

**JOINT ROYAL COLLEGES OF PHYSICIANS TRAINING BOARD
(JRCPTB)**

**Annual Specialty Report for General (Internal) Medicine to
The Postgraduate Medical Training Board (PMETB)
for August 2007 to July 2008**

1. Establishing Schools

Nationally all SHA's have Schools of Medicine in place which incorporate G(I)M.

2. Triggered Visits

There have been no PMETB triggered visits

3. Effect of changes to the specialty

The GIM/Acute medicine curriculum introduced in 2007 has caused some confusion around 'level 2' credentialing. PMETB have recently agreed to allow trainees to map across to the new GIM curriculum to be introduced (hopefully) in August 2009. A formal process will be introduced based on externally-led assessment to facilitate this process.

4. Key concerns for the future of the specialty

The new curriculum will proceed from Core training through to the GIM CCT. This should improve and clarify training programmes.

5. RITAs/ARCPs. The following includes the responses we have received from the Heads of Specialist Training for this specialty

All trainees for this specialty have had successful RITAs/ARCPs. There have been no reports of adverse RITA decisions.

6. European Working Time Directive (EWTD): The following includes the responses we have received from the Heads of Specialist Training for this specialty

The situation is patchy. Most trainees in GIM are also training in a medical specialty, and the working patterns and rotas of trainees in different specialties varies widely. An example was provided for a hospital where there are four separate SpR rotas covering medical specialties, with trainees involved in all of these rotas also involved in the separate GIM rota. Two of these four combined rotas are compliant, and two may be on paper but are unlikely to be in reality. It is suspected that this is representative of the situation in the country as a whole. It is also important to recognise that the situation is fluid, and that as workload varies / increases, there is no guarantee that a rota that is currently compliant will remain so

7. Training Programme Director Report information

We have not received these reports for every Deanery for this reporting period but

intend to include the themes in subsequent reports. However, we have received various Education Committee meeting minutes for this specialty which highlight no training or assessment concerns.

8. Examinations

We do not have examination data available for this reporting period.

9. Assessments

Workplace based assessments for the medical specialties including Direct Observation of Procedural Skills (DOPs), mini CEX, and Multisource Feedback (MSF) have been in place since 2005. Although there have been concerns within each specialty with regard to the time involved to complete these, their use has been widely encouraged so that PMETB standards are met. We continue to pilots further workplace based assessments.

10. e-portfolio

Pilots for the specialty e-portfolios have been completed and the e-portfolio for General (Internal) Medicine is now live and available for use by enrolled StRs. During the transition period trainees had been advised to complete paper records or to continue to use their CMT e-portfolio