GIM R-4 Training Year	Canada (excluding QC, AB, SK, BC)		Saskatchewan		Alberta		British Columbia		Quebec	
	No./Total	%	No./Total	%	No./Total	%	No./Total	%	No./Total	%
2003-04	0/28	0%	0/2	0%	0/2	0%	1/4	25%	4/7	57%
2004-05	0/31	0%	1/2	50%	1/2	50%	0/2	0%	4/6	67%
2005-06	0/27	0%	1/2	50%	2/8	25%	1/7	14%	12/12	100%
2006-07	0/25	0%	0/3	0%	1/2	50%	3/7	43%	13/14	93%
2007-08	0/32	0%	1/4	25%	1/9	11%	3/6	50%	14/14	100%

As per the table, the number and proportion of R-4 GIM trainees in Alberta, British Columbia and Saskatchewan who choose to do an additional period of training in R-5, is quite low. The additional training year will therefore unnecessarily delay the entry of GIM physicians into practice, reducing their contribution to society by one year. The impact of an anticipated lengthening of training on health human resources and our populations' health care needs necessitates a re-evaluation of this proposal.

SCOPE OF PRACTICE

Currently, the final year of GIM training is partially undertaken in elective rotations intended to develop expertise in a specific field. The proposed fifth year would be additional selective/elective time to sub-specialize in a particular area or perform more academically-related activities such as education or sub-specialized GIM practice. As additional training results in individuals becoming increasingly sub-specialized, new graduates will structure their practice to utilize the skills they have learned, narrowing their scope of practice and moving them further away from generalist GIM practice. This may have the unintended consequence of detracting the recruitment of GIM physicians into community settings where they are most in demand. Currently, many subspecialists continue to practise a degree of GIM, both during their subspecialty training as well as later in practice. The effect of this change on subspecialists who intend to also practise GIM in communities may therefore be affected. One comment frequently heard from residents is confusion over the differences in IM and GIM certification – i.e. how will the GIM exam in PGY-5 for GIM residents differ from all residents who complete PGY-4 and receive certification?

It is also unclear how the proposed changes would affect the scope of practice imposed by the regulatory authorities and hospital credentials committees. This could have an impact on health human resources if subspecialists under the new model are not able to include GIM work in their practice as they do under the current model. Many communities rely on the additional GIM resource offered by subspecialists. Many subspecialists also rely on their GIM practice to make their work in a particular community financially viable, as they may not have a full complement of subspecialty patients. As such, this change may lead to a decrease in recruitment of subspecialists into communities in which they are most needed.

SYSTEM CAPACITY

The Provincial Housestaff Organizations have been closely following the challenges faced by the system to accommodate the growing number of learners including access to training locations, physical resources and the limited number of clinical teachers and preceptors. Therefore there are concerns regarding the capacity of the existing infrastructure to accommodate the proposed extension of training. A specific capacity issue is the effect of the GIM training extension on subspecialty resources. In Section (7) of the revised proposal, additional competencies are specified which would have to be learned *in addition* to those learned in PGY-1 to PGY-3. For instance, GIM trainees will require electives for procedures such as echocardiogram and GIM scopes etc. which subspecialty residents already require access to, for their certification. CAIR believes that it is prudent that the proposed changes be assessed by our schools and governments to ensure that the system can accommodate and fund the additional year of training.

PROCESS FOR UNMATCHED RESIDENTS

It is paramount that all residents are provided the opportunity to achieve certification and complete their training. Currently, at the time of the subspecialty match, residents who do not obtain a subspecialty position “default” to the GIM program. CAIR does not believe that GIM is a “default” position, however under the new proposal, this option would be removed.

SUMMARY

CAIR understands that over the past years, the numbers, distribution and composition of residents entering internal medicine subspecialty training programs across Canada has varied greatly and that this variation has tremendous implications for our health care system. As the Canadian Society for Internal Medicine, in its landmark paper has noted, “[i]ncreased support for the recruitment, training and retention of general internists is needed now to avert a crisis, both in patient care and in medical education.” Family physicians and other generalists such as GIM physicians are highly needed and it is important to demonstrate this value in many avenues such as fee schedule arrangements, mentoring opportunities in undersubscribed specialties and providing training opportunities in the CanMEDS competencies of professionalism and communicator thereby improving respect for and recognition of colleagues who are generalists. The benefits of this would be two-fold – to attract trainees to these domains and to foster an appreciation and awareness amongst all physicians of the important role of generalists. General internists provide a key service in hospitals and communities and it is clear both now and in the foreseeable future that additional general internists will be needed to keep our system healthy. While CAIR therefore supports the need to enhance the attractiveness of GIM and agrees that it is critically important to implement national standards for a specialty that may already have a strong presence in Canada, CAIR strongly believes that this proposal raises fundamental questions on key issues that may directly impact our residency education system, residents in training and Canada’s health human resource requirements. CAIR appreciates the effort to continually re-evaluate our postgraduate medical education system and is open to discussing and exploring alternative options that would best meet the needs of residents and the health care needs of Canadians.