The Society for Acute Medicine: Trainees' News

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Acute Medicine remains high on the agenda at all levels of organisation and planning in Healthcare provision and training in the UK. In March 2006, an RCP report to the Health Committee Inquiry on Workforce Needs and Planning for the Health Service said, "The specialty of acute medicine is a new initiative and is likely to deliver improvements in delivery of this critical and expanding area of care in the NHS. To drive development we believe the number of SpRs and consultants in the field need rapid expansion to gain critical mass to deliver acute medicine efficiently."

Considerable focus will need to be maintained on training if there is any hope of achieving the aim of 3 Consultant Acute Physicians per Hospital, and 8 in larger units – roughly equating to 1500 around the UK. The Department of Health's emphasis on a Consultant-led service underscores the importance of this task. At the same time Acute Medicine faces further challenges in its move towards Specialty recognition. Despite the wording used above, Acute Medicine remains a sub-specialty of General Internal Medicine, is not recognised by the European Union as a Specialty and may require an act of Parliament to achieve this status.

The Society for Acute Medicine Spring Meeting in Hull was well attended and enjoyed by trainees. Congratulations to Dr Hannah Skene who was elected as a trainee representative to the SAM exec board. In early 2006 Dr Tim Morse, an Acute Medicine SpR in Edinburgh surveyed 45 Acute Medicine trainees across England. The survey highlighted the fact that Procedure training is still an area of concern with 30% of trainees still undecided on a Practical Skill. On-going competition from Specialty SpRs, lack of time for practice and concern about the long-term useability of a procedural skill were cited as areas of concern. As new training programs are being developed across the country there are bound to be some initial challenges. While 70% of trainees felt well supported, there were some areas where trainees felt that their programs lacked clarity, that job descriptions were unclear and that their role within the Medical take was still very undefined. The introduction of the new General (and Acute) Medical curriculum will hopefully clarify the Academic requirements for trainees and strengthen the framework on which training programs are developed. The specific structure of individual programs will still be dependant on the resources available to Program Directors. The trainees support a proposal made at the SAM meeting in Hull suggesting a National meeting of all Acute Medicine Program directors to consolidate ideas for Acute Medicine training programs of the future.

Modernising Medical Careers is another important consideration for trainees at the moment although the full impact may not be felt until 2007. Under current MMC proposals, Acute Medicine will be one of the first true 'run-through' training programs. This means that trainees will be selected into a training program at the end of their F2 year and will have no further selection process thereafter, leading to a total of 5 years of specialist training. The benefits of this include raising the profile of Acute Medicine and increasing the number of trainees. However, people interested in a career in Acute Medicine will need to make that decision relatively early on in their careers and there may be little or no opportunity to take OOPE, do research or move into another Specialty. After April 2007, all previous SHO and SpR training posts will be incorporated into MMC. Current NTN holders will continue on their programs and will retain their numbers through to their CCT. The message from the Royal Colleges and PMETB to all current SHOs is to apply for a Higher Specialist training posts, wherever possible, by April 2007 to avoid disappointment.

Training in Acute Medicine remains as dynamic and exciting as ever. New training programs are being developed and exisiting programs are being refined. Current trainees need to be pro-active and working with their Program Directors to identify areas for improvement or where there is inadequate support in order to maintain robust and educational posts.