

Differentiating Acute Medicine from General Medicine (October 2025)

Dear AIM Trainees,

There has been a lot of discussion recently about the difference between Acute Internal Medicine (AIM) and General Internal Medicine (GIM), particularly with regards to ePortfolio requirements. After the introduction of the new curricula in 2022, different regions took different approaches. An example of this was cross counting of workplace-based assessments (WBAs) between AIM and GIM.

AIM is its own unique specialty. Consultants with AIM CCTs have skills that training in GIM alone simply would not provide. It is important that the training scheme reflects this if AIM is to be afforded the respect it deserves.

Training programmes have therefore been asked to clearly separate the two training programmes, so that cross counting of WBAs is no longer permitted. Trainees dual certifying in AIM and GIM must have separate Annual Reviews of Competence Progression (ARCPs) with separate WBAs. This reflects the position that has always been held, but where practice may have slipped in some places.

This announcement has caused some confusion, which we're keen to clear up well ahead of ARCP season. We have therefore written extended guidance, which combines the AIM and GIM decision aid to make absolutely clear what a dual certifying trainee needs to progress through the program.

The AIM Specialty Advisory Committee (SAC) has agreed that these standards will become the standard for all training regions by the end of this academic year. For trainees in regions where tickets have traditionally cross counted, the earliest ARCP this could be applied is Spring/Summer 2026. The standard won't be retroactively applied and trainees will not be expected to "make up" assessments from previous years.

For those of you who disagree with the decision to end cross counting, we do think there are a few important things to bear in mind:

Firstly, trainees dual certifying in GIM with other specialties (i.e. Respiratory, Cardiology etc) have *always* been required to complete separate WBAs for GIM and their specialty. We will not be doing any more work than trainees in other specialties.

Secondly, many regions have *always* required separate GIM and AIM assessments. For many AIM trainees, this does not represent a change. It does however mean a greater level of consistency and transparency across the country.

Finally, many of the requirements remain less strenuous than on the old 2009 curriculum. For example, dual certifying trainees on the 2022 curriculum are required to complete two Quality Improvement projects (QIPs), one for AIM and one for GIM. On the 2009 curriculum, trainees had to complete one QI *per year* (or five in total). The new curriculum requires fewer.

We hope that the guidance included is helpful but if any of you have concerns or would like things clarified, we would be very happy to hear from you.

Kind regards,

Ailie and Zack
SAM National Trainee Reps