



Development of SAM – a brief overview

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The past.....

- 1990s
 - ‘Acute Medical Take’ mainly run by junior doctors
 - Limited direct consultant involvement on day of admission
 - ‘Post Take Ward Round’ – usually next day
 - Specialists becoming more ‘specialised’
 - Admissions rising.....and more demanding public
 - Falling junior doctor hours / hospital beds

The past.....

- 1998

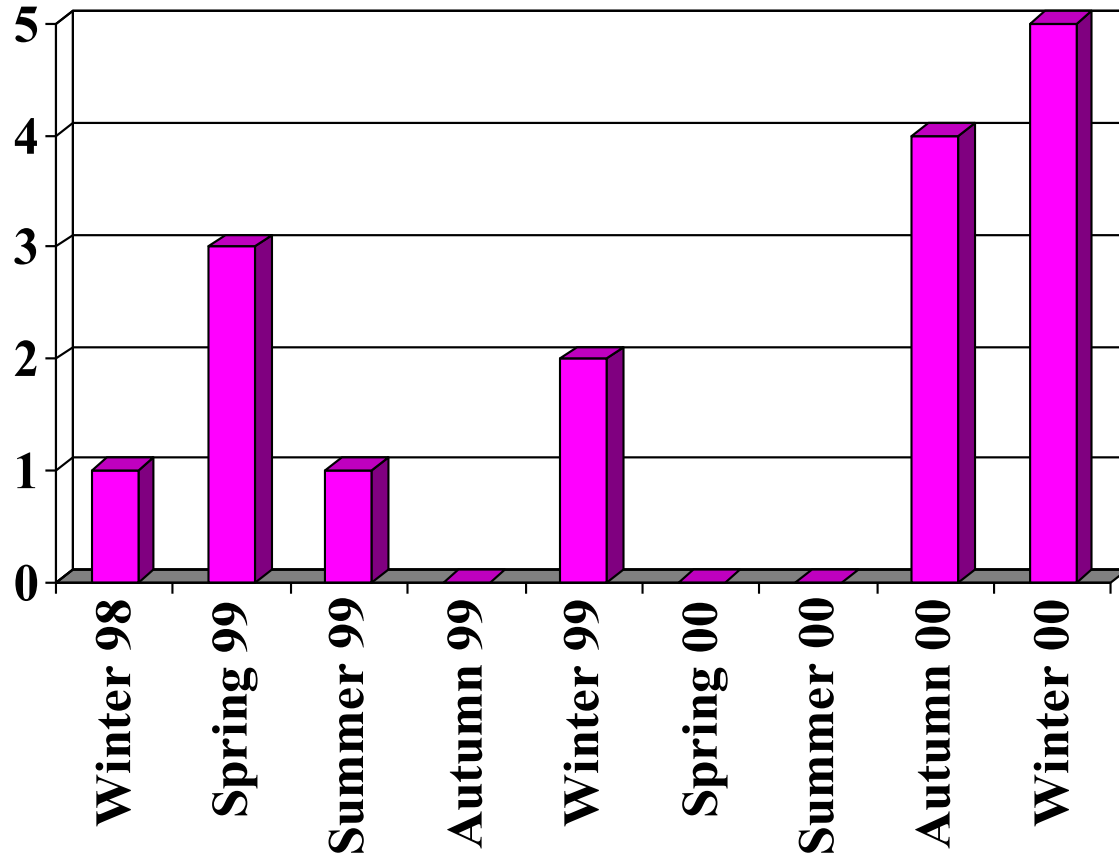
‘...larger hospitals might consider appointing physicians in acute care medicine; colleges should consider setting up a working party to address career structures and training issues.....’

Acute medical admissions and the future of general medicine, Scot Intercollegiate Working Party, RCPE 1998

The past.....

- 1999 - 2000
 - AMUs already developing
 - ‘Acute Medicine’ consultants being appointed

New Consultant Appointments in Acute Medicine



The need for SAM....

- Support
- Representation
- Recognition

- Multiprofessional
- Quality / Patient Safety

Views of the RCPL

- 2000
 - ‘The appointment of physicians solely to provide acute care without links to a specialty or adequate infrastructure should be actively discouraged by the Colleges and the Trusts.’

Federation of Medical Royal Colleges
Acute Medicine Working Party, June 2000:

SAM: early days...

- 1999-2000
 - Meetings in London / Edinburgh
 - 50-100 attendees
 - SAM Committee formed Spring 2000

SAM Challenges

- Small numbers
- Busy people
- No finance
- Detractors....

Supporters...



Views of the RCPL

- 2004

‘We recommend.....a consultant physician in acute medicine in every trust.....(by 2008) 3 consultants with primary responsibility for acute medicine in every acute hospital and more in larger hospitals’

Acute medicine: making it work for patients; RCPL 2004

SAM Development....

- Twice yearly meetings – Spring / Autumn
- Yearly subscription:
 - Initially £70 per year
 - Included '*Acute Medicine*' Journal – 2001
- Acute Medicine 'Subspeciality' 2003
- Acute Internal Medicine 'Speciality' 2009

Acute Internal Medicine Training

- 4 year 'higher specialist training'
 - After core training + full MRCP
- Dual accreditation with GIM (recommended)
 - 5 year programme
- 'Speciality skill / Qualification' required

Speciality Skill 'options'

- Echocardiography
- Upper GI endoscopy / bronchoscopy
- Ultrasound
- Diploma level qualification in
 - Medical education
 - Toxicology / infectious diseases
 - Healthcare management, etc

Speciality Skill 'options'

- Speciality interest
 - Intensive Care Medicine
 - Stroke medicine
 - Remote / rural medicine
- Research
 - >5 research publications during training
 - Acquisition of grant(s)

SAM: The present.....

- 1100 members – mostly doctors
 - 320 Acute Medicine Trainee members
- Twice yearly conferences
 - Autumn ‘International’ meetings
- Research / Education subcommittees
- *Acute Medicine* Journal now on MEDLINE / PubMed

Speciality Certificate Examination

- Required competency for completion of training
- Once yearly sitting – multiple choice format
- Examination / question-setting board
- Financed via SAM / RCP ‘memorandum of understanding’

Rising Profile of SAM

- Representation at Royal College of Physicians council
- Increasing calls for Press comment
- International influence
 - Europe
 - Australasia
 - Malaysia
- Political influence

The future....

- 'Generalism' in hospital – who will provide?
- 7 day working for consultants
- Quality indicators

Quality Indicators

- EWS recorded on arrival
- Management plan in place within 4 hours of arrival on AMU
- Consultant review within 14 hours of arrival on AMU
- Collection of following data:
 - Hospital mortality following AMU admission
 - 7 day readmission rate following AMU discharge
 - Direct discharge rate from AMU

Challenges....

- Poor awareness / understanding
- Variable terminology (how many 'AMU's?')
- Variable models of service delivery
 - Is there an ideal 'one size fits all' model?
- 'We need to sell ourselves better'



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www.acutemedicine.org.uk**

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Programme highlights

- Heart Failure Symposium
- Diabetes Symposium
- Risk Stratification Strategies
- End of Life Care
- Psychiatry in the AMU

Parallel Sessions

- Standardising AMU Working
- Emergency Medicine
- Managing the Frail Elderly
- "The Acute Surgical Patient"
- Nurse & AHP Mini Plenaries
- Interpreting the Plain Xray
- Radiology - CT Masterclass
- Interpretation of MRI
- Advanced Life Support
- 12 Lead ECG

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