The Society Pages

Acute Medicine and Academic Medicine – a unique opportunity to improve health care

D Bell, M Jones & P Jenkins

Acute medicine was recognised as a sub-speciality of General (Internal) Medicine by the Specialist Training Authority in July 2003. In practice it had been growing as a clinical entity for over a decade and several reports have been published.[1, 2, 3] The most recent Royal College of Physicians report on Acute medicine: making it work for patients[4] states "Acute medicine in the UK requires the development of an academic and research base in order to support teaching and training at medical undergraduate and postgraduate level, to support basic and clinical research, to develop clinical standards, and to provide audit tools for the assessment of clinical performance."

The nature of the acute care which can be provided has changed rapidly, public expectations are higher and the clinical data available suggests clinical care and outcomes can be improved.[5,6] To deliver high quality care in the acute setting requires the necessary clinical competencies, good clinical leadership, combined with a multi-professional approach and the correct systems and processes.

Academic medicine therefore has a clear brief in developing and supporting the necessary training programmes for medical undergraduate and post graduate education as well as other health care professionals. The new generic curriculum for the medical specialties and the curriculum for General Internal Medicine (Acute Medicine) are published. Both are competency based and both have had academic input. Physicians training in Acute Medicine will be required to attain additional level 3 competencies prior to CCT. Obtaining a diploma in medical education is an option within this part of the curriculum. The next challenge is to establish Acute Medicine training at an undergraduate level. This is currently the case for some but not all medical schools and as yet no unified approach has been adopted.

Quality of care in the early phase of acute illness is essential and prompt care has been shown to improve outcomes in a variety of clinical conditions.[8] The literature is also beginning to show the benefits of a more systematic approach to acute care within hospital settings. For example, Moore *et al*[9] recently published a retrospective review of 133,509 emergency admissions over an 8 year period and demonstrated benefits in terms of reduced mortality, reduced readmission rates and length of stay. Much of this benefit is attributed to the role of specialist acute physicians on the acute medicine unit with prompt specialty input. Using similar systems of care another recent publication has demonstrated no adverse outcomes for patients admitted at the weekend for a range of common medical conditions[10] which differs from previous publications.[6,11]

Similarly, simplifying the processes and improving reliability of recording and interpreting patient physiology through the use of Early Warning Scoring Systems at point of entry to care supports clinical decision making and relates to patient outcomes.[12] Acute medicine lends itself to this form of clinical research which relates closely to the National drive to improve patient safety.[13]

To improve clinical outcomes requires a greater understanding of the current systems and defining what works well and what does not. To do this requires a systematic approach to understanding processes, linking them to quality of care[14] and thus establishing an evidence base.

There is a growing recognition that clinical research needs to be supported to improve health gains for the population.[15] While there have been very significant gains achieved through developments in molecular and cell biology this has not always developed into direct benefit for patients. Three areas have been identified: translational research, randomised controlled trials[15] and basic observational research.[16] Acute medicine is in a unique position to support this. An individual unit or hospital may not be able to contribute to all three areas. For example, a large teaching hospital may find it easier to support translational research because of close working relationships with clinicians working across laboratory based medicine and service delivery. Other hospitals may find it

Professor Derek Bell
Professor of Acute Medicine
Imperial College London
Chelsea & Westminster campus
Fulham Road
London
SW10 9NH

Dr Mike Jones
President, Society for Acute Medicine (UK)
Ninewells Hospital,
Dundee DD1 9SY

Dr Paul Jenkins
Immediate Part President SAM (UK)
Norfolk & Norwich University NHS Trust,
Brunswick Road, Norwich
NR1 3SR

Correspondence:
Professor Derek Bell
Professor of Acute Medicine
Imperial College London
Chelsea & Westminster campus
Fulham Road
London
SW10 9NH

easier to contribute to observational studies because of the high volume of common medical conditions routinely seen in Acute Medical units. In addition the Society for Acute Medicine (UK) offers opportunities to undertake collaborative research between centres which could range from health care organisation to disease specific projects and is in a unique position to establish an acute medicine research network.

Acute Medicine has developed more rapidly than any could have predicted over the past six years. With over 200 consultants and approaching 100 trainees, the specialty now has a secure base from which to move forward. Establishment of a strong academic foundation is essential to our further development and should be a major priority for those leading the specialty over the next decade.

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