SAM Member Update: July & August 2026

From the SAM President – Dr Vicky Price

End of conference season – and surviving the heat!

July and August may traditionally be quieter months, but there has been plenty happening across SAM – alongside the small matter of trying to keep cool through an unusually hot summer.

Our SAM guidance on hot weather has certainly felt particularly relevant this year. Read the SAM Sustainability SIG guidance

Directors' meeting

We covered a substantial agenda, reflecting just how much activity is now taking place across the Society. Key discussions included:

- **HiREs:** Zack's proposal to give residents a stronger route to share their thoughts and opinions with SAM was approved. More information on HiREs
- **Tier 3 membership:** SAM is proudly an MDT society, and we discussed how we can encourage and grow membership among our Tier 3 colleagues.
- **National work:** We reviewed the national audit summary and the MSF sepsis documents, both of which SAM has contributed to.
- **Subgroup governance:** We continued work to ensure our growing number of groups have clear and proportionate governance.
- **The SAM journal:** With the current contract approaching its end, we discussed the options for the journal going forward.
- **New hospital builds:** Several teams have contacted us about issues arising from new hospital developments. This is clearly an area where SAM may be able to provide useful support and share learning.
- **SAM Fellowship:** Until now, Fellowship appointments have not followed a sufficiently consistent process. New guidance has therefore been developed and approved by Council and will shortly be published on the website.
- **AGM preparations:** Planning is underway for the AGM in Glasgow.
- **GPAMS:** There is some really exciting progress here and, fingers crossed, we hope to be able to share more in Glasgow.

Action Tracker

We are more prolific than we have ever been, and as SAM grows it is increasingly important that we have one central place to see where we are with the many projects underway. We have therefore developed an Action Tracker which will be reviewed monthly, helping to make sure nothing drops off the radar – or gets discussed repeatedly without moving forward! It is a sizeable task and we only made it halfway through during the allotted time, but we will get there.

Urgent and Emergency Care leads: corridor care

I joined a meeting of Urgent and Emergency Care (UEC) leads to review the latest corridor-care data and definitions. One concern is that SDEC appears no longer to be included in the recorded data as a temporary escalation space. However, we were told very clearly that patients sitting in chairs with a Decision to Admit (DTA) should count. I am

not convinced that this reflects current recording practice everywhere and have asked for the position to be made clear to all trusts.

There is also discussion about moving the emphasis towards ED exit block rather than corridor care alone. That could be helpful – particularly if the impact of exit block on acute medicine is properly recognised too.

RCP Council meeting

This meeting was held in person in Liverpool – a nice commute! As usual, much of the content is confidential, but it was striking how many of the issues being discussed mirror conversations taking place within SAM Council. There were also some useful new ideas which I have taken back to the Directors to consider whether they could strengthen the way SAM works.

Presidential appraisal

I trialled having an appraisal midway through my term as President and found it genuinely useful. Many thanks to Nick Scriven for taking the time to do this with me. I would strongly recommend that a mid-term appraisal becomes part of the process for future SAM Presidents.

Model Community Care

Further discussions have taken place around the Model Community Care document, and SAM continues to contribute to its development.

Warrington site visit

I really enjoyed visiting our local meeting in Warrington. They provided doughnuts to start with, so things were already looking promising! More importantly, it was a great opportunity to hear directly from the team about what works well within their acute medicine unit and where they continue to face challenges.

What made the visit particularly valuable was the discussion with acute medicine colleagues from neighbouring trusts about how they approach similar issues. Their ANP was especially impressive and it was excellent to hear her perspective. Chris Subbe has designed these visits really well and I think they are a great initiative. They may be more challenging in areas where sites are geographically dispersed or relationships are less established, but this meeting felt genuinely collaborative. It was also a useful opportunity to highlight SAM resources and encourage colleagues to become members.

Wellbeing

Emma continues to do incredible work in this area. You may remember the wellbeing tree we created in Cardiff. The team has now analysed the contributions and is looking carefully at the suggestions that came from members. I am really looking forward to the wellbeing sessions planned for Glasgow.

Manchester IMT

One of the joys of being SAM President is being invited to speak at different meetings. It may not make the biggest headlines, but talking to the IMTs in Manchester and spreading some enthusiasm for acute medicine was a real highlight. The passion for the specialty shown by some of the trainees was genuinely inspiring.

SAM elections

It was a busy election and everyone will now have seen the results. I have already met with our new SAS representative and have Teams meetings planned with the other newly elected colleagues in early September, ahead of Council. We may all need to bring tissues to the Council meeting in Glasgow, as there will also be some sad farewells to colleagues completing their terms.

Macmillan 'In Conversation'

At the beginning of August, Ash Lillis, our Palliative Care Lead, Hilary Williams, RCP Clinical Vice President, and I took part in an 'In Conversation' webinar with the Macmillan team. It was a valuable opportunity to explain the role of acute medicine and some of the particular challenges we face in caring for patients with cancer.

Around a quarter of patients with cancer receive their diagnosis following an acute presentation. We also discussed the increasing complexity associated with newer immunotherapies, alongside the needs of patients presenting with progressive disease, and how we can work together to provide the best possible holistic care.

UEC meetings with Emma Rowland

July: Emma has started a new role within UEC, although it looks as though she will also continue to support this forum, which brings together leads from the UEC societies and colleges. We discussed the continuing pressures across urgent and emergency care despite it being summer, wellbeing, and some encouraging signals around the increasing national focus on social care.

August: Returning from holiday to emails about corridor-care figures, overcrowding and the pressures facing acute medicine – in August – was a sobering moment. At the meeting I read out one of those emails and asked a simple question: what message of hope can I give our members when we meet in Glasgow in October?

The monthly figures are worsening. Acute medicine is central to solving many of the problems at the front door, yet too often our specialty feels bypassed or overlooked. That question prompted a useful discussion with Emma Rowland, the President of RCEM, the RCP Vice President and other UEC leaders.

Our concerns about the potential 'gaming' of corridor-care measures appear to be getting through. There is now a move towards measuring exit block and time spent in ED – measures that are harder, although probably not impossible, to game. The message was that improvement will take time, but there is a real intention to support poorly performing units to learn from places where systems are working better and to identify achievable solutions.

There was also real interest in the pragmatic nature of front-door medicine – an area where acute medicine excels in knowing what to do, and equally importantly what not to do. There is interest in developing work around this, including public messaging that more tests are not always better.

Finally, there was considerable interest in the excellent work from ecoSAM. We have been asked to share our resources, particularly the work on sustainable SDEC.

One-to-one with Hilary Williams, RCP

July: This catch-up followed a difficult weekend on call, so there was plenty to discuss. It is useful to be able to raise local problems which you know are also national ones. I had spent much of the weekend caring for surgical patients admitted under medicine, and our discussion has now led to a planned meeting involving the Presidents of the RCS and RCP. We also discussed staffing pressures and the impact of depleted weekend services.

August: The pressures on acute medicine over the summer again dominated our conversation, particularly the effect of ED overcrowding on our units and how the RCP can support us. The Academy of Medical Royal Colleges brings together the Royal Colleges, although SAM, as a specialist society, is not directly represented. It may therefore offer an important route for developing a stronger, united voice on these issues, and we will discuss this further with the new RCP President.

Department of Health meeting on frailty

SAM has been invited to contribute to a new Department of Health project looking at frailty, reducing admissions and reducing length of stay. I have agreed that SAM should be involved and reiterated our concern about frailty initiatives being developed in isolation from acute medicine.

Encouragingly, this appears to be a collaborative piece of work involving the relevant stakeholders. Natalie King, one of our Regional Advisers and a great advocate for SAM, is already involved, so we have strong representation. If any other members are particularly keen to contribute as a SAM representative, please let me know.

Journal meeting

We have met with the RILA team to discuss the future arrangements for the SAM journal as our current contract comes towards its end. We are now exploring the full range of options before deciding on the best way forward.

What's out there – recent publications and guidance

Sepsis Modern Service Framework: NHS England publication page

RCP Good Governance Guide: The RCP has also produced a good governance guide which is useful for SAM and our groups to be aware of. View the RCP guide

There is a lot going on across SAM, even through the summer months. Thank you, as always, to everyone contributing their time, expertise and enthusiasm. I look forward to seeing many of you in Glasgow in October.