Correspondence

Letter to the editor: Acute Medicine Journal

Editor- I note with interest that the Joint Royal College of Physicians Training Board curriculum for Acute Internal Medicine (AIM) has been reviewed and circulated for comment and consideration of implementation in August 2022. The proposed curriculum hopes to produce doctors with generic professional and specialty specific capabilities needed to manage patients presenting with a wide range of medical symptoms and conditions. It aims to produce a workforce that reflects the current trends of increasing patient attendances to both primary care and emergency departments- one that has a high level of diagnostic reasoning, the ability to manage uncertainty, deal with comorbidities and recognise when specialty input is require in a variety of settings, including ambulatory and critical care.

The new curriculum moves away from each trainee being required to develop a specialist skill, such as medical education, echocardiography or endoscopy throughout their training[1], to trainees acquiring competencies in a specialist theme for their final 24 to 30 months of their training programme after they have completed their Point of Care Ultrasound certification.

The current curriculum allows trainees to have regular dedicated time to develop interests inside or outside acute medicine to supplement their professional experience and training. This often allows trainees time away from the 'front door', can be welcomed break from high intensity acute care and uniquely offers trainee physicians flexibility in their training programmes and curriculum requirements. This sets acute medicine training apart from other physician training programmes and can attract trainees to apply to the specialty. It also addresses Shape of Training recommendations, which suggest more flexibility and choice in career structure for postgraduate doctors.[2]

Point of Care Ultrasound will undoubtedly be a welcome addition to the curriculum and will benefit patients, trainees and front door services up and down the country.[3] However, concerns regarding supervision and maintenance of competency exist.[4] More importantly, time spent gaining competency in this before pursuing an interest in an additional area or procedure will offer trainees less time to attain accreditation in some of the existing specialist skills currently available. With ongoing concerns regarding recruitment and retention in Acute Internal Medicine[5] we should be careful that we do not lose a unique selling point that acute internal medicine training offers.

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References

1. Joint Royal Colleges of Physicians Training Board. *Specialty training curriculum for acute internal medicine*. London: JRCPTB, 2009. https://www.jrcptb.org.uk/sites/default/files/2009%20AIM%20%28amendment%202012%29.pdf
2. Greenaway, D. *Shape of training*: Securing the future of excellent patient care. London. 2013.
3. Smallwood, N. and Dachsel, M., 2018. Point-of-care ultrasound (POCUS): unnecessary gadgetry or evidence-based medicine?. *Clinical Medicine*, **18(3)**, pp.219-224.
4. Smallwood N, Matsa R, Lawrenson P, Messenger J, Walden A. A UK wide survey on attitudes to point of care ultrasound training amongst clinicians working on the Acute Medical Unit. *Acute Med* 2016;**14**:159–64.
5. Focus on Physicians: Census of Consultant Physicians and Higher Speciality Trainees 2016-17. Royal College of Physicians. London. 2017.