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Where did the acute medical trainees go?

Editor – A misalignment between the aims of a training body and those of trainees could comfortably explain many of the findings highlighted in the article by Gowland *et al*.¹ The authors only briefly discuss this critical issue in their analysis – that trainees in acute care common stem acute medicine (ACCS AM) training posts ‘may never have intended’ to pursue a career in acute medicine. Foundation and physician trainees recognise that ACCS AM provides a quality, and less variable, path of training for acute medicine, but also a path to high-acuity specialties such as intensive care medicine, respiratory medicine and cardiology.²

Core medical training has the expectation of acquiring a common set of competencies. However, precisely how this is achieved is dependent on both the hospital and the medical specialties that a trainee rotates through. ACCS training avoids much of this variability. For example, opportunities to site multiple central lines or intercostal chest drains are guaranteed in intensive care medicine rotations. Independence in many mandatory procedures in the ACCS curriculum³ is by comparison a ‘desirable’ outcome for core medical trainees.⁴

Perhaps the issue with ACCS is the desire to funnel trainees into base specialties at the point of entry. The popularity of

broad based training and analysis of trainee reflections show that there is a desire for general training programmes with exit specialty choice.⁵ The introduction of competition between acute medicine and other ACCS specialties to recruit exiting ACCS trainees would provide the necessary impetus for the specialty to innovate its methods of education and training. Without such transformation, acute medicine will struggle to attract the trainees it needs. ■

Conflicts of interest

The author has no conflicts of interest to declare.

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