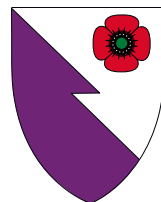


# ANNUAL REPORT AND ACCOUNTS 2019



The Royal College of  
Emergency Medicine

## About the Royal College of Emergency Medicine

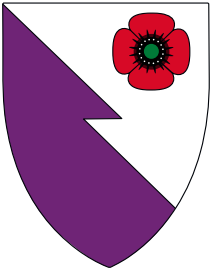
The Royal College of Emergency Medicine objective is to promote excellence in emergency care. Our activities are focused in three key areas:

Delivery of safe high quality emergency care, promotion of best practice and ensuring emergency medicine training is of the highest standard. To achieve these aims we strive to ensure that patient centred care is led and delivered by fully trained Emergency Medicine Consultants, working in and with the wider Emergency Medicine team.

Secondly, we advance safe and effective Emergency Medicine by providing expert guidance and advice on Emergency Medicine policy.

Thirdly through the development of training, the funding of research and the setting of professional postgraduate examinations we work to educate, train and assess Emergency Medicine doctors to deliver the highest standards of professional competence and practice for the protection and benefit of all the public.

Registered Charity 1122689 Scottish Charity SC044373



**Annual Report and Accounts 2019**



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# Foreword from Her Royal Highness The Princess Royal



BUCKINGHAM PALACE

Looking back to 2019 is especially difficult from the perspective of the Covid-19 pandemic which has changed so much of our world. I'd like to thank our Members and Fellows for their immense contribution during the pandemic.

2019 saw some major landmarks for the College:

- Our first female President, Dr Katherine Henderson was elected and took up the mantle of leadership at a time when the world had yet to hear of Covid-19.
- Demand for emergency medicine showed no sign of abating, July saw record numbers of patients attending. The resultant pressures on crowded emergency departments were raising safety concerns and our new President, Dr Katherine Henderson developed a campaign to address this.
- The College membership grew above 9,000. 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. Your 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 2019





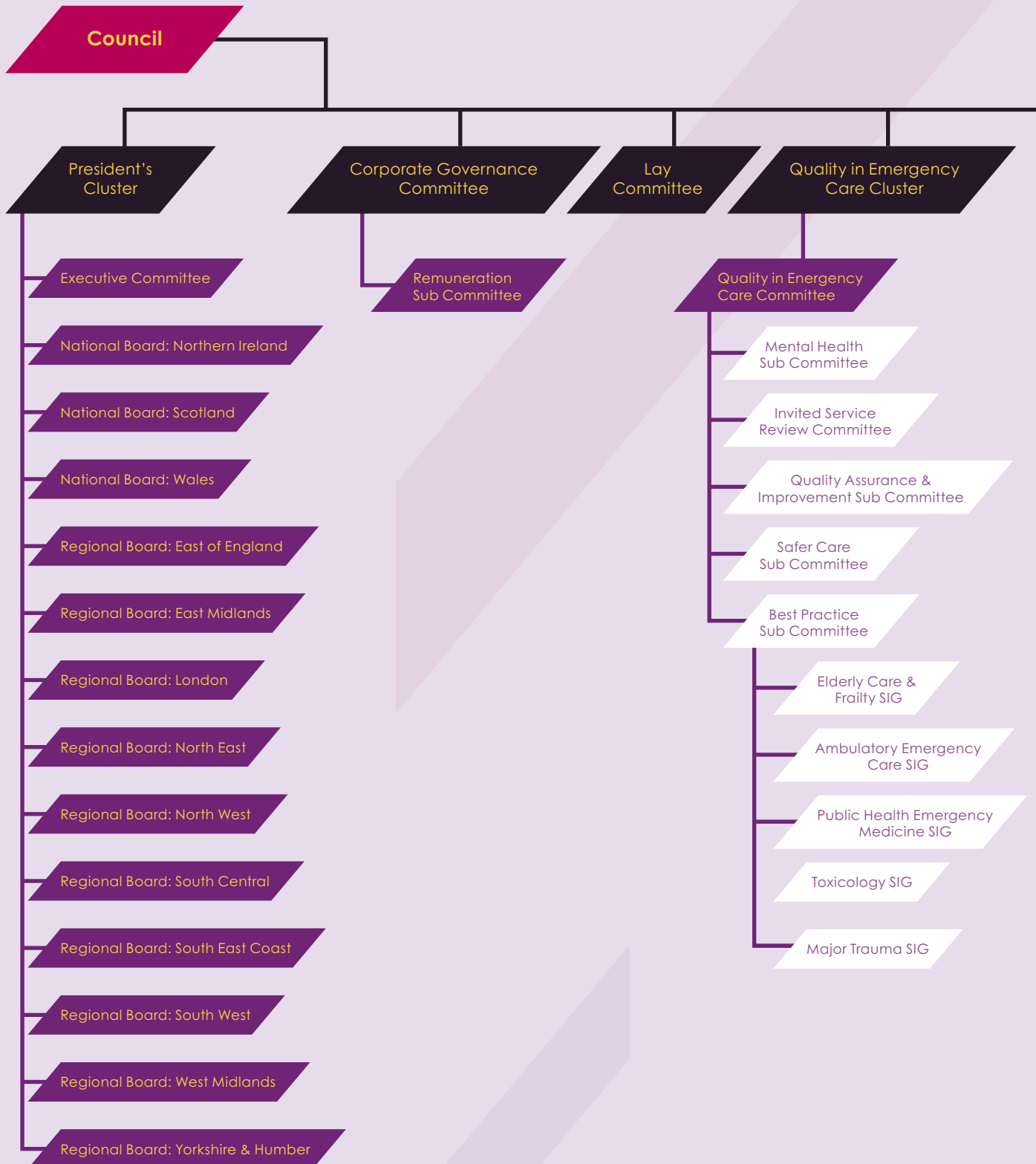


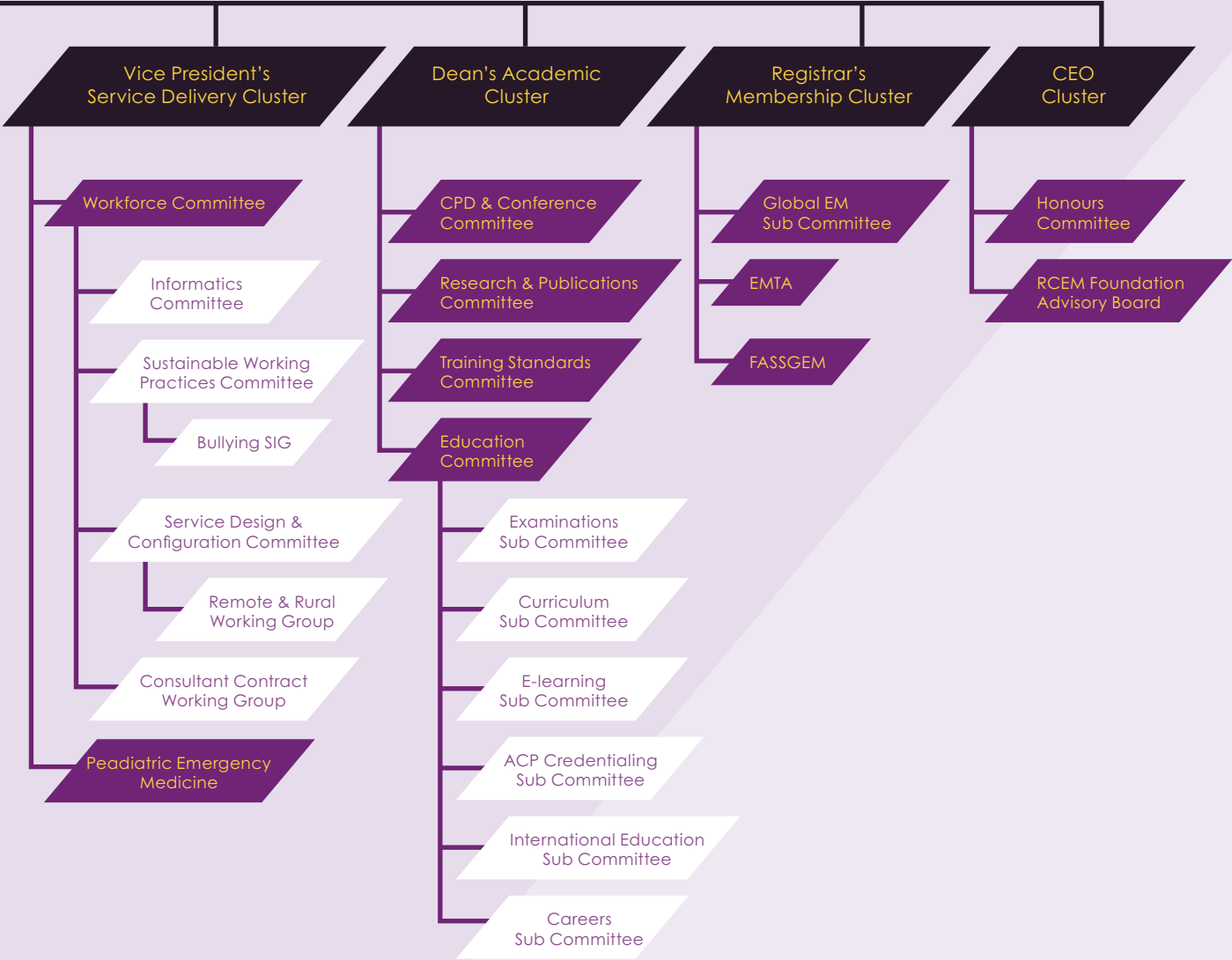
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The work influencing policymakers, this is by far the most important thing which the College does, in my opinion.

MEMBER VIEWPOINT

# Committee Structure





“  
The sense of belonging to an organisation that supports its Members and Fellows.

MEMBER VIEWPOINT

# President's Report



Sadly 2019 was one of the most challenging years we have ever had in Emergency Medicine in the UK. Attendances were going up relentlessly, performance against the four-hour standard in all the four nations when I took over as President in October 2019 was the lowest it had ever been since records began and even more concerning were 'trolley waits' – the dubious DTA plus 12 hours were increasing exponentially. Our departments were crowded, and patient risk was going up while staff morale was going down. Add to that a CQC report that said over 50% of England's EDs were 'inadequate' or 'needs improvement' for safety and we were making the headlines for all the wrong reasons. RCEM worked hard to highlight a system in crisis and departments overwhelmed by demand. When I started as President, I appreciated that there was a huge urgency to get our voice heard before things got any worse. There was deep concern about staff and trainee retention with Emergency Medicine as we asked people to work in impossible conditions.

The four-hour standard which was extremely useful at showing the stress in the system had no value in driving improvement or real change because, so few sites were achieving it. Throughout 2019 we engaged with the Clinical Review of Standards because it seemed that there was an opportunity to get a better clinical focus on what was needed in the Emergency Care system.

There were and indeed still are 14 pilot sites looking at new measures and we felt over the year we made progress towards metrics which would drive positive change. There was an imperative to reduce crowding and eliminate corridor care and engaging with the discussion seemed the best way to be able to push this message. I thought this work would be the defining activity of my first year as President, but the pandemic has changed all that.

What has not changed is that the fundamental problems that were present in 2019 are still there unless we do something about the underlying processes in the Urgent & Emergency Care pathways quickly. This is what 2020 will be all about – once we have managed the pandemic of course!

Throughout all this the College itself has been a place of ever improving capability. The Clinicians involved in College work are lucky to have such a great team to work with and I am deeply grateful to the leadership of our CEO Gordon Miles who keeps the whole thing steady. In 2019 Dr Taj Hassan demitted from office and I took over. Taj managed to increase the College profile home and abroad significantly and embed leadership training into how we deliver EM training. We are all very grateful for his hard work in the role. Chris Moulton also stepped down as Vice President in 2019. Chris has made a huge contribution to Emergency Medicine and to the College. I thoroughly enjoyed working with him when I was Registrar and am grateful for his continued advice.



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



The four-hour standard which was extremely useful at showing the stress in the system had no value in driving improvement or real change because, so few sites were achieving it. Throughout 2019 we engaged with the Clinical Review of Standards because it seemed that there was an opportunity to get a better clinical focus on what was needed in the Emergency Care system.

# CEO's Report



Writing this report in the midst of the Covid-19 pandemic seems very strange as I am looking back over a year of what now seems a longed-for normality!

The College experienced growth in 2019, a trend that has continued for some years as the expansion of the Emergency Medicine workforce has been reflected in our membership growth. We have continued to see a marked increase in our membership: we now have over 9,100 Members and Fellows, another new record. Despite the Emergency Medicine workforce growth achieved, the NHS across the UK has remained under pressure as the emergency medicine workforce remains 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.

During 2019, the President and Council worked to implement the strategy RCEM Vision 2020, focused on the three pillars of Staffing, Systems and Support for Emergency Care.

Several projects were undertaken in England to help implement the vision. 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 workforce strategy document: 'Securing the Future Workforce for Emergency Departments in England'. 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 said a thank you to Dr Taj Hassan as he demitted office after his three-year term. Amongst his many achievements was the substantial workforce strategy for the specialty mentioned above, which had a range of effective initiatives within it. His successor Dr Katherine Henderson, taking office from the Annual General Meeting in October, set out her agenda for eliminating corridor care, undertaking further work on the shape and direction of the Emergency Medicine workforce, and a heightened focus on patient safety.

The new President and changes at Executive Committee level brought a renewed focus on the issue of crowding. A review of our strategy was commenced in the autumn and a new strategy is expected early in 2020. The development of this strategy was well advanced in the autumn of 2019 ready for launch in the early spring of the following year.

A central plank of this new strategy has been to renew its emphasis on ending corridor care. This has in turn meant we have sought to focus the Emergency Medicine stakeholders on reducing crowding, increasing alternative access to care, more work to improve workforce retention and a focus on improving patient safety.

We have done much work to get stories into the news to reinforce our campaigns to improve the challenges facing emergency departments in 2019. The ongoing clinical review of standards in England has been significant and seen our policy position changing to accept that a basket of measures for emergency departments would be desirable. The College remains at the heart of this issue giving robust expert advice to NHS policy makers as you would expect.

During 2019 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.

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.

In 2019 we have been working to develop our approach to international activity building including the piloting of some new initiatives. Collaborations are under discussion in a range of countries.



A central plank of this new strategy has been to renew its emphasis on ending corridor care. This has in turn meant we have sought to focus the Emergency Medicine stakeholders on reducing crowding, increasing alternative access to care, more work to improve workforce retention and a focus on improving patient safety.

<sup>1</sup> [https://improvement.nhs.uk/documents/1826/Emergency\\_department\\_workforce\\_plan\\_-\\_111017\\_Final.3.pdf](https://improvement.nhs.uk/documents/1826/Emergency_department_workforce_plan_-_111017_Final.3.pdf)

“  
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 magnificently to deliver the business of the College.

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.

Throughout 2019 the College has continued to lobby across the UK for workforce expansion. We have continued 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 have continued 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

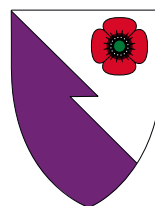
an integrated Continuing Professional development diary, is very popular.

There has been substantial work setting up the Advanced Clinical Practitioners' Forum which launched during the year. EMTA and FASSGEM too have been busy as the development of the next iteration of the curriculum has touched all parts of the specialty. The new curriculum is coming in 2021 and a significant amount of work was achieved on this during 2019.

During 2019 we continued to implement our 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. Changes in processes in our membership and examinations were made. Our strategy is to continue to make many small improvements over time as we work to develop our systems. Towards the end of 2019 we refreshed our video conferencing arrangements with a view to more virtual meetings being the way forward.

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 magnificently 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.

We have managed our resources carefully to garner these as a risk mitigation strategy and so as 2019 ended we can report that the College was in good financial and operational health. As the year closed, we were beginning to hear of a new virus Covid-19 as news as reports came in from China.



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





## Vice Presidents' Report



The role of the RCEM Vice Presidents is wide ranging but in essence involves supporting the President in leading the College and supporting individuals and teams who work for or with the College to achieve the many and varied RCEM objectives. They are all aimed at promoting best practice and training in Emergency Medicine, both in the UK and overseas. The last seven months have been a period of change in many regards.



Chris Moulton completed the maximum six-year term of office as RCEM VP in October 2019 and we would like to express our sincere gratitude for his years of service in the role. During this time Chris made an enormous contribution to RCEM in many areas and brought much pragmatism and good humour to many forums within and without RCEM. Thank you, Chris, for all your hard work, and the jokes.

Lisa Munro-Davies was re-elected to the RCEM VP role for a further three-year term of office and Ian Higginson (Higgi) was elected to the VP post vacated by Chris Moulton. In further changes two new VP roles were created: VP Policy and VP Membership (formerly RCEM Registrar). Adrian Boyle and Carole Gavin were respectively elected to these new roles. As a team we all work closely together and of course with the rest of the RCEM Executive.

With a new President there is inevitably a brief period of adjustment. The early focus of the current presidency has been on safety in our EDs, with a particular focus on the pressing need to address ED crowding, the Clinical Review of Standards and the launch of the RCEM CARES campaign in February 2020.

However, in March 2020 the worldwide COVID19 pandemic arrived in the UK. This has presented a significant challenge for us all in our working and home lives, and RCEM has not been exempt from this. Huge amounts of work have been undertaken at pace throughout RCEM, to adjust to new working conditions and challenges against a background of maintaining core business so that we can continue to serve and support our Members and Fellows. The RCEM permanent support team, Executive and many Committee members have shown incredible flexibility and resilience, and have risen to the many challenges in adapting, adjusting and responding to the 'COVID world'. All have played their part in this including the VPs who continue to support the President and Executive in developing our response to the crisis on all fronts.

The VPs also share responsibility for matters relating to EM workforce and service delivery, overseeing the work of a number of key committees including: the sustainable working practices, informatics, and service delivery committees, all of which continue to make significant contributions to supporting the day to day practice of EM in the UK and providing support and guidance to Members and Fellows in their daily lives/departments. This year we have also established committees focusing on Paediatric EM, and Prehospital EM under the VP remit.

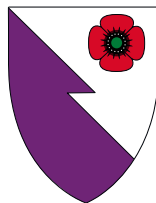
Both VPs play an active role supporting the wide range of work undertaken by RCEM and also the governance of the organisation. Each also has particular areas of focus.

Higgi's portfolio is focussed around quality, service design and delivery and supporting clinical leaders in running departments day to day. He has also continued supporting the work started as Registrar to bring RCEM through a major reorganisation in the wake of new charity governance rules. In this he works closely with Gordon Miles (CEO) and Carole Gavin, the VP Membership (formerly Registrar). This work is now nearing completion and will be coming to the membership for consideration in 2020.

Lisa continues with a personal portfolio that encompasses all aspects of EM workforce including planning, education and training and Advanced Practice. Lisa works closely with the Dean and Director of Education and their team on all aspects of this. There have been many challenges due to COVID in this core area of RCEM business and there has been a major effort to mitigate any adverse effects on training/trainees/trainers due to the crisis. There has been close working with the GMC, HEE, the Statutory Education Bodies and AoMRC and this will continue for some time as we aim to define the new normal in these areas.

As has been highlighted in the current COVID crisis, RCEM, its staff, officers, members and fellows are incredibly adaptable, resilient and tenacious and all have risen to the challenge in the way that we would expect, but which deserves to be recognised. It is a privilege to work with so many talented people across many fronts, and we look forward to whatever is around the next corner, knowing that we are in good company.

We daren't write anything more as it will inevitably be out of date by the time we hit send and the next crisis will be upon us. However, we shall overcome.




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**Lisa Munro-Davies and  
Ian Higginson**

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 Service Delivery Cluster (SDC) is shown in the diagram below:



The reports for these committees are discussed in detail over the next two pages.

## Workforce Committee

The 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 Ian Higginson.

The frequency of the WC meetings changed from two to four times a year deemed as necessary to keep up momentum. The WC is comprised of the chairs of the component committees, illustrated in the bottom tier of the diagram above.

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 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 the Emergency Medicine Trainees Association (EMTA), Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine (FASSGEM), and the Advanced Clinical Practitioners' Forum. They completed every goal in their 2019 workplan which is excellent.
- ▶ 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.
- ▶ A new Paediatric Emergency Medicine Professional Advisory Group (PEM PAG) was created and is chaired by Lisa Munro-Davis.

- ▶ A new Pre-Hospital Emergency Medicine Professional Advisory Group (PHEM PAG) was created and will be chaired by Ian Higginson.

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, and HEE.

The College plans to build on its success by developing and expanding into the following areas in 2020:

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

Overall, 2019 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.



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, and HEE.

<sup>2</sup> <https://emj.bmj.com/content/36/8/459.info>

## Informatics Committee

The Committee has been chaired by David Gaunt and deputy chaired by Kirsty Challen. The year saw continued support of the national roll-out and local implementation of ECDS, including by representing RCEM on the ECDS Technical Committee. ECDS continued to be publicised through the College's communication channels and NHS Digital to help raise awareness and boost engagement, including *Potential added value of the new emergency care dataset to ED-based public health surveillance in England: an initial concept analysis*<sup>2</sup> (Morby, Hughes, Smith et al, 2019)

The Committee worked closely with the Professional Record Standards Body (PRSB) to ensure their standards strongly considered the emergency medicine perspective. PRSB standards endorsed or consulted on in 2019 included the Document Naming Standard<sup>3</sup>, Crisis Care Summary<sup>4</sup>, Core Information Standard<sup>5</sup>, revised Ambulance Handover To Secondary Care<sup>6</sup>, and Digital Medication Information Assurance<sup>7</sup>.

Details of other work and achievements is outlined below:

- ▶ Representation at the Electronic Records in Ambulances (ERA) study knowledge exchange workshop
- ▶ Assessment of the WaitLess app in a test region
- ▶ Minimum requirement specification for IT systems
- ▶ User satisfaction survey
- ▶ Access to training materials via the Faculty of Clinical Informatics
- ▶ Tariffs and pay for work using ECDS in NHS long term plan
- ▶ Provision of ECDS codes to support the three RCEM national QIPs.

The priorities for the year were:

1. Big data.
2. Branding of ED informatics.
3. Showcasing good practice in EM informatics.
4. Evaluation of EPR functionality.

## Service Design and Configuration Committee

2019 saw the committee build on the work of the previous year and continue to focus on issues around Emergency Medicine workforce, both medical and non-medical, infrastructure and models of care. During the year, the Remote and Rural working group was incorporated into the committee because of the crossover of both the subject matter and the individuals working in both groups. The main outputs of the committee during the year are as follows:

- ▶ The guidance on *Consultant Staffing in Emergency Departments* that was published during the previous year was updated to reflect the critical function of our non-Consultant grade staff as senior decision makers in EM.
- ▶ Significant progress was made on a jointly badged document with the RCN on *Nurse Staffing in Emergency Departments* which is now due for imminent publication.
- ▶ Work continues on updating guidance on *Non-medical practitioners within the Emergency Department*, with the objective being to update the existing guidance that dates from 2015. This field is rapidly evolving and the aim is to reflect the important roles played by our Advanced Clinical Practitioner and Physician's Associate colleagues amongst others.

<sup>2</sup> <https://emj.bmj.com/content/36/8/459.info>

<sup>3</sup> <https://theprsb.org/standards/using-the-document-naming-standard/>

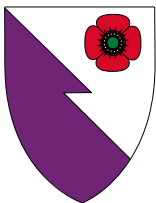
<sup>4</sup> <https://theprsb.org/standards/crisiscare/>

<sup>5</sup> <https://theprsb.org/standards/coreinformationstandard/>

<sup>6</sup> <https://theprsb.org/standards/ambulancehandover/>

<sup>7</sup> <https://theprsb.org/projects-2/digitalmedicationinformation/>

- › The committee published a position statement on service configuration in response to anxieties expressed by a number of Members and Fellows about the roles they were being asked to play locally in supporting service developments.
- › Work on website design and configuration continues in order to make accessing key information and guidance more straightforward for users.
- › A UK-wide member survey on local experience with respect to Urgent Treatment Centres has been carried out to understand the potential challenges and benefits that such facilities bring to local services. The results of this will be widely distributed in the near future.
- › A strong focus throughout 2019 has been the development of the strategy to support our colleagues working in Remote and Rural Emergency Department settings. The Consultant Staffing guidance published in 2018 specifically excluded departments with an attendance of less than 60,000/year and the intention at that time was to produce separate guidance that reflected the challenges and potential solutions for the more challenged systems. This guidance remains in gestation at present however the committee has established links with colleagues in the Royal College of Physicians of Edinburgh who have a similarly named group, and the RCGP, in order to progress this very important agenda.



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**Richard Smith**  
Chair, Service Design and  
Configuration Committee  
[SDCC.Chair@rcem.ac.uk](mailto:SDCC.Chair@rcem.ac.uk)

“  
In June 2019  
RCEM launched  
the UK's first  
ever Emergency  
Medicine  
Wellness Week  
from the 3-9  
June 2019  
with members  
from the SWPC  
speaking at  
the Burnout to  
Brilliance study  
day held during  
this week.”

## Sustainable Working Practices Committee

The committee continued to publish guidance for sustainable working during 2019.

'The Wellness Compendium for EM' and 'EM-POWER: A Practical Guide for EM Clinical and Non-Clinical Managers' were launched at the RCEM Spring CPD Conference in Belfast in April 2019. The final two guides of the EM-POWER suite – 'Returning to EM Practice, Skills Maintenance, Future Professional and Personal Development' & 'A Practical Guide to flexible working and Good EM Rota Design' – were launched at the RCEM Annual Scientific Conference in Gateshead in October 2019.

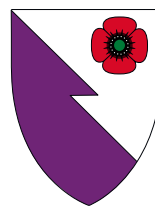
In April 2019, RCEM joined with ACEP to participate in the International EM Wellness Week using the hashtag #RCEMempower on social media. In June 2019 RCEM launched the UK's first ever Emergency Medicine Wellness Week from the 3-9 June 2019 with members from the SWPC speaking at the Burnout to Brilliance study day held during this week.

SWPC members also spoke at or promoted SWPC guidance at a variety of events throughout the year including the RCEM Spring CPD Conference, the Centre for Workforce Wellbeing's Inaugural Conference, the Irish Association for Emergency Medicine Annual Scientific Meeting & Conference, the RCEM Crowding Study Day, the RCEM FASSGEM Annual Conference and the EMTA conference in Leicester. Two 'RETURN to EM' courses were also run by an SWPC member in the Forth Valley and in London during 2019.

Promotion of the SWPC and associated materials continued with SWPC members speaking on BBC Radio, articles being published in the EMJ supplement, blogs posted on St Emlyn's and resources being featured in the NHS England/Improvement Provider Bulletin, the NHS People Plan Bulletin and the NHS Improvement Retention Hub.

The Wellness Compendium iBook was also released on Apple iBooks in November 2019.

Finally, we were all delighted when Miss Susie Hewitt was awarded an MBE for services to Emergency Medicine in the Queen's Birthday Honours 2019.



**Sunil Dasan**  
Chair, Sustainable  
Working Practices  
Committee  
[SWPC.Chair@rcem.ac.uk](mailto:SWPC.Chair@rcem.ac.uk)





## Fellowship & Membership

The Royal College of Emergency Medicine now has over 9,113 Fellows and Members, and Associate Members. Our members come from the four nations of the UK alongside the Republic of Ireland with a growing overseas membership representing 50 countries and comprising 10% of our total membership.

We are committed to improving membership value to our 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 these 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 RCEM 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 intend 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.

Following the member survey of 2018, we have worked to both share the results of the things you thought we were doing well while also working in the areas you said we needed to improve on.

Some of the activity that has taken place as a result of the feedback identified from the survey include:

- ▶ The establishing of an ACP forum for ACP members

- ▶ The option for members to access their EMJ subscription online only
- ▶ All members in trainee roles, including ACPs are now eligible to register for a TOTUM Pro Card (formerly known as a NUS card) which provides a wide range of discounts
- ▶ The development of RCEM lifestyle rewards to provide members with exclusive discounts & added value offers on a wide range of luxury products, services & experiences
- ▶ Further support provided to regional chairs with a member of staff being appointed in this role.

Our membership continues to evolve, our largest membership groups remain doctors who hold either FRCEM (26%) or MRCEM (20%), and now also Associate Members using our Eportfolio (24%). There is also growth in overseas members, supported by the expansion of our exams overseas, and continuing growth of ACPs, RHPs and PA's who now number over 800 members.

This year we have continued to develop a code of conduct for members and examined 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 Carole Gavin**  
Vice President  
(Membership)  
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## Forum for Associate Specialist & Specialty Doctors Grades in Emergency Medicine (FASSGEM)

The past year has been a bit of a roller coaster for FASSGEM and its members. The highs included the awarding of Adel Aziz, our immediate past chair, with his College medal and an Honorary Fellowship which was sadly followed by his passing at the beginning of January.

As you are probably aware there are hospitals in England that are advertising and appointing to associate specialist posts. These may or may not be in line with the terms and conditions of the old appointees but are essentially locally agreed posts, as the grade has not yet been formally reinstated nationally. Last year I reported that negotiations were about to start between the NHS Employers and the BMA but this was delayed and then further delayed by the recent general election. The latest word is that the opening negotiations have just started and are scheduled to go on to April 2021.

As these negotiations will be general in their nature covering all specialties, I think that it is important that the College continues to support our doctors and provides clear specialty specific advice for its long term non consultant doctors.

We have consolidated our working relationship with the Events Team who have assisted us in the organisation and promotion of the Spring and Annual November meetings. I would like to thank Steve Black for organizing the Spring meeting at Octavia House in May and the Liverpool organising team of Jo-Anna Robson, Anup Mathai and Ciara Cruise for their hard work on making the annual conference in November such a success.

I am pleased to be able to report that this year we set out and agreed an annual budget with the Head of Finance Nigel Pinamang which I am sure that we are keeping to.

### Plans for next year

Our plans for the next year include holding the Spring meeting on 15 May at Octavia House and the annual conference is due to be held in Milton Keynes 17-20 November. An initial approach has already been made for November 2021 in the Isle of Man.

FASSGEM representation on College committees and attendance by representatives has improved with almost complete coverage and information being fed back. I am aiming to have any remaining FASSGEM vacancies on committees filled this year.

In the autumn we will be asking for expressions of interest for a new Chair. The aim is for the new Chair to be appointed and take over at the FASSGEM AGM in November.



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

## Emergency Medicine Trainees' Association (EMTA)

We finished 2019 with 21 EMTA representatives, across 36 different roles in our Committee. We have seen huge expansion over the last few years but perhaps moreover, cementing of our structure, processes and efficacy. I became Chair in July 2019 with an early appointment of an EMTA Secretary, Dr Dale Kirkwood. Dale was instrumental in developing our internal governance, committee register and allowing us to streamline our internal processes - essentially meaning we can communicate more effectively and regularly, with clear documentation of our output, in advocating for trainees within the specialty. Hand in hand with this was a review of our Terms of Reference;

the second in a short time but certainly required to closer reflect, and permit us to establish, our working practices.

Together with our internal reorganisation has gone a strong, but longer term, focus on our external communications. Our annual conference provided an opportunity to informally survey members on this and work is underway for 2020 including an EMTA newsletter and regular contribution to the EMJ supplement. The conference continues to be a fantastic event each year and we're really proud of the community it builds and conversations it starts. EMTA 2019 was attended by over 200 delegates with a fantastic mix of speakers and another great chance for trainees to meet, discuss and challenge thinking around the specialty and training within it. A big thanks to Dr Anna Blackwell for leading in 2019 as well as to the RCEM Events Team and our hosts in Leicester.

Continuing to work closely with the College executive the end of 2019 saw another large recruitment round open to fill roles within the College where trainee representation was required, particularly in a large number of new Special Interest Groups. These are a great chance for trainees with an area of interest to take more active involvement in national work in that field. Moreover, it is reflective of the importance of trainee involvement and representation across all aspects of College work and we hope we remain exemplars of the value such representation can bring across service improvement, research and education. Our goal is not just to strengthen meaningful representation by numbers, but through diversity, cohesive communication, listening and collaboration.

The start of my term naturally saw the end of Paul Stewart's 18 months as EMTA Chair. We would like to take this opportunity in public, as we have done in private, to thank Paul for all of his hard work during that time; his ambition and his vision in helping to ensure that trainees are given their representative voice into the future of the speciality. Almost by definition,

no Chair's work is ever finished - the organisation needs to continue to evolve, push forward and develop and I hope similarly my term sees a huge amount achieved but hunger and excitement for much more to come.



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**Amar Mashru**  
Chair, EMTA  
EMTA@rcem.ac.uk

## Global Emergency Medicine Committee

The Global Emergency Medicine Committee (GEM Com) is now in its third year.

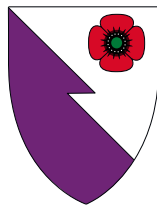
Our mission statement is:

- 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 subspecialty
- 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:

- Completed a paper which has been submitted to the EMJ following the survey of RCEM membership about their global EM involvement
- Ran our second study day on 5 March 2019 on Medical Response in Humanitarian Disasters

- › Led the endorsement of the Colombo declaration, and gaining signatories from a number other Royal Colleges/ Faculties
- › Delivered joint study day with RSM on health systems strengthening, on 2 September 2019
- › The William Rutherford International Award was revised to be awarded annually, our first winner and collaborator presented their work at the RCEM Annual Scientific Conference in Gateshead
- › Published our Educational Standards Framework for GEM fellowships
- › Delivered Global EM sessions at the RCEM Annual Scientific Conference in Gateshead and at the EuSEM annual conference in Prague
- › Submitted business cases for bursaries for RCEM members looking to get more experience in global health, tropical medicine, humanitarian work overseas
- › Submitted business cases for bursaries for Low- and Middle-income setting doctors to attend RCEM annual conferences
- › Represented RCEM at the 3rd Sri Lanka Emergency Medicine Conference (SLEMCON 2019) as speakers
- › Initiated the set-up of regional Global Emergency Medicine Groups (GEM Networks).
- › Increase RCEM international support for GEM activities internationally, presenting at international conferences, developing partnerships
- › Encourage the uptake and recognition of GEM fellowships for trainees
- › Plan to develop and identify possible funding streams to develop RCEM programmes through potential donors and in collaboration with the RCEM foundation
- › Continue to advocate for Global Health issues particularly in response to the COVID-19 pandemic
- › Continue to liaise with potential partners such as the UK health alliances for Myanmar and Uganda and the Egyptian MOH.



**Giles Cattermole**  
Chairperson  
[globalEM@rcem.ac.uk](mailto:globalEM@rcem.ac.uk)

Further plans for 2020 include

- › Support the development of regional Global Emergency Medicine Groups and development of an online tool for networking
- › Promote bursaries for RCEM members looking to get more experience in global health, tropical medicine, humanitarian work overseas
- › Promote bursaries for Low- and Middle-income setting doctors to attend RCEM annual conferences



Well done and keep it up because we need our college to speak up for our specialty as nobody else does.

**MEMBER VIEWPOINT**



## Education

As I move into the sixth and final year as Dean of the College, I can reflect on how the output of the Education Directorate at the college has grown over the years. Without the contribution of an increasing number of college staff and Member and Fellows over the years we would not have seen the growth in educational activity that has been achieved during that time.

Much of the focus of 2019 has been the development of the new Emergency Medicine Curriculum and submission to the General Medical Council for approval in early 2020. Will Townend has led the *Curriculum Sub-Committee* throughout this full process and the sub-committee have worked hard in producing a curriculum and assessment schedule that will produce the next generation of emergency physicians. In addition, members of the sub-committee have been integral to the process of the development of a new e-portfolio in 2021.

The *Examinations Sub-Committee* worked closely with the curriculum team in the development of the new assessment schedule to ensure that all summative assessments are deliverable and fit for purpose. There was a review of all examinations that the College runs and the submission to the General Medical Council included a reduction in the assessment burden. This review was truly college-wide with both EMTA and FASSGEM closely involved in the development of the new assessment strategy. The current examinations of course have continued to run, and the Lead Examiners were exceptional in delivering high quality examinations and working to tight deadlines. The number of examiners at the college is now nearing 1,000 and I am indebted to everyone who has contributed during the year and we simply could not deliver examinations without the valued contribution of these Members and Fellows. The demands on the examinations staff also has increased as the number of candidates continues to grow, and I thank Susannah Grant for introducing a new team structure ensuring that everyone has specific roles and responsibilities.

Each year I am astounded at how *RCEMLearning* continues to grow and it is very much core to the educational output of the college. The mapping of the content to the curriculum has been a significant piece of work and much welcomed by our Members and Fellows and it is planned that as we develop Curriculum 2021 that this work will be replicated. The Editorial Board are tasked with taking forward this work and ensuring that all content is up to date with the latest evidence and are led by Becky Maxwell and Chris Connelly. We were sad to see Chris Walsh leave the College during 2019 – as Head of e-learning he was central to the development of a platform of which we are all proud. James Folan now manages the eLearning Team, which was expanded during 2019, and continues to go from strength to strength.

The *Advanced Clinical Practitioners' (ACP) Forum* is now fully integrated into the College and members of the ACP Forum now sit on Council and the Education Committee. ACPs are the largest growing membership of the College and it is important that we help to support their development within emergency care. They now have an active voice within the College and this will only help in shaping of the development of Emergency Medicine as a specialty.

The *International Education Sub-Committee* has developed a one-year international training programme in Emergency Medicine which successfully launched in India and Pakistan in 2019. Site visits and a 'Train the Trainers' programme occurred prior to the introduction of the programme and the supervisors and trainees are supported during the year by regular webinars. There will be constant evaluation of the programme to ensure that the content and outcomes meet the needs of the local emergency care systems and it is hoped that the programme will continue to grow for years to come. We welcomed Andrew Fryer to

the College as the International Manager and his contribution to the development of education internationally has already been substantial.

Lastly throughout my time as Dean I have been supported greatly by Emily Beet, initially in her role as Director of Education and now also as Deputy Chief Executive. The work of the Academic Cluster at the College, which I oversee, is reliant on the work of so many, but the knowledge and support of Emily has been invaluable over the years.



**Jason Long**  
RCEM Dean  
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Recent series of excellent office bearers especially current and past presidents. Compared to BMA, GMC and Health Boards our leadership is exemplary.

**MEMBER VIEWPOINT**

## Conference Committee

The team wish to thank Carole Gavin who moved on from the CPD Director role in 2019 to become VP of the college. College CPD events were transformed under Carole and we are incredibly grateful for her work and achievements.

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 2019 the College 43 events, 35 of which were study days (up from 28 in 2018). Based on feedback sought from members and fellows the number of events taking place outside of London more than doubled (17 in 2019 compared to 8 in 2018). A very broad range of topics, linked to both current and future curricula and to GMC revalidation domains, were covered with a total of 4,305 attending our events. In 2019 we supported RCEM regional leads in delivering 17 regional study days, with an ambition to have regional events in all regions in 2020. Most study days are fully booked or close to it, with continuing positive feedback from delegates.

The 2019 Spring CPD Conference was held in Belfast. This was a sell-out event which attracted an average of 400 onsite each day. The Spring CPD Conference

focuses on evidence-based updates and best practice clinical care. In a diverse speciality such as emergency medicine it also serves as a melting pot of ideas and as a way of sharing and calibrating our practice. The feedback from the Conference was very positive and thanks go to the local liaison team, led by Ian Crawford and Emma Greenwood, for creating an innovative and educationally strong programme.

The 2019 Annual Scientific Conference returned to Gateshead and once again highlighted the importance of research in our speciality. We welcomed over 500 colleagues to showcase the very best of Emergency Medicine Research and CPD, over three 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 Leicester and the FASSGEM one in Liverpool for 2019. Both FASSGEM and EMTA are now represented on the CPD committee to ensure that we deliver CPD relevant to all members and fellows.

The CPD committee continues to innovate and adapt educational experiences to new challenges, technologies and evidence. In 2019 the committee produced guidance on evidence-based presentation techniques and on the integration of face to face educational events with online digital learning materials. It has also issued guidance on ensuring that our events are representative of our diverse workforce and patient groups. Equality and Diversity considerations are explicit and core values in the committee's work.



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.



**Prof Simon Carley**  
CPD Director  
CPD@rcem.ac.uk

## Research 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 RCEM research strategy 2020 has been published and is available via the RCEM website<sup>8</sup>.

### 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 total in 2019, five projects were successfully awarded RCEM Research Grant funding with a total value of £43,127. In addition, the Committee awarded a further two RCEM Low Income Countries Research Grants with a total value of £10,268.

In addition, the research committee administers a Young Investigator award and a Principal Investigator of the Year award (applications are assessed and judged at the annual Clinical Studies Group meeting).

[Note - The Young Investigator of the Year 2020 award winner is Dr Daniel Whitehouse from Cambridge. The Principal Investigator of the Year 2020 award winner is Dr Alex Novak from Oxford.]

Further details can be found on the National Institute for Health Research website<sup>9</sup>.

#### 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. Dan Horner has now completed three years with one year to run. Interviews were conducted in April 2019; Matthew Reed was appointed to start immediately to succeed Rick Body, and as the interview panel felt that there were two excellent and appointable candidates, Edd Carlton was also appointed – with a deferred start date to succeed Dan Horner

<sup>8</sup> [https://www.rcem.ac.uk/docs/Research/RCEM\\_Research\\_Strategy\\_2020.pdf](https://www.rcem.ac.uk/docs/Research/RCEM_Research_Strategy_2020.pdf)

<sup>9</sup> <https://www.nihr.ac.uk/news/awards-for-outstanding-emergency-medicine-research-leaders/23667>

on completion of his term. RCEM Professors are honorary appointments, but the incumbents 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 successfully completed her PhD in 2019 and has subsequently been appointed as an NIHR Academic Clinical Lecturer, and Blair Graham is on track to complete in 2021.

An application round for the next RCEM PhD fellowships was conducted in late 2019 and Tom Roberts was appointed at interview in early 2020 (to start Oct 2020).

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

The trainee research network was launched in 2018<sup>10</sup> 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. [The new TERN Fellow, Robert Hirst, has now been appointed at interview and will start in Aug 2020.]

TERN now has a network of over 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. The results of this study were presented at the 2019 Annual Scientific Conference in Gateshead.

#### **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 was held at Octavia House in June 2019.

<sup>10</sup> <https://www.rcemlearning.co.uk/tern/>

### 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 presented their findings at the conference, some sharing their results for the first time. This included the NoPAC study (Adam Reuben), the LoDED study (Edd Carlton), and the TiLLI study (Dan Horner).

#### 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 Octavia House, London. 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 major UK emergency medicine studies published in 2019-20 in non-EM journals

Goodacre S, Horspool K, Nelson-Piercy C, et al. The DiPEP study: an observational study of the diagnostic accuracy of clinical assessment, D-dimer and chest X-ray for suspected pulmonary embolism in pregnancy and postpartum. *BJOG* 2019;126:383–92.

Body R, Almashali M, Morris N, et al. Diagnostic accuracy of the T-MACS decision aid with a contemporary point-of-care troponin assay. *Heart* 2019;105:768–774.

Horner D, Stevens JW, Pandor A, et al. Pharmacological thromboprophylaxis to prevent venous thromboembolism in patients with temporary lower limb immobilization after injury: systematic review and network meta-analysis. *J Thromb Haemost* 2020;18(2):422–438. doi:10.1111/jth.14666

Carlton EW, Ingram J, Taylor H, et al. Limit of detection of troponin discharge strategy versus usual care: randomised controlled trial. *Heart* published online first: 05 May 2020. doi:10.1136/heartjnl-2020-316692



**Professor Jason Smith**  
Chair, RCEM Research Committee

“  
Their endeavours to raise awareness about and exert political influence to change the current crisis in Emergency Medicine (are valued).

MEMBER VIEWPOINT

## 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 by May 2019. 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 Run Through Training (RTT) on application of a post and can change their chosen option (i.e. RTT not automatic) up until 30 April 2019, this year. The advice for trainees has been amended to ensure that they make the best possible choice. This has been as a result of a number of 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 formal application form for this. The final version of the flexibility and transferability guidance 2019 is still awaited which will replace ATCF.

In 2019 Higher Specialist Training (HST) recruitment took place on 1 March (round one interview window), with the Defined Route of Entry into Emergency Medicine (DREEM) interviews taking place on 12/13 March in a separate round. The initial rationale for this was to allow any HST unsuccessful applicants by virtue of the portfolio to reapply to DREEM, however the round timelines did not ultimately allow for this. In 2019 only 2 applicants applied for both HST and DREEM, in 2018 this was 13 applicants, in 2017 this was 8 applicants. Fill rates for DREEM and HST have not yet been made available.

The College 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 has 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.



I've always found anyone I've contacted to be very helpful and knowledgeable.

MEMBER VIEWPOINT

### Assessments and exams

The new Extended Supervised Learning Event (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 FRCEM. 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. 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).

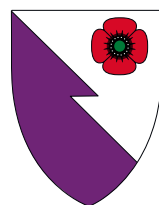
### Clinical Educators project

In October 2017, 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 continues to link with HEE and the RCEM Clinical Educators Evaluation Team recruited in January 2019 this project. A national clinical educators study day outlining good practise was run on 21 March 2019. Phase two is planned shortly with an extension to this project until October 2020. Health Education England (HEE) launched a survey on 12 July 2019 for multi-professional learners who have been based on the first year CEED Pilot sites. The aim of the survey is to collect information on experiences, opinions, recommendations and any initial outcomes of the first year of the pilot, which will be used to aid refinement of the pilot in year two (October 2019 to September 2020).

### Clinical leadership project

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




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**Dr Maya Naravi**  
Chair, Training Standards  
Committee  
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## Quality in Emergency Care

### The Quality in Emergency Care Committee (QECC)

Adrian Boyle stepped down as chair in April 2019. Adrian 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, and Karla West-Bohey.

The committee structure and function was reviewed under the new RCEM President, with an emphasis on setting strategic direction, re-structuring. This work has continued into 2020.

Members of the Committee continued to represent 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.

### The Quality Assurance and Improvement Subcommittee

This was set up in 2017 to replace the Standards and Audit Committee. Jeff Keep stepped down as chair in April 2019. Elizabeth Saunders took over the role as Chair.

The National audits moved to a Quality Improvement structure, with the emphasis on regular data input and the use of metrics to inform interventions. 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 Quality Improvement resources page was extensively re-designed with trainee involvement to improve utility.

The 2018/19 audit topics were vital signs in adults, feverish child and VTE risk in lower limb immobilization. These were included in the NHSE Quality Accounts.

The results and summaries are available on the RCEM website.

The QIP topics chosen for 2019/20 were: Mental Health, Cognitive Impairment assessment and Care of Children. These topics were chosen to reflect the diversity, current practice, safety concerns, and ensure that a good snapshot of emergency care was obtained. The Reports are due to be published in Spring 2020.

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 to work collaboratively with the CQC which has been very encouraging.

### The Best Practice Subcommittee

The Best Practice Subcommittee, chaired by James France from May 2019, produced several helpful guidelines on areas that lack evidence. In 2019, the following guidelines were published:

- Traumatic Cardiac Arrest in Adults (September 2019)
- Drug Misuse and the Emergency Department (May 2019)
- Emergency Department Out of Hours Discharge Medications (April 2019)
- Pharmacological Agents for Procedural Sedation and Analgesia (revised March 2019)

- › Management and Transfer of Patients with a Diagnosis of Ruptured Abdominal Aortic Aneurysm to a Specialist Vascular Centre (January 2019)

In addition the following position statements were published: Paediatric Trauma: Stabilisation of the Cervical Spine (Jan 2020), Advanced Life Support (February 2019), and the following toolkit: Ambulatory Emergency Care (Feb 2019).

#### The Safer Care Subcommittee

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

- › Undetected button and coin cell battery ingestion in children (December 2019)
- › Silver Trauma (September 2019)
- › Silver Nitrate: Spot the difference (May 2019)
- › Take your breaks and stay safe (March 2019)
- › Absconding (June 2018)
- › Aortic Dissection poster and podcast (April 2018)
- › Pressure Ulcers (April 2018)
- › Fascia Iliaca Block (FIB) (February 2018 revised)

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

The sub-committee worked closely with the Healthcare Safety Investigation Board (HSIB) with three of their investigations, and continue to work with the recommendations of these, for example liaising with the Royal College of Radiologists in Aortic Dissection rule out strategies.



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

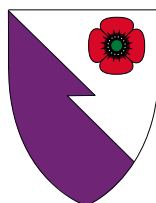
#### MEMBER VIEWPOINT

The Mental Health Subcommittee was chaired by Catherine Hayhurst and have represented us ably to external organisations, as well as revising the Mental Health toolkit and advising on College guidelines.

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 Toxicology Specialist Interest Group chaired by Johann Grundlingh.
- › 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.



**Dr Simon Smith**  
Chairperson, Quality  
in Emergency Care  
Committee  
[QECC.Chair@rcem.ac.uk](mailto:QECC.Chair@rcem.ac.uk)



## Corporate Governance Committee

The Committee reports to Council throughout the year and as Chair, I have a standing open invitation to attend any of its meetings in order for governance issues to be addressed as they arise.

The Corporate Governance Committee has the opportunity to consider Council debates on matters of policy and strategic significance, and in 2019 the Committee met in February, April, June, and October.

The Committee continued to focus on its core functions of monitoring the College's finances, resources and risks, but it also considered wider business risks and impacts of non-recurring initiatives of Council and other committees. In 2019 these included:

- ▶ Property – planning permission to develop Octavia House.
- ▶ Governance oversight and allocation of funds for the procurement of the College's new ePortfolio platform.
- ▶ Review of the employee pay and benefits.
- ▶ Oversight of the College's automation programme, a pillar of an emerging digital strategy.
- ▶ Ongoing oversight of the College committee structure and providing general advice on the College's Corporate plan.
- ▶ Regular review of the College's risk register.

The Committee also 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.

In 2017, the Charity Commission published the third edition of the Charity Governance Code, in which it sets out the principles and recommended practice for good governance within our sector. This year the Corporate Governance Committee played a key role in the launch of a working group and project to review, develop and implement a new board structure for the College in line with the guidance of this new code.

The Committee continued to support the CEO with organisational development initiatives and this year these included the recruitment of a new Head of Corporate Services in January and the establishment of a new inhouse HR department.

In addition to its standing duties, the Committee assumes the role as the College's Investment Committee and constantly reviews and develops the investment strategy with the advice and support of Quilter Cheviot, our investment fund managers. In June 2019, the Committee took a pivotal decision to advise Council to revise the College's investment strategy in order to align it to our responsibility and commitment to sustainability and the impact we have on the environment and health. As a result, a decision was taken to disinvest from all direct holdings in fossil fuels.

The Committee met the College's auditors in the Spring to review the 31 Dec 2018 audited accounts and recommended their approval to Council, noting that

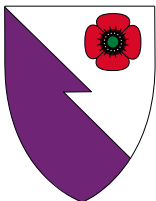




the audit report gave an unqualified opinion and found no issues with the governance of the organisation or its financial management. An outstanding performance by the College and is a testament to our staff. The Committee also, in line with our governance arrangement conducted a competitive tender process to appoint new external auditors. Moore Kingston Smith were chosen and will be the College's external auditors for a minimum of three years. They have similarly provided an unqualified opinion of the 2019 audited accounts and financial statements can be found in the financial report section of this report.

For 2019, the College has reported a secure and sustainable financial position, generating a healthy surplus which will continue to enable us to pursue our charitable aims of education, research, training, high quality care, and influence policy for the benefit of our membership and the public.

The Committee reviewed the College's business plans and financial performance for 2019 throughout the year; greatly assisted by the improved systems and reporting, and will look to build on this in 2020 in order to provide good governance, advice and scrutiny on behalf of the College, its Members and Fellows.



**Denis Franklin**  
Chairperson  
[CorpGovnChair@rcem.ac.uk](mailto:CorpGovnChair@rcem.ac.uk)



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**

## Lay Committee

The Lay Committee is proud to be part of a College whose recognition of the importance of lay involvement is underscored by the involvement of lay members in so much of the College's activities.

Yet again one issue was set to dominate the activities of the Lay Committee in 2019, the threat to the four-hour target. A threat heightened in January when NHS England announced its intention to conduct a review into the target. Despite its failings, as far as patients are concerned, this target remains one of the most important and best known features of the NHS. We recognise the pressure the target has placed upon many Emergency Departments and we expressed our concern with many Trusts who failed to see the effective delivery of the target as a whole hospital issue. Members of the Lay Committee played an active role on the College's campaign to retain the target including writing an open letter to the Head of NHS England challenging claims that 'top doctors' supported the removal of the target. Lay members also took part in both national and local media events on this issue. It was to remain a major concern throughout the year.

In May we were pleased to welcome the President Elect Katherine Henderson to our meeting and later in the year Adrian Boyle, in his then capacity as Chair of the Quality in Emergency Care Committee, and Will Towend who discussed with the Committee the work he was leading on the Review of the Curriculum.

Members of the Group have visited a number of EM departments including St Thomas' and Leicester, and have taken part in the Scottish Policy Forum and had meetings with the GMC to discuss work on patient experience. Our lead members in Wales and Scotland also took part in meetings with Members of the Welsh and Scottish Parliaments and senior health service officials.

Our members were also present at the Academy of Medical Royal Colleges annual patient seminar.

Lay members continued to take an active role in the College's Committees and subgroups and, in addition, Lay Members chair the College's Governance Committee and Honours Committee and lead on the preparation of a report on bullying. However, the number of committees we were able to attend was limited by our numbers, so we undertook a recruitment campaign to increase our number from six to twelve. By the end of the year we were delighted to have been joined by Joan Aitken, who also became the Lay member to the Scottish Board, Peter Rees and Gillian Mawdsley. All bring extensive experience both professionally and as lay members.

The issue of looking for a workable model for measuring patient experience remains a key concern for the Group and we were therefore interested to hear of the work being undertaken by Blair Graham at Plymouth in developing what appears to be a really useful approach to the measurement of patient experience in the elderly. More widely, it is becoming clear that many of the determinants for patient experience are similar to those consumers experience in their daily lives. We hope to be able to further develop these key issues in the coming year.

As ever our thanks are also due to our President and Vice Presidents for their unswerving support, and to the Chief Executive and his team. We said goodbye to Zoe Moulton whose help and support was invaluable to the operation of the Lay Committee and wished her well in her new role, and welcomed Tamara Pinedo as our new committee secretary.



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

## Foundation Board

The Foundation Advisory Board membership is as follows:

- John Heyworth
- Gordon Miles
- Nigel Pinamang
- Scott Hepburn
- Derek Prentice
- Jason Smith
- Anne Weaver
- Tamara Pinedo

The Board met on eight occasions during 2019 in order to develop and refine strategy to optimise fundraising opportunities.

The Board accepted that, despite impressive and energetic initiatives undertaken by all Board members, the opportunity to secure substantial funds by individuals for whom this was neither their principal daily activity nor their particular area of expertise was limited.

There was some reassurance given that this conclusion has also been the experience of other longer established Medical Royal Colleges. The universal acceptance is that securing and sustaining financial contributions to a Foundation requires the services of a

professional fundraiser. As such, the Board presented a paper to RCEM Council and was grateful to receive approval for the allocation of funds to appoint a professional fundraiser. The Board duly undertook a recruiting process. However, it became clear at an early stage that the market for the appointment of fundraisers with a proven track record of experience and success is highly competitive.

The Board recognised the importance of ensuring that the individual appointed would be able to reflect the position of Emergency Medicine in the public eye and in the media, and optimise the potential of the unique Emergency Medicine brand. Interviews were held with a number of promising candidates, none of whom subsequently satisfied the appointment panel that they would prove to be a successful appointment and therefore justify the funds generously allocated by the Council. Notwithstanding these disappointments, the principle that a professional fundraiser is required remains and the appointment will be pursued in 2020.

Fundraising initiatives continued during 2019 in any event. A number of donations were received through the Just Giving page and the Board is aware of an increasing uptake of the legacy option for donations to the Foundation being included in Wills.



Any time I have had to email the college with regard to issues I have the people that I have dealt with have been lovely and extremely competent in their roles. Very efficient!

MEMBER VIEWPOINT

In addition, there were two particular initiatives during 2019 to secure funding:

- ▶ Jason Smith, Chair of the RCEM Research Committee and member of the Foundation Advisory Board, liaised with the Sepsis Trust to develop a joint research project – of particular importance given the role of Emergency Medicine in the early diagnosis and initial treatment of patients with sepsis and of great relevance given the high media profile of this condition. The intention is that joint research proposals will be submitted as grant applications which will secure funding for the research component of the Foundation fund.
- ▶ Jonny Acheson, Consultant in Emergency Medicine in Leicester, is a cartoonist of particular excellence. Jonny kindly offered to produce cartoons – available as standalone prints or as calendars – reflecting a witty and amusing take on Emergency Department activity.

The Board is grateful to both Jason Smith and Jonny Acheson for their contributions to the Foundation work.

Overall, therefore, 2019 represented a period of consolidation and limited progress for the Foundation. The crucial and fundamental next step will be the appointment of a fundraiser with the very reasonable expectation that this appointment will lead to successful and sustainable fundraising to allow the Foundation to pursue the activities planned by the Foundation as follows:

- ▶ Support groundbreaking research
- ▶ Support RCEM activities designed to optimise patient care in the UK
- ▶ Support the development of Emergency Medicine and clinical training in low income countries.

The Chair wishes to convey his sincere thanks and gratitude to all members of the Foundation Advisory Board, past and present, for their invaluable contributions.



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

The Honours Committee plays an important role in seeking to ensure that outstanding contributions to emergency medicine and the work of the College are appropriately recognised.

We were delighted at the start of the year to congratulate Dr Malik Ramadhan on his award of an OBE in the New Year Honours List and Dr Ed Glucksman on his award of an Honorary MBE, honorary because Ed is an American citizen.

Later in the year we had the pleasure of congratulating Dr Susie Hewitt on her award of a MBE.

During the year we were also pleased to welcome into the Membership of the Committee the President Katherine Henderson together with Dr Emma Redfern and Dr Malik Ramadhan.

The Committee was pleased to recommend to Council the award of an Honorary Fellowship to Dr Abdel Aziz, the first SAS member to receive such an honour and someone who has given outstanding service to the College and Emergency Medicine. We also recommended to Council the award of an Honorary Fellowship to Dr Jonathan Goodall the former Chair of the Intercollegiate Committee for Acute Care Common Stem Training (ICAAACST) Jonathan has been a champion and advocate for Emergency Medicine through his many years of work and support for ACCS.

Honours were also bestowed upon the following members and staff:

**President's Medal** - Dr Wayne Hamer

### College Medals:

#### To members:

**Dr Adrian Boyle** – outgoing Chair, Quality in Emergency Medicine Committee

**Mrs Suzanne Cosgrave** – outgoing Chair of Corporate Governance Committee

**Dr Alastair Gray** – outgoing Chair of Research and Publications Committee

**Dr Carole Gavin** – outgoing CPD Director

**Dr Abdel Aziz** – past Chair FASSGEM

**Dr Jeff Keep** – outgoing Chair Quality and Improvement Committee

**Dr Ursula Mackintosh** – former Senior Examiner

#### To staff:

**Chris Walsh** – former Head of eLearning

**Pam Bollen** – former IT Manager

**David Greening** – former Training Manager

A key part of our remit is to nominate members and others for national honours. This is of course a process requiring the upmost confidentiality but during the year the Committee initiated and supported a number of such nominations.

I am grateful for the support of my fellow committee members and to Gerardine Beckett as Committee Secretary.




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**Derek Prentice**  
Chair, Honours  
Committee

## National Board Reports

### National Board for Scotland

It is no exaggeration to say this has been one of the most eventful years for the RCEM Scottish Board.

During the early part of the year we continued meeting the challenges common to all EDs, that of exit block and ED Crowding. We continue to be engaged constructively with the media in Scotland. This means that our profile is continually high, and we are then sought out for collaboration by various organisations within Scottish NHS and Government to attempt to find solutions.

The two main annual meetings, the Spring Scientific Meeting (another sell out in Glasgow despite increased capacity) and the Policy Forum were both very successful, with a prescient focus on wellbeing and peer support, and also the interface between Public Health and EM.

We also organised a Parliamentary Reception early in 2020, which was attended by the Cabinet Secretary for Health and several other MSP. This was quite successful and provided a welcome opportunity to show case how Scottish ED are managing to still achieve excellence (as reflected in the GMC Trainee satisfaction survey), which perhaps had been a bit of a well-kept secret.

We were also pleased to welcome our new ACP representative to the Scottish Board.

Events in 2020 have of course, been dominated by how we deal with the Covid 19 Pandemic. From the perspective of RCEM, we have found ourselves integral to the response.

We have greatly increased our engagement with NHS Scotland

and Scottish Government, providing constructive criticism both publicly and privately. We are currently about to engage in the development of Emergency and Unscheduled care in Scotland which provides a great opportunity to shape the future for our specialty.

We have also found that we have become much more involved with the Scottish Academy of Medical Royal Colleges. This group has been constantly active during the Pandemic, representing the interests of patients and doctors at strategic levels. We have also produced, at great speed several documents, including ones for allowing relatives access to Covid patients, the care of bereaved relatives and the principles of providing care in the new healthcare landscape. EM were at the heart of these documents, in terms of instigation and contribution.

One of the strengths of RCEM in Scotland is engagement between the Board and all the Fellows throughout Scotland. This basically provided a ready-made network which we were able to use to plan and share Covid related issues, both with each other and Scottish Government.

RCEM in Scotland will continue to build on these achievements to embed all of the positive changes to the NHS in Scotland for the benefit of our patients, and our Fellows and Members, whose interests are aligned.



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

## National Board for Wales

The challenges caused by crowding and exit block faced by all of us in Emergency Medicine in Wales continued into 2019.

The Welsh Board continues to engage with the Minister for Health, NHS Wales, the Chief Medical Officer, Chief Nursing Officer and the National Program for Unscheduled Care Board (NPUC) about these perennial issues.

The NPUC Board recognizes these pressures and continues to support the development of the Emergency Department Quality & Delivery Framework launched in 2018. There are four broad areas of work supporting the framework to help us understand activity across the patient pathway to enable better resourcing resulting in improved patient outcomes and staff wellbeing. We have made progress developing initial pioneering key performance indicators recording nationally times to triage, and time to see a clinician across all 13 Type 1 EDs in Wales. There are no plans to remove the four-hour measure but to introduce metrics that will help to better understand the patient journey. Completion of All Wales NHS Benchmarking projects continues to improve and members & fellows are encouraged to use this information to support business case justification. We had the first all Wales bespoke ED staff survey coordinated by Picker to help clinical leaders support their staff in the EDs. Lastly, 'Happy or Not' machines were given to all 13 ED's to generate real time patient experience reports.

The evaluation of the British Red Cross initiative introduced to support staff and patients in winter 2018/19 was so successful, Welsh Government continued the funding for this project available to all EDs – the first time winter monies have been ring fenced to support EDs in Wales. RCEM Wales submitted a response to Welsh Government regarding winter preparedness in Spring 2019.

Staffing continues to improve with ongoing consultant and trainee expansion and the first nurse in Wales to receive Advanced Clinical Practitioner accreditation from RCEM was Ponnice Jayakumar. There was another successful All Wales School of Emergency Medicine conference in May and trainee feedback continues to excel. I wish to thank Dr Farrow for all her hard work during her tenure as Head of School.

May saw a joint RCEM & Welsh Government opening of the Welsh Centre for Emergency Medicine Research in Swansea. RCEM supported a multidisciplinary major trauma CPD event focusing on major incident preparedness in September with excellent feedback from attendees.

Written evidence was submitted to Health Education & Improvement in September 2019 using feedback from Members & Fellows together with evidential research to support the Health & Social Care Workforce Strategy.

Unfortunately the roll out of Welsh Emergency Department System including ECDS and SNOWMED CT continues to be slow despite continuous pressure to expedite this work.

The Welsh Board continues to meet and our new President attended Board last autumn. I welcomed Dr Suresh Pillai as Vice Chair to the Board. We are now receiving regular accounts from HOS, trainees' representative and leads for ACP, FASSGEM, leadership, research & SWPC. I look forward to continuing work with the group next year.



**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 2019. 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 progressed work on the review of Urgent and Emergency Care in Northern Ireland announced in November 2018, including holding a summit in June 2019. A public consultation was initially due to be undertaken towards the end of 2019 but this has been deferred, adding further to the frustration of those working in Emergency Medicine in Northern Ireland.

The challenges facing emergency medicine in Northern Ireland continued to mirror those across the United Kingdom and the Republic of Ireland during 2019, with over a third of patients spending more than four hours in our EDs and a year on year increase of 79% in the number of patients spending more than 12 hours in our EDs.

RCEM NI met with Department of Health officials on four occasions during 2019. They were joined by the RCEM President Dr Taj Hassan in February 2019, by the RCEM President Dr Katherine Henderson in September 2019 and by Dr Chris Moulton and the GIRFT-EM team in November 2019. All meetings provided opportunities to reiterate the challenges facing emergency medicine regionally and to seek to influence the review of Urgent and Emergency Care in Northern Ireland.

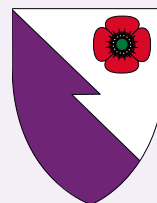
The RCEM NI National Board met on three occasions during 2019.

During 2019 RCEM NI continued to engage in interface 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*'. This document was launched in March 2019. It is hoped that these interface meetings will continue and lead to ongoing collaborative working on a range of issues.

During 2019 RCEM NI engaged in interface meetings with the regional cardiology network team to develop a regional approach to Rapid Angina Assessment Clinics.

In April 2019 RCEM NI welcomed emergency medicine friends and colleagues to Northern Ireland for a very successful Spring CPD Conference held at the Europa Hotel, Belfast.

In November 2019 RCEM NI held an annual update meeting at the Crowne Plaza Hotel, Belfast. This was well attended by RCEM Members and Fellows. Those present had an opportunity to interact with the RCEM President Dr Katherine Henderson and with the team leading the Department of Health review of urgent and emergency care in Northern Ireland.



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**Dr Ian Crawford**  
Vice President,  
RCEM Northern Ireland



## Regional Boards of England

### North East

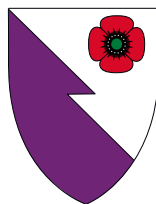
The North East region comprises two Major Trauma Centres (one is north oriented in Newcastle upon Tyne, the other south oriented in Middlesbrough), as well as eight other busy and vibrant Emergency Departments. The regional geography extends across to Cumbria as a westerly outpost, the Scottish border forms the northern extent, while to the south it junctions with North Yorkshire. The breadth and landscape therein, means our patients live in diverse rural and busy urban settings, some of these with significant socio-economic deprivation as their baseline. This context provides case mix, volume, acuity and conveyance challenges (trauma and non-trauma) that require the expertise of the regional hospital and pre-hospital Faculty to deliver emergency care to the highest of standards.

The national specialty challenges are mirrored in the region, with some departments managing to mitigate the generic and their own specific challenges slightly better than others. None, unsurprisingly, have the levels of sustained success (performance wise) that is aspirational. The headline domains that impact the daily working life of Members and Fellows in my region, while trying to enact safe and timely care for patients, remain persistent. These domains are perfectly aligned with the RCEM CARES campaign – ED crowding and exit block, access to unscheduled healthcare falling upon EDs when other avenues fail to deliver or cannot cope, the challenges for staff retention and optimised training and well-being experience and maintenance of patient experience and safety.

The local Health Education England office, North East (HEE NE), remains the top region in the country to train overall – being ranked number one in 17 out of 18 GMC training survey indicators – while also maintaining, for the seventh consecutive year, the honour of being ranked number one for overall satisfaction. The regional school of EM has strong numbers and performance at ACCS and Higher training levels with nearly 100% uptake of Consultant posts being within region, for those who complete training. All departments have increased their Consultant numbers, some more gradually than others, of course, but there is a pan-regional upward trend, in this regard, when plotting a future trajectory.

The region continues its successful conference programme. RCEM's Annual Scientific Conference was very successfully hosted in Newcastle-Gateshead in October 2019. The 11th Annual Northern Paediatric EM conference took place in June 2019 and both of these were followed up by the most recent, excellently attended, Northern local trainee EM conference, where the region was privileged to have our President as keynote speaker, in January 2020.

The region remains one of the best places in which to train in EM in the UK and the region's departments – Faculty, trainees and non-trainees of the EM medical workforce, allied to our nursing and associated health-care professional workforce also – continue to be up there with the most dedicated, professional and resilient ones in the country.




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**Sohom Maitra**  
Region Chair  
[NEChair@rcem.ac.uk](mailto:NEChair@rcem.ac.uk)

## South West

### Research

Research programme remains very active in the SW. This year to the latest data cut (beginning Dec 19) trauma and emergency care have recruited just shy of 700 participants across 23 portfolio studies in seven trusts (including SWAST). Bucking the trend of reduced recruitment across other specialties and portfolio overall but increasing challenges with reduced funding beginning to bite. We will need to look at other ways to recruit / support recruitment at a time when nursing support is reducing. E.g. Research Fellows, Research Paramedics. Change of name of specialty group from Injuries and Emergencies to Trauma and Emergency Care.

Highlights within the past 12 months are AIRWAYSII as largest pre hospital cardiac arrest study sponsored by SWAST, NoPAC, TERN studies led by SW trainees such as TIREd with really good engagement from SW trainees and TERN reps. Successful SW research residential with 3/8 research teams from Emergency Medicine hopefully leading to new NIHR studies in the pipeline. SW Collaboration with national sepsis studies HTA applications such as ABCS. Ongoing doctoral research in region.

There are plans for further SW applications in relation to recent cross NIHR funding scheme call for EM research (UDiReCT, blood product use) – a great opportunity for the SW.

### General Issues

The SW is facing all of the challenges that departments elsewhere in the UK are experiencing. All departments are under significant and increasing pressure, with no apparent end in sight.

Departmental occupancy levels of over 200% have been reported. There is very clear evidence of patient care being compromised and staff under extreme pressure and at risk of burnout. Recruitment has suffered as a result (as above). Departments are becoming more reliant on locums, who are often not of the quality of substantive doctors, compromising safety further and increasing the burden on senior doctors. 12-hour trolley waits, and corridor care is now common. There has been at least one identified incident of a patient having a cardiac arrest in a corridor. Departments are unsafe and there is no privacy for patients in many areas.

Overcrowding due to poor (or no) flow is the recurrent theme. Numbers in terms of attendances are high GIRFT data suggesting an 8% increase in majors, static in minors. This may not be representative of all centres. None of these issues are hidden from the senior management within Trusts, but there is very limited capacity for meaningful action. Boarding (or one up on wards) is utilised infrequently.

Very large number of consultants looking for escape routes and most are considering portfolio careers to minimise shopfloor sessions as a way of reducing burnout.

Healthrota for self-rostering has proved very useful. Worth considering for junior rotas as well as senior. Can help to optimise work life balance. Well-being initiatives being utilised (to squeeze out extra). Greatix is utilised to good effect. Very strong teams throughout the region.

Nurse practitioners are voting with their feet and moving to higher banded jobs in primary care, offering more money, more sociable hours, and lower intensity. It seems likely that ANPs will follow. General nurses are leaving too – recruitment always seems to be possible, but leads to large cohorts of nice but inexperienced nurses without the clinical acumen and experience of those leaving.

Challenges in primary care are defaulting to become problems in ED. OOH services are struggling to fill their shifts (increasing acuity of patients/increasing numbers/under resourced services). OOH using increasing numbers of ANPs and paramedics to fill their shifts (planned for 50% locally). Will lead to an inevitable reduction in the clinical acumen and skill set of call handlers/visiting clinicians. The upshot will almost certainly be larger numbers of patients being directed to the acute Trusts and this is being borne out already. 111 providers are struggling to cope with demand. Over the Christmas period callers were directed straight to the ED. Reduction in daytime GP referrals to inpatient specialties – increase in patients attending ED following GP interactions. Reflect increase in GP telephone triage / their own pressures.

A general critique of the current Urgent Care System is that it makes the ED the focus for too many referrals because of ease; there are too many barriers to referral elsewhere. We should work more closely with colleagues in Urgent Care.

### Recruitment

Recruitment to training programmes remains strong in both North and South of the region, with almost all posts taken up. There has been a huge uptake for LTFT training, but limited interest in full time posts.

Recruitment at middle grade level outside of training programmes remains very difficult, in keeping with the national picture. Departments continue to try and create eye-catching posts. Most are offering 80:20 posts. Almost all departments are encouraging / supporting CESR posts, although the number who are pursuing this route is unknown.

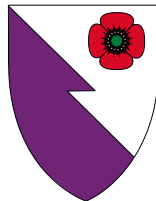
The region has the novel post of EM/ cardiac ACP in Bristol – dedicated to seeing appropriate patients (chest pain and SOB). This appears to be working well.

GPs working as GPs in ED are seeing primary care patients or supporting discharge of patients who might otherwise need admission.

Challenges of delivering training and education. Clinical educator post – dedicated shopfloor time for teaching and training, but also ability to support shopfloor colleagues (with procedures / sick patients). There is a drive for increased sustainability and increased shopfloor time; an important way of helping to ensure that trainees feel valued.

Numerous vacancies exist at consultant level. Good trainees still accrediting and looking for jobs in the region.

Matching workforce with predicted demand, matching funding to workforce and then really aggressive, proactive recruiting with a minimal recruiting lag, its suggested, should be at the top of College priorities. New workforce planning is suggested for doctors to establish the numbers that represent safe and sustainable EM.



**Adam Reuben**  
Regional Chair  
[SWChair@rcem.ac.uk](mailto:SWChair@rcem.ac.uk)



Small and intimate so feel able to get a personal response on an issue. People in key positions are responsive and engaged

MEMBER VIEWPOINT

## West Midlands

### Consultant Recruitment

There were many new recruitments across the region, mostly trainees from the region choosing to join the local hospitals

### Training

For the first time in last many years, we had a near total fill rate at all levels – from the ACCS to HST.

Non-Training grades: There has continued to be a significant number of gaps at this level with a consequent large dependence on locums.

### Four-hour performance

Most Trusts in the region managed to be in the mid-70s to mid-80s with one large MTC training far behind and probably being in the lowest few across the country. The principal reasons are an acute reduction in bed capacity and poor flow management.

### Activities

We held two sold-out study days in the earlier part of 2019, and a further study afternoon, 'Meet the President-Elect', was held in September. As part of my personal leave, I used a trip abroad to liaise with local EM trainees in Sri Lanka and India.

### Challenges

To give a meaningful role to the Regional Chair and to improve the ability of the regional chair to communicate with the local constituents.



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

## London

In October 2019, Dr Emma Rowland (Homerton Hospital) and Dr Shashank Patil (Chelsea & Westminster Hospital) were appointed as the Co-Chair for the London region. This was following the election of the past chair Dr Katherine Henderson as the President of the Royal College of Emergency Medicine.

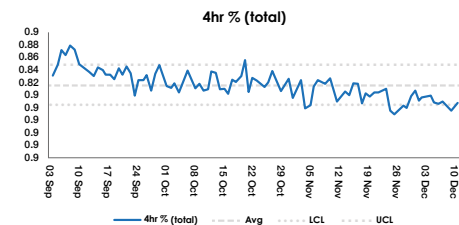
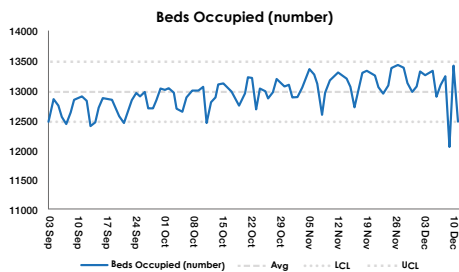
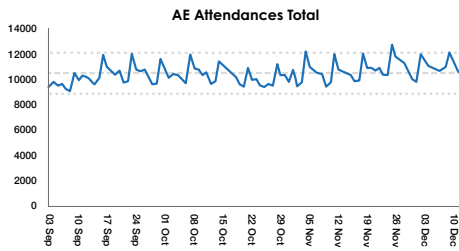
### The Performance

There are 27 Emergency Departments in the London region. Significant issues have been faced by nearly all departments with increasing attendances, continued exit block, increased bed occupancy and staffing challenges. This has resulted in a continued decline of the four-hour Emergency Care standard, multiple patients remaining in Emergency Departments for extended periods of time and significant delays to ambulance handovers. Patients requiring an admission to a mental health bed have been particularly affected.

To try and support safety throughout this time, there has been ongoing work around Same Day Emergency Care, focus on Ambulance handovers and use of the National Early Warning Score (NEWS) 2 to maintain clinical safety and prioritization across the urgent care pathway.

### The Partnership

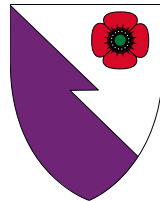
As part of our roles we represent RCEM at the London Urgent & Emergency Care Network group which is part of the bigger Healthy London Partnership. The network partners with CCG, HEE, NHSEI, NHS Digital, PHE, Greater London Authority and the Mayor of London. The aim is to identify London issues, find solutions and empower the emergency services with tools and information to effectively deliver local services and meet the strategic health vision. The network has visited issues around frailty, mental health and respiratory problems.



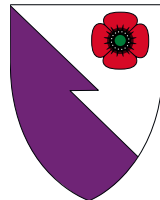
**The Winter**

The Chairs worked with the London Respiratory Network via the London Health Board and disseminated particularly useful information to the providers and public on some key issues.

1. Importance of flu vaccination
2. Diagnosis of chronic respiratory conditions in ED - or rather not to...
3. Medication optimization - information on how to use inhalers effectively
4. Top tips for winter that can be provided to the vulnerable and older population



**Dr Emma Rowland**  
Co-Chair, London Region



**Dr Shashank Patil**  
Co-Chair, London Region

**The Structure**

The London regional board meeting is held every quarter and has a reasonable participation. It is also used as an opportunity to provide a professional development event for the consultants and covers a clinical topic, research paper and discussions over an operational delivery idea or issue. Some of the items covered were around value-based healthcare, strengthening the medical workforce and capped rates for locums. The meeting is also attended by the London GIRFT lead and used as a forum to provide information and suggestions on improving delivery of emergency services locally.



## Yorkshire & Humber

The clinical pressures on the ED's across the region is constant and increasing. The major issue is outflow from the departments leading to overcrowded EDs. This has significant impact on dignity and quality of care provided to the population.

2019 saw a bad winter for all departments with significant exit blocks and issues with crowding. Barnsley was the only ED to do well and was closest to achieving the four-hour Emergency Care Standard.

Staffing of middle grade roles continues to an issue across the region, and each department has worked to come up with different solutions.

The region has seen the development of the Clinical fellow program (60/40 split) and delivering multiple QI projects, CESR program, Qmet Program tie up with international centres.

Due to the high workload of staff it is an ongoing challenge to engage with the region in context of regional leads for the College.

However, we have also seen the formation of the Yorkshire Society of Emergency Medicine (YSEM); a society developed by trainees for regional joined up thinking and collaboration. Since its formation it has delivered multiple regional education/network days.

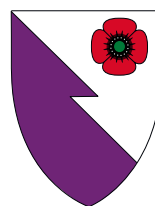
Yorkshire is emerging as a centre with high number of ACPs and we are actively working in collaboration with trusts to build a better support system for this group.

## Key Achievements

- › EM Leaders Program- appointment of Lead Faculty- delivery of phase one of training days- positive feed back after 5 sessions this year.
- › Resurrection of the Regional Trainee association- Formation of working groups- well being, Research, Education and Simulation.
- › Listening Ears- support and wellbeing initiative across the multidisciplinary ED team- Trialled at Leeds now plans to set up in multiple Trust in the region.
- › Across the region- working group set up- for improved communication- first meeting held via Tele link.
- › EM Educational site- Educational recourses and Assessment Booking system.

## Key Goals

- › Improve communication- summary from council meeting.
- › Networking events- Social and Educational.
- › RCEM CPD 'Change and Leadership' day planned for Sept 2020.



**Dr Sundararaj Manou**  
Regional Chair  
[YHChair@rcem.ac.uk](mailto:YHChair@rcem.ac.uk)



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

MEMBER VIEWPOINT



*No reports were submitted for East of England, South East Coast, South Central, East Midlands and North West*

EMERGENCY  
AMBULANCE

# DEPARTMENTS – A YEAR IN NUMBERS



Emergency  
Department

“

I do think it's very good  
at raising the profile of EM  
and the concerns of its  
members nationally

MEMBER VIEWPOINT



## Events

### The Spring CPD conference held in Belfast was another sell-out event.

The e-learning team increased the amount of podcasts that were generated from the Conference which have received excellent feedback. This provides an additional benefit to M&F who are unable to attend the conferences as they may still gain some CPD from the events.

The Annual Scientific Conference this year was held in Gateshead at the Sage. The event received good feedback from delegates for both speakers and logistics. We were pleased with the number of abstracts submitted (374) for the conference and number of delegates who booked onto the event.

The number of study days the College offers continues to increase. The formalised procedure for the intake of study days from proposal to evaluation, and approval from the CPD Director ensures a breadth of topics likely to be popular with M&F, mapped to the GMC domains for revalidation.

The 2019 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. We also celebrated 11 credentialed ACPs. The winners of the RCEM Annual Awards were announced with departments of emergency medicine that have excelled in key areas of training, patient care and quality improvement being distinguished.

Event type

	2018	2019
ACP conference	1	1
CPD/ASC conference	1	2
Diploma	1	1
EMTA conference	1	1
FASSGEM conference	1	1
Other	2	-
Scottish conferences	2	2
Study days	28	35
<b>Total</b>	<b>36</b>	<b>43</b>



Offers excellent conference and training opportunities

MEMBER VIEWPOINT



I think they have significantly raised the profile of EM in the UK

MEMBER VIEWPOINT

Key stats

43

events in total compared to 36 in 2018, a 19% increase

81%

of events were study days

4,305

registrations

491

abstracts submitted across 9 events

24

old out events with waiting lists (55%) compared to 18 the previous year (50%)

17

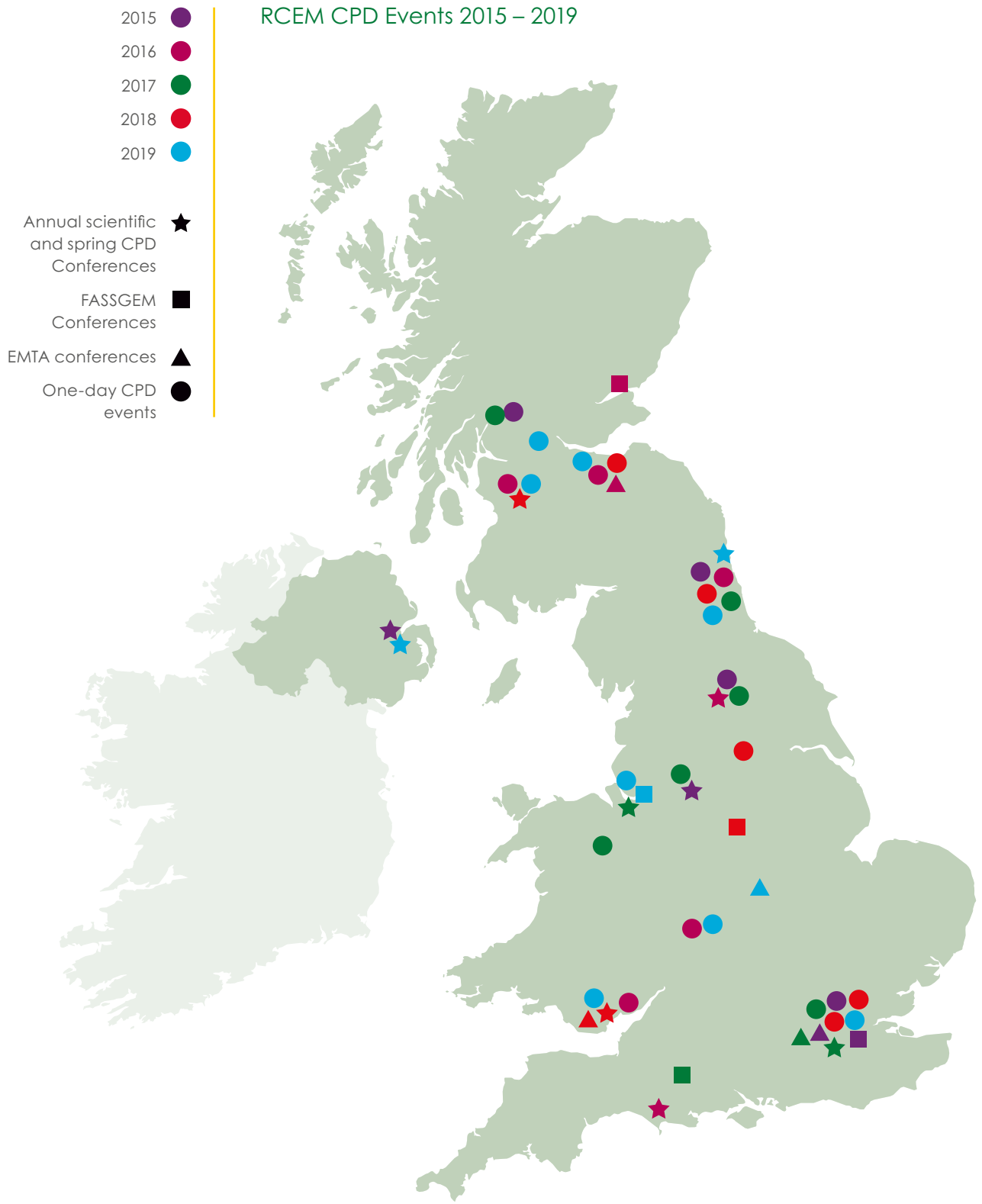
events held outside London region (40%) compared to 8 in 2018 (22%)

9

events held in 9 regions, compared to 6 regions in 2018

8

events held in 2019 were practical workshops (19%), up from 3 (8%) in 2018



## Membership

- Total members at the end of 2019: **9113**
- Members approved during 2019: **1588**
  - **1221** of these were from the UK – **77%**
  - **368 (23%)** members approved in 2019 came from **35** overseas countries across 5 continents
  - **313 (20%)** were non-medical (students, ACP, RHP etc)

### Regional Membership Breakdown

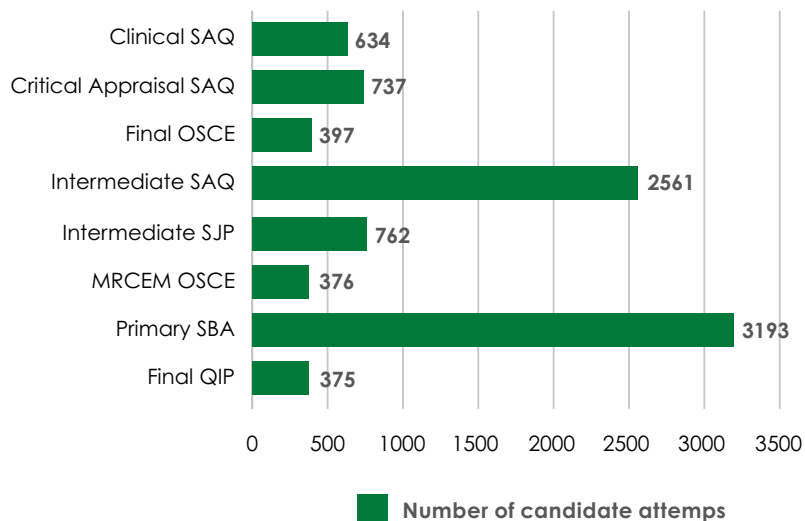
Region	New members in 2019 and % of Joiners
East of England	103 (6%)
East Midlands	77 (4%)
London	197 (12%)
North East	82 (5%)
Northern Ireland	37 (2%)
North West	147 (9%)
South Central	77 (4%)
Scotland	73 (4%)
South East Central	85 (5%)
South West	95 (6%)
Wales	44 (3%)
West Midlands	89 (5%)
Yorkshire & Humberside	113 (7%)
Overseas	336 (21%)
Republic of Ireland	32 (2%)
Channel Islands	0

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

### RCEM Examinations – 2019



### Exams & Training

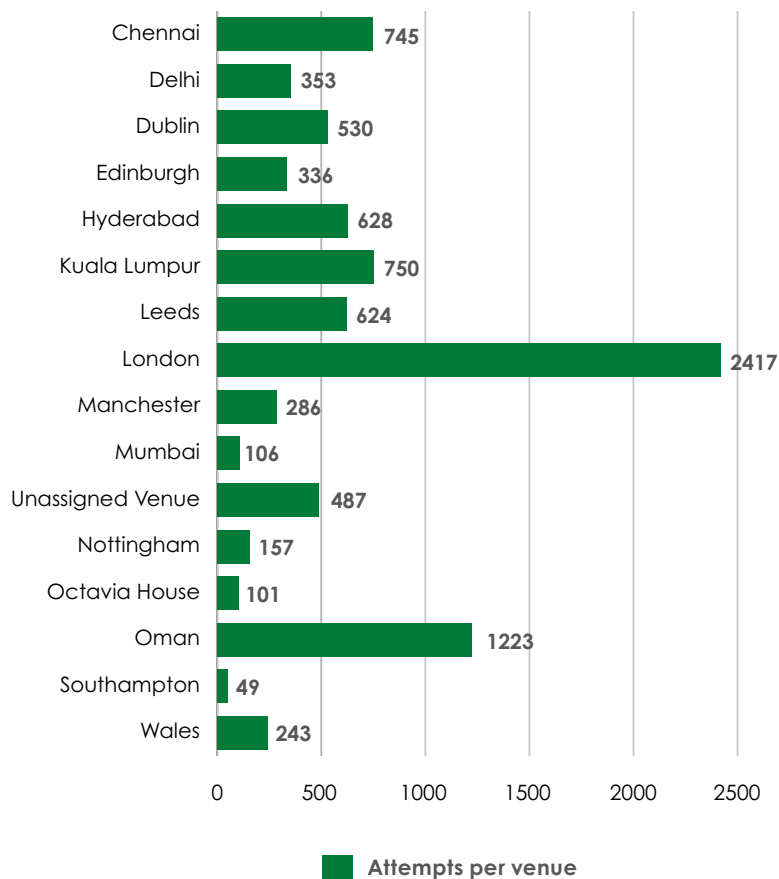
- › In 2019 there were **9035** exam attempts by **6090** individual candidates.
- › The examination department held **16** exams across **33** days.

### eLearning

In 2019 we published **183** new content items and reached a milestone of **1000** publications. Three highly successful content writing workshops proved to be a significant contribution to developing new content. Consequently, there was an increase in the curriculum coverage, which now involves all areas.

Number of users continued to increase and by the end of 2019 reached **903,196**.

### RCEM Examination attempts by Venue 2019



### Key metrics

	2018	2019	Increase %
Total completed modules in the Exams sections	38,965	69,057	77.2%
Total page views	2,604,346	2,844,077	9.2%
Publications	147	183	24.5%
CPD diary entries (monthly average)	1,972	2,141	8.6%

## Policy & Communications

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.

In 2019 we launched **RCEM CARES** – our new campaign to address the many issues facing Emergency Care. The campaign focuses on five key areas:

**C**rowding

**A**ccess

**R**etention

**E**xperience

**S**afety

Find out more at [rcem.ac.uk/cares](https://rcem.ac.uk/cares)

Another key area for the team is press and media work. In 2019 we featured in coverage on BBC News, Channel 4 News, Sky News, Channel 5 News, the Today Programme, World at One, Newsnight, 5Live, LBC, Panorama, Scotland Tonight, BBC Wales, and other regional news programmes.

- Press releases issued: **66**
- News articles featuring RCEM quotes or sources: **3,720\***
- Advertising value equivalent: **£117m\***
- Pageviews of [rcem.ac.uk](https://rcem.ac.uk) in 2019: **2,723,951**
- Total emailed communications to members: **515,285**

### RCEM CARES

How to make Emergency Departments better



### Winter Flow Project

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

- Type one four-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 2019 it once again proved to be a vital tool in highlighting the pressures EDs faced.

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

\*Figure from media intelligence company Meltwater

Want to know more about RCEM

## Quality

### Guidance

17

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

16

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

73,985

number of patient records submitted for the three national QIPs

### Safety

5

national safety alerts issued or promoted

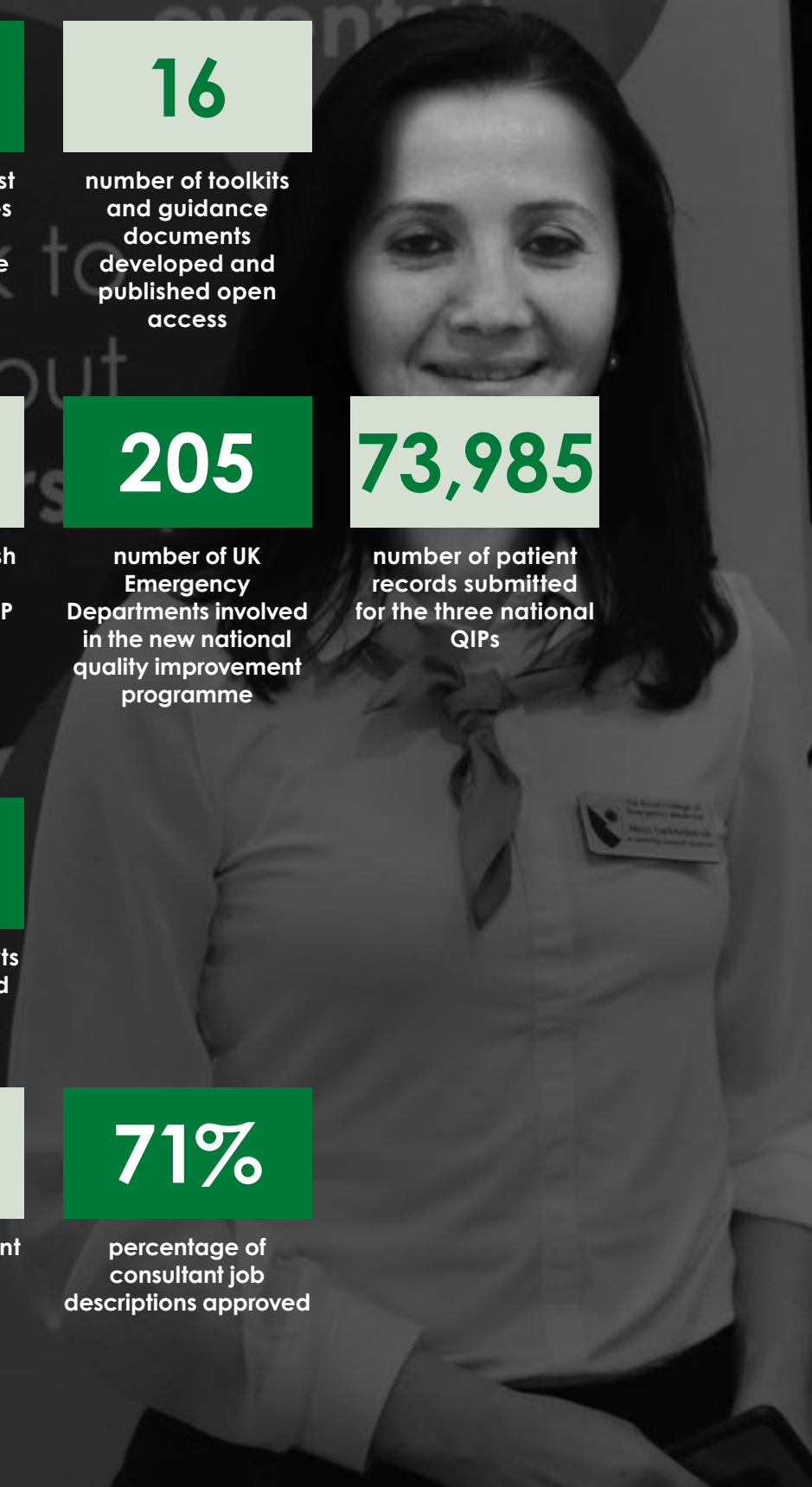
### Workforce

111

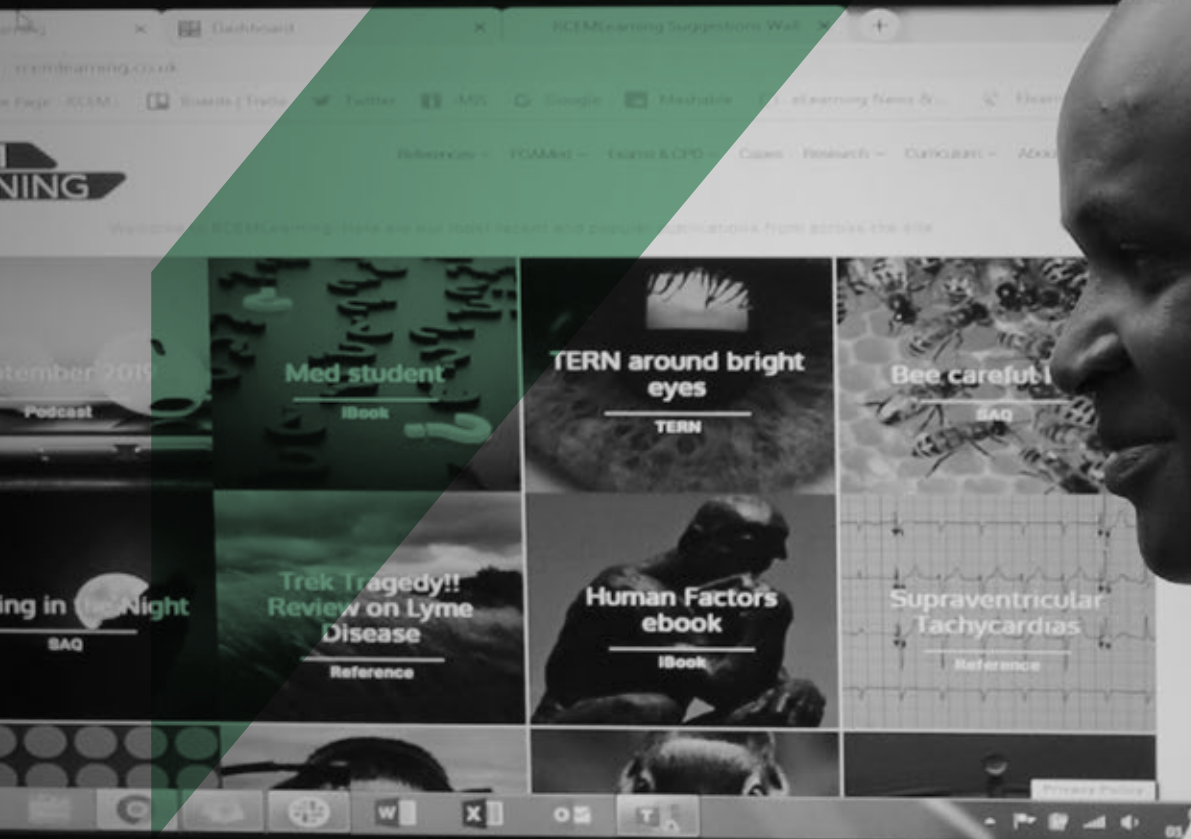
number of consultant recruitments supported

71%

percentage of consultant job descriptions approved





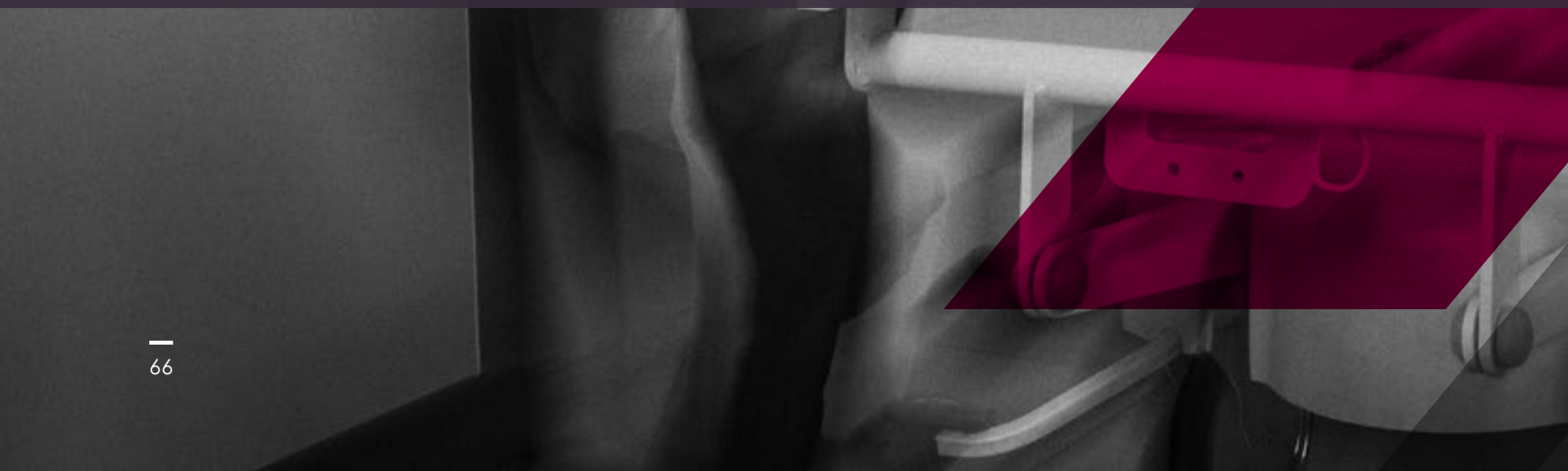


TOSHIBA





# EMERGENCY MEDICINE PERFORMANCE IN 2019





They are proactive in highlighting the struggles faced by EM and supportive of members

MEMBER VIEWPOINT

# EMERGENCY MEDICINE

## England 2019

Total attendances:

16,185,686



Average four-hour performance:

76.2%



Total 12-hour waits:

8,262\*

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

All data from Jan to Dec 2019

## Wales 2019

Total attendances:

843,600



Average four-hour performance:

71%



Total 12-hour waits:

60,944

# PERFORMANCE IN 2019

## Scotland 2019

Total attendance:

1,440,285



Average four-hour performance:

87.3%



Total 12-hour waits:

5,038

## Northern Ireland 2019

Total attendances at Type 1 EDs:

685,974



Average four-hour performance:

61.9%



Total 12-hour waits:

42,220

Emerg  
Depart

FINANCIAL  
REPORT

ency  
ment

“

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

MEMBER VIEWPOINT

## Report of Council

Council submits its annual report together with financial statements of the College for the year ended 31 December 2019.

### 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	Moore Kingston Smith LLP Devonshire House, 60 Goswell Road, London, EC1M 7AD
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
	Dr Katherine Henderson	2019	2022
Immediate Past President	Dr Tajek Hassan	2019	2020
Vice President	Dr Chris Moulton	2016	2019
	Dr Ian Higginson	2019	2022
Vice President	Dr Lisa Munro - Davies	2016	2022
Vice President - Policy	Dr Adrian Boyle	2019	2022
Registrar	Dr Ian Higginson	2016	2019
Vice President - Membership	Dr Carole Gavin	2019	2022
Treasurer	Dr Scott Hepburn	2018	2021
Dean	Dr Jason Long	2014	2020
CPD Director	Dr Carole Gavin	2016	2019
	Professor Simon D. Carley	2019	2022
Chair QECC	Dr Adrian Boyle	2016	2019
	Dr Simon M Smith	2019	2022
Chair R&P	Dr Jason E Smith	2019	2022
Chair TSC	Dr Maya Naravi	2018	2021
Chair ACP	Mrs Olivia M Wilson	2019	2022
Chair - Emergency Medicine Trainees Association	Dr Paul Stewart	2018	2020
	Dr Amar Mashru	2019	2022
President – Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine	Dr John Burns	2017	2020
Northern Ireland – National Board	Dr Ian Crawford	2018	2021
Scotland – National Board	Dr David Chung	2017	2020
Wales – National Board	Dr Jo Mower	2018	2021
East Midlands	Dr Richard Wright	2017	2020
East of England	Dr Jim Crawford	2016	2019
	Dr Sarah J Evans	2019	2022
London	Dr Katherine Henderson	2016	2019
	Miss Emma Rowland	2019	2022
	Dr Shashank Patil	2019	2022
North East	Dr Nick Athey	2016	2019
	Mr. Sohom Maitra	2019	2022
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 Adam Rueben	2018	2021
West Midlands	Mr. Kalyana S Murali	2019	2022
Yorkshire & Humber	Dr Sundararaj J Manou	2019	2022
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 Boards in England and National Boards in the devolved nations. Trustees are appointed in accordance with Ordinance 6 of the College's Charter and Ordinances. Any associated election processes are 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, Chair of Emergency Medicine Trainees Association, and Chairs of standing committees, Chair of the College Lay Group, President of Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine, Chair of Advanced Clinical Practitioners 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 can 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 Trustees receive information about their role and responsibilities from a range of sources, including the Charity Commission and professional advisors to the College.

The election of officers and other elected members of the Council are undertaken in accordance with the Royal Charter governing the College.

Council is chaired by the President, Dr Katherine Henderson who succeeded Dr Tajek Hassan into the role in the autumn of 2019. 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 and is making plans to create an Employee Forum.

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 a multi-professional workforce with sufficient numbers of fully trained Emergency Medicine consultants, doctors and Advanced Clinical Practitioners, 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;
- › providing a credentialing process for Advanced Clinical Practitioners;
- › 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;
- › 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 16 million people through Emergency Departments [1], 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.

## Fundraising

The College does not actively engage in any significant fundraising as described in guidance from the Charity Commission "Charity fundraising: a guide to trustee duties (CC20)", and so has not engaged a professional fundraiser or commercial participator to carry out any fundraising activities, and has therefore not subscribed to any fundraising standards or scheme of fundraising regulation. No complaints have been recorded about any fundraising activity, and the College does not fundraise in any way that could be expected to unreasonably intrude or place undue pressure on vulnerable people and other members of the public to give money or other property to the College.

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1 Source: Hospital Accident & Emergency Activity 2018-19 data for Major A&E Departments <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-accident--emergency-activity/2018-19>

## Achievements and Performance

During 2019, the President and Council worked to implement the strategy – RCEM Vision 2020, focused on three pillars of Staffing, Systems and Support for Emergency Care.

Several projects were undertaken in England to help implement the vision. 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 workforce strategy: Securing the future workforce for emergency departments in England [2]. 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.

A review of our strategy was commenced in the autumn and a new strategy is expected early in 2020.

During 2019 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.

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.

In 2019 we have been working to develop our approach to international activities building including 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. We do not employ a fundraiser but are planning to advertise for such a position in 2020. Our approach to fundraising is to approach contacts, stakeholders and Members and Fellows for specific appeals, we do not canvas the general public although we do have a Just Giving page. we plan to register with the Fundraising Regulator in 2020.

## Financial Review

The Trustees are pleased to report that total incoming resources for 2019 were £7.919m. (2018:£6.873m)

The income was as follows

Income	2019	%	2018	%
Donations & Grants	259,825	3%	169,940	2%
Other Income	431,534	5%	322,708	5%
Investment Income	52,034	1%	41,266	1%
Emergency Medicine Journal	250,000	3%	214,695	3%
Subscriptions	3,049,861	39%	2,823,918	41%
Conferences & CPD	841,080	11%	494,177	7%
Examinations	2,702,996	34%	2,564,648	37%
Training	120,512	1.5%	31,046	0.5%
Clinical Audit	173,012	2%	171,624	2.5%
Invited Service Reviews	39,000	0.5%	39,000	1%
<b>Total</b>	<b>7,919,854</b>	<b>100%</b>	<b>6,873,022</b>	<b>100%</b>

The principle funding sources for the College remain membership subscriptions and examinations income. These funding sources are in line with the main educational activities and charitable aims of the College.

In 2019 the total membership rose to 9,113. The largest increase was in Associate Members 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.

The increase in training income reflects our Emergency Medicine Foundation Programme, a pilot programme hosted in India which was broadly cost neutral as was intended.

Total resources expended during 2019 were £7.107m (2018 £5.861m). This report has highlighted earlier the key activities that account for the expenditure.

Major areas of expenditure were as follows:

Expenditure	2019	%	2018	%
Raising funds	19,247	0%	22,485	0%
Emergency Medicine Journal	532,522	7%	485,672	8%
Research & Publications	99,396	1%	63,178	1%
Education & Examinations	2,662,839	37%	2,486,227	42%
Training Standards Committee and general training	1,011,324	14%	815,322	14%
Conferences & CPD	1,241,723	17%	832,992	14%
Membership Services	324,868	5%	277,766	5%
Quality In Emergency Care	482,622	7%	407,588	7%
Policy & Professional Affairs	532,746	8%	389,523	7%
NHS Project Expenditure	198,914	3%	80,028	1%
RCEM Foundation	670	0%	0	0%
<b>Total</b>	<b>7,106,871</b>	<b>100%</b>	<b>5,860,782</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 10). 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.

During 2019 we reviewed our sustainable policy and as a result divested of our direct holdings in fossil fuel investments.

### Risk management, and principal risks and uncertainties

The Charity has a risk register maintained by the Vice President – Membership. 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. 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 impact of Covid-19 has been considered on the charity's future plans and budgeting processes and the effect of the outbreak will be a significant risk into the December 2020 year end.

The Charity is committed to the ongoing fight against the Coronavirus outbreak and after the year end in line with Government advice we have postponed several activities including, but not limited to

- ▶ All examinations between April and August 2020. Further postponements will be considered in the summer of 2020.
- ▶ The National Quality Improvement Program for 2020/21, for a period of 12 months.

Additionally, the Charity has cancelled all events for the remainder of 2020, this included the cancellation of our spring CPD and autumn Annual Scientific Conferences.

These are significant income generating activities for the Charity, and our strategy to absorb this adverse impact will involve reducing expenditure and drawing on our reserves. Beyond this, plans to mitigate the potential longer-term impact of the outbreak have been drawn up and will be continuously updated as the situation unravels.

The effect on this year's financial statements has been considered in note 20 – post balance sheet events of the financial statements.

Other 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 several 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 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.

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 2019 were £9.677m (2018: £8.675m) of which £0.426m (2018: £0.363m) were restricted and not available for the general purpose of the charity. The unrestricted funds of the charity totalled £9.251m (2018: £8.312m) of which £7.037m (2018: £6.969m) are designated funds.

Designated funds are funds that the Trustees have earmarked for specific purposes. As at 31 December 2019, there are three designated funds, tangible fixed assets, IT development and RCEM foundation. Most 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 a digital transformation agenda over the next 3 years. RCEM foundation fund is a 2 year designated fund earmarked designed to support the development of the enable the foundation's to progress its fundraising ambition.

The free reserve balance is £2.214m (2018: £1.343m), and has been considered by Council, having regard for the risk position of the College and is to provide a cushion to cover up to six months core operating costs. Over the next 2 – 3 years Trustees would also like to commit £350,000 towards the procurement and development of a new ePortfolio platform and £90,000 towards research grant awards.

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 is now under review. Subject to that review 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 employees for their unstinting hard work during 2019 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 14 May 2020 and signed on their behalf by:




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**Dr Katherine Henderson**  
President

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

## Opinion

We have audited the financial statements of the Royal College of Emergency Medicine for the year ended 31 December 2019, 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 2019 and of the incoming resources and application of resources 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 Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011.

## Basis for opinion

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 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.

## 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 other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. 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

In the light of the knowledge and understanding of the charity and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report.

We have nothing to report in respect of the following matters where the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011 require us to report to you if, in our opinion:

- ▶ the charity has not kept adequate and sufficient accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- ▶ the charity's financial statements are not in agreement with the accounting records and returns; or
- ▶ certain disclosures of trustees' remuneration specified by law are not made; or
- ▶ we have not received all the information and explanations we require for our audit.

## Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement, 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

We have been appointed as auditor under Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and Section 151 of the Charities Act 2011 and report to you in accordance with regulations made under those Acts.

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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- ▶ Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- ▶ Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.
- ▶ Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- ▶ Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.
- ▶ Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- ▶ Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the group to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit report.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

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

### Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005, and in respect of the consolidated financial statements, in accordance with Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters which 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 any party other than the charity's trustees, as a body for our audit work, for this report, or for the opinion we have formed.

*Moore Kingston Smith LLP*

Statutory Auditors	Neil Finlayson (Senior Statutory Auditor) for and on behalf of Moore Kingston Smith LLP, Statutory Auditor
	60 Goswell Road London EC1M 7AD
Date	15 May 2020

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

## Statement of Financial Activities for the year ended 31 December 2019

	Notes	Unrestricted Funds £	Restricted Funds £	Total 2019	Total 2018
<b>INCOME FROM</b>					
Donations and grants	2	-	259,825	259,825	169,940
Income from charitable activities	3	7,176,461	-	7,176,461	6,339,108
Investment income	4	52,034	-	52,034	41,265
Other income	5	431,534	-	431,534	322,708
<b>Total Income</b>		<b>7,660,029</b>	<b>259,825</b>	<b>7,919,854</b>	<b>6,873,021</b>
<b>EXPENDITURE ON</b>					
Raising funds		19,247	-	19,247	22,485
Charitable activities		6,888,040	199,584	7,058,624	5,838,296
<b>Total resources expended</b>	<b>6</b>	<b>6,907,287</b>	<b>199,584</b>	<b>7,106,871</b>	<b>5,860,781</b>
Gains/(Losses) on investments	10	189,262	-	189,262	(128,235)
Fair Value Adjustment		-	-	-	-
<b>Net income for the year</b>		<b>942,004</b>	<b>60,242</b>	<b>1,002,246</b>	<b>884,005</b>
<b>Transfer between funds</b>	<b>14</b>	<b>(3,126)</b>	<b>3,126</b>	<b>-</b>	<b>-</b>
<b>Net movement on funds</b>		<b>938,878</b>	<b>63,368</b>	<b>1,002,246</b>	<b>884,005</b>
Fund balances brought forward		8,312,013	362,947	8,674,960	7,790,955
<b>Total funds carried forward</b>	<b>14, 15</b>	<b>9,250,891</b>	<b>426,315</b>	<b>9,677,206</b>	<b>8,674,960</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 2019

	Notes	2019		2018	
		£	£	£	£
<b>Fixed assets</b>					
Tangible assets	9		13,936,656		14,069,292
Investments	10		1,436,612		1,220,920
			<b>15,373,268</b>		<b>15,290,212</b>
<b>Current assets</b>					
Debtors	11	733,365		625,629	
Cash at bank and in hand		2,881,944		2,527,947	
		<b>3,615,309</b>		<b>3,153,576</b>	
<b>Creditors: amounts falling due within one year</b>	12	<b>(1,911,370)</b>		<b>(2,168,828)</b>	
<b>Net current assets</b>			<b>1,703,939</b>		<b>984,748</b>
<b>Total assets less current liabilities</b>			<b>17,077,207</b>		<b>16,274,960</b>
<b>Creditors: amounts falling due after one year</b>	13		<b>(7,400,000)</b>		<b>(7,600,000)</b>
<b>NET ASSETS</b>			<b>9,677,207</b>		<b>8,674,960</b>
<b>Represented by:</b>					
<b>Unrestricted funds:</b>	14				
Designated funds			7,036,656		6,969,292
General funds			2,214,235		1,342,721
			<b>9,250,891</b>		<b>8,312,013</b>
<b>Restricted funds</b>	15		<b>426,315</b>		<b>362,947</b>
<b>TOTAL FUNDS</b>			<b>9,677,207</b>		<b>8,674,960</b>

These financial statements were approved by the Trustees and authorised for issue on 14/05/2020 and are signed on their behalf by:



**Dr K Henderson (President)**



**S Hepburn (Treasurer)**

The accompanying notes form part of these financial statements.

## Cash Flow Statement for the year ended 31 December 2019

	Notes	2019		2018	
		£	£	£	£
<b>Cash flows from operating activities</b>					
<b>Net cash provided by operating activities</b>	18		<b>614,911</b>		<b>1,715,149</b>
<b>Cash flows from investing activities</b>					
Investment income		52,034		41,265	
Purchase of tangible fixed asset		(97,442)		(95,832)	
Purchase of investments		(270,382)		(81,183)	
Proceeds from sale of investments		254,875		62,126	
<b>Net cash used by investing activities</b>			<b>(60,915)</b>		<b>(73,624)</b>
<b>Cash flow from financing activities</b>					
Repayment of bank loan		(200,000)		(200,000)	
<b>Net cash used by financing activities</b>			<b>(200,000)</b>		<b>(200,000)</b>
Change in cash and cash equivalents in the year			353,996		1,441,525
Cash and cash equivalents at the beginning of the year			2,527,947		1,086,422
<b>Cash and cash equivalents at the end of the year</b>			<b>2,881,943</b>		<b>2,527,947</b>
<b>Analysis of cash and cash equivalents</b>					
<b>Cash at bank and in hand</b>			<b>2,881,943</b>		<b>2,527,947</b>
<b>ANALYSIS OF CHANGES IN NET DEBT</b>					
		At start of year	Cash-flows	Other non-cash changes	At end of year
		£	£	£	£
Cash		2,527,947	353,996	-	2,881,943
			353,996		
Loans falling within one year		(200,000)	200,000	(200,000)	(200,000)
Loans falling due after more than one year		(7,600,000)	-	200,000	(7,400,000)
<b>Total</b>		<b>(5,272,053)</b>	<b>553,996</b>	<b>-</b>	<b>(4,718,057)</b>

The accompanying notes form part of these financial statements.

# Notes to the Financial Statements for the year 31 December 2019

## 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 2019) - (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).

### Going concern

Trustees have considered several factors in concluding that the adoption of a going concern basis in the preparation of these financial statements is appropriate. Trustees have reviewed reserves and the business plan for next twelve months which demonstrate that the College has enough resources to meet its obligations as they fall due. The current global pandemic, a result of the Coronavirus outbreak, has led the College to revise its original business plan for 2020. This revised forecast, prepared by the trustees, indicates that the College may breach its Earnings Before Income Tax Depreciation and Amortisation (EBITDA) financial covenant attached to the long-term loan with our bank, Handelsbanken. The bank has indicated informally that given the unforeseen macroenvironmental factors they would continue to support the organisation by waiving the covenant, however, the college recognises the outcome of this situation is uncertain. With all that said, the College has significant free reserves and these free reserves will ensure the College successfully mitigates this forecasted deficit. Please also see the Post Balance Sheet Event disclosure in Note 20.

### 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 14.

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 15.

## Financial instruments

Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised except for 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.

## Related Party Transactions

During the year the charity made payments totalling £997 for services to BoomBoss Ltd, a company of which A Miles-Jenkins, the wife of G Miles, is CEO. The Charity also received £1,399 from the same company for the provision of rentable room space. There were no amounts outstanding between the charity and this entity at year end.

## 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 2019	Total 2018
<b>RESTRICTED FUNDS</b>	<b>£</b>	<b>£</b>
NHS Health Education England Projects	256,068	116,000
Emergency Care Data Set Project	-	50,000
RCEM Foundation	3,757	3,940
	<b>259,825</b>	<b>169,940</b>

### 3. INCOME FROM CHARITABLE ACTIVITIES

	Total 2019	Total 2018
<b>UNRESTRICTED FUNDS</b>	<b>£</b>	<b>£</b>
Emergency Medicine Journal	250,000	214,695
Conferences & CPD	841,080	494,177
Subscriptions	3,049,861	2,823,918
Examination fees	2,702,996	2,564,648
Training	120,512	31,046
Clinical Audit	173,012	171,624
Invited Service Reviews	39,000	39,000
	<b>7,176,461</b>	<b>6,339,108</b>

### 4. INVESTMENT INCOME

	Total 2019	Total 2018
<b>RESTRICTED FUNDS</b>	<b>£</b>	<b>£</b>
Dividends and interest on investments listed on a UK stock exchange	35,155	37,171
Interest received	16,879	4,094
	<b>52,034</b>	<b>41,265</b>

Investment income received in both years were from unrestricted sources.

### 5. OTHER INCOME

	Total 2019	Total 2018
<b>RESTRICTED FUNDS</b>	<b>£</b>	<b>£</b>
Sale of Merchandise	2,172	3,087
Room Hire	429,362	319,621
	<b>431,534</b>	<b>322,708</b>

## 6. EXPENDITURE

	Direct Costs £	Support Costs £	Total 2019 £
<b>Raising Funds</b>			
Website costs	2,357	-	2,357
RCEM Merchandise	8,672	-	8,672
Investment broker charges	8,218	-	8,218
	<b>19,247</b>	<b>-</b>	<b>19,247</b>
<b>Charitable Activities</b>			
Emergency Medicine Journal	532,522	-	532,522
Research & publications	80,769	18,627	99,396
Education and examinations	1,573,574	1,089,265	2,662,839
Training	570,232	441,092	1,011,324
Conferences & CPD	771,938	469,785	1,241,723
Membership services	107,312	217,556	324,868
Quality in emergency care	232,213	250,409	482,622
Policy and professional affairs	289,427	243,319	532,746
NHS project expenditure (Restricted)	198,914	-	198,914
RCEM Foundation Fund (Restricted)	670	-	670
	<b>4,357,571</b>	<b>2,730,053</b>	<b>7,087,624</b>
	<b>4,376,818</b>	<b>2,730,053</b>	<b>7,106,871</b>

	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	1,570,180	916,047	2,486,227
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 (Restricted)	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>

	Year to December 2019 £	Year to December 2018 £
<b>Staff costs comprise:</b>		
Wages and salaries	2,027,753	1,625,963
Social security costs	208,190	167,656
Other pension costs	165,449	144,281
Total Employee costs	2,401,392	1,937,900
Casual staff	109,857	56,100
	<b>2,511,249</b>	<b>1,994,000</b>

Wages and salaries include termination payments totalling £83,717 (2018: £38,414).



The average number of permanent employees during the period was 52 (2018: 42). These were supplemented by several casual staff who assisted primarily with examinations and training.

	Year to December 2019 No.	Year to December 2018 No.
<b>Staff numbers as analysed by category:</b>		
Exams & Education	12	11
Training	7	7
Policy & Professional Affairs and Quality in Emergency Care	8	6
Membership	3	3
Research & Publications and Events	7	6
Other	15	9
	<b>52</b>	<b>42</b>

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

	Year to December 2019 No.	Year to December 2018 No.
£60,000 to £70,000	2	-
£80,000 to £90,000	2	1
£140,000 to £150,000	1	1

The aggregate emoluments of the key management personnel which comprises of Trustees, Chief Executive Officer, Deputy Chief Executive Officer (who holds the role Director of Education), Head of Corporate Services and Head of Examinations amounted to £439,709. (2018: £334,135).

## 6A. SUPPORT AND GOVERNANCE COSTS

	Year To December 2019 £	Year To December 2018 £
Staff costs	972,776	590,072
Rates, service charges and electricity	278,206	239,378
Office expenses	211,777	165,954
Printing, postage, stationery & telephone	109,232	91,900
Website & information technology	236,987	196,743
Insurance	45,241	37,657
Depreciation & loss on disposal of assets	230,077	263,618
Irrecoverable VAT	195,486	148,398
Sundry expenses	67,271	49,963
Bank interest on loan	186,661	180,031
Bank & credit card charges	64,738	79,225
<b>GOVERNANCE</b>		
Auditors' remuneration		
For audit	12,500	13,650
Board meeting and travel costs	119,100	115,225
	<b>2,730,053</b>	<b>2,171,814</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.

## 7. CHARITABLE ACTIVITIES – GRANT PAYABLE

Research grants awarded by the Royal College of Emergency Medicine in the year to 31 December 2019 totalled £73,011(2018: £43,706).

## 8. 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, 24 trustees received reimbursement for costs for attending meetings and for travelling expenses, amounting to £50,901 (2018: 25 trustees, £55,952). In addition, expenses paid directly by the College, mainly in the form of hotel bills, amounted to

£46,825 (2018: £27,751).

## 9. TANGIBLE FIXED ASSETS

	Building Costs £	Office Equipment £	College Database £	Coat of Arms £	Chain of office £	Total £
<b>Cost or valuation</b>						
At 1 January 2019	14,348,300	666,704	402,981	6,534	428	15,424,947
Additions	68,576	28,866	-	-	-	97,442
Disposals	-	-	-	-	-	-
At 31 December 2019	14,416,876	695,570	402,981	6,534	428	15,522,389
<b>Depreciation</b>						
At 1 January 2019	482,187	472,674	400,794	-	-	1,355,655
Charge for the year	124,132	104,071	1,875	-	-	230,078
On Disposals	-	-	-	-	-	-
At 31 December 2019	606,319	576,745	402,669	-	-	1,585,733
<b>Net Book Value</b>						
At 31 December 2019	13,810,557	118,825	312	6,534	428	13,936,656
At 31 December 2018	13,866,113	194,030	2,187	6,534	428	14,069,292

## 10. INVESTMENTS

	2019 £	2018 £
<b>Analysis of change in investments during the year</b>		
At 1 January	1,220,920	1,321,699
Additions at cost	270,382	85,759
Disposals	(254,875)	(67,176)
Net gain on revaluation	189,262	(128,235)
Movement in investment cash	10,924	8,399
Market value at 31 December	1,436,612	1,220,920
<b>Represented by:</b>		
Fixed interest	179,362	117,441
Equities	986,451	838,931
Alternative investments	154,570	159,243
Cash	116,229	105,305
	1,436,612	1,220,920

<b>Cost at 31 December</b>	<b>866,747</b>	<b>820,834</b>
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## 11. DEBTORS

	2019 £	2018 £
Trade debtors	76,308	27,666
Prepayments	372,489	300,734
Accrued income	258,230	274,625
Other debtors	26,338	22,604
	<b>733,365</b>	<b>625,629</b>

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

	2019 £	2018 £
Bank loan (see note 13)	200,000	200,000
Trade creditors	354,388	421,795
Taxes and social security	61,506	50,931
Accruals	245,347	209,471
Deferred income	837,199	1,073,064
Other Creditors	212,930	213,567
	<b>1,911,370</b>	<b>2,168,828</b>

Deferred income related to exam, conference and course fees received in advance. All the deferred income at 31 December 2019 relates to fees received in 2019 and all deferred income at 31 December 2018 has been released.

At the balance sheet date, £15,975 was outstanding in respect of pension contributions (2018: £13,177).

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

	2019 £	2018 £
	7,400,000	7,800,000
Bank loan	7,400,000	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	7,200,000	7,400,000
Total loan value	<b>7,600,000</b>	<b>7,800,000</b>
Included in current liabilities	(200,000)	(200,000)
Included in long term liabilities	<b>7,400,000</b>	<b>7,600,000</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%.

## 14. UNRESTRICTED FUNDS

	At 1 January 2019 £	Income £	Expenditure £	Investment gains/losses and fair value £	Transfers £	At 31 December 2019 £
<b>Designated Fund</b>						
Tangible fixed assets	6,269,292	-	-	-	67,364	6,336,656
IT Development	500,000	-	-	-	-	500,000
RCEM Foundation	200,000	-	-	-	-	200,000
General fund	1,342,721	7,660,027	(6,907,286)	189,262	(70,491)	2,214,235
	<b>8,312,013</b>	<b>7,660,027</b>	<b>(6,907,286)</b>	<b>189,262</b>	<b>(3,127)</b>	<b>9,250,891</b>

	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>

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.

## 15. RESTRICTED FUNDS

	At 1 January 2019 £	Income £	Expenditure £	Transfer 2019 £	At 31 December 2019 £
Alison Gourdie Memorial Fund	43,832	-	-	-	43,832
E-learning for Health Fund	77,622	80,000	-	-	157,622
ENACT	3,348	-	-	-	3,348
Beth Christian Memorial Fund	6,050	-	-	-	6,050
Emergency Care Data Set Project	12,273	-	-	-	12,273
Health Education England Projects	208,183	176,068	(198,914)	3,126	188,464
RCEM Foundation	11,639	3,757	(670.00)	-	14,726
	<b>362,947</b>	<b>259,825</b>	<b>(199,584)</b>	<b>3,126</b>	<b>426,315</b>

	At 1 January 2018 £	Income £	Expenditure £	Transfer 2019 £	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>-</b>	<b>362,947</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 Fund** (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 to fund a series of joint projects focused on the development of the emergency medicine workforce with NHS Health Education England. During the year, there was a transfer from our general fund to this restricted fund to facilitate the completion of the Earn Learn and Return project.

**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.

## 16. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General Funds £	Designated Funds £	Restricted Funds £	Total Funds £
<b>Fund balances at 31 December 2019 represented by:</b>				
Tangible fixed assets	-	13,936,656	-	13,936,656
Investments	1,436,612	-	-	1,436,612
Current assets	2,488,993	700,000	426,315	3,615,309
Creditors falling due within one year	(1,711,370)	(200,000)	-	(1,911,370)
Creditors falling due after one year	-	(7,400,000)	-	(7,400,000)
<b>Total net assets</b>	<b>2,214,235</b>	<b>7,036,656</b>	<b>426,315</b>	<b>9,677,207</b>

	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>



## 17. OPERATING LEASE COMMITMENTS

	2019 Equipment £	2018 Equipment £
<b>Operating leases which expire within:</b>		
Less than one year	51,931	24,240
Between one and two years	50,808	24,240
Between two and five years	80,505	4,181
Over five years	753	225
	<b>183,997</b>	<b>52,886</b>

## 18. RECONCILIATION OF OPERATING PROFIT TO NET CASH

	2019 £	2018 £
Net income before other gains and losses	724,727	1,012,240
Depreciation charges	230,078	262,057
Investment income	(52,034)	(41,265)
Movement in investment portfolio cash	(10,924)	(8,399)
Decrease/(increase) in debtors	(107,736)	79,586
Increase/(decrease) in creditors	(169,200)	410,930
Net cash inflow from operating activities	<b>614,911</b>	<b>1,715,149</b>

## 19. CAPITAL COMMITMENTS

The College had made no capital commitments at the balance sheet date or subsequently (2018: £34,482 plus VAT)

## 20. POST BALANCE SHEET EVENTS

The College has given due consideration for the effects of the Covid-19 outbreak, which occurred before these financial statements were signed. We are anticipating a fall in Examination, Events and National Quality Improvement Programme income due to the cancellations and/or postponements of activities that were expected to take place throughout the following financial year, however, these will be partly offset by a fall in associated expenditure (including the furlough of staff).

As at the 26/03/2020, the value of the long-term investment portfolio held with Quilter Cheviot Investment Management had fallen by around £316,407.29, representing a 22% fall in market value. The portfolio was liquidated on this date generating

£1,120,204.71 for the College and will remain in cash until further notice. The College is also having positive discussions with Handelsbanken ensuring they are kept up to date with our plans and forecasts.

## Annex

College representatives work with several organisations, including:

- › Academy of Medical Royal Colleges
- › Academy of Medical Royal Colleges and Faculties in Scotland
- › Academy of Medical Royal College Wales
- › Alcohol Health Alliance (AHA)
- › All Party Parliamentary Group – Antimicrobial Resistance
- › All Wales School of Emergency Medicine
- › Association of Anaesthetists of Great Britain & Ireland (AAGBI)
- › Association of Paediatric Emergency Medicine
- › British Association for Sexual Health and HIV (BASHH) / British HIV Association (BHIVA) - Testing Guidelines Group
- › British Lung Foundation - Respiratory Taskforce Stakeholder Group
- › British Medical Association (BMA)
- › British Medical Journal
- › BMA Scotland
- › British Red Cross
- › British Thoracic Society (BTS) - Quality Standards for non-invasive ventilation
- › BTS - Guideline for the outpatient management of pulmonary embolism
- › BTS/ Scottish Intercollegiate Guidelines Network (SIGN) asthma guideline
- › Care Quality Commission
- › Department of Health and Social Care
- › Department of Health Northern Ireland
- › Devices Expert Advisory Committee
- › Emergency Medicine Trainees' Association (EMTA)
- › Faculty of Intensive Care Medicine – Founding Board
- › Faculty of Medical Management and Leadership
- › Faculty of Sport and Exercise Medicine (UK)
- › Faculty of Forensic and Legal Medicine
- › Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine (FASSGEM)
- › General Medical Council (GMC) - Health Committee
- › General Practitioners at the Deep End (Scotland)
- › Health Education and Improvement Wales (HEIW)
- › Healthcare Improvement Scotland
- › Healthcare Inspectorate Wales (HIW) - Patient Discharge Thematic Review Stakeholder Group

- › Health Innovation Network
- › Health Research Authority (HRA) – Confidentiality Advisory Group (CAG)
- › HCA Healthcare UK
- › Home Office – Modern Slavery Campaign
- › HSC Public Health Agency (Northern Ireland)
- › Intensive Care Society – Education & Training Committee
- › Intercollegiate Board for Training in Intensive Care Medicine
- › Intercollegiate Board for Training in Pre-Hospital Emergency Medicine (IBTPHEM)
- › Intercollegiate Committee for Acute Care Common Stem Training (ICACCST)
- › Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings
- › Institute of Hepatology - Lancet Commission for Liver Disease
- › Joint Colleges Hospital Visiting Committee
- › Joint Royal College Ambulance Service Liaison Committee
- › Independent Inquiry into Child Sexual Abuse - Prevention of child sexual abuse in healthcare settings
- › Medical Council on Alcohol – Advisory Committee
- › MBRRACE
- › National audit of seizure management in hospitals (NASH)
- › National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
- › National Co-ordinating Centre for Health Technology Assessment (NHS R&D)
- › National Electronic Library for Health – Emergency Care branch
- › National Horizon Scanning Centre expert database
- › National Institute for Health and Clinical Excellence (NICE) – Quality Standards Programme Board
- › National Poisons Information Service (NPIS)
- › National Police Chiefs Council (NPCC)
- › National Safeguarding Delivery Unit – Partnership Network
- › National Surviving Sepsis Campaign
- › National Workforce Skills Development Unit - Enhancing the management of psychological trauma and resilience experienced by staff working in the NHS
- › NHS Blood and Transplant (NHSBT) - National Organ Donation Committee
- › NHS Commissioning Board Special Health Authority
- › NHS Digital
- › NHS Education for Scotland
- › NHS England
- › NHS England North Regional team - Liaison Mental Health Task & Finish Group

- NHS Health Education England
- NHS Improvement
- NHS National Services Scotland
- NHS Pathways - National Clinical Governance Group of NHS Pathways
- NHS Right Care - Optimal pathway for the management of headache and migraine
- Northern Ireland Ambulance Service
- Paediatric Intensive Care Society (PICS) – National Standards
- Patient and Client Council (Northern Ireland)
- Professional Record Standards Body (PRSB)
- Public Health England (PHE)
- Public Health Wales (PHW)
- Regulation and Quality Improvement Authority (RQIA) Northern Ireland
- Resuscitation Council (UK) – Treatment of Anaphylactic Reactions
- Royal College of Anaesthetists
- Royal College of Obstetricians and Gynaecologists
- Royal College of Ophthalmologists
- Royal College of Paediatrics and Child Health
- Royal College of Pathologists
- Royal College of Physicians and Surgeons of Glasgow
- Royal College of Physicians of London
- Royal College of Physicians of Edinburgh
- Royal College of Psychiatrists
- Royal College of Surgeons of Edinburgh
- Royal College of Surgeons of England
- Royal College of Surgeons of Ireland (RCSI)
- Royal Society for the Prevention of Accidents (ROSPA)
- Scottish Ambulance Service
- Scottish Government's 6 Essential Actions for Unscheduled Care National Programme
- Scottish Government's Ministerial Strategic Group for Health and Community Care
- Scottish Government's Unscheduled Care Advisory Group
- Scottish Health Action for Alcohol Problems (SHAAP)
- Serious Hazards of Transfusion Steering Group (SHOT)
- St John Ambulance
- The Emergency Medical Retrieval and Transfer Service Cymru (EMRTS) Wales
- UK Advisory Panel for Healthcare Workers Infected with Blood borne Viruses

- UK Clinical Research Collaboration (UKCRC) – Clinical Research Collaboration (NRES – National Research Ethics Service)
- UK Clinical Research Network (UKCRN) – National Institute for Health Research – specialty groups
- UK Health Alliance on Climate Change (UKHACC)
- Warwick Advisory Group
- Welsh Ambulance Service
- Wales Deanery
- Welsh Government's National Programme for Unscheduled Care Board
- Welsh NHS Confederation
- Rawalpindi Medical University, Pakistan
- Apollo Hospitals, India
- Aster Medicity, India
- College of Emergency Physicians, Malaysia
- European Society For Emergency Medicine (EuSEM)
- International Federation for Emergency Medicine (IFEM)
- Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute, India
- Landspítali – The National University Hospital of Iceland, Iceland
- Max Healthcare, India
- Oman Medical Specialty Board, Oman





It makes genuine attempts to engage in the political process and educate the public, for the benefit of the patients in our EDs

MEMBER VIEWPOINT



# RCEM Annual Scientific Conference



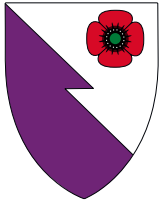
RCEM Events



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RCEM Events #RCEMasc





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It's a family and there is a feeling of we are all in this together. Sharing and striving to develop best practice standard. Being a voice for the specialty on the political stage.

MEMBER VIEWPOINT