

# Training in General (Internal) Medicine alone

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**ABSTRACT – A freestanding training programme for general (internal) medicine (G(I)M) alone was established in the Oxford deanery four years ago. The programme was designed to provide three years' training post-MRCP for specialist registrars, selected in open competition, and covers all aspects of acute medical care including four months in intensive care. The first four to complete training have achieved consultant level appointments. The programme also attracted a number of trainees who wished to obtain appropriate qualifications in high dependency and critical care medicine. The programme offers the opportunity to create specialists properly trained in G(I)M who will be able to continue to provide an important service as specialists or practising as consultants in G(I)M alone.**

## Training in general (internal) medicine alone

The introduction in January 1997 of the unified higher specialist training grade<sup>1</sup> for medical specialties provided the opportunity to create new training programmes. Most new programmes merged existing general medical registrar posts with senior registrar posts in particular specialties, to create new dual training programmes in general (internal) medicine (G(I)M) together with a medical specialty, eg diabetes and endocrinology. There was also a need for a stand alone G(I)M training programme, primarily intended for academic clinicians who wished to practise as general physicians. This report describes the training scheme in Oxford and provides details of the outcome after the first four years.

Some medical registrar jobs which were not locked into medical specialties, either in the district general or teaching hospitals, formed the core of the new programme. Of key importance, three posts in the intensive care unit in Oxford were earmarked for general medicine trainees.

The three year specialist registrar programme in G(I)M alone was developed as follows:

- Year 1 in a two-site district general hospital, where the specialist registrar spends four months in each of three medical teams with different special interests, all of which share responsibilities for the acute medical take and the medical admissions unit

- Year 2, a further year in G(I)M either with a G(I)M/cardiology team or in any of the medical teams in the Oxford Radcliffe teaching hospital
- Year 3, the final year of G(I)M on two other firms in the Oxford teaching hospitals and four months spent in the intensive care unit.

The three ICU slots permit a total of nine medical SpRs to rotate through the unit every year; thus six of the other medical specialist registrars in dual training in G(I)M + specialty have the opportunity for ICU training in addition to the three in final year training in the G(I)M alone programme. The trainees in the G(I)M alone programme are thus exposed during their three years' training to nine teams with consultants who have different specialty interests including intensive care. All the specialist registrars take part not only in the acute medical take but also in out-patients of the medical teams to which they are attached.

## Selection criteria

Entry to higher specialist training requires a minimum of two years of basic medical training at SHO level and possession of the MRCP. The standard of entry for the G(I)M specialist registrar programme is the same as for any of the other medical specialties. Selection for the G(I)M alone programme with the award of a national training number (NTN) in G(I)M alone did not confer right of transfer to another medical specialty, which could only be achieved by a subsequent further open competition for a NTN in another subject.

## Key Points

**A freestanding higher specialist training programme in general (internal) medicine alone has been operating in the Oxford deanery for four years**

**The programme has attracted high calibre trainees from a variety of backgrounds**

**The first specialist registrars to complete the whole programme have obtained consultant level appointments**

**The programme offers the opportunity to train physicians, including academic clinicians, whose major interest lies in the many aspects of acute medicine**

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## The trainees

Time spent in research does not count towards the three year training programme in G(I)M alone, so although some trainees had spent three years working for a higher degree (MD or PhD), they still had to complete the full three years' clinical training in G(I)M at specialist registrar level. The programme devised however was sufficiently flexible to allow trainees to take time out of programme for research even though it would not count towards higher training in G(I)M alone. Some trainees who obtained their NTN in open competition whilst undertaking research deferred their starting date in the clinical programme until their research was completed. Others took a year out for specific purposes, e.g. a Masters Degree in Law in one instance, and then returned to the programme. This created gaps which needed to be filled with short term appointments, either a Locum Appointment for Training (LAT) or a Fixed Term Training Appointment (FTTA) for someone from overseas. The first four specialist registrars to complete their training have now achieved consultant level appointments: two have continued as consultants in G(I)M whilst holding research fellowships, one obtained a diploma in intensive care medicine, and the other is dually accredited in accident and emergency medicine as well as G(I)M.

## Discussion

The stand alone G(I)M programme has attracted a variety of good quality trainees. A few highly motivated trainees wished to pursue a career in academic medicine and to practise in general medicine. Some trainees from overseas and the European Union were keen to train in G(I)M and return to practise in their own countries. The intensive care module proved highly popular and, unexpectedly, the programme attracted a number of trainees who entered the programme as part of their attempt to obtain appropriate qualifications in high dependency medicine and critical care medicine.

LATs proved to be popular for trainees who had completed their general professional training but had not yet committed themselves to specialisation. Some used their LAT post to organise research fellowships and to decide on their chosen specialty.

The existence of the G(I)M training programme has also provided a training opportunity for a small number of consultants who wanted to seek re-training in G(I)M.

What the substantive specialist registrars are going to do on obtaining their CCST in G(I)M alone will depend on whether Trusts will create consultant appointments in front line medicine, not as accident and emergency consultants but as physicians specialising in acute G(I)M. The training in intensive care and broad experience of acute medicine offered in the Oxford programme makes the trained specialist registrar in G(I)M a strong candidate for such roles.

The Oxford G(I)M training programme has both strengths and weaknesses. Its main strength lies in its focus on acute general medicine, including a four month ITU module. This is

creating a group of physicians, including academic clinicians, whose primary interest lies in acute medicine. The subsidiary LAT programme allows trainees to increase their skills in G(I)M before specialising in other acute or non-acute specialties. The main weakness of the training programme is that trainees are not at present given the opportunity to do non-acute elective modules of training (such as neurology) to broaden their experience.

The G(I)M programme as it has developed in Oxford may provide a model for future higher medical training in the UK. It is normal in the USA for physicians to obtain their Board Certification in internal medicine before going on to specialise and obtain a second board certificate in a chosen medical specialty. The possession of a Certificate of Completion of Specialist Training (CCST) in G(I)M would allow physicians to continue to practise G(I)M as recognised specialists during their subsequent training in a further medical specialty, rather than continuing in dual training in both G(I)M and a medical specialty as at present. They would need to continue to practise G(I)M in order to retain their skills and be revalidated after five years. Being able to practise as a specialist in G(I)M whilst undertaking further specialist training in a selected medical field would help the service to have more trained specialists on acute medical take to provide patient care and to supervise trainees. There is a lot of discussion in medical circles at present about recognition of the time spent in the SHO grade post-MRCP, which has never been recognised for higher specialist training. We do not advocate a return to the old grades of registrar and senior registrar, but are in favour of properly constructed specialist registrar training programmes leading to a CCST in G(I)M alone becoming more widespread. Such programmes offer the opportunity to create properly trained specialists in G(I)M who will be able to continue to provide an important service as specialists whilst developing other interests, whether in academic fields or in other medical disciplines, or practising as consultants in G(I)M alone.

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## Reference

- 1 *A guide to specialist registrar training*. NHS Executive, February 1998.

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