



# Acute care toolkit 4

## Delivering a 12-hour, 7-day consultant presence on the acute medical unit October 2012

Recent reports have highlighted the value of consultant-delivered care in improving outcomes for patients. The Academy of Medical Royal Colleges document *The benefits of consultant-delivered care*<sup>1</sup> emphasises the importance of consultant intervention in the acute setting, where rapid diagnosis, with appropriate investigations and clinical response to the patient's condition, is paramount.<sup>2</sup>

The rapid expansion of the specialty of acute internal medicine (AIM), along with the development of over 225 acute medical units (AMUs) across the UK, has increased the provision of consultant-delivered care for acutely unwell medical patients admitted to hospital. Furthermore, the presence of an acute medicine consultant on the AMU has been shown to be associated with improved outcomes.<sup>3</sup> However, there remain concerns regarding the consultant provision outside of normal working hours.<sup>4</sup>

The Royal College of Physicians (RCP) and Society for Acute Medicine (SAM) recommend that a consultant presence should be maintained on the AMU for a minimum of 12 hours per day, seven days per week.<sup>5,6</sup> This toolkit has been produced by the RCP and SAM to provide guidance and describe working practices to help achieve this.

### What is an acute physician?

Most consultants working on AMUs fall into one of three categories:

- > physicians who have trained specifically in AIM, with or without dual accreditation in general internal medicine (GIM)
- > physicians who have undertaken training in GIM, with or without a specialty other than AIM, whose *predominant* direct clinical care (DCC) commitment is on the AMU
- > physicians who have trained in GIM and a medical specialty other than AIM, whose *predominant* DCC is in the specialty, but who provide some non-specialty DCC on the AMU.

For the purposes of this toolkit, consultants in the first two categories will be referred to as 'acute physicians', while the third group will be termed 'specialty/general physicians'. The term 'AMU consultant' will be used to describe a consultant in any of the above categories, working on the AMU.

A recent study ... identified an association between consultant working patterns involving greater continuity of care, and improved patient outcomes.<sup>11</sup>