Position Statement
March 2010

Provision of acute undifferentiated
general medicine consultant services

Requirements for training, credentialling
and continuing professional development

This document provides guidance to credentialing bodies and medical boards when making decisions about whether currently practising physicians should be credentialed or registered as general physicians capable of practicing acute undifferentiated medical take. In cases where there is considerable uncertainty as to whether the eligibility criteria have been met, submissions can be made to the STC in General Medicine for a final ruling. Physician trainees who commence advanced training in or after 2011 will not be eligible to participate in acute undifferentiated general medical services unless they have undertaken training in General Medicine approved by the STC in General Medicine as detailed herein.

Background

There is increasing concern about the less than adequate numbers of physicians with general skills able to manage patients with multiple organ-system problems throughout Australia and New Zealand. The number of such physicians available to service the health needs of rural and remote centres has reached crisis point in some regions, and there are shortages in metropolitan and outer urban areas as well. This has serious implications for the quality and outcomes of care for patients. Although the situation is more acute in Australia than in New Zealand, many of the problems, and solutions, are common to both countries.

The IMSANZ/RACP joint position paper “Restoring the Balance”\(^1\) discusses these topics in more detail, but the key issues can be stated as follows:

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• There is a significant shortfall in the number of physicians with recognised general medicine subspecialty training to participate in acute undifferentiated medical take in Australia.

• The lack of general physicians in many (tertiary) training institutions exacerbates the problems in providing adequate training opportunities, supervision and mentorship of trainees in general medicine.

• Trainees specialising in general medicine have difficulty accessing both general medicine and other specialty training posts.

• The inequities in remuneration and employment conditions (rostering, workloads, training and service requirements) have resulted in a negative impact on the uptake of general medicine as a desirable and rewarding career choice.

**Purpose of this position statement**

Currently the provision of acute undifferentiated medical services in hospitals and ambulatory general medicine services to the population often requires the involvement of physicians trained in other specialties but who also, by virtue of their training, experience and interest, possess and maintain broad general medicine skills. These physicians who are already providing general medical services and supervising general medicine trainees need ongoing training and support.

This document aims to make clear the training, credentialing and continuing professional development requirements for physicians who wish to act as consultants in the care of acute undifferentiated medical patients and who are required to participate in acute undifferentiated general medicine on-take rosters.

The Australian and New Zealand divisions of IMSANZ have recently converged and harmonised their training programs for advanced trainees in general medicine. This enables a common approach to training and credentialing requirements which will eliminate confusion for trainees, fellows, specialist training committees and regulatory bodies. This approach reflects a more pragmatic approach in both countries towards the introduction of full advanced training in General Medicine as a future requirement for credentialing in acute undifferentiated medicine. This document however acknowledges that there exist many highly skilled physicians without formal training in General Medicine who are currently participating in acute undifferentiated medical take and the requirements contained herein take account of this group.

*The role of the general physician in health care*

Beyond primary care, the medical health needs of the community are best served by a spectrum of physicians that includes both general physicians and other specialists and subspecialists. The proportions of each will vary with different health systems and locations.

General physicians are expert generalists - specialists in the breadth of internal medicine and the most appropriate physicians to undertake the initial care of patients presenting with acute undifferentiated medical illnesses. In providing such acute care, as well as the aftercare that may follow, general physicians work closely with other specialists, general
practitioners, nurse practitioners and other groups of health care workers to ensure optimum care and patient outcomes.

**Provision of acute undifferentiated general medicine services**

*Training Issues*

*Training requirement for undifferentiated acute medicine*

All physicians with an FRACP have undertaken at least three years of basic training across the spectrum of internal medicine, including acute undifferentiated medical call, and have undergone a rigorous assessment of their knowledge and skills in general medicine by way of the written and clinical Part 1 examinations.

However with the reductions in clinical exposure that have accompanied the introduction of safe working hours, shorter patient stays in hospital, the growth of the discipline of emergency medicine, and the increasing pressure for core training in subspecialty disciplines to span all 3 years of advanced training, the physician trainees of the future may well not possess the level of clinical experience in the care of acute undifferentiated patients that past trainees possessed. In addition the changing face of acute undifferentiated on-take with the development of acute medical assessment units continues to further refine the skill mix required for participation in such activities. These changes underpin the importance of specific training in acute general medicine as part of the broader training necessary for competence in the discipline of General Medicine.

Enhancing the breadth and depth of physician skills during advanced training and enabling trainees of the future to possess the requisite skills to participate in acute undifferentiated medical call requires, as a minimum, advanced training in general medicine. Training experience in acute general medical call requires involvement in patient management throughout the inpatient stay and beyond.

*Dual training*

Trainees who, in addition to general medicine skills, wish to acquire skills and expertise in a subspeciality can achieve this by undertaking dual training in both general medicine and another subspecialty discipline. This is to be strongly encouraged as it provides trainees with an expanded spectrum of clinical interest, provides them with more career options, improves their employability, and increases self-sufficiency in locales where access to subspecialties may be limited.

Because of the very nature of undifferentiated medicine, the frequency of multiple co-morbidities, and the likely need for ongoing management after the acute problem has been resolved, trainees need assistance in gaining appropriate training across the spectrum of internal medicine in order to participate in acute undifferentiated general medical rosters.

*Fellows currently practising acute undifferentiated medicine*

Physicians who have undertaken advanced training in general medicine and currently practice acute undifferentiated on-take automatically qualify for recognition of expertise in this area of practice. Physicians without specific advanced training in general medicine who have provided a significant, long-term contribution to the provision of acute undifferentiated medical services will be similarly recognised in accordance with the requirements set out below.
**Continuing professional development (CPD)**

Ongoing ability to manage acute undifferentiated medical problems is dependent upon active participation in CPD programs which reflects an individual’s clinical practice. For those participating in acute undifferentiated general medical rosters, a corresponding proportion of CPD should be directly related to the provision of acute care medicine. Physicians practising undifferentiated medicine will be requested to claim an appropriate number of credits in the myCPD program that are verifiably related to such practice.

**Credentialing current physicians to participate in the provision of acute undifferentiated general medical services**

The determination of whether a currently practicing physician has the knowledge, skills and other attributes to participate in acute undifferentiated general medical rosters will be made by the credentialing committee of the employing institution with or without input from the state registration body. A General Physician involved in undifferentiated general medical rosters should be on the credentialing committee.

Any such decision would not only take into account the FRACP training, dual or otherwise, undertaken, but also any post-FRACP training, recency of practice in general medicine (including acute undifferentiated general medical rosters) and involvement in appropriate CPD. This assessment should however be undertaken as per the guidelines below set down by the Internal Medicine Society of Australia and New Zealand. Where additional advice on content of training is required this should be given with the endorsement of the General Medicine Specialist Training Committee (STC). Where advice on currency or content of physician practice is required, the General Medicine STC in liaison with the Council of IMSANZ and its state representatives should offer such advice. However it is envisaged that with appropriate interpretation of the Guidelines the occasions when advice on training and practice is required would be infrequent. In this context physicians currently practicing and those completing the pre-2011 advanced training program who meet the standards stated in the guideline should have their medical registration endorsed with General Medicine as well as a subspecialty if appropriate.

**Guideline for eligibility to participate in acute undifferentiated general medical take**

Currently practising physicians or current physician trainees who commenced advanced physician training prior to 2011 will be eligible to participate in acute undifferentiated medical take if they fulfil one or more of the following criteria:

1. Undertaken advanced training in general medicine, either alone or as part of dual training, under the supervision of the SAC/STC in General Medicine and: 1) have participated in regularly rostered (at a level equivalent to approximately one shift a fortnight) acute undifferentiated general medical take throughout the preceding 2 years; and 2) have maintained practice and CPD in General Medicine acceptable to the SAC/STC in General Medicine and their local registration board.
2. Trained prior to the establishment of the SAC in General Medicine or for whom the college records are missing (1973-1989), but: 1) whose practice has been as a clearly badged General Physician; 2) who have participated in regularly rostered (at a level equivalent to approximately one shift a fortnight) acute undifferentiated general medical take throughout the preceding 2 years; and 3) have maintained CPD in General Medicine acceptable to the SAC/STC in General Medicine.

3. Have trained in other subspecialty disciplines but: 1) have participated in regularly rostered (at a level equivalent to approximately one shift a fortnight) undifferentiated general medical take for the majority of the last 2 years; and 2) who have maintained CPD in General Medicine acceptable to the SAC/STC in General Medicine.

**Physician trainees who commence advanced training in or after 2011** will be eligible to participate in acute undifferentiated medical take if: 1) they have undertaken advanced training in general medicine supervised by the STC in General Medicine; or 2) in the case of subspecialty trainees have: a) undertaken a minimum of 12 months of advanced training in a general medicine program approved by the STC in General Medicine; b) participated in regularly rostered (at least one shift a fortnight) undifferentiated general medical take as a medical registrar throughout the 12 months prior to being conferred fellowship; and c) undertaken advanced training in a subspecialty which, on review of training logbooks and other records by STC in General Medicine, is deemed to have involved considerable exposure to acute general medicine.

**The endorsement of credentials to participate in undifferentiated acute medical take**

Fellows who meet the above criteria should be recognised by hospital credentialing committees as capable of participating in an undifferentiated acute medical take, and having general medicine endorsed as a specialty on their medical board registration.