Implementation of 2009 General Internal Medicine (GIM) Curriculum Frequently Asked Questions for Trainees	
	General
Q	**What is the rationale for introducing a new General Internal Medicine (GIM) Curriculum at this time?**
A	This new curriculum has been produced to meet the needs of patients as identified by the service, who increasingly require physicians to manage and enhance patient care in the acute medical units. Importantly the concerns expressed by trainees have also been addressed by plans to develop a new curriculum for GIM from August 2009. Trainees recruited in 2007 and 2008 expressed the strong wish to be able to achieve dual CCTs in GIM and another medical specialty as they were concerned without a CCT for GIM, their competence to participate in the acute medical take might be less acceptable than for a GIM CCT holder. Trainees who wish to transfer to the new curriculum will be able to do so by providing the appropriate evidence as detailed in the curriculum. For more information please visit the GIM page of the JRCPTB website here
Q	**What are the main differences that I will see between the 2007 and 2009 GIM curricula?**
A	Firstly, you will see a number of similarities. The symptom-based "Emergency presentations", "Top 20" and "Other Presentations", and the symptom specific and procedural competences remain as does the spiral nature of the curriculum.
	You will, however, see improvements. For example, • the symptom based, system specific and procedural, competences have been more clearly defined • full details of assessment requirements have been included • all parts of the curriculum have been mapped to the 4 domains of Good Medical Practice • the Generic Curriculum has been incorporated in the form of "Common competences"
	You will also see that: • MRCP(UK) is the knowledge assessment for CMT and will usually be completed by the end of the second year. Further knowledge development after ST3 will be assessed in the workplace • Progression through the curriculum is defined in the ARCP Decision Aid(s) • General Internal Medicine competence will demonstrate "maturation" of the CMT trainee
Q	**There seems to be much greater emphasis on assessments.**
A	There is greater emphasis on assessments for a number of reasons. These are explained in the curriculum but include: • Inclusion of assessment information which was previously documented separately from the curriculum • driving and enhancing learning • providing robust, summative evidence that trainees are meeting the curriculum standards during the training

	programme • the need to inform the Annual Review of Competence Progression (ARCP) Workplace-based assessments are the key to providing documentary evidence of GIM exposure and competence acquisition.
Q	**Do I need to do all of the assessments in the curriculum?**
A	In the syllabus section, the assessment methods shown are those that are appropriate as **possible** methods that could be used to assess each competency. It is not expected that all competences will be assessed, and, where they are assessed, not every method will be used. Assessments will "sample" the curriculum, and one assessment may cover several areas of the curriculum. A minimum number of workplace-based assessments (WBAs) is required as defined in the ARCP Decision Aids.
Q	**How should I record the acquisition of competences?**
A	The ePortfolio should be used to log acquisition of competences. Personal management of outpatients and inter-firm referral numbers should be kept in a logbook, and patient contact information should be anonymised.
Q	**How do I know if the 2009 curriculum is relevant to me?**
A	The 2009 curriculum **IS** relevant to trainees who entered training in GIM (Acute) between August 2007 and July 2009 and were eligible for a Level 2 credential in GIM (Acute). If these trainees wish to progress to dual CCTs in General Internal Medicine and a medical specialty, they will be able to do this by transferring to the 2009 GIM curriculum provided that the requirements of both curricula are fulfilled. Please see the new GIM curriculum 2009 and the flowchart diagram on the JRCPTB website for more details.
	The 2009 curriculum **IS** relevant to trainees who will start training from August 2009 in a medical specialty plus General Internal Medicine.
	The 2009 curriculum is **NOT** relevant to trainees in core training who started before August 2009. For these trainees there is no change until they move to specialty training.
	The 2009 curriculum is **NOT** relevant to trainees who started training before August 2007. These trainees will be dual accrediting in GIM and a medical speciality. For these trainees, there is no change.
	Transferring to the new curriculum
Q	**If I am eligible, when will I be able to transfer to the new curriculum?**
A	**Trainees who entered CMT Training in August 2008** will remain on the 2007 GIM (Acute) curriculum until their completion of CMT Training. At completion of CMT training trainees will commence specialty training on the new 2009 GIM curriculum. MRCP will not be required for trainees enter specialty training but should be completed by end of ST3.
A	**Trainees who exit CMT Training in August 2009** will start Specialty Training in ST3 on the new 2009 GIM curriculum.
A	**Trainees who enter CMT Training in August 2009** will automatically start on the new CMT curriculum. MRCP will be a mandatory requirement to enter specialty training.
A	**Trainees entering ST4** in August 2009 will be assessed for transfer to the new curriculum at their ARCP for their GIM training held towards the end

	of their ST4 year and will hopefully commence the new curriculum in 2010 after a successful ARCP.
	Trainees entering ST5 in August 2009 will be assessed for transfer to the new curriculum at their ARCP or PYA for their GIM training (whichever comes sooner) and will hopefully commence the new curriculum in 2010 after a successful ARCP/PYA.
	Trainees entering ST6 in August 2009 (because of prior research or LAT experience) will be assessed for transfer to the new curriculum at a PYA of their GIM training which will usually be carried out towards the end of their ST6 year.
Q	**I was recruited into Respiratory Medicine training with a Level 2 credential in GIM in August 2007. I would like to have the opportunity to CCT in GIM as well as Respiratory Medicine. What must I do?**
A	As an ST5 trainee, you should: 1) Apply to the SAC in GIM to transfer (click here for form) Return the form to JRCPTB and send a copy to the appropriate medical workforce officer at your Deanery. 2) Ensure you have the required evidence as described in the new curriculum 3) Your training will be assessed at an extended GIM ARCP or PYA
Q	**I was recruited into Geriatric medicine training with Level 2 credential in GIM in August 2008. I would like to have the opportunity to CCT in GIM as well as Geriatric medicine. What must I do?**
A	As an ST4 trainee , you should: 1) Apply to the SAC in GIM to transfer (click here for form) Return the form to JRCPTB and send a copy to the appropriate medical workforce officer at your Deanery. 2) Ensure you have the required evidence as described in the new curriculum 3)Your training will be assessed at an extended GIM ARCP
Q	**What evidence will it be necessary to collect to progress to a CCT in GIM?**
A	1) A portfolio containing the required workplace-based assessments as defined in the GIM (Acute) ARCP Decision Aid, i.e. a minimum of 3 ACATs (aiming for 6), 4 mini-CEX and 4 CbD per year; DOPS until independence in procedures demonstrated; MSF 2) Evidence of attendance at a minimum of 70% of Deanery training days where 2 hours of GIM is provided during the training day and/or evidence of attendance at a minimum of 35 hours per year of external GIM conferences or courses. There must also be evidence of attendance at GIM training days. A proportion of this training can be achieved by recognition of e-learning modules such as www.doctors.net 3) Evidence of direct care – which means personal management i.e. clerking, examining and investigating – of an indicative number of 300 patients per year admitted on the general medical "take" (i.e. approximately 1000 patients during the 3-year training programme). This will need to be recorded (perhaps as a print out of the hospital admission data), discussed with the Educational Supervisor and recorded in general terms in a log book signed off by the Educational Supervisor and

	countersigned by the relevant Deanery STC Chair and/or TPD 4) Evidence of inpatient and outpatient experience. This should include at least three years of experience undertaking in-patient ward rounds that must include patients with multisystem disease based in a variety of different specialities and which allow competences to be obtained in the management of the "Top 20" and "Other Presentations" as detailed in the GIM curriculum. There must be consultant supervision of these ward rounds at least twice a week. The ward rounds may be undertaken on specialist wards. Experience of the management of outpatients can be obtained in specialist clinics, direct access clinics or ambulatory care clinics. To satisfy the regulations for award of a CCT in GIM there must be experience of at least one clinic a week for an indicative 3 years during which the trainee will build up experience and competence in managing the "Top 20" and "Other Presentations". During this time, competence will be acquired by seeing and managing about 450 new patients and 1500 follow up patients. This must be ratified by the Educational Supervisor and countersigned by the relevant Deanery STC Chair and/or TPD.
	If you have any further queries, these should be directed to GIM@jrcptb.org.uk