

Education and training in Acute Internal Medicine (AIM)

Overview

Training in Acute Medicine began in the early 20th century, and initially fell under the umbrella of general internal medicine (GIM) as a subspecialty option. This changed in 2009 with the publication of the dedicated higher specialty training curriculum for Acute Internal Medicine (amended 2012; available [here](#)). From this time, trainees could achieve a certificate of completion of training in both General *and* Acute Internal Medicine – a profoundly important step in the development of the specialty.

Perhaps partly owing to its development as a subspecialty of GIM, the initial and 2012 revisions of the AIM curriculum bore a number of similarities with the GIM curriculum of the time. Many of the core components were shared between the two specialties, meaning there was overlap in the competencies to be achieved. There were, however, also clear differences that were sometimes easy to forget. AIM trainees were mandated exposure to four core specialties: cardiology, care of the elderly, respiratory and intensive care medicine. This ensured a solid clinical experience in the three medical specialties whose conditions make up the bulk of the acute take, and in intensive care medicine with whom close working is required for those patients most unwell. There was also a focus on leadership and management in the AMU, managing acutely unwell surgical and obstetric patients and enhanced procedural skills including independence with thoracic procedures, among others.

Most training programmes offered AIM and GIM as five-year, dual training programme. Very few people undertook AIM as a single specialty, and few training regions offered it. The specialty experience was usually offered as a discrete block of training, although it was possible to gather the required clinical experience through regular sessional exposure. The numbers of AIM trainees have steadily increased over the years with record recruitment numbers in the last intake.

The specialist skill

A unique aspect to AIM training is the inclusion of a mandatory 'specialist skill' to be completed alongside the core curriculum components. This allows trainees to gain a set of skills in an aspect of medicine which holds particular interest to them, giving a unique flexibility to trainees in AIM. They are afforded one session per week to develop competencies which they (and their trainers) feel would be of benefit to them and their clinical practice for the future. The approved skills list is kept under constant review by the national training committee, and the types of specialist skills offered are broad (procedural, educational, medical specialty including obstetric medicine and acute oncology, and research). The current list of accepted skills including those declined by the committee or no longer considered relevant is available [here](#) (under the 'forms and guidance' menu). The inclusion of the specialist skill within the AIM curriculum

ensures Consultants can bring their unique skillset to their future employment, which is beneficial for both the individual units and the job satisfaction of the clinicians.

The future*

2022 sees the introduction of new curricular for the majority of physicianly specialties, and AIM is no different. The new curriculum has been developed to expand on the unique skill set of acute physicians, with a focus on six key clinical areas:

- Managing Acute Medicine services
- Delivering alternative patient pathways including medical same day emergency care
- Prioritising and selecting patients appropriately according to the severity of their illness, including making decisions about appropriate escalation of care
- Integrate with other specialist services including Intensive Care, Cardiology, Respiratory and Geriatric medicine
- Managing the interface with community services including complex discharge planning at the front door
- Developing a specialty skill within the domains of clinical, academic, research or practical skills

These clinical competencies are core to the efficient delivery of front door services within the NHS, and in many ways define the core components of the specialty as a whole. The new curriculum no longer requires evidence of multiple individual symptom-based presentations, but instead the much broader demonstration of contributing to and developing acute medical services across the spectrum of acute medical care. It continues to offer the specialist skill as an important component, and for the first time is intended to include ultrasound competencies as a core component of training. This will be one of the many ways that AIM training will continue to produce Consultants with a unique skillset among physicians within the hospital setting.

*curriculum awaiting final GMC sign off as of February 2022

Training structure

The development of the AIM curricular and oversight of training programmes is the remit of the Specialty Advisory Committee (SAC). This started as a group of clinicians interested in developing AIM as a specialty in around 2008, under the Chair of Dr Chris Roseveare. On the approval of AIM as a distinct specialty this committee fell under the responsibility of the Joint Royal Colleges of Physicians Training Board (JRCPTB), with representations from each region across all four nations. These training programme directors (TPDs) oversee the training in each region, and ensure it meets (and hopefully exceeds) the requirements set out in the curriculum. They in turn will receive

representation from the local Trusts and trainee representatives to ensure there is a clear line of responsibility for ensuring training posts are delivering the required competencies.

PA framework

Training and education of the whole MDT is core to the specialty of Acute Medicine, and to this end the Society is supporting the development of a Physician Associate (PA) framework within Acute Medicine. This is being finalised at the time of writing, but once published will be the first such framework to support physician associates within a physicianly specialty. It will provide a pathway for training and skill acquisition to standardise the experience PAs acquire whilst working on an Acute Medical Unit, and it is hoped encourage their training and retention within the specialty.

Online learning

The society has developed a number of online learning resources, many free to all clinicians and some dedicated to SAM members. They run a successful series of SAMinars: bitesize evening sessions dedicated to a topic or topics important to the specialty. We have just launched the SAM learning hub (link [here](#)) - an online repository of educational videos and resources, with the offering regularly expanded over the coming months.

Education Committee

Much of this work for the Society is undertaken by Education committee, chaired at the time of writing by Simon Patten. This group meets regularly and is formed of a multi-disciplinary team, including ordinary SAM members with a particular interest in education. Any members with an interest in the work of the committee should contact the SAM administrator.

Ultrasound education

The Society has long been supportive of ultrasound as a tool to aid clinical management, and in 2015 a working group was convened to develop ultrasound competencies relevant to Acute Medicine. These were approved in 2016 with a curriculum and training structure developed, and the first candidate became accredited in 2017. Alongside this, the working group has developed a number of free learning resources (available [here](#)) and an e-learning for health [module](#) to aid this training. There is a steady increase in Supervisors and accredited clinicians which will hopefully support the uptake of ultrasound as a core skill within the specialty of the future.

takeAIM

The takeAIM initiative was developed initially with financial support from Health Education England (HEE) to promote the specialty to potential trainees. Six takeAIM fellows were competitively appointed from the pool of trainees at the time, and worked tirelessly to develop resources, events and raise awareness of what the specialty was really about. Since that time, new fellows have been appointed regularly and are now expanding into all four nations, continuing to inform trainees, medical students and soon other healthcare professionals about the benefits of a career in Acute Internal Medicine.