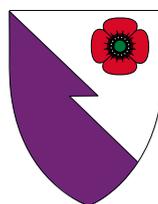


# ANNUAL REPORT AND ACCOUNTS 2018



The Royal College of  
Emergency Medicine

## About the Royal College of Emergency Medicine

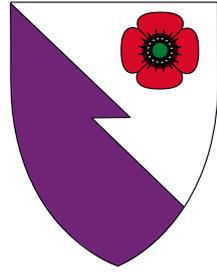
The Royal College of Emergency Medicine is the single authoritative body for Emergency Medicine in the UK. Emergency Medicine is the medical specialty that provides doctors and consultants to Emergency Departments in the NHS in the UK and to other healthcare systems across the world. Frequently known in colloquial language as 'A&Es', these Emergency Departments see over 15 million patients each year.

The College works to ensure high-quality care by setting and monitoring standards of care and providing expert guidance and advice on policy to relevant bodies on matters relating to Emergency Medicine.

The College has over 8,500 Fellows and Members who are doctors and consultants in Emergency Departments working in health services in England, Wales, Scotland, Northern Ireland and Ireland, as well as across the world.

In February 2015 the College was granted the title 'Royal', having previously been known as The College of Emergency Medicine after a Royal Charter was granted in 2008.

Registered Charity 1122689 Scottish Charity SC044373



## **Annual Report and Accounts 2018**



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## Foreword from Her Royal Highness The Princess Royal



BUCKINGHAM PALACE

Having celebrated the 50th anniversary of the creation of the specialty of emergency medicine in 2017, our College has now passed its own tenth anniversary in 2018 and continues to make steady progress.

Whilst demand for emergency medicine shows no sign of abating, the workforce is growing in number. The College membership now exceeds 8,000 which is a figure that could only be dreamed of in 2008 when the College was formed. Despite this growth, there are operational pressures for many of our Members and Fellows in their working lives and the College Sustainable Working Practices Committee is actively helping and providing guidance to assist those working in systems under great pressure cope with the demands.

The College continues to be active across a wide range of initiatives. Our examinations are in demand in the UK and abroad, reflecting international expansion of emergency medicine as well as UK based growth. Our College continues to have a strong voice for patients with over 50 Committees working on improvements for patients and the wider specialty.

I send all Fellows, Members, Trainees and staff my best wishes and look forward to watching the continued success of The Royal College of Emergency Medicine.



# ANNUAL REPORT 2018



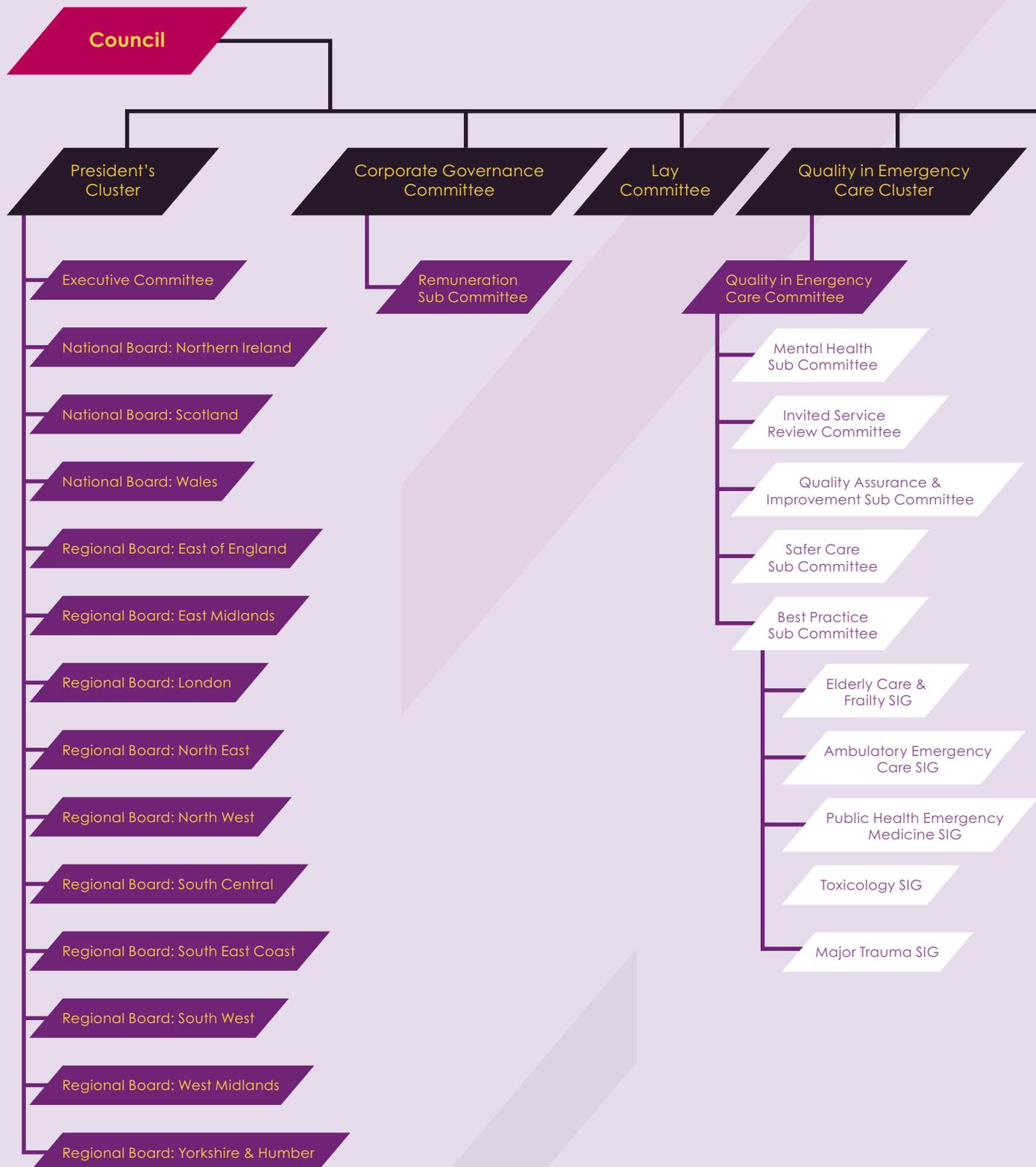
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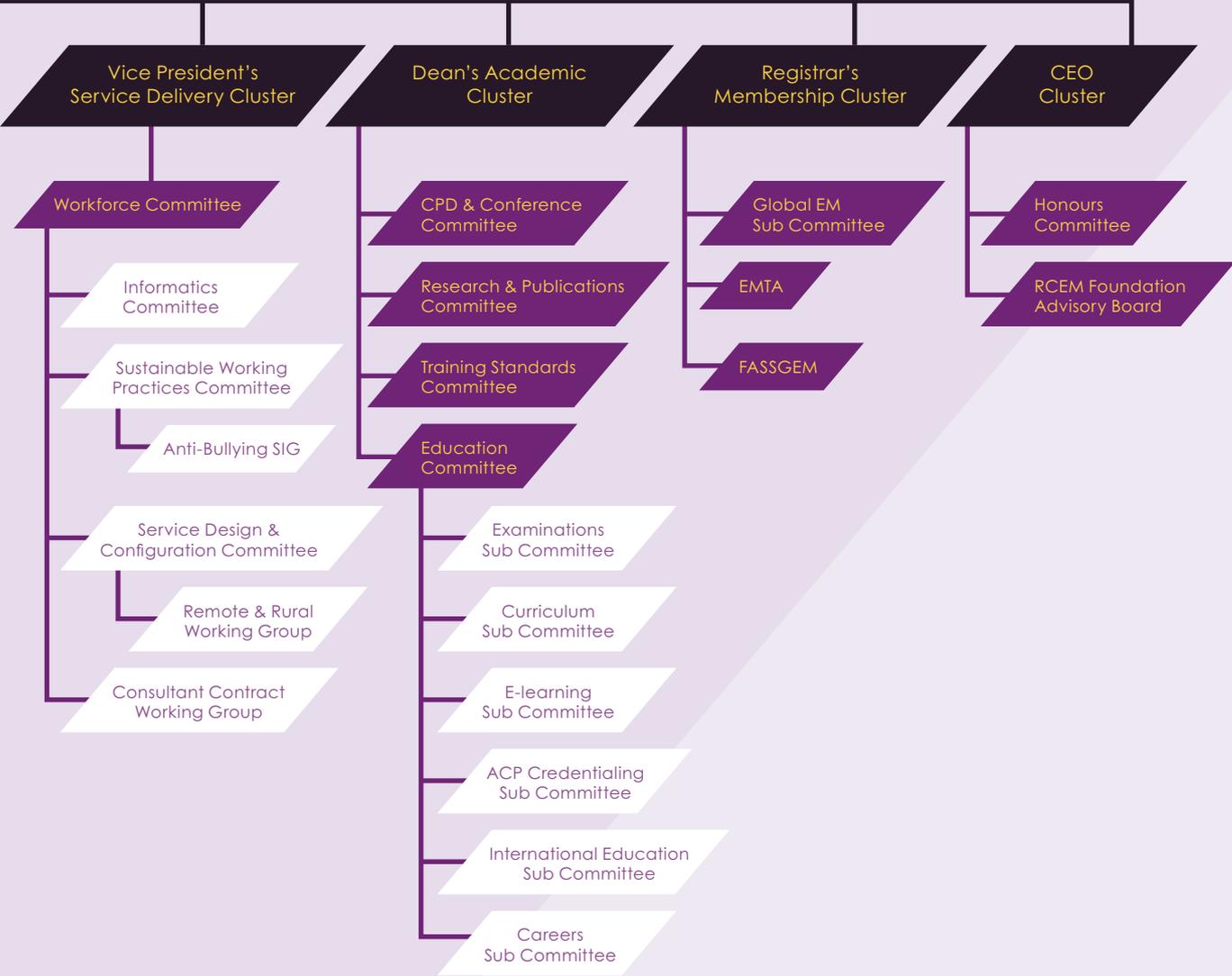
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It represents my views and is a huge symbol of how far my specialty has come in the last 50 years

MEMBER VIEWPOINT

# Committee Structure





It's a family and there is a feeling of we are all in this together

MEMBER VIEWPOINT

# President's Report



I am delighted to be writing this year's President's report – the last of my three-year term. It has been another incredible year of challenge, collaboration and constant change. As we move into the 11th year since our inception as a College and 52nd year as a specialty, we now have over 8,500 members. A far cry from the eight colleagues who met with Maurice Ellis in 1967 to set up the specialty. In the midst of the angst of Brexit, the fallout of the pensions and annual tax allowance fiasco, as well as the chronic under resourcing of the NHS, the Royal College of Emergency Medicine has continued to lead the specialty to allow it to flourish at a number of levels.

## Memories of three years

For me, the presidency had three main objectives. Firstly, to drive forwards with a robust national policy framework for each of the four UK nations. Secondly, to develop a more coherent international strategy that would better represent the 15% of our members overseas and ensuring that those wishing to work overseas could do so within a strong global Emergency Medicine (EM) ethos. Finally, I was keen that we found ways to allow our members to 'look up' and be proud of the amazing speciality of Emergency Medicine by better showcasing their work.

Those objectives were of course complemented by all the other incredible ongoing work that the College does to maintain the high quality of standards of training, examinations and expertise that are amongst the very best in the world. The time and dedication of colleagues who organise exams, act as RCEM examiners and ensuring that training is constantly improving is second to none.

In 2018 we ran a large number of events ranging in size and scope; from the CPD Conference in Belfast to our excellent joint Scientific meeting with the European Society for Emergency Medicine in Glasgow – a real highlight. These have been interposed with a host of study days and regional and events, many of which I have had the pleasure to attend. It is great at such occasions to learn and network with new friends and old, as well as get feedback from members on the work of the College - I hope you can make many of the College events over next year. Our events are an invaluable part of the College's role and, as we steadily grow, we are constantly looking at ways in which we can make them

better and hold more regional events. A real highlight of the year is of course the RCEM Diploma Ceremony in December and held at the Central Hall Westminster. There is a certain magical vibrancy to having almost a thousand graduands, their relatives, College Officers and staff in this amazing place. A special mention to the RCEM Events team who manage to run all these occasions so professionally, flawlessly and take on feedback with such consistent politeness and good humour.

## The core work of the College

The core work of the College has again expanded significantly over the past year and I am grateful to the many Members and Fellows who contribute, often in their own time, to help drive standards higher. We continue to see great progress in the areas of examinations, research, quality improvement and training which make up a huge amount of College work. In terms of education, you will know that the College has embarked upon a complete review of its curriculum in collaboration with the General Medical Council and this work will complete in 2021. This is an important piece of work and we have committed funds to ensure we deliver well in this regard. I am also grateful to the Research Committee for their recent Vision strategy that has been launched.

Our other committees also continue to do great work as judged by their outputs. The Sustainable Working Practices Committee and the Service Design and Delivery Committees have produced highly influential strategy documents. The international work has also gone from strength to strength with the Global EM and International Education committees as well as our work with the International Federation of EM where I am lucky to represent Europe on the IFEM Board.



Those objectives were complemented by all the other incredible work the College does to maintain the high standards of training, examinations and expertise that are amongst the very best in the world

“  
I complete my term of office, I want to thank everyone who I have worked with and who have helped us to achieve all we have

Space does not allow me to mention more but I am also excited that we will have new committees and special interest groups that are being developed including Paediatric Emergency Medicine, Critical Care, pre-hospital medicine and environmental care. I would also like to acknowledge the way in which our trainees and SAS doctors views are best represented which has gone from strength to strength via their respective committees, EMTA & FASSGEM. Each group has really helped the College Executive and Council to ensure we are focused on the areas that are important to their needs and our specialty. I must of course give my thanks to the RCEM Lay Group Committee who help us stay focused on what is right for the most important group – our patients.

### Thank you

We continue to benefit hugely for all the ongoing help and support of HRH the Princess Royal for her unstinting support for the College. Despite her busy schedule, she continues to show strong support for us and our work. She remains a strong and very informed advocate for Emergency Medicine as our Patron. We look forward to inviting her to a range of events next year.

I want to thank the Council and Executive as well as the staff of the College for all their work that they do for our specialty. The past year has seen some incredible challenges, active discussion and at times difficult decision making as we seek to influence to create positive change. We are fortunate to have such talented leadership at every level and it augurs well for our specialty. Having visited North America, Australia and various parts of South East Asia in the past year, I continue to believe we have one of the best emergency healthcare systems in the world despite all the many challenges. We have benefited hugely from the vision of

those who went before us but also the hard work of those who commit themselves to our specialty on a daily basis.

I feel that we have indeed achieved some fantastic successes. None of it could have been done without the talent and help of so many people along the way. As I complete my term of office and hand over to the President Elect, Dr Katherine Henderson, I want to thank everyone who I have worked with and who have helped us to achieve all we have. I have no doubt Katherine will do a superb job for the College in the coming years.

My thanks also to my colleagues in Leeds who have been so flexible and supportive to allow me to maintain clinical commitments as well as presidential duties. In my 33 years as a doctor it has been the very best experience of my life, though of course – unsurprisingly – I have never worked as hard. It has been an absolute honour to represent you all; whether it was visiting No10 Downing Street or talking to a junior doctor about why emergency medicine is the best specialty in the world. No doubt I have not always pleased everyone but am grateful for all the kindness and help I have received along the way, especially when faced with some tricky challenges.

And finally, thank you, our Fellows and Members. We are an incredible breed of people, attracted to work in the toughest environment in healthcare, to care for patients who seek our help at their time of greatest need. As each year goes by it has been a pleasure to watch our College go from strength to strength. Thank you again for the wonderful privilege to serve you.

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### Taj Hassan

President, The Royal College of  
Emergency Medicine  
[president@rcem.ac.uk](mailto:president@rcem.ac.uk)



# CEO's Report



For many reasons 2018 was another important year for the College. Not least of these was that we celebrated our 10th birthday! We have continued to see a marked increase in our membership: we now have over 8,500 Members and Fellows, another new record. This growth has been driven in part by the expansion of the Emergency Medicine Advanced Care Practitioners and the wider growth of our specialty. Despite the growth of the emergency medicine workforce, the NHS across the UK has remained under pressure as our workforce is still of insufficient numbers to meet the demands upon it. This despite the fact that we are one of the fastest growing specialties: patient demand continues to grow faster than the NHS ability to meet it.

The College continues to lobby across the UK for workforce expansion. In England there is a Workforce Strategy agreed with the NHS but elsewhere in the UK that remains very much work in progress with NHS leaders in Scotland, Wales & Northern Ireland. The NHS in England is seeking to encourage patients away from the emergency departments, a policy that is also being adopted across the wider UK, but the reality is that so far it has not been successful. The Emergency Department remains one of the few places in the NHS that a patient may present without prior arrangement and be seen. That valuable service is experiencing extra pressure as population growth; the challenges of rising numbers of elderly patients; workforce shortages; insufficient social care; and 'exit block'<sup>1</sup> combine together.

We continue to lobby governments strongly across the UK for investment in the specialty given the challenges faced. Despite the fact that Parliament is distracted by the Brexit saga we continue to endeavour to maintain pressure on elected officials and so lobby for the right resources in Emergency Medicine.

Looking at the College itself, our activities continue to expand; a larger membership means more demand for our services. The College Examination and Study Day Centre, Octavia House, continues to be well used and makes a positive contribution to our finances. Our Conference Programme and Study Day programme continues to expand, every year we break new records with the number of Study Days and events we hold. Our RCEMLearning product, with an integrated Continuing Professional development diary, is very popular.

In 2018 we started work in planning an Automation Programme aimed at improving our systems and processes to be easier for our Members and Fellows to use, easier for our employees to use and more efficient. This is a long-term programme of work which will see a range of IT development packages rolled out, the first of these to start in 2019. Council has set aside a General Fund for IT to support this programme.

Demand for our examinations continues to grow and we are seeing more requests for international examination centres

and we are actively developing our international work.

Our Training Team continue to support doctors in training, and we are seeing the development of further services for ACPs.

Our Quality Team maintain high standards with the RCEM Quality Audits and support for the substantial work streams associated with College clinical standards, particularly at a time when the service is under such pressure.

College staff costs as a percentage of overall costs remain low when compared to other medical royal colleges, but expanding our services and range comes at a cost and we are now experiencing a higher overhead base than in the past.

We have done much work to get stories into the news to reinforce our campaigns to improve the challenges facing emergency departments in 2018. The announcement of a clinical review of standards in England in late 2018 heralds some challenges ahead. That will play out into 2019 and beyond and the College is at the heart of this issue giving robust expert advice to NHS policy makers as you would expect.

By the time this report is put before our Annual General Meeting in the Autumn of 2019 we shall be in a Presidential handover: the new President will be taking up the leadership of the College at a challenging time for the specialty and we will be looking to update our strategy *RCEM Vision 2020* to set out our vision to deal with these challenges.

We continue to make good progress across a wide range of activities; whilst we may be a fifth of the size of some other Colleges we continue to punch above our weight. This progress would not have been achieved without the work of our Fellows, Members, trainees and staff who pull together so well to deliver the business of the College. Together we are striving to make Emergency Medicine even better for our patients and those who work in the specialty.

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**Gordon Miles FRCEM (Hon) MBA**  
 Chief Executive, The Royal College of  
 Emergency Medicine  
[gordon.miles@rcem.ac.uk](mailto:gordon.miles@rcem.ac.uk)



Despite the fact that Parliament is distracted by the Brexit saga we continue to endeavour to maintain pressure on elected officials and so lobby for the right resources in Emergency Medicine

<sup>1</sup> A condition called 'Exit Block' is harming patients: they are put at risk when 'Exit Block' occurs. This happens where you can't get patients from A&E into a hospital inpatient bed.

Source: The Royal College of Emergency Medicine website.

## Vice Presidents' Report



The NHS may be over 70 years old but the key issue of providing a safe, sustainable and patient-centred urgent and emergency care service continues to challenge it.

Winter 2018-19 produced some of the worst emergency care performance figures since records began in 2004 and, all over the UK, emergency department staff were reporting unacceptable delays and overwhelming workloads. For several years, the situation in Wales and Northern Ireland has been even more difficult than in England and Scotland.



The RCEM response was unchanged and unwavering: our three-S strategy is based around achieving safe and sustainable *Staffing* for emergency departments and providing better *Systems* and more visible *Support* for emergency care. The President, Vice-Presidents and other College Officers regularly repeated to all who would listen that acute care needs an adequate and stable workforce, more hospital beds and better access to social care in order to break the constant cycle of exit block and crowded NHS emergency departments.

Our response was unchanged because the underlying problem is the same: there is a massive (and increasing) mismatch between the needs of our growing and ageing population and the capacity of the NHS to deliver acute medical care. While there are signs we are winning the argument around the need for more beds, a hospital bed is much more than just an iron cot. It requires all the relevant supporting facilities and staff - and with a shortage of 40,000 nurses in England alone, there are still big challenges ahead in implementing any increase.

Staffing is going to be the main challenge for the NHS in the next decade. There is an overall deficit of traditional staff,

especially nurses and doctors. Their morale is often low and requirements for better work-life balance negate old established practices of rota design. However, RCEM has published many innovative new approaches to working practices and recruitment to our specialty is now thriving. There are new types of practitioner joining the NHS in relatively large numbers and, provided they can be adequately trained, they may help to share the burden of care. Our Emergency Medicine International Training programme is developing fast and we have created new opportunities such as leadership training and humanitarian fellowships for existing doctors.

RCEM officers and staff are constantly meeting with all of the main healthcare bodies in all four countries, to argue for drastic changes in the overall approach to urgent and emergency care. Certainly, the pendulum is swinging in the right direction, but the magnitude of the change required is greater than many senior figures in government and healthcare would like to believe - or certainly to pay for!

Finally, on a personal note, my two three-year terms as Vice-President of our very special College will come to an end on 1 October 2019 - the exact day when I started as a consultant 25 years ago - I will metaphorically return my purple gown. The practice of emergency medicine has changed immensely since my first job in the summer of 1981 but overall, things are now much safer for patients and better for staff. Our College motto is 'Semper succurimus aegris' - Latin for 'we always help the sick' - and I hope that you will all be successful and happy as you continue to honour that commitment, in 2019 and beyond.

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**Chris Moulton and Lisa Munro-Davies**  
Vice-Presidents of the Royal College of  
Emergency Medicine  
[VicePresident@rcem.ac.uk](mailto:VicePresident@rcem.ac.uk)  
[VP@rcem.ac.uk](mailto:VP@rcem.ac.uk)



# Service Delivery Cluster

The structure of the Cluster is shown in the diagram below:



The reports for these committees can be found over the next two pages.



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Because of the success of the joint meetings, it was agreed by the joint chairs of the WC to continue with the increased frequency of the SDCC meetings for 2019

## Workforce Committee

The Workforce Committee (WC) oversees the business of the other committees and the group that form the cluster. The WC was jointly chaired by the two Vice Presidents, Lisa Munro-Davies and Chris Moulton.

The frequency of the WC changed from two to four times a year deemed as necessary to keep up momentum. It is comprised of the chairs of the component committees, evident in the bottom tier of the diagram on the previous page.

The WC acts as a steering group, directing the work of the Informatics Committee (IC), the Service Design and Configuration Committee (SDCC), the Remote and Rural Working Group (RRWG), and the Sustainable Working Practices Committee (SWPC). The Consultant Contract Working Group no longer exists.

The Service Delivery Cluster was a relatively new cluster, which became fully operational with new chairs from the beginning of 2018. The new chairs of the IC (David Gaunt) SWPC (Sunil Dasan) and SDCC (Ed Smith) have reviewed respective memberships to meet operational needs. These changes are discussed in more detail below:

- ▶ The SWPC have recruited new members, to include representation from EMTA and FASSGEM.
- ▶ The SDCC have followed suit and recruited a FASSGEM representative to increase engagement from across all the devolved nations and to assist with the delivery of a full work plan.

Due to the nature and overlap of the various workstreams between the SDCC and the RRWG, the SDCC held two joint meetings with the RRWG towards the end of the year to help advance their joint workplan. Because of the success of the joint meetings, it was agreed by the joint chairs of the WC to continue with the increased frequency of the SDCC meetings for 2019 to help with the large and relevant overlap in current work.

There have been several significant achievements throughout the year with individual chairs and members engaging as stakeholder representatives of RCEM with various bodies, such as AoMRC, GMC, NHS, HEE etc.

The College plans to build on its success by developing and expanding into the following areas in 2019:

- ▶ Paediatric Emergency Medicine Professional Advisory Group (PEM).
- ▶ Pre-Hospital Emergency Medicine Advisory Group (PHEM).

Overall, 2018 has been a very successful year evident from the quality of the work produced and the high output achieved. Each committee has contributed fully to this success which is discussed in more detail later in this report.

## Informatics Committee

It has been another significant year with the implementation and roll-out of ECDS which continued to be publicised through the College's numerous communication channels and NHS Digital to help raise awareness and boost engagement.

Following the restructure in 2017, the committee have continued with the 'core' and non-core members set up, chaired by David Gaunt (DG).

The first meeting held under the auspices of the new Chair was held on 10 May 2018, where the chair presented a three-year plan for informatics and IT in EM. This included a proposal for six potential priorities over the next three years. These were:

1. Big data
2. Branding of ED informatics
3. Clinical fellowship schemes
4. Showcasing good practice in EM informatics
5. Evaluation of EPR functionality
6. Interoperability with partners (including patients, other health partners and social care).

Details of other ongoing work are outlined below:

- ▶ RCEM representation was implemented at the Electronic Records in Ambulances (ERA) study knowledge exchange workshop on 3 July 2018.
- ▶ The Committee decided that representation on all forthcoming steering group and implementation meetings of the ECDS programme was necessary.

## Service Design and Configuration Committee

This was a relatively new committee, chaired by Ed Smith, to continue with the work of the now dissolved Service Design and Delivery Committee.

The focus of the committee has been to produce several documents to address three major components of the workforce:

1. Consultant staffing
2. Nurse staffing
3. Non-medical workforce/ACPs.

Details of completed, ongoing and planned work are outlined below:

- ▶ The *Consultant Staffing in Emergency Departments in the UK* document was published in September 2018. This was the first of a series of workforce recommendation documents,
- ▶ *Non-Medical Practitioners in the Emergency Department* document is in the process of being updated from the original February 2015 publication. The paper aims to assist colleagues in UK Emergency Departments who are considering whether – and how – to introduce different kinds of EM clinicians to their staffing model and refers to ACPs, PAs and other newer staff groups.
- ▶ The *Nurse Staffing in Emergency Departments* document is being written in collaboration with the RCN Emergency Care Association and

will be co-badged accordingly. The committee plan to publish this in 2019.

- ▶ In December 2018, the committee published an RCEM position statement on *Recommended Requirements for Locum Consultant Posts in EM*.
- ▶ The committee have started to draft an RCEM position statement on service reconfiguration, and plan to have this published in January 2019. An accompanying paper has been drafted. The intention is to produce a workforce guidance on Remote, Rural, Smaller and Challenged Emergency Departments to sit alongside the previous workforce document published in September 2018.
- ▶ The SDCC have been working to establish closer links with the other RCEM groups, such as the Ambulatory Emergency Care Special Interest Group, Frailty Special Interest Group along with the other constituent parts such as CDU/Mental Health/Palliative care services that link with our patients and services. Understanding the links between different parts of the service and defining what good looks like will help to encourage standardisation.
- ▶ Discussions have taken place regarding the SDCC website content and reconfiguration. This is ongoing and members would like to see a more streamlined interface.
- ▶ The committee have made plans to create a survey at the beginning of 2019 on Urgent Treatment Centres (UTCs). The aim is to build a picture of to what extent these UTCs have been established and their interaction with, and impact on, the ED.
- ▶ Nominations for two new members have been sought to represent EMTA and FASSGEM.

## Remote and Rural Working Group

Towards the end of the year, the SDCC chair, held a joint meeting with the Remote and Rural Working Group to advance the workplan. It was agreed by the joint chairs of the WC, that joint meetings shall continue to be held due to the large overlap in current work.

Details of planned work are outlined below:

- › The Remote and Rural Chair has been working with the SDCC chair to prepare an RCEM position statement in response to the findings of two papers: *Rethinking Acute Medical Care in Smaller Hospitals*, by the Nuffield Trust and a recent report on *Rural Health Care*, by the Nuffield Trust. The group are to work closely with SDCC to produce a supporting piece of guidance for publication in 2019.

Study Days:

- › Two study days were planned but both were cancelled.

## Sustainable Working Practices Committee

In 2018, Sunil Dasan, took over as the new chair of the SWPC committee. The inaugural meeting took place on 10 May 2018 and interested parties and experts from all devolved nations were invited to the first meeting and were asked to review the terms of reference. The chair then ensured representation from EMTA and FASSGEM and with their help successfully implemented and delivered a revised and extensive workplan.

The workplan was based on research that suggested there was a risk of significant numbers of staffing leaving emergency medicine if more was not done. To date, initiatives at local, regional, and national level had focused on individuals making changes to how they view their work or deal with work pressures so that staff

remained fulfilled in their roles. Less had been said about the role of employers in creating a more flexible, developmental and supportive environment to make staff feel that they wanted to stay.

With the above in mind, the SWPC focused its attention over the year on four streams of work with an aim of developing guides to help create successful, satisfying and sustainable careers in EM.

Details of completed, ongoing and planned work are outlined below:

- › The Flourishing in Adversity study day was delivered by Dr Shweta Gidwani on 24 May 2018. It was very well attended, and the feedback received was very positive.
- › The committee developed an **EM-POWER** acronym, **E**mergency **M**edicine - **P**ositivity **O**pportunity **W**ellbeing **E**ngagement **R**etainment to be used on forthcoming planned publications.
- › The committee published their first document from a suite of planned publications. **EM-POWER: A guide to engage and retain your established EM staff**. This was launched at EuSEM in Glasgow in September 2018.

A study day was delivered in May 2018 along with a course for EM doctors returning to clinical practice.

Furthermore, drafts of the following resources were written with a view to sign-off and publication in 2019:

- › **EM-POWER: A Wellness Compendium for EM**
- › **EM-POWER: A Practical Guide for EM Clinical and Non-Clinical Managers**
- › **EM-POWER: A Practical Guide to Flexible Working and Good EM Rota Design**
- › **EM-POWER: Returning to EM Clinical Practice, Skills Maintenance and Future Professional and Personal Development**

The committee is actively working with the RCEM Learning team to produce an iBook version of the Wellness Compendium for EM in 2019.

Committee members have been actively commenting on several draft publications produced by various bodies, including the AoMRC, GMC and HEE. The documents addressed relevant areas of interest to the College, such as reflective practice guidance and toolkit, GMC's patient feedback case-studies and confidential support and advice services, revalidation, retention and sustainability.

The Quality Team have worked hard to support trusts with appointing College

Assessors to 28 AACs which resulted in the appointment of 58 consultants across England, Wales and Northern Ireland.

RCEM has continued to be involved with the AAC intercollegiate meetings and has played a major part in developing an e-learning module for College Assessors. This has been an on-going piece of work with a publication date scheduled for 2019.

Other ongoing work that includes developing and drafting an anti-bullying paper outlining the RCEM position. This has been considered by the Executive with a view to establishing an ANTI-Bullying Task and Finish Group in 2019.



RCEM is adolescent in its years  
in comparison to other colleges,  
but is more entrepreneurial in its  
actions and development

MEMBER VIEWPOINT

## Fellowship & Membership

The Royal College of Emergency Medicine now has over 8,500 Fellows and Members, and Associate Members. Our members come from the four nations of the UK, along with overseas members from the Republic of Ireland and other countries. This represents an increase of some 750 members compared to last year. We are clearly the authoritative body representing the voice of Emergency Medicine in the UK.

We are anxious to improve our offer to members and also to increase member engagement with the College.

During the last year we ran a detailed membership survey which has helped us focus our efforts. The survey has identified a need to improve the way our national and regional representatives and activities link with the 'grass-roots'. Whilst there is broad support for the policy direction there is a question over the assertiveness, profile, and efficacy

of RCEM which our new president and Council wish to address. There are some concerns over membership fees and benefits which we wish to explore further since they relate to perceived member value. We have now appointed a new membership manager, Mr Gareth Davies, who is taking this forward as a priority

Our membership is changing. Our largest membership groups remain doctors who hold either FRCEM or MRCEM, or who are in training. However, we now have over 650 ACPs and 30 PAs within our membership and this is likely to grow. It is important that we continue to represent key constituencies such as SAS doctors, training members, overseas members, and non-medical practitioners.

This year we are looking at developing a code of conduct for members and examining the way we organise and govern ourselves. The latter will hopefully mean that our structure is better designed to ensure that every member feels connected to the College and its activities, and that the College continues to represent its members effectively.



**Dr Ian Higginson**  
College Registrar  
[registrar@rcem.ac.uk](mailto:registrar@rcem.ac.uk)



I appreciate your hard efforts, looking forward to being among your wonderful team.

**MEMBER VIEWPOINT**

## Forum for Associate Specialist & Specialty Doctors Grades in Emergency Medicine (FASSGEM)

FASSGEM has been quite busy over the past year. As well as holding our Spring and Annual November meetings we have been enhancing our links with the College Events Team who have assisted with the management of the organisation of these meetings. The position statement regarding the reinstatement of the associate specialist grade that was endorsed by the College and put on the website in September was subsequently tabled at the AoMRC. The RCoA has since produced their own statement also in support of the grade's reinstatement and negotiations are about to start between the NHS Employers and the BMA for the reinstatement of the associate specialist grade.

A memorandum of understanding for FASSGEM was created, with the help of the Registrar, this year and was tabled and agreed at Council in November.

One of this year's highlights was the Annual Conference in November which was held in Derby. This was our 25th conference and we took the opportunity to invite Mr Ian Stewart and Dr Ken Nesbit, the founders of the conferences, to celebrate the event and thank them for their major contribution. I would like to thank the Derby organising team of Aayesh Kazi, Samantha Mills and Christopher Chung for their hard work on making the whole event such a success.

Following the Annual Conference it was identified that we should have representation on more of the College committees than we currently do; we are working to address this. I have now identified representatives for the Sustainable Working Practices Committee, the Service Design and Configuration Committee, the Quality in Emergency Care Committee and the Anti-Bullying Task and Finish Group, who I hope will be in place in early 2019

### Plans for next year

FASSGEM's Committee and representatives remain active and will hold their business meeting at the FASSGEM Spring meeting at Octavia House in May 2019.

The preparations for the 2019 Annual Conference in Liverpool on the 19 – 22 November are already well underway, and we have been working with the Events Team to assist us with the process. I am also pleased to report that an organizing team has been identified for the 2020 annual conference and a search for potential venues is at an early stage.

Regarding continuity planning, I am intending to send out a request for notices of interest in establishing the position of Vice Chair for FASSGEM as this should allow our Executive committee consistency while moving forward.



**John Burns**  
Chairperson, FASSGEM  
[fassgem@rcem.ac.uk](mailto:fassgem@rcem.ac.uk)

## Emergency Medicine Trainees' Association (EMTA)

2018 began with re-writing EMTA's terms of reference, formally noting that EMTA is a committee of the Royal College of Emergency Medicine. Committee positions, including the co-option of trainee representatives for the devolved nations, were defined and there was a period of recruitment resulting in six new trainee representatives joining the EMTA committee through open processes which attracted dozens of applicants.

In November, EMTA held its most successful annual conference in recent memory, with 170 delegates joining us in Cardiff. The growth of the annual conference year by year has both raised the profile of EMTA and enabled EMTA to reach increasing numbers of trainees. The

2018 annual EMTA survey was completed by 690 trainees from all around the UK and from every level of training. The results have already fed into discussions at RCEM on a wide range of matters affecting training and trainees working lives.



**Dr Paul Stewart**  
Chair, EMTA  
EMTA@rcem.ac.uk

## Global Emergency Medicine Committee

GEM Com (the Global Emergency Medicine committee) is now in its second year. Our mission statement is:

- › To provide a network for Members and Fellows involved in global EM
- › To promote global EM activities to RCEM Members and Fellows
- › To connect with other EM associations globally
- › To develop global EM as a sub-speciality
- › To encourage opportunities for practice, training and research in global EM
- › To support the development of resources for EM systems globally

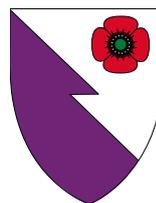
To these ends, in the last year we have:

- › established a social media presence, including @RCEMGlobal on Twitter, and a closed Facebook group for Members and Fellows of the College only.
- › established a mechanism for endorsement of global EM activities (e.g. courses and conferences).

- › surveyed RCEM membership about their global EM involvement. The survey is now closed, and in the process of being analysed. We hope to publish the results and use the database as a means for Members and Fellows to network and find opportunities.
- › provided Global EM input for the EuSEM conference in Glasgow.
- › developed an Educational Standards Framework for GEM fellowships, which is now awaiting Council approval.

Further plans for 2019 include:

- › run our first study day (5 March 2019) on Humanitarian Medicine
- › initiate a letter endorsing the Colombo declaration, and seek signatories from other Royal Colleges/Faculties.
- › a joint study day with RSM on health systems strengthening, to be held on 2 September 2019.
- › Global EM track at RCEM and EuSEM conferences.
- › input into the RCEM newsletter.
- › development of the William Rutherford Prize to become an annual award.



**Giles Cattermole**  
Chairperson  
globalEM@rcem.ac.uk



## Education

As I complete my fifth year as Dean of the College, I am increasingly grateful for the support and contribution of both College Staff and Fellows. The output of the Education Directorate at the College is very much dependent on a large team of people and the number of college staff and Members and Fellows involved has grown significantly in my time in office.

### Exams Sub Committee

The Examinations Sub-Committee oversees the development and delivery of the College examinations ensuring they are robust and fit for purpose. The number of candidates for all our examinations continues to grow both within the UK and overseas and I am very grateful of the work of the examinations team at the College, led by Susannah Grant, who ensure the smooth running of our exams. Our Lead Examiners work tirelessly on a voluntary basis to very tight deadlines to produce the exams and, put simply, the exams would not happen without them. I would like to mention the significant contribution of two of Senior Examiners who are

stepping down from their roles. Manjeet Riyat, as the Lead for the FRCM Final SAQ, has supported college examinations for many years and has helped ensure an exam of a high standard. Ursula Mackintosh is one of the most experienced examiners in the College and has contributed as a senior examiner for the Management Viva for many years. Both will be missed from the Examination Sub-Committee and we are grateful for their contribution to RCEM exams.

### Curriculum Sub Committee

The rewrite of the new curriculum continues apace under the stewardship of Will Townend as Chair of the Curriculum Sub-Committee. The draft outline of the new curriculum was submitted to the General Medical Council in the Autumn and we continue its development prior to stakeholder consultation work in 2019. A key focus of the project is to ensure we have adequate time to implement robust transitional arrangements and to make the changeover as seamless as possible.

### International Education Sub Committee

The International Education Sub-Committee has established a one-year international training programme in Emergency Medicine. This aims to increase standards in global emergency medicine and the first cohort of doctors will undertake the inaugural programme in India and Pakistan from August 2019. Development is well underway to deliver the first Train the Trainers programme next year to support the delivery of the programme and there will be regular webinars to all sites. Our Project Manager for this project, Emma Fernandez, has done sterling work in working with our partners to oversee the development of the programme. There will be an evaluation of the programme following the first year but it is hoped that other sites around the world will be able to utilise the programme.



It's evolving, has greatly improved and is going in the right direction as it matures

MEMBER VIEWPOINT

### Careers Sub Committee

Promoting Emergency Medicine as a career remains of great importance and the Careers Sub-Committee have ensured our presence at many careers' fairs around the country and also produce multiple resources to attract both medical students and doctors into our specialty.

### E-Learning Sub Committee

RCEMLearning grows from strength to strength thanks to the dedication and hard work of the Editorial Team lead by Becky Maxwell and Chris Connolly as well as the support provided by the College team led by Chris Walsh. RCEMLearning has developed significantly in recent years and is now an e-learning platform that as a College we are very proud of and which is the envy of many other colleges.

### Emergency Care Advanced Clinical Practitioners Credentialing Sub-Committee

The Council have now approved the formation of an Emergency Medicine Advanced Clinical Practitioners' Forum at the College. ACPs are increasing in membership and it is important that they have appropriate structures within the College to support their development within emergency care. The work of the ACP Forum will include sharing good practice and ideas for improvement to ACP training, and disseminating information about changes to training provision. Members of the ACP Forum will represent the views of ACPs and trainee ACPs at the relevant committees of RCEM, and on Council, and encourage the active involvement of all ACP Associate Members in improving their own training experience and shaping the development of Emergency Medicine as a specialty.



**Jason Long**  
College Dean  
dean@rcem.ac.uk

## Conference Committee

The role of the conference committee is to develop the long-term strategy of the RCEM CPD programme. It ensures the delivery of high-quality annual conferences and study days to support Members and Fellows in providing the best evidence-based care for patients and in meeting the GMC requirements for revalidation.

Committee members oversee the main decisions on the strategy of intake and output of events, whilst understanding the financial implications involved. Members take part in developing the programme for the Spring CPD and Annual Scientific conferences, as well as having oversight of the blueprint of study days and other educational events provided by RCEM.

In 2018 the College ran 28 Study Days (up from 21 in 2017). The 2018 programme of study days covered all GMC revalidation domains. The events provided lecture-based days, group workshops and practical hands-on learning at ultrasound and chest drain insertion courses. All study days were successful, with most being fully booked or close to it. A further four planned study days were cancelled; due to either low booking uptake or programme leads being unable to deliver the programme due to other commitments.

The 2018 Spring CPD Conference was held in Cardiff. This was a sell-out event which attracted an average of 440 onsite each day. The Spring CPD Conference is very much aimed at the 'jobbing shop floor' Emergency Physician and the programme was designed to complement the College's curriculum and to provide updates on a broad range of topics to promote current best evidence-based practice. The feedback from the Conference was very positive and thanks go to the local liaison team, led by Robin Roop, for creating such a strong programme integral to the success of the event.

The College was delighted to co-host EuSEM's 2018 Annual Congress in Glasgow. We welcomed over 2,000 colleagues from across the UK, Europe and further afield to showcase the very best of Emergency Medicine Research and CPD, over five days of sessions.

The College continues to support EMTA and FASSGEM with their annual conferences which offer excellent opportunities for these groups to network and provide tailored education for their members. These conferences continue to travel around the country with the EMTA conference held in Cardiff and the FASSGEM one in Derby for 2018.

Overall 2018 continued the trend of previous years with more delegates attending the RCEM conferences and an increased number of RCEM study days. We are pleased that with increased capacity at Octavia House our study days are open to more members. In 2018, we also started to focus on holding more study days outside London to increase accessibility to members across the UK. In 2018 we held eight study days outside London and aim to increase this going forwards.

Members and Fellows are encouraged to contact the RCEM Events team or the CPD Director if there are any CPD events that they would like the College to provide, including regional events to be held outside London. The CPD programme is for the benefit of Members and Fellows and the College aims to respond positively to feedback, comments and requests. Applications to run study days can also be made via the College website.




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**Dr Carole Gavin**  
CPD Director  
CPD@rcem.ac.uk

## Research & Publications Committee

The Research Committee seeks to develop emergency medicine research capacity, opportunities within academic emergency medicine, and aims to showcase high-quality emergency medicine research at every opportunity, with the highlight being the RCEM Annual Scientific Conference.

### 1. Research strategy

The research strategy was originally approved by both the RCEM Executive and Council in 2017. This has now been updated, finalised and the strategy will be visible and downloadable via the RCEM website.

### 2. Capacity and opportunity

#### a) Research grants

The committee administers an annual research grant round to support research in the field of emergency medicine. Invitations for applications are open in July-August, and applications are reviewed and scored by members of the Research Committee with the final adjudication in October.

Studies supported by these grants are eligible for inclusion on the National Institute for Health Research (NIHR) Portfolio status, as we are a recognised grant administering organisation, thereby facilitating logistical support through local comprehensive research networks.

Successful applicants submit annual reports of progress and on completion are invited to present their work at the Annual Scientific Conference.

In addition, the Research Committee administers an International Grant award for researchers from low- and middle-income countries; a Young Investigator award (applications are assessed and judged at the annual Clinical Studies Group meeting); and a Principal Investigator of the Year award.

#### b) Honorary academic appointments – RCEM Professors and Associate Professors

We have two RCEM Professors, who each serve a four-year term of office, and overlap by two years. The current incumbents are Rick Body and Dan Horner. RCEM Professors are honorary appointments, but they receive some logistical support in the form of a £5,000 stipend available annually to support their research activity.

In addition to the RCEM Professors, in order to increase research capacity and boost academic careers in emergency medicine, we appointed four RCEM Associate Professors in 2018 – Edd Carlton, Alasdair Corfield, Liza Keating and Virginia Newcombe. Again, although these are honorary appointments, RCEM Associate Professors receive a £2,500 stipend available annually to support their research activity.

The intention is that these honorary appointments enable individuals to lever further funding and time to facilitate their research locally – a model which has been successful to date – and take on senior academic roles nationally to develop academic emergency medicine.

#### c) RCEM PhD fellowships

RCEM funding supports two PhD fellows. Anisa Jafar will complete her PhD in 2019 and Blair Graham is on track to complete in 2021.

An application round for further PhD fellowships will be undertaken later in 2019 to continue RCEM supported doctoral fellowships with the aim of the next Fellow starting in 2020.

#### d) The Trainee Emergency Research Network (TERN)

The trainee research network has now been launched successfully ([www.rcemlearning.co.uk/tern](http://www.rcemlearning.co.uk/tern)) and our first TERN Fellow, Tom Roberts (Bristol) took up his two year appointment in August 2018. RCEM Professor Dan Horner

is providing senior mentorship and support to the network. RCEM funding supports the network in the form of 50% of the TERN Fellow's salary costs.

TERN has successfully launched its first two research studies (HED and TIRED) and now has a network of more than 100 trainees in sites around the country.

The TIRED study, investigating the Need for Recovery among emergency clinicians (meeting one of the emergency medicine research priority topics), collected over 4,500 responses across more than 100 sites in just over a month – which illustrates how successful this initiative has been.

e) The NIHR emergency care incubator

The NIHR and RCEM have joined forces to launch the Emergency Care Incubator, which aims to increase the opportunities for academic careers in emergency care. Professor Rick Body has led the process of establishing this initiative. The objective is to improve the capacity for applied health research in emergency care within 2-3 years. A launch event will be held in June 2019.

### 3. Research dissemination and communication

a) RCEM Annual Scientific Conference

The committee supports the organisation and planning of the Annual Scientific Conference, in particular the scientific element of the programme. Members of the committee undertake the review of submitted abstracts and provide the judging panel for the Rod Little prize and chairs of academic sessions.

In addition to the presentation of scientific abstracts, in 2019 the Chief Investigators of several large emergency medicine studies will present their findings at the conference, some sharing their results

for the first time. This will be linked to RCEM Learning to aid dissemination of these important research studies.

b) Clinical Studies Group meeting (also termed the Research Engagement Day) and Academic Trainee Day

These two days run concurrently and this year were held in Bristol. A successful programme was delivered on both days with excellent engagement from trainees, more senior researchers and some expert external speakers.

c) Emergency Medicine Journal

The Chair sits on the EMJ Management Board and an update from the Journal is given by the Editor during each meeting. The Journal is doing well and increasing in impact – most recent impact factor is 2.307.

d) Examples of landmark UK emergency medicine studies published in 2018:

Benger JR, Kirby K, Black S, et al. Effect of a Strategy of a Supraglottic Airway Device vs Tracheal Intubation During Out-of-Hospital Cardiac Arrest on Functional Outcome: The AIRWAYS-2 Randomized Clinical Trial. *JAMA*. 2018;320(8):779–791. doi:10.1001/jama.2018.11597

Perkins GD, Ji C, Deakin CD, et al. A Randomized Trial of Epinephrine in Out-of-Hospital Cardiac Arrest. *N Engl J Med*. 2018;379(8):711-721. doi: 10.1056/NEJMoa1806842.



**Professor Jason Smith**  
Chair, Research and Publications Committee

## Training Standards Committee

The Training Standards Committee (TSC) continues to oversee the operational aspects of the training in Emergency Medicine and Certificate of Eligibility for Specialist Registration applications.

### Recruitment

Acute Care Common Stem (ACCS) recruitment achieved a 88.12% fill rate. There were 362 ACCS Emergency Medicine posts declared this year (i.e. most of the 75 additional posts seen in the last few years have remained). The figures for stand-alone core ACCS training have not been made available. LaSE are unable to provide this data easily, Oriel does not allow retrospective entry or audit without IT issues arising. Trainees have the option of taking up RTT on application of a post and can change their chosen option (i.e. RTT not automatic) up until 30 April 2019. The advice for trainees has been amended to ensure that they make the best possible choice. This has been as a result of several trainees opting for non run-through and wanting to alter their decision after taking up a post.

In July 2017 the GMC approved accreditation of transferable competences. Many specialties have core competences that are common across curricula and the ATCF is aimed at doctors in training who have gained competences in one specialty but then wish to change career direction. This means that those doctors who have completed a minimum of one year of Core Medical training, ACCS, Anaesthetics, ICM and Acute Medicine training can now have some of this training recognised towards CCT Emergency Medicine training. TSC has provided a formal application form for this. The final version of the flexibility and transferability guidance, which will replace ATCF, is due in 2019.

Fill rates for DREEM and HST have not yet been made available. However, the College has worked with Health Education England (HEE) to increase

the National Training numbers, with the continued 75 additional posts in ACCS trainees in Emergency Medicine and HST through 50% HEE matched with 50% Trust funded posts agreed for 2018.

### Training programmes

There has been excellent engagement across the country from training programme leads.

We have continued to contribute to a number of GMC and HEE reviews into training quality and initiatives to support trainees. The initial Less than Full Time (LTFT) training pilot continued with 17 trainees in year one and 25 in year two which included ST3. The pilot has had a final evaluation by Dr Mike Clancy.

### Assessments and exams

The new ESLE assessment continues to provide an excellent means of reviewing the leadership skills of trainees.

2017 saw the continued introduction of the new examination structure for FRCM. 2018 saw the introduction of the management WBPA and a guidance document with benchmarking sheets. The TSC continues to monitor the examination results, in particular trainees who fail, and tries to understand the reasons for variation between LETBs in order to help trainees successfully complete training.

### Quality

The TSC continues to monitor quality issues in training and prepares a College return for the GMC. The work of providing externality to both visits and ARCPs has continued, including a further workshop to train assessors to undertake this on behalf of the College.

### Certificate of Eligibility for Specialist Registration

The work of the CESR Subcommittee of the TSC has continued with an increasing workload and number of assessments. Additional members have been recruited to join the panel which operates a buddy system of senior experienced assessors linked with newly recruited members.



It is constantly striving to improve in an open and progressive way: improve itself, improve conditions for staff, and improve care for patients

MEMBER VIEWPOINT

The TSC thanks all of those who have undertaken this work for the College on behalf of the GMC for the diligence they have brought to this work.

#### Representation

The TSC continues to work with our partner bodies on the Intercollegiate.

Committee for ACCS Training and with the Academy of Medical Royal Colleges (AoMRC).

The College is well informed of the views of our trainees by the Emergency Medicine Training Association (EMTA).

#### Other projects

##### Clinical Educators project

In October 2017, the Royal College of Emergency Medicine (RCEM), Health Education England, NHS England and NHS Improvement published 'Securing the Future Workforce for Emergency Departments in England'. An important element of this publication refers to the development of a clinical educator strategy, to support junior clinical staff working in Emergency Departments (ED).

The clinical educators pilot commenced in October 2018, with initially 53 partner Trusts involved. TSC will link with HEE and

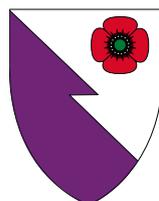
the RCEM Clinical Educators Evaluation Team (recruited in January 2019) on this project. A national clinical educators study day outlining good practise is to be held in March 2019, with Phase 2 planned for shortly after; with an extension to this project until October 2020.

##### Clinical leadership project

Four members of TSC continue to sit on the national board for the clinical leadership project which commenced in 2018.

##### Conclusion

In 2018 Amanda Wellesley Hos for KSS and Dan Boden CESR Lead stepped down. We would like to thank them for their hard work in developing and maintaining the training standards for Emergency Medicine. I would like to thank David Greening, Oonah Newbury and the Training Team for their excellent support of trainees and the committee.



**Dr Maya Naravi**

Chair of Training  
Standards Committee

## Quality in Emergency Care Committee

This was the last full year that the Quality in Emergency Care Committee (QECC) was chaired by Adrian Boyle who is due to step down as chair in April 2019. Adrian will have completed two terms as chair and has done an excellent job of chairing QECC and championing quality over the last six years. Expert support was provided by Sam McIntyre, Mohbub Uddin and Alex Griffiths.

The Committee have successfully implemented their move away from the traditional clinical audit model of simply collecting and reporting data, and towards a national quality improvement programme. The feedback received from the participating EDs was very positive, with the large majority engaging and embracing the new and instantaneous way of reporting.

Members of the Committee have represented RCEM on numerous important national groups such as: Department of Health, AoMRC, NHS Digital, NHS, RCP, SANDS, Health Online, Association for Nutrition, University of Manchester, Bristol Medical School, BGS, Ectopic Pregnancy Foundation, National Neuroscience Advisory Group, Wolters Kluwer, Mental Health Policy Group (MHPG), Sepsis All-Party Parliamentary Group, NPEU, GMC, APPG on Mental Health, Conservative Party, National Organ Donation Committee, RCPCH, NCEPOD, BTS, AUTISTICA, EUSEM & ACEP, RCR, BMA.



Feels like a team, and keeps things relevant, and pushing for change

MEMBER VIEWPOINT

## The Quality Assurance and Improvement Subcommittee

This was set up in 2017 to replace the Standards and Audit Committee. This was the last full year that QA&I was chaired by Jeff Keep who is due to step down as chair in April 2019.

The 2017/18 audit topics were fractured neck of femur, procedural sedation, and pain in children. Participation figures were significantly higher than the previous audit year. These were:

ED recruitment 2017/2018	Participation %
England	97%
England Children's ED	88%
Wales	100%
N Ireland	78%
N Ireland Children's ED	100%
Scotland	21%
Others	67%

The QIP topics chosen for 2018/19 are: vital signs in adults, feverish child and VTE risk in lower limb immobilisation. These topics were chosen to reflect the diversity, current practice, safety concerns, and ensured that a good snapshot of emergency care were obtained.

RCEM continued to lead the way with transparency by publishing all audit data at a named ED level for public use. In England, the Care Quality Commission (CQC) have continued to take an increasing interest in these audit reports. This led to the Quality Team working closely and collaboratively with the CQC which has been very encouraging.

2018 has seen several changes such as the successful implementation and introduction of the RCEM national QIP programme. The improvements made to the programme have enabled Trusts to take greater control of their data and utilise it for effective local quality improvement. RCEM have led the way

in this regard and other Royal Colleges have started to follow suit. New features such as: dashboards showing real time data for their ED, SPC charts, recorded PDSA cycles and data mapped to ECDS for easier patient identification and extraction have been well received by stakeholders.

### The Best Practice Subcommittee

The Best Practice Subcommittee, chaired by Simon Smith, produced several helpful guidelines on areas that lack evidence. This was the last full year that BP was chaired by Simon Smith.

In 2018, the following guidelines were published:

- › Consent in Adults, Adolescents and Children in Emergency Departments
- › The Patient Who Absconds
- › Mental Health in the ED

RCEM have several special interest groups (SIGs) that feed into the best practice committee:

- › The Public Health Special Interest Group was chaired by Ling Harrison.
- › The Elderly Care and Frailty Special Interest Group was chaired by Jay Banerjee.
- › The Ambulatory Emergency Care Special Interest Group was chaired by Tara Sood.
- › The Major Trauma Specialist Interest Group was ably chaired by Jon Jones.

Each of these SIGs have done excellent work and have helped to improve flow across the healthcare system as well as contributing to improving outcomes for patients.

### The Safer Care Subcommittee

The Safer Care Subcommittee, chaired by Emma Redfern, have produced very effective, short, punchy monthly safety alerts. These have proved very popular amongst Members and Fellows and have gathered necessary traction. Safety alerts released in 2018 included:

- › Absconding
- › Aortic Dissection poster and podcast
- › Pressure Ulcers
- › Fascia Iliaca Block (FIB) and statement

The Committee also expanded their safety alert programme and produced their first clinical learning case on cocaine induced bowel ischaemia and their first legal learning case on accurate waiting time information.

National safety incident data were analysed regularly to identify trends and emerging safety issues.

The Invited Service Review Committee was formed from the previous ISR working group and is chaired by Ian Higginson. The Committee continued to undertake invited service reviews of emergency care services at the invitation of NHS organisations. Furthermore, the Committee have made several improvements to the Invited Service Review programme, including ensuring lay reviewers were included on all visits, and were in the process of doing the same for nurse reviewers on relevant visits.

The Mental Health Subcommittee was chaired by Catherine Hayhurst and have represented us ably to external organisations. Activity within the Committee included: parliamentary work, publication of an RCEM CAMHS survey report and press release, a randomised coffee trial to identify and connect with Mental Health Leads, publication of a mental health toolkit for improving care in EDs and a challenging scenarios study day.



**Dr Adrian Boyle**  
Chairperson, Quality  
in Emergency Care  
Committee  
[QECChair@rcem.ac.uk](mailto:QECChair@rcem.ac.uk)



## Corporate Governance Committee

In December 2018 the Chair of Corporate Governance, Mrs Suzanne Cosgrave completed her term of office as a Lay Member of the College Lay Advisory Group and therefore has demitted office as Chair of this Committee. The Committee and Council thank her for her very successful leadership of the Corporate Governance Committee.

The new Chair is Denis Franklin, a lay advisor to RCEM and previous Chair of this Committee who has been asked to step back into the role as a caretaker for a period of two years to allow for succession planning to take place.

The Chair of the Corporate Governance Committee reports each year to Council and has a standing open invitation to attend Council so that issues of governance can be raised as and when they need to be.

The Corporate Governance Committee has the opportunity to hear Council debates on matters of policy and strategic significance. In 2018 the Corporate Governance Committee met in January, March, June, September and November. It not only continued with its focus on its core functions of monitoring the College's financial and risk positions, but it also considered the potential risk and impact of some non-recurring initiatives of Council. These included:

- › The implementation of a review of the employee pay and benefits
- › The governance matters arising from a proposed international development bid
- › Ongoing oversight of the College committee structure and providing advice generally on the College's developing strategy

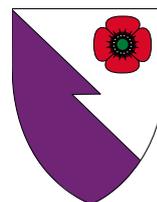
- › The risk register was also considered regularly.

The Committee reviews and provides input on various new policies as they are developed, for example work on a conflicts of interest policy, and more generally reviewed and advised Council on issues of governance associated with the training of RCEM's Trustees and the operation of its Regional Boards.

The Committee noted the impressive achievement of the RCEM senior staff in undertaking a project to accreditation under ISO9001 and being successful at the first attempt.

The Committee met the College's auditors in the Spring to review the 31 Dec 2017 audited accounts and recommended their approval to Council, noting that the report found no issues with the governance of the organisation and no issues at all were raised by the auditors about its financial management. This is an outstanding performance by the College and is a testament to the skill of our staff.

The Committee reviewed the Council's Plans and Budget for 2018 throughout the year; greatly assisted by the improved systems of monthly financial reporting. The Committee held its annual meeting with the investment managers from Quilter Cheviot who look after the investment portfolio of the College. The Committee has also reviewed the College's investment strategy.



**Denis Franklin**  
Chairperson



## Lay Committee

Yet again 2018 saw continuing and increasing pressure on Emergency Medicine: department after department missing the four-hour target, clinicians being stretched beyond acceptable limits and patient safety being put at risk. Added to this was the ongoing closures of beds and the continuing reduction to social care budgets, the consequences of which were patients being treated or waiting for admission whilst left on trollies in corridors. Ergo – patients are put at extreme risk and trainees in Emergency Medicine tweet that they are being ‘trained in Corridor based medicine’.

Week after week, month after month the College highlighted the issues and the risks to patients and the wellbeing of staff. So what was new? Nothing, it was simply Groundhog Day, every day.

For the Lay Group there was no more important issue than the four-hour target. It was the focus of our attention throughout the year and all our efforts were concentrated on supporting – in any and every way possible – the College and its members to ensure that this issue remained high on the agenda of politicians, NHS England and the media. Towards the end of the year the first signs appeared from NHS England of a retreat from this key, if not critical, target for patients. The Lay Committee immediately raised concerns and sought support from lay/patient groups in other Colleges.

2018 was also a breakthrough year for the College and the Lay Committee when we were asked to organise a training day for clinicians called ‘Hearing the Patients’ Voice’. A first we think, for any

Royal College to ask its Lay Group to take responsibility for organising such a course and it says everything about this College that it has striven to involve Lay members in every aspect of its work. Excellent feedback was received, and we look forward to more such courses.

During the year Lay Committee members continued to play an active role in the College’s committees and subgroups as well as in the boards of the devolved nations. Lay members also chair the College’s Governance Committee and Honours Committee.

We said goodbye to Suzanne Cosgrave, a much respected member of the Lay Group and I would like to extend my personal thanks to Susan for both her commitment to the College and her support to me as Chair of the Lay Group.

As ever our thanks are also due to our President and Vice Presidents for their unwavering support, and to the Chief Executive and his team, not least Zoe Moulton whose help and support was invaluable to the operation of the Lay Committee.



**Derek Prentice**  
Chairperson, Lay Advisory  
Group  
[LayChair@rcem.ac.uk](mailto:LayChair@rcem.ac.uk)

## Foundation Board

The RCEM Foundation Fund continues to progress. It was launched during the 50th anniversary celebrations of the establishment of the specialty of Emergency Medicine in the UK and seeks to raise monies to:

- › support RCEM activities designed to optimise patient care in the UK
- › support groundbreaking research
- › develop Emergency Medicine care and clinical training in low income countries

As a new venture, the College Council authorised the establishment of a Foundation Advisory Board and this Board has met frequently to develop an approach to raise the profile of the Foundation Fund. It's priority has been to establish the brand and commence fundraising. The Board has overseen the development of publicity materials describing the aims and objectives of the Foundation, including a legacy leaflet which describes how one might go about remembering the Foundation in a will and a brochure aimed at potential donors. There have also been approaches to our Members and Fellows to alert them about donation opportunities.

A Just Giving donation page has been established and some staff and members have undertaken some fundraising. So far £4,000 has been raised and we are aware of a number of legacies written in favour of the Fund.

The Board has made contact with some potential donors, including working with College contacts in industry and particularly in the pharmaceutical sector.

As with any new venture it takes time to develop, especially as it is being run on a resource light model.

The next step in the development of the Fund is that Board is working with the College Council to obtain support for the employment of a professional fundraiser.



**Dr John Heyworth**  
Chair, Foundation Board  
[Foundationchair@rcem.ac.uk](mailto:Foundationchair@rcem.ac.uk)



RCEM is so far ahead of the other royal colleges in progressive policies such as LTFT training and political lobbying and support for Juniors, media presence etc. Very proud of the influence RCEM has

**MEMBER VIEWPOINT**

## Honours Committee

It is of course a rare privilege to be a member of the Committee that has to opportunity and responsibility to ensure that those who have made an outstanding commitment to the speciality and the College have their work publicly recognised.

During the course of the year the Honours Committee, supported by the Executive Committee, approved the awarding of the College Medal to the following:

**Martin McKechnie** – to mark the end of his term as VP Scotland

**Richard Wilson** – to mark the end of his term as VP Northern Ireland

**Gillian Bryce** – to mark the end of her term as Revalidation Director

**Denis Franklin** – to mark the end of his term as chair of the Corporate Governance Committee

**Sean McGovern** – marking the end of his term as VP Northern Ireland

**Robin Roop** – marking the end of his term as VP Wales

**Katherine Henderson** – marking the end of her term as Registrar

**Suzanne Mason** – marking the end of her term as Treasurer

**Julia Harris** – marking end of her term as TSC chair

**Suzanne Page** – an employee of 12 years from the Examinations Team, now resigned

The 2018 President's medal was awarded to Jason Kendall.

As part of its responsibilities the Committee gives careful consideration to the submission of names to the Crown for national honours, such nominations remain confidential, but the Committee was delighted with the announcement in the 2018 New Year's Honours that our former President Cliff Mann had been awarded an OBE.



**Derek Prentice**  
Chair, Honours  
Committee



As an EM consultant, I feel the College is clearly aware of the service pressures & 'fights our corner' in a way other colleges do not

MEMBER VIEWPOINT

## National Board Reports

### National Board for Scotland

The Emergency Medicine system in Scotland continues to provide a world class service to its patients despite some of the external constraints placed upon it, in common with the rest of the UK.

There have been some benefits to working in EM in Scotland including the consolidation of previous gains, and the number of EM consultants in Scotland compares favourably with the rest of the UK. However, there is still work to be done to support the needs of other staff members within EM in Scotland. With that in mind the Scottish Board is turning its attention, along with other Royal Colleges in Scotland, to creating a coherent workforce plan. We would seek to ensure all trainees in EM, in common with their colleagues in other specialties, can enjoy safe and sustainable working patterns which allow them time for education and study. This includes being able to offer less than full time training in a way which is truly sustainable. We also hope to become involved in RCEM's innovative schemes regarding educating international graduates in an ethical way. It is pleasing to note that in the current GMC training survey for EM, four out of the top five performing EDs in terms of Trainee Satisfaction are in Scotland

There is currently no move in Scotland to replace the four-hour standard in EM. This is due in no small part to the engagement of the Scottish Board of RCEM in the Scottish Government's working party and consultative process in assessing the value of targets in healthcare; a somewhat different approach to that taken elsewhere.

The Scottish Board of RCEM has maintained, with the appointment of

a new Cabinet secretary for Health, its regular engagement with Scottish Government, and remains part of its Unscheduled Care Programme Board. We have also seen new engagement this year with the Scottish RCN, and we have continued to inform politicians of all political parties on the issues surrounding acute care. Against a background of what can only be described as political turmoil, RCEM's Scottish Board has continued to keep a focus on Health Issues and Urgent care in general. We have also continued to maintain links and work collaboratively with other organisations in Scotland such as RCGP, NHS 24, Scottish Academy and other organisations aiming to address problems such as violence and distress such as the Navigators and the Violence Reduction Unit.

The role of RCEM in Scotland in Education continues to grow. Glasgow was the host city for a very successful EUSEM and RCEM combined meeting, and there has also been the RCEM Scottish Policy Forum, and another successful Scottish Clinical Meeting, which was sold out for the second year running. In addition, RCEM is now hosting study days in Scotland, and aims to provide more.

RCEM Scottish Board looks forwards to another year where we can continue to make ourselves indispensable to the Health and Social care system in Scotland and be in a position to shape progress for our patients and our hardworking and committed staff.



**Dr David Chung**  
Vice President, RCEM  
Scotland  
[VPScotland@rcem.ac.uk](mailto:VPScotland@rcem.ac.uk)

## National Board for Wales

It has been a great honour and privilege to take on the baton handed to me by Dr Robin Roop last September. All Board members thank him for his efforts in raising the profile of the College in Wales. The Board continues to meet three times a year.

The Welsh Board continues to engage with the Minister for Health, NHS Wales, Chief Medical Officer, Chief Nursing Officer and the National Program for Unscheduled Care Board (NPUC). Winter 2017-18 saw record breaking 12-hour waits, plummeting four-hour standards and hugely challenging crowding and exit block in all Welsh Emergency Departments (EDs), and this was raised in the National Assembly for Wales Plenary in January 2018. It was acknowledged that pressures were not just front door but existed across the whole health and social care system, with too few beds and staff. Written evidence was submitted to the Health & Sport Committee for Winter Planning 2018-19 in September 2018 using feedback from Members and Fellows together with evidential research supplied by the College.

The NPUC Board recognised the pressures we face and Welsh Government announced the release of 'winter monies' earlier in October and doubled the amount to £20 million. Of this, £4 million was used to support EDs. Examples of support included the third sector supporting staff & patient wellbeing in ED's and facilitating patient discharges, pharmacists working in the ED, the use of Care & Repair services to speed up discharge from hospital to create bed capacity, as well as initiatives reducing patient conveyance to the ED.

RCEM Wales is engaging with Welsh Government to develop a policy framework for unscheduled care to tackle issues such as exit block, lack of emergency department capacity, insufficient staff numbers, ambulance waits, lack of social care provision, insufficient alternative out of hours services and inadequate IT systems. The Minister for Health is supporting the national development of the ED Quality and Delivery Framework across the 13 type one EDs in Wales. Within this ambitious project will be the phased roll out of ECDS in Wales and a review of the workforce.

RCEM Wales launched 'Essential facts for Wales' last November highlighting the pressures within the system and is key for building business cases when planning future workforce numbers by referencing the increases in attendances and the complexity of care delivered.

RCEM Wales was invited to present at the launch event of 'Health Education & Improvement Wales' last October. The NPUC has funded the introduction of a number of key roles to develop QI and leadership. The All Wales School of Emergency Medicine continues to receive good feedback for training in Wales with another successful annual conference. There was great feedback for the EMTA Conference hosted in Cardiff. The first year of the intercalating BSc in Emergency Medicine was very successful with all students gaining a first-class pass.

I look forward to seeing the fruits of the work outlined above over the next two years.



**Dr. Jo Mower**  
Vice President, RCEM  
Wales  
[VP.Wales@rcem.ac.uk](mailto:VP.Wales@rcem.ac.uk)

## National Board for Northern Ireland

Unfortunately, the Northern Ireland Assembly, the devolved legislature for Northern Ireland, collapsed in January 2017 resulting in a political vacuum which continued during 2018. Consequently, in the continuing absence of a functioning government, there was no tangible progress in realizing the promised transformation agenda outlined in 'Health and Wellbeing 2026: Delivering Together', the 10 year approach to transforming health and social care in Northern Ireland which was launched by the then Health Minister in October 2016.

However, the Department of Health commissioned a 'Northern Ireland Population Health Needs Assessment for Urgent and Emergency Care' in February 2018 and subsequently announced a review of urgent and emergency care in Northern Ireland in November 2018.

The challenges facing emergency medicine in Northern Ireland continued to mirror those across the United Kingdom and the Republic of Ireland during 2018, with over a third of patients spending longer than four hours in our EDs and a year on year increase of 46% in the number of patients spending longer than 12 hours.

Dr Ian Crawford succeeded Mr Sean McGovern as the Vice President in April 2018. It is again appropriate to record an enormous 'thank you' to Sean for so ably representing the wider emergency medicine family during his tenure. In this context, Sean was awarded a College medal in December 2018. Dr Paul Kerr was appointed as the Vice President elect in September 2018.

RCEM NI, along with the RCEM President Dr Taj Hassan, met with Department of Health officials on three occasions during 2018 to reiterate the challenges facing emergency medicine regionally and to seek to develop a comprehensive, multi-professional ED workforce plan for Northern Ireland.

The RCEM NI National Board met on four occasions during 2018. RCEM NI met with RCN officials and a number of political party representatives during 2018.

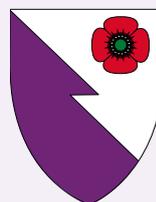
In April 2018 RCEM NI welcomed national RCEM colleagues to deliver a training event for our regional emergency care trainee Advanced Nurse Practitioners and their clinical practice supervisors in conjunction with the University of Ulster and the Northern Ireland Practice and Education Council.

In April 2018 RCEM NI published the summary report of a survey entitled 'What Northern Ireland's Emergency Department Consultants really think', which explicitly highlighted concerns raised by our Fellows regarding looking after our patients in the face of unprecedented risks to quality of care and patient safety in our EDs.

During 2018 RCEM NI engaged in meetings, led by RCGP NI, with other Medical Royal Colleges in Northern Ireland to develop a document entitled 'Professional Behaviours & Communications Principles for working across Primary and Secondary Care Interfaces in Northern Ireland'. It is hoped that these interface meetings will continue and lead to ongoing collaborative working on a range of issues.

In December 2018 RCEM NI held an annual update meeting at Malone House, Belfast. This was well attended by RCEM Members and Fellows. Those present had an opportunity to interact with the team leading the Encompass programme, which will introduce an integrated digital patient record instantly accessible for everyone in Northern Ireland. Those present also had an opportunity to interact with the team leading the Department of Health review of urgent and emergency care in Northern Ireland.

Lastly, during 2018 RCEM NI worked with the RCEM Events team to support programme planning in anticipation of welcoming emergency medicine friends and colleagues to Northern Ireland for the Spring CPD Conference to be held in Belfast in April 2019.



**Dr Ian Crawford**  
Vice President, RCEM  
Northern Ireland  
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rcem.ac.uk

# Regional Boards of England

## East of England

### Crowding and Exit Block

Like every other region, the last year has been extremely challenging for our Emergency Departments and their staff. Exit block remains the biggest problem for most of our departments, with recruitment and retention of senior staff a close second for some departments.

There is considerable variation in four-hour performance (as a surrogate for exit block) between trusts within the region, with one trust maintaining over 95% even in February and others in the region down below 70%.

### Staffing

The overall picture for staffing is improving, although some of our smaller trusts are still struggling to recruit and retain sufficient senior decision makers. The previous expansion in ACCS numbers is beginning to bear fruit, DRE-EM also remains popular, and overseas recruitment is picking up. HEEoE have worked closely with our regional School of EM in recruiting 20 international fellows in a single regional recruitment programme, who will then be shared out around the region. Nonetheless there is still heavy reliance on locum middle grades in many departments. Consultant numbers are gradually increasing at most trusts, and it is great to see that the vast majority of trainees are choosing to take up consultant posts within the region post CCT.

Universities within the region have embraced the wider workforce strategy, with Physician Associates and ACPs now established members of the clinical workforce in a number of trusts.

### Positive Events

Regional training days for trainees of all levels remain well-attended and of a high quality. For ACCS trainees, the 'dual site' training days have helped reduce travel time and increased attendance. Being a large region geographically we hold these days in parallel; the same topics are covered on the same day at two different sites at opposite ends of the region, with

trainees free to attend whichever is closest to them. Training days for ACPs have also been set up, and the annual Faculty Development Day continues to be an excellent event for consultants and more senior trainees. Individual departments and trusts are also delivering some excellent EM conferences, including the annual Trauma Conference in Cambridge in April and a cadaveric skills workshop at Norwich recently. It is good to see many East of England RCEM Fellows and Members actively involved on Twitter with FOAMed and staff wellbeing initiatives, and speaking at external conferences.

### Regional Board

As with several other regions, we do not have an established regional board meeting, and effectively use the regional Specialty Training Committee meetings as an informal surrogate for this, supplemented by emails. We are lucky to have the support of our excellent regional Training Programme administrator who helps me disseminate College messages.



**Dr Jim Crawford**  
Regional Chair  
[EofEChair@rcem.ac.uk](mailto:EofEChair@rcem.ac.uk)

## North East

The North East region comprises two Major Trauma Centres and eight other Emergency Departments across a large geographical area with diverse rural and urban settings including some of the most deprived areas in the country.

EDs across the region have faced another 12 months contending with increased demand, acuity and expectation leading to the issues of exit block and crowding, in line with the national picture. Regional performance against the four-hour access standard was below 95% for the first time in several years.

The region hosted two very successful conferences in 2018, the annual Northern

EM conference in January and the Northern PEM conference in July. We are looking forward to welcoming the Annual Scientific Conference to Gateshead in autumn 2019.

The reputation for excellent EM training in the North East continues with further strong feedback in the GMC trainee survey. The region remains one of the best places in which to train in EM in the UK.



**Nick Athey**  
Regional Chair  
NEChair@rcem.ac.uk



## We need our college to speak up for our specialty as nobody else does

MEMBER VIEWPOINT

### South East Coast

I have now been the South East Coast representative for over three years. I am enjoying the post enormously, and I enjoy coming to the College and am beginning to understand how it works.

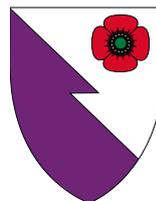
The highlight of my three years has been the establishment of South East Coast Emergency Medicine meeting. We have now had two; one here at East Surrey Hospital and one at Maidstone Hospital. I am pleased to report that we have a date for our third conference again at East Surrey Hospital in 2019. This, like previous events, will be free and has been well supported by the College.

My main day to day task regarding college work is improving job descriptions. It has, as in previous reports been impossible to hold the line of 2.5 SPA, but I continue to hold the line at SPA with a promise of a review in due course.

My main failing as college rep and a significant one continues to be the inability to establish a functioning region. I've tried many methods now, and in practise it remains extremely difficult. To give but one example, I recently sent out an email to all the emergency medicine consultants in the region and sadly did not receive a reply to that, regarding any issues or successes.

I do wonder if the College would consider remuneration for travel expenses. I feel probably the only way to establish a functioning region with an appropriate committee etc would be for me as college rep to actually tour the region and actually get to know people face to face, and thus set up a committee of interest, which could then meet at least twice a year. I welcome the possibility of the College employing a member of staff to act as a regional support administrator.

I have somewhat informally asked around to see if anyone else wants to do the job; currently there are no takers, and I continue to remain happy to serve the College should the College wish me to remain in that role.



**Julian Webb**  
Regional Chair  
SEC.Chair@rcem.ac.uk

### South Central

#### Issues

1. Exit block is an ongoing issue in all the EDs in the region. The departments are concerned about the quality of care for the corridor patients and potential risks or incidents associated with it.
2. There has been an ongoing discussion about the 12 Hour DTA with no set guidelines on when the DTA will start; will all trusts seem to be following different rules. This has implications on flow, with patients staying in the department for more than 10 hours but no DTA.

3. Recruitment and retention remains a significant problem. Few trusts are providing 8/2 split, rather than 7.5/2.5, but there are no implications for the Foundation trusts for not getting RCEM approval.
4. Given the dearth of substantive consultants, the quality of locum consultants is very variable and sometimes even questioned by the trainees regarding safety, especially on the weekends.
5. Nursing recruitment is now an increasing issue.
6. About 50% gaps in the ST3 rota in Wessex. Trainees are taking career breaks before starting HST.
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### Achievements

1. Successfully conducted Regional CPD, OSEM conference in December 18. The President gave the welcome speech, and the event included a workshop on Yoga and well-being, which was very well received by the delegates.
2. An initiative called 'ED Collaborative' started in the Oxford deanery last year with the support of NHSI. This includes holding a regional event every six months and learning from the other EDs in the region about new projects or pathways. This has started to improve patient safety/resilience/staff well-being.
3. Clinical Educator role is being taken up by four trusts in the region at present, with very good feedback from trainees.
4. Another new initiative in Oxford Deanery started this year called 'Command and Control: running the Emergency Department' for all the ST3/middle grades who will be stepping up to run a department especially at night. The first course begins in February 2019
5. At Milton Keynes University Hospital, we are delivering a 'Faculty Development day in Simulation' to encourage junior doctors and consultants to learn

about delivering simulation, how to set up scenarios and run insitu simulations in the department. Again, this has received very good feedback.

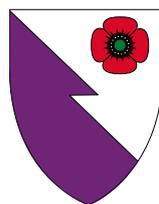
6. Wessex has seen good FRCM results and recent consultant appointments; there have been three new leadership roles with two sites having clinical educator roles. Outstanding CQC rating for leadership at RBH, using Dorset system as PSF target and achieving 90%.
7. Wessex also has a SuppoRRT lead who helps trainees returning to work.
8. Portsmouth performance has improved and has been better than the previous year.

### Way Ahead

The region aims to:

- extend the ED Collaborative event in the region.
- conduct a Regional Training day/ event including the trainees from both the regions once in six months, to share and learn. This is in discussion with the HoS.
- have an ED specific return to work training for trainees coming back from Maternity leave, OOPE/OOPT.
- arrange a regional RCEM event involving both the deaneries and clinical leads in the region, have recently managed to get all the contact details.

I will shortly be stepping down from the chair post, as I am moving out of the region due to family reasons. I have thoroughly enjoyed my short tenure and thank college for the opportunity.



**Dr Simon Hunter**  
Regional Chair  
[SC.Chair@rcem.ac.uk](mailto:SC.Chair@rcem.ac.uk)

## West Midlands

I took over from Peter Ahee in November 2018. As such, this report has contribution from Peter.

### Service Issues

Safe staffing levels remain a challenge to most EDs in the region (three Trusts have been ranked 'inadequate' for their Urgent and Emergency care, and the one in special measures had insufficient staffing formally recorded as a concern in the CQC report). Two of three MTCs in the region have managed to get a 'Good' rating by the CQC. Locums occupy many of the junior doctor shifts, especially at weekends. Many Trusts in the region now have either started or plan to enhance the role of allied HCPs such as ACPs, ENPs, PAs, Extended role practitioners in their regular service provision. Taxation and pension issues have forced many EM consultants to consider reducing the number of PAs that they work and avoid doing locum shifts. Exit block persists almost on a daily basis across all departments in the region with the usual associated impact on reduced patient safety, poor staff satisfaction and consultant discontent. The RCEM Workforce recommendations document was very welcomed; it crystallised the deficit that remains in many of the region's EDs.

### Study Days

We have held study days on a regular basis. These have been an opportunity for the regional Fellows and Members to gain valuable CPD and a forum for networking and sharing. The January study day was organised by Shewli Rahman and was labelled as ATEEM (Aspiring To Excellence in Emergency Medicine). The study day content justified its label with Vice President Chris Moulton attending to share his views and contribute to its success.

Two further study days – Resuscitation Room Ultrasound and Acute Cardiology – both sold out and attracted delegates from across the UK. Our regional Emergency Medicine Continuing

Educational Forum (EMCEF) will celebrate its 10th anniversary in May 2019. The WM RCEM Board was constituted in late 2018. Two new roles were created – SAS lead and an Academic Lead – with Immad Qureshi and Ram Ramakrishnan taking up the posts respectively. A regional study day, 'Skills essential in the Emergency Department (SEED)', concentrating on procedural skills and aimed primarily at SAS and CESR route doctors was conducted by Hannah McKee using funds from the SAS pot at that trust.

### Training

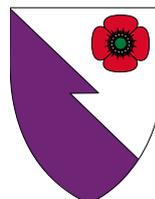
The DREEM program has gained a significant number of trainees, though some are admittedly lateral movement from non-training posts within the region. This has gone a long way in plugging gaps in the training tiers and we are able to celebrate almost a complete fill across all tiers at the start of 2019. Success rates in the FRCEM final has been creeping up and the regional teaching is considered a valuable resource by the trainees.

Holding board meetings has always been a challenge given the various pressures and time constraints, but the hope is that we are able to do this quarterly. We are planning to hold our regional AGM at a Regional Dinner for all Members and Fellows in September 2019.



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**Dr Kalyana Murali**  
Regional Chair  
WMChair@rcem.ac.uk



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**Dr Peter Ahee**  
Former Regional Chair

## London

There are 27 Emergency Departments in the London Region. Four-hour access performance in these units has varied from 95% to 60%, with the majority achieving around 85%.

Despite considerable pressures, ambulance handover performance has been maintained or improved. Freeing up ambulances is a key aim for London and this aim is supported by the Regional Board. The charts below show the improvement in handover times.



The RCEM Regional Board chair and a number of other lead EM Consultants get to participate in the London UEC Clinical Leadership group. This is a very valuable forum for influencing NHSE (London) strategy. There is a work plan focusing on key patient groups – Frailty and Mental Health in particular. The other main workstream is Workforce, including looking at transferable skills but also clinical models of care and equity of experience for patients and staff. RCEM therefore has direct regional influence.

The London Regional Board meets after each London Region Consultant CPD day or School QIP training day. The CPD day runs from 09.00-15.00 and the Board 15.00-17.00. The London Region benefits from being able to use College facilities to hold meetings – including having been able to show Fellows the new facilities at Octavia House.

Meetings in 2018:

- February – CPD event and Board
- July – following the QIP day
- September – conference highlights
- December – following QIP day with specific Consultant training stream.

There are usually 10-20 attendees from a range of hospitals across London. We have also had a social evening 'not the regional board' for mutual support.

The Regional Board has standing item reports from:

1. College Council
2. The London Clinical Leaders group for the Urgent and Emergency Care pathway.
3. The London EM School. There are often challenges balancing trainee and non-trainee staff and how we deliver good training for all.
4. Medical Director of the London Ambulance service when possible. London has made real progress reducing handover times freeing up crews to go back out. There is a current revamp of Intelligent Conveyancing

Post Board meeting there is a healthy number of people staying on into the evening for a drink/meal.



**Dr Katherine Henderson**  
Chairperson  
[LondonChair@rcem.ac.uk](mailto:LondonChair@rcem.ac.uk)

## East Midlands

I have now completed a full year as chair of the East Midlands Regional Board. It is an ongoing challenge to engage with the region in the context of regional lead for the College. We have a virtual board consisting of the regional heads of service however engagement is patchy. All eight heads of service were asked to provide an overview of 2018 for inclusion in this report. As yet I have not received a single reply from any of the heads of service (Leicester, Lincoln, Kettering, Northampton, Chesterfield, Kings Mill, Nottingham or Derby).

As such I can only report what is widely known: that clinical pressures across the region are unprecedented and increasing. Our departments are significantly hampered by exit block. Patients waiting and being cared for on ambulances is increasingly the norm. Morale amongst medical and nursing staff is low when confronted by overcrowded departments and an inability under these circumstances to deliver quality emergency care. Additionally, the EDs are assuming greater than our fair share of the distributed clinical risk of the hospitals. All these factors and more are contributing to clinician burn out and staff retention issues.

### East Midlands Emergency Medicine Conference (EM2C)

A regional success has been the annual EM2C. This is open to and attended by the full spectrum of health care practitioners involved in Emergency Care. It is an excellent example of multi professional Emergency Medicine education. It now takes place every year in May at a central venue near East Midlands Airport.

### Succession Planning

I have asked the Heads of Service round the region to identify individuals who may wish to take on the role of Regional Chair when my term expires. The hope being

that any interested parties might wish to function in a deputy regional chair in the first instance. If anyone is interested, please contact me via the email below.



**Dr Richard Wright**  
Regional Chair  
EMChair@rcem.ac.uk

## North West

### Key recent achievements

Training for the trainees is going well with two full OSCE and SAQ mocks being completed in the region. This received great feedback; one trainee said: "I would have paid hundreds of pounds for this". They have been well supported by consultants of all hospitals

We surveyed 158 members in the region on their preferred form of RCEM meetings, timing, location of venue:

- › Meeting frequency – 80% thought they could attend once or twice per year
- › Best time of day – afternoon and evening were the most popular
- › Venue – should be mobile around the region
- › Topic focus – was fairly split between patient/staff/system/other.

Frequency and location are a challenge because of the size and geography of the region. This was a particular issue in the Isle of Man but also I think for those in Cumbria Manchester and Liverpool, whilst accessible, were more difficult to get to for those in the north of the region so we will be arranging meetings across the patch.

The agenda for our next meeting includes an update from the College, a discussion of new targets, and a workshop on improvisation in the event of a terrorist attack.

## Performance

Trusts continue to struggle with performance with only paediatric-only centres regularly hitting the 95% target. The only places locally that are consistently above 90% are the urgent care facilities. Other type 1 sites can brush up against 90 but intermittently and there is no real consistency on which provider does it. There is an awful lot of system pressure to achieve this. It does though also look at DTOCs, stranded and superstranded patients as well as bed occupancy. There is no site that has a bed occupancy below 90%.

Other news includes the GM changes in the Healthier Together programme which was mainly based upon emergency general surgery but will have an impact on EDs too as we defined a local standard of clinical care including consultant shopfloor time amongst other things. There is slow progress in this project for lots of reasons but it is moving forward incrementally. There are other service reorganisations and reconfigurations, for example around Lancashire and Liverpool. These seem to be becoming a norm but still do not fit easily with either CCG or STP footprints.

There is active communication between ED Clinical Leads in the area. Recent conversations include comparing staffing levels and issues around safeguarding questions.

There have been no formal RCEM visits to trusts, but we have been asked to look at the changes that have been made in Preston ED.



**Steve Jones**  
Regional Chair  
NWChair@rcem.ac.uk

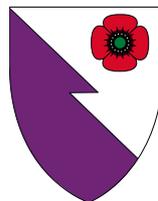
## Yorkshire & Humber

The year in Yorkshire and Humber has seen two main events. In September after some prolonged negotiations and with the assistance of the Leeds Civic Trust, there was a grand unveiling of a blue plaque at Leeds General Infirmary commemorating Maurice Ellis' appointment as the first consultant in our speciality. RCEM President Dr Taj Hassan kindly performed the unveiling and the event attracted some positive local publicity for the speciality.

There was a successful regional CPD event organised by James Griffiths and colleagues in Barnsley in October. We will continue to organise similar events going forward.

Around the region the pressures and difficulties are little different from what I hear reported elsewhere. The proposal to close the Emergency Department at Huddersfield Royal Infirmary has been withdrawn though it is unclear whether there will be significant changes to the service. The STP process in Y&H appears disengaged from any public or professional consultation or input. What can be found out often alludes to "improving A&E performance" but detail is entirely absent.

At the end of December 2018, I completed my term as Chair of the Yorkshire and Humber Regional Board and hand over the reins to my colleague in Leeds, Sundararaj Manou. It has been an honour to represent the College.



**Graham Johnson**  
Chairperson  
YHChair@rcem.ac.uk

EMERGENCY  
AMBULANCE

# DEPARTMENTS – A YEAR IN NUMBERS

Emergency  
Department

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Constantly striving to be better and create a better workforce and a better system for our patients

MEMBER VIEWPOINT



## Events

### 2018 saw the College's CPD study day programme continue to increase.

There was a focus on ensuring all GMC revalidation domains and RCEM curriculum domains were covered by at least one study day offering. Following feedback from Members and Fellows, practical skills workshops were also introduced with the College offering ultrasound and chest drain insertion hands-on training.

This year's Spring CPD Conference was taken to Cardiff, where a locally led programme brought high-quality CPD to

over 400 ED clinicians. We were delighted to welcome EuSEM's Annual Congress to Glasgow and play host to this impressive joint conference, with over 2,000 ED clinicians gathering from the UK, Europe and further afield.

The 2018 graduation ceremony saw over 300 graduands celebrate receiving their Membership or Fellowship of the College, recognising the immense effort and hard work they have each put in. The winners of the RCEM Annual Awards were also announced with departments of emergency medicine that have excelled in key areas of training, patient care, quality improvement and clinical teams being distinguished.

Regional Events 2017-2018

	2017	2018
London	18	28
Wales	1	2
Scotland	2	3
North East	1	1
North West	4	0
Yorkshire & Humber	1	1
South Central	1	0
East Midlands	0	1

Event type

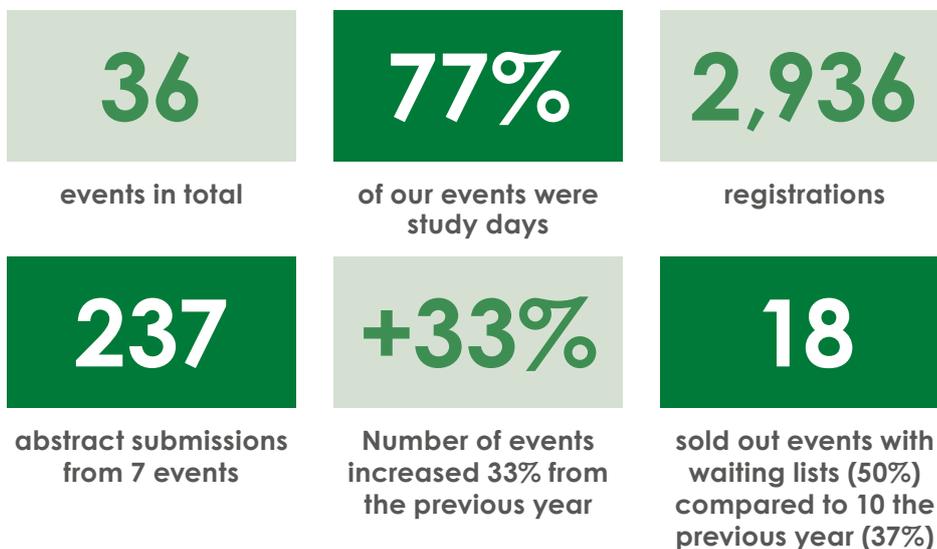
	2017	2018
CPD/ASC Conference	2	1
Diploma	1	1
EMTA conference	1	1
Other	1	2
FASSGEM conference	1	1
Scottish conferences	2	2
Study days	20	28
<b>Total</b>	<b>28</b>	<b>36</b>

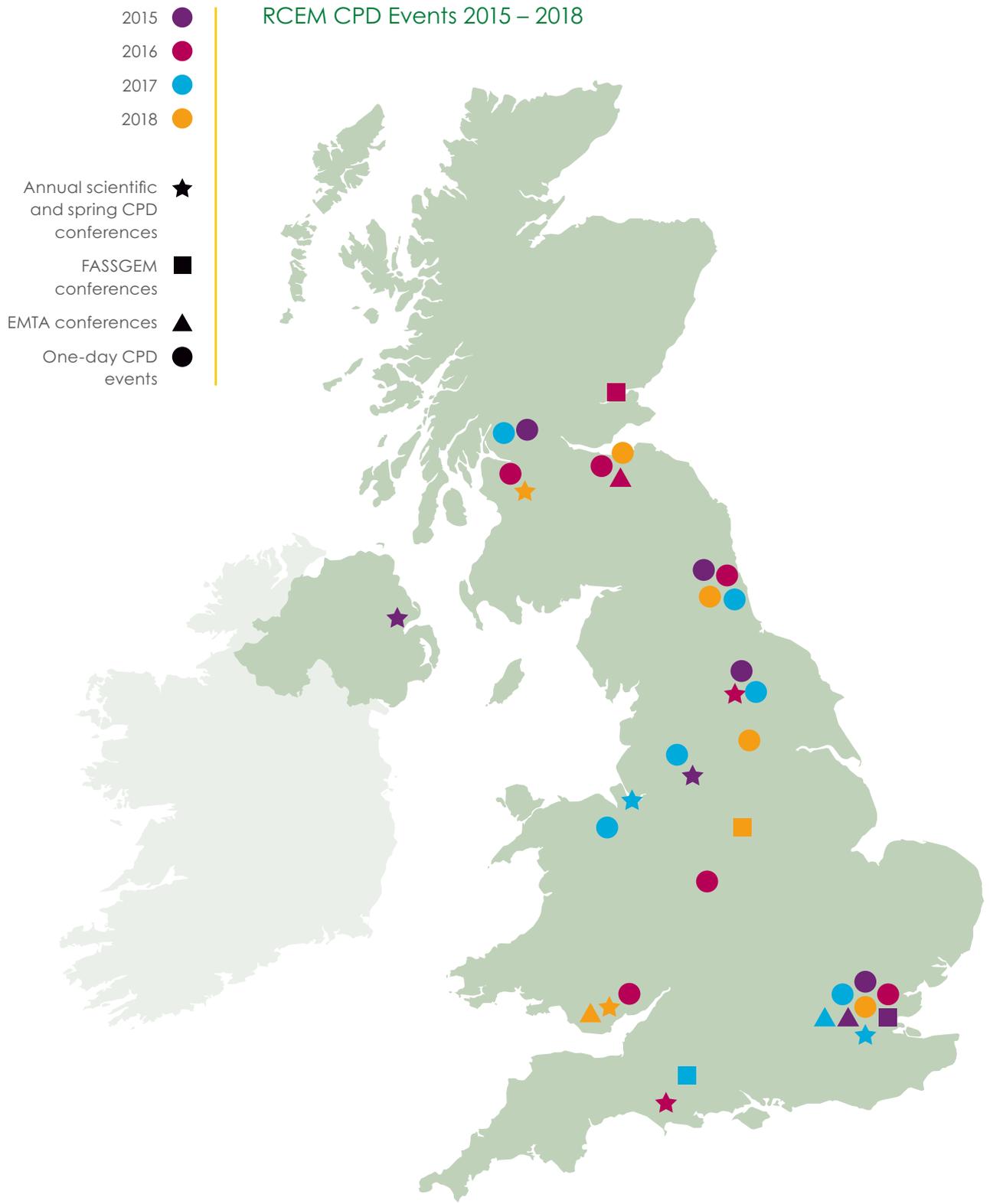


The study days are full of variety, quality and practical advice

MEMBER VIEWPOINT

Key stats





## Membership

- Total members in 2018: **8,572**
- Members approved during 2018: **1,487**
  - **1,160** of these were from the UK (78% of those approved)
  - Members approved in 2018 came from **34** overseas countries across 6 continents
- New members career breakdown: **40%** Trainees, **20%** Post CCT, **22%** Overseas and **18%** non-medical (students, ACP, RHP etc)

### Regional Membership Breakdown

Region	Count of members end of 2018	New members in 2018 and % increase
East of England	621	96 (8%)
East Midlands	467	69 (6%)
London	1286	196 (17%)
North East	375	59 (5%)
Northern Ireland	255	30 (2%)
North West	932	131 (11%)
South Central	367	51 (4%)
Scotland	634	80 (7%)
South East Central	453	88 (8%)
South West	624	101 (9%)
Wales	291	43 (4%)
West Midlands	559	115 (10%)
Yorkshire & Humberside	697	98 (8%)
Overseas	804	-
Republic of Ireland	179	-
Channel Islands	28	-

In 2018 we negotiated a new benefit for members in training (including ACPs that are credentialing) to begin in 2019, the Totum Card (formerly the NUS card), which gives over 200 discounts and offers nationally.

If you're in training and want to get this benefit, email [membership@rcem.ac.uk](mailto:membership@rcem.ac.uk) for more information.

## Exams & Training

2018 saw progress in the development of a new EM curriculum.

Ongoing consultation with stakeholders included an online survey and a Trainer and Examiner conference in York in December. Finalised documentation will be presented to the GMC in early 2020 for their approval.

During 2018 134 EM trainees completed their training and were recommended by the College for CCT or CESR-CP and inclusion on the GMC's specialist register. Of these, 16 had PEM as a sub-specialty, 11 had PHEM as a sub-specialty and 2 dual-accredited with ICM. RCEM recommended to the GMC that 14 applications be accepted for Certificates of Eligibility for Specialist Registration (CESR). RCEM provided support for doctors preparing for a CESR application by our Spring and Autumn CESR Applicants' Days.

The College took over support of the Emergency Care ACP credentialing process from Health Education England on 12 January 2018 and the year saw 6 successful credentialing applications.

Numbers using the RCEM ePortfolio, which include many ACPs and Specialty doctors working in the ED as well as EM trainees collecting evidence for ARCP, continued to increase in 2018 – at the annual count in October there were 3,032 users.

### Exams

- **7,326** exam attempts by **4,967** individual candidates
- **17** exams across **36** days
- New FRCES Primary examination locations: Reykjavik and Kuala Lumpur

### eLearning

Number of users by the end of 2018: **569,189**

Average monthly CPD diary entries: **1,972**

	2017	2018	% Increase
Total completed modules	19,273	27,514	42.8%
Total page views	2,011,368	2,604,346	29.5%
Publications	51	127	149.0%
Podcast downloads	104,288	128,478	23.2%



Offers excellent conference and training opportunities

MEMBER VIEWPOINT

## Policy & Communications

We've continued to advocate for the platform set out in V2020 and had notable success.

The Policy Team's work includes providing internal briefings, responding to consultations, meeting with MPs, and producing focused external reports to highlight the problems Emergency Medicine faces and the potential solutions. Another key area for the team is it's press work.

Our campaigning has played a part in the attainment of a new funding settlement for the NHS – an increase of £20.5bn per year.

- Broadcast coverage on BBC News, Channel 4 News, Sky News, Channel 5 News, the Today Programme, World at One, Newsnight, 5Live, LBC, Tonight Programme, Good Morning Britain, Scotland Tonight, BBC Wales, and other regional news programmes.
- Press releases issued: **52**
- News articles featuring RCEM quotes or sources: **3,456\***
- Advertising value equivalent: **£48.7m\***

- Opportunities to see: **5.25bn\***
- Pageviews of **rcem.ac.uk** in 2018: **2,836,583** (up 2.2% from 2017)
- Total emailed communications to members: **354,620**
- Tweets from @RCollEM: **570**
- Total tweet impressions: **2.96m**
- Total tweet likes: **10,338**
- Your favourite tweet of 2018:



### Winter Flow Project

Our Winter Flow Project looks at patient flow within Emergency Departments over the winter and measures:

- Type one 4 hour standard performance
- The number of acute beds in service
- The number of cancelled elective operations
- The number of patients in their trust for whom hospitalisation in an acute trust is no longer medically required
- The number of locum staff employed within your Emergency Department.

In 2018 it once again proved to be a vital tool in highlighting the pressures EDs faced.

Find out more at [rcem.ac.uk/WinterFlow](http://rcem.ac.uk/WinterFlow)

\*Figures from media intelligence company Meltwater

## Quality

### Guidance

16

number of specialist clinical committees shaping RCEM's quality and service delivery work

9

number of toolkits and guidance documents developed and published open access

### QIP

97%

proportion of English EDs registered for the first national QIP programme in EM

205

number of UK emergency departments involved in the new national quality improvement programme

2,312

number of hospital staff actively engaged in national QIPs

52,571

number of patient records submitted for the three national QIPs

### Safety

35

national safety alerts issued or promoted

### Workforce

120

number of consultant recruitments supported

70%

percentage of consultant job descriptions approved



The Royal College of  
Emergency Medicine

www.rcem.ac.uk



# EMERGENCY MEDICINE PERFORMANCE IN 2018



It is run by a lot of people with enthusiasm and love for their jobs and the specialty

MEMBER VIEWPOINT

# EMERGENCY MEDICINE

## England 2018

Total attendances at Type 1 EDs:

15,436,835



Average four-hour performance:

81.3%



Total 12-hour waits:

4,059\*

\*England data for 12 hours measured from decision to admit rather than arrival at ED

## Wales 2018

Total attendances at Type 1 EDs:

814,299



Average four-hour performance:

74.51%



Total 12-hour waits:

47,597

# PERFORMANCE IN 2018

## Scotland 2018

Total attendances at Type 1 EDs:

**1,370,342**



Average four-hour performance:

**89.48%**



Total 12-hour waits:

**239**

## Northern Ireland 2018

Total attendances at Type 1 EDs:

**658,443**



Average four-hour performance:

**64.08%**



Total 12-hour waits:

**24,353**

# MEMBERS SURVEY 2018

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It has a voice and is directing its attention on the right things. I feel like I matter to the College as an EM doctor

MEMBER VIEWPOINT

## RCEM MEMBER AND FELLOW SATISFACTION SURVEY 2018

### You said, we did...

**"I would really like a CPD diary app for my phone!"**

In June 2018 we were delighted to be able to launch the RCEM CPD diary app. It's free to all RCEM members. You can add new items, view your diary on the go, see all past entries and even edit them within the app. All saved entries immediately upload to the online version of the diary. Login with your RCEMLearning account and have play. Available on IOS and Android.

**"Electronic copy of the EMJ please."**

Members are now able to choose how they wish to access the EMJ. All EMJ subscribers have the opportunity to access the EMJ online via the College website and can choose to stop receiving paper copies by contacting the membership team.

**"Some other royal colleges are registered in a way that their members are able to get NUS membership which leads to many discounts! Could RCEM look into this?"**

We're pleased to say that this will be introduced as a member benefit in 2019. Details will be announced when this is finalised.

**"Conduct more courses/ learning events/ training programmes."**

In 2018 we held 36 events and study days across the country – up by over a quarter on 2017. In 2019, we hope to offer even more exciting events.

**"Inclusion of ACPs in RCEM documentation. Recognition that ACPs are part of the clinical workforce and contribute - not just 'nurses and doctors' in ED."**

In 2019 the College will seek to create a forum for ACPs to have a greater say in College activity and the specialty.

**"Automatic reminder for membership fees. Options to pay by monthly direct debit."**

All members receive communications about their subscriptions at the end of the year in readiness for the following year providing the opportunity for members to update the College if their circumstances have changed. All members have the option to pay monthly by direct debit and spread the membership fee across the year. Please contact [membership@rcem.ac.uk](mailto:membership@rcem.ac.uk) for subscription queries.

In 2018 we asked Members and Fellows how satisfied they were with the College in various areas. Below are the key findings about the areas in which we are doing well, where things could be better, and where we need to improve.

### Where we're doing well

- **91%** of members are satisfied with the Royal College of Emergency Medicine
- **87%** of members would be likely or highly likely to recommend RCEM events to friends
- **82%** of members believe how often we communicate with them is just right, with email being their preferred method of contact
- **80%** of members rated our best practice guidelines as either good or excellent
- **Four out of five** members believe safety alerts are timely and relevant
- **72%** of members rated our website as either good or excellent
- **72%** of members believe our staff are either good or excellent at being friendly and welcoming
- **Two thirds** of members believe that our lobbying efforts have been good or excellent

The full survey data can be found at [rcem.ac.uk/survey2018](http://rcem.ac.uk/survey2018)

## Where we're doing OK

- › **64%** of members said that the College newsletter is useful to them
- › **Just over half** of members read the President's blog
- › **42%** of members have not attended an RCEM event in the last year

## Where we need to improve

- › **60%** of members have never attended a regional/national board meeting
- › **Half** of our members are unaware of the name of the person who chairs their regional/national board

## You said, we did...

### *"More accessible / relevant lifestyle rewards."*

We're continuing to develop our partnership with Lifestyle Rewards to offer exclusive discounts on services and products that we hope RCEM members will enjoy. If you have any thoughts on what you'd like to see offered please email [membership@rcem.ac.uk](mailto:membership@rcem.ac.uk) and we'll do our best to explore getting them.

### *"Stop increasing the fees without consultation with the members/make it better value for money."*

Members are consulted about fees every year at our Annual General Meeting, held alongside our Annual Conference. All members are free to attend. As a result of member feedback, we've held our subscription rates for the last two years.

### *"More involvement at grassroots level"*

In 2019, we will be appointing a member of staff to provide administrative support for regional chairs, allowing them to do more at a local level. You'll find contact details for your regional chair earlier in this report or you can visit [rcem.ac.uk/boards](http://rcem.ac.uk/boards) for more information on how to get involved.

### *"Please can you investigate making conferences baby friendly for mothers on maternity leave - at minimum a quiet room with comfy seats and a video link to lectures/presentations would be great, even better a crèche at larger conferences and changing facilities."*

Babies are always welcome at all our events, and we make sure that there are quiet rooms available for mothers. We've also invested in better baby changing facilities at our two buildings.

## Your top 10 member benefits:

- |   |   |                                 |
|---|---|---------------------------------|
| 1. RCEM Learning                                    | 5. Study Days   | 9. Annual Scientific Conference |
| 2. Exams  | 6. CPD Diary  | 10. Policy Advocacy             |
| 3. Best Practice Guidelines and Position Statements | 7. Support for EM Doctors and practitioners in training |                                 |
| 4. EMJ  | 8. CPD Conference                                       |                                 |

Emerg  
Depart

# FINANCIAL REPORT

ency  
ment

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People in key positions are responsive and engaged

MEMBER VIEWPOINT

## Report of Council

Council submits its annual report together with financial statements of the College for the year ended 31 December 2018.

### Reference and administrative details of the charity, its trustees and advisors

Status	The College is a charitable body incorporated by Royal Charter on 12 December 2007. The College is registered with the Charity's Commission (charity no. 1122689) and the Scottish Charity Regulator (number SC044373).
Registered office	7 – 9 Bream's Buildings, London EC4A 1DT
Bankers	Handelsbanken 1 Kingsway, London, WC2B 6AN
Solicitors	Hempsons Hempsons House, 40 Villiers Street, London, WC2N 6NJ
Auditors	Haysmacintyre LLP 10 Queen Street Place, London, EC4R 1AG
Investment Managers	Quilter Cheviot Investment Management 1 Kingsway, London, WC2B 6AN
Chief Executive	Gordon Miles

The College Council consists of the following members elected by Fellows and Members of the College, and co-opted members, as required. The elected members of Council are the Trustees of the College.

		From	To
President	Dr Tajek Hassan	2016	2019
Immediate Past President	Dr Clifford Mann	2016	2017
Vice President	Dr Chris Moulton	2016	2019
Vice President	Dr Lisa Munro - Davies	2016	2019
Registrar	Dr Ian Higginson	2016	2019
Treasurer	Prof Suzanne Mason Dr Scott Hepburn	2015 2018	2018 2021
Dean	Dr Jason Long	2014	2020
CPD Director	Dr Carole Gavin	2016	2019
Chair QECC	Dr Adrian Boyle	2016	2019
Chair R&P	Prof Alasdair Gray	2014	2018
Chair TSC	Dr Julia Harris Dr Maya Naravi	2015 2018	2018 2021
Chair - Emergency Medicine Trainees Association	Dr Paul Stewart	2018	2020
President – Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine	Dr John Burns	2017	2020
Northern Ireland – National Board	Dr Sean McGovern Dr Ian Crawford	2016 2018	2018 2021
Scotland – National Board	Dr David Chung	2017	2020
Wales – National Board	Dr Robin Roop Dr Jo Mower	2015 2018	2018 2021
East Midlands	Dr Richard Wright	2017	2020
East of England	Dr Jim Crawford	2016	2019
London	Dr Katherine Henderson	2016	2019
North East	Dr Nick Athey	2016	2019
North West	Dr Stephen Jones	2018	2021
South Central	Dr Saurav Bhardwaj	2016	2019
South East Coast	Dr Julian Webb	2017	2020
South West	Dr Dominic Williamson Dr Adam Rueben	2016 2018	2018 2021
West Midlands	Dr Peter Ahee	2016	2018
Yorkshire & Humber	Dr Graham Johnson	2016	2018
Lay Chair	Mr Derek Prentice	2017	2020

## Structure, governance and management

The Royal College of Emergency Medicine was constituted by Royal Charter in 2008. The registered Charity Number is 1122689. The College is also registered with the Office of the Scottish Charity Regulator. The registered Charity Number is SC044373.

The charity is governed by its trustees, who are elected members of the College Council and Officers of the College, supported by a system of Regional and National Boards in the devolved nations and in the Republic of Ireland. Trustees are appointed by election from the Fellows, Members and Trainees of the College in accordance with Ordinance 6 of the College's Charter and Ordinances. The election process is managed by the Electoral Reform Society.

The College Council has additional support in undertaking its functions from members involved in the standing committees. The Council meets at least four times per year. The Council is constituted by the Officers of the College, elected members, President of Emergency Medicine Trainees Association, and chairs of standing committees, Chair of the College Lay Group, Chair of Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine and representatives from other Royal Colleges.

The Officers of the College meet regularly during the periods between each Council meeting.

The College has standing committees relating to Education and Examinations, Training Standards, Professional Standards, Corporate Governance, International aspects of College work, Research, Clinical Effectiveness and Standards, Fellowship and Membership.

The day to day running of the College is undertaken by the Chief Executive and a team of staff supported by the Officers of the College.

The Trustees receive a training programme to ensure they are able to discharge their duties effectively. Further training is available to meet individual needs. Arrangements are in place for the induction of all newly appointed trustees who receive a formal induction from the President of the College relating to their role and responsibilities as a trustee, prior to their first meeting of Council.

The election of officers and other elected members of the Council are undertaken in accordance with the Royal Charter governing the College. The Trustees receive information about their role and responsibilities from a range of sources, including the Charity Commission and professional advisors to the College.

Council is chaired by the President, Dr Tajek Hassan who succeeded Dr Clifford Mann into the role in the autumn of 2016. The Council aims to make decisions by developing a consensus but voting by members (simple majority) is the final decision making process. The Council has an Executive Committee which meets monthly to deal with operational issues and makes recommendations on strategic matters to Council for their consideration.

The Officers of the College have been involved in many national and international initiatives relating to the functions of the College and do so with no remuneration for their roles. They are released by their employers to undertake this work in the wider interests of the NHS and use their own time to assist the College.

We and our Members and Fellows are honoured that The Princess Royal is our Royal Patron.

## Staff policy and remuneration of senior staff

In relation to its staff, it is the policy of the College to observe equality of opportunity in their recruitment, development, treatment and promotion, to provide benefits superior to the statutory minimum entitlement, to recognise meritorious performance and to encourage development of individual potential by the provision of formal training. The College consults its Staff only on significant employment matters.

With regards to senior staff, the College has a Remuneration Sub-Committee which reviews their remuneration arrangements periodically and reports to the Corporate Governance Committee. In determining staff remuneration, the College has undertaken a review of its grading and remuneration arrangements with the assistance of an expert in employee remuneration arrangements. A new pay policy is now in place.

## Objectives

The objectives for the Royal College of Emergency Medicine are described in the RCEM Vision 2020 which sets out our corporate strategy. The strategy document is available on our website.

The Royal College of Emergency Medicine promotes excellence in emergency care. Our activities are focused in three key areas:

- i. Promotion of best practice in Emergency Medicine – we strive to ensure that patient centred care is delivered by sufficient numbers of fully trained Emergency Medicine consultants and doctors, in a consultant led service working in and with the wider Emergency Medicine team.
- ii. Advancement of safe and effective Emergency Medicine by providing expert guidance and advice. We work to achieve a flexible and forward thinking approach to emergency care and to ensure that approach is shared with our partners and commissioners.
- iii. Working to educate, train and assess Emergency Medicine doctors to deliver the highest standards of professional competence and probity for the protection and benefit of all the public through the development of training, the funding of research and the setting of professional postgraduate examinations.

To achieve our objectives, we undertake a range of activities including:

- › working with other healthcare organisations and governments to implement the College's campaign improve the provision of Emergency Medicine for the benefit of patients;
- › setting, monitoring and auditing clinical standards, and preparing and disseminating guidelines for Emergency Department patient care and safety;
- › improving data quality and the ensuring the effective integration of information technology within Emergency Medicine;
- › setting the curriculum and standard of training for doctors in Emergency Medicine;
- › providing Continuing Professional Development (CPD) including through an eLearning hub, known as RCEMlearning;
- › working with the General Medical Council to deliver the requirements for revalidation;
- › delivering the specialty examinations for doctors pursuing a career in Emergency

Medicine and making recommendations relating to the completion of specialist training to the General Medical Council;

- supporting and giving advice on research within the specialty;
- providing advice to other bodies relating to Emergency Medicine, including accident prevention. These bodies include the Departments of Health, other Royal Colleges and Faculties, the Royal Society for the Prevention of Accidents and many other organisations;
- supporting our Members and Fellows including supporting Trainees, Staff grade and Associate Specialist (SAS) doctors in Emergency Medicine.
- encouraging new roles in Emergency Medicine as additions to the medical team, such as Advance Clinical Practitioners;
- dealing with enquiries from the general public concerning Emergency Medicine and acting as an advocate for Emergency Medicine patients.
- developing the employee structure to deliver our operations;
- improving our information systems to reduce risk and enhance our service performance;
- continuing to develop our risk management systems, budgeting and business planning.

## Public Benefit

The College provides public benefit under the Charities Act in two main ways:

- 1) for the Advancement of Education for the Public Benefit to a section of the public and
- 2) a wider benefit to the public.

In terms of public benefit our Royal Charter empowers us to:

- a) advance education and research in Emergency Medicine and to publish the useful results of such research; and
- b) preserve and protect good health and to relieve sickness by improving standards of health care and providing expert guidance and advice on policy to appropriate bodies on matters relating to Emergency Medicine

It also defines what constitutes Emergency Medicine as follows:

"Emergency Medicine: means the branch of medical science which is based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It further encompasses an understanding of the development of pre-hospital and in-hospital emergency medical systems and the skills necessary for this development. Within such definition, the day to day practice of Emergency Medicine in the United Kingdom encompasses the reception, resuscitation, initial assessment and management of undifferentiated urgent and emergency cases and the timely onward referral of those patients who are considered to require admission under the in-patient specialist teams or further specialist assessment and/or follow up."

As can be seen from the preceding explanation of our activities a significant amount of our resources are directed for the advancement of education and research in Emergency Medicine and to publish the useful results of such research.

In terms of a wider public benefit, taking from our Charter again: we “preserve and protect good health and to relieve sickness by improving standards of health care and providing expert guidance and advice on policy to appropriate bodies on matters relating to Emergency Medicine”.

Our Members and Fellows working with their NHS colleagues provide a clear benefit to over 14 million people through Emergency Departments, we also take part in a wide range of other initiatives to support the public; for example, our work on the effects of alcohol amongst others. The College also deals with enquiries from the general public concerning Emergency Medicine and acts as an advocate for Emergency Medicine patients.

The Trustees confirm in accordance with section 17 of the Charities Act 2011 that they have had due regard to guidance issued by the Charity Commission in determining the activities of the charity.

## Achievements and Performance

During 2018, the President and Council worked to implement the strategy – RCEM Vision 2020, focused on three pillars of Staffing, Systems and Support for Emergency Care.

This year we have been building on the successes achieved in 2017, when in England a significant breakthrough was achieved with the publication of the document: Securing the future workforce for emergency departments in England<sup>1</sup>. This document set out the vision for expanding the workforce through increased recruitment and efforts to improve retention. We have been actively engaged with the implementation of this plan in England whilst in Wales, Scotland and Northern Ireland the College is also working to prioritise increased efforts on workforce recruitment and retention.

We again have experienced substantial membership growth as our Advanced Care Practitioners credentialing programme continues to develop and the NHS expansion of these roles saw increased membership numbers. Increased doctor training numbers and our strategy of expanding our international examinations opportunities also saw growth in membership. We have expanded our Study Days and associated CPD activity and our leading eLearning platform continues to achieve critical acclaim and is a major membership benefit.

In 2018 we also celebrated the 10th anniversary of the creation of the College by Royal Charter in 2008. True to our Charter obligations we continue to provide support and create materials that will help systems create safe and sustainable working practices for the Emergency Medicine consultant workforce as well as ensuring quality and standards of training. We are working with the Departments of Health as well as other key stakeholders to ensure that Emergency Medicine receives proper attention.

In other areas, the College work continues to support the training of doctors in Emergency Medicine. Our examination programme includes offering our Membership and Fellowship examinations in a range of countries. These examinations are a benchmark of standards across the world and demand continues to increase for our qualifications.

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1 [https://nhsicorporatesite.blob.core.windows.net/blue/uploads/documents/Emergency\\_department\\_workforce\\_plan\\_-\\_111017\\_Final.3.pdf](https://nhsicorporatesite.blob.core.windows.net/blue/uploads/documents/Emergency_department_workforce_plan_-_111017_Final.3.pdf)

In 2018 we have been working to develop our approach to international activities building towards the piloting of some new initiatives. Collaborations are under discussion in a range of countries.

We continue to develop our clinical audit programme and have invested in new IT systems to support these. Our clinical audit programme is well regarded. We also provide clinical guidance and through our Emergency Medicine Journal, study days, scientific conference, research programme and Continuing Professional Development programme support the development of the emergency medicine profession.

We continue to comply with the requirements of the Charities (Protection and Social Investment) Act 2016. We do not make use of any external fundraisers. No complaints were received in respect of its fundraising activities.

## Financial Review

The Trustees are pleased to report that total incoming resources for 2018 were £6.873m. (2017: £6.374m)

The income was as follows:

Income	2018	%	2017	%
Donations & grants	169,940	2%	12,799	0%
Sundry sales and fees	361,708	5%	105,809	2%
Investment income	41,266	1%	65,223	1%
Emergency Medicine Journal	214,695	3%	244,594	4%
Subscriptions	2,823,918	41%	2,369,657	37%
Conferences & CPD	494,177	7%	725,672	11%
Examinations	2,564,648	37%	2,519,570	40%
Training	31,046	0%	157,712	2%
Clinical Audit	171,624	2%	173,210	3%
<b>Total</b>	<b>6,873,022</b>	<b>100%</b>	<b>6,374,246</b>	<b>100%</b>

The main sources of funding are therefore the Fellows and Members of the College and those candidates taking the examinations. These funding sources are in line with the main educational activities and charitable aims of the College.

The College is a membership organisation and derives most of its income from subscriptions. In 2018 the total membership rose to 8,365. The largest increase was in Associate Members, members by Examination and Fellows by Examination. Successful examination candidates include not only trainees, but a significant number of doctors employed in non-training grades. Most of these have subsequently obtained CESR accreditation and been appointed to consultant posts.

Total resources expended during 2018 were £5.861m compared with 2017 £5.946m. This report has highlighted earlier the key activities that account for the expenditure.

Major areas of expenditure were as follows:

Expenditure	2018	%	2017	%
Cost of generating funds	22,485	0%	38,213	1%
Emergency Medicine Journal	485,672	8%	465,341	8%
Research & Publications	63,178	1%	146,352	2%
Education & Examinations	2,213,899	38%	2,143,735	36%
RCEMlearning	272,328	5%	303,439	5%
Training Standards Committee and general training	815,322	14%	726,625	12%
Conferences & CPD	832,992	14%	997,580	17%
Membership Services	277,766	5%	278,952	5%
Quality In Emergency Care	407,588	7%	344,309	6%
Policy & Professional Affairs	389,523	7%	389,093	7%
NHS Project Expenditure	80,028	1%	112,278	2%
<b>Total</b>	<b>5,860,782</b>	<b>100%</b>	<b>5,945,917</b>	<b>100%</b>

### Investment policies and returns:

The trustees have the power to invest funds and have used this power to invest in a range of investments (See note 8). The College invests in ethical areas only wherever reasonably possible.

The Trustees have engaged Quilter Cheviot Asset Management to provide them with professional investment management advice.

### Risk management, and principal risks and uncertainties

The Charity has a risk register maintained by the Registrar. The register is reviewed on a regular basis at the meetings of Officers and by the Corporate Governance Committee and Council.

Systems and procedures have been put in place to manage those risks. In particular, risk is managed by the trustees who ensure it is considered as an integral element of all decision making and identify appropriate procedures to ensure that risk levels are acceptable in each case.

Our risk management process complies with the best practice as set out in the latest guidance from the Charity Commission.

The key risks are identified in the Risk Register and there are management actions in place to mitigate the impact and where possible the likelihood of the risk materialising. These key risks are as follows:

- 1) Exams: There are a number of risks that are being run associated with our examinations, including that there is a real risk that there are sufficient examiners available to hold an examination. In part this reflects the pressure on the specialty and the difficulty of emergency physicians to be released from their duties to examine. Mitigation: The examinations risks are regularly monitored, and management action taken to mitigate them. We are continuing to work to expand the number of examiners and the education Committee is closely managing this area led by the Dean and the Deputy Chief Executive. The Corporate Governance Committee is receiving regular updates and monitoring this closely.
- 2) IT: There is a risk that ongoing investment into our IT systems is likely to continue to deal with the level of change being experienced by the College. Mitigation: Our IT strategy is under review and we have expanded our workforce in the IT area.
- 3) ePortfolio: There is a reputational and operational risk to the College that the required (probably for implementation at the beginning of the August 2019-July 2020 training year) migration to a new portfolio platform, will result in an inferior experience for users and/or loss of functionality/access to data. Mitigation: This project is being closely managed through a Project Board.
- 4) There is a risk to the NHS as a whole and potentially to the College in relation to Brexit uncertainties for the European clinicians. If their concerns about their right to work/live in UK this could give rise to a potential for staff shortages for the NHS and the risk for the College is clearly that we might see sudden reduction in Membership and hence income. Mitigation: The Brexit risks are not something with the College's sphere of influence - we are supporting policy advanced through the Academy of Medical Royal Colleges which raises these concerns on behalf of medical royal colleges.

The Corporate Governance Committee keeps the corporate risk register under regular review. It is satisfied with the level of risk and the management controls in place to reduce the risks. In financial terms the risks to the organisation are not significant and the future of the College is closely linked to the future development of the Emergency Medicine Specialty over time. The Council has undertaken a review of the reserves policy having regard for the risk assessment.

## Reserves policy

The total funds of the College at 31 December 2018 were £8.674m (2017: £7.791m) of which £0.363m (2017: £0.273m) were restricted and not available for the general purpose of the charity. The unrestricted funds of the charity totalled £8.312m (2017: £7.517m) of which £6.969m (2017: £6.236m) are designated funds.

Designated funds are funds that the trustees have earmarked for specific purposes. As at 31 December 2018, there are three designated funds, tangible fixed assets, IT development and RCEM foundation. The majority of the designated amount relates to the tangible fixed assets of the College net of a related bank loan and reflects the fact that these net funds could not be realised without disposing of the assets. The IT development fund has been earmarked to support an IT transformation agenda over

the next 3 years. RCEM foundation fund is a 2 year designated fund designed to enable the foundation to progress its fundraising ambition.

The balance of unrestricted funds after designation is £1.343m (2017: £1.282m). This free reserve has been considered by Council from time to time having regard for the risk position of the College and is to provide a cushion to cover up to six months core operating costs.

Furthermore, it has been determined that the College will, as a minimum, hold £800,000 as a general cash reserve and £200,000 as a reserve for property related expenditure. The Treasurer will decide how to hold the reserves as between interest bearing accounts or investments having regard for the overall financial position of the College. The reserves Policy will be reviewed in the coming year.

## Future Plans

The current plan covering the period 2015 – 2020 is available on our website or from our offices on request. Our strategic aims are as follows:

1. Resolving the challenges facing Emergency Medicine in the UK and Ireland to improve the patient experience and outcomes by working with others to tackle the supply and demand issues facing Emergency Medicine.
2. Working with others to achieve safe and high quality evidence based emergency care.
3. Improving the educational value of training and Continuing Professional Development in Emergency Medicine through our training, examinations, assessment and educational activities for those working in Emergency Medicine.
4. Continuing to support clinical and service development and research in Emergency Medicine.

## Statement of Trustees' responsibilities

The Trustees are responsible for preparing the Report of Council and the financial statements in accordance with applicable law and regulations.

Charity law requires the Trustees to prepare financial statements for each financial year in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards) and applicable law.

Under charity law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and the group and of the charity's net incoming/outgoing resources for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue to operate.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008, the Charities and Trustee Investment (Scotland) Act 2005 and Charities Accounts (Scotland) Regulations 2006 (as amended) and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

### Appreciation

The trustees wish to thank the College staff for their unstinting hard work during 2018 and their on-going efforts in the daily administration of numerous areas of College activity.

The trustees wish to acknowledge the immense quantity of high quality work undertaken by College staff, Officers, Committee members and College members to deliver the charitable objectives of the College.

Approved by the Council of Trustees on 16 May 2019 and signed on their behalf by




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**Dr Tajek Hassan**  
President

# Independent Auditor's Report to the Trustees of The Royal College of Emergency Medicine

## Opinion

We have audited the financial statements of Royal College of Emergency Medicine for the year ended 31 December 2018 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- ▶ give a true and fair view of the state of the charity's affairs as at 31 December 2018 and of the charity's net movement in funds for the year then ended;
- ▶ have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- ▶ have been prepared in accordance with the requirements of the Charities Act 2011 and the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

## Basis for opinion

We have been appointed as auditor under section 144 of the Charities Act 2011, and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and report in accordance with the Acts and relevant regulations made or having effect thereunder. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 81, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

## Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- ▶ the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- ▶ the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

## Other information

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

## Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 and the Charities Accounts (Scotland) Regulations 2006 require us to report to you if, in our opinion:

- › adequate accounting records have not been kept by the charity, or returns adequate for our audit have not been received from branches not visited by us; or

### Auditor's responsibilities for the audit of the financial statements (continued)

- › sufficient and proper accounting records have not been kept; or
- › the charity financial statements are not in agreement with the accounting records and returns; or
- › we have not received all the information and explanations we require for our audit.

### Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act, and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity's trustees as a body for our audit work, for this report, or for the opinions we have formed.

Statutory Auditors	Haysmacintyre LLP 10 Queen Street Place London EC4R 1AG
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Date	16 May 2019
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Haysmacintyre LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

# Statement of Financial Activities for the year ended 31 December 2018

	Notes	Unrestricted Funds £	Restricted Funds £	Total 2018	Total 2017
<b>INCOME FROM</b>					
<b>Donations and grants</b> (2017: £12,799 restricted)	2	-	169,940	169,940	12,799
<b>Raising funds</b>					
Sundry sales and fees		361,708	-	361,708	105,809
<b>Investment income</b>	3	41,265	-	41,265	65,223
<b>Charitable activities</b>					
Emergency Medicine Journal		214,695	-	214,695	244,594
CPD and conferences		494,177	-	494,177	725,672
Subscriptions		2,823,918	-	2,823,918	2,369,657
Examination fees		2,564,648	-	2,564,648	2,519,570
Training (2017: £Nil restricted)		31,046	-	31,046	157,712
Clinical audit		171,624	-	171,624	173,210
<b>Total</b>		<b>6,703,081</b>	<b>169,940</b>	<b>6,873,021</b>	<b>6,374,246</b>
<b>EXPENDITURE ON</b>					
<b>Raising funds</b>		22,485	-	22,485	38,213
<b>Charitable activities</b>					
Emergency Medicine Journal		485,672	-	485,672	465,341
Research & publications		63,178	-	63,178	146,352
Education and Examinations		2,213,899	-	2,213,899	2,143,735
RCEM learning (2017: £9,462 restricted)		272,328	-	272,328	303,439
Training (2017: £Nil restricted)		815,322	-	815,322	726,625
Conferences & CPD		832,992	-	832,992	997,580
Membership services		277,766	-	277,766	278,952
Quality in Emergency Care (2017: £Nil restricted)		407,588	-	407,588	344,309
Policy and Professional Affairs		389,523	-	389,523	389,093
NHS project expenditure (2017: £31,898 restricted)		-	80,028	80,028	112,278
<b>Total</b>	<b>4</b>	<b>5,780,753</b>	<b>80,028</b>	<b>5,860,781</b>	<b>5,945,917</b>
<b>Sub-total</b>					
Gains/(Losses) on investments	8	(128,235)	-	(128,235)	97,800
<b>Net income for the year</b>		<b>794,093</b>	<b>89,912</b>	<b>884,005</b>	<b>526,129</b>
<b>Transfer of funds</b>	<b>12</b>	-	-	-	-
<b>Net movement in funds</b>		<b>794,093</b>	<b>89,912</b>	<b>884,005</b>	<b>526,129</b>
<b>Reconciliation of funds</b>					
Fund balances brought forward		7,517,920	273,035	7,790,955	7,264,826
<b>Total funds carried forward</b>	<b>12, 13</b>	<b>8,312,013</b>	<b>362,947</b>	<b>8,674,960</b>	<b>7,790,955</b>

All activities in the year were attributable to continuing activities. The accompanying notes form part of these financial statements.

## Balance Sheet as at 31 December 2018

	Notes	2018		2017	
		£	£	£	£
<b>Fixed assets</b>					
Tangible assets	7		14,069,292		14,235,517
Investments	8		1,220,920		1,321,699
			<b>15,290,212</b>		<b>15,557,216</b>
<b>Current assets</b>					
Debtors	9	625,629		705,215	
Cash at bank and in hand		2,527,947		1,086,422	
		<b>3,153,576</b>		<b>1,791,637</b>	
<b>Creditors: amounts falling due within one year</b>	10	<b>(2,168,828)</b>		<b>(1,757,898)</b>	
<b>Net current assets</b>			<b>984,748</b>		<b>33,739</b>
<b>Total assets less current liabilities</b>			<b>16,274,960</b>		<b>15,590,955</b>
<b>Creditors: amounts falling due after one year</b>	11		<b>(7,600,000)</b>		<b>(7,800,000)</b>
<b>NET ASSETS</b>			<b>8,674,960</b>		<b>7,790,955</b>
<b>Represented by:</b>					
<b>Unrestricted funds:</b>	12				
Designated funds		6,969,292		6,235,517	
General funds		1,342,721		1,282,405	
			<b>8,312,013</b>		<b>7,517,920</b>
<b>Restricted funds</b>	13		<b>362,947</b>		<b>273,035</b>
<b>TOTAL FUNDS</b>			<b>8,674,960</b>		<b>7,790,955</b>

These financial statements were approved by the Trustees and authorised for issue on 16/05/2019 and are signed on their behalf by:




**T Hassan (President)**

**S Hepburn (Treasurer)**

The accompanying notes form part of these financial statements.

## Cash Flow Statement for the year ended 31 December 2018

	Notes	2018 £	2017 £
<b>Cash flows from operating activities</b>			
<b>Net cash provided by operating activities</b>	16	<b>1,715,149</b>	<b>774,033</b>
<b>Cash flows from investing activities</b>			
Investment income		41,265	65,223
Purchase of tangible fixed asset		(95,832)	(988,847)
Purchase of investments		(81,183)	(85,759)
Proceeds from sale of investments		62,126	67,176
<b>Net cash used by investing activities</b>		<b>(73,624)</b>	<b>(942,207)</b>
<b>Cash flow from financing activities</b>			
Repayment of bank loan		(200,000)	-
<b>Net cash used by financing activities</b>		<b>(200,000)</b>	<b>-</b>
Change in cash and cash equivalents in the year		1,441,525	(168,174)
Cash and cash equivalents at the beginning of the year		1,086,422	1,254,596
<b>Cash and cash equivalents at the end of the year</b>		<b>2,527,947</b>	<b>1,086,422</b>
<b>Analysis of cash and cash equivalents</b>			
<b>Cash at bank and in hand</b>		<b>2,527,947</b>	<b>1,086,422</b>

The accompanying notes form part of these financial statements.

# Notes to the Financial Statements for the year 31 December 2018

## 1. ACCOUNTING POLICIES

### Basis of accounting

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), and with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

The charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

### Judgements and estimates

Judgements made by the Trustees, in the application of these accounting policies that have significant effect on the financial statements and estimates with a significant risk of material adjustment in the next year are deemed to be in relation to the valuation of investments and are discussed below.

### Income

All income is recognised once the College has entitlement to the income, it is probable that the income will be received, and the amount of income receivable can be measured reliably. Income comprises amounts receivable during the year except for investment income which is accounted for in the period in which it is received on the basis that this is not materially different to a receivable basis. Grants are recognised when receivable and subscriptions for life membership are recognised when received. Payments received in advance of the related income being receivable are treated as deferred income within creditors.

### Expenditure

Raising funds are costs of investment management, costs of merchandise and costs incurred in publicising the name of the charity.

Charitable activities comprise all expenditure directly relating to the objects of the charity and, in addition, support costs which are costs which are common to a number of activities and are charged to those activities on the basis of office space used by respective members of staff. Support costs include governance costs which are the costs of compliance with constitutional and statutory requirements and costs related to the strategic management of the organisation.

### Tangible fixed assets and depreciation

Fixed assets are recorded at cost or, in cases where fixed assets have been donated to the College, at valuation at the time of donation. All items of expenditure over £1,000 regarded as fixed assets are capitalised. Depreciation has been provided at the following rates in order to write down the cost or valuation, less estimated residual value, of all tangible fixed assets, over their expected useful lives:

Freehold land	nil
Freehold building	2%
Fixtures and fittings	25%
Computer equipment	25%
Database systems	50%

The Coat of Arms and Presidential Chain of Office have not been depreciated in view of their nature. The Council believe that their current value is at least equal to their book values.

### Investments and investment gains and losses

Quoted investments are valued at the bid price at the close of business at the year end. Realised and unrealised gains and losses on investments are included in the Statement of Financial Activities.

### Pension costs

The charity makes contributions towards employees' personal pension schemes which are accounted for as the payments fall due.

### Operating leases

Rentals applicable to operating leases are charged to the SOFA over the period in which the cost is incurred.

### Taxation

No provision has been made for corporation tax or deferred tax as the charity is a registered charity and is therefore exempt.

### Funds

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objects of the charity and which have not been designated for other purposes.

Designated funds comprise funds which have been set aside by the trustees for specific purposes. The purpose of each designated fund is set out in note 12.

Restricted funds relate to non-contractual income which is to be used in accordance with restrictions imposed by the donors or which have been raised by the charity for specific purposes. The purpose of each restricted fund is set out in note 13.

### Financial instruments

Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised with the exception of investments which are held at fair value. Financial assets held at amortised cost comprise cash at bank and in hand, together with trade and other debtors. A specific provision is made for debts for which recoverability is in doubt. Cash at bank and in hand is defined as all cash held in instant access bank accounts and used as working capital. Financial liabilities held at amortised cost comprise all creditors except social security and other taxes and provisions.

### Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

### Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments.

### Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party

and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

### Employee benefits

› Short term benefits

Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.

› Employee termination benefits

Termination benefits are accounted for on an accrual basis and in line with FRS 102.

## 2. GRANTS AND DONATIONS

	Total 2018	Total 2017
<b>RESTRICTED FUNDS</b>	<b>£</b>	<b>£</b>
Health Education England Projects	116,000	-
RCEM Foundation	50,000	7,699
Donations	3,940	5,100
	<b>169,940</b>	<b>12,799</b>

## 3. INVESTMENT INCOME

	Total 2018	Total 2017
<b>UNRESTRICTED FUNDS</b>	<b>£</b>	<b>£</b>
Dividends and interest on investments listed on a UK stock exchange	37,171	62,083
Interest received	4,094	3,140
	<b>41,265</b>	<b>65,223</b>

Investment income received in both years were from unrestricted sources.

## 4. EXPENDITURE

	Direct Costs £	Support Costs £	Total 2018 £
<b>Raising Funds</b>			
Website costs	1,980	-	1,980
RCEM Merchandise	12,206	-	12,206
Investment broker charges	8,299	-	8,299
	<b>22,485</b>	<b>-</b>	<b>22,485</b>
<b>Charitable Activities</b>			
Emergency Medicine Journal	485,672	-	485,672
Research & publications	47,315	15,863	63,178
Education and examinations	1,395,446	818,453	2,213,899
RCEMlearning	174,734	97,594	272,328
Training	440,751	374,571	815,322
Conferences & CPD	446,229	386,763	832,992
Membership services	113,301	164,465	277,766
Quality in emergency care	246,255	161,333	407,588
Policy and professional affairs	236,751	152,772	389,523
NHS project expenditure	80,028	-	80,028
	<b>3,666,482</b>	<b>2,171,814</b>	<b>5,838,296</b>
	<b>3,688,967</b>	<b>2,171,814</b>	<b>5,860,781</b>

	Direct Costs £	Support Costs £	Total 2017 £
<b>Raising Funds</b>			
Website costs	1,920	-	1,920
RCEM Merchandise	28,504	-	28,504
Investment broker charges	7,789	-	7,789
	<b>38,213</b>	<b>-</b>	<b>38,213</b>
<b>Charitable Activities</b>			
Emergency Medicine Journal	465,341	-	465,341
Research & publications	130,306	16,046	146,352
Education and examinations	1,406,889	736,846	2,143,735
RCEMlearning	203,454	99,985	303,439
Training	351,525	375,100	726,625
Conferences & CPD	713,468	284,112	997,580
Membership services	123,740	155,212	278,952
Quality in emergency care	181,988	162,321	344,309
Policy and professional affairs	232,983	156,110	389,093
NHS project expenditure	112,278	-	112,278
	<b>3,921,972</b>	<b>1,985,732</b>	<b>5,907,704</b>
	<b>3,960,185</b>	<b>1,985,732</b>	<b>5,945,917</b>

	Year to December 2018 £	Year to December 2017 £
<b>Staff costs comprise:</b>		
Wages and salaries	1,625,963	1,452,720
Social security costs	167,656	152,699
Other pension costs	144,281	124,287
Total Employee costs	1,937,900	1,729,706
Casual staff	56,100	2,569
	<b>1,994,000</b>	<b>1,732,275</b>

Wages and salaries include termination payments totalling £38,414 (2017: £0).

The average number of permanent employees during the period was 42 (2017: 38). These were supplemented by a number of casual staff who assisted primarily with examinations, training and mailings.

At the balance sheet date, £13,177 was outstanding in respect of pension contributions (2017: £0).

Included in support costs are services received by close relations of two members of the College's key management personnel at a cost of £9,993 (2017: £7,963 restated).

	Year to December 2018 No.	Year to December 2017 No.
<b>Staff numbers as analysed by category:</b>		
Exams & Education	11	10
Training	7	7
Policy & Professional Affairs and Quality in Emergency Care	6	6
Membership	3	3
Research & Publications and Events	6	5
Other	9	7
	<b>42</b>	<b>38</b>

During the period the numbers of employees whose emoluments (defined as salary and taxable benefits) exceeded £60,000 were:

	Year to December 2018 No.	Year to December 2017 No.
£70,000 to £80,000	-	1
£80,000 to £90,000	1	-
£140,000 to £150,000	1	1

The aggregate emoluments of the key management personnel (defined as salary and all benefits) amounted to £795,627 in respect of 13 employees. (2017: £763,954 restated to include employer's NIC, in respect of 11 employees).

## 4A. SUPPORT AND GOVERNANCE COSTS

	Year To December 2018 £	Year To December 2017 £
Staff costs	590,072	478,714
Rates, service charges and electricity	239,378	229,944
Office expenses	165,954	149,884
Printing, postage, stationery & telephone	91,900	83,073
Website & information technology	196,743	169,789
Insurance	37,657	35,531
Depreciation & loss on disposal of assets	263,618	302,534
Irrecoverable VAT	148,398	152,957
Sundry expenses	49,963	30,232
Bank interest on loan	180,031	156,104
Bank & credit card charges	79,225	62,633
Auditors' remuneration		
For audit	13,650	7,500
Over/(under) accrual re preceding year	-	-
Board meeting and travel costs	115,225	126,837
	<b>2,171,814</b>	<b>1,985,732</b>

Support costs are allocated to activities on a basis consistent with the use of these resources. The allocation method of apportionment adopted by The Royal College of Emergency Medicine is as follows, headcount, i.e. based on the number of people employed within an activity, square foot, i.e. based on floor area occupied by an activity and time, i.e. where staff duties span more than one activity.

## 5. CHARITABLE ACTIVITIES – GRANT EXPENDITURE

Research grants awarded by the Royal College of Emergency Medicine in the year to 31 December 2018 totalled £43,706 (2017: £123,521).

## 6. TRUSTEES

The trustees received no remuneration from the charity in respect of acting as Trustees. No trustee provided services to the charity for which they were paid.

During the year, 25 trustees received reimbursement for costs for attending meetings and for travelling expenses, amounting to £55,952 (2017: 32 trustees, £56,478). In addition, expenses paid directly by the College, mainly in the form of hotel bills, amounted to £27,751 (2017: £39,659).

## 7. TANGIBLE FIXED ASSETS

	Building Costs £	Office Equipment £	College Database £	Coat of Arms £	Chain of office £	Total £
<b>Cost or valuation</b>						
At 1 January 2018	14,299,124	622,236	400,793	6,534	428	15,329,115
Additions	49,176	44,468	2,188	-	-	95,832
Disposals	-	-	-	-	-	-
At 31 December 2018	14,348,300	666,704	402,981	6,534	428	15,424,947
<b>Depreciation</b>						
At 1 January 2018	359,406	345,351	388,841	-	-	1,093,598
Charge for the year	122,781	127,323	11,953	-	-	262,057
On Disposals	-	-	-	-	-	-
At 31 December 2018	482,187	472,674	400,794	-	-	1,355,655
<b>Net Book Value</b>						
At 31 December 2018	13,866,113	194,030	2,187	6,534	428	14,069,292
At 31 December 2017	13,939,718	276,885	11,952	6,534	428	14,235,517

## 8. INVESTMENTS

	2018 £	2017 £
<b>Analysis of change in investments during the year</b>		
At 1 January	1,321,699	1,169,604
Additions at cost	81,183	85,759
Disposals	(62,126)	(67,176)
Net gain on revaluation	(128,235)	97,800
Movement in investment cash	8,399	35,712
Market value at 31 December	1,220,920	1,321,699
<b>Represented by:</b>		
Fixed interest	117,441	141,029
Equities	838,931	931,061
Alternative investments	159,243	152,703
Cash	105,305	96,906
	1,220,920	1,321,699
Cost at 31 December	820,834	789,942

## 9. DEBTORS

	2018 £	2017 £
Trade debtors	27,666	194,725
Prepayments	300,734	256,704
Accrued income	274,625	244,153
Other debtors	22,604	9,633
	<b>625,629</b>	<b>705,215</b>

## 10. CREDITORS: amounts falling due within one year

	2018 £	2017 £
Bank loan (see note 11)	200,000	200,000
Trade creditors	421,795	164,288
Taxes and social security	50,931	57,168
Accruals	209,471	592,547
Deferred income	1,073,064	536,286
Other Creditors	213,567	207,609
	<b>2,168,828</b>	<b>1,757,898</b>

Deferred income related to exam, conference and course fees received in advance. All the deferred income at 31 December 2018 relates to fees received in 2018 and all deferred income at 31 December 2017 has been released.

## 11. CREDITORS: amounts falling due after more than one year

	2018 £	2017 £
	7,600,000	7,800,000
Bank loan	7,600,000	7,800,000
<b>Bank loan maturity analysis</b>		
Due less than 1 year	200,000	200,000
Due 1 – 2 years	200,000	200,000
Due 2 – 5 years	7,400,000	7,600,000
Total loan value	<b>7,800,000</b>	<b>8,000,000</b>
Included in current liabilities	(200,000)	(200,000)
Included in long term liabilities	<b>7,600,000</b>	<b>7,800,000</b>

The bank loan is secured by a first legal charge over the land and buildings owned by the charity. Interest is calculated at LIBOR plus 1.60%.

## 12. UNRESTRICTED FUNDS

	At 1 January 2018 £	Income £	Expenditure £	Investment gains/losses and fair value £	Transfers £	At 31 December 2018 £
<b>Designated Fund</b>						
Tangible fixed assets	6,235,517	-	-	-	33,775	6,269,292
IT Development	-	-	-	-	500,000	500,000
RCEM Foundation	-	-	-	-	200,000	200,000
General fund	1,282,403	6,703,081	(5,780,753)	(128,235)	(733,775)	1,342,721
	<b>7,517,920</b>	<b>6,703,081</b>	<b>(5,780,753)</b>	<b>(128,235)</b>	<b>-</b>	<b>8,312,013</b>

	At 1 January 2017 £	Income £	Expenditure £	Investment gains/losses and fair value £	Transfers £	At 31 December 2017 £
<b>Designated fund</b>						
Tangible fixed assets	5,549,208	-	-	-	686,309	6,235,517
General fund	1,414,022	6,361,447	(5,904,557)	97,800	(686,309)	1,282,403
	<b>6,963,230</b>	<b>6,361,447</b>	<b>(5,904,557)</b>	<b>97,800</b>	<b>-</b>	<b>7,517,920</b>

The Tangible Fixed Assets fund represents the value of these assets less a related loan and are not free reserves. The IT development fund has been earmarked to support an IT transformation agenda over the next 3 years. RCEM foundation fund is a 2 year designated fund designed to enable the foundation to progress its fundraising ambition. The General Fund represents free reserves not otherwise designated.

### 13. RESTRICTED FUNDS

	At 1 January 2018 £	Income £	Expenditure £	At 31 December 2018 £
Alison Gourdie Memorial Fund	43,832	-	-	43,832
E-learning for Health Fund	77,622	-	-	77,622
ENACT	3,348	-	-	3,348
Beth Christian Memorial Fund	6,050	-	-	6,050
Emergency Care Data Set Project	34,223	50,000	(71,950)	12,273
Health Education England Projects	100,261	116,000	(8,078)	208,183
RCEM Foundation	7,699	3,940	-	11,639
	<b>273,035</b>	<b>169,940</b>	<b>(80,028)</b>	<b>362,947</b>

	At 1 January 2017 £	Income £	Expenditure £	At 31 December 2017 £
Alison Gourdie Memorial Fund	43,832	-	-	43,832
E-learning for Health Fund	87,084	-	(9,462)	77,622
ENACT	3,348	-	-	3,348
Beth Christian Memorial Fund	950	5,100	-	6,050
Emergency Care Data Set Project	67,447	-	(33,224)	34,223
Health Education England Projects	98,935	-	1,326	100,261
RCEM Foundation	-	7,699	-	7,699
	<b>301,596</b>	<b>12,799</b>	<b>(41,360)</b>	<b>273,035</b>

The Alison Gourdie Memorial Fund was established to award prizes to doctors and nurses for projects that benefit the provision of high quality care in the field of accident and Emergency Medicine.

The Beth Christian Memorial Fund was established in her memory.

Elearning for Health (previously known as the EnlightenMe Grant) is a project funded by the Department of Health to improve e-learning for Healthcare by covering the costs of Content Authors, Module Editors and Clinical Leads.

ENACT is a fund set up to help develop emergency medicine learning overseas.

The Emergency Care Data Set Project is a funded by the Department of Health to change the data set collected by the NHS relating to emergency medicine.

The Health Education Projects fund is for joint project work on the development of the emergency medicine workforce with NHS Health Education England.

RCEM Foundation fund is to support further improvements in patient care, to support ground breaking research and help low income countries establish emergency care and clinical training.

## 14. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General Funds £	Designated Funds £	Restricted Funds £	Total Funds £
<b>Fund balances at 31 December 2018 represented by:</b>				
Tangible fixed assets	-	14,069,292	-	14,069,292
Investments	1,220,920	-	-	1,220,920
Current assets	2,090,629	700,000	362,947	3,153,576
Creditors falling due within one year	(1,968,828)	(200,000)	-	(2,168,828)
Creditors falling due after one year	-	(7,600,000)	-	(7,600,000)
<b>Total net assets</b>	<b>1,342,721</b>	<b>6,969,292</b>	<b>362,947</b>	<b>8,674,960</b>

	General Funds £	Designated Funds £	Restricted Funds £	Total Funds £
<b>Fund balances at 31 December 2017 represented by:</b>				
Tangible fixed assets	-	14,235,517	-	14,235,517
Investments	1,321,699	-	-	1,321,699
Current assets	1,518,602	-	273,035	1,791,637
Creditors falling due within one year	(1,557,898)	(200,000)	-	(1,757,898)
Creditors falling due after one year	-	(7,800,000)	-	(7,800,000)
<b>Total net assets</b>	<b>1,282,403</b>	<b>6,235,517</b>	<b>273,035</b>	<b>7,790,955</b>

## 15. OPERATING LEASE COMMITMENTS

	2018 Equipment £	2017 Equipment £
<b>Operating leases which expire within:</b>		
Less than one year	24,240	24,240
Between one and two years	24,240	24,240
Between two and five years	4,181	25,401
Over five years	225	225
	<b>52,886</b>	<b>74,106</b>

## 16. RECONCILIATION OF OPERATING PROFIT TO NET CASH

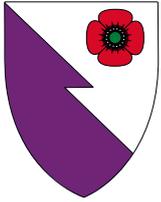
	2018 £	2017 £
Net income before other gains and losses	1,012,240	428,329
Depreciation charges	262,057	302,534
Investment income	(41,265)	(65,223)
Movement in investment portfolio cash	(8,399)	(35,712)
Decrease/(increase) in debtors	79,586	(142,887)
Increase/(decrease) in creditors	410,930	286,992
Net cash inflow from operating activities	<b>1,715,149</b>	<b>774,033</b>

## 17. CAPITAL COMMITMENTS

Amounts contracted for but not provided in the financial statements amounted to £34,482 plus VAT (2017: £0) in respect of commencing substantive works at Octavia House to enable the College to maintain the planning permission on the building.



The Royal College of  
Emergency Medicine



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Inclusivity for all members of  
the EM profession, delivering  
a positive and encouraging  
message about our speciality

MEMBER VIEWPOINT