



**Catch up on the latest activities and priorities from the SAM President. These updates highlight how SAM is championing the identity of Acute Medicine, strengthening collaboration with partner organisations, supporting our trainees, and driving forward key projects across research, workforce planning, and clinical practice.**

## **SAM President's Update: December 2025**

**Dear SAM Members,**

Happy New Year to all. Traditionally a very busy time for us all with a peak in demand, so I hope you are all managing to stay well and coping with the pressures.

For most of us at least some of the festive period will have been spent caring for patients, supporting teams, and keeping services running during what can be a particularly demanding period.

To all of you, who work so hard both locally in your trusts but also for SAM – thank you. Your professionalism, compassion, and dedication continue to make a difference to patients, families, and colleagues every single day.

### **SAM Directors' Meeting:**

The SAM Directors meet monthly with the aim of keeping things moving between Council meetings.

At the latest meeting, we discussed the CD WhatsApp group - now launched! Do please let your CD know and make sure they are signed up: [sign up here](#) . 44 units completed our weekly survey last week and it is incredibly helpful for us to be able to paint a true picture of the pressures. The more units that join the more accurate our representation.

We are also looking at next areas to focus on. You may be aware that we are writing a Guideline for the Provision of Acute Medical Services (GPAMS). (See link to the ED equivalent <https://rcem.ac.uk/gpems-guidelines-for-the-provision-of-emergency-medical-services/>.)

This will enable you to provide your senior leadership team with a very bespoke description of acute medical services.

In 2026 we will be starting to look at the following ideas

- *Job planning document covering areas such as*
  - *An acute medic specific job plan*
  - *What does SDEC session look like?*
  - *What sort of leads should an AMU have?*
- *Bespoke acute medicine guidance for how many patients should be seen on WR, specific areas and whether they are new to you or not*

### **Representation and Collaboration:**

#### **Meeting with NHSE regarding recording of Acute medicine Activity in SDEC:**

Ragit Varia (SAM President Elect) led this (not only does he have a brilliant grasp of the problem but also the answers). It is a really positive step forward to discuss this with NHSE. If we can get a more accurate recording of the work we are doing it will be a massive step forward for us.

#### **Data:**

Ragit also presented at the Public Policy Exchange web conference at the end of November and received positive feedback. He has also been working with NHSE to advocate for how to get really good data to show the work of acute medicine – starting with SDEC but continuing on with the rest of acute medicine.

### **Meeting with NHSE – Model ED:**

I've been given permission to discuss this piece of work. NHSE is producing a document giving guidance on what a model ED should look like, and I was invited to sit in this group.

### **RCP Meetings:**

As usual the SAM President is a member of the RCP Council and sits in on the meeting. These meetings are confidential, but I have attended all those held to represent Acute medicine

### **Visit to East Lancs:**

I had a fantastic visit to meet the Acute Medical Team and have a walk around the department.

These visits are for me to get an understanding of units across the 4 nations as well as being able to give any information about SAM and what we offer as a Society. As a new President this was a real high for me. Meeting passionate acute medics talking about how much they want to drive their AMU forward was wonderful. It was really good to speak to the matron who had been there since the first AMU was opened, as well as the rest of the MDT. They wanted to know if there was a CD WhatsApp so they were the first team to join in a nice moment of synergy!

Going forward I am working with Chris Subbe to set up more regional site visits.

### **Catch up with takeAIM:**

It was lovely to catch up with Gordon McKinnon (SAM New Consultant Rep) and the takeAIM fellows who are an enthused group and full of great ideas. Planning for the next takeAIM Conference in Edinburgh is in full swing so please do promote this to your more junior colleagues considering a future in Acute Medicine. TakeAIM are looking to attend career fayres etc, if you know of an event near you that they could attend – get in touch.

### **Meeting with Professor Tim Briggs, GIRFT Chair:**

We arranged this meeting to discuss the AIM/GIM grouping in GIRFT. It was a useful conversation as we also discussed interprofessional standards. On the back of this we are arranging another meeting with key stakeholders later this year.

### **Meeting with Hilary Williams (clinical Vice President of RCP London):**

We had a really good discussion about the problem our trainees face with bottlenecks. Please see a summary below of what RCP have done so far to advocate this. We discussed the importance of all specialties coming together to advocate for trainees and how RCP is best placed to co-ordinate this. The importance of acute medicine in pragmatic medicine and end of life care. We also discussed the GIM involvement of the take again. Hilary had asked me to present at MSB to discuss winter pressures, and we discussed how to continue to get this message across.

## **Ongoing projects or subgroups:**

### **QI Subgroup:**

Good discussions on how to get useful support for people interested in doing QI projects and how we can support good quality and shared resources. this group is open to any members that wish to get involved – please contact us if you wish to join: [administator@acutemedicine.org.uk](mailto:administator@acutemedicine.org.uk)

### **Wellbeing Group:**

This is getting off to a very positive start. Please do contact us if you want to join this new and important group: [administator@acutemedicine.org.uk](mailto:administator@acutemedicine.org.uk)

### **Iceland:**

Iceland is looking to set up a model of acute medicine. Beth Griffith (Representative to the Training and Education Committee), Hannah Hegarty (SAM Nursing Rep) and myself are heading out to their conference to present at the end of January.

### **NCEPOD:**

We have been asked to have a representative on the NCEPOD review into volvulus. It is important that medical voices are heard and one of our members who wrote on perioperative medicine is going to represent SAM, thanks Sarah!

### **Press:**

The President, President Elect and Past President are also in a WhatsApp group with our media advisor who links us in with media; advises us on statements; and links in when the press want to do interviews. It has been a busy month due to the increased pressures and the “flu-nami” (Dr Murch’s suggested name that the press loved!). I have done a longer interview with the BBC on the impact of delayed discharges that was released and as a result was invited on to Radio 4’s Today programme (a moment that made my mum proud!). Catch up on the interview here (time of 2:46:20) <https://www.bbc.co.uk/sounds/play/m002pq0k>

### **SDEC research:**

Ragit Varia (SAM President Elect) and I have met a couple of times with a group in Sheffield who are doing an in-depth review of SDEC. On the back of this I’ve been approached by some people keen to do some SDEC focused work – they are linking in with Cat Atkin (SAMBA Lead) as keen to do useful research that benefits SAM

## **What's out there – articles /standards released**

RCP released their sustainability toolkit which our EcoSAM team have been involved with:

<https://www.rcp.ac.uk/policy-and-campaigns/our-policy-priorities/climate-and-sustainability/green-physician-toolkit/>

And also the result of the sustainability survey:

<https://www.rcp.ac.uk/policy-and-campaigns/policy-documents/snapshot-of-uk-physicians-healthcare-sustainability-and-climate-change/>

### **Focus on bottle neck in training – useful info from RCP:**

At the beginning of this month there was quite a few conversations about bottlenecks in training – I'd had a few emails from members asking what SAM was doing about this from Acute Medicine point of view. I have been talking to the RCP as this is an issue affecting all training and have highlighted their summary of action here.

Dr Mumtaz Patel (President RCP) discusses the current issues with training bottle necks:

<https://www.rcp.ac.uk/news-and-media/news-and-opinion/rcp-president-and-resident-doctors-write-to-the-times-with-call-for-urgent-action-on-training-bottlenecks/>

### **Summary from RCP:**

In 2024, the RCP launched [our next generation campaign](#) to ensure the voices of resident doctors, early-career SAS and locally employed doctors are central to everything we do.

>> [Explore our next generation campaign resources](#)

Through regular engagement sessions, national surveys, conference events and in-person conversations during college visits across England, Wales and Northern Ireland, we have built a detailed picture of the challenges affecting training, wellbeing and career progression. Our next generation oversight group meets regularly to steer our messaging, and the insights of resident doctors have shaped our policy positions and strengthened our voice with governments and NHS leaders. Issues such as protected training time, better supervision, fairer recruitment, supportive rota design and clearer career pathways remain at the heart of our work.

>> [Download our next gen top 10 priorities for medical training](#)

Rising competition ratios remain one of the biggest concerns for resident doctors. The RCP has:

- secured a national review of postgraduate medical training, to which we have contributed written evidence, data analysis, policy proposals and direct feedback from resident doctors
- called for the expansion of specialty training posts to match the promised growth in medical school places
- highlighted inequities in recruitment, including the emotional and practical impact of overwhelming competition for IMT and higher specialty entry
- championed clearer, fairer and more transparent processes, including national consistency in ARCP decisions and better guidance on portfolio scoring
- supported the call for IMT applicants to demonstrate NHS experience during recruitment
- pressed for better long-term NHS workforce planning to reduce bottlenecks and stabilise the training pipeline.

>> [Read our response to the NHS England medical training review phase 1 diagnostic report](#)

>> [National survey reveals burnout, frustration and unhappiness among resident doctors](#)

>> [Reform of medical training is not optional, it is essential](#)

>> [The voice of our next generation: the results of our 2025 national survey of resident doctors](#)

>> [Read our February 2025 position statement on competition ratios](#)