

Position Statement Differentiating Acute Medicine (AM) from General Internal Medicine (GIM)

Acute medicine (AM) is the specialty which delivers immediate and early specialist management of adult patients requiring acute care for one or more of a wide range of medical conditions. Patients cared for via an Acute Medical Unit (AMU) demonstrate a reduced length of stay and mortality, with no increase in readmissions.

There is a broad spectrum of clinical work done by specialists in Acute Medicine (Acute Physicians), including:

- immediate care of life-threatening medical emergencies
- initial management (generally up to 72 hours) of patients presenting with undifferentiated medical pathologies, and often time sensitive conditions
- provision of Same Day Emergency Care (SDEC) or Rapid Ambulatory Care (RACU in Scotland)
- delivery of Enhanced Care within the AMU
- more recently, acute medical care within the community, via Hospital at Home services and 'virtual wards'

The competencies required to deliver this care are unique to Acute Physicians, and are developed within the AIM training programme. They include skills in accepting and holding appropriate risk, managing flow and uncertainty, leading and managing the high turnover environment of these units and advanced clinical reasoning and diagnostic skills including point of care ultrasound. Acute Physicians' training also includes development of a specialty skill; broadly, these can be clinical, managerial, procedural or educational in nature.

This combination of competencies are not comprehensively taught within the (G)IM training programme - although there is some overlap - and so in most circumstances competency beyond GIM training is required to work as an Acute Physician.

SAM currently recognises that consultants who are employed for more than 50% of their direct clinical care (DCC) within Acute Medicine would generally be able to identify as an Acute Physician, given the assumption they have extended their acute care competencies further or to a greater extent than general physicians. SAM recommends that any new appointees into AM posts should have successfully completed training in the specialty.

All medical admissions with the exception of those requiring immediate care from another unit (such as hyperacute stroke units, Respiratory Support Units, CCU, or critical care) should flow through an AMU led by Acute Physicians.

General Internal Medicine (GIM) is the specialty which encompasses the comprehensive care of adult patients with a range of medical conditions, both chronic and acute. This often involves the ongoing inpatient care of patients with multimorbidity, and pathologies outside the 'core' specialty. It ensures vital continuity of care for patients requiring longer admissions and is essential for all specialties managing complex and multimorbid patients, even if not taking part in the unselected acute take. Outpatient care is a core part of GIM work.

The acute take is the initial assessment and management of unselected non-elective medical patients who present to hospital. This activity can be performed either by general medicine physicians taking part in the medical take rota or acute physicians who are delivering this as a part of their role. Performance of post take activity does not of itself qualify a clinician to identify as an Acute Physician.

GIM accreditation provides the competencies to take responsibility for unselected medical admissions, and doctors with GIM training must continue to take part in the unselected medical take where required for local service delivery. This will often be the case out of hours and at weekends, where there will frequently not be a large enough body of Acute Physicians to take this task on alongside their core service requirements. Acute medicine as a specialty and the acute take as a service are separate, and not to be conflated.

The presence of medical patients stranded in the Emergency Department represents a failure of the system, and should not be tolerated; the goal for both AM and GIM must remain to work towards restoration of urgent and emergency care, where patients requiring acute medical care are cared for in an acute medical unit. However, where medical patients do reside in the Emergency Department they must not become the sole responsibility of acute physicians, and need a coordinated and shared approach with all GIM clinicians contributing. Any work done by acute physicians in the Emergency Department removes them from their core roles in AMU, SDEC and enhanced care – roles which are evidenced to improve hospital flow, length of stay and mortality.

Overview of roles	AM	GIM
Provision of unselected medical take	✓	✓
Provision of inpatient care on an AMU	✓	X
Provision of care in SDEC / RACU	✓	X
Inpatient care beyond 72 hours	X	✓
Works on an enhanced care unit (ECU)	✓	X
Long term outpatient clinics (unless specialist skill within AM)	X	✓