



The Royal College of
Emergency Medicine

Emergency Care Service Reviews

Appendix B

Terms of business

Terms of business for emergency care service review visit by the Royal College of Emergency Medicine

Please read the terms of business fully. A signed copy should then be returned to RCEM prior to the visit.

Terms:

1. Service Review fees: A standard fee of **£19,500** is payable to cover the review this includes. This fee is for a 3 days covering pre-visit, visit, reporting writing and managing queries on follow up. It also includes administrative support & travel costs from RCEM.

RCEM recommends that for service reviews, the first service review is followed by a follow up review to assess progress against report recommendations. This is a standard fee of **£7,500** and is to be paid if the Trust decides to conduct a follow up.

In effect these fees will cover the presence of both reviewers for one day per visit on site as well as the additional time as described above. A single consultant PA charge of £400 per PA is included in this fee for the visiting team. For site visits longer than one day, or to remote or rural areas, or where flights or overnight accommodation are required; fees will be reviewed and adjusted to ensure all expenses are covered by the host Trust.

Advisory Review fees: The fee will be based on the scope of work required and will be agreed between the lead reviewer for RCEM and the health organisation representative.

2. Purchase Order: Before commencing the visit RCEM requires a Purchase Order for the relevant sum (depending on type of visit). This must be submitted two weeks prior to the visit date.

3. Payment: RCEM will invoice the reviewed Trust/Hospital for payment at the time of any visit and requires payment within 30 days.

4. Indemnity: Nominated reviewers will be fully indemnified by the hospital(s) or Trust(s) involved, providing appropriate cover for the visitors against any subsequent actions arising from professional activities during the review or comments included in the resulting report.

Please sign below to confirm that you agree to the terms of business and return to RCEM.

Name of Trust:

Executive Officer of the Trust (or hospital):

Signature:

Print Name:

Date: