

WHY ALL THIS EFFORT FOR AN EXAM THAT EVERYBODY WILL HATE YOU FOR?

I am an unabashed “true believer” in GIM *Bert Govig*

My sentiments run just a hair short of religion, but I truly believe that GIM is a central and leading force for the health of Canadian patients and the Canadian health care system. As obvious as this is to many practicing internists, many outside GIM utterly fail to grasp this - and a few outright dispute it. In short GIM needs champions. Happily there is a vibrant community that feels the same way, and I am proud and emboldened by the strength, courage and collective wisdom of this group. My engagement to this group and to the processes that led to our validation (Recognition, Training, Examination), take the form of five commitments.

1. **Commitment to a continuity of a process that began in 2004 - 2005** with the writing of the Care-fully document, and carried on through the terms of 4 CSIM presidents. This included my own term from 2007 - 2009 and promoting this agenda was the central focus and accomplishment of my presidency. That process had continue on with the work of the GIM working group, and I firmly believe that the ongoing leadership of the exam must be an extension of this process. Organizations have little memory and it is critical that old blood mixes with the new as the process moves forward.
2. **Commitment to a wide vision of GIM.** Probably much broader than the RC, who has repeatedly tried to corner us into specifying precisely the clinical content and knowledge base that defines GIM. We know that GIM is amazingly chameleon-like. It varies in small and big ways depending on the geographic, demographic, and health system context as well as the interests and attributes of individual internists. I don't think we can ****completely**** capture this reality in a simple defining statement of GIM nor in an exam setting. The soul of an internists is not about content, it is about philosophy, values and attitudes, willingness, collaboration, rigor and caring. There have been and there will continue to be compromises in the definition, training, and examination of internists, but we must not loose site of the elusive and enigmatic spirit of GIM.
3. **Commitment to the larger community that has driven this agenda** - mostly through CSIM. Although most exams are written with an eye towards the graduating fellows, internists in practice are also eligible to write this exam, and they outnumber graduating fellows by more than an order of magnitude. This exam has to make sense to graduating fellows, but it also has to make sense to practicing internists. Ultimately the success of this new specialty may hinge on the credibility and uptake of the exam by the community of general internists. This is a highly skeptical audience who does not naturally embrace the thought of a new exam, and particularly not one crafted by the Royal College. Even more than expertise in medical education (which can be brought in as needed should their be knowledge gaps), the exam leadership team needs to be connected to the community of GIM and skilled in communication, networking, collaboration and motivation.
4. **Commitment to harnessing the force of the GIM community to create the best exam possible.** We need to be active participants in the design and evolution of our exam. In addition to the input of educators from RC, we also need to tap into the considerable medical education resources within the larger GIM community. In that spirit, GIM is large and intersects with public health and health promotion, continuous quality improvement, health economics and health systems research, clinical research, and a host of other related fields, many of which are led in Canada by General Internists. Most of these leaders are far to committed to take a major leadership role in the exam process, but their expertise is valuable and if properly focussed, small contributions on their parts could help to strengthen the exam process and the practice of GIM.
5. **Commitment to working collaboratively and collectively with the Royal College.** The Royal College can be complex and difficult to understand and navigate. As with many organizations true collaboration requires a combination of sometimes being flexible, sometimes being firm.. Above all, we must not loose site of a reality that is often stated - "We are the RC". It is naive to think that the exam generating process will be effortless and without controversy or philosophical clashes. The twenty year plus debate on GIM has been characterized by this. We must be prepared to endure these challenges energetically, with a healthy sense of skepticism for the status quo, but always in an open minded, positive, creative, and ultimately productive manner.