Log Book
For
Basic Training (Internal Medicine)

Trainee’s Name : ________________________________

Date of Entry Into Basic Training : ___________________
CONTENTS

Section 1 – General

Introduction / General Instructions
Personal Details
Weekly Timetable
Postgraduate Meetings Etc.
Teaching Experience
Membership And Activities
Scholarships, Awards and Prizes
Summary of Monthly Activities
Research Projects
Papers Published
Courses, Seminars Attended
Leave Records

Section 2 – Case Record

Instructions
Record of Case / Procedures
Additional Special Experience

Section 3 – Certification Pages (for every 3-month period)

Instructions
Supervisor’s Comments
Certification
Summary of Postings

Section 4 – Training Guide

SECTION 1 – GENERAL
INTRODUCTION

Training should be planned and deliberate. It should be structured and progressive and as such, the log book will reflect our objectives of training. It will take a different stance from the previous log book. We will not require the trainee to log all cases performed or assisted but for the trainee to enter relevant cases as required in the training programme. In some procedures, there is a ‘target’ minimum number of cases to be recorded.

The log book also serves as an instrument for measuring the effectiveness of an accredited internal medicine department in achieving training goals.
GENERAL INSTRUCTIONS TO TRAINEES

The purpose of this log book is:

i) to help the Trainee record his training in brief detail so that experience can be recorded and deficiencies identified and remedied.

ii) to help Supervisors assess overall training and provide the extra experience for trainees in the areas where it is most needed.

PROTECTED TIME & STUDY LEAVE

Trainees should have protected learning time averaging 4-hours per week. The BST committee considers these core activities to constitute learning time:

- Mortality/Morbidity Meetings
- Department main teaching/grand rounds
- Specified BST level lectures/radiology rounds/journal clubs/case discussions
- Mock examinations/specified educational sessions

The 4 hours do not include inpatient or outpatient supervision, although training Departments/trainees must show that they have supervised patient care. The BST committee reserves the right to scrutinise attendance at these sessions.

The BST committee considers training leave to consist of the following:

- Time spent on courses as specified by the BST committee
- Time spent on courses organised by clusters/hospitals and sanctioned by the Department Head or Training Supervisor
- Exam preparatory courses
- Time taken for study (these are defined as periods immediately prior to examinations)
- Sanctioned conferences (local or overseas)

THE TIMING OF THE LOG BOOK:

Entries into the log book should be made from the beginning of the trainee’s appointment as a trainee in a recognised posting (any queries concerning recognition should be referred to the Secretary of DGMS).

Trainee should consult DGMS on current regulations.

If the Trainee is in doubt about the acceptability of his log book, he should seek advice from DGMS as soon as possible.
Trainee is strongly advised to carry the log book with him at all times and to fill it in on a regular basis. This will avoid much retrospective record hunting. Trainee should discuss the progress of the log book with his supervisors at least every month and a summary of experience must be signed every three months by the Supervisor. This regular assessment allows deficiencies in either experience gained or experience available to be remedied early in the posting.

The log book must be submitted for the Internal Medicine Specialist Training Committee’s review after the completion of every 6-month posting.

CONFIDENTIALITY

Trainee must not identify patients by name. Cases should be recorded by hospital number and / or patients' initials.

MONITORING OF YOUR PROGRESS

The following should be documented in your logbook:

- mini-CEX Assessment (every 1 month)
- Procedure logs - and competency certification (each rotation end)
- 6 monthly assessment reports
- Copies of annual TPM/assessment at hospital level - 6 months/annual
- Updated Logbook records
- CME records

INSTRUCTIONS TO SUPERVISORS

A formal two monthly review of the trainee’s progress is required.

The aim of such a review is to ensure that the trainee is exposed to and is taught all aspects of the specialty available in your department.

Deficiencies in training both theoretical and practical should be recognised and appropriate steps to be taken to overcome them. Any apparent deficiencies in training which have been dealt with outside the log book ‘year’ should be noted by yourself so that the information is available to DGMS and the Board of Examiners.

A “Supervisor” is defined as one who has at least six years of relevant postgraduate clinical experience and who holds the M.Med or equivalent degree.
PERSONAL DETAILS:

Family Name (Surname): _______________ Forenames: _______________

Sex: Male/Female (circle) Date of Birth: __________________________

Date and Place of Graduation (Specify University): ______________________

Postgraduate Qualifications (with dates) : __________________________

: __________________________

: __________________________

Primary M.Med. examination or equivalent (with dates) : ______________________

APPOINTMENTS:

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<th>From (mm/yy)</th>
<th>To (mm/yy)</th>
<th>Department</th>
<th>Hospital(s)</th>
<th>Supervisor</th>
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Subsequent Appointments (including basic training)

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<th>Hospital(s)</th>
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To be completed for every posting

Period of Training: From _________ To _________

WEEKLY TIMETABLE

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Regular Meetings (state frequency e.g. daily/weekly)

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MEMBERSHIP AND ACTIVITIES IN PROFESSIONAL ORGANISATIONS

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<th>Post Held</th>
<th>Organisation</th>
<th>Achievements</th>
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SCHOLARSHIP, AWARDS AND PRIZES

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<th>Title of Award/ Awarding Body</th>
<th>Purpose/Aim</th>
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SUMMARY OF MONTHLY ACTIVITIES

To be completed for every posting

Period of Training : From : ________________ To : ________________
Hospital : ______________________________________________________

Clinical Duties

No. of I.C.U. or outpatient sessions/month : ________________
No. of operating sessions/month : ________________________
No. of emergency/duty call sessions/month : ________________

No. of formal departmental educational activities/month :

a) lectures ______________________________
b) morbidity/mortality rounds ________________________
c) journal club meetings ____________________________
d) audit meetings _________________________________
e) research meetings _____________________________
f) others _____________________________
g) half or full day off duty _________________________

Note : ‘Session’ is either morning or afternoon session
RESEARCH PROJECTS

Date of Commencement : _____________________________________________

Title/Aim of Research : _____________________________________________

_________________________________________________________________

_________________________________________________________________

Co-worker (if any) : ________________________________________________

Date of Completion : _______________________________________________

Conclusion & Remarks
_________________________________________________________________

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PAPERS PUBLISHED

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<th>Author(s)</th>
<th>Title</th>
<th>Journal (Reference)</th>
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(Attach an abstract of published papers)

Copyright © Joint Committee on Specialist Training
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<th>Date/Venue</th>
<th>Details</th>
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<td>(State conference title and papers presented by trainee)</td>
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LEAVE RECORDS

Type & No. of Days' Leave

<table>
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<tr>
<th>Posting Period</th>
<th>Medical Leave</th>
<th>Study Leave</th>
<th>Other Leave</th>
<th>Signature of Supervisor</th>
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(Study Leave : Leave taken to attend related courses and examinations)

National Service (MO) Leave

Please record leave taken for National Service (MO):

a) _________________ to _________________
b) _________________ to _________________
c) _________________ to _________________
d) _________________ to _________________
e) _________________ to _________________
f) _________________ to _________________
SECTION 2 – CASE RECORDS

INSTRUCTIONS

All Trainees must record in the log book provided. These should be signed by their Supervisor. The supervisor must ensure that the candidate gets the necessary exposure and corrects any deficiency after reviewing the records each month.
RECORD OF CASES / PROCEDURES
(To be completed every 6 months)

Period: ________________ To ________________

Hospital: __________________ Department: __________________

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<th>Serial No</th>
<th>Patient’s Initial</th>
<th>Hosp Reg No or NRIC No</th>
<th>Age</th>
<th>Sex</th>
<th>Diagnosis</th>
<th>Management/Procedure</th>
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Certified by:

Supervisor: __________________ Designation: __________________

Name: ____________________________

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ADDITIONAL SPECIAL EXPERIENCE AND FURTHER CASES OF SPECIAL INTEREST
SECTION 3 – CERTIFICATION PAGES (FOR EVERY MONTH PERIOD)

INSTRUCTIONS

The **Training Supervisor** must review and rate the Trainee’s performance every 1 month. Any weakness must be conveyed to the Trainee so that remedial action could be taken.

The certification of satisfactory completion of training in an approved post must be signed by either the **Head of Department or the Director of Training** every 3 months in order for the posting to be recognised as part of the training requirements.
**SUPERVISOR’S COMMENTS ON TRAINEE AND HIS TRAINING EXPERIENCE**
(to be completed every 1 month)

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<td>Technical &amp; Management Skills</td>
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Other Remarks:
(Communications/Attitude/Responsibility/Teamwork/Organisational skills etc)

_________________________________________________________________
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Signature: ___________________________ Date: ________________

Name & Designation of Supervisor: ________________________________
CERTIFICATION
(to be completed for every 3 or 6 monthly posting)

This is to certify that

Name: ______________________________________________________________

NRIC/PP No.: _________________________________________________________

has completed the period of posting from ___________ to ___________

in an approved training post.

________________________________________
Signature and Name
Head of Department or Director of Training

 official Stamp

Date
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<tr>
<th>Serial No</th>
<th>Hospital / Department</th>
<th>Period / Date</th>
<th>Diagnosis</th>
<th>No Of Cases Seen</th>
<th>Assessment and Comments</th>
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Signature of Supervisor: ________________________________________________

Name: ___________________________ Date: ___________________________
SECTION 4 – TRAINING GUIDE

JOINT COMMITTEE ON SPECIALIST TRAINING

Internal Medicine BST and AST Training Guide

(Nov 2007 Edition)
BASIC TRAINING IN INTERNAL MEDICINE

I  INTRODUCTION

II  OBJECTIVES

III  BASIC TRAINING PROGRAMME

1. Duration
2. Entry of Training
3. Content of Training
4. Hospitals Accepted for Training
5. Educational Activities to be Included in the Training
6. Leave
7. Log Book

IV  EXAMINATION

1. Time
2. Venue
3. Eligibility
4. Exemptions
5. Syllabus
6. Format of Examination
7. Requirements to Pass the Examination
8. Examination Fees
9. Withdrawal from the Examination
10. Application
11. Verification
ADVANCED SPECIALIST TRAINING IN INTERNAL MEDICINE

I  INTRODUCTION

II  REGISTRATION TO COMMENCE ADVANCED TRAINING

1. Admission into Advanced Training Programme
2. Eligibility
3. Procedure
4. Late Applicants
5. Withdrawal from Training
6. Fees

III  ADVANCED TRAINING PROGRAMME

1. Training Contents
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The Division of Graduate Medical Studies has been conducting postgraduate medical courses and examinations since 1969. Training requirements for admission to its M.Med. Examinations were restructured in May 1989 and effected together with the implementation of logbooks to record basic training received.

Postgraduate training of doctors in Singapore has been endorsed by the Division of Graduate Medical Studies, Academy of Medicine and the Ministry of Health as a continuum of training for 6 to 8 years following registration. During this period, the doctors would have to sit for and pass the M.Med. Examinations or equivalent upon completion of the basic training, before commencing on advanced training in the respective disciplines, culminating in the certification of these doctors as specialists by the Specialist Accreditation Board.

BASIC TRAINING IN INTERNAL MEDICINE

I. INTRODUCTION

The training in Internal Medicine requires knowledge and breadth of the principles and practice of Internal Medicine as well as develops a satisfactory level of clinical competence that will equip the trainee for advanced training. At the end of the basic training, the trainee will be evaluated on his knowledge and skills by requiring to take the Master of Medicine (Internal Medicine) or equivalent examination as soon as the required number of postings have been fulfilled. The trainee will then be eligible for advanced training following the completion of the basic training. The Specialist Training Committee (STC) of Internal Medicine must be satisfied that the trainee has accomplished all training objectives before verifying the trainee’s completion of basic training.

II. OBJECTIVES

The objective of the training programme is to provide the candidate with a well rounded training in various aspects of Internal Medicine. At the end of his basic training, he should be competent and have acquired enough knowledge and experience to make sound decisions and thus would be ready to embark on advanced training.

The candidate is expected to sit for the M.Med.(Internal Medicine) or equivalent examination within the three years of basic training. The M.Med.(Internal Medicine) or equivalent examination is one of the entry requirements for Advanced Specialty Training in General Medicine or one of the subspecialties of Internal Medicine.
III. BASIC TRAINING PROGRAMME FOR MMED (INTERNAL MEDICINE)

1. DURATION

The candidate must complete 2 years full-time appointments in hospital departments approved by the Board of the School of which no less than one year must be spent in Internal Medicine. The following postings are recognised as general Internal Medicine postings:

- NUH : Department of Medicine
- CGH : Department of Medicine
- AH : Department of Medicine
- TTSH : Departments of General Medicine & Respiratory Medicine
- SGH : Departments of Internal Medicine, Endocrinology, Gastroenterology, Haematology, Renal Medicine, Respiratory & Critical Care Medicine

To assist you in passing your PACEs, it is strongly recommended that you should complete the 4 important postings, not exceeding 6 months each, in Cardiology, Gastroenterology, Neurology and Respiratory Medicine, unless you have passed your PACEs before the end of your 3 years of BST.

Please take note that it is mandatory to complete the 12 months of General Internal Medicine posting inclusive of 3 months of MICU posting.

Other subspecialties postings are psychological medicine, cardiology, renal medicine, rehabilitative medicine, nuclear medicine, dermatology and venereology, neurology, haematology or transfusion medicine, emergency medicine, infectious diseases, endocrinology, rheumatology, immunology, oncology, gastroenterology and geriatrics for purposes of accreditation.

Relevant research work will be accredited up to a maximum of 6 months.

For admission into the Advanced Training programme, the candidate must complete 3 years full-time appointments in Internal Medicine and other sub-specialties mentioned above.

2. ENTRY FOR TRAINING

Medical graduates fully registered with the Medical Council are eligible to enter the training programme.
3. CONTENT OF TRAINING

(a) General Experience

The ability to care for a wide range of clinical problems is one of the distinguishing characteristics of the physician in Internal Medicine. This is achieved by requiring trainees to rotate through General Medicine both inpatient and outpatient with exposure to a wide spectrum of diseases.

Inpatient service assignment must have a meaningful responsibility to provide substantial clinical experience. Emphasis should be placed on maintenance of health and on the study of aetiology, pathogenesis, clinical presentation and natural history of various diseases, so that the trainee may develop skills in diagnosis as well as mature judgement and acumen in therapy. Emphasis should also be placed on the trainees' ability to record accurate and thorough history and perform a detailed physical examination. The trainee must also have training in the proper and efficient use of laboratory data and special procedure. The number of trainees in the programme must be sufficient to provide frequent and meaningful discussions regarding patient care. The patient load must be sufficient to allow time for close and effective management and detailed study of patients and yet challenging for the trainees.

The first year trainee should be responsible for 15 to 30 patients at any one time depending on the average length of stay and the nature and severity of illness. The second and third year trainee may be involved in the care of substantially more patients than the first year trainee.

It is important that each trainee has an opportunity to follow patients on a long term basis to observe and learn the natural course of disease. Such long term of observation should include following patients from their ambulatory to the inpatient environment as well as the inpatient to the ambulatory environment.

(b) Specific Experience

Experience in the various sub-speciality divisions of Internal Medicine is a vital part of the training programme. It is important that there is exposure to the specialised knowledge and methods of sufficient number of medical sub-specialities to gain experience. Some of this experience may be gained in the general medical service, intensive care rotation and the ambulatory setting. The trainee must also be given responsibilities for the diagnosis and management of all categories of medical and surgical patients seen at the Emergency Room. The trainee should participate in the decision to admit patients to the hospital.
The trainee should also participate in the care of patients with various illnesses in the intensive care unit or coronary care unit. The educational component should be conducted with adequate supervision by trained internist with consultation from other specialties, subspecialities in Internal Medicine and from other disciplines. There should be appropriate intensive care teaching rounds and conferences.

Patient teaching rounds and patient management rounds should be part of the training programme. These teaching rounds should include direct interaction with the patient by the attending physician who evaluates the history and the physical examination of the trainees. The attending physician conducting the round should be selected for their knowledge of medicine, clinical skills, interest and ability in teaching. There should be continuity and adequate contact between trainees and faculty. Although the attending physician is responsible for the medical care, it is desirable for the teacher attending to discuss patients other than his or her own.

Hospital case conference, Academy-sponsored specialty specific lectures, seminars and workshops, as well as international meetings should also be part of the trainee's experience. All trainees are expected to fulfill the CME requirements of the SMC and to submit proof of this annually.

(c) Trainee's Responsibility

The trainee must be given the responsibility for direct patient care subject to review by their attending physician including planning and management of patients. Except in urgent situations, it is desirable that trainees write all patient care orders on patients under their care. However, final authority and responsibility must reside with the attending physician. Each trainee must have a minimum of 24 months of such meaningful patient responsibilities.

Although trainees are encouraged be involved in research and teaching activities, participation in these activities is not compulsory at basic training level.

(d) Duty Hours

A trainee's obligation to the patient is not automatically discharged at any given hour of the day or any particular day of the week. Duty hours and weekend calls must be sufficient to permit implementation of the concept of responsibility for patients and to provide for adequate patient care. 5 - 6 stay-in calls a month is recommended.

(e) Evaluation of the trainee

It is essential that the Training Supervisor and/or Head of Department continually evaluates the clinical competence of the trainees. This evaluation should consist not only the intellectual abilities and manual skills but also attitudes and interpersonal relationship. Trainees should upon termination of a rotation be made
aware of their progress and any weaknesses. Adequate records must be maintained both of the results of the evaluation process as well as the content of personal interview with the trainee.

Trainees must submit their log books to their supervisors every month and interact with their supervisors regarding what they have learnt and recorded in the log books. Heads of Department will certify satisfactory completion of each 6-month posting. Heads of Department are also required to interview the trainees every 6 months. The remarks from this interview will be stated in an assessment form which will be submitted to the STC for review. The STC will have a discussion session with the trainees annually.

(f) General Content

The training programme should place emphasis on not only medical problems but also cultural, social, ethical, behavioural and economic issues and the impact of medicine upon other aspect of life with special emphasis on the family. The training programme should include exposure to both preventive and rehabilitative aspects of Medicine.

The trainee should become familiar with disease processes associated with environmental stresses and with methods for their control. Ethical and humane aspects of physician behaviour should be emphasized by programme directors and attending physicians. The trainee must learn to apply cost-effective measures to medical care, not only as they apply to the patient but as they apply to the selection of procedure and study in both the in-hospital and ambulatory environment. The trainee should learn to function in harmony with other members of the health care team.

(g) Sub-speciality Rotation

In addition to the minimum of one year in general medicine, the trainee may be posted to two or more medical subspecialities to acquire a broad base in Internal Medicine.

4. HOSPITALS ACCEPTED FOR TRAINING

(a) Local:

Alexandra Hospital, Changi General Hospital, National University Hospital, Singapore General Hospital, Tan Tock Seng Hospital, Woodbridge Hospital, National Skin Centre, National Heart Centre, National Neuroscience Institute, National Cancer Centre and any other institutions and centres approved by the Board.

(b) Overseas:

For overseas hospitals, candidates' training will be reviewed on a case by case basis.
case basis and training will be recognised from those hospitals or institutions which in the opinion of the Board have a training programme which is equivalent to the requirements of the M.Med.

5. **EDUCATIONAL ACTIVITIES TO BE INCLUDED IN THE TRAINING**

Department conferences, seminars and literature review activities covering both general and subspecialities must be regularly scheduled. The content of these conferences should include information from the basic medical sciences to recent reviews and advances in clinical medicine and biomedical research. Similarly, clinicopathological conferences and mortality conferences should be regularly scheduled. The trainees’ schedule should permit attendance of conferences on a regular basis. Active participation in clinical research projects with the advice and supervision of the training faculty is strongly encouraged.

Participation in BCLS is compulsory. Participation in ACLS is recommended.

6. **LEAVE**

Trainees are subject to the terms and conditions of leave imposed by their employers. However, any extended period of leave or absence from training must not adversely affect training. Trainees are advised to discuss their training with their supervisors before taking any extended leave. Upon recommendation of supervisors, JCST may impose additional or remedial posting should the training be adversely affected. Trainees who wish to defer their training for 1-2 postings must seek approval from JCST.

7. **LOG BOOK**

A trainee is expected to keep a log book of his work. He is expected to keep a record of his work and activities as spelt out in the record sheet. This forms part of the evaluation of his performance and the basis of continuation of his traineeship. It is important that he should use it as a guide to active participation in the clinical and academic activities of his department. The completed record of each six months posting should be signed by the supervisor. These records should be retained for the full duration of the training.

Supervisor’s reports will be reviewed by the STC (Internal Medicine) every 6 months for follow-up actions and feedback to the trainees. Case write-ups are not required in log books.
IV. EXAMINATION

The Master of Medicine (Internal Medicine) is offered as a conjoint examination with the MRCP (UK) Diploma examination. Candidates residing in Singapore must meet the admission requirements of both the MMed and MRCP examinations, and pay both examination fees. Candidates will be awarded both qualifications upon passing all sections of the examination. Candidates are allowed to attempt the MMed only if they have passed the MRCP at other sittings. Fees and conditions for exemption are given in the respective examination announcements.

To sit for the examination, a candidate must submit together with his application forms, the log book (for Final Examination) and other materials pertinent to the candidate to the School for inspection.

1. **TIME**

The Primary examination (written) is usually held in January and September. The Final Part A (written) examination is held in April and December, while the Final Part B (Practical Assessment of Clinical Examination Skills - PACES) examination is held in June.

2. **VENUE**

The written examinations will be held in the National University of Singapore, while the clinical section is held in the various local hospitals.

3. **ELIGIBILITY**

A candidate for the degree of Master of Medicine in Internal Medicine is required to pass a Primary and a Final Examination (Parts A and B).

A candidate may be admitted to the Primary Examination provided that he has held a medical qualification for 18 months.

In order to be admitted to the Final Examination Part A (written), a candidate must:

(a) have passed or been exempted from the Primary examination.

For admission to Final Examination Part B (PACES), a candidate must:

(a) have passed or been exempted from the Final Examination Part A (written);
(b) have held a medical qualification for at least 2½ years; and

(c.i) have completed two years full-time appointments in Internal Medicine in hospitals approved by the Board of the School; or

(c.ii) have completed 18 months full-time appointments in hospitals approved by the Board of the School, of which not less than 12 months must be spent in Internal Medicine, the remaining period may be spent in respiratory medicine, psychological medicine, cardiology, renal medicine, dermatology and venereology, neurology, haematology or transfusion medicine, emergency medicine, infectious diseases, endocrinology, rheumatology, immunology, oncology, gastroenterology and geriatrics, rehabilitative medicine and nuclear medicine.

On passing the Final M.Med. Examination (Parts A and B), the candidates must undertake a further period of basic training, to make up a total of 24 months training, to qualify for the award of the Master of Medicine (Internal Medicine) degree.

4. EXEMPTION(S)

Holders of MRCP (UK), MRCP (Ireland) and those who have passed the FRACP examination are granted exemption from the written papers of the M.Med.(Internal Medicine) examination. They are required to pay the written examinations exemption fees. Candidates with the MRCP Part 1 are exempt from the Primary M.Med. examination on payment of an exemption fee.

5. SYLLABUS

The examination leading to the award of this postgraduate degree is intended mainly to test the candidate’s ability and knowledge of the principles and practice of internal medicine. A wide knowledge of the basic mechanisms in the causation of diseases, their early diagnosis and treatment, is required.

It is expected that each candidate, as a result of this postgraduate clinical experience and systematic reading of current work in the field of medicine, will have sound clinical judgement of the management of problems in internal medicine.
6. **FORMAT OF EXAMINATION**

   - **Primary Examination** : There shall be two written paper
   - **Final Examination Part A** : There shall be three written paper
   - **Final Examination Part B** : The Practical Assessment of Clinical Examination Skills (PACES) section

7. **REQUIREMENTS TO PASS THE EXAMINATION**

   To pass the examination, the candidate must pass all sections. There is no limit on the number of attempts for both Primary and Final M.Med (Internal Medicine) examinations. However, candidates must pass the Final M.Med (Internal Medicine) within 5 years of passing the Primary M.Med (Internal Medicine) Examination.

   Candidates who pass the Final Examination Part A (written) are allowed a maximum of 3 attempts for the Final Examination Part B (PACES) section within a two-year period.

8. **EXAMINATION FEES**

   The examination fees are:

   - **Primary M.Med. (Internal Medicine)** - S$ 500.00 (include GST)
   - **Final M.Med. (Internal Medicine) - Part A** - S$ 500.00 (include GST)
   - **Final M.Med. (Internal Medicine) - Part B** - S$ 1000.00 (include GST)

   Fees for the MRCP portion will be announced every year. All fees must be paid at point of application. Late applications are not accepted.

9. **WITHDRAWAL FROM EXAMINATION**

   At the discretion of DGMS, a candidate withdrawing from the examination may receive a full refund of the examination fee, excluding the registration fee, provided that such withdrawal is received in writing prior to the date on which entries close.

   A candidate withdrawing an application after the closing date, or who fails to appear for an examination for which application has been accepted, will not be refunded the fee.
10. **APPLICATION**

Applications to sit for the examination must be made on a form obtainable from the Secretary of the Division of Graduate Medical Studies, National University of Singapore, MD 5, Level 3, 12 Medical Drive, Singapore 117598.

The application form must be completed and returned to the Secretary before the closing date together with the entry fee, log book and other materials pertinent to the application.

11. **VERIFICATION**

All candidates must realise that the above arrangements are under continual review and that it is their responsibility to check the current position with the Secretary of the School.
ADVANCED SPECIALIST TRAINING (AST) IN INTERNAL MEDICINE

I. INTRODUCTION

The AST programmes are administered by the Joint Committee on Specialist Training (JCST) which are common to all specialties. The JCST Secretariat is serviced jointly by the Academy of Medicine, Singapore and the Division of Graduate Medical Studies, National University of Singapore.

With effect from 1 November 2005, the originally 3-year long AST has been changed to 2-year AST. As it is a shorter training duration, all postings to departments must be planned with written training objectives and a targeted timeline established by the trainee and the supervisor. Trainees must submit their 2-year plan for postings and training objectives to the Internal Medicine Specialty Training Committee (STC) for approval. The Exit Examination date will be determined shortly after the planned training programme has been approved.

Upon satisfactory completion of the advanced training programmes, trainees may apply for specialist registration with the Specialist Accreditation Board.

II. REGISTRATION TO COMMENCE ADVANCED TRAINING

1. ADMISSION INTO ADVANCED TRAINING PROGRAMME

Candidates must have completed the training objectives of BST and obtained the M.Med. or equivalent qualification to be eligible for admission into AST.

Basic Training is the period of supervised training from the date of formal appointment as a trainee by the JCST / Ministry of Health, Singapore. Medical Officers with academic appointments with the National University of Singapore would be treated as trainees. The School may recognise relevant pre-traineeship posting up to a maximum of 6 months. Retrospective accreditation of more than 6 months may be accorded in special cases. Non-trainees may be admitted to into AST on a case-by-case basis.

With effect from 1 May 2005, the training period for Internal Medicine AST have been changed from 3 years to 2 years, with the requirement that trainees need to submit their 2-year AST training plan to the Specialist Training Committee for review and approval within 2 months from the start of the AST.
AST may be undertaken in the following manner, the form of which is as given in the pages that follow:-

(a) The entire 2 years must be spent in accredited training departments in approved institutions in Singapore;

(b) The two years in training should comprise not more than 1 year in the medical subspecialties. The subspecialties may be determined to fill up the gaps from earlier BST experience.

(c) Trainees must work with their supervisors to prospectively establish the objectives of their training. Within 2 weeks after appointment as an AST trainee, the trainees are expected to submit the 2 year programme with the training objectives for each posting to Internal Medicine STC for approval;

(d) There will not be an HMDP episode within the 2 years of AST training. The trainees may proceed with their HMDP after successful exit certification.

(e) During the 1 year General Medicine AST programme, trainees must attend courses at IMET. The remaining 1 year can consist of 3-monthly/ 6 monthly postings in the subspecialties.

2. **ELIGIBILITY**

In order to be eligible to apply for AST, a trainee must:-

(a) have obtained a recognised postgraduate medical degree, e.g. M.Med. (Internal Medicine) or its equivalent; and

(b) have successfully completed a recognised basic training programme of at least 36 months.

The following basic qualifications are recognised for entry into AST:

(a) M.Med. (Internal Medicine);
(b) MRCP (Lond, Edin, Glas, Ire, UK); and
(c) FRACP Part 1 (written & clinical) or equivalent

Subsequent admission into AST would be subjected to other criteria such as availability of ‘Registrar Trainee’ posts.
Overseas Trainees / Non-Trainees

Recognition of training for Medical Officers who did not obtain basic traineeship appointments or were trained overseas may be accorded on a case-by-case basis.

Those who have obtained overseas specialist qualification (e.g. FRCP) without going through the AST programme in Singapore are advised to apply directly to the Specialist Accreditation Board for registration.

3. PROCEDURE

There are two intakes per year, in May and November. Applications may be submitted anytime, but selection will only be done in February/March (for May intake) and August/September (for November intake) respectively.

A register of advanced trainees is maintained by the School. Registration is necessary if time spent in training is to be approved.

4. LATE APPLICANTS

The programme administrator normally requires applicants for AST to apply and register for the AST programmes prospectively.

5. WITHDRAWAL FROM TRAINING

Should a trainee decide to withdraw from the advanced training programme that he has registered for, he must inform the School in writing immediately.

When transferring an application for registration for advanced training to another specialty, at least four weeks notice in writing must be received by the School prior to the commencement of transfer.

6. FEES

Application fee (non-refundable) : S$ 55
Admission / Log Book fee : S$ 110
Annual registration fee : S$ 740
Exit assessment fee : S$ 856
Exit re-assessment fee : S$ 856

The Application and Admission / Log Book fees are borne by the trainee personally, while other fees are invoiced to the 'employer hospital'.
III. ADVANCED TRAINING PROGRAMME

An advanced trainee in Internal Medicine should acquire knowledge in breadth of the principles and practice of Internal Medicine and develop a satisfactory level of clinical competence that will equip him to be a Specialist in Internal Medicine.

For certification in Internal Medicine, an advanced trainee must complete 24 months of recognised AST.

1. TRAINING CONTENTS

(a) General Medicine

Departments of General Medicine with specialties in Endocrinology, Respiratory Medicine, Neurology, Cardiology and Gastroenterology departments form the core content of the training programme.

The advanced trainees posted to these departments would follow the broad basis as found in the specific training programmes for each of these specialties. However, as the programmes cover 3 years, the advanced trainee in Internal Medicine will have to learn the essentials in 6 months or one year.

(b) Specialties

Other relevant specialties are Haematology, Renal Medicine, Dermatology, Infectious Diseases and Rheumatology. Trainees should spend a period of not exceeding 3 months in MICU.

Postings from BST form part of the training experience in General Medicine so that during the 24 + 36 months or more training, as many of the above listed postings should be covered to emphasize the breadth of experience needed to be a general internist. The period of time in each specialty need not be 6 months during Advanced Specialty Training, but of such duration as to be adequate to achieve prospectively stated training goals.

For each specialty, reference should be made to the AST programme to define the actual areas of knowledge, skills and clinical decision-making specific to that specialty which an internist should require, taking into consideration the short time the trainee spends in each of these specialties. These objectives should be defined prospectively to be made during and at the end of the posting.
2. **PART-TIME TRAINING**

Although it is strongly recommended that AST be undertaken full-time, part-time training is an acceptable option provided that the position is equivalent to at least half of a full-time training position. The duration of training will be increased to provide the same overall training time as for full-time advanced trainees. However, all part-time training must meet the same standards as for full-time training.

Part-time training is defined as training programmes organised on a weekly basis (i.e. incorporative five half days or three full days per week) as distinct from interrupted training which may represent training for only 6 months of the year.

Part-time training will be pro-rated for the purpose of computation of training period and should be allowed only up to one year of full-time equivalent of the total training period for AST. The rest of the training period should be fulfilled in a full-time training post.

Accreditation of part-time AST is the same as for full-time training and requires verification and prospective approval of the training programme and the receipt of satisfactory supervisor’s reports.

3. **INTERRUPTED TRAINING**

AST should be continuous. Request for interrupted training must be made to the School and is limited to a maximum period of one year. If a training programme is interrupted, the School may require of the trainee, a period of training in addition to the minimum requirements of the programme.

4. **OVERSEAS TRAINING AND HMDP**

Trainees continuing training overseas should prospectively have their programme accredited by the School. Data on their host hospitals / training programmes must be submitted. Training obtained overseas may be given credit on the merit of each case depending on the type of work performed.

HMDP applications are submitted to the respective hospitals / clusters which will submit their proposals for STC’s selection. However, an overseas HMDP is not compulsory. If warranted, the HMDP episode should occur after the successful exit certification, because the 2-year AST programme is dedicated to advanced training locally. Identified overseas training supervisor are required to submit 6-monthly reports about the performance of the trainee.
5.  **SUPERVISION OF TRAINING**

Heads of Departments or Consultants should supervise training. 6-monthly interviews should be conducted with the trainees and relevant remarks should be stated clearly in the assessment form, which would then be submitted to the STC.

The STC will interview trainees on a yearly basis.

6.  **LOG BOOK**

The advanced trainee will keep, maintain and submit log books which will outline the training they have received. Log books should contain a suitable spectrum of the cases managed, procedures performed, CME activities, papers presented and published, etc. It will bear testimony to the advanced trainee’s adequacy of training or lack of it. Case write-ups assessments are not required.

Advanced trainees must submit log books to their supervisors every month and Heads of Departments every 6 months for certification.

7.  **RESEARCH WORK**

Although research work is not compulsory during the 2-year AST, trainees could still be involved in research projects as part of their learning. In no case should the research take priority over clinical training, in view of the shortening of overall training duration.

8.  **COURSES, SEMINARS AND LECTURES**

The advanced trainee should be encouraged to attend and participate in relevant courses, seminars and lectures.

Specialty specific CME organised by the Academy of Medicine, specialist societies and other bodies, local and international should be part of the training experience. The trainee is required to submit to the STC annually, a certificate of CME participation from the SMC as testimony of a commitment to life-long CME.

ACLS, Course in Biostatistics, Health Economics Seminars and Ethics Course are compulsory. Trainees are encouraged to undertake other optional courses such as Audit Activities and Life Sciences.
9. **TEACHING COMMITMENTS**

The advanced trainee will undertake teaching for undergraduates, nurses and doctors.

10. **SCHOLARSHIPS**

The advanced trainee should publish at least one original paper in a refereed local or international journal for which he is the main or first author. He should present papers based on his work at local, regional and international conferences. He must demonstrate the ability to critically appraise research literature.

11. **LEAVE**

Trainees are subject to the terms and conditions of leave imposed by their employers. However, any extended period of leave or absence from training must not adversely affect training. Trainees are advised to discuss their training with their supervisors before taking any extended leave. Upon recommendation of supervisors, JCST may impose additional or remedial posting should the training be adversely affected. Trainees who wish to defer their training for 1-2 postings must seek approval from JCST.

IV. **ASSESSMENT OF TRAINING**

1. **SUPERVISOR’S REPORTS**

A log book is kept by the advanced trainee for the entire period of advanced training. The log book must be submitted to the School at least once a year for review.

Every 6 monthly, the trainees must submit, using an assessment proforma, a progress report certified by the Supervisor or the Head of Department and / or a report by the Head of the Subspecialty Department. Similar reports are expected for periods on overseas postings / training. The period of training would not be recognised by the School if the supervisor’s report is not submitted within one month of completion of that 6-month posting.

2. **EXIT ASSESSMENT**

Upon completion of the advanced training programme, the advanced trainee is to submit the log book to the School. There will also be a formal structured assessment conducted by the Specialist Training Committee. The format of the assessment is as follows:
It will consist of 3 sections. (Total time 1 hr):

A. General Medicine (20 mins)

  Includes subspecialty interest. Questions with use of photograph or slides, path data, and X-rays to cover a wide range of topics.

B. Acute Medicine (20 mins)

  Management of critically ill patients will be discussed. Questions on the pathophysiological aspects of diseases may be asked.

C. Paper Critique (20 mins)

  This section assesses the ability for quick critical analysis of data in the medical literature and will be based on one published paper given to the candidates about an hour before the viva.

Scoring

4  Clear Pass
3  Bare Pass
2  Bare Fail
1  Clear Fail

Trainees must score a minimum total of 9 and pass at least 2 sections to pass the examination. A clear fail (1) in any one section is an automatic fail in the whole examination.

Panel of Examiners

The examination panel will consist of at least 3 examiners, one of whom should be an External Examiner.

V. CERTIFICATION

Advanced trainees who have been successfully exit certified should apply to the Specialist Accreditation Board for specialist registration. Successful exit certification also qualifies the candidate for the Fellowship of the Academy of Medicine, Singapore, subject to meeting other requirements of the Academy.
**Dual Accreditation - General Medicine & Medical Subspecialties**

The Dual Accreditation allows doctors to be accredited and registered as a specialist in Internal Medicine as well as one other Internal Medicine subspecialties, as listed in the following page. At present, dual Accreditation specifically allows training in Internal Medicine and one medical subspecialty.

Cardiology  
Endocrinology  
Haematology  
Medical Oncology  
Rheumatology  
Neurology  
Respiratory Medicine

Dermatology  
Gastroenterology  
Infectious Disease  
Renal Medicine  
Geriatric Medicine  
Rehabilitation Medicine

To be a specialist in Internal Medicine or any medical subspecialty, all trainees must begin with a 3-year Basic Specialist Training (BST) programme in Internal Medicine. Upon completion of the BST programme and obtaining a recognised postgraduate medical degree, trainees will be eligible for admission into the Advanced Specialty Training (AST) programme in Internal Medicine or any of the medical subspecialties.

Trainees embarking on the Dual Accreditation programme require only 5 years, instead of 6, to complete their AST in two specialties. The structure of the training programme is as follows:

i. 2 years in postings recognised as Internal Medicine training  
ii. 3 years in postings recognised as medical subspecialty training

Trainees are required to begin the AST in Internal Medicine first. Trainees will be exit-certified in the first specialty after completing the 2-year AST postings in that specialty and fulfilling other criteria as required. They will later exit from the AST programme in the second specialty after completing another 3 years of relevant postings and fulfilling the necessary criteria.
A recommended sequence of the programme is as follows:

<table>
<thead>
<tr>
<th>BST (Int Med)</th>
<th>AST (Int Med)</th>
<th>AST (Med Subspec)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 years</td>
<td>2 years</td>
<td>3 years</td>
</tr>
</tbody>
</table>

The content of the training programmes for Internal Medicine and medical subspecialties remains unchanged.

The Dual Accreditation will be implemented with effect from May 2005.

VI. **AMENDMENTS TO RULES, REGULATIONS AND FEES**

The above rules, regulations and fees are subject to change. All rules and regulations published herein are accurate at the date of publication. Candidates are advised to check with the School at the point of application.
Monthly Mini-Clinical Skills Test Template (Mini CEX)  
Rheumatology, Allergy and Immunology

Specific objectives

The posting in RAI will span 6-months and aims to equip the MOT with the core knowledge and skills necessary for the care of common acute and chronic rheumatological and allergic conditions in the adult patient in both inpatient and ambulatory settings. During this posting, the MOT will be expected to see a wide range of common and important rheumatological and allergic disorders. This should include exposure to specific rheumatological and allergic emergencies.

Components

The mandatory components include:

- Management of inpatients.
- Running of ambulatory rheumatology and allergy clinics under direct supervision.
- Management of rheumatological and allergic emergencies
- Knowledge of the appropriate use of common investigations ordered in the assessment of a patient with rheumatological or allergic conditions
- Common rheumatological procedures that may be carried out in a general medical practice.

1. Inpatient service

To achieve the necessary exposure, you should have between 10-15 inpatients daily under your care while posted to the inpatient. In addition, you should perform residential calls that include rheumatological and allergic conditions after hours. While these calls may be pooled with the general on-take roster, you would be expected to clerk at least 2-3 after hour admissions of varying severity during each call. You should record at least 30 such cases monthly in your logbook.

2. Outpatient service

You should spend at least 2 months in our outpatient service under direct supervision of senior doctors of registrar grade and above.

(i) Rheumatology: These clinics should include unselected new referrals to rheumatology and follow-up clinics (Connective Tissue Diseases, rheumatoid arthritis, osteoporosis, osteoarthritis, and gout clinics) as well as the Early Review Clinic.

(ii) Clinical Immunology/Allergy: New referrals to the drug allergy clinic.

3. Rheumatology and Clinical Immunology/Allergy procedures

(i) Joint and soft tissue aspirations/injection: You will be expected to demonstrate proficiency in the aspiration and injection of the knee joint. It will be good for you to take the opportunity to learn the following: injections for trigger finger and tennis elbow and aspiration of shoulder, ankle, elbow and wrist joints.
Other procedures: Whilst you will be exposed to the range of rheumatological and allergic testing modalities e.g musculoskeletal ultrasound, lip (minor salivary gland) biopsy, skin testing and drug provocation testing, you will not be required to perform these specialised tests. You would, nevertheless, be expected to reflect that you have observed these tests.

Your logbook should show these minimal statistics, reflecting the range of common and important rheumatological and allergic conditions outlined in annex B, and must be available to your supervisor for inspection at the end of each month. The BST committee will review the logbook at the end of every 2 months and will determine if you can proceed to the next phase in consultation with your supervisor. Be aware that both the mini-CEX form and logbook submission are the trainee’s responsibility to submit on time.

Teaching and learning

You will receive tutoring as part of your preceptorship and are expected to attend and present during weekly Grand Rounds, departmental CME activities in particular the introductory lectures, mortality and morbidity sessions and specified trainee rounds. Specific basic trainee rounds will consist of case discussions, tutorials/lectures on common conditions and journal discussions and should occur at least once a week lasting at least 1-hour. Unless away on leave or course, each trainee is expected to log in at least 2 of such 1-hour sessions every week.

Bedside guidance rounds are counted towards your training exposure and must be specifically logged. These are defined as a ward session guided by the specialist trainee or ward consultant.

Assessment

Assessment will comprise qualitative evaluation of your case presentations and participation during tutorials and other departmental CMEs, audit of your clerking notes and a 1-monthly mini-clinical skills test (mini-CEX) in rheumatology and allergy. In addition, your assigned supervisor will sign-off on your logbook statistics monthly and note your progress with inputs from the other senior staff members as well as the nurse clinicians and nurse-managers.

At the end of the 6-month rotation in the department, you will attend an interview with the HOD and your supervisor in attendance. Your supervisors’ report and mini-CEX will be discussed with you and a decision made on your progress. The BST committee will also review your documents and progress to determine if you can move on to your next training post.
Annex A
Monthly Mini-Clinical Skills Test Template (Mini-CEX)

Date:
Trainee: <name> <MCR or trainee number> <signature>
Evaluator: <name> <designation> <signature>

Skill Assessed: History, Physical Examination & Oral Presentation

1. History-taking (The following descriptors can be used as a guide for the evaluation.)
   □ Seven dimensions of principal symptom (quantity, location, setting, chronology, aggravating/alleviating factors, associated manifestations)
   □ Chronological and well-organized
   □ Pertinent range of symptoms addressed
   □ History of present illness reflects knowledge of differential diagnosis
   □ Incorporates pertinent elements of PMH, FH, and SH

   Rating/Points (select one): 1 2 3 4 5
   (1=needs much improvement, 2=acceptable, 3=good, 4=very good, 5=exemplary)

   Comments:
   What did the candidate do well in?
   Any area(s) that need improvement?
   Suggestions for next step:

2. Physical examination (The following descriptors can be used as a guide for the evaluation.)
   □ Rheumatological examination appropriately focused
   □ Examination technique
   □ Ability to describe findings (normal and abnormal)

   Rating/Points (select one): 1 2 3 4 5
   (1=needs much improvement, 2=acceptable, 3=good, 4=very good, 5=exemplary)

   Comments:
   What did the candidate do well in?
   Any area(s) that need improvement?
   Suggestions for next step:

3. Oral Presentation (The following descriptors can be used as a guide for the evaluation.)
   □ Organization of presentation
   □ Conciseness (avoids presenting extraneous details or irrelevant information)
   □ Demonstrates general understanding of major issues
   □ Participates in discussion/formation of a plan

   Rating/Points: 1 2 3 4 5
   (1=needs much improvement, 2=acceptable, 3=good, 4=very good, 5=exemplary)

   Comments:
   What did the candidate do well in?
   Any area(s) that need improvement?
   Suggestions for next step:
Annex B

Core Conditions in RAI

Rheumatology
Must know/Must See
- Crystal arthropathy: appropriate diagnosis and management
- Septic arthritis: recognition of importance of early diagnosis, basic understanding of management
- Regional soft tissue rheumatism: basic understanding of diagnosis and management
- Approach to inflammatory arthritis including rheumatoid arthritis and sero-negative spondyloarthritis with basic understanding of their management
- Approach to connective tissue disease including SLE, anti-phospholipid syndrome, scleroderma, dermatomyositis, vasculitides with basic understanding of their management. Ability to appreciate complications of these disorders that require urgent treatment.
- Joint aspiraton and injection: knee joint

Good to know/Good to see
- Joint aspiraton and injection: shoulder, elbow, wrist joints
- Soft tissue injection: trigger finger, tennis elbow
- Use of polarized light microscope
- Laboratory evaluation of autoantibodies

Allergy
Must know/Must see
- Approach to drug allergy with basic understanding of their management. Ability to recognize Stevens Johnson Syndrome and toxic epidermal necrolysis as medical emergencies.
- Approach to food allergy with basic understanding of their management
- Approach to airway allergy with basic understanding of their management
- Approach to anaphylaxis with basic understanding of their management
- Basic understanding of primary immunodeficiencies and approach to diagnosis and treatment

Good to know/Good to see
- Allergy skin testing
- Drug provocation test
- Rhinoscopy
- Immunotherapy
- Drug desensitization