

Statement following meeting of Postgraduate Medical Education and Training Board (PMETB) and Joint Royal Colleges of Physicians Training Board (JRCPTB), together with representatives of the Conference of Postgraduate Medical Deans (COPMeD), Royal College of Physicians (RCP) trainees, and British Medical Association (BMA) Junior Doctors on Thursday 5<sup>th</sup> February.

**Dual Certificates of Completion of Training (CCTs) with General Internal Medicine (GIM) and another Medical Specialty.**

This meeting was convened to address concerns that have been expressed by trainees, and supervisors concerning the doctors recruited to train in August 2007 and 2008 in medical specialties and GIM. This group of doctors had been informed that they would receive a single CCT in their chosen specialty, and that their achievement of level 2 competence in the GIM curriculum (August 2007) (sufficient to lead the medical "take") would be recognised by receipt of a 'credential' from the JRCPTB.

Recent plans to develop Acute Internal Medicine as a specialty in its own right, and to develop a new curriculum for GIM from August 2009 heightened the concerns of trainees recruited in 2007 and 2008. Most trainees in acute medical specialties wish to be able to achieve dual CCTs in GIM and another medical specialty (see PMETB website for the June 2007 guidance on dual CCTs).

It is recognised that the needs of patients as identified by the Service require physicians whose competence in GIM and, therefore, ability to manage the acute take is clearly defined. PMETB, the JRCPTB, COPMeD, and trainees wish to ensure that those signed up to the current Level 2 'credential' (all those trainees who commenced training in GIM within their

chosen medical specialty in 2007 and 2008) are not perceived to be disadvantaged by not having the appropriate dual CCT qualifications.

As a result, and in parallel with the development of the new GIM curriculum, JRCPTB are undertaking a mapping process that will enable these trainees to transfer to the new curriculum. They can then expect to exit training, subject to successful completion of the PMETB approved training programme and assessments, with dual CCTs, one in GIM and one in another medical specialty.

We expect that the additional competencies required for the CCT in GIM in addition to those required for the other specialty CCT can be achieved by StRs within a reasonable (EU minima) time period. Therefore, the expectation is that all trainees who commenced training at ST3 level in 2007 or 2008, and who want to acquire competence to lead the acute medical "take" will switch to the new GIM curriculum. On successful completion of the training programme and assessments for both specialties, as outlined in the relevant PMETB approved curricula, the Doctor will achieve two CCTs, one in GIM and another medical specialty. These developments must be approved by PMETB prior to implementation. For further information, contact JRCPTB.

Please note that in regard to fees for CCT, a doctor pays the fee per application. If s/he applies for both CCTs at the same time (that is in one application), s/he pays one fee. If s/he applies at separate times (that is in two applications), s/he pays twice.