



A Trainee's Perspective of General Internal Medicine

by Dr Leonie Callaway (2003)

Why choose Internal Medicine?

Interim Trainees in General Medicine

As is well known, many trainees supervised by the Specialist Advisory Committee in General Medicine are not dedicated trainees in Internal Medicine. Some of the reasons trainees will choose to do an interim year of advanced training in general medicine include:

1. To have a year of accredited training while awaiting a training position in another subspecialty.
2. To have the year of their FRACP examination accredited as a year of advanced training.
3. To spend a year trying out a number of subspecialty areas to make a decision regarding the most suitable career path.

These trainees have definite needs that need to be considered by the college before making any changes to the current training structure.

Dedicated Trainees in Internal Medicine

I am aware of 18 current or recently graduated trainees in internal medicine. The reasons for choosing internal medicine training include:

1. To gain broad experience and procedural skills for rural and provincial practice.
2. To provide a base for developing special interests in perioperative medicine, obstetric medicine or medicine in disabled people.
3. To complement research interests in health systems, public health, or evidence based medicine.
4. To combine with subspecialty training.

Several trainees who initially felt that training in internal medicine was a reasonable option have decided that the best approach is to keep a "foot in both camps" and pursue combined training in internal medicine and a subspecialty.

Other factors that influence the decision to pursue training in internal medicine include:

1. An interest in the "breadth" of medicine.
2. Excellent general physician role models (this is certainly the case in Queensland).
3. A belief that general physicians have an important role in the provision of health care.

Many trainees are concerned that the involvement of multiple subspecialists results in fragmented care, which can be overcome by the involvement of a well-trained generalist.

4. Abundant employment opportunities, both in the private and public sector.
5. Flexible training, which is particularly suited to those that have special interests, family commitments or other lifestyle requirements.

Challenges in Training in Internal Medicine

Many trainees who initially decide to pursue a career in Internal Medicine revisit this decision. Some simply “jump ship” and decide that the problems of training in internal medicine are insurmountable, and they will be better served by a well-defined subspecialty. Others “believe” that internal medicine is important, but to keep their sense of self worth intact, decide that they will be best served by combining both internal medicine and a subspecialty.

Some of the major challenges are as follows:

1. Trainees in internal medicine are usually offered rotations that have not been filled by subspecialty trainees, who are routinely given preference (even when the advanced trainee in internal medicine is a superior candidate).
2. Trainees in internal medicine have difficulties accessing high quality, well-supervised procedural training.
3. Trainees who have chosen internal medicine need a robust self-esteem and an unflinching belief that what they have chosen is worthwhile. Subspecialists frequently denigrate the role of general medicine, and make trainees feel that training in general internal medicine is a waste of time. Advanced trainees in internal medicine require an enormous amount of mentoring and counseling regarding these issues, even in hospitals where internal medicine is well established.
4. There is a sense that training in internal medicine is for those who have failed to gain a more “prestigious” subspecialty position. In my experience, this is rarely the case, and many excellent trainees choose internal medicine, because they feel that the holistic care they can offer is a worthy pursuit. In addition, almost half the advanced trainees in internal medicine that I know are holders of first-class honours degrees. Despite this, many trainees find the perception that they are academically challenged or unable to gain a subspecialty training position very confronting.
5. Although many trainees choose internal medicine because it is flexible, and caters to a wide variety of interests, some trainees find that the lack of a clearly defined training program is a barrier,
6. Usually subspecialty trainees are surrounded by an enthusiastic collegiate environment and have specific educational meetings to cater to their learning needs. In contrast, advanced trainees in internal medicine often lack a sense of “belonging” to a community of senior colleagues and do not have unique educational meetings to cater to the specific needs of a generalist.

Selection Processes in Internal Medicine

Undergoing a proper interview process to gain a training position in internal medicine is an important component of validating the career choice of the trainee.

Previously, at the Royal Brisbane Hospital, advanced trainees in internal medicine were welcomed with open arms, and there was no formal selection process. The problem with this approach was that it denied trainees the important experience of attending an interview. It also contributed to the sense that internal medicine would accept any trainee, regardless of their suitability.

There is ongoing debate regarding the role of centralized selection processes. One of the considerations in this debate that is important is the issue of “quarantined” subspecialty training positions for advanced trainees in internal medicine. Resolving this issue is a key component in improving the opportunities for trainees in general internal medicine.

What do Trainees in Internal Medicine Need?

1. A well defined set of training options, which provides both a clear training pathway, but is also flexible enough to cater to the unique requirements of some trainees.
2. “Quarantined” access to procedural and subspecialty training.
3. A sense of “belonging” to a worthwhile community of likeminded colleagues.
4. A sense that general internal medicine is a worthy career choice.
5. Regular meetings that address the specific educational needs of advanced trainees in internal medicine.
6. Formal selection processes, recognizing that not all applicants will be suited to the “subspecialty” of internal medicine.

Should all trainees in Internal Medicine spend part of their advanced training in rural or provincial locations?

This is obviously a difficult issue. If trainees in internal medicine were the only advanced trainees who have a “compulsory” component of rural training, then I would predict that a substantial number of trainees would choose another specialty.

Trainees who harbour thoughts of rural and provincial practice should be pro-actively identified, and nurtured. They should be provided with first class training opportunities, and have significant efforts spent on tailoring the perfect training program. The Victorian Rural Physicians Network seems to have made excellent progress with this model. Forcing unwilling trainees to rural and provincial locations is unlikely to result in any long-term workforce solutions.

Parenting is a major issue for many trainees, who have already endured the difficulties of rural secondments during basic training and the complete life disruption associated with RACP examinations. Given that nearly 50% of trainees are women in their late 20’s and early 30’s, serious consideration needs to be given to the impact of decisions about the nature of advanced training on the issues of child bearing and rearing. This is particularly important for general medicine, as many trainees choose general internal medicine because it seems to be a reasonable solution to achieving “work life balance”.

Should training in Internal Medicine be increased to four years?

Given the reduction in working hours, and increasing medical knowledge, this may be a reasonable consideration. In addition, strengthening training in internal medicine may help to overcome some of the problems with the perception that this is an “easy option”.

However, there is currently **NO** evidence regarding how long one should train to practice as an independent physician. Clearly there are many flaws in prescribing a period of “time”, but this has been a practical approach, given that the much more useful, but elusive problem of defining competence is a difficult issue.

Australian physicians already spend more time in training than virtually anywhere else in the world (with the exception of the United Kingdom). In the face of emerging workforce

shortages, there would need to be very clear evidence of benefit to justify lengthening of the training program. I am not aware of any recently graduated trainees who clearly needed a longer period of training.

The college has enormous power over trainees, who are consumers of the “training and educational products” of the college. If training was lengthened, this would have implications regarding income, family planning, research and other pursuits. I strongly believe that if an “intervention” such as increasing the period of training is enforced by the college on its relatively powerless consumers (trainees), that there should be very good evidence that there is clear educational benefit. The problem that all educationalists grapple with is that some trainees will be competent after two years of training, whereas others might never be competent. We need to develop innovative training solutions to deal with this problem.

If training in internal medicine took longer than training in other subspecialties, this would make internal medicine much less attractive.

Should all trainees in Internal Medicine do dual training?

Many trainees are choosing this approach. The advantage of insisting on dual training is that this raises the profile of general medicine, and makes it clear that specialists in internal medicine are capable of subspecialty work.

One of the problems is that many tend to end up predominantly practicing in their area of subspecialty, and general internal medicine comes a distant second or is lost altogether.

There is plenty of demand for well-trained specialists in internal medicine. To gain employment, or work in the private sector, there is currently no need for additional subspecialty training.

Once again, proscriptive training requirements such as this may mean that even fewer trainees choose internal medicine. One of the challenges is to ensure that training meets the requirements of the individuals who want to practice internal medicine. One of the risks is that developing a well constructed, flexible, attractive training program may fall prey to a variety of political agendas, which although important, do little to improve the attraction of general medicine.

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