General Internal Medicine in Canada: A Unique Medical Specialty?

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Outline of this presentation

- Roles of general internists in Canada
- Factors that have promoted these roles
- Barriers and challenges
- Training programs and outcomes
- Collaboration with others
- The future
Roles of general internists in Canada

- are specialists with primarily consulting role to
  - primary care doctors (usually family physicians)
  - specialists: sub-specialists in IM & non-medical specialties.
- have a ‘broad based expertise & a focus on patients rather than organs or diseases.’
- roles depend on their practice setting.

- Internist: ‘highly trained specialist who provides non-surgical health care to adult patients. Includes both sub-specialists and general internists’.
Clinical roles of general internists

*Bridge the gap between primary care and subspecialty medicine by*

- management of patients with acute medical problems,
- intensive care,
- continuing care to patients with complex serious illnesses (often collaboratively with primary physicians),
- approach to undifferentiated problems,
- dealing with problems in >1 sub-specialty area
- peri-operative assessment, & managing medical problems of pregnancy.
Roles depend on their practice setting

- Smaller communities or remote areas:
  - may be only (medical) consultant
  - subspecialty / procedural expertise (groups of GIM)
  - special skills for remote areas e.g. trauma management
  - community development

- Referral centres, regional hospitals:
  - subspecialty or procedural expertise
  - multidisciplinary care settings e.g. ‘medical day hospital’

- University hospitals:
  - ‘at the heart of the clinical teaching unit’
  - special programs e.g. HIV, HTN, C-V prevention, pain mgt ...
The theory:

- **Family physician**
  - Breadth of care
  - Depth of care

- **Sub-specialist**
  - Breadth of care
  - Depth of care

- **General internist**
  - Breadth of care
  - Depth of care
In real life:

- **Family physician**
  - Breadth of care
  - Depth of care

- **General internist**
  - Breadth of care
  - Depth of care

- **Sub-specialist**
  - Breadth of care
  - Depth of care
Non-clinical roles

Education
- medical school
- residency & fellowship
- CME / CPD
  - promote the concepts of generalism throughout the curriculum.

Administration
- health
- education

Scholarship areas
- clinical epidemiology,
- medical education,
- clinical informatics
- health services research
- basic & clinical research
GIM roles in Canada affected by:

- **History** - British (& French) heritage & models
- **Geography** - big, sparsely populated, small to mid-sized hospitals
- **Political & economic factors** - economically advanced, federal & provincial joint funding for health care, need for cost effectiveness
- **Public policy** - access to health care enshrined in the constitution, national socialized medicine, gov’t mandated workforce planning
- **Health system structure** – regionalized health care, decreased LOS, changed inpatient case mix
- **Physician workforce** – half MDs are GP/FP; reluctance of sub-specialists to move to smaller communities, aging GIMs
- **Academic divisions of GIM** – GIM training programs
Barriers and challenges

- perception that GIM is ‘undervalued’ by sub-specialists
- perceived as unattractive: ‘default’
- little trainee exposure to the range of possible roles,
- financial & lifestyle disincentives
- current lack of a formally recognized Royal College GIM program.

critical shortages of internists in all settings.
“The art is getting longer and longer, the brain [of the learner] has its limits...the time is too short for a man already burdened to the breaking point, to study any specialty from the standpoint of the specialist.”

Wm Osler, Bull Johns Hopkins, 24:167-71,1913
A General Internist is a specialist of adults

- diagnosis / treatment of broad range of diseases involving all systems, skilled in the management of patients with undifferentiated or multi-system disease processes.

- focuses on the “whole patient” integrated care of >1 “conditions” in 1 individual

- diagnosis & care of patients with
  
  - undifferentiated symptoms or known disease states,
  
  - a single active problem in the face of multiple stable comorbidities
  
  - multiple active comorbidities requiring concurrent management

- acute care & ambulatory or during pregnancy or peri-operative period.

- unique contribution to the comprehensive care of the whole patient & the spectrum of medical problems
- Residency programs run by:
  - University Departments of Medicine (Core)
  - University Divisions of GIM (GIM)
- Accreditation by Royal College of Physicians of Canada

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<th>PGY 1</th>
<th>PGY 2</th>
<th>PGY 3</th>
<th>PGY 4(+5)</th>
<th>PGY 5-6+</th>
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<td>Residency</td>
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<td>&lt; Fellowship &gt;</td>
<td>&lt;Advanced&gt;</td>
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<td>Core</td>
<td>Internal</td>
<td>Medicine</td>
<td>GIM specialty</td>
<td>Special skill</td>
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special expertise: academic setting community needs
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<th>National Written &amp; OSCE Examination</th>
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<td>PGY 1: Residency &lt;&lt;</td>
<td>PGY 2: Core</td>
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<td>PGY 5-6+: &lt;Advanced&gt;</td>
<td>Special skill</td>
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special expertise: academic setting community needs
GIM fellowship (PGY4±5)

- Flexible
  - Meet needs of future practice settings
- Attain CanMEDS competencies at the consultant level:
  - Medical expert
  - Communicator
  - Collaborator
  - Manager
  - Scholar
  - Health advocate
  - Professional
- Full period of training (4-5 years) and exam success must be completed before licensure.
General objectives for GIM training

Upon completion of training, a resident in general internal medicine is expected to be a competent specialist in general internal medicine, capable of assuming a consultant’s role in the specialty. The resident must acquire the knowledge, attitudes, & skills common to all GIM practice. The resident must develop the unique skills of the general internist to provide comprehensive care of the whole adult patient in an integrated fashion as opposed to an organ-centered or disease- centered approach. They must be competent in the diagnosis, investigation, & treatment & ongoing care of the specific subset of patients seen by General Internists.
Residency training sites / roles

Mandated
- Community GIM
- Consultation service
- GIM ambulatory care
- Clinical teaching ward as ‘Junior attending’ or team leader
- Intensive care
- Pre-operative ass’t unit
- Obstetrical medicine unit

Flexible
- Further clinical training GIM or other subspecialty
- Procedural skills
- Clinical epidemiology
- Health services
- Basic / clinical research
- Medical education
- Advanced degree e.g. MPH, MSc, MBA, MEd, MHA
Collaboration

- The Canadian Society of Internal Medicine
- Royal College of Physicians & Surgeons of Canada
- American College of Physicians
- Universities – PGME
- Canadian Association of Professors of Medicine
- Provincial organizations, licensing boards
- Health care planners
- Hospitals
Outcomes

- 5 year training models: Quebec, BC
- Increased # choosing GIM …but not enough!
- Nearing to RCPSC recognition of training program
- Slow increase in recognition of the value of GIM
  - Funding
  - Government mandated increase residency #
- Collaboration of community and university GIMs increasing
The future

- Increase recruitment
  - Student & core resident exposure
- Increase attractiveness
  - Remuneration, lifestyle
  - Medical practice
  - Alternative care models
- Collaboration of university & community GIM
  - Complementarity; ? University ‘Community IM Divisions’
- Formal as well as functional recognition of GIM as a distinct specialty
  - Increase status
In summary, GIM in Canada:

- Generalist specialists – balance between primary care and sub-specialist
- Consultant role - spanning many disciplines
- Provides patient-centered holistic care
- Wide variety of roles depending on setting
- Roles defined by skills and values
- Flexible training for practice setting
**The future**

“I have heard the fear expressed that in this country the sphere of the physician proper is becoming more and more restricted, but I maintain … that the opportunities are still great, the harvest is truly plenteous, and the labourers scarcely sufficient to meet the demand.”

William Osler, *Internal Medicine as a Vocation*, in *Aequanimitas*