



Society for Acute Medicine

The recognition of Acute Medicine as a clinical entity and its early development as a medical speciality

Part 2

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Following the Edinburgh meeting on 14th April 2000, the Society appointed an administrator, Audrey Deuchars - PA to Derek Bell at the Royal Infirmary of Edinburgh (RIE), set up a website - www.acutemedicine.org.uk and acquired an email address - admin@acutemedicine.org.uk.

Officers of the Society met in York in the summer of 2000 to agree a constitution for the Society and to decide its naming. Chris Roseveare recalls that "*This was the subject of considerable debate, the final consensus being 'The Society for Acute Medicine (UK)'*".

The first meeting of the new Society was held at Heriot Watt University, Edinburgh on 5th October 2000 and Derek Bell, as President included in the invitations to attend that were distributed the following statement describing the aims and objectives of the Society.

"The Society for Acute Medicine (UK) was founded in June 2000 by a group of like-minded clinicians who had met informally over the previous 12-18 months. Most of the group members had also given evidence to the Federation of Royal Colleges' Report on 'Acute Medicine 'The Physicians Role' published this year. The Society is intended to be a forum for clinicians and managers working in Acute Medicine with an emphasis on bringing together all the professions involved in the acute management of patients.

The Society intends to foster and develop links with other relevant societies and to promote education and training in acute medicine. The Society wishes to promote and develop clinical standards in conjunction with the Royal Colleges and to help determine national standards and audit priorities in this area. The next meeting of the group will be held in Edinburgh on 5 October 2000 in the Edinburgh International Conference Centre and meetings are planned for the following year in South Wales and Norfolk and Norwich."

The invitation to attend also included a subscription form to join the Society, whose title rapidly became abbreviated to SAM(UK). Joining the Society attracted reduced attendance fees for future meetings and a reduced subscription to *The CPD Journal of Internal Medicine* which was edited at that time by Paul Jenkins. This was adopted by the Society as its house journal in 2001 at which point it was provided free to all members paying a full subscription.

35 doctors and other clinical staff, 19 from Scotland, 13 from England, two from Northern Ireland and one from Wales, and from 15 different organisations attended this first meeting. The keynote speaker was Mr John Heyworth, President Elect of the British Association of Accident and Emergency Medicine.

The second meeting of the Executive Committee of SAM(UK) took place at this time and was attended by committee members Derek Bell - President, Mike Jones - Secretary, Chris Roseveare - Treasurer, Rhid Dowdle and Mairi Pollock. Members in attendance were Peter Featherstone, Paul Schmidt and Liz Myers. There were apologies from Paul Jenkins, Vice President, and from Simon Fletcher who had been appointed to liaise with the Intensive Care Society.

After this meeting the Society's financial reserves were in the order of £1500

It was decided in committee that SAM(UK) should hold meetings twice a year, in the spring and the autumn, scheduled on Friday afternoons and Saturday mornings. The next meetings planned were to be in Norwich on Friday 20th April, 2001 and Cardiff on Friday 5th October, 2001.

Ultimately the Norwich meeting had to be re-scheduled and was replaced by a meeting in Southampton hosted by Chris Roseveare. The proposed cost for the forthcoming meetings would be £20 if membership were obtained at the same time and £10 for non-members.

The Southampton meeting took place on 20th April 2001 and included a parallel session on the development of nurses and members of the professions allied to medicine (PAMs) in Acute Medicine. A keynote speaker was Dr Gary Smith, ITU Consultant at the Queen Alexandra Hospital in Portsmouth, who spoke on multiprofessional training and the ALERT course.

The third meeting of SAM(UK) took place in Cardiff on the afternoon of Friday 5th and the morning of Saturday 6th, October, 2001. It was hosted by Rhid Dowdle.

The first Annual General Meeting (AGM) of the Society took place during this meeting. The Society by then had 89 members paying an annual subscription of £40 by standing order. It was perceived that the executive committee needed to be augmented by further nurse representative, representation from each of the PAMs and from pharmacy. The constitution of the Society was amended to reflect this and earlier decisions.

The frequency of meetings was discussed again and it was agreed that the twice yearly frequency remained appropriate. Future venues for the meetings were agreed to be Norwich in April 2002, Dundee in October 2002 and Nottingham in April 2003. It was also suggested that the 10th meeting of the society should be held in Europe.

By 2002 Derek Bell, in his letter to the membership as SAM(UK) President, commented that the term 'Acute Medicine' was beginning to creep into the medical vocabulary and the number of posts appointed in Acute Medicine throughout the country was still increasing. It was interesting to note that, whereas between 1995 and 2000 the vast majority of posts advertised in acute medicine in England and Wales, were at Staff Doctor grade, RCPL records show that in 2002 the situation had reversed with 23 appointments made at Consultant level and only 3 Staff Doctor appointments. The Society's views were by then being sought by the Medical Royal Colleges and by Government on appropriate occasions.

Derek also reported that a number of regions in Scotland had been successful in developing specialty training programmes in Acute Medicine. Paul Jenkins had already established an acute medical registrar post, approved and supported by the East Anglian Deanery, in 1997. This was initially a stand-alone post but subsequently became a rotational post within medicine, incorporating a 6-months placement in Intensive Care Medicine (ICM). Conversely registrars training in ICM in Norwich rotated through Acute Medicine for a six-month period at the request of the local ICM trainers and with significant benefit to the Acute Medical service. Paul was passionate about trainees in Acute Medicine having significant exposure to Intensive Care Medicine.

At the start of 2002 Acute Medicine remained unrecognised as a speciality in its own right, however the RCPL then endorsed the development of the specialty of acute medicine and of an appropriate training programme in acute medicine, to be carried out under the auspices of General (Internal) Medicine. In early 2002 Mike Jones, as Secretary of SAM(UK), produced a draft curriculum for training in Acute Medicine with General (Internal) Medicine and by the autumn of that year new training numbers had been allocated for training in Acute Medicine in Wales.

Subspecialty status for Acute Medicine was granted by the Specialist Training Authority in 2003 and a Higher Medical Training Curriculum for Sub Specialty Training in Acute Medicine for General (Internal) Medicine NTN Holders was published by the Joint Committee on Higher Medical Training (JCHMT) in July 2003. The curriculum stated that: -

" This document aims to outline the necessary skills that should be developed by an individual who aims to work in, and play a lead role in, a Medical Assessment or Medical Admissions unit (MAU). This differentiates the Acute Physician as laid out in this document from the physician who takes part in the acute take but is further qualified in another medical specialty and does not take a managerial role in the MAU".

This is description is perhaps the first formal acknowledgement by the Medical Royal Colleges of the role of the Acute Physician.

The Society's Annual General Meeting for 2003 took place on 4th October at the Queens Medical Centre as part of the Society's autumn meeting in Nottingham. Elections took place for new officers of the Society and the results were as follows: -

- President – Paul Jenkins,
- Vice President – Mike Jones,
- Secretary – Rhid Dowdle,
- Treasurer – Chris Roseveare,
- Ordinary Member – Phil Dyer (Birmingham Heartlands).

In view of the changing nature of the NHS it was proposed that there should be trainee representation from both North and South. Roger Duckitt and Steven Close joined the Executive Committee as trainee representatives. Mairi Pollock continued as Nursing Representative and was joined in this role by Liz Myers. Alastair Graham joined the Committee representing Allied Healthcare Professionals (AHPs), the successor organisation to PAMs, at the December Executive Committee meeting.

The Society now had 103 members, including 8 from nursing and the AHPs, and funds in the order of £7500.

2004 was a memorable year for Acute Medicine, not only for the introduction of *Modernising Medical Careers*, but also for the publication in April 2004 of the RCPL report *Acute medicine: making it work for patients*. This document contrasted significantly with *Acute medicine: the physician's role*, its predecessor of 2000, in that the RCPL had now clearly recognised acute medicine as a new specialty and sought to define its clinical role and training requirements.

The working party that drew up the report was chaired by Alistair Douglas from the RCPL New Consultants Committee and included Derek Bell, representing SAM(UK) and Chris Subbe from the RCPL Trainees Committee. There was also input from Steven Close, Specialist Registrar in General Medicine from Aberdeen, Peter Featherstone from Portsmouth, Liz Lees, Consultant Nurse from Birmingham Heartlands Hospital, Tanzeem Raza from the Royal Bournemouth Hospital and Prof Bryan Williams from Leicester. Many of the above maintained an interest in Acute Medicine, becoming members and officers of SAM(UK).

The report specifically made a number of recommendations including, amongst other things:-

- *The following definition of 'acute medicine':
"Acute medicine is that part of general (internal) medicine concerned with the immediate and early specialist management of adult patients with a wide range of medical conditions who present in hospital as emergencies".*
- *All trusts admitting acutely ill medical patients should have a dedicated area where they can be managed. Current terminology is confused, and we recommend the term 'acute medicine unit' (AMU)*
- *A consultant physician in acute medicine in every trust, who is given time to take the lead in the development and provision of acute medicine to ensure that this service, which is pivotal to the quality of care, is developed as a matter of urgency*
- *There should be at least three consultants with primary responsibility for acute medicine in every acute hospital... by the year 2008*
- *We recommend that an appropriately trained member of the clinical staff should assess according to clinical need, and certainly within four hours of arrival, all patients presenting to hospital as acute medical emergencies*
- *A doctor with appropriate skills in acute medicine should be present at all times in all units receiving acute medical emergencies. This would usually be a specialist registrar or equivalent who should have the MRCP(UK) Diploma or equivalent, and two years recent experience in managing patients presenting as acute medical emergencies.*
- *A consultant physician who has no other scheduled commitments should support this doctor.*
- *One hour should be allowed for assessment, documentation, investigation and result gathering, carrying out interventional procedures, treatment and prescription of therapy for each new patient presenting as an acute medical emergency*
- *15 minutes for each new patient should be available on a consultant's 'post-take' ward round*
- *Each new patient admitted should be reviewed by a consultant physician within 24 hours.*
- *Regional specialty advisers should be appointed jointly by the three Royal Colleges of Physicians of the UK and the Society for Acute Medicine to work with postgraduate deans on issues such as acute medicine training and its funding*
- *The three Royal Colleges of Physicians and the Society for Acute Medicine should work together with the Council of Heads of Medical Schools to establish a secure academic base for acute medicine.*

Thus, not only was acute medicine now being formally recognised as a medical sub-speciality, but the Society for Acute Medicine (UK) was also being recognised as its representative body.

The Society by then had 185 members many of whom had become active in a variety of significant medical fora.

Paul Jenkins and Rhid Dowdle were members of the RCPL College Committee on Acute and General Internal Medicine, which had itself been renamed from the College Committee on General Internal Medicine as recommended in *Acute medicine: making it work for patients*.

Mike Jones was Secretary of the Speciality Advisory Committee (SAC) on General (Internal) Medicine of the Joint Committee for Higher Medical Training (JCHMT), of which Derek Bell and Rhid Dowdle were also members. Mike Jones also chaired the Joint Committee on Basic Medical Training (JCBMT), and reported much activity in relation to Acute Medicine in the Foundation years.

A working party had also been established with the RCPL on training in Acute Medicine for trainees in Emergency Medicine and Critical Care Medicine, chaired by Dr Alasdair Short, Consultant in Critical Care Medicine and immediate past Chairman of the Intercollegiate Board for Training in Intensive Care Medicine. Paul Jenkins and Mike Jones were members of this Working Party.

The following Acute Medicine Higher Training Programs were recognised in England and Wales:

East Anglia	4 posts at present with 4 more proposed
Wales	4 posts at present with 4 more proposed
Wessex	3 posts at present with 3 more proposed and 2 further planned
North Trent	3 posts approved
Eastern	1 post approved West Midlands 14 posts approved
South Trent	4 posts awaiting educational approval
South West	Awaiting educational approval

The Society was increasingly being recognised as an authority on acute medical care and was asked to visit the Royal Free Hospital to advise on the provision of acute medical services there.

The Society recognised that a strong academic base was essential for the future development of acute medicine and the proposed establishment of a Chair in Acute Medicine at the Chelsea and Westminster Hospital by Prof L Borysiewicz, Deputy Rector of Imperial College London, was welcomed.

The Society produced its first formal documents on clinical standards - *Recommendations for Nurse Staffing on Acute Medicine / Medical Assessment Units* and *Guidelines for Physiotherapy in Medical Assessment Units*

In 2005 concerns arose in the SAM(UK) Executive Committee about the potential financial liabilities of individual officers and the need for indemnity insurance. The case for the Society acquiring charitable status was discussed and it was decided to take this to the next AGM

The Society by then had more than 250 members and it was confirmed that 83 NTN holders had been issued for training in Acute and General (Internal) Medicine in England and Wales. The first CCT holders were expected in 2007.

The Society's house journal had evolved over the preceding five years. Chris Roseveare took over the role of editor in 2002, at which point the journal was renamed the *CPD Journal of Acute Medicine* and subsequently *Acute Medicine* in 2005

The prospective SAM logo was discussed with the membership at the meeting in Swindon and accepted at the subsequent meeting in Portsmouth.



The autumn meeting of the Society in 2006 was planned to be held in the RCPL on September 21st & 22nd and presented a financial challenge. The deposit for the use of the 300 seat Wolfson Theatre alone being £6000, with costs to the Society of £100 per day per delegate!

The Society had now been registered with the Advisory Committee on Clinical Excellence Awards

(ACCEA) and was able to support members' nominations for awards.

The Department of Inland Revenue also agreed that the cost of annual subscriptions to SAM(UK) could be allowed as an income tax deduction!

Elections of officers of the Society had resulted in a new Executive Committee which, in March 2006, comprised: -

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|---------------------------------------|------------------|
| • President- | Mike Jones |
| • Vice President and President-elect- | Rhid Dowdle |
| • Secretary- | Phil Dyer |
| • Treasurer- | Chris Roseveare |
| • Ordinary Member- | Alistair Douglas |
| • Critical Care Liaison- | Simon Fletcher |
| • Nursing Representative- | Liz Myers |
| • Nursing Representative- | Glynis Dack |
| • Trainee Representative- | Roger Duckitt |
| • Trainee Representative- | Hannah Skene |
| • AMP Representative- | Alastair Graham |

Derek Bell was appointed Professor of Acute Medicine at the Chelsea and Westminster Hospital and was asked to act as Academic Representative for the Society

As the Society's meetings were becoming more complicated it was decided that there should be a sub-committee of the Executive Committee tasked with organising future meetings, the format of which had now been defined in some detail. This subcommittee would comprise:-

- Chair - Immediate Past SAM(UK) President
- Expert organiser – Chris Roseveare
- Current SAM(UK) President
- A Trainee representative
- A Nurse representative
- The AHP representative
- The Local Organiser

Concerns about the financial probity of the society had led to discussions within the Executive Committee on the Society acquiring charitable status. This was thought an appropriate development and Mike Jones agreed to modify the constitution for the society to bring it in line with the constitution required for a charitable organisation.

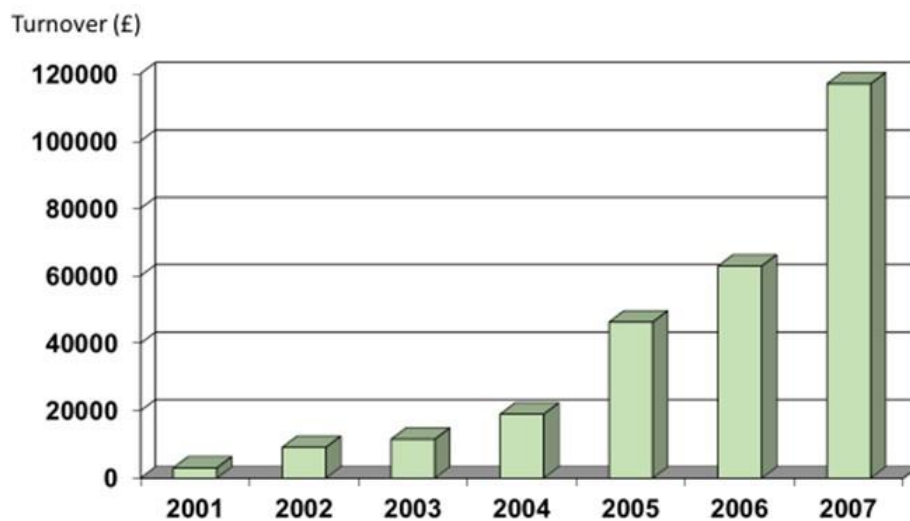
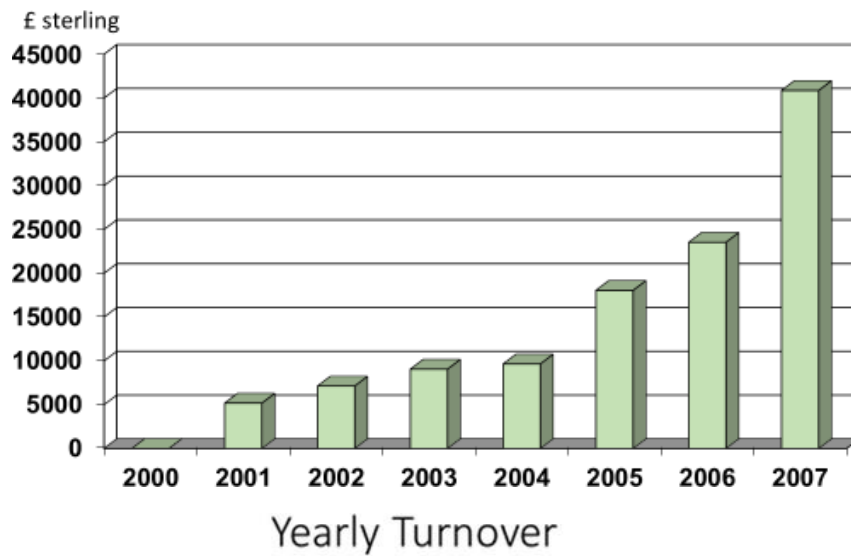
Derek Bell suggested that the Society should structure its forthcoming meeting in Glasgow as an international meeting. Derek was in contact with Christine Lawson from *Eventage*, an organisation that regularly managed such meetings, and felt that they could promote the society and make a success of a bigger meeting than any that SAM(UK) had held previously. The venue suggested was the Scottish Exhibition and Conference Centre (SECC) and the number of attendees for this meeting to break even was around 420. A great deal of discussion took place in the Executive Committee on the pros and cons of this venture, in particular regarding the financial risk. Previous meetings had mainly been held in hotels where costs of hundreds of pounds were usual. The Society's autumn meeting of 2006 took place in the RCPL and incurred costs of thousands of pounds including a deposit of £6000.

However, expected costs of the proposed Glasgow meeting, including the cost of the venue and fees to *Eventage*, would be tens of thousands of pounds and would far exceed the Society's financial reserves. An additional risk factor for this meeting was the threat of an H5N1 bird flu outbreak spreading to the UK from Europe and causing cancellation of the study leave of potential attendees. It was not found to be possible to insure against an inadequate number of attendees. After much debate seven members of the Executive Committee agreed to accept joint liability for any financial shortfall resulting from the meeting. My recollection of my wife's expression when I told her what I had agreed to was indeed memorable!

The first International Meeting of SAM(UK) opened at the SECC on Monday 1st October 2007. Subsequently Christine Lawson as conference organiser reported excellent feedback from the conference evaluation and the conference accounts showed a small profit, which was a good result considering that the aim was to break even. There was much relief in certain quarters!

The Society's finances had by now become substantial and the turnover for 2007 was over £100,000 with an end of year balance of £40,000.

Society Account Balance



The Executive Committee of SAM had decided soon after the Society's formation that the venues for the two meetings each year should be widely distributed over the UK, but also needed to be readily accessible and to have attracted local members prepared to organise the meetings. The table below shows the venues for SAM meetings for the first seven years of its existence.

Venues of SAM meetings – 2000 to 2007

Date	City	Venue
2000, Autumn	Edinburgh	Herriot-Watt University
2001, Spring	Southampton	Southampton General Hospital
2001, Autumn	Cardiff	Marriott Hotel
2002, Spring	Norwich	Norfolk and Norwich Hospital
2002, Autumn	Dundee	Discovery Point
2003, Spring	Birmingham	Heartlands Hospital
2003, Autumn	Nottingham	Queens Medical Centre
2004, Spring	Bournemouth	Marsham Court Hotel
2004, Autumn	Edinburgh	Royal College of Physicians
2005, Spring	Swindon	Holiday Inn
2005, Autumn	Portsmouth	Action Stations Conference Centre
2006, Spring	Hull	Ramada Hotel
2006, Autumn	London	Royal College of Physicians
2007, Spring	Halifax	Cedar Court Hotel
2007, Autumn	Glasgow	Scottish Exhibition and Conference Centre