

## Letters to the editor

**OVERVIEW**

**Please submit letters for the editor's consideration within 3 weeks of receipt of *Clinical Medicine*. Letters should be limited to 350 words, and sent by email to: [clinicalmedicine@rcp.ac.uk](mailto:clinicalmedicine@rcp.ac.uk)**

---

### **Core medical training to internal medicine training: progress or a step backwards?**

**DOI:** 10.7861/clinmed.Let.22.4.1

Editor – When Prof Sir David Greenaway proposed changes to the way in which physicians train in 2013, he suggested increasing the length of post-foundation training in general internal medicine (GIM) training to 3 years, rather than 2 years.<sup>1</sup> This was with the intention that all physicians would be generalists first and specialists later.

However, the implementation of internal medicine training (IMT) has led to a division into 'group 1' and 'group 2' specialties. The group 1 specialties are those which traditionally contribute to the acute receiving rota ('the take'), such as respiratory medicine and gastroenterology, while the group 2 specialties are those which are perceived as highly specialised, such as dermatology and oncology. Group 1 specialty trainees must now complete 3 years of GIM but their specialty training is condensed into 4 years, rather

than the 5 years previously, while group 2 specialties continue to have 5 years to complete their specialty training.

This could disadvantage trainees in group 1 specialties who will continue to gain experience of GIM during post-IM3 training, at the expense of gaining training in their specialty. Furthermore, one could argue that trainees in group 2 specialties could benefit from a broader based GIM training before learning the nuances of their specialty.

Most of us are not born knowing which specialty we wish to do and trainees will make career decisions at different points in their training. The trainee who plans a career in a group 1 specialty may change their mind to pursue a career in a group 2 specialty, even as late as during the third year and they should be encouraged to make career decisions that suit them. The 2 year/3 year hybrid training model creates a huge administrative burden and, more importantly, potentially disadvantages the trainees. Do we need to finesse the post-foundation, pre-specialty training of our future physicians a little further? ■

JAMES ORR

*Consultant hepatologist, Bristol Royal Infirmary, Bristol, UK*

### **Reference**

- 1 Shape of Training. *Securing the future of excellent patient care*. Shape of Training, 2013.