

General Medicine

ADVANCED TRAINING GUIDELINES COMMENCING 2007

Supervising Committee

Specialist Advisory Committee (SAC) in General Medicine.

Definition

A general physician (in New Zealand they are often referred to as specialists in internal medicine) is one whose training and expertise enables practice as a consultant in the broad field of internal medicine as it applies to adolescents and adults. General physician practice adopts a specific approach to the patient as a whole person, notwithstanding an interest and training in a particular field. General physicians have a breadth and depth of knowledge and experience which makes them ideally suited to provide high quality specialist services across a spectrum of health and illness which is not limited by the boundaries of medical subspecialties. These capacities place general physicians in an important and responsible position as both clinicians and teachers, particularly where problems are undifferentiated and complex, where there are issues which do not fall within the range of subspecialties and where the integration of interdisciplinary expertise may be required.

General physicians have important linkages with colleagues in many disciplines including general practice, surgery, obstetrics and psychiatry. Their expertise is often required in remote and rural areas.

General Principles of Training

1. Training in general medicine involves the formulation and successful completion of a carefully constructed and balanced program approved prospectively by the SAC, recognising the need for flexibility and the need to acquire clinical, teaching, research and administrative skills.
2. Advanced training in general medicine conforms with the guidelines for advanced physician training which can be found in this handbook. It includes two years of core training in institutions accredited by the SAC in General Medicine and one year of non-core training.
3. All training must be approved prospectively by the SAC in General Medicine.
4. It is recommended that trainees attempt to plan ahead for the whole three year period (2 years core training; 1 year non-core training), whilst maintaining some flexibility. A mix of rotations in general medicine and 2 or 3 other subspecialties during core training is required.
5. The order of core and non-core training is flexible, to suit the needs of the trainee and availability of training positions.
6. Trainees are encouraged to consider dual training in general medicine and another subspecialty, which will require a period of supervision by two SACs. Trainees who wish to pursue a dual training program are advised to seek the advice of the Coordinators of Advanced Training (CAT) of both SACs prior to beginning their advanced training program.
7. Programs may be constructed to allow supervision and training for periods in other disciplines such as emergency medicine, dermatology and psychiatry.
8. The option of post-FRACP training is available for those who wish to obtain further experience after the completion of advanced training in general medicine. This might include completion of training in another subspecialty. Trainees also have the option of post-FRACP in General Medicine.
9. Two supervisors are mandatory for core training in General Medicine, one of whom should be a general physician. One supervisor is adequate for non-core training.
10. Trainees are strongly recommended to undertake at least 1 year of their training at a separate institution.

Components of Training

Core training

Trainees must complete two years (24 months) of core training. In Australia, core training must be undertaken in institutions accredited by the SAC in General Medicine. (See *Training Sites* below).

One year (12 months) of core training must be spent in a general medical unit. The second core year must be made up of two or three terms of minimum four months duration in two of the following subspecialties:

- Cardiology
- Geriatric Medicine
- Respiratory Medicine
- Intensive Care
- Gastroenterology and Hepatology
- Haematology/Medical Oncology
- Neurology/Stroke
- Rheumatology
- Nephrology
- Obstetric Medicine (see below)
- Infectious Diseases
- Endocrinology and Diabetes
- Clinical Pharmacology
- Peri-Operative Medicine

Where extended experience is required (eg for the purposes of dual training in a subspecialty or for procedural training), then additional time (in excess of six months) may be approved as non-core training. This should be discussed and clarified with the Coordinator of Advanced Training in advance.

Non-core training

Non-core training may be more diverse and shorter terms (to a minimum of 3 months) would be considered. Up to 12 months of non-core training may be undertaken in any of the subspecialties approved for core training, or in the other specialties listed below:

- Rehabilitation Medicine
- Immunology and Allergy
- Chemical Pathology / Clinical Biochemistry
- Nuclear Medicine
- Palliative Medicine
- Research (see below)

This list is not exhaustive, and an individual's training requirements will be considered at the time of prospective approval.

Institutional accreditation is not necessary for non-core training, but the SAC will also consider the suitability of the site for advanced training when it considers prospective approval of the individual's training program.

Other considerations

Training in the year of a successful attempt at the clinical examination may be credited if it has been prospectively approved. The SAC must be convinced by the supervisor that the trainee's preparation in no way interfered with Advanced Training and that the position differs significantly from basic training. It would only be credited for core training if undertaken in an appropriate specialty in an accredited institution.

Ambulatory care is a significant component of a general physician's practice and the training program should reflect that. It is essential that trainees be exposed to ambulatory care (out-patients, hospital in the home programs etc) in a supervised environment.

Advanced training in General Medicine is expected to differ from basic training. Relief terms and night shift would not be considered acceptable as core or non-core term.

Rural and Metropolitan Training

It is desirable that training takes place in more than one institution to acquire a broad base of exposure and experience. Periods of training and service within non-metropolitan institutions are strongly encouraged. The SAC supports trainees who seek to undertake part of the training in regional or larger rural centres. Such training would be suitable for either one year or two years of advanced training. One of the three years of advanced training should be spent in a non-rural hospital. Adequate supervision is available in regional centres and most of the larger rural centres, and many opportunities exist for varied and interesting project work in the specialty. The Coordinator of Advanced Training may advise individual trainees of the opportunities available in particular centres.

Procedural Training

General physicians frequently perform gastrointestinal endoscopy, bronchoscopy and echocardiography. General medicine trainees who wish to obtain such expertise as a component of training would be advised to consider the guidelines for gastrointestinal endoscopy, bronchoscopy and echocardiography published by Internal Medicine Society of Australia and New Zealand (IMSANZ) and the procedural requirements of other SACs/JSACs. Trainees are advised to have such procedural expertise carefully supervised and documented.

Project or Case Reports

The SAC must be satisfied that advanced trainees are capable of collecting and analysing data, critically reviewing published information and synthesising and expressing conclusions. To this end, each trainee in Australia is required to submit a substantive piece of scholarly work in each of the years under the supervision of General Medicine. During dual training, the rules of the primary SAC apply to project requirements.

Project reports may take several forms e.g.:

- a case report with a detailed review of the literature;
- a report of a research program;
- a report of a QA activity;
- organisation of the clinical examination for FRACP with supported documentation from the College (maximum 2 registrars per site). New format available as at May, 2008.

Only one case report is allowed during the three years of training. All reports must be of a standard suitable for publication and should include a detailed bibliography. If project reports are written as multi-author papers, trainees are required to indicate the precise extent of their own involvement. It is desirable that there has been peer review before the report is forwarded to the SAC for assessment. Peer review might include presentation at a scientific meeting or submission for publication in a scientific journal. The Annual Scientific Meetings of the College, IMSANZ and other special societies or associations provide ideal opportunities for advanced trainee presentations.

The length of the report to the SAC is not specified, but trainees should work towards providing a sound document which has a similar structure to articles published by refereed journals.

Project reports must be pertinent to the practice of general medicine and to the training program. The supervisor should be involved in the choice and progress of the project, periodically reviewing the project at the supervisor/trainee meeting. The trainee should give a copy of the project report to their supervisor at least six weeks before the supervisor's report is to be submitted to the College. In Australia the trainee should submit three copies of the project along with three copies of the project cover sheet to the Education Department of the College before **15 September** to allow independent assessment and approval by each SAC. These reports must be received by

the SAC and deemed satisfactory by referees appointed by the SAC before accreditation of the year's training can be considered and granted.

Trainees must satisfactorily complete at least one project before the end of the second year of advanced training in order to progress to the third year.

Other Specific Requirements

The SAC recommends that a trainee and a supervisor have regular formal meetings during each term of supervision. The interview should address those issues outlined in the trainee's PLP and in the supervisor's report, which will be completed at the end of the term. The SAC should be notified if there are issues which require attention and which might lead to concerns regarding accreditation.

IMSANZ has developed a mentorship scheme to ensure access to a senior physician. For more information, please contact the IMSANZ Secretariat.

Research

Research programs may be undertaken and should be relevant to the practice of medicine. Up to one year of research can be accredited as non-core training. Where a trainee specifically proposes a research year of advanced training (as opposed to research activity being undertaken as part of the clinical year), the research program will need to be prospectively approved by the SAC. The supervisor's report should provide evidence that the calibre of the work has been such that publication in a refereed journal or thesis will follow.

Training Sites

- Sites suitable for core advanced training in general medicine must meet minimum criteria. The criteria are available from the College upon request. From 1 July 2005, the SAC in General Medicine has been assessing and accrediting sites for advanced training based on these criteria.
- Non-accredited institutions must seek accreditation from the SAC in General Medicine before core training is commenced. Please contact the College for the relevant information and application forms.
- Institutional accreditation is not necessary for non-core training.
- Training will normally take place in general medical units or in other subspecialty units.
- In the circumstances of remote training sites, the SAC will rely heavily on a careful appraisal of the proposed program and contact with nominated supervisors.
- Training positions outside Australia will require detailed documentation prior to prospective approval. This may include an application for accreditation of the site (which is distinct from approval of the trainee's program) if it is to contribute to core training.
- A list of sites accredited for general medicine training is available on the RACP website. Applicants for Advanced Training positions are strongly encouraged to check that their proposed core training sites are accredited. Retrospective accreditation will not be granted.

Other Training Programs

Advanced trainees may wish to explore opportunities for 'combined training' which might involve post FRACP training.

Dermatology

In Australia those who have completed basic physician training and who have satisfied the training requirements of the Australasian College of Dermatologists (ACD) may be admitted to FRACP upon completion of one prospectively approved year of advanced physician training in general medicine.

Obstetric Medicine

For physicians who wish to concentrate on this field, or practice general medicine with an interest in obstetric medicine, at least one year of their advanced training should be devoted to gaining experience in the area. This would necessarily involve attendance at a maternity hospital with an appropriately experienced physician. A curriculum for training in obstetric medicine under the SAC has been developed and is available from the College on request. Although Obstetric Medicine may be considered 'core training', appropriate sites may not fulfil the usual criteria for accreditation and discretion may be applied.

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