

G(I)M AND ACUTE MEDICINE - CURRENT STATUS

In the run up to the introduction of the run through grade, specifically during 2006, the JCHMT produced revised curricula for all specialties. These were put to PMETB approvals panels in the autumn / winter of that year ready for the new grade that began on 1st August 2007. For a number of complex reasons the G(I)M curriculum was rewritten and re-titled as G(I)M (Acute Medicine), containing three levels - L1 the CMT curriculum applicable to all specialties, Level 2 for those in acute specialties wishing to offer competencies at a level permitting participation in the acute take & Level 3 which is the CCT (note in GIM). The purpose of creating L2 was to get over the problem understood at the time that training in parallel for two CCTs was not possible. L2 allowed training sufficient to permit trainees to attain MAU skills without the need for a CCT. It is perfectly legitimate to be appointed to a consultant post including participation in the acute take on the basis of a CCT in a specialty backed by L2 certification.

It is not clear that dual CCTs were ever impossible but there was certainly an understanding that training for two CCTs would require consecutive training periods rather than running concurrently. There was also a prevailing view was that the MMC team were looking to shorten training periods where possible, and that single CCTs were more likely to achieve this.

PMETB will now permit training in more than one CCT where the training can be acquired concurrently and with only modest prolongation of the overall training period. Accordingly the JRCPTB has acted proactively to create a new specialty in Acute medicine and to re-establish a CCT in GIM thereby re-enabling dual training in a specialty and GIM. In making these proposals JRCPTB was acutely aware that this would be seen as disadvantageous to those who entered training in 2007 and 2008 who would not receive a dual CCT unlike their predecessors and successors. JRCPTB has arranged a meeting with the PMETB and officials from the DH on 5th February, specifically to discuss how we can come to an agreement which would allow the 2007/08 cohorts in medical specialties to be transferred onto the new dual CCT pathway.

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