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So you want to be an Acute Physician

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So you want to be an Acute Physician

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ACUTE INTERNAL MEDICINE

Acute Internal Medicine (AIM) is a relatively new specialty. In the past most acute medical admissions were managed by Consultants trained in General (Internal) Medicine along with a another specialty such as Respiratory Medicine. As the pressures of the medical take increased and the need for earlier expert input was recognised, certain individuals began to make acute care the focus of their work. Accompanying this was a realisation that the systems of acute care needed to change and Acute Medicine Units (AMU) were developed often with an Acute Physician as the lead. Acute Medicine was given subspecialty status before being recognised as a Specialty in its own right in 2009. It should be stressed that Acute Medicine is not the same as Emergency Medicine, although the two specialties work closely together.

The role of the Acute Physician encompasses the whole of acute care:

- Clinical - the prompt practical management of acute presentation of medical illness and the management of medical patients in an in-patient setting, often including the care of patients requiring more intensive levels of care than would be generally managed in a medical ward. In many units the Acute Physicians will be responsible for the first 24 – 72 hours of patients care; after which they may be well enough for discharge or triaged on to the appropriate inpatient specialty. Some units operate a 'next day specialty triage' system.
- Management and leadership within an acute medical unit – many acute physicians will be in charge of the Acute Medicine Unit with sessional input from other Internal Medicine trained colleagues
- Development of new patient pathways and services to maximise safe, effective care, for example, many AMUs now have Ambulatory Care facilities.

TRAINING

The first Acute Physicians were enthusiasts from the pool of G(I)M trained consultants but as AIM was acquiring specialty status it was recognised that an appropriate training

programme was required. (Though many Consultants are currently still appointed from training programmes in G(I)M.)

Following completion of the Foundation Programme, training in Acute Medicine can start with either Core Medical Training (CMT) or, in some deaneries, Acute Care Common Stem (ACCS). In Northern Ireland recruitment is through CMT, and achieving the MRCP(UK) is necessary. Entry to specialty training is then via competitive interview.

Once successfully appointed, the AIM programme involves rotations through Respiratory Medicine, Cardiology, Care of the Elderly and Intensive Care Medicine, as well as time spent in the Acute Medicine Unit. Most trainees will complete a five year programme obtaining a Certificate of Specialist Training (CCT) in G(I)M as well as Acute Medicine but others locally have pursued additional training in Intensive Care Medicine and Stroke Medicine.

In addition to their core clinical training in Acute Medicine trainees are expected to develop a chosen specialist skill. This may be

- A procedural skill, such as, echocardiography or ultrasonography
- An additional qualification at diploma or masters level, e.g., in medical education or clinical leadership
- A Speciality Interest, such as Palliative Medicine or Intensive Care Medicine
- Research

THE GOOD AND THE BAD

The good...

- Acute Medicine offers a varied case mix with plenty of 'clinical detective work'.
- Acute Medicine Units are often run by teams, offering close support from a group of like-minded colleagues.
- Being a new specialty allows consultants to have input into the development of services.
- Shift working patterns allow work-life balance or the development of special interests.
- The AMU is an ideal environment to develop teaching and training.
- There is the opportunity to develop and practice specialist skills such as focused ultrasound.

The bad...

- The pressure of work can be intense.
- Continuity of care is limited.
- There is potential for conflict over triage decisions and boundaries of responsibility.



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- You will not be ‘the expert’ opinion.
- A move to extended clinical cover will have the potential to make the hours of work more onerous.

THE FUTURE

Acute Medicine is a fast growing specialty and initiatives such as *Shape of Training* and the Royal College of Physicians’ *Future Hospital Commission* promote the appointment of physicians who have the breadth of expertise to deliver care to the patients with multiple comorbidities presenting to hospital acutely. It is likely that appropriately trained physician will be in demand for the foreseeable future.

WOULD I DO IT AGAIN?

Yes, I initially trained in G(I)M with Clinical Pharmacology, but what I always really enjoyed was the acute take with its clinical problem solving and the management of acute

emergencies. Acute Medicine has allowed me to be involved in the development and running of a new service when first appointed, it has allowed flexibility to experience hospital management and then to move on to roles in training and education. It has not been without difficulties, but I could not see myself in another specialty.

USEFUL WEBSITES

<https://www.jrcptb.org.uk/specialities/acute-medicine>

<http://www.acutemedicine.org.uk/what-we-do/training-and-education/training-in-acute-medicine/>

<http://careers.bmj.com/careers/advice/view-article.html?id=20022363>

<https://www.rcplondon.ac.uk/file/383/download?token=wpfU3yC6>

