Dual Training and award of CCT in General (Internal) Medicine (GIM) and Medical Specialty

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The JRCPTB recently considered the issue of dual training in medical specialty plus GIM, in light of increasing problems in delivering acute medical care and staffing of acute take rotas. Trainees in ten specialties (from a total of 29 – see table below) currently link specialty training with GIM. In recent years fewer trainees (particularly in cardiology) have pursued dual training, and increasing numbers of trainees enrol for dual CCT but then drop GIM during training. This has thus depleted the number of STRs available to staff acute take rotas.

Cardiology currently has 74% of trainees in dual training, and rheumatology has an even lower proportion at 60%. If dual training was universal in the ten acute specialties mentioned in the table below, the number of trainees doing specialty plus GIM in the UK would increase by 470, or 11% of our total of 4299 medical specialty trainees.

The JRCPTB Management Board has decided not to mandate dual training in those medical specialties which are traditionally linked to GIM. However it strongly endorses this, and would encourage as many trainees as possible to enrol and complete dual training. This is consistent with the Shape of Training recommendation that generalist training should continue up to the level of the Certificate of Specialist Training (currently CCT), and support staffing of the acute take. The JRCPTB would also encourage any trainee who has embarked on a dual-CCT programme to continue to work on the acute general take until their CCT date. Trainees must apply to the Postgraduate Dean if they wish to move to a single CCT (Gold Guide 6.33). JRCPTB would encourage PG Deans and employers to require completion of a dual CCT programme and ensure that contracts are written in such a way to enforce this. However, the Board acknowledges that there may be some instances in which dual training is not appropriate, and this will be left to the discretion of the Postgraduate Deans.

There are trainees (especially in rheumatology) who are training for a single specialty CCT who later decide that they would like to change to dual training with GIM. The GMC has agreed that where they have been recruited to programmes including GIM as an option, there would be no need for a separate application to this. However for those outwith the ten traditional acute specialties, a separate application to a GIM programme will be required. New GMC guidance on this will follow shortly.

Dual vs Single CCT trainees (actual numbers) in acute specialties – Enrolled trainees

Specialty	Total trainees	Total %	No of trainees with GIM	Dual %	No of trainees singly accrediting	Single %	Other*	Other %
AIM	318	100%	263	83%	43	14%	12	4%
Cardiology	766	100%	568	74%	185	24%	13	2%
Gastroenterology	636	100%	613	96%	20	3%	3	0%
Renal	404	100%	353	87%	46	11%	5	1%
Respiratory	704	100%	684	97%	17	2%	3	0%
Endocrinology	458	100%	439	96%	17	4%	2	0%
Geriatrics	694	100%	669	96%	23	3%	2	0%
CPT	34	100%	24	71%	8	24%	2	6%
Rheumatology	285	100%	171	60%	111	39%	3	1%
Infectious Diseases **	238	100%	126	53%	10	4%	102	43%
Total	**4299**	**100%**	**3784**	**88%**	**470**	**11%**	**45**	**1%**

Other* refers to non GIM second specialty/sub specialty; ** 06/14 data

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