

The President's Piece: A Final Word

M Jones

Well that's it from me! At the close of our 1st International meeting in Glasgow I handed the reins of Presidency to the safe hands of Rhid Dowdle.

What changes have occurred during the past two years? The growth of Acute Medicine has been extraordinary. The new curricula mean that we effectively have specialty status as only trainees with level 3 competences will receive a CCT in General Internal Medicine (Acute) and that means the Acute medicine trainees! With that recognition comes the prospect of Knowledge based Assessment (KBA) and I'm afraid that along with the other medical specialties we are working on developing our KBA which will be recognised as MRCP(Acute Medicine). This will be taken in the penultimate year of training but should have a first time pass rate of 90–95%.

We are working with our colleagues in Emergency Medicine to develop e learning for the acute medical problems that both groups see and we are also looking to get closer links with our European colleagues through EFIM. We are now the recognised Society approached by a variety of senior organisations when they need advice about Acute Medicine.

The increasing amount of work necessitated a new committee infrastructure for the Society. This will facilitate an increasing involvement of Society members many of whom have already started taking part in the new ventures that we are undertaking.

The feedback from the Glasgow meeting has been very favourable. We are encouraged to pursue the next international meeting to show what we are doing in the UK in trying to establish high standards of care in the management of the acutely ill medical

patient. The International speakers in Glasgow were universally supportive of our aims and will be observing our progress as they return to their respective countries. The fact that these internationally recognised experts in their field are showing so much interest and support in this area of medicine must be encouraging to us all.

It is a shame that someone as talented as Paul Jenkins has to go to Australia to receive the academic recognition that he deserves but he goes with our very best wishes for success "down under". We need to promote the academic part of acute medicine and we should be trying to help build the database of evidence that helps guide patient management. The quality of the abstracts was very high and we look forward to seeing the sharing of more research ideas and results next year in London.

The Society is proud of its multi-professional background and this was highlighted in the meeting. We must not forget this part of our remit. Patients only get the best care if all of the relevant members of the team play their part. We are looking for active members from the Allied Health Professions. Please take the time to consider whether you could bring your ideas to the executive and if you can stand for election!

I should like to take this opportunity to thank all who provided so much support to me through the past two years and, in particular, the members of the executive who have worked so hard. Without Derek Bell and Liz Myers the Glasgow meeting could not have been so successful. It was a high note on which I could leave office. Let's hope that the Society has many more high notes to come.

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October 2005–October
2007

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