

**National Acute Medicine Programme (NAMP):
Guidance for CAAC regarding applications for consultant physician posts**

Model 4 hospitals

Acute Medical Units (AMUs) are staffed by acute medicine physicians during working hours.

No	The NAMP recommends that :
1	When undertaking clinical duties in the AMU, consultants should be free from any other commitments (e.g. OPD, procedural, management, etc)
2	When consultant numbers reach 6 , there should be consultant <u>presence</u> from 8.00am – 8.00pm, Monday-Friday, and for 5 hours on weekends and public holidays
3	Each AMU should have a Lead Consultant Physician; this post will rotate every 2-3 years
4	Each AMU should have a Medical Short Stay Ward (MSSW) under the governance of the acute physicians; patients should be reviewed by an acute medicine consultant on a daily basis (including weekends) in order to facilitate early discharge and follow-up
5	Acute medicine physicians should have dedicated specialty time; this should not exceed 50% and be consistent with colleagues in the AMU. Most current posts are weighted between 60-80% acute medicine
6	It is envisaged that AMUs will ultimately function on a 24/7 basis; as additional consultant appointments are made, consultant presence should be extended e.g. to 10.00pm weekdays, and pro rata at weekends
7	Specialist physicians should support the work of the AMP by providing prompt consultation, taking over care of AMU/ SSU patients where appropriate, providing rapid access to cardiac diagnostics, and urgent outpatient slots for appropriate AMU patients.

Model 3 hospitals

Acute Medical Assessment Units (AMAs) operate in a similar way to AMUs, but do not normally have MSSWs.

No	The NAMP recommends that :
1	All consultants participating in the medical on-call roster should participate in the running of the AMAU
2	When rostered to cover the AMAU, consultants should be free from any other commitments (e.g. OPD, procedural, management, etc) so that they are <u>immediately available to attend</u> the AMAU
3	The hours of opening of AMAs varies from unit to unit; however, a consultant physician complement of 8 facilitates consultant availability for 12 hours Monday-Friday and for 5 hours on weekends and public holidays
4	The consultant physician on-call for medicine will manage the AMAU out-of-hours
5	Each AMAU should have a Lead Consultant Physician; this post will rotate every 2-3 years

Model 2 hospitals

Medical Assessment Units (MAUs) have assessment beds in a defined area and serve a clinical decision support function.

No	The NAMP recommends that :
1	All consultant physicians will be jointly appointed to a Model 3 or 4 hospital
2	All consultant physicians should participate in the running of the unit
3	Each MAU should have a Lead Consultant Physician; this post will rotate every 2-3 years
4	A consultant complement of 6 facilitates consultant <u>availability</u> for 12 hours Monday-Friday and for 5 hours on weekends and public holidays