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EDITORIAL

Acute Medicine, Past, Present and Future

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Introduction

In 2025, the Society for Acute Medicine (SAM) (https://www.acutemedicine.org.uk/) celebrates the 25th anniversary of its creation, with the speciality initially developing after a Scottish Intercollegiate working group (including membership from the Scottish Royal Colleges) published a joint report in 1998 highlighting the importance of appropriate care for patients with acute medical problems. From within this group, and working with the Royal College of Physicians, London, came SAM (Rhid, 2021). This coincided with some specialists starting to withdraw from both the acute medical take to focus on speciality rotas (such as Cardiology for primary percutaneous coronary intervention rotas, Gastroenterology for gastrointestinal bleed rotas, and Stroke physicians to work in Hyper Acute Stroke Units [HASUs]) as well as leaving General Internal Medicine (GIM) inpatient work to do primarily specialist outpatient provision, such as Diabetes and Endocrinology or Dermatology clinics.

SAM works to ensure high quality care for patients by creating guidance, educational initiatives and standards of care in Acute Medical Units (AMUs) and Same Day Emergency Care (SDEC) or Rapid Assessment and Care (RAC), in Scotland, as well as providing collaboration on policy to relevant bodies on matters relating to Urgent and Emergency Care including Royal College of Emergency Medicine, the Medical Royal Colleges and National Health Service (NHS) England/Department of Health and Social Care. It represents the whole multidisciplinary team and has subcommittees developing and supporting those working in subspecialties such as Obstetric Medicine and Acute Oncology, as well as research, education and governance. As Acute Medicine is one of the fastest growing medical specialities, SAM is still growing, currently with over 2000 members, working to represent both its members and the interests of patients, relatives and carers.

The key to successful AMUs is for the majority of patients to flow through them (excluding those needing immediate transfer to higher-level speciality care such as Coronary Care/Intensive Therapy Units or HASUs); however, there is obviously an intimate inter-relationship. Over the years, an evidence base has built up (Jones, 2016) showing improved quality of care, better staff satisfaction, shorter length of stay and reduced mortality for patients who flow through AMUs.

All acute hospital trusts in the UK now operate a model that incorporates something resembling a, usually consultant-led, AMU; however, current pressures mean that, unfortunately, they do not always function as planned. The increased number

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of patients with medical presentations, who are often complex and have polypharmacy, coming to Emergency Departments has led for a need for the Acute Medic to support their colleagues in Urgent and Emergency Care in managing these complex patients, further cementing the need for a 'specialist acute generalist' at the front door of the hospital.

The speciality of Acute Internal Medicine (AIM) was formally recognised by the General Medical Council (GMC) from 2003, with the creation of a Certificate of Completion of Training in GIM with a subspeciality interest in AIM. This was updated in 2009 and again in 2012 to be a speciality in its own right. SAM worked with the Joint Royal College of Physicians Training Boards to introduce a Speciality Certificate Exam around 2010, ensuring an exit exam for higher speciality trainees. A new curriculum specifically for AIM was endorsed in 2022, including mandatory Point of Care Ultrasound (POCUS) and an ongoing commitment to dedicated time for speciality skills development, including clinical, management, educational or skills-based training (JRCPTB, 2022).

The clinical team working in AIM has the privilege and responsibility to provide care to adult patients presenting with illness or injury of all severities; models incorporating acute frailty services, are often developed alongside with the help of colleagues in Geriatric Medicine. Every single day, AMUs in the UK are providing outstanding care for patients presenting with a wide range of conditions. They often support teams to provide outreach services to specialities including surgery, obstetrics and or in-reach to Emergency Departments managing patients who may also have complex medical, often multimorbid, problems. In 2020, as part of a multi-speciality working group, SAM helped shape the over-arching guidance 'ENHANCED CARE: Guidance on service development in the hospital setting'; published by the Faculty of Intensive Care Medicine (FICM) and endorsed by the three Medical Royal Colleges, helping AMUs to develop areas with augmented monitoring and treatment (The Faculty of Intensive Care Medicine, 2025; Intensive Care Society, 2022). The Coronavirus Disease (COVID) pandemic was arguably the coming of age of the speciality, with colleagues in AIM often leading the response, as highlighted in the Independent Television (ITV) drama series 'Breathtaking'.

AIM is rapidly evolving, and as such, those that work within it need to keep up to date with all the new approaches to patient care. SAM has twice yearly conferences aimed at networking opportunities, sharing innovations and providing high-quality Continuous Professional Development. The conference venues are chosen strategically, having been to all four home nations as well as Dublin, Copenhagen and Amsterdam. SAM has regular educational webinars, a podcast (with over 35,000 downloads to date), as well as its own Journal—Acute Medicine. Perhaps the real proof of its coming of age, is the recent proliferation of books and book chapters on the subject, including the inaugural AIM chapter in a major medical textbook that is planned for publication in May 2025 (Randall et al, 2025), co-written by one of the authors of this article.

As of 2025, there will have been two female presidents, and new presidents have recently all had a Certificate of Completion of Training in AIM. Hopefully, the council will continue to represent the diverse nature of its members, with repre-

sentatives from all backgrounds and major professions on the council, with further representation from nursing and allied healthcare professions at senior leadership levels.

Over the past two and a half decades, the pressures within the NHS have been intense. SAM has ensured that they sit at national tables influencing policy decisions. They have developed standards, created toolkits and issued statements to help support members with guidance.

Looking ahead to the next 25 years, we will face even greater pressures from an ageing patient population with multimorbidity, whilst keeping up to date with rapid advances in medical technology. We know patients do better in their own home, so we will continue to develop the models of SDEC and Hospital at Home, with enhanced use of wearable technology, artificial intelligence to monitor for early signs of deterioration, and POCUS guiding therapies in the community.

AIM will continue to be pioneers at the interface between primary and secondary care and maintain excellent working relations with our colleagues in urgent and emergency care services. We aspire to the standard of having an enhanced care unit (ECU) on every AMU. Getting early and accurate diagnoses is key, and POCUS is now standard in AIM training, with many Acute Medicine Higher speciality trainees also learning echocardiography, leading the way for other physician specialities to follow.

Over the years SAM has collaborated with experts all over the world and we will continue to engage with the European Federation for Internal Medicine (of which it is an affiliate) (https://efim.org/) and has a vision to help drive the international AIM agenda, as well as taking a leading role in a potential International Federation for AIM. Due to expertise in the management of complex, often acutely unwell inpatients incorporating POCUS skills, it is closely aligned with the hospitalist movement (which is of a similar age to AIM as a speciality), as well as their subspecialist triagists. This will be an area for increased future collaboration.

For AIM (and SAM) to continue to thrive, we will be reliant on good research focused on care delivered within the field of urgent and emergency care. We have a growing Research team and will continue sharing outputs via hybrid conferences, journals and our online offering, including website, podcasts and webinars.

The recent introduction of an AIM undergraduate syllabus has been a great way of introducing medical students to the importance of Acute Medicine. The AMU is seen as a real powerhouse of medical education within hospitals, with the majority of undergraduates and resident doctors having some time spent on them. As we grow, we aspire to have academic Chairs in every major UK University with healthcare programmes (Trimble et al, 2023).

The future of AIM looks positive, albeit with increased pressures, as it continues to attract talented, hard-working and pragmatic physicians. For them to follow in the great footsteps of those that founded the speciality, we need to continue to champion the very basic principles on which it was founded.

Conclusion

Acute Medicine is a rapidly growing speciality that provides expertise in looking after the unwell patient presenting to the hospital. There is evidence for Acute medicine units to reduce length of stay, reduce mortality and increase patient satisfaction. Over the last 25 years, the speciality has adapted to increasing pressures as well as increasing complexity and will need to continue to evolve and adapt over the next 25 years.

Key Points

- Acute Medicine has been recognised as a speciality since 2003.
- Acute medicine units now increasingly encompass SDEC and Enhanced care as core parts of their operational scope.
- Increasing pressures on hospitals can lead to AMUs now not functioning as planned despite the evidence base.
- Acute medicine is a proudly multi-disciplinary speciality.

Availability of Data and Materials

Not applicable.

Author Contributions

NM and VP designed the work. NM and VP drafted the manuscript. Both authors contributed to the important editorial changes in the manuscript. Both authors read and approved the final manuscript. Both authors have participated sufficiently in the work and agreed to be accountable for all aspects of the work.

Ethics Approval and Consent to Participate

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Conflict of Interest

NM and VP are both members of SAM and have both been Presidents of the Society.

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