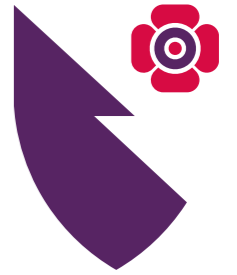




Annual Report  
and Accounts  
**2021**



## Annual Report and Accounts 2021

### About the Royal College of Emergency Medicine

The Royal College of Emergency Medicine's 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 clinicians, 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



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# 1. Foreword by Her Royal Highness The Princess Royal



BUCKINGHAM PALACE

In 2021 the country continued to face the pandemic and attempts to return to normal life were thwarted by several sharp spikes in cases. As NHS services struggled to resume normal care and services, these spikes put severe pressure on a system already under serious strain

Despite the challenges, as Patron of The Royal College of Emergency Medicine, I am aware that College members worked tirelessly. As well as seeking to support members, the College continued its core work. The College developed its research priorities for Emergency Medicine, providing grants for distinctive research projects. It also built on eLearning, a key offering of the College, and provided a wealth of educational and training materials. To build and improve the College's responsiveness, a service centre was introduced to respond to all queries and questions quickly and effectively. Understanding the needs of the membership is vital to improving its service, so the College established a Membership Engagement Group to prioritise engagement with members.

The pressures on the health service meant that Emergency Department performance continued to struggle significantly. The College has been vocal on this and continued in its advocacy for members, and using its technical expertise and medical knowledge to suggest and lobby for improvements.

Resilience is a quality that often makes people think of strength and fortitude rather than strain, stress, and burnout. But it is during times of great strain and stress, when things feel like they are crumbling, that resilience is found. It is found in those around us, supporting us, and united we feel stronger. 2021 inspired great unity and resilience which was exhibited most admirably by the NHS and frontline health workers who continued to rise to the task at hand in the face of immense pressures and strain. I would like to thank the members of the College for your continued efforts and hard work over what has surely been an arduous and exhausting period. Your work and service are of the highest value.

I send all the College membership and staff my best wishes for the continued success of The Royal College of Emergency Medicine.

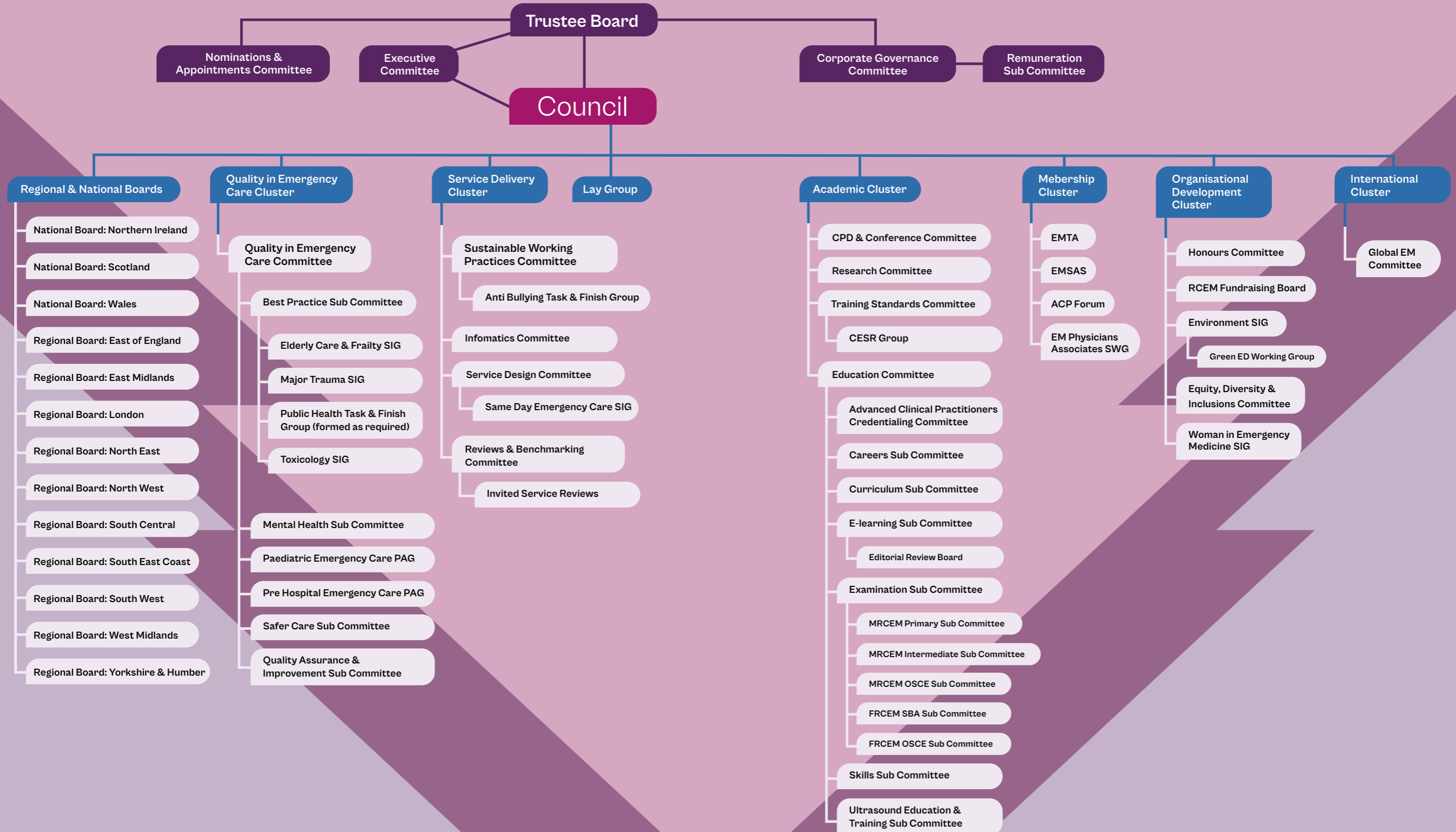
A handwritten signature in black ink, appearing to read 'Anne', with a long horizontal flourish extending to the right.



# Annual Report

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

## 2. Committee Structure



### 3. President's Report



2021 saw the realisation of the hope of a vaccine against Covid-19. This remarkable achievement has moved the world forward. Emergency Medicine teams who have been at the frontline of managing the pandemic now had protection for themselves, their families and for the most vulnerable patients they treat. We have seen a dramatic change in the patients from the first wave in terms of illness severity. But 2021 has also seen new variants and corresponding surges of infections as well as a health service stretched pre-pandemic, struggling to deliver all that was demanded of it.

Someone, in early 2021, jokingly asked if anyone had kept the receipt for the year because they would be keen to return the item and get a refund! Unfortunately, there was a perceptive truth contained in the joke - 2021 has been an unrewarding and sad year in many ways. In 2021, Emergency Medicine and the College lost three of its founding fathers - Dr John Thurston, Professor Robin Touquet and our first Faculty of Accident and Emergency Medicine President (and my mentor) Dr David Williams. These men managed to persuade sceptical fellow professionals that there was a need for trained Emergency Medicine doctors with the skills to manage undifferentiated patients and so our specialty was born. We all owe them gratitude and can celebrate their achievements. The Faculty became a College and then, in 2015, under another President became a Royal College. That President was Dr Cliff Mann who sadly died in February 2021 aged fifty-eight. Cliff has been an inspiration to so many in Emergency Medicine and beyond. During his Presidency of RCEM his charm and determination opened doors everywhere and pulled Emergency Medicine into the spotlight. He was a medical leader who was always looking for pragmatic solutions to even the most wicked problems, committed to driving positive change in patient care and staff experience.

Cliff would have been rightly frustrated by the lack progress to resolve the underlying problems in the Urgent and Emergency Care system. In the whole of the UK the focus of NHS Recovery has been on the undoubted difficulty of the elective backlog, ignoring the reality that all parts of the system are intricately connected and dependant on each other. There was a ray of hope in England in March 2021 when NHS planning guidance asked hospitals to ....'improve timely admission to hospital for Emergency Department patients.' We published 'Summer to Recover' to build on this recognition. The stark truth is that from then

on things have got worse rather than better. By winter 2021 corridor care and ambulance delays had become endemic and although we have done all we can to prevent this becoming normalised at least in discussion it clearly is. The College refreshed RCEM CARES as RCEM CARES - The Next Phase, published an Ambulance Handover Delay Options Appraisal, a crowding explainer as part of an Acute Insight series, and used data from the Winter Flow project 2020/21 and SNAP surveys (snapshot surveys sent to Clinical Leads to get immediate data and information) to be able to develop dialogue using our own data. We have also commented relentlessly on the data coming out from all four nations. The problem is that we end up just documenting a deteriorating situation because despite our efforts to point out the problems and solutions, the NHS and political leaders remained focused on other areas such as the elective waiting list backlog.



The problem is that we end up just documenting a deteriorating situation because despite our efforts to point out the problems and solutions, the NHS and political leaders remained focused on other areas such as the elective waiting list backlog.

Despite the challenges 2021 brought the College has remained focussed on our four core strategic aims:

1. improve patient care
2. support Members and Fellows to achieve sustainable satisfying careers
3. advance the practice of Emergency Medicine through research and engagement in Global Health
4. support Members & Fellows with the delivery of high-quality day to day care in Emergency Departments.

We have a great new curriculum launched in 2021 and associated training programme, our exams went through a challenging period due to the pandemic but continued to be administrated successfully, we have pragmatic accessible clinical guidance, we have key safety alerts to reduce harm from missing rare diagnoses, we have an admired nation quality improvement programme, RCEMLearning is a jewel, we have great conferences and events, we have an active Global Health committee and a strong Research and academic group, we have challenged ourselves over Equality, Diversity and Inclusion, Women in Emergency Medicine and bullying in Emergency Departments and we have a College with committed and informed staff to help our members and a great new Board of Trustees to bring new rigour to everything we do.

We have amazing talent in our specialty and College so we can be confident about the future. While the College staff give us a solid backbone under the leadership of CEO Gordon Miles, there are so many clinicians who contribute to College work. I would like to mention particularly the Training Standards Committee under Dr Maya Naravi and the Education Directorate under the Dean Dr Will Townend as well as the Executive team who have given me great support. I am also grateful beyond words to everyone who examines and supervises our trainees. So many people contribute their own time to progressing our specialty and the College and I want to acknowledge them all. How we can do that more actively is a key action for 2022 and beyond.

What we are struggling with is the everyday experience of our members who must work in unsustainable and unsafe conditions. Delivering excellent clinical care and excellent training in this environment is impossibly hard. 2021 has been a difficult year. I truly hope the Annual Report delivered in Autumn 2023 will show that there has been light at the end of the tunnel.



**Dr Katherine Henderson**  
President, The Royal College  
of Emergency Medicine  
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## 4. CEO's Report

Last year, 2021, was the second year of the Covid-19 pandemic. For our membership it was another particularly challenging year as pressure built remorselessly on Emergency Department services due to Covid-19 along with the need to isolate positive and negative cases at a time when 'normal business' returned and demand soared.





The College employees remained predominantly working from home except for essential services such as examinations where we needed to have people on site.

Despite the difficulties, the College remained focused on delivering for our membership, as you will read in other parts of this Annual Review, across the College a huge amount has been achieved.

Our Education Directorate had a very demanding year: we continued to deliver our examinations despite the difficulties. This year saw the introduction of the new curriculum meaning a new format for examinations and a new ePortfolio implementation. Significant work was also undertaken to map our eLearning material to the new curriculum to be ready for the launch. These would be significant achievements in a non-Covid-19 world and have been more difficult to achieve in the midst of the pandemic. We started the year running OSCEs online which is particularly challenging. Then as Covid-19 restrictions eased we were able to return to face-to-face examinations for our OSCEs. During 2021 9,034 candidates sat our examinations, an increase of 1,547 over the previous year and back in line with pre-pandemic activity.

You will read more about the implementation of the new curriculum elsewhere in this Annual Review, but I wanted to pay tribute here to all those involved in our examinations, learning and supporting doctors in training. Navigating what has been a significant change during the pandemic has been quite exceptional.

Our wide range of events continued to be delivered online, the Spring CPD and Annual Scientific Conferences ran well and were well supported in the online space. Our Events Team started to experience the complexity of planning for hybrid online and in-person events as well as delivering study days. Overall, we delivered 47 events to 5,114 delegates in all. We were honoured that HRH The Princess Royal was able to join us at a number of our virtual events.

Our Clinical Audits, the Quality Improvement Programme (QIP) continued throughout the year. The Policy Team continued to support the RCEM Cares Campaign calling for solutions to Crowding.

The NHS focus on the elective care recovery after the early waves of the pandemic has drawn attention away from the crisis facing Urgent and Emergency Care and we have been advocating strongly for Emergency Medicine throughout the year. We achieved significant media coverage throughout the year as we sought to keep a strong focus on Emergency Medicine.

Our membership numbers had continued to grow, nearing 11,000. In our membership area further progress has been made on automating and streamlining membership processes to make them easier to use. Our Service Centre has opened, taking hundreds of calls and introducing a new Web Chat function. We have established a Membership Engagement Group, where members can meet with us to share their experiences of our service.

Until government restrictions eased all face-to-face meetings were transformed into virtual meetings. There was a period in the summer when face-to-face meetings were more feasible only to find in the autumn the rise of the Omicron variant meant a more cautious approach returned.

At the beginning of the year the Privy Council approved the changes we had sought to create a new Trustee Board to help with the business of the College, separating Trusteeship from Council members enabled them to focus solely on the requirements of the specialty. The vacancies on the new Trustee Board were filled through a recruitment run by the newly formed Nominations & Appointments Committee and met for the first time in June 2021 and managed to meet face to face for their first meeting.

We continued to implement our Talent Management and IT Strategies, our Finance Team navigated through a challenging financial year with the variables and complexity of budget changes being more commonplace as the twists of the pandemic continued.

We converted Octavia House in Southwark into a hot desking centre for our employees retaining the examinations capabilities there. At Breems Buildings we mothballed the site whilst marketing the upper floors for rent. Our strategy is to create some short-term lettings whilst our office workers are working from home. We need to see how the trend to office work settles down as Covid-19 becomes endemic. There are a range of other innovations and improvements made and in progress which are too numerous to detail here.

Our financial management was very sound, we controlled costs very well and this meant that what looked like a significant financial deficit for 2021 was headed off. As the year turned, we set our budget for 2022 and increased resources for our Examinations Team as this vital area of our operations needs more investment.

As I write this update in the Spring of 2022 the national lockdowns and restrictions are released, we are returning to office-based working and war is once again being experienced in Europe. Our College motto is: "Semper succurimus aegris" which means "We always help the sick." The work of the College is a collaborative team effort from our employees and emergency medicine professionals. At the College we help those who help the sick and injured.

My thanks to our membership volunteers without whom we couldn't function and to our employees whose extraordinary hard work is much appreciated.



**Gordon Miles**  
**FRCEM (Hons) MBA**  
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Staff are doing everything they can to treat patients as quickly as possible. If you have a question or concern, we will be happy to assist you. Please ask the nurse looking after you or your family member.

## National Board Reports

### National Board for Scotland

I think it is fair to say that the last year has been the toughest any of us will have experienced in our careers in Emergency Medicine. It makes me incredibly proud to be part of the Scottish Emergency Medicine community and to see how colleagues continue to strive to do their best for their patients in the most difficult of circumstances, with solutions often out of our sphere of control.

As far as RCEM Scotland is concerned, we have continued to engage constructively with the media in order to give a clear, consistent message of the issues facing our Emergency Departments and the impact on our patients. We have tried to be consistent about the harm occurring both to our patients and colleagues from worsening exit block leading to long patient stays in our Emergency Departments and Ambulance stacking outside our Emergency Departments. In addition, we have highlighted the results of our Scottish workforce census from 2021, which shows that we are significantly short of Senior Decision Makers throughout our Emergency Departments in Scotland. Maintaining this high profile of the College in Scotland through the media means that we are asked to collaborate with various organisations within NHS Scotland and the Scottish Government to work towards solutions to the issues our specialty faces.

Our two main annual meetings, the Spring Scientific Conference and the Policy Forum were both held virtually in 2021, and whilst both had a strong, varied, and interesting programme, it is fair to say that people are tiring of attending such events virtually and this was reflected in a disappointing attendance with numbers far below what we would expect if meeting in-person. As we move into the next phase of the Covid-19 pandemic and learn to go about our daily business in a different way, I think it essential that we return to face-to-face meetings

that allow opportunities to meet up with colleagues, share experiences far beyond the content being delivered by speakers at these events.

This year we welcomed several new regional representatives to the Scottish Board, their predecessors having completed their terms of office. Again, it is hugely encouraging how many Fellows and Members are willing to step up to participate in the Scottish Board and help RCEM Scotland continue to represent our Fellows and Members and of course our patients.

We continue to be involved with the Scottish Academy of Medical Royal Colleges ensuring that the College has an equal voice with the other Royal College's in Scotland.

We greatly increased our engagement with NHS Scotland and Scottish Government, providing constructive criticism both publicly and privately.

One of the strengths of RCEM Scotland is engagement between the Board and all the Fellows throughout Scotland. This essentially provides a ready-made network which we are able to use to plan and share Emergency Medicine relevant issues both with each other and the 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 Membership whose interests are aligned.



**Dr John Thomson**  
Vice President,  
The Royal College of  
Emergency Medicine  
Scotland  
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It makes me incredibly proud to be part of the Scottish Emergency Medicine community and to see how colleagues continue to strive to do their best for their patients in the most difficult of circumstances, with solutions often out of our sphere of control.

## National Board for Wales

Emergency Department performance was one of the worst ever recorded in Wales in 2021. The four-hour and 12-hour targets continued to deteriorate on a monthly basis. The main issues being the challenges from Covid-19 and lack of facilities in social care. The year 2021 witnessed a change in the working culture in Emergency Departments across Wales. Sadly, most of the departments lost experienced nursing colleagues and were heavily reliant on locums. One of the main factors driving this was burnout from the unprecedented challenges faced by colleagues during pandemic. I would like to take this opportunity to thank all the staff who have worked very hard and faced these challenges bravely.

The Freedom of Information (FOI) request to all health boards by Welsh Conservatives showed that there is a shortfall of over 50% whole-time equivalent Emergency Medicine Consultants across Wales. This was reflective of the recommendation by the College that there is a requirement of 100 Emergency Medicine Consultants in Wales. After a successful census of the Emergency Medicine workforce in Scotland, the College is conducting similar exercise in Wales and hopefully this will be completed in 2022. The Welsh workforce census will help to identify shortages in key Senior Decision Makers and adequacy of the current workforce.

Wales had a new Minister for Health and Social Services appointed in May 2021. Multiple attempts to meet with the new Health Minister have proven unsuccessful.

The 111 service was rolled out to North Wales during 2021 and will be implemented nationally in 2022. The Welsh Ambulance Service sought support from the military on numerous occasions. The military also helped in the national vaccination programme. Corridor care has long been abolished in Wales, however there was increasing incidence of ambulance divers. I was invited to speak at the Policy Forum for Wales keynote seminar and was able to present the results from Getting It Right First Time Emergency Medicine (GIRFT-EM) report. I was able to convey the message that, by applying this model to the Welsh data for 2021, the estimated number of associated deaths was 877 if patients waited in Emergency Department for eight to 12 hours and rose to 1946 associated deaths, if patients waited for eight or more hours.

The Welsh National Board has agreed to fund a research prize (£100) for an undergraduate student who has achieved the highest mark in their research module for the EPIC iBSc [Emergency, Pre-hospital and Immediate Care (EPIC) intercalated BSc] degree course by Cardiff University. This prize is called 'Royal College of Emergency Medicine Wales EPIC iBSc Research Prize'.



**Dr. Suresh Pillai**  
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## National Board for Northern Ireland

2021 presented great challenges for the Emergency Medicine community in Northern Ireland. The year started with a Covid-19 surge and the associated stress and disruption in the system. Zoom meetings had now become the norm and members were working in a hospital environment with reduced staffing and longer waits to be seen and treated for patients causing difficulty maintaining morale.

The work on the review of Urgent and Emergency Care originally commenced in 2018 and was stalled but the work resumed after the release of the Covid-19 Urgent & Emergency Care Action Plan – 'No More Silos'. A newly formed 'No more silos' network was formed and met at regular intervals.

In RCEM Northern Ireland board meetings the new models of care proposed were not all welcomed and the focus on Urgent Care centres, sometimes on hospital sites and not yet commissioned, led to further difficulties. In some trusts Phone First services were included in these changes and Members felt we needed to see a rigorous evaluation of such initiatives.

Engagement continued to take place as to how to restart the work on the Urgent and Emergency Care review itself. RCEM Northern Ireland had several meetings with the Health Minister and his relevant Directors of Unscheduled Care and we argued strongly for a capacity and workforce review using the Getting It Right First Time (GIRFT) methodology to further evaluate our regions Unscheduled Care system. This was accepted in principal but not prior to Publication of the Final report for consultation in 2022.

Other Urgent Care provision changed in the primary care services leading to discussion in the final report about integration of out of hours services and a change to a hybrid work force. College members are concerned that there should be engagement about any such changes.

RCEM Northern Ireland began to meet with representatives from other Royal Colleges and for the first time high-level political engagement took place collectively at the request of the Department of Health.

The introduction of a new Curriculum and ePortfolio provided a new challenge for the school of Emergency Medicine and Trainees across the region. Trainees found both the Covid-19 related pressures and the new curriculum and ePortfolio system a great challenge.

The end of the year eventually began to see an easing of Covid-19 pressures and an easing of restrictions allowing our first face to face meeting in some quarters.

The damage done from the Covid-19 pandemic left us with a compromised workforce and reduced capacity meaning there will be a very difficult situation for years to come. I would like to thank all RCEM Northern Ireland members for their hard work despite the challenging circumstances.



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# Regional Boards of England

## East of England Regional Board

Following the successful recruitment of an excellent range of representation of the Emergency Medicine workforce from across the region to the board in 2021, we had our first regional board meeting in November. Along with board members from every trust from across the East of England we also have lay, EMTA and ACP representation. I am delighted to say we have also have a new deputy chair, Dr Nida Suri, Consultant in Emergency Medicine based at Watford General Hospital.

In our first meeting we heard from our president, Dr Katherine Henderson on the role of the College and that of the board and how the members can support the regional workforce and college.

We also heard from Dr Leilah Dare, regional clinical advisor for Emergency Care, NHSE. Dr Dare presented an update of regional performance, detailing SEDIT, CQC and NHS dashboard data.

The remainder of our first meeting entailed goal setting and deciding our priorities as a board as we move forwards.

The continuing pandemic together with other ongoing difficulties (including recruitment and retention, increasing workload and acuity, and widespread NHS estates challenges) meant that 2021 continued to be challenging for Emergency Medicine in the East of England region, as it was across the whole NHS.

Despite this, Emergency Medicine teams in the East of England region have continued to care for record numbers of patients to the best of their ability, whilst striving to implement mandated changes.

Emergency Medicine teams have implemented the new RCEM curriculum and continued to recruit and train significant numbers of Emergency Medicine trainees.

In the year to come, the East of England region will work to embed the curriculum, and above all ensure that Emergency Medicine teams are given whatever support is possible (through advocacy, signposting and educating).

Some successes in the East of England in 2021:

- Implementing the new curriculum
- Recruiting a representative multi-disciplinary Regional board
- Continuing to deliver good-quality training across the region

Some challenges in the East of England in 2021:

- Rebuilding the morale of Emergency Medicine teams across the region in the face of ongoing difficulties
- Retention of Emergency Medicine staff across the region, especially with the added external challenges of the ongoing pandemic and the cost of living crisis

In 2022 we will continue meeting quarterly with a hope that as the year progresses at least one of these meetings will be face-to-face. As useful as virtual meetings are across such a large region as ours, getting to know board members is challenging and can lead to a lack of collegiality.

I hope to be able invite speakers to our board meetings from several key committees such as the Equality, Diversity and Inclusion group and from campaigns such as RespectED, so that this important work can be disseminated further amongst the members across the region.

We are hosting a CPD day in June entitled 'Violence and Aggression in the ED' with a number of national experts presenting their work.

Over the next year and as the group matures, I would like to see the board members take more ownership of the function of the board and engagement with the members across the region.

I would like to say a massive thank to the support received from Kelly Sarsfield, previous policy administrator, who was instrumental to the assembly of our board.



**Dr Jane Evans**  
Regional Chair,  
East of England  
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The continuing pandemic together with other ongoing difficulties (including recruitment and retention, increasing workload and acuity, and widespread NHS estates challenges) meant that 2021 continued to be challenging for Emergency Medicine in the East of England region, as it was across the whole NHS.

## London Regional Board

The London Regional Board had a busy year working across a range of projects and initiatives.

In London, Emergency Medicine Teams worked closely with the London Ambulance Service with the aim of reducing the current hospital handover delays being experienced at the majority of Emergency Departments.

### Initiatives include:

- Ambulance flow project and replacement of 'diverts'
- Reallocation of postcodes to different hospitals
- Continual proactive flow project

A London wide LAS team, use LAS and CMS data to identify hospitals and departments that are under significant pressure to enable the 'redirection' of patients to an alternative hospital within the same ICS under less pressure.

- A new LAS ladder of escalation

### Fit to sit

- A significant 'push' on ensuring all patients that are safe and able to 'fit to sit' do so

### LAS led cohorting

- Step 4 of the LAS escalation ladder is for ambulance cohorting to be considered. This enables LAS staff to look after more than one patient and hence enable release of crews.
- In select hospitals ARC (acute receiving centres) have been set up.
- This is LAS led cohorting that is pre-planned to reduce handover delays.

### 111

- Ensuring that all hospitals have the ability for 111 to book direct appointments into EDs hence supporting the '111 first model'.

### Same Day Emergency Care (SDEC)

- Drive to increase the number of patients via SDEC pathways.

- Aiming for all hospitals to have SDEC services 7 days a week, 12 hours per day.
- The aim is to think "SDEC by default" especially for all 111 and 999 referrals.

### Trainees

- The overall feedback from the trainees in London is good in terms of educational opportunities and supervision. Some hospitals have struggled to provide the EDT for core trainees but have now managed to make arrangements going forward.

### Support

- During 2020 services in London came together to provide clinical support to each other and this was continued throughout 2021. There were meetings that combined leadership from the London regional board, GIRFT and the London Urgent care system that were delivered weekly and staff from all London EDs were invited.

Towards the end of December 2020 London saw a sudden increase in adult Covid-19 cases caused by the new strain, which started in Kent and progressed to North East London (NEL) and then towards North Central London (NCL) by January 2021 with catastrophic impacts.

### The issues were mainly:

1. A sudden increase in acutely unwell patient with Covid-19
2. Emergency departments becoming full
3. Significant ambulance handover delays
4. Bed shortages (ITU and general and acute medical)
5. Staff shortages
6. Oxygen pressures

Calls to 111 and 999 significantly increased and both the numbers and percentage of patients requiring transfer to hospital increased. This resulted in sudden surges of unwell patients attending Emergency Departments, and a significant increase in hospital admissions to both ITU and the

medical wards. There was a huge rise in the demand for NIV and Optiflow and this was all whilst staffing became a significant challenge for all services due to the number of staff suffering either directly or indirectly from Covid-19. As a result, multiple hospitals across London (especially NEL and NCL) became 'grid locked' with ITUs full, ITU expansion areas full, general, and acute medical capacity full, additional capacity areas used, staffing minimal and nursing ratios significantly reduced (ITU and wards).

As a result, all hospitals were trying to navigate through winter under extreme pressures particularly around beds and capacity issues.

### All the issues were exacerbated by:

- Increased walk-in attendances
- Infection Prevention Control (IPC) measures that limited capacity in both Emergency Departments and on inpatient wards
- IPC measures that limited discharge into community and other care services
- Increased process requirements for admission (e.g., swabbing)
- High staff sickness rates that impacted all services

This led to an increased length of stay for patients within the Emergency Department, associated decline in four-hour performance standard for all departments and increase in 12-hour breaches, and sadly the re-occurrence for the 'need' for corridor medicine. These delays in turn continued into Emergency Departments being able to accept ambulance handovers in a timely fashion which is one of the significant factors that is contributing to delays in ambulances calls being responded to in the community.

There was an increased focus on delivery of performance (both urgent and elective care) both locally for individual trusts but also as a system – currently as an ICS (Integrated Care system) of which there are five in London (NWL, NCL, NEL, SWL, SEL).

### There was additional focus about alternative care that patients could be offered to improve processes:

- Pulse oximetry at home / doorstep services
- Early discharge pathways
- Virtual wards

There was a real shift in focus about keeping patients well in the community and hence offering care closer to home where possible for urgent care needs that can be met outside of secondary care or via hospital admission processes.

### Plans for 2022

- There is a current initiative around digitalisation of Section 136 documentation – it is in its pilot stage and being rolled out to more Emergency Departments.
- The current contract with Co-ordinate My Care (CMC) ends on 31 March 2022 and a new contract with Better has been selected as London's development partner for a two-year contract to commence later in the year.

Dr Ruth Brown has stepped down as London Clinical Director for Urgent Care on 31 December 2021. We are incredibly grateful for the time and effort she has given to the region during this time.



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**Dr Emma Rowland**  
Co-Chair, London Region  
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## Yorkshire and Humber Regional Board

I am a consultant in Airedale, West Yorkshire. I was appointed chair of Yorkshire and Humber Regional Board in Spring 2021. I have now established a Yorkshire and Humber regional board with junior to senior trainees, SAS, consultant and senior nurses representing 11 of the 13 trusts in the region, along with ACP, EMTA and EMSAS reps. The College is recruiting a local lay rep but in the interim, we have lay rep who is based in the South of England. I am seeking to engage with the two trusts that have not yet got representation on the board so we have full representation from across the region.

In 2021 we had our first board meeting and produced our first regional newsletter. We plan to establish a CD/Clinical Lead Forum and will host a conference regionally later this year.

Personally, I have been overwhelmed by the amount of support for my role from trainees and consultants from across the region, and the commitment and enthusiasm of the new regional board. It has been frustrating at times as my time scales and the time required for College processes have been mismatched.

There are a range of themes and concerns from across the region. Staffing levels, especially nursing, is a severe concern. This was exacerbated by the omicron wave and had a serious impact on training (leave/study leave cancelled). To maintain staffing levels there was an expectation that staff should have attended their hospital for their PCR tests for quicker results. This involved long trips on days off or pre-nights.

Another concern was the increase in demand at Emergency Departments in terms of both numbers and acuity, although this was seen nationally last year. Flow throughout the system was slow, resulting in dangerous crowding and long stays, in some cases up to or even over 20 hours reported at some Trusts.

Associated with crowding and poor flow, came the increased workload, patient deterioration while they wait for a ward placement, the lack of capacity to assess new patients, long delays to triage and first assessments, the frustration of staff, the increasing signs of burn-out in trainees and established staff, retention and recruitment issues.

These all bundled up into staff and patient frustration and distress. I am aware these were not region specific, and as a regional board we are thankful that the college continues to highlight all the issues associated with poor staffing and crowding.

Other worrying reports from our representatives were around local Trusts' response to issues raised by their Emergency Department staff around the inability to provide safe care in poorly staffed, crowded departments. There were reports of 'limited engagement' with the issues of exit block; executive teams denying any issues with nurse staffing and requesting an AEF to be completed for each issue related to inadequate staffing levels; and another Trust who removes any mention of bed pressures, staff shortages, issues around space or equipment from all its SI reports. The lack of acknowledgement of these system failures and the resultant lack of engagement to try and address the issues, increases the risk for both patients and the staff (who without any system failures, are then 'to blame').



**Dr Sally-Ann Wilson**  
Regional Chair, Yorkshire and Humber  
YHChair@rcem.ac.uk

## South East Coast Regional Board

The past year has been busy for the South East Coast. I have set up a regional board which took some time, but we have now started having regular meetings (three so far) and set some objectives. There are a mixture of Consultants, ACPs, EMSAS doctors and Trainees on our board and representation from each hospital in our region, to ensure a good spread and a better network. Within our board, we have established a Vice Chair, a QI Lead, Research Lead and a Regional Conference Lead. Our focus is to improve engagement with our local MPs and quality improvement sharing as a network and furthermore, to be a safe forum to air certain problems being faced.

2021 was tough on our regional Emergency Departments, as reflected nationally, with Covid-19 restrictions, severe lack of flow and zoned up departments to corridor care, staff sickness and significantly delayed ambulance handovers. A lot of primary care work is arriving on our doorstep and we currently do not have the resources to deal with these as well, creating extra burden and strain on staff and of course, not ideal for patients.

A Nightingale Hub was erected over Christmas in Kent, displacing hundreds of staff from parking on site, but was left empty not used at all for months (of course, no one could staff it or make it useful). It has just been dissembled. Essentially, a waste of money, inconveniencing staff and not thought out properly at all. And as Covid-19 calms and monkeypox starts, Emergency Department staff are more than just tired. Mental health patients are becoming more and more of a challenge each week, with no solution in sight. Our senior nurses are leaving, and our juniors are being disillusioned.

In happier news (and looking to the future), we hope to organise our first regional conference in 2022, the South East Coast Emergency Medicine Conference which is likely to be held in Brighton. The conference will provide updates from around the region, hold a keynote lecture from either the President or Vice President of the College, and include an open dialogue or Q&A with local MPs from the region (we are hoping to include as many as possible). We hope the event will inspire more engagement from around the region, help share knowledge and encourage board members and members to socialise. We are starting preparations for this already. We are hoping that this conference will trigger separate private, round-table meetings between local MPs and their respective Emergency Departments clinicians. It could be the start of a new way of annually meeting our MPs as a region and establish better relationships, whilst bring the important Emergency Medicine issues to the forefront of those in government and the opposition. Watch this space.

Thank you to the College Policy and Communications team who have already started to help us plan this event, and to my SEC board who have been a great team.



**Dr Salwa Malik**  
Regional Chair, South East Coast  
Sec.chair@rcem.ac.uk

### South Central Regional Board

In 2021 we established a South-Central Regional Board, this comprises of representatives from each hospital and is a mixture of doctors, ACPs and medical students.

2021 was an extremely busy and definitely challenging year due to the ongoing pandemic. In 2022 we would like to focus on increasing engagement from a group perspective and how we can create better, stronger channels of communication between members in the region, the Board and the College.

We look forward to 2022, with our new Board we hope to increase engagement. Currently, we are planning to host the institution of EMSAS Conference in November 2022, and we are planning to invite and engage with a lot of Emergency Medicine doctors across the UK but also focussing on South Central Region.

It has been a great learning curve for me as an individual pertaining to this role and I would like to thank the College for providing me with this opportunity and supporting me.



**Dr Divyansh Gulati**  
Regional Chair, South Central  
[Sc.chair@rcem.ac.uk](mailto:Sc.chair@rcem.ac.uk)

### North East Regional Board

By the time you read this report, I will have all but completed my three-year term in office as Regional Chair. This is the culmination six years in total, holding Vice-Chair and Chair Officer roles – representing the North East, at College Council, Leaders group(s) and relevant national events e.g. College Diploma Ceremonies.

2021 was professionally and personally challenging for the majority of the region's membership. The near sinusoidal nature of the peaks and troughs of the Covid-19 pandemic pressurised Emergency Departments relentlessly. The national trend of surging case volume and acuity in presentations to Emergency Departments was replicated regionally also.

Attendance at Emergency Departments resembled a tidal wave of patients throughout the 24-hour period, on most days, in most departments – most of the time. The subsequent impact on four-hour Emergency Department performance has been proportionally detrimental. Individual Emergency Department performance globally has been variable - there are departments that feature in the national 'Top 10' and there are others, which are struggling much more, with this aspect. The 'perfect storm', while detailing the above, has been created by a workforce that overall, has been decimated (at different times) due to sickness absence, Covid-19 isolation requirement(s) and numbers available (recruitment and retention) to manage the sheer force of pressure the specialty has come under. Consequently, morale has been affected, for many, with genuine fear amongst colleagues as how the overall system may cope with the upward trend of public demand.

Creating far more cause for optimism regionally is the continued success of our Emergency Medicine trainees. The North East had unprecedented 17 FRCM positive trainees by the end of 2021 and the retention

rate and appointment to Consultant substantive positions, within the region, as their first posts is all but 100%. Health Education North East continues to be a leader in metrics as a premier place to train in the specialty.

The region hosted its Northern Emergency Medicine Conference in January 2021 with the College President as the keynote speaker via a virtual platform.

As I demit office, I am confident the North East region looks forward to a strong and prosperous 2022. Our membership continue to show an unfathomable desire and professionalism in the face of adversity, and I expect this to continue abound.

We have our annual face-to-face Emergency Medicine conference scheduled for 18 January 2022 at the Biscuit Factory venue in Newcastle-upon-Tyne with a College President keynote again, as well as learned talks by College Professor (Prof M Reed) and many others – that will maintain this event as a highlight in the regional calendar. Most of all, the region looks forward to the return of in-person activities, as much as possible, and the rekindling of 'connections' that these types of activities can strike and the consequent atmosphere of enthusiasm for Emergency Medicine learning, teaching, CPD and practise it hopefully enthuses and advocates for.



**Mr Sohom Maitra**  
Regional Chair, North East  
[NEChair@rcem.ac.uk](mailto:NEChair@rcem.ac.uk)

### West Midlands Regional Board

Dr Kaylana Murali ended his tenure as West Midlands Regional Chair in 2021. The College would like to thank Kaylana for his commitment and time in this role, especially over what was a very challenging couple of years.

The College is currently seeking a new Regional Chair for the West Midlands. This is an exciting opportunity to get involved with the College and have a seat on council. The Chair will represent the West Midlands at Council meetings, influence local policymakers and the media, and support members in the region.



To learn more or to apply please contact [policy@rcem.ac.uk](mailto:policy@rcem.ac.uk).



As I demit office, I am confident the North East region looks forward to a strong and prosperous 2022. Our membership continue to show an unfathomable desire and professionalism in the face of adversity, and I expect this to continue abound.

### East Midlands Regional Board

The East Midlands Regional Board had a productive year. Key outputs continued to be the delivery of the educational events in the regional diary over the course of the year. These included the regional ultrasound, ALS, ATLS, ETC, sedation and regional block courses within the East Midlands. All were delivered to meet the educational needs for all trainee and no trainee career grade doctors.

In 2021 staff of all career grades and professional groups continued to work in an extremely challenging environment with increasing numbers of patients, staff challenges and shortages due to having Covid-19, sickness due to burnout, and exit block with patients waiting for beds on assessment units for longer than 10 hours or more.

Improvements in the near future would need to be along the lines of public health measures on reducing flow into the Emergency Department (better access to GPs and OOH services), recruitment and retention of staff and working closely with secondary care for quick patient transfer.

Some of the issues highlighted in my own trust included not having enough senior decision makers on the shop floor to gate keep hospital admissions and a request has been made to the trust board to increase the consultant numbers.

Despite the above documented challenges colleagues were determined to work through these unprecedented tough times, to deliver front line services to the population.

In 2022, the plans are to continue to work with senior management and leadership teams at a trust level to improve both staff and patient experiences within our regional Emergency Departments. Holding areas to help decant bed waiters from Emergency Departments whilst allowing the medical wards create capacity

I'm immensely proud of all the professional groups allied to Emergency Medicine and the dedication they have shown throughout the pandemic, as we now look to steer through the post pandemic issues.



**Dr Asif Malik**  
Regional Chair, East Midlands  
EMchair@rcem.ac.uk

### North West Regional Board

In common with the national picture, 2021 presented Emergency Departments of the North-West region with an almost biblical succession of challenges. As the Covid-19 surge of the early part of the year faded away, ICUs returned to somewhere near normal capacity and the Covid-19 wards returned to being general medical wards. Just as we were starting to feel we were more normal, patients felt safe returning to Emergency Departments and there was an enormous surge in attendances around April 2021 when many Emergency Departments in the region recorded record numbers of patients attending per day. As this surge passed, the scourge of exit block began to bite and continued to make life challenging for Emergency Physicians for the rest of the year. We have become used to seeing, assessing, treating and referring our patients all from long narrow Emergency Departments which we used to call corridors. We have become adept at trying to maintain some semblance of dignity by the use of screens and at triaging patients who should really be in Resus into some semblance of a safe situation. Against this operational background there have also been major re-organizations and trust mergers in both the Liverpool and the Manchester region.

Mercifully, trainees still wish to enter the specialty and we have supported them through regional teaching and the provision of mock exams, carefully marked with results fed back to guide individual trainees as to their strengths and weaknesses and the teachers as to which topics require further revision.

The aim of this North West Regional Chair has been to maintain contact with the CDs of the regional Emergency Departments to keep channels open for communication

between us and back to the College should there be any messages required to be passed, and to share information coming from the College between ourselves in the region. In a difficult situation it is sometimes heartening to know that you are not alone.

We also managed to appoint a deputy chair, (finally); the very fine Simon McKay. He has taken on the role of deputy and has instigated a committee to support regional ACPs, a very worthwhile objective.

We managed to have one regional meeting in May 2021 following on from the regional mock where we had a fantastic talk about functional illness from our regional lead on this topic. The psychologists desire for a T-shirt saying "I am cheaper than Keppra" remains etched on my mind. We also had a talk on the new Curriculum. Further meetings are planned in June and November this year.

We have also managed to make some contact with the media, steering a fine line between delivering the College message whilst not upsetting the Trust by appearing to be negative about our own hospital. Although the interview with Radio 4 (like so many media invites) did not finally happen, we did manage to have an interview on Look North and a sympathetic article in the Manchester Evening News.

The routine business of AAC support continues and I look forward to face-to-face College committee meetings in 2022.



**Dr Andy Ashton**  
Regional Chair, North West  
NWChair@rcem.ac.uk



### South West Regional Board

First of all, I would like to thank Dr Adam Reuben for his time as the South West chair over the last three years. As always, he represented us with a firm and clear voice. From November 2021, I had the privilege of stepping into the role. I look forward to being a voice for our region in the years ahead and hope I can continue the good work in the same spirit as my predecessor.

Unfortunately, 2021 started in the most devastating way, with the death of Dr Cliff Mann OBE. Cliff was a pillar of the Emergency Medicine community in Taunton, the South West, nationally and internationally. He was also a friend to so many and most importantly a loving husband, father, brother and son. The world is a lesser place without him. Sadly, another colleague was also taken many years too soon, Dr Jess Tucker, who had worked in hospitals across Bristol and Somerset. Her vibrance and enthusiasm for life, Emergency Medicine and poetry will be missed by so many.

The year has been one of both successes and challenges. September 2021 saw the publication of the CQCs urgent & emergency care patient survey. This is one opportunity for trusts, and others, to understand how patients feel about their services. As a region we fared well, with four of our Trusts ranking in the top 10 in England<sup>2,3</sup>. Clearly this is not a competition, but at a time where morale can be challenged, such reports are positive for our teams, as well as indicating where we can improve.

One of our strongest assets remains dedicated staff. We have been fortunate to have had successful rounds of consultant recruitment across many hospitals. There are still gaps in rotas, but such recruitment reflects a positive stance by many trusts to invest in their Emergency Departments. In addition, many areas have been developing their ACP and CESR programmes. There have also been successes in the recruitment of international medical graduates. The innovation in our teams to do this and the work to get the investment from trusts to fund these programmes is to be applauded.

After a hiatus in 2020, research in our Emergency Departments is growing strong again. Multiple departments have started key studies, including ones developed in the region (eg RELIEF<sup>4</sup>). The South West Emergency Academic Team (SWEAT) conference was hosted by Prof Andy Appelboom in Exeter in an online format and again was a huge success.

For all of us however, 2021 represented another challenging year, as we have had to face not only the evolving impact of Covid-19 but this combined with a return to normal, if not higher, levels of attendances too. What is evident is that the impact this has had on flow through and out of our hospitals is affecting not only our Emergency Departments but also the ambulance service too. This is leading to significant hospital handover delays, a particularly significant challenge in our region. The impact on our teams is great, however as a network of Emergency Department leaders, we are standing together and speaking up to feed information from the ground back into the College to inform conversations on the subject.

Looking ahead, as the new chair for the region, the development of a full board is now a priority. Dr Luke Ball has already taken the post of vice chair and there is already a huge amount of enthusiasm for other positions on the board. In the year ahead we look forward

to our having our first meetings and further developing the board. We will be looking at how we can build our voice around the region to engage with the population we serve to share the vision and the challenges we face in Emergency Medicine.

1. <https://emj.bmj.com/content/38/11/865>
2. <https://www.cqc.org.uk/publications/surveys/urgent-emergency-care-survey-2020>
3. <https://www.hsj.co.uk/quality-and-performance/major-survey-reveals-best-and-worst-aandes-for-patient-satisfaction/7030902.article>
4. <https://relief.blogs.bristol.ac.uk/>



**Dr James Gagg**  
Regional Chair, South West  
SWChair@rcem.ac.uk



We will be looking at how we can build our voice around the region to engage with the population we serve to share the vision and the challenges we face in Emergency Medicine.





# Departments – A Year in Numbers

## Membership



- Total members at the end of 2021: **10996**
- Members approved during 2021: **1644** –
  - **1340 (82%)** of these were from the UK – **82%** –
  - **304 (18%)** members approved in 2021 came from:
  - **41** overseas countries across **6** continents –
  - **385 (23%)** were non-medical (students, ACP, RHP etc)

### Regional Membership Breakdown

Region	New members in 2021 and % of Joiners
East of England	<b>118 (7%)</b>
East Midlands	<b>93 (6%)</b>
London	<b>189 (11%)</b>
North East	<b>82 (5%)</b>
Northern Ireland	<b>52 (3%)</b>
North West	<b>163 (10%)</b>
South Central	<b>88 (5%)</b>
Scotland	<b>84 (5%)</b>
South East Central	<b>95 (6%)</b>
South West	<b>111 (7%)</b>
Wales	<b>53 (3%)</b>
West Midlands	<b>120 (7%)</b>
Yorkshire & Humberside	<b>112 (7%)</b>
Overseas	<b>262 (16%)</b>
Republic of Ireland	<b>35 (2%)</b>

## eLearning – 2020/2021

In 2021 RCEMLearning published 198 new content items and reached over 1380 publications since its launch.

There were two highly successful writing workshops and an Author Prize competition which proved a significant contribution for publishing new content. A new SBA content section of the website was launched, supporting members with SBA style questions.

In 2020 RCEMLearning also created and launched a new content area to support departments delivering Induction training with a range of induction topic content coverage that was free for Hospitals and users to access. It was very successful in supporting over 50 hospitals and all their

inductees. The program continues to run today for each rotation and RCEMLearning have also now expanded the program and developed a PEM Induction set of modules.

	2019	2020	2021
<b>Total Page views</b>	2,846,077	3,434,921	3,370,373
<b>Users</b>	390,643	386,377	423,646
<b>Publications</b>	192	175	198

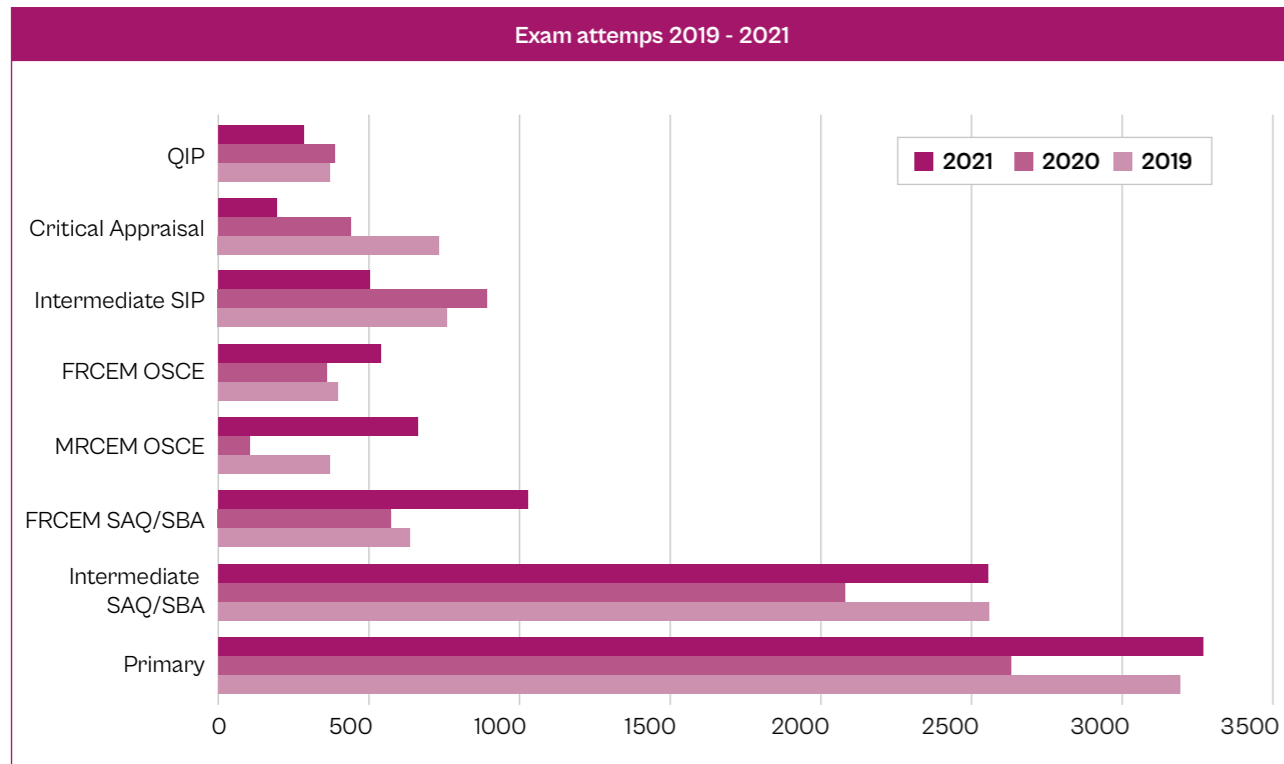
## Exams and Training

In 2021 we had 9,034 examination attempts (which interestingly is almost the same as 2019 at 9035).

We ran online OSCEs in January, May, June and July 2021 and returned to face-to-face OSCEs in October 2021. All written exams will stay as CBT exams.

Exam	2019	2020	2021	2021 - 2019 difference
Primary	3193	2629	3272	79
Intermediate SAQ/SBA	2561	2083	2559	-2
FRCEM SAQ/SBA	634	574	1025	391
MRCEM OSCE	376	104	667	291
FRCEM OSCE	397	370	538	141
Intermediate SJP	762	894	497	-265
Critical Appraisal	737	440	199	-538
QIP	375	393	277	-98
<b>Total</b>	<b>9035</b>	<b>7487</b>	<b>9034</b>	

# Policy and Communications



## Policy Department Report

The Policy team provides solutions to the issues facing the specialty of Emergency Medicine by generating evidence and insight and influencing policymakers. We lobby to improve the capacity and resourcing of our Emergency Departments to improve the working lives of our members, and subsequently our patients.

We entered 2021 at the height of the second wave of coronavirus across the UK. Staff absences, seasonal pressures, and infection prevention and control measures had placed a significant burden on the entire UEC system and its workforce. We evidenced the impact on the experiences of our members in our Retain, Recruit, Recover (2021) report. Our findings and call for more qualified Emergency Medicine clinicians were cited in Parliament by Jeremy Hunt MP.

On the NHS' birthday, we launched our first ever census of Emergency Departments in Scotland, which has provided us with a wealth of information about Emergency Department staffing. This project is an essential blueprint for future campaigning on workforce. We will continue to advocate tirelessly for better retention and safe staffing of our Emergency Departments.

At the start of the year, we launched our new Data and Statistics page on the RCEM website. We routinely published visualisations of NHS performance figures. Bringing the data to life and publishing it enabled us to tell a story about what was happening in Emergency Departments, increasing the scope of our engagement work.

In Spring 2021 we launched our Summer to Recover campaign, urging the Government, NHS England, and Trusts to use the summer months effectively to prepare for the significant challenges in tackling the elective backlog and managing the demand from easing coronavirus restrictions. Unfortunately, as 2021 progressed, many Emergency Departments continued to feel winter pressures well into the summer months. To evidence this and encourage policy discussions about capacity in the NHS, we published the first instalment of our Acute Insight Series, which examined 'What's behind the increase in demand in Emergency Departments?' This noted that numbers of Emergency Department attendances and subsequent admissions were not only reaching pre-pandemic levels but surpassing them.

This was followed by the publication of 'Crowding and its Consequences' where we spelt out the disastrous consequences of crowding and corridor care on our patients, the public, and our staff. We called on policymakers to take urgent action to tackle one of the biggest health policy challenges facing the NHS. This was hugely successful and was cited by several parliamentarians.

In the Autumn, we participated in events at Labour and Conservative Party Conferences which allowed us to discuss themes around capacity, staffing, and inequalities at length with MPs. We additionally launched our refreshed RCEM CARES campaign for the second time called 'RCEM CARES: The Next Phase' where we continued to raise awareness of the mismatch between demand and capacity in the UEC system and ensured the campaign was fit for a COVID-19 endemic world.





Key stats

29

We met with 29 UK politicians to discuss Emergency Department pressures

22

Worked with MPs to table 22 written parliamentary questions on several topics including performance metrics, 12 hour data from time of arrival, and capacity in the NHS

19

Produced 19 briefings for policymakers

2

Cited in two Health and Social Care Committee reports

Communications Department Report

94

We issued 94 press releases in 2021 (68 in 2020)

13,695

In 2021 there were 13,695 mentions of RCEM in print/online news (up from 9,216 - a 48% increase). The advertising value equivalent of this coverage is £15,422,279

Up 0.15%

In 2021 we overhauled our website and refreshed our branding.

Page views of rcem.ac.uk in 2021: 3,275,317 (estimate based on 9 months of data from last year due to change in analytics and website. Figure for 2020 was 3,269,512)

876,845

Total emailed communications to members 876,845 – 45.9% open rate

91%

Member satisfaction rate with communications in 2021 at 91% (according to last member survey)

918

918 tweets in 2021 (595 in 2020).

Total impressions in 2021; 6,699,050 (4,726,465 in 2020)

Total likes in 2021: 19,255 (17,797 in 2020)

Most engaged with tweet in 2021: <https://twitter.com/RColIEM/status/1363481614500691968>

Most impressions in 2021: <https://twitter.com/RColIEM/status/1423603560839843841>

# Quality 2021

## Guidance

18

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

16

number of toolkits and guidance documents developed and published

71%

proportion of English Emergency Departments registered for the QIP programme in Emergency Medicine in 2021

174

number of UK Emergency Departments involved in the new national quality improvement programme

42,322

number of patient records submitted for the three national QIPs

## Safety

5

national safety alerts issued or promoted


## Workforce

79

number of consultant recruitments supported

64%

percentage of consultant job descriptions approved



# Emergency Medicine Performance 2021

# Emergency Medicine Performance 2021

## England

Total attendances:

15,271,416



Average four-hour percentage:

69.9%



Total 12-hour waits:

48,765

\*In England 12-hour stays are measured from decision to admit to admission, not from time of arrival

## Northern Ireland

Total attendances:

636,018



Average four-hour percentage:

52.05%



Total 12-hour waits:

67,554

## Scotland

Total attendances:

1,236,056



Average four-hour percentage:

79.96%



Total 12-hour waits:

12,888

## Wales

Total attendances:

734,078



Average four-hour percentage:

62.95%



Total 12-hour waits:

80,145



## Membership Cluster

For the College membership operations, 2021 was a year of transition, development, expansion and evolving priorities.

The Member Services Team was launched in the first quarter of 2021 aiming to improve the customer service provided to members and to also reduce the burden of high volumes of queries coming into some operational teams of the College, mainly examinations and training.

We are now able to deliver an efficient and responsive service to members through an effective Live Chat system available from our website and through the positioning of the Member Services Team as the first line response for incoming calls for all member services queries (membership, eportfolio and exams). The implementation of this team has been hugely beneficial in improving the service we deliver to our members and in supporting members through what has been an unsettling year with the launch of the curriculum, new exam structure and new eportfolio during the summer. Over 5000 Live Chat enquiries were dealt with in 2021 with members providing a satisfaction rating of 85%. Over 500 incoming phonecalls are handled by the team each month with an answer rate in the region of 90%, a vast improvement on previous rates.

2021 also saw us beginning to deliver on our long-held plans to engage more meaningfully and productively with members and initiate an ongoing dialogue with our membership. The development of the College's Member Engagement Group (MEG) has continued with regular meetings and surveys being conducted with members throughout the year as a way of engaging our members in what we do/how we do it and giving members the opportunity to tell us what we can do better.

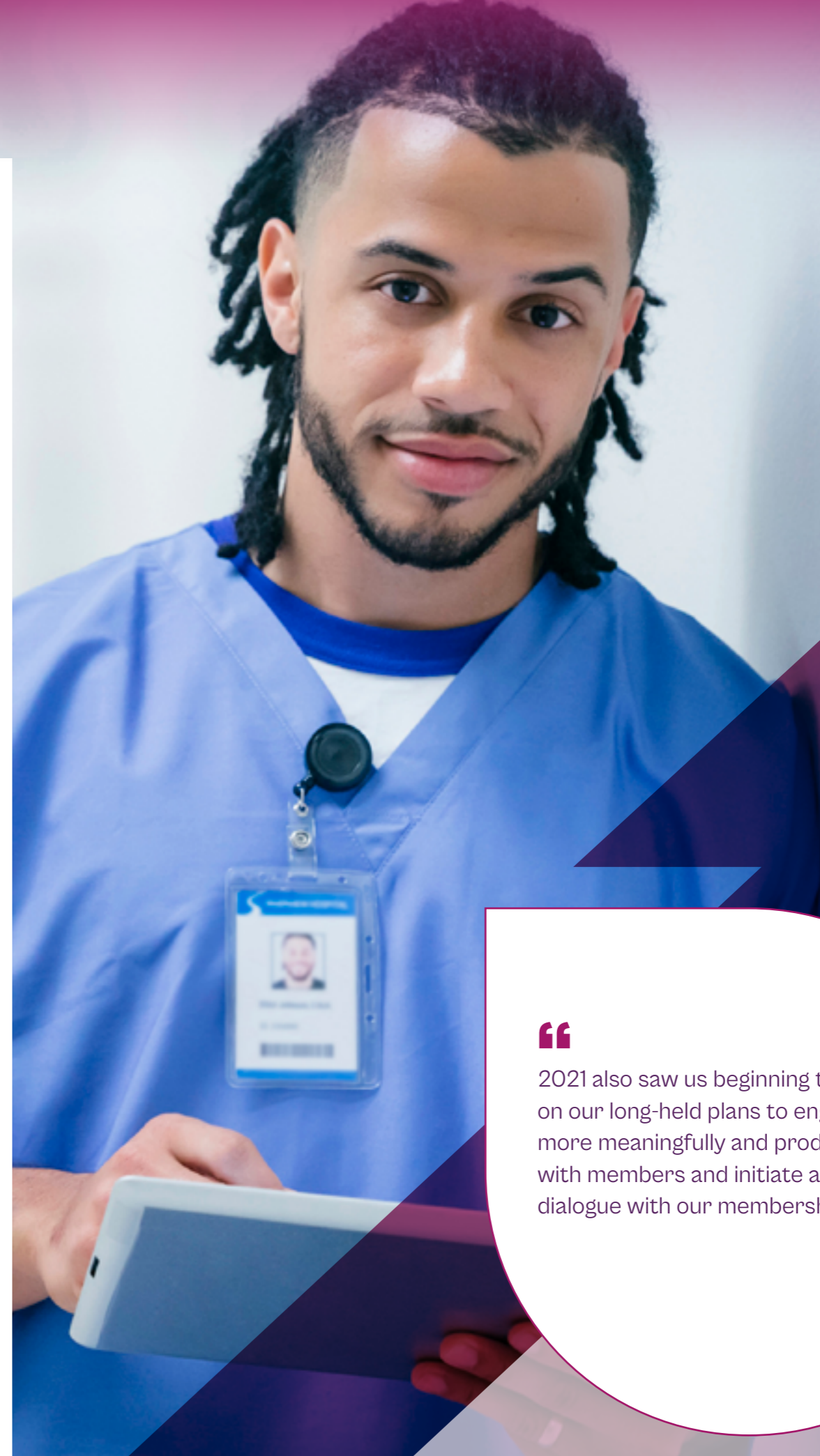
Member engagement sessions were held at RCEMs two national conferences and also at the SAS conference in November 2021. These events alongside member involvement in the MEG continue to provide valuable opportunities to continue to develop two-way dialogue between the College and the membership. Outcomes of feedback received through these routes include; revising the website structure to prioritise user experience, increasing awareness/visibility of regional leads, committees (including remits) and support available and changes to communication with and information provided to examination candidates.

Our overall membership continues to grow in numbers and diversity. At the end of the year College membership was just under 11,000, an increase of 8% from 2020. 62 countries are now represented throughout our membership with overseas members accounting for almost 11%.

Fellowship of the College also continues to grow now making up 28% of the total membership. ACPs now number over 1100 accounting for over 10% of overall membership and SAS Doctors number in excess of 1300 comprising over 12%.



**Dr Carole Gavin**  
Vice President (Membership),  
The Royal College of  
Emergency Medicine  
VPmembership@rcem.ac.uk



“

2021 also saw us beginning to deliver on our long-held plans to engage more meaningfully and productively with members and initiate an ongoing dialogue with our membership.

### Emergency Medicine Trainees' Association

In February 2021, Daniel Darbyshire took over as Chair of the Emergency Medicine Trainees' Association, commencing an 18-month term, replacing Amar Mashru.

There were four main developments in 2021: recruitment to EMTA; the EMTA conference; the EMTA survey; the EMTA fellowship app; and other pieces of work.

EMTA reps each contribute the work of the committee, where they represent trainees. This work is reported in each committee's report and will not be repeated here.

#### New Recruitment

We moved from ad hoc recruitment to quarterly recruitment rounds. In March 2021, we recruited Emma Cox as the representative to the sustainable working practices committee and Thomas Shanahan to the research committee. In June 2021, we recruited Joanna Quinn as the representative to the global emergency medicine committee and Trisha Gupta as representative to the paediatric emergency medicine professional advisory group (PEM PAG). In October 2021, we recruited Chelcie Jewitt as the representative to the women in emergency medicine special interest group (WEMSIG), Frances Balmer to the environmental specialist interest group, and Lucie Cocker to the service design and configuration committee.

As EMTA Chair I am delighted with the results of our recruitment processes. Recruitment has been competitive, with multiple appointable applicants for each role. Only one advertised position was not recruited at the first attempt over the past 12 months.

As per our terms of reference, executive positions within EMTA are selected from existing representatives. In November 2021, Joanna Quinn was appointed as treasurer.

Our Recruitment is undertaken via an advert on the College's work for us page and email, including the EMTA chair update. Our social media presence supports this.

The 2020 EMTA report for council demonstrated the demographics of the committee and how well we represent the trainee body. We were able to add to this in the 2021 report. This is not repeated for this year's report as we await the completion of RCEM's work on the detail of the demographics of its members and fellows.

#### EMTA Conference

The 2021 EMTA Conference took place online on 24 and 25 of November. Hannah Baird and Elizabeth Hutchinson were the EMTA conference leads for this iteration.

Early in the planning stage, the decision was made for the conference to be virtual. The conference was themed around the SLOs for the new curriculum. One hundred seventy-two delegates attended over the two days and feedback from delegates was extremely positive. The plan for the 2022 conference is for it to be face-to-face and held in Blackpool.

#### EMTA Survey

The report from the 2020 EMTA survey was published in July 2021 and is available on the EMTA and RCEM websites.

#### The key findings were:

1. Around three-quarters of trainees plan on taking a locum or substantive consultant job after completing training, only 28.1% plan on working full time as a consultant.
2. Most trainees felt that their educational supervisor was effective and added value to their training.
3. Over one-third of trainees report having no access to SPA time, despite RCEM recommendations.
4. The frequency of regional teaching found to correlate with the highest attendance is monthly. The frequency of local teaching found to correlate with the highest attendance is weekly.
5. Nearly one in five trainees felt unable to drive home safely from work yet the vast majority had no access to somewhere to sleep after a night shift.
6. The majority of trainees completing training in emergency medicine do not feel competent to manage paediatric emergencies.
7. Bullying, harassment and undermining are described as 'endemic' and 'widespread and accepted practice' in UK emergency medicine. The data across the past three

EMTA surveys and the free-text responses do not make for pleasant reading.

The findings have been discussed in several College committees including council and the training standards committee. Selected findings have been included by the College Policy team in several briefs including the submission to the Health and Social Care Committee Inquiry "Workforce: recruitment, training and retention in health and social care".

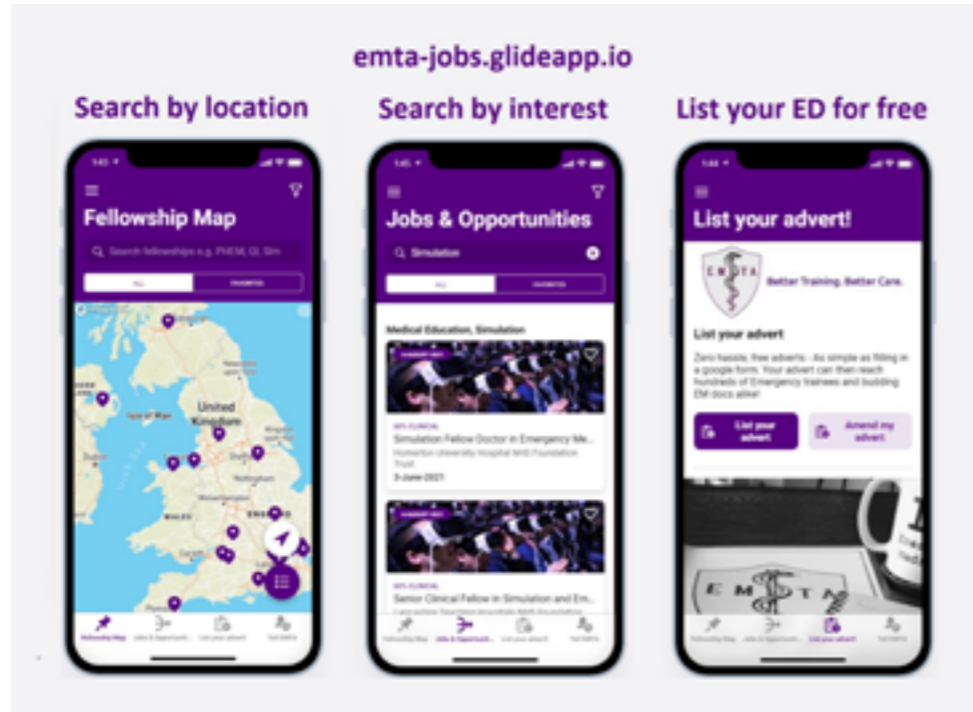
**A summary of the findings was published as a St Emllys blog: <https://www.stemlynsblog.org/emta-survey-2020-the-good-the-bad-and-the-ugly/>**

RCEM learning have published a blog related to the survey findings around bullying and one on undermining is due for publication shortly: <https://www.rcemlearning.co.uk/foamed/bullying-in-the-ed/>

The 2020 survey, along with previous iterations and input from across RCEM and EMTA, influenced the design of the 2021 survey. The survey has been redesigned with the aim that it will work for the next five years.

The 2021 survey opened for recruitment at the EMTA conference on 24 November and will close on 11 January 2022. EMTA worked closely with the College communications team to design and deliver a strategy to increase uptake.

We set a deliberately ambitious target of 1000 respondents. At the close of the survey, we had 976 responses, of which 878 completed the entire survey. We are aiming to have reported on the key areas of the survey by May 2022.



**EMTA Fellowship App**

The EMTA Fellowship App was developed by Dale Kirkwood and has grown in functionality and popularity. The app allows employers to list fellowship opportunities and trainees (and other doctors) to search for these by type and location. The app can be viewed on a web browser at this address - <https://emta-jobs.glideapp.io/> In the 14 months since launch, there have been 180 listings from 50 departments. The listings occur at a steady rate of around three per week.

EMTA is also working with the developers of <http://fomohub.org/>. This is a growing cross speciality repository for medical education events. Initially developed by paediatric trainees, the team reached out to EMTA and has recently gone cross speciality.

**Communication with trainees**

We have continued the quarterly chairs update and receive information and enquiries via email, social media, and the TeIEMTA button.

We trialled TeIEMTA Zoom meetings. However, these have been of mixed success. They were open sessions where a trainee could drop in and speak directly with the chair. At most a couple of trainees would take this opportunity. It may be that the regional reps and other channels of communication are sufficient.

**Functioning of the EMTA committee**

EMTA met quarterly. During the pandemic, these meetings have been exclusively on Zoom. In 2021 we held meetings on 5 March, 26 July, and 16 November.

In July 2020, EMTA moved much of the committee's functioning onto the Slack co-working platform. In 2021 this proved a useful tool. It has freed up WhatsApp for time-critical communications by allowing communications along different channels in a user-driven way.

Despite the ongoing challenges and demands of clinical work, the EMTA committee continues to function well as the workstreams documented in this report demonstrate.

**Regional Representation**

Every region has a group of local trainee representatives appointed within their School or Deanery. Access to this group is fantastically valuable in maintaining a pulse on the national picture and in allowing two-way communication with trainees around the country.

Maintaining this network is a considerable administrative burden. The previous two annual reports have highlighted this. While plans for clearly defined help from the College to administer this are not available, we hope that the more formalised support from the education team can deliver this.

**Feedback and Thanks**

As a Committee of the College, we are always open to feedback, ideas and suggestions from any of the other Committees and groups. We wish to remain an open and inclusive forum and welcome any collaborations, discussions and thoughts from wherever they may come.

We would like to thank the College staff for all of their support and assistance over these last 12 months. We are very grateful to all of those who have been vital in helping to ensure robust and meaningful trainee representation across all College activities.



**Dr Daniel Darbyshire**  
Chair, Emergency Medicine Trainees' Association (EMTA)  
[ETMA@rcem.ac.uk](mailto:ETMA@rcem.ac.uk)



As a Committee of the College, we are always open to feedback, ideas and suggestions from any of the other Committees and groups. We wish to remain an open and inclusive forum and welcome any collaborations, discussions and thoughts from wherever they may come.

## Emergency Medicine Specialty and Specialist Doctors (EMSAS)

### Key achievements of 2021

- Spring meeting (Thanks to Immad)
- FASSGEM/EMSAS conference (Thanks to Mark)
- Attendance by HRH Princess Anne at our conference
- Commemorative Board at RCEM HQ with list of past Chairs (Thanks to Gordon)
- New logo design
- Rebrand to EMSAS
- Redesign EMSAS website
- Establish regular meetings with Executive and Representative team
- Fully populated representatives, so now all areas covered
- Represent FASSGEM, now EMSAS nationally and on Council, 2 articles for the EMJ supplement
- Ongoing engagement with Careers fayres (Thanks to Ciara!)
- EMSAS WhatsApp members, CESR and Exec/Rep group grown
- Have been asked to stay on as Chair for a further year - subject to further discussion

### Reflections on 2021

- I was satisfied with this year, together with EMSAS we have achieved more than I had hoped
- Successes are all of the above in my first year as Chair of FASSGEM/EMSAS
- Tough year clinically with ongoing rises in attendances, worsening lengths of stay

### Plans and goals for 2022

- Complete Adel legacy in conjunction with International Team and working group
- Face to face Spring meeting in London 6 May 2022

- EMSAS Conference November 15 to 18, first face to face since Liverpool 2019 will be in Milton Keynes
- TARN approach for accreditation of Associate Specialists and Specialist Doctors as Trauma Team Leaders (TTL's)
- Census of SAS Doctors in Emergency Medicine
- Continue to improve links and engagement with EMSAS and RCEM, better attendance at meetings and conference
- Increase EMSAS members as examiners and Educational roles such as supervisors
- Voting rights at RCEM
- EMSAS members as ACP trainers
- Link educational events around the UK so that more SAS Doctors have access to learning and development

### Thanks

Our gratitude goes to HRH Princess Anne for speaking at our conference. I would also like to thank my Executive and Representative team for their enthusiasm and Mark for the conference. Thanks also to the College for constant support and reassurance that I am doing the right things! Including, but not exclusive to Council, Harriet and Holly from the Events Team, Membership team with Carole and Jen and Sid and Luke for the comms and website.



**Dr Steve Black**  
Chair, Emergency Specialty and Specialist Doctors  
EMSAS@rcem.ac.uk

## Advanced Clinical Practitioners Forum

### Key Achievements in 2021

- Continuous networking with ACP members to engage them with the College
- ACP education zoom every other month. Smallest attendance was 64 ACP's
- Developing the ACP new curriculum
- Continuous involvement with the credentialing panel
- Recruitment of ACPs onto College committees
- ACP newsletter every other month
- ACP conference
- Developing an ACP stream to all College conferences
- Involvement in HSCE- Skill mix Emergency Department study
- Involvement in the College charity event
- Development of a post credentialing education structure
- Redesign of RCEM ACP website pages

### Workstreams that have progressed in 2021

- The development of the ACP new curriculum link with the new medical curriculum
- Professional development for ACPs post credentialing
- Sedation position statement for ACPs in adult Emergency Departments
- Radiology requesting protocol for ACPs in Emergency Medicine
- RCEM EC-ACP sustainable careers document

### Plans and goals for 2022

The current ACP chair and forum will finish their term on 25 May. A new forum will be appointed by September 2022.

We would like to take the opportunity to thank everyone that supported us over the past three years. Sincere thanks to all ACPS that engaged in all the events we organised. We would like to thank all College staff for supporting the work of the forum. A special word of thanks to our Chief Executive Gordon Miles and our President Dr Katherine Henderson for formally welcoming the ACP forum into the RCEM family.



**Olivia Wilson**  
Chair, Advanced Clinical Practitioners Forum  
ACPChair@rcem.ac.uk

# Quality in Emergency Care Cluster

## Quality in Emergency Care Committee

This is a large cluster of College activity. A small steering group of sub-committee Chairs meets twice a year and there are two large committee meetings each year.

The work of the QECC committee involves direction setting, coordination of the sub-committees work, and liaison between the various College workstreams related to Quality. The Committee has fed into the RCEM Quality Strategy [https://rcem.ac.uk/wp-content/uploads/2022/02/Quality\\_Strategy\\_Part\\_A\\_Jan\\_2022.pdf](https://rcem.ac.uk/wp-content/uploads/2022/02/Quality_Strategy_Part_A_Jan_2022.pdf).

QECC are increasing the voice of trainees, nurses and lay people across all sub-committees, and has increased the number of trainee representatives this year.

The committee members also represent RCEM/link with on behalf of the College in a number of arenas, e.g. Healthcare Safety Investigation Branch, NRLS, faculty/RC committees and submitting stakeholder comments for NICE consultations, NPIS etc. These external links as are in the process of being clarified, and processes for screening of these organisations outputs incorporated.

Three documents summarizing the scope of the QECC in terms of strategy have been published on the websites, following an overhaul to clarify QECC work. These are designed to be 'public facing' high level overview of the three committees' activity; these are available on the RCEM website:

### Safety in Emergency Departments (principally Safer Care Committee)

[https://res.cloudinary.com/studio-republic/images/v1635671665/A\\_Safer\\_Emergency\\_Department/A\\_Safer\\_Emergency\\_Department.pdf?\\_i=AA](https://res.cloudinary.com/studio-republic/images/v1635671665/A_Safer_Emergency_Department/A_Safer_Emergency_Department.pdf?_i=AA)

### Emergency Department Standards (principally QI&A Committee)

[https://rcem.ac.uk/wp-content/uploads/2021/11/Emergency\\_Department\\_Standards\\_2020.pdf](https://rcem.ac.uk/wp-content/uploads/2021/11/Emergency_Department_Standards_2020.pdf)

### Patient experience in Emergency Departments (principally Best Practice Committee)

[https://res.cloudinary.com/studio-republic/images/v1635671793/Patient\\_Experience\\_Emergency\\_Departments/Patient\\_Experience\\_Emergency\\_Departments.pdf?\\_i=AA](https://res.cloudinary.com/studio-republic/images/v1635671793/Patient_Experience_Emergency_Departments/Patient_Experience_Emergency_Departments.pdf?_i=AA)

The Chair, Simon Smith, is stepping down this year, and would like to thank the chairs and members for their support and hard work over the last three years.

### Plans for next year

- Ensuring the recently Quality strategy is operational.
- Clear definition of what quality means for Emergency Medicine, using Emergency Department Care as a start
- Publication of measuring patient quality guideline
- Consideration as to developing standards, specifically to consider experience and outcome measures.
- Ensure the work of the committees in linked to this (i.e. developing standards to compliment best practice guidance, and inform QI+A activity).
- Ensure the College establishes its place as the leading authority on quality in Emergency Medicine in all its forms, so that:
- RCEM is the first port of call for up-to-date data, published regularly and clearly
- Evaluation of the impact of produced documents such as best practice guidance, safety flashes, and toolkits
- Identification and addressing health inequalities throughout each workstream, focussed initially on ethnicity and gender

- Ensure work across the College (and externally) in developing and meeting standards (inc clinical, safety, workforce and service design) is coordinated and clear, with effective liaison
- Clear communication strategy regarding Quality strategy and QECC activity
- Provide an attractive, integrated and authoritative source of information around what good looks like in Emergency Medicine, into which all relevant College work streams feed
- Continue Improve the utility and visibility of QECC activity to members, there are a number of planned and proposed actions (including Quality mini-website as per strategy)

Additionally, within the Committee reports below are a number of objectives, including:

1. update the safer care toolkit
2. QI+A committee plan to improve the utility of QIP to individual departments and update QI advice. As well as ensure platform and QIP drive improvement in patient care.
3. write a PH and Emergency Department toolkit.
4. build and strength links with key stakeholders/partners in patient safety.



**Dr Simon Smith**  
Chair, Quality in Emergency Care Committee  
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QECC are increasing the voice of trainees, nurses and lay people across all subcommittees, and has increased the number of trainee representatives this year.

## Best Practice Committee

The Best Practice Sub-Committee (BPC) produces guidelines where clinical evidence is sparse, but there is a perceived clinical need by membership. This work is almost unique among medical Royal Colleges. The Best Practice sub-committee liaises closely with other specialist interest groups within RCEM (eg. Public Health, Frailty, Major Trauma, Toxicology) as well as specific specialist areas e.g., alcohol, paediatrics, ACPs.

The committee has managed to publish a significant number of guidelines in the past year and continues to seek endorsement from other Medical Royal Colleges or other professional bodies where appropriate.

The BPC lost a significant number of members indirectly related to the impact of Coronavirus.

### Guidance publications updates

#### Position Statements

- Use of the SNAP Regime for the Treatment of Paracetamol Toxicity (November 2021)

#### Guidelines

- Management of Pain in Adults (June 2021)
- Management of Controlled Energy Device Attendances (Taser) 2021
- Diagnosis of Thoracic Aortic dissection in the Emergency Department (endorsed RCR)
- Discharge to General Practice (endorsed RCGP)

#### Significant Contribution

- Ingestion of Super Strong Magnets in Children (May 2021) [Part of National Safety Alert]
- Emergency Department Care
- Acute Behavioural Disturbance in Emergency Departments Jan 2022

### On hold or not progressed from last year's summary:

- Management of Head Injuries in the Cognitively Impaired Elderly Patient (resignation of topic lead and idea originator).

### Committee workplan for the coming year

- Recruit more members who are unaffiliated to other parts of RCEM, and new chair.
- Sedation – a significant piece of work for which a specific working group outside of BPC was originally set up; however this group felt unable to continue. First draft completed by BPC.
- Update and revise ABD guidance following stakeholder engagement
- Cervical Spine immobilisation in the trauma patient, update of an existing guideline.
- Host and Chair National Expert Working Group on the use of SNAP regime in paracetamol toxicity in Children to include NPIS, RCPCH, BNF, paediatric liver specialists.



**Dr James France**  
Chair, Best Practice  
Committee  
[BPChair@rcem.ac.uk](mailto:BPChair@rcem.ac.uk)

## Mental Health Sub-committee

We contributed to the Review of the Mental Health Act and holding powers in Emergency Departments with the result that holding powers in Emergency Departments have not been proposed in the revision of the Mental Health Act. It was felt that a holding power was not in line with being less restrictive and would likely result in more detentions.

We also collaborated on joint Medical Royal Colleges and Colleges work around supporting young people in Mental Health crisis in acute hospitals. This work is partly to put pressure on NHSE for better provision but also to improve our own training to provide care. It has so far produced a joint statement and some resources.

The Committee has been working on Restraint Reduction. We have met with the restraint reduction network to help improve their training standards for Emergency Department staff in order to reduce restraint. This is ongoing.

Members of the MH committee are working with the QUIP team to improve the QUIP design from last time and are planning to run a training day to help departments review their own processes.

The Committee facilitated getting sessions on eating disorders into the CPD event last year. We are writing some resources for RCEM Learning.

We also set out a position statement on Body Cams which has been reviewed by the faculty of Emergency Nursing.

Our Mental Health Toolkit revision has been completed.

Members of the committee sit on PLAN (Psychiatric Liaison Accreditation Network) and the National crisis ops group (replaced the Concordat).

The Children and Adolescents Mental Health (CAMH) survey has been repeated but not yet written up.

### Committee work for the coming year

- Write up CAMH survey
- Pursue NHSE on security standards in Emergency Departments
- Revise Frequent Attender guideline
- Restraint reduction guideline
- The MH pages on the website: further work required following website re-design



**Dr Catherine Hayhurst**  
Chair, Mental Health Sub-  
Committee  
[MHchair@rcem.ac.uk](mailto:MHchair@rcem.ac.uk)

## Pre-Hospital Emergency Medicine Special Interest Group

### Overall Summary of Work

- Representing the College at IBPTHEM (Intercollegiate Board for Training in Pre-Hospital Emergency Medicine), JRCALC (Joint Royal Colleges Ambulance Liaison Committee), FPHC (Faculty of Pre-Hospital Care) meetings
- Explored why IBPTHEM is being hosted by the Royal College of Surgeons Edinburgh and not a Pre-Hospital Emergency Medicine (PHEM) base specialty such as RCEM
- Establishing scope of PHEM practice in the UK
- Contributed to new IBPTHEM subspecialty curriculum application to General Medical Council
- Identified how PHEM activity can be applied to new RCEM curriculum Specialty Learning Outcomes
- Formed collaboration between UK Physician Response Unit/Community Emergency Medicine units
- Delivered PHEM study day on 9 September and PHEM pre-conference workshop on 4 October 2021
- Letter of concern to NHSE regarding ACCTS new service specification excluding Emergency Medicine Consultants to undertake interhospital transfers of any level for this service nationally irrespective of experience/competency. Currently unresolved.
- Work with the College Environmental Group to increase awareness of impact of Nitrous Oxide use (Entonox) and liaison with Association of Ambulance Chief Executives
- Contributed to the College's Acute Behavioural Disturbance Guideline.

### Guidance publications updates

- RCEM Curriculum: a guide for Trainers and Trainees, June 2021. <https://rcemcurriculum.co.uk/wp-content/uploads/2021/08/PHEM-Guide-for-Trainees-and-Trainers-Final-Version.pdf>
- Role of PHEM-PAG: <http://president.rcem.ac.uk/index.php/2021/01/18/what-do-rcem-committees-do-introducing-the-rcem-phem-professional-advisory-group/>
- Contributions to RCEM Learning <https://www.rcemlearning.co.uk/reference/handover-skills-to-enhancing-the-phem-interface/>

### Survey

Survey of nitrous oxide use in prehospital care (with aim of encouraging air ambulance services to consider alternatives with lower environmental impact).

### Committee work for the coming year

- Increase PHEM content on RCEM website
- Develop quality indicators and framework for PRU/CEM services
- Establish template for Emergency Departments to implement PHEM Feedback schemes
- Deliver regional PHEM study day (Birmingham, September 22)



**Dr Caroline Leech**  
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**Dr Ian Higginson**  
Co-Chair, Pre-Hospital  
Emergency Medicine Special  
Interest Group  
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### Quality Assurance and Improvement Sub-committee

A key challenge this year has been building a platform that has the most potential to stimulate QI and improve patient care – one aspect of this is providing sufficient time for change projects to run, create improvement and then sustain it – therefore we are increasing each topic life cycle from one year to two-three years to make such interventions and evaluation of them possible. New Co-Chairs have been elected to run the QA and I committee over the next three years.

The sub-committee has been working on three QIP reports: Pain in Children, Fractured Neck of Femur and Infection Prevention and Control to be published early 2022

Recruitment was a large area of focus for the past quarter, with an increase in recruiting for Topic Team members and the main QA and I committee. Leads have been assigned on each Topic Team who are now being supported to develop their question sets with a stronger focus on their ability to stimulate QI by providing more useful data.

The structure of meetings for the committee has evolved to provide better governance, lines of responsibility and to reduce information overload and burnout – issues that have occurred during the pandemic. The committee now being split into two meetings quarterly, the Steering group (focused on the individual topics/QIPs being ran and providing oversight for quality assurance) and Developmental Meetings (focused on the development and refinement of processes that facilitate the creation of a high-quality platform to host the topics, and the methods of developing questions and standards). Topic Team meetings have now been facilitated to take place monthly with a more structured agenda and iterative development process with more support and trouble shooting from the QI chairs.

### Guidance publications updates

- The sub-committee has been working on three QIP reports: Pain in Children, Fractured Neck of Femur and Infection Prevention and Control – due for publication early 2022
- The three topics have been set for next year's 2022/ 2023 QIP cycle and updated in the HQIP quality accounts, these are: Mental Health Self Harm, Older People and Infection Prevention and Control.
- The design and layout of the info packs have been reviewed and streamlined with the user experience more in mind
- This year reviewing the report templates will take place and small more concise reporting will be deployed for better messaging and reducing bloat
- QA&I strategy document is being developed with publication due by June 2022.

### Website Progress Design

- The QA and I chairs have recently met with the RCEM comms team to think about their best approach to improving comms for QIP work and Quality Improvement. This included discussions around the use of social media being more frequent/focused. As well as including more regular content in the newsletter.
- A draft revamp of the summary of the committee has been made for the committee landing page – the main page needs further consideration.

### Committee work for the coming year

- Pilot and Launch the Consultant Sign off QIP
- Publish 3x QIP reports PIC, IPC and CSO
- Design QIP standards for the 2022/2023 round
- Work through the QIP strategy document
- Hold a in person QIP day on 4 May 2022, with the whole of the QA and I committee in attendance with a blend of meetings and workshops
- Improve our communications and outputs to the membership
- Start work on presenting at ACS/CPD conferences/Study days to support the changes we are and have made to the programme
- Develop an Emergency Medicine QI network.



**Dr Fiona Burton**  
Co-Chair, Quality Assurance and Improvement Sub-Committee  
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**Dr Dale Kirkwood**  
Co-Chair, Quality Assurance and Improvement Sub-Committee  
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# Service Delivery Cluster

The service delivery cluster consists of the following committees and Special Interest Groups:

- Sustainable Working Practice Committee
- Antbullying Task & Finish Group
- Service Design and Configuration Committee
- Remote and Rural SIG
- Informatics Committee
- Same Day Emergency Care Committee
- Invited Service Review Committee

The Paediatric Emergency Medicine Professional Advisory Group and Pre-Hospital Emergency Medicine Professional Advisory Group were both been successfully established initially within this Cluster. Chairmanship of these committees has now moved from the VPs to Rob Stafford and Caroline Leech respectively. These committees have also been moved into the QECC cluster and will now report to Council within that cluster report. Both committees are proving to have enthusiastic membership with strong early outputs.

See below individual summaries of committees.



**Dr Ian Higginson**  
Vice President of The Royal College of Emergency Medicine  
VicePresident@rcem.ac.uk



**Mrs. Lisa Munro-Davies**  
Vice President of The Royal College of Emergency Medicine  
SDCChair@rcem.ac.uk

## Sustainable Working Practice Committee (Including Antbullying Task & Finish Group)

In 2021, the Sustainable Working Practice Committee (SWPC) progressed its work on the College wellbeing app, which launched on 3 April 2020. The offer of the app has also been extended to nurses in the UK & ROI and Emergency Department practitioners who are not College Members. There are now over 3,000 registered users.

The SWPC has worked with the ACP forum on a document on sustainable working based around the General Medical Council's ABC of Doctors' Needs.

The SWPC has expanded its membership to now include representatives from the EDI committee and WEMSIG.

The first RCEM Annual Member Wellbeing report is now available, and it primarily focused on emotional health and presence of psychological distress risk factors.

RCEM has now financially committed to supporting the app for the next five years. The SWPC have worked with regional and national chairs to try and disseminate regional data breakdowns from the app and have tried to support regional and national boards with information on wellbeing.

Discussions have started with EDI and WEMSIG reps around issues of marginalised groups within the specialty.

Involvement with study days during the pandemic: Return to Emergency Medicine, Burnout to Brilliance. Also involved in clinical leaders zoom calls, regular monthly wellbeing mailshots and developing app content

### Items of the committees workstreams which have progressed:

- AAC virtual guidance documents; for candidates and assessors
- When a Colleague Dies guidance
- ACP wellbeing document
- Wellbeing leads in EM

### Guidance publications updates

- Updated Wellness compendium, Dec 2020 <https://www.rcem.ac.uk/docs/Sustainable%20Working/Wellness%20Compendium%20v3.pdf>
- Contribution to ACP sustainable careers document, Jan 2021 <https://www.rcem.ac.uk/docs/ACP%20forum/RCEM%20EC-ACP%20Sustainable%20Careers.pdf>
- Role Profile for Wellbeing Leads in EM. Currently in discussion. Aiming for publication on Sustainable Working webpage in March 2021

### Website Progress Design

- RCEM Wellbeing App webpage

### Committee work for the coming year

- Elect a new Northern Irish Rep
- If role profile for wellbeing leads in Emergency Medicine approved, to further develop this and propose having a Sustainability/Wellness Lead for every Emergency Department
- Continue work into ensuring marginalised groups in Emergency Medicine are represented and supported
- Focus on groups which the app data and other sources of data tell us need particular focus i.e., Staff Grades, Women in Emergency Medicine, Older Staff
- Support decision making about app continuation



**Dr Saurav Bhardwaj**  
Chair, Sustainable Working Practice Committee  
swpc.chair@rcem.ac.uk

## Informatics Committee Summary

### Items of the committee's workstreams which have progressed:

- Toolkits progressing; procurement toolkit paused as PRSB (Professional Record Standards Body) (with informatics representation from Dan Henning) are undertaking a project to endorse wider electronic records.
- Other achievements: Emergency Care Data Set (ECDS) info used to upgrade the next Emergency Department tariff (and info on this has gone for Emergency Medicine Journal supplement); also DTA has finally gone.

### Website progress/ design

- The web pages in progress, and due to be updated in due course.

### Committee work for the coming year

- Working toolkits



**Dr Kirsty Challen**  
Chair, Informatics Committee  
InformaticsChair@rcem.ac.uk

## Service Design and Configuration Committee Summary (including Remote & Rural Special Interest Group)

2021/22 has been a challenging year for the committee. There has been an overhaul of the committee with a number of longstanding members leaving and being replaced by a number of new members providing a wider representation of College membership. Engagement of committee members has been variable, probably mostly as a result of the ongoing pandemic and post-pandemic operational pressures that we are all facing. Output this year has included the guidance on Nursing Staffing in the Emergency Department (joint with the Royal College of Nursing) and conclusion of work on a survey of the implementation of Urgent Treatment Centres.

In addition, the committee has delivered a College Study day on the Smaller, Remote or Rural Emergency Department in October 2021, which was well received, and the chair has also contributed to the All Party Parliamentary Committee on rural healthcare (report released Feb 2022). Also contributed to recommendations in an Healthcare Safety Investigation Branch report into diagnosis of pulmonary embolism in the Emergency Department (working with Quality in Emergency Care Committee).

### Items of the committee's workstreams which have progressed:

- Update of the Initial Assessment Guidance (originally published 2017) with NHSE/I (joint guidance)
- Guidance for Smaller, Remote and Rural Emergency Departments

### Guidance publication/ updates:

- Nursing staffing in Emergency Departments
- Urgent Treatment Centre survey

### Website progress/ design

- Contributed to College discussions on website layout

### Committee work for the coming year

- Completion of Remote and Rural Emergency Department guidance
- Publishing of RCEM/NHSE/I guidance on Initial Assessment in Emergency Departments
- Continuing to work with NHSE/I to develop a standardised approach to acuity assessment in Emergency Department
- Guidance with respect to Emergency Department interactions with Urgent Treatment Centres
- Workplan may be added to as we now have a number of new committee members to discuss subject matter going forwards



**Dr Ed Smith**  
Chair, Service Design Committee  
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## Same Day Emergency Care Special Interest Group

The development of the Special Interest Group (SIG) was limited by the Covid-19 pandemic from 2020 to 2021. The group has now recruited a new SIG group which is very multidisciplinary involving members representing acute medicine, primary care, education and EMTA representation. A new SIG chair was appointed in 2021.

### Items of the committee's workstreams which have progressed

- Emergency Medicine Same Day Emergency Care workforce and training
- We have an EMTA representative on the SIG developing specific emphasis on Same Day Emergency Care training models

### Guidance publication/ updates

- Ambulatory care toolkit was discussed within the SIG meeting, this was amended. [https://rcem.ac.uk/wp-content/uploads/2021/10/RCEM\\_Ambulatory\\_Emergency\\_Care\\_Toolkit\\_Feb2019.pdf](https://rcem.ac.uk/wp-content/uploads/2021/10/RCEM_Ambulatory_Emergency_Care_Toolkit_Feb2019.pdf)

### Website progress/ design

- The group are planning to update the website to include specific SDEC information
- Will be updating a list of SDEC SIG members

### Committee work for the coming year

- Website development
- Study day for 2023 RCEM programme
- Work in partnership with the college and training committee to develop clinical fellowships and SDEC training
- Expand Emergency Medicine representation within SDEC models nationally



**Dr Natalie Richard**  
Chair, Same Day Emergency Care Special Interest Group

## Invited Service Review Committee

The committee has not completed any service reviews in the past 12 months.

It has been a quiet year on the Invited Service Reviews (ISR) front. We had a few enquiries for follow up visits, but none have been pursued, and it seems likely that external agencies have become involved in each case

This committee likely needs a rethink in the context of our discussions around how we progress the quality agenda within College, and in the context of the current low frequencies of ISRs.



**Dr Ian Higginson**  
Vice President, The Royal College of Emergency Medicine  
[ISRChair@rcem.ac.uk](mailto:ISRChair@rcem.ac.uk)

## Academic Cluster

The 2021 academic year built upon a year of change for the College. I would like to thank to all the individuals who give their time to progress and support College educational activity by engaging with a SLWG or being on a committee, without you we could not make the progress we need.

Our theory exams continued to be delivered online and I am glad to say that our OSCE examinations returned to being delivered face-to-face following Covid-19 restrictions. Work has continued to develop our existing pool of Examiners, particularly for the MRCEM OSCE, having commissioned a report into the barriers that people face to become Examiners we are now taking action to ensure that we remove and break down those barriers and have an appropriate incentivisation scheme for examiners.

We continue to work with our colleagues in the EDI Committee to ensure that practices and policies that support and underpin our educational practices are open to all. We have started to review our data in relation to differential attainment within educational outcomes, this work is extremely important to the College. I would again like to encourage everyone to take part in the Count Me In Campaign being run by the Policy Team to ensure that our data is truly representative of our membership.

Work has been progressing at pace in relation to the ACP Curriculum update and I look forward to seeing that launching next year.

### Education Committee

#### Careers Sub-Committee

In 2021 we ran two virtual careers events: RCEM careers day in May 2021 and ACCS careers day in September 2021, both with very good feedback and thanks to the College events team for their support.

We had a virtual stand at the BMJ Careers Fair (BMJ Live) in October 2021 with a dedicated talk on a career in Emergency Medicine.

We continue to work on refreshing the Careers page on the College website with information tailored to different groups and stages of training.

#### Curriculum Sub-Committee

A key achievement for the Curriculum Sub-Committee was the launch of the 2021 RCEM curriculum. This was the result of three years of development work. We had to ensure it met with GMC standards and would achieve our aim to train doctors to be Emergency Medicine Consultants: able to provide Urgent and Emergency Care to all undifferentiated patients attending the Emergency Department and able to provide strategic leadership, foster a culture of learning, engage in quality

improvement, teach, supervise and deliver key administrative tasks. This involved liaising with our key stakeholders: the public, the Emergency Medicine community, our multidisciplinary, specialty and allied professional colleagues. Many clinicians from our community have contributed to this work in various ways and we are extremely grateful.

Implementation was delayed to 2021 where we had been active in putting the finishing touches to the curriculum document, resources and new ePortfolio. We have been raising awareness both physically and virtually and developing a curriculum website which acts as a reference library for trainees and trainers alike. We worked very closely with the Training Standards Committee of the College and our ACCS colleagues to develop trainer and trainee guides as well as ARCP decision aids and consistent transition guidance regarding exams. We clarified who should transition to the new curriculum and how to consistently approach trainees who work less than full time or are out of sync with the standard training year. All of this was complimented with regular appearances at relevant national and local events, teaching sessions and general question and answer sessions.

As we have launched and implemented the 2021 curriculum, the focus for 2022 will be reviewing the launch and refining supporting documentation

Ongoing coordination between college departments Exams, RCEMLearning and projects that are dependencies like ePortfolio will continue, as well as input from other committees such as TSC and EMTA.

### Skills Sub-Committee

The launch of the 2021 RCEM curriculum resulted in the need to provide guidance on suitable courses. It was agreed to get the below suggested list of resources for SLO6. These by no means are exhaustive and will be reviewed and updated regularly throughout 2022

<https://rcemcurriculum.co.uk/wp-content/uploads/2021/07/RCEM-Curriculum-SLO6-Skills-resources.pdf>

### Ultrasound Sub-Committee

The Ultrasound Sub-Committee has been reformed and was currently recruiting new members in 2021. his committee will review the new curriculum and how best to upskill trainers, ensuring trainees meet the expected levels of entrustments.



**Dr Will Townend**  
RCEM Dean  
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## CPD and Conference Committee

Professional Development activities of the college continued to be impacted by the Covid-19 pandemic in 2021. However, the events team, CPD committee and conference organising committees continued to adapt, develop expertise, and deliver essential content through virtual platforms.

Our two major conferences (Spring CPD and Autumn Scientific conferences) were delivered in an online format which remained popular with members and fellows. Similarly, we delivered 40 study days in 2021 on a range of topics reflecting the broad scope of the emergency medicine curriculum. The team has worked hard to map all our events to the new curriculum and in particular to the speciality learning outcomes (SLO) for emergency medicine. Across our portfolio of CPD events we now cover all speciality SLOs.

In 2022 we will return to a mixture of face-to-face and virtual events aiming to both return to a more 'normal' approach to events, but to also retain some of the lessons we have learned from using virtual platforms during the pandemic. We are particularly keen to retain the accessibility benefits from virtual learning as many members and fellows have personal and/or family commitments that make attending face to face events challenging. We hope to maintain accessibility through the use of face to face, online only and blended events in 2022.

In 2022 the Annual Scientific Conference will take place in Belfast and we are looking forward to another high-quality conference led by a very enthusiastic local organising committee. The 2022 CPD conference in Bournemouth will be our first blended conference with both face to face and online options. For those who can attend we sincerely hope that the face to face event will once again indicate a step on the road to normality, mindful that the pandemic is far from over.

We continue to make progress on promoting equality of opportunity and more in our events, working closely with EMTA, EMSAS, EACPs and other allied organisations on this and other common issues. We still have work to do in this area and hope to demonstrate further change in 2022.

It is a characteristic of Emergency Clinicians to adapt to changing circumstances and I have been incredibly impressed by the agility of everyone involved in CPD activities to deliver relevant content across a range of topics.

Our members are encouraged to contact the College 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 our members 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.



**Dr Simon Carley**  
Chair, CPD and Conference  
Committee  
CPD.Director@rcem.ac.uk

## Research Committee

The Research Committee has had another successful year, with the aim of increasing research capacity and activity in the speciality. The highlight was the RCEM Annual Scientific Conference, held virtually this year from 4 - 7 Oct 2021.

**Capacity and opportunities in academic Emergency Medicine are increasing as a result of:**

- The RCEM research grant scheme open every six months

- Honorary academic appointments (RCEM Professors and RCEM Associate Professors)
- Annual opportunities for RCEM PhD fellowships
- The Trainee Emergency Research Network (TERN)
- The NIHR emergency care incubator
- Annual Young Investigator and Principal Investigator awards (now co-badged with the NIHR)
- The Clinical Studies Group (hosts the Research Engagement Day)

Over £30,000 in research grant funding was awarded to studies including the MIS-ABC Sepsis trial; the variability of childhood atraumatic limp management study; thromboelastography and blood protein biomarker profiles in patients presenting with isolated TBI in the emergency department; and body camera use in the emergency department.

The Trainee Research Network (TERN) is now an integral part of the Emergency Medicine research landscape. College funding supports the network in the form of 50% of the TERN Fellow's salary costs, and a part time TERN administrator has been appointed to facilitate the set up and running of complex multi-centre TERN studies.

Further details of TERN research can be found at:  
<https://ternresearch.co.uk>

The NIHR and RCEM have established the Emergency Care Incubator, which aims to increase the opportunities for academic careers in emergency care. Professor Heather Jarman and Edd Carlton now co-chair this initiative.

Further details can be found at:  
<https://www.nihr.ac.uk/documents/emergency-care-incubator/25829>

## Some awards of note:

The Principal Investigator of the Year 2021 was awarded to Dr Rebecca Macfarlane, from Epsom and St Helier NHS Trust.

The Young Investigator of the Year 2021 was awarded to Dr Tom Roberts, who is also in receipt of an RCEM PhD fellowship.

Dr Etimbuk Umana was awarded an RCEM PhD fellowship in 2021 to undertake the 'Febrile Infant - Diagnostic Tests and Outcomes' (FIDO) study based at Queen's University Belfast.

We have increased opportunities to secure RCEM research grant funding and we've also made the RCEM PhD fellowships available on an annual basis, and increased the funding available, which reflects the importance of research to RCEM strategy.

In 2022 our aim is to increase research capacity and activity in the speciality. To achieve this, we need to prioritise the research questions that are most important to us. The RCEM/JLA Emergency Medicine PSP is now five years old and is undergoing a refresh - keep up to date with progress @ JLAEMPSP.

We ran the Annual Scientific Conference virtually for the second year but hope to run the next ASC face-to-face (or hybrid) in Belfast in October 2022.

My thanks to all members of the Research Committee for their forbearance and help in supporting academic Emergency Medicine, and in particular to Theo Chiles who provides our administrative support alongside his other duties.



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

450 trainees were recruited into Emergency Medicine comprising of 369 Core trainees, 19 ST3 and 62 ST4.

### CCT

Total number of recommendations:

173

Successful CESRs  
January 2021 - December 2021

Initial Applications

13

Reviews

15

These figures suggest that  $173 + 28 = 201$  doctors are eligible to apply for consultant posts in 2020-2021. At present TSC are unable to easily track how many do obtain Consultant posts in the UK. We aim to foster closer working relationships with membership to develop a strategy for data capture.

### Training programmes

In 2021, the Covid-19 pandemic continued although most departments saw an increase in numbers of attendances compared to pre-pandemic times and less skew of Emergency Medicine patient presentations as seen during Covid-19 peak wave 1. Trainee redeployment reduced, training & study leave recommenced, and examination continued in a virtual format until October 2021.

From the dates 1 January 2021 to 31 December 2021:

X - outcome 10.1s were issued (i.e., training affected by Covid-19 but can progress) and

Y - outcome 10.2s were issued (i.e., training affected by Covid-19 requiring training extension).

Wellbeing continued to be a significant area of focus. The inclusion of Educational Development Time (EDT) will hopefully be useful in several areas including maintenance of health and wellbeing.

### Quality

2021 saw the compilation of our first Annual Quality Report (AQR). The aim of the AQR is to bring greater transparency around the quality of Emergency Medicine training to the wider College membership and to make quality improvement recommendations.

This report is a summation of recent training activity and quality improvement. There have been challenges associated with all College activity during the pandemic and the work published in this first report may span several training years and reflects a huge amount of work from College Committee Members.

The AQR is proposed as the culmination each year of quality improvement work with substantial data and activity transparent to all members. There are aspects this year that we have not been able to include, but there is opportunity for it to be even better next year. It is our intention to publish the report and recommendations in order to make an ongoing annual improvement, to improve training and ultimately care for patients.

**AQR link:** [https://rcem.ac.uk/wp-content/uploads/2021/10/Promoting\\_Excellence\\_in\\_Emergency\\_Medicine\\_Training.pdf](https://rcem.ac.uk/wp-content/uploads/2021/10/Promoting_Excellence_in_Emergency_Medicine_Training.pdf)

### Clinical educators

The Clinical Educators in the Emergency Department final report published 7 January 2021. This report was commissioned by Health Education England and authored by the combined project evaluation team: University of Aston Academic Practice Unit with DSA Intelligence Ltd, and The Royal College of Emergency Medicine (RCEM).

The findings are summarised as follows and TSC will continue to promote these roles via promoting excellence in Emergency Medicine and monitor through quality reporting:

1. NHS Emergency Departments should appoint Clinical Educators to support the development and training of their multidisciplinary Emergency Department clinical staff.
2. Clinical educators should be given sufficient ring-fenced time to fulfil their role. This will need local consideration but a minimum of eight hours per week is likely to be needed to realise the benefits identified during the CEED project. Within the study, sites typically appointed clinical educators to one or two PAs per week. PAs are four-hour sessions.
3. Consideration should be given to clinical educators forming part of a multidisciplinary training team. This team may usefully include Advanced Clinical Practitioners and non-consultant medical staff (including trainees) who can demonstrate suitable knowledge and teaching skills.

4. Clinical educators should be equipped and encouraged to provide educational support to all clinical staff of the Emergency Department from all professions. This may be focused on trainees and learners. However, benefits to fully qualified staff are also achievable.
5. Regional HEE teams in collaboration with multi-professional Deaneries and Schools of Emergency Medicine should support Emergency Department teams in enabling the release of time and integration of the clinical educator role.

### EM Leaders

April 2021 marked the final phase of this four-year initiative, and the focus of the programme supported the implementation and embedding of the programme. This involved the creation and development of three cohorts of trainers (80 participants) who worked with their local EML School Faculty leads to support leadership training on the shopfloor (supporting the 70% aspect of the programme).

The trainer cohorts will attend development days towards the end of 2021 to improve their leadership knowledge, act as champions to role model the delivery at a local level and to confidently supervise the shop floor implementation of leadership training. These shared experience/lessons learned/best practise will form part of the evaluation work in 2022.

**Certificate of Eligibility for Specialist Registration (CESR) Group**

In order to accommodate the increasing number of applications, we have expanded the number of assessors to 42. During the year 2021 we have undertaken 41 assessments, 10 of these have been reviews RCEM has granted 17 CESR's in 2021. The College has undertaken two CESR applicant training days, which have been very well received. We have also started a course for new assessors which has had two successful sessions during 2021 and continued our regular assessors CESR meetings.

We have written a new SSG (Specialty Specific Guideline) to accommodate the 2021 curriculum which has been approved by the GMC and is now on the College CESR website. The CESR panel has been liaising with the GMC to streamline the application process from e-portfolio to GMC to assessor.

The CESR route has become more attractive to doctors at SAS level. An increasing proportion of doctors are also choosing this route over formal training or even leaving formal training to undertake a CESR program which is perceived as more amenable to their lifestyle choices. The CESR route poses issues for the College in order to balance welcoming non-trainee doctors to Emergency Medicine at consultant level, while maintaining high standards.

**ARCP Outcomes 2021:**

Outcome 1	-	1481
Outcome 2	-	52
Outcome 3	-	144
Outcome 4	-	6
Outcome 5	-	339
Outcome 6	-	210
Outcome 7	-	15
Outcome 8	-	85
Outcome 10.1	-	48
Outcome 10.2	-	56

**The main challenges of 2021 were:**

- a) understanding and disseminating new curriculum changes to those outside of CSC and ensuring TSC had robust enough information to decision make. The link with CSC has had to be closer than previously.
- b) examination changes plus Covid-19 impact on examination applicants' numbers-timely information passage from examinations team to TSC to allow for HoS and trainee exam application planning.
- c) Covid-19 and the impact to training pipeline and maintenance of examinations-over versus under-subscription.
- d) preparation for the new portfolio Kaizen to be cascaded through schools for trainers and trainees.

Likely due to the volume of work between examinations, CSC and TSC, deadlines were not always met. Heads of School would have preferred some earlier and more detailed information from CSC in what to expect ie what is needed for ARCP, QIAT etc. However, there is a recognition that there has been a large volume of work to produce high quality materials available for trainers and trainees to access.

Overall, the success of 2021 will be noted when we get a feel from discussions with HoS, TPDS and college tutors after ARCPs and panel judgments are made in July 2022. Covid-19 recovery money provided by HEE to HoS in England has been welcomed.

**Improvements for the Committee to work on for 2022:**

- a) To roll out good College educational governance training for college tutors and TPDS, for cascading down to ES, CS in the future. This is to ensure consistency of high-quality training and monitoring around the UK.
- b) To promote CEED as part of this activity and proper Job plan recognition of the role of the Consultant, Senior clinicians in Emergency Medicine.
- c) Continuity planning for Clinical Leaders in Emergency Medicine.
- d) To continue with Externality reviews, training monitoring and promotion of best practise, disseminating and revisiting.
- e) To fund the introduction of Equity, Diversity, Inclusion Committee and unconscious bias training to all Training Standards Committee (TSC) members followed by a planned cascade training. This may need linking with the membership team to consider how the College can record this for data capture.
- f) To improve communication passage between MDRS/ HEE recruitment and RCEM. Annual meetings of the recruitment subcommittee needs to be revisited given the introduction of the MSRA. TSC should invite recruitment team at least once every year/ every other year given the changes occurring. Workforce psychology data analysis of Emergency Medicine recruitment needs to be presented to TSC.

The demands on TSC chair role and quality lead plus the recruitment work undertaken by the ACCS, ST3 and HST leads, suggest further training of trainers or differential attainment focus through TSC is currently not practical. TSC will require assistance from other members eg CSC or another membership committee.

Our goals for 2022 are to produce an annual timeline of key TSC activities - these have increased over the last three years and therefore the current timelines require a review. As well as:

- Timely recruitment data for all groups ACCS, St3, DREEM, HST
- Annual AQR quality
- Annual externality reviews
- Review of GMC questions to ensure applicability to new curriculum, promoting excellence recommendations and introduction of EDT time.

Thank you to Emily Beet for her support over the years and to Dr Ellen Jones, Dr Nam Tong and Dr Tamsin Dunn who stepped down as HoS representatives in 2021.



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Chair, Training Standards Committee  
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# Organisational Development Cluster

## Environmental Specialist Interest Group

In 2021 we created the GreenED framework and started to pilot this in six trusts in England. We've had some great successes already with sites implementing cannula reduction projects saving departments time, money and carbon whilst improving patient satisfaction.

ESIG ran its first pre-conference workshop, at the Annual Scientific Conference, in which we showed our progress with the GreenED so far and recruited more trusts for the pilot phase two.

Three of our members spoke at the ASC covering the topics of environmental sustainability and environmental leadership. We were happy to receive positive feedback on these sessions.

The ESIG chair continued to represent the College on the council of the UK Health Alliance on Climate Change and worked with them to lobby the government on air pollution targets.

Our Chair attended two events at COP26 and was able to represent the College and the network with healthcare sustainability leaders from around the world.

Members of ESIG created an information sheet on the environmental impact of Nitrous Oxide for the prehospital care group working with colleagues from the College of Paramedics and presenting to PHEM-PAG.

Overall 2021 was a busy year for ESIG with lots of opportunities and we feel that we rose to the challenge of most of them. The main thing that we would like to improve on is to have longer term plans, to help manage to workload. We were really happy with how our GreenED development and pilot phase has worked out and it has been great to find and work with more environmentally minded colleagues. Our biggest challenge has been finding time to do this important work around our other life and work commitments.

In February 2022 We will hold our first RCEM training day in on Environmental Sustainability and Emergency Medicine. We will have the report from the first pilot phase of GreenED and aim to widen the pilot to more sites.

We realise that we are living through a very tough time both for Emergency Medicine and society in general, with many crises compounding each other. We would like to thank everyone at the College for being so supportive of our work in environmental sustainability even through these challenging times. Your support has and continues to be so encouraging. The climate crisis can seem insurmountable at times, but the good news is we know how to address it and avoid its worst effects. By building on our work and using our voice as healthcare professionals we can create a healthy climate for ourselves, our patients and our loved ones.



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## Equity, Diversity, and Inclusion committee

Following the first committee meeting in January 2021 the team began to focus on three areas of EDI work.

1. Data collection and research - this was in the form of the College's 'Count Me In' campaign. This campaign focuses on demographic data collection, for us to better understand the community of members within the College.
2. Differential attainment - which is an area highlighted on the GMC report and therefore required an in-depth discussion around how to integrate the success factors into training and how to address the disparities in examination results. These discussions were opened up on a larger scale through the EDI presentations during the RCEM Scientific Conference, Scottish Policy Forum, and EMTA Conference.
3. Highlighting inclusivity of the college by recognizing the diverse membership and marking a mixture of festivals and events.

The year 2021 was our inaugural year as a committee, coming to terms with EDI disparities within Emergency Medicine as a specialty all the while facing a global pandemic. The process of unpacking complex equity barriers and championing inclusive and welcoming leadership is a slow process. The support from the entire College and staff has been an extremely positive and reassuring experience. The challenge lies in balancing the need for data collection, evidence-based research and effective, time-critical interventions.

The goal for 2022 will be centred around gaining more input from the larger membership via the Membership Engagement Group and taking purposeful steps towards tackling differential attainment.

We would like to thank our committee members who have demonstrated exceptional passion while having often difficult and taxing discussions around EDI work. In the face of the Covid-19 pandemic, departmental pressures, and staffing issues, their dedication to creating a lasting impact in Emergency Medicine is unwavering. We would like to express our gratitude to our extraordinary team.



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### Women and Gender Equity in Emergency Medicine Special Interest Group (WEMSIG)

WEMSIG held its first pre-conference study day at the RCEM virtual Annual Scientific Conference. Topics included advocacy, allyship and activism, visioning and realising careers, and parenting.

WEMSIG members have also been invited speakers, raising awareness around gender equity in Emergency Medicine, at a number of events including multiple regional teaching sessions, a number of undergraduate and intercalating medical student fora and the IFEM Women in Emergency Medicine Around the World symposium. The committee has also become a point of contact for individual members and fellows facing gender-related issues at work.

We have represented the College at the Academy of Medical Royal Colleges Gender Pay Gap group: [https://www.aomrc.org.uk/wp-content/uploads/2021/12/Gender\\_pay\\_gap\\_Academy\\_response\\_021221.pdf](https://www.aomrc.org.uk/wp-content/uploads/2021/12/Gender_pay_gap_Academy_response_021221.pdf).

We have also informed the College response to the DHSC Women's Health Strategy consultation: <https://www.gov.uk/government/consultations/womens-health-strategy-call-for-evidence/womens-health-strategy-call-for-evidence>

As well as the Home Affairs Select Committee report on spiking: <https://committees.parliament.uk/call-for-evidence/655/>.

We have also supported the College's #countmein and RespectED campaigns and joined the College celebration of International Women's Day.

Members of the committee support the RCEM scheme for part-sponsorship of Leaders Plus Fellowships (<https://www.leadersplus.org.uk/rcem/>) to support career development of parents of young children.

We are building international links via IFEM and with CAEP (Canada) and Australasia (AWEM).

2021 was WEMSIG's first full year as a committee and we have become more firmly established, including recruitment of a formal representative from EMTA (Chelcie Jewitt) and co-opting a member from the RCEM Learning Editorial Board (Sarah Hickin).

We are still working on being fully integrated into all College structures and committees to ensure that gender considerations are reflected in all College activities.

#### WEMSIG plans and goals for 2022

- Complete toolkit for advocacy & allyship in Emergency Medicine.
- Session at ASC Belfast; integration of gender issues into more/all College study days.
- Investigate and advocate around gender discrimination inherent in CESR process.
- Social media peer support & mentoring.
- Collaboration with EMTA around gender findings of EMTA survey.



**Dr Kirsty Challen**  
Chair, Women and Gender Equity in Emergency Medicine Special Interest Group  
[WEMSIGchair@RCEM.ac.uk](mailto:WEMSIGchair@RCEM.ac.uk)

### RCEM Fundraising Advisory Board

A key achievement for Fundraising in 2021 was establishing ourselves more prominently at the College. We were successful in securing our first two grants to support our Quality Improvement Programme topic for cognitive impairment in elderly people from The Hospital Saturday Fund and the Edith Murphy foundation. We were accepted as an official charity partner for the 2022 London Landmarks Half Marathon event with five members participating to raise money for our charitable work. A milestone achievement at the end of 2021 was launching our first membership appeal at Christmas to support a virtual training programme in Uganda raising £6,000. The money raised, along with an additional £24,000 from Health Education England to support this work, will allow the College to make a significant impact on Emergency Medicine in Uganda and its delivery of the Covid-19 response.

2021 was a transformative year for Fundraising, we've become much more high profile in the College and there is a better understanding of the work we are trying to achieve both internally and externally with our members and other organisations. We intend to build on this further to make collaborative work more seamless and beneficial across the College. We will expand even more in 2022 and take part in more events in person. We will develop our donation process to be more sophisticated so that it is simple for anyone to donate through our website with ease. Through these initiatives we will ensure that our supporter stewardship is as strong as possible.

We have had many successes in 2021, the key ones being successfully achieving two grants to support our Quality Improvement Programme totalling £7,000, allowing the Quality team to explore more opportunities with this additional income than ever previously possible. Another major success was our winter appeal supporting colleagues in Uganda, as our first appeal to members it was wonderful to see such support from our membership and as a result, we raised £6,000 to support this programme. Along with the additional support from Health Education England there will be significant support put in place in 2022. We took part in our first fundraiser 5K May with support from our members to raise awareness around our charitable work. We launched our first public campaign in summer with support from influencer Dr Ranj who kindly promoted the campaign on his social media platforms to his large audience. The campaign intended to raise awareness of our work supporting Emergency Medicine staff mental health and wellbeing and this work will continue into 2022. We were accepted as an official charity partner for the 2022 London Landmarks Half Marathon event with five members participating to raise money for our charitable work and will also be participating in the Royal Parks Half Marathon next Autumn 2022.

We had some challenges with technology, with the new College website launch and moving away from JustGiving as our primary donation source. It has been worth the effort as we have been able to introduce new donation functionality to our website. We have also now gained the ability to track donations through our CRM platform in a way we could not previously, improving donor stewardship and engagement.



In 2022 we will be pursuing more grants from trusts and foundations to support more of our ongoing work around quality improvement, research and international programmes. We have two fundraising events in 2022, the London Landmarks Half Marathon in April, and the Royal Parks Half Marathon in October. Both events we will be a registered charity partner with the opportunity to promote ourselves at the event and have runners participating to raise money to support our work. We will be launching our second annual winter appeal at the end of 2022. There will be more content on the College website for fundraising events, and information around the work we have achieved so far. We will be refining the Legacy opportunities for potential donors.

A huge thank you to all our members who have shown support over the last year for the work we are doing as a charity and thank you to the Fundraising Advisory Board for their time and ongoing support throughout 2021.



**Dr John Heyworth**  
Chair, Fundraising  
Advisory Board  
[foundation.chair@rcem.ac.uk](mailto:foundation.chair@rcem.ac.uk)

### 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. Such recognition is always appropriate but never more so than in the challenging environment that our members faced as a result of the Covid-19 pandemic – they are all worthy of an award.

For many years the Award of the President’s Medal ranked amongst the highest of Honours the College could bestow. In view of the sad and untimely death of our former President Cliff Mann it was decided, as a reflection of the outstanding contribution Cliff had made to the College and the specialty, to rename the President’s Medal to the Dr Cliff Mann President’s Medal. It’s first recipient was Dr Prem Premachandran, a consultant at Frimley Park Hospital as well as the National Professional Adviser in Urgent and Emergency Care for the Care Quality Commission. In presenting this award our President, Dr Katherine Henderson, praised Dr Premachandran’s role in supporting improvements to patient safety and helping to develop a deeper understanding between Emergency Department practitioners and the CQC’s quality inspection team.

The Committee also established a new award for the staff of the College, specifically to recognise long service. We were pleased to name this award after our longest serving member of staff Geradine Beckett, Geradine having been almost our first employee. It was fitting therefore that its first recipient was Geradine upon her retirement.

### Honours were also bestowed upon the following members and staff:

#### Dr Cliff Mann President’s Medal 2021

- Dr Prem Premachandran

#### College Medals

- **John Burns** - outgoing Chair FASSGEM
- **Sunil Dasan** - outgoing Chair Sustainable Working Practices Committee
- **James France** - for outstanding contribution to the Royal College of Emergency Medicine
- **Jo Hartley** - outgoing Lead for Quality, Training Standards Committee
- **Malcolm Jones** - Lead for ACCS and Head of School for the North East
- **Kevin Mackway-Jones** - for outstanding contribution to the Royal College Emergency Medicine
- **Paul Ransom** – outgoing Lead for CESR, Training Standards Committee
- **Alison Walker** - for outstanding contribution to the Royal College of Emergency Medicine

### Geradine Beckett Award

- **Geradine Beckett**

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: Gautam Bodiwala, Asif Malik, Gordon Miles, Chris Moulton and Malik Ramadhan and to Anthea Adams as Committee Secretary.



**Derek Prentice**  
Chair, Honours Committee



Such recognition is always appropriate but never more so than in the challenging environment that our members faced as a result of the Covid-19 pandemic – they are all worthy of an award.

## Global Emergency Medicine Committee

In 2021 the College's relationship with Myanmar Ministry of Health and the Myanmar Emergency Care Society continued to be developed leading to an application being submitted to the Tropical Health Education Trust (THET) for a Global Health Partnership under the UK Partnerships for Health Systems (UKPHS) programme, to work with the MoH in Myanmar to support them with development of Emergency Care Services. The proposal included input from key stakeholders involved in ECS in Myanmar, including the ACEM Myanmar representative. It was selected as one of several proposals for funding, prior to the decision by the Foreign, Commonwealth and Development Office to cancel the UKPHS programme.

The Emergency Medicine Foundation Programme had its second cohort complete the programme, the third cohort commenced the programme including a new site in Pakistan to sign up and implement the programme. A series of virtual trainings and clinical webinars have helped support the programme.

The Committee developed and implemented a framework for international accreditation of overseas Emergency Medicine training, of which the College is working with the Egyptian Ministry of Health who will undergo an accreditation visit of their training programme along with support for development of their online ePortfolio in early 2022.

The College received funds from the FCDO/THET for a programme in Ghana, working with the Ghana College of Physicians and Surgeons to review their Emergency Medicine curriculum and framework and help support its development as well as identifying and addressing other key areas where the College could support.

Our relationship with Uganda continued to grow, facilitated by the Uganda UK Health Alliance (UUKHA), discussions around the development of Emergency Care in the country via the SCALE programme continued to be fruitful and the International Teams engaged with the College Fundraising Team to create the first winter appeal, raising funds to go towards supporting this work.

A Global Emergency Medicine Handbook was created as a guide for Emergency Physicians undertaking global Emergency Medicine work abroad. The aim of this handbook is to provide a brief introduction to global Emergency Medicine and working overseas in an Emergency Care setting for those that may be new to the field or for those that are considering volunteering abroad as well as to signpost a range of helpful resources and provide an idea of some current opportunities.

The Committee worked with the Events Team to see that funds previously secured for bursaries, international attendance at conferences, and to support other international work were repurposed to allow free entry to the College's virtual conferences for those from low, lower middle- and middle-income countries (LMIC).

Work is underway with the University of Manchester on a study to map and connect the global health work of those in UK emergency care. This project will lead to an interactive tool to help connect people globally.

The Committee has delivered a number of successful study days on themes such as 'Environmental emergencies around the world' and has also worked with IFEM to collaborate on virtual events attended by the global Emergency Medicine community.

The College has continued a productive relationship with the Directorate of Global Health Partnerships at Health Education England (HEE) which aims to strengthen health systems and services in England and across the world through international exchanges. Under which the first placements under the Global Fellowship Programme -EM have commenced their posts this year in East of England and Kent, Surrey & Sussex.

Overall, 2021 was a year of planning, nurturing relationships and building the solid foundations for future work. The continuation of the Pandemic meant that virtual learning and collaboration was essential and something to work on in the future in terms of finding ways to making it more interactive and meaningful.

The Committee maintain that engaging our membership interested in Global Health is essential, not only in helping the development and support of emergency care globally, but by aiding retention within the NHS by providing avenues to support this work and create opportunities leading to a satisfying and fulfilling career.

Engagement with organisations such as IFEM, AFEM, ASEM and EuSEM are key, and the Committee look to improve upon this in 2022.

RCEM submitted an application to THET for a Global Health Partnership with Myanmar, under considerably difficult circumstances due to the military coup which began in February. Cuts in UK Aid impacted the entire sector and impacted a number of health partnership schemes, this in turn has meant funding for international programmes has become more competitive. The College has managed to effectively diversify our funding streams and opportunities to help support future work as seen in the developments of work in Ghana, Egypt and Uganda.

Challenges around international travel were experienced by International Medical Graduates within the MTI scheme and the UK hospitals supporting their placements, however, there has been good support from the Academy of Medical Royal Colleges to navigate them and to advocate on behalf of the participating doctors as well as the Medical Royal Colleges and other sponsoring bodies within the scheme. Further work is to be done during the next year to ensure the scheme is as supportive and educational for its participants as possible as well as ensuring that it meets its primary purpose of helping building capacity in LMIC.

In 2022 the Committee plans to continue to work on engaging our membership and creating and supporting opportunities for overseas work.

The international work of the College would not be possible without the passion, enthusiasm, and expertise of those involved in its committees and working groups, who work tirelessly to see change in the world. We extend our warmest thanks for their dedication.



**Dr Jason Long**  
Chair, Global Emergency  
Medicine Committee  
[GlobalEM@rcem.ac.uk](mailto:GlobalEM@rcem.ac.uk)

## Corporate Governance Committee

The Corporate Governance Committee continues to play a pivotal role providing oversight of the financial reporting process, the audit process, the College's system of internal controls, the management of risks and compliance with laws and regulations. The Committee structure changed in September 2021, and now consists of the Chair, Treasurer, Vice President Membership, a Vice President, a Lay Group Member, two independent Lay Members, two Membership representatives and a co-opted Committee Member.

Following the introduction of our new Trustee Board, the Chair of the Corporate Governance attends meetings of the Trustee Board and informs on the work of the committee and retains an open invitation to Council.

Corporate Governance Committee met five times in 2021, in February, April, June, September and December, and in addition to its core function of monitoring the College's financial position, risk management and governance, it also provided scrutiny and oversight of:

- The completion of the Corporate Governance Code project which oversaw the introduction of the new Trustee Board
- Property strategy and the refinancing of our London based properties
- GDPR non-conformities
- ISO 9001
- Staff pension scheme

Corporate Governance scrutinised the College's corporate risk register and associated action plans throughout the year to ensure effective management of the strategic risks of the College. This work included dialogue with the Charity Commission and Information Commissioner's Office.

The Committee met the College's auditors in the Spring to review the 31 Dec 2021 audited accounts and recommended their approval to the Trustees, noting that the audit report gave an unqualified opinion and found no issues with the governance of the organisation or its financial management. The financial statements can be found in the financial report section of this report. The Committee also assessed the performance of our current auditors, Moore Kingston Smith, and endorsed their reappointment as auditors for 2022.

The College has reported a strong financial position, generating a surplus, a result of in year underspends, this 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 reviews the reports from the College's Finance and Human Resources departments, including matters relating to the remuneration of staff. It has scrutinised business plans, budgets, and scenario plans for the next three years, and will monitor this closely during 2022. Insurance arrangements, organisational policies, and governance documents were also reviewed periodically.

Corporate Governance Committee also continued to support the Chief Executive with organisational development initiatives. In 2021, it worked jointly with the Executive Committee to approve a two-part business case for increased resources in our examinations areas that will underpin developments made in 2020. Phase two of that business case is being refined and will consider the output of our current examination strategy review.

My thanks are due to my fellow Committee members and to the Chief Executive and his management team for their support throughout the year.



**Derek Prentice**  
Chair, Honours Committee  
[CorpGovnChair@rcem.ac.uk](mailto:CorpGovnChair@rcem.ac.uk)



## Lay Advisory Group

In 2021 the Lay Advisory Group Committee (LAG) continued to provide strategic advice from a non-clinical perspective across all functions and activities of the College. LAG supports the College to ensure that patients are at the heart of all matters regarding the speciality of emergency medicine. The LAG has been involved in the below:

### RespectED Campaign

In October 2021, the committee launched its RespectED campaign, challenging toxic and bullying behaviours. Bullying not only has a detrimental effect on staff but is also a serious risk to patient safety. Our RespectED campaign, in collaboration with Civility Saves Lives, is a call to action to raise awareness amongst our staff and start the conversation. We want all staff in our emergency departments to be equipped to speak up, challenge these behaviours and change the culture together. The Chair of LAG, Jayne Hilderley is the chair of the anti-bullying task and finish group and authored the toolkit.

### Contributions to Exams Strategy

Following serious internal and external concerns regarding the College's ability to deliver high quality exams in a global context, Peter Rees was invited to join the Exam Strategy Project Board, tasked with addressing key issues, reviewing, reforming, and restructuring exam provision for the next five years. To be invited to contribute to such an integral part of the College's work, and for our contribution to be recognised by the Chair and CEO demonstrates how the College understand the importance of LAG's involvement.

## Regional Boards and committees

I'm pleased to say that individual group members have been allocated as Lay representatives to the newly established Regional Boards. These Boards have a broad membership of staff from Emergency Medicine based workforces. The Boards will be kept informed of key national issues by the Executive Team and they will feedback specific concerns and developments within their regions. LAG also played an important role in the #CountMeIn campaign, supporting the Equity, Diversity, and Inclusion Committee to develop the new set of demographic data questions.

LAG members supported many College committees, particularly Derek Prentice as Chair of the Corporate Governance Committee which has had a very busy year. Other members e.g. Joan Aitken brought their skill, experience and expertise to assist the College in a highly specialised matter.

LAG members brought their wealth of experience and sat on appeals panels.

Improving patient care is an important strategic arm of the College, and it was a key achievement of the committee to have this outlined in RCEM's 2021 - 2023 Corporate Plan.

## Plans and Goals

The LAG plan to publish an ambitious three-year strategy which will aim to put patients and their experiences at the heart of the College's work. LAG looks forward to working more closely with the new President.

"The role of the lay representative is to combine being a supportive member of a decision making panel, providing independent guidance and constructive challenges to current ways of thinking. All lay members are invited to act as individuals rather than on behalf of outside organisations, but they are encouraged to feedback information to those organisations with which they have links. The LAG has 12 members including representation from devolved nations." <https://rcem.ac.uk/committees/>

## Representatives

I would like to thank all 12 members of the Lay Group for their continued fulfilment of this role, and for their dedication to the College and its work.



**Jayne Hilderley**  
Chair, Honours Committee  
[LayChair@rcem.ac.uk](mailto:LayChair@rcem.ac.uk)



# Financial Report

# Report of Council

Council submits its annual report together with financial statements of the College for the year ended 31 December 2021.

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

<b>Status</b>	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).
<b>Registered office</b>	Octavia House, 54 Ayres Street, London, SE1 1EU
<b>Bankers</b>	Handelsbanken 1 Kingsway, London, WC2B 6AN
<b>Solicitors</b>	Hempsons Hempsons House, 100 Wood Street, Barbican, London, EC2V 7AN
<b>Auditors</b>	Moore Kingston Smith LLP Devonshire House, 60 Goswell Road, London, EC1M 7AD
<b>Investment Managers</b>	Flagstone Investment Management Ltd, 126-27 Oxendon, London, SW1Y 4EL
<b>Chief Executive</b>	Gordon Miles

The College established a new Trustee Board in August 2021, and these individuals replaced the elected members of Council as Trustees of the College.

		From	To
<b>President</b>	Dr Katherine Henderson	2021	2022
<b>Dean</b>	Will Townend	2021	2023
<b>Vice President - Membership</b>	Dr Carole Gavin	2021	2022
<b>Treasurer</b>	Dr Scott Hepburn	2021	2024
<b>Council Trustee</b>	Dr Maya Naravi	2021	2024
<b>Council Trustee</b>	Anne E Weaver	2021	2023
<b>Member Trustee</b>	Mahamed Javid Abdelmoneim	2021	2024
<b>Member Trustee</b>	Dr Stephen Jones	2021	2023
<b>Lay Trustee</b>	Ian Ailes	2021	2024
<b>Lay Trustee</b>	Mary Hockaday	2021	2024
<b>Lay Trustee</b>	Palvi Shah	2021	2023
<b>Lay Group Chair</b>	Miss Karen Jayne Hilderley	2021	2023

The College Council consists of the following members elected by Fellows and Members of the College, and co-opted members. These elected members of Council were the Trustees of the College up until 31st July 2021

		From	To
<b>President</b>	Dr Katherine Henderson	2019	2021
<b>Vice President - Membership</b>	Dr Carole Gavin	2019	2021
<b>Vice President</b>	Dr Ian Higginson	2019	2021
<b>Vice President</b>	Mrs Lisa Munro-Davies	2016	2021
<b>Vice President - Policy</b>	Dr Adrian Boyle	2019	2021
<b>CPD Director</b>	Professor Simon D. Carley	2019	2021
<b>Chair QECC</b>	Dr Simon M Smith	2019	2021
<b>Chair R&amp;P</b>	Dr Jason E Smith	2019	2021
<b>Chair ACP</b>	Mrs Olivia M Wilson	2019	2021
<b>Chair - Emergency Medicine Trainees Association</b>	Dr Daniel Darbyshire	2021	2021
<b>President - Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine</b>	Dr Stephen Richard Black	2020	2021
<b>Northern Ireland - National Board</b>	Mr Paul P Kerr	2020	2021
<b>Scotland - National Board</b>	Dr John Thomson	2020	2021
<b>Wales - National Board</b>	Dr Suresh K Gopala Pillai	2020	2021
<b>East Midlands</b>	Dr Richard Wright	2017	2021
<b>East of England</b>	Dr Sarah J Evans	2019	2021
<b>London</b>	Dr Shashank Patil	2019	2021
<b>North East</b>	Mr. Sohom Maitra	2019	2021
<b>South East Coast</b>	Dr Salwa Malik	2021	2021
<b>South Central Region</b>	Divyansh Gulati	2021	2021
<b>South West</b>	Dr Adam Rueben	2018	2021
<b>West Midlands</b>	Mr. Kalyana S Murali	2019	2021
<b>Yorkshire &amp; Humber</b>	Dr Sundararaj J Manou	2019	2021
<b>Lay Group Chair</b>	Miss Karen Jayne Hilderley	2020	2021

## 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. Up until the new Trustee Board was formed in June 2021 the Trustees were 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.

At the Annual General Meeting in October 2020 the membership voted to agree to some changes in the structure of the College, creating a separate Trustee Board leaving Council to focus on specialty matters. These changes were approved by the Privy Council on 16 December 2020 and were implemented in 2021.

The new Trustee Board formed in June 2021 and comprises the President, Dean, Vice President Membership, and the Treasurer who are Fellows of the College. In addition, two Members of Council, two Membership Trustees and three independent Lay Members were appointed in accordance with the College's Charter and Ordinances.

The Board has additional support in undertaking its functions from the College Council and those involved in the standing committees. The Council meets at least four times per year. The Council is constituted by the College Role Holders (formerly known as Officers), 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 Executive Committee of the College meet regularly during the periods between each Board and 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 College Role Holders.

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 and CEO of the College relating to their role and responsibilities as a trustee, prior to their first meeting. The Trustees additionally 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 Role Holders and other elected members of the Council are undertaken in accordance with the governing documents of the College. The Board and Council is chaired by the President, Dr Katherine Henderson. The Council aims to make decisions by developing a consensus but voting by members (simple majority) is the final decision-making process.

The Role Holders 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 membership are honoured that The Princess Royal is our Royal Patron.

## Employee policy and remuneration of senior staff

In relation to its employees, 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 employees on significant employment matters via our 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 undertook a review of its grading and remuneration arrangements in 2018 with the assistance of an expert in employee remuneration arrangements. Since then, annual reviews of progress have been undertaken and minor changes made to the pay policy have been made.

## Objectives

The objectives for the Royal College of Emergency Medicine are described in our Royal Charter. To implement these our Corporate Plan sets out our corporate strategy. The strategy document is available on our website.

During 2021, the Royal College of Emergency Medicine had to continue to adapt to the Covid-19 pandemic at the same time as continuing to promote excellence in emergency care. Our activities are focused in four key areas:

- i. Improving patient care
- ii. Support our membership to achieve sustainable satisfying careers
- iii. Advancing the practice of Emergency Medicine through research and engagement in Global Health

Support our membership with the delivery of high-quality day to day care in Emergency Departments

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

- 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;
- 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;

- working with the General Medical Council and Health Education England to deliver training pathway for those developing a career in Emergency Medicine;
- supporting our Members and Fellows including supporting Trainees, Staff grade and Associate Specialist (SAS) doctors in Emergency Medicine.
- providing a credentialing process for Advanced Clinical Practitioners and developing plans to support the development of Physicians Associates;
- supporting and giving advice on research within the specialty;
- working with other healthcare organizations and governments to implement the College's campaign improve the provision of Emergency Medicine for the benefit of patients, centring this on our RCEM Cares policy. Our RCEM Cares campaign provides solutions to address the pressing issues in Emergency Medicine in the UK. A full description of this campaign is available on our website.
- 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;
- 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;
- 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 is 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 <sup>[1]</sup>, 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

During 2021 the College continued to develop its fundraising capabilities. Our engagement with a firm of professional fundraising consultants working alongside a dedicated employee focussing on the implementation of our fundraising strategy. We have undertaken awareness raising and have had our first Christmas Appeal. Our fundraising is overseen by a Fundraising Advisory Board who ensure that we adhere to the tenets of the Charity Commission guidance. We continue to comply with the requirements of the Charities (Protection and Social Investment) Act 2016 and no complaints were received in respect of fundraising activity. Furthermore, 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. Our approach to fundraising is to approach contacts, stakeholders and our membership for specific appeals, and we also have a Just Giving page. We are registered with the Fundraising Regulator.

<sup>1</sup> 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

Following the substantial adjustment to our operations caused by the Covid-19 pandemic in 2020 we continued to implement change and enhancements in our service delivery to deliver our strategy.

Notable amongst the achievements during 2021 was the successful implementation of the new curriculum. A long-term piece of work that was accompanied by changes in our examinations and the launch of a new ePortfolio for doctors and others training in Emergency Medicine.

As the pandemic evolved in the UK the College continued to provide significant input at the highest levels in each of the nations of the UK to support the subsequent challenges of dealing with Covid-19 and the rebound of patient attendances that accompanied release of restrictions on the public such as national 'lockdowns'.

As the situation evolved the pressure on front line emergency medicine services meant that there was continued significant dislocation to the training of NHS Emergency Medicine workforce, and this meant changes to the programme of training. Our Training Standards Committee undertook significant work to support the trainees. Our Sustainable Working Practices Committee continued to provide advice and help to the specialty including the provision of a wellbeing App, 87%.

For most of the year face-to-face meetings, events and examinations were replaced by online activities. The ongoing changes to the management of the pandemic as the vaccine roll out allowed the government to ease restrictions. This meant that we were able to restart our face-to-face Objective Structured Clinical Examinations (OSCEs) having run them online. The complexity of delivering online OSCEs is very significant and in future we will only contemplate this as a matter of last resort.

During 2021, pressure was felt across the organisation. Our exams team and examiners have worked flat out to deliver the specialty examinations notwithstanding the difficulties of the pandemic. Our events team successfully delivered a programme of online study days and conferences, including our second virtual Scientific Conference which was highly acclaimed. Significant work has been undertaken communicating RCEM Learning content. We continued to 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.

Our Clinical Quality Audits have continued. Our Research programme continues to gain strength and we have a vibrant research community growing in the specialty.

The Policy Team have continued to support our RCEM Cares campaign and associated engagement in the political arena to set out our case for more support for the specialty. The RCEM CARES campaign provides solutions to address these pressing issues so that Emergency Department staff can deliver safe and timely care for patients. The campaign focuses on five key areas: Crowding, Access, Retention, Experience, Safety. There is more information on our website. Media coverage continued as we were able to maintain a presence in the media to support our policy lobbying. We revised our branding and modernised this presenting the results to the Annual General Meeting.

Our Membership team continued to make significant progress on automating and streamlining membership processes to make it easier for our membership. They are also developing our approach to adding more member value to our services.

Internationally, notwithstanding the travel restrictions, the MTI programme continued. The Emergency Medicine Foundation Programme project entered its second year.

Our internal support arrangements were consolidated as our Corporate Services function developed. Our HR team have worked to improve staff recruitment, retention, development, engagement and wellbeing notwithstanding the fact that for most of the year our employees were working from home.

Our Facilities team equipped Octavia House as a hot desking and examinations centre. Our Breams Buildings property was mothballed as we developed a strategy to rent out on a short-term basis the space which we are not using due to many of our employees working from home.

The work of the College is a collaborative team effort from our employees and emergency medicine professionals, our membership: "We help those who help the sick and injured." Therefore, despite the ongoing pandemic we continued to provide information, guidance, re-engineer our operations and make sure our services continued.



## Financial Review

The Trustees are pleased to report that total incoming resources for 2021 were £8.790m. (2020: £6.891m)

The income was as follows

INCOMING RESOURCES	2021	%	2020	%
Donations & Grants	171,074	2%	167,907	2%
Other Income	122,554	1.4%	232,139	3%
Investment Income	8,076	0.1%	19,888	0.3%
Emergency Medicine Journal	325,961	4%	311,187	5%
Subscriptions	3,749,301	43%	3,329,049	48%
Conferences & CPD	715,003	8%	329,815	5%
Examinations	3,370,325	38%	2,242,692	33%
Training	195,941	2%	98,591	1.4%
Clinical Audit	132,247	1.5%	159,692	2.3%
<b>Total</b>	<b>8,790,482</b>	<b>100%</b>	<b>6,890,961</b>	<b>100%</b>

The principal 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.

At the end of 2021 the total membership rose to 10,996, an increase in 8.2% from 2020. The membership category with the largest increase was in Associate member (ACP) which increased by 19% with there also being an increase across all other Associate Member categories. Our numbers of Fellows by Examination also saw significant increase by 15% with our overall number of Fellows increasing by 13%.

Total resources expended during 2021 were £8.056m (2020 £6.233m). This report has highlighted earlier the key activities that account for the expenditure.

RESOURCES EXPENDED	2021	%	2020	%
Raising funds	48,254	0.6%	11,292	0.2%
Emergency Medicine Journal	630,227	8%	580,163	9%
Research & Publications	231,059	3%	203,510	3%
Education & Examinations	3,284,714	40%	2,328,092	37%
Training Standards Committee and general training	1,192,542	15%	1,163,880	18.7%
Conferences & CPD	628,058	8%	614,492	10%
Membership Services	639,111	8%	308,751	5%
Quality In Emergency Care	511,603	6%	433,327	7%
Policy & Professional Affairs	703,126	9%	468,125	8%
NHS Project Expenditure	134,152	1.7%	112,283	2%
RCEM Foundation	53,031	0.7%	8,640	0.1%
<b>Total</b>	<b>8,055,877</b>	<b>100%</b>	<b>6,232,555</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. However, in the immediate aftermath of the Covid-19 outbreak, our trustees took the decision to liquidate this investment portfolio to reinforce the funds available to the College and to mitigate against further downside risk. Fortunately, the College has not had to drawdown on these funds and they remain on deposit with Flagstone Investment Management Limited on their cash Investment platform.

### Risk management, and principal risks and uncertainties

The College has a risk register maintained by the Director of Corporate Services on behalf of the Corporate Governance Committee. The register is reviewed on a regular basis at the meetings of the Corporate Governance Committee and the Board.

The College's risk register sets out the most significant risks classified by governance, operation (business continuity), finance, environment, regulatory compliance and reputation. Each risk within the classification is detailed and scored against a matrix of impact and likelihood. In 2021, we took the decision to archive our Covid-19 "issues list" and now manage all pandemic related risks as part of our corporate risk management process.

The College has put systems and procedures in place to monitor, manage and mitigate risks. Trustees ensure risks are 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.

#### Significant risks for the College include:

- 1) Operational, Reputational, Governance and Financial - Examinations: There are a number of risks associated with the running of our examinations, these challenges include capacity (e.g., examiners, OSCE), quality of service, processes, systems and regulatory breach. The coronavirus pandemic has seen us pivot quickly into online delivery and this has created significant changes to how we facilitate and administer our examinations. Mitigation: These challenges are being managed by the College's SMT and the Dean. There has been recent investment in staff resources and digital infrastructure. An Examinations Strategy Project has commenced work to undertake a strategic review into how we can best provide a suite of RCEM examinations, with regard to quality, reliability, sustainability and equity, establish the right approach to delivering the RCEM suite of examinations internationally, and how we can support and sustain a community of expert RCEM examiners.
- 2) Operational and Reputational - Training: We launched our new ePortfolio platform in the autumn of 2021. Subsequently, we have received feedback from users that the product provided by our 3rd party software provider, contains bugs and glitches which has resulted in data loss and functionality issues. There is now a live risk that should the platform deficiencies persist it will have an adverse impact on the professional progression of our members using the platform thus significantly damaging our reputation, credibility and quality of service. Mitigation: These challenges are being managed by the College's SMT, led by the CEO. We are working with the supplier on a root cause analyses exercise reviewing user error/lack of understanding, bugs and the change requirements needed.

## Financial Review (continued)

3) Operational, Financial and Regulatory Compliance – Digital: Cyber Incidents e.g., Cybercrime, IT failure/outage, data breaches, fines and penalties. The COVID-19 Pandemic saw the College change some of our traditional working models. Some of our services are delivered digitally and many of our employees have moved to a hybrid working model. This has led to an increased use of home networks, personal devices and apps for organisational purposes. Therefore, there is a risk of cyber and data security breach which could result in fines of up to £400,000 and/or permanent loss of data. Mitigation: We insure this risk with our cyber liability insurance and undertake testing periodically. This risk is regularly monitored in-house and via our as-a-service providers. All data is backed up daily and all data breaches are reported to Corporate Governance. The College is in the final stages of securing the government backed cyber essentials accreditation.

The Corporate Governance Committee keeps the corporate risk register under regular review and reports to the Board. 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.

### Reserves policy

The total funds of the College at 31 December 2021 were £10.750m (2020: £10.015m) of which £0.432m (2020: £0.418m) were restricted and not available for the general purpose of the charity. The unrestricted funds of the charity totalled £10.318m (2020: £9.598m) of which £7.111m (2020: £7.048m) are designated funds.

Designated funds are funds that the Trustees have earmarked for specific purposes. As at 31 December 2021, there are three designated funds, tangible fixed assets, IT development and RCEM Fundraising. 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 designated to support our digital transformation agenda over the next 3 years. RCEM Fundraising fund has been designated to enable our foundation to develop its fundraising capabilities and strategy over the next 2 years.

The free reserve balance is £3.207m (2020: £2.550m), and has been considered by Trustees, having regard for the risk position of the College and is to provide a cushion to cover up to six months core operating costs.

Furthermore, it has been determined that the College will, as a minimum, hold £1,000,000 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.

## Financial Review (continued)

### Appreciation

The trustees wish to thank the College employees for their unstinting hard work during 2021 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 Board of Trustees on 23/06/2022 and signed on their behalf by:



Dr K 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 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 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 2021, and of its 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 requirements of 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 the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.



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

### 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 contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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 course of 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 themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

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

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

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we required for our audit.

### Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out earlier, 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 144 and 154 of the Charities Act 2011 and report in accordance with those regulations.

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.

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.

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

### Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

### Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

### 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 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 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 and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.

*Moore Kingston Smith LLP*

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Moore Kingston Smith LLP, Statutory auditor  
Devonshire House  
60 Goswell Road  
London  
EC1M 7AD

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 2021

	Notes	Unrestricted Funds £	Restricted Funds £	Total 2021	Total 2020
<b>INCOME FROM</b>					
Donations and grants	2	22,814	148,260	171,074	167,907
Income from charitable activities	3	8,488,778	-	8,488,778	6,471,026
Investment income	4	8,076	-	8,076	19,888
Other income	5	122,554	-	122,554	232,139
<b>Total Income</b>		<b>8,642,222</b>	<b>148,260</b>	<b>8,790,482</b>	<b>6,890,961</b>
<b>EXPENDITURE ON</b>					
Raising funds		48,254	-	48,254	11,292
Charitable activities		7,873,471	134,152	8,007,623	6,221,263
<b>Total resources expended</b>	<b>6</b>	<b>7,921,725</b>	<b>134,152</b>	<b>8,055,877</b>	<b>6,232,555</b>
<b>Sub-total</b>					
Gains/(Losses) on investments	10	-	-	-	(320,216)
Fair Value Adjustment		-	-	-	-
<b>Net income for the year</b>		<b>720,497</b>	<b>14,108</b>	<b>734,605</b>	<b>338,190</b>
Fund balances brought forward		9,597,567	417,829	10,015,396	9,677,206
<b>Total funds carried forward</b>	<b>14, 15</b>	<b>10,318,064</b>	<b>431,937</b>	<b>10,750,001</b>	<b>10,015,396</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 2021

		2021		2020	
	Notes	£	£	£	£
<b>Fixed assets</b>					
Tangible assets	9		13,747,266		13,773,197
Investments	10		-		-
			<b>13,747,266</b>		<b>13,773,197</b>
<b>Current assets</b>					
Debtors	11	1,022,521		1,002,685	
Investment (Under 90 Days)		696,319		655,185	
Investment (Over 90 Days)		425,000		465,000	
Cash at bank and in hand		4,252,662		3,644,993	
		<b>6,396,502</b>		<b>5,767,863</b>	
<b>Creditors: amounts falling due within one year</b>	<b>12</b>	<b>(2,393,767)</b>		<b>(2,325,664)</b>	
<b>Net current assets</b>			<b>4,002,735</b>		<b>3,442,199</b>
<b>Total assets less current liabilities</b>			<b>17,750,001</b>		<b>17,215,396</b>
<b>Creditors: amounts falling due after one year</b>	<b>13</b>		<b>(7,000,000)</b>		<b>(7,200,000)</b>
<b>Net Assets</b>			<b>10,750,001</b>		<b>10,015,396</b>
<b>Represented by:</b>					
<b>Unrestricted funds:</b>					
Designated funds	14		7,111,380		7,048,007
General funds			3,206,684		2,549,560
			<b>10,318,064</b>		<b>9,597,567</b>
<b>Restricted funds</b>	<b>15</b>		<b>431,937</b>		<b>417,829</b>
<b>Total funds</b>			<b>10,750,001</b>		<b>10,015,396</b>

These financial statements were approved by the Trustees and authorised for issue on 23/06/2022 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 2021

	Notes	2021		2020	
		£	£	£	£
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>					
<b>Net cash provided by operating activities</b>	19		<b>987,570</b>		<b>1,101,283</b>
<b>Cash flows from investing activities</b>					
Investment income		8,075		19,888	
Purchase of tangible fixed asset		(146,843)		(38,103)	
Purchase of investments		-		(14,385)	
Proceeds from sale of investments		-		549,552	
<b>Net cash used by investing activities</b>			<b>(138,767)</b>		<b>(516,952)</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			648,803		1,418,235
Cash and cash equivalents at the beginning of the year			4,300,178		2,881,943
<b>Cash and cash equivalents at the end of the year</b>			<b>4,948,981</b>		<b>4,330,178</b>
<b>ANALYSIS OF CASH AND CASH EQUIVALENTS</b>					
Investment (Under 90 Days)			<b>696,319</b>		<b>655,185</b>
<b>Cash at bank and in hand</b>			<b>4,252,662</b>		<b>3,644,993</b>
			<b>4,948,981</b>		<b>4,300,178</b>

	At start of year	Cash-flows	Other non-cash changes	At end of year
	£	£	£	£
<b>ANALYSIS OF CHANGES IN NET DEBT 2021</b>				
Cash	4,300,178	648,803	-	4,948,981
		648,803		
Loans falling within one year	(200,000)	200,000	(200,000)	(200,000)
Loans falling due after more than one year	(7,200,000)	-	200,000	(7,000,000)
<b>Total</b>	<b>(3,099,822)</b>	<b>848,803</b>	<b>-</b>	<b>(2,251,019)</b>
<b>ANALYSIS OF CHANGES IN NET DEBT 2020</b>				
Cash	2,881,943	1,418,235	-	4,300,178
		1,418,235		
Loans falling within one year	(200,000)	200,000	(200,000)	(200,000)
Loans falling due after more than one year	(7,400,000)	-	200,000	(7,200,000)
<b>Total</b>	<b>(4,718,057)</b>	<b>1,618,235</b>	<b>-</b>	<b>(3,099,822)</b>

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



## Notes to the Financial Statements for the year 31 December 2021

### 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) second edition - October 2019)), and with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

The Royal College of Emergency Medicine 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

The Trustees have considered several factors in concluding that the adoption of a going concern basis in the preparation of these financial statements is appropriate. They have reviewed reserves, cashflow projections and business plans, for a period of 36 months from the date of approval of these financial statements which demonstrate that the College has enough resources to meet its obligations as they fall due. Furthermore, having developed digital solutions for our examinations and conferences, Trustees are content that the College has robust income streams in these areas as well as subscriptions. The College is forecasting a balanced budget in 2022 and therefore will not breach its loan covenant attached to the long-term loan with our bank, Handelsbanken. Furthermore, the College has free reserves of approximately £3.225m and at the balance sheet date and consequently continues to adopt the going concern basis in the preparation of the financial statements.

#### 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.

## Notes to the Financial Statements for the year 31 December 2021 (continued)

### Expenditure

Expenditure is recognised on an accrual's basis in the period in which the College receives the benefit from the supplies or services. 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

Tangible and Intangible 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 and amortisation are charged at the following rates in order to write down the cost or valuation, less estimated residual value, of all 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 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 and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks and other short-term liquid investments with original maturities of three months or less. Deposits with maturity greater than three months from the year end are classified within short term 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

There are no related party transactions.

### 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.

## Notes to the Financial Statements for the year 31 December 2021 (continued)

### 2. Grants and Donations

#### Basis of accounting

The College Council consists of the following members elected by Fellows and Members of the College, and co-opted members. These elected members of Council were the Trustees of the College up until 31st July 2021

	Total 2021	Total 2020
<b>RESTRICTED FUNDS</b>	£	£
NHS Health Education England Projects	132,760	100,658
RCEM Fundraising	15,500	3,139
<b>UNRESTRICTED FUNDS</b>		
Grants and Donations	22,814	64,110
	<b>171,074</b>	<b>167,907</b>

### 3. Income from Charitable Activities

	Total 2021 £	Total 2020 £
<b>UNRESTRICTED FUNDS</b>		
Emergency Medicine Journal	325,961	311,187
Conferences & CPD	715,003	329,815
Subscription	3,749,301	3,329,049
Examination fees	3,370,325	2,242,692
Training	195,941	98,591
Clinical Audit	132,247	159,692
	<b>8,488,778</b>	<b>6,471,026</b>

### 4. Investment Income

	Total 2021	Total 2020
<b>UNRESTRICTED FUNDS</b>	£	£
Dividends and interest on investments listed on a UK stock exchange	-	7,154
Interest received	8,076	12,735
	<b>8,076</b>	<b>19,888</b>

Investment income received in both years were from unrestricted sources.

### 5. Other Income

	Total 2021	Total 2020
<b>UNRESTRICTED FUNDS</b>	£	£
Sale of Merchandise	159	22
Room Hire	122,395	232,118
	<b>122,554</b>	<b>232,139</b>

## Notes to the Financial Statements for the year 31 December 2021 (continued)

### 6. Expenditure

	Direct Costs	Support Costs	Total 2021
<b>RAISING FUNDS</b>	£	£	£
Website costs	41,898	-	41,898
RCEM Merchandise	4,676	-	4,676
Investment broker charges	1,680	-	1,680
	<b>48,254</b>	<b>-</b>	<b>48,254</b>
<b>CHARITABLE ACTIVITIES</b>	£	£	£
Emergency Medicine Journal	630,227	-	630,227
Research & publications	180,508	50,551	231,059
Education and examinations	2,182,492	765,969	2,948,461
RCEMLearning	197,813	138,440	336,253
Training	621,520	571,022	1,192,542
Conferences & CPD	362,166	265,892	628,058
Membership services	297,349	341,762	639,111
Quality in emergency care	268,638	242,965	511,603
Policy and professional affairs	413,532	289,594	703,126
RCEM Fundraising	53,031	-	53,031
NHS project expenditure (Restricted)	134,152	-	134,152
	<b>5,341,428</b>	<b>2,666,195</b>	<b>8,007,623</b>
	<b>5,389,682</b>	<b>2,666,195</b>	<b>8,055,877</b>
<b>RAISING FUNDS</b>	£	£	£
Website costs	2,160	-	2,160
RCEM Merchandise	3,816	-	3,816
Investment broker charges	5,316	-	5,316
	<b>11,292</b>	<b>-</b>	<b>11,292</b>

	Direct Costs	Support Costs	Total 2021
<b>CHARITABLE ACTIVITIES</b>	£	£	£
Emergency Medicine Journal	580,163	-	580,163
Research & publications	154,559	48,951	203,510
Education and examinations	1,245,715	748,159	1,993,874
RCEMLearning	199,244	134,974	334,218
Training	696,627	467,253	1,163,880
Conferences & CPD	267,047	347,445	614,492
Membership services	132,862	175,889	308,751
Quality in emergency care	244,234	189,093	433,327
Policy and professional affairs	323,454	144,671	468,125
RCEM Foundation Fund (Designated Fund)	8,640	-	8,640
NHS project expenditure (Restricted)	112,283	-	112,283
	<b>3,964,828</b>	<b>2,256,435</b>	<b>6,221,263</b>
	<b>3,976,120</b>	<b>2,256,435</b>	<b>6,232,555</b>

	Year to December 2021	Year to December 2020
<b>STAFF COSTS COMPRISE</b>	£	£
Wages and salaries	2,737,932	2,183,646
Social security costs	285,748	233,877
Other pension costs	239,655	188,480
Total Employee costs	3,263,335	2,606,003
Casual staff	90,696	71,802
	<b>3,354,031</b>	<b>2,677,805</b>

## Notes to the Financial Statements for the year 31 December 2021 (continued)

### 6. Expenditure (continued)

Wages and salaries include termination payments totalling £177,843 (2020: £0).

The average number of permanent employees during the period was 63 (2020: 53). These were supplemented by several casual staff who assisted primarily with examinations and training.

	Year to December 2021	Year to December 2020
<b>STAFF NUMBERS AS ANALYSED BY CATEGORY:</b>	<b>No.</b>	<b>No.</b>
Exams & Education	13	12
Training	10	8
Policy & Professional Affairs and Quality in Emergency Care	12	9
Membership	6	3
Research & Publications and Events	7	7
Other	15	14
	<b>63</b>	<b>53</b>

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

	Year to December 2021	Year to December 2020
	<b>No.</b>	<b>No.</b>
£60,000 to £70,000	3	3
£70,001 to £80,000	-	1
£90,001 to £100,000	1	1
£150,001 to £160,000	1	1
£170,001 to £180,000	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) and Director of Corporate Services amounted to £513,261. (2020: £395,326).

The pension amounts paid to the above employees amounted to £39,890.

### 6A. Support and Government Costs

	Year to December 2021	Year to December 2020
	<b>No.</b>	<b>No.</b>
Staff costs	985,677	851,946
Rates, service charges and electricity	400,557	237,885
Office expenses	170,941	116,943
Printing, postage, stationery & telephone	68,347	92,221
Website & information technology	332,885	254,703
Insurance	49,767	50,697
Depreciation & loss on disposal of assets	172,774	201,562
Irrecoverable VAT	193,049	165,468
Sundry expenses	20,043	14,334
Bank interest on loan	121,729	151,521
Bank & credit card charges	91,792	60,531
Governance		
Audit remuneration	18,500	15,045
In respect of Non-audit services	-	3,385
Board meeting and travel costs	40,134	40,193
	<b>2,666,195</b>	<b>2,256,435</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.

## Notes to the Financial Statements for the year 31 December 2021 (continued)

### 7. Charitable Activities - Grant Payable

Research grants awarded by the Royal College of Emergency Medicine in the year to 31 December 2021 totalled £176,664 (2020: £112,263).

### 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, we had 31 trustees, 16 trustees received reimbursement for costs for attending meetings and for travelling expenses, amounting to £2,475 (2020: 22 trustees, £4,978). In addition, expenses paid directly by the College, mainly in the form of hotel bills, amounted to £2,960 (2020: £5,227).

### 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 2021	14,418,138	732,410	402,981	6,534	428	15,560,490
Additions	-	20,960	125,883	-	-	146,843
Disposals	-	-	-	-	-	-
At 31 December 2021	14,418,138	753,370	528,864	6,534	428	15,707,334
<b>Depreciation</b>						
At 1 January 2021	730,963	653,349	402,981	-	-	1,787,293
Charge for the year	124,645	42,885	5,245	-	-	172,775
On Disposals	-	-	-	-	-	-
At 31 December 2021	855,608	696,234	408,226	-	-	1,960,068
<b>Net Book Value</b>						
At 31 December 2021	13,562,530	57,136	120,638	6,534	428	13,747,266
At 31 December 2020	13,687,175	79,061	(0)	6,534	428	13,773,197

### 10. Investments

	2021	2020
	£	£
<b>ANALYSIS OF CHANGE IN INVESTMENTS DURING THE YEAR:</b>		
At 1 January	-	1,436,612
Additions at cost	-	14,385
Disposals	-	(1,014,552)
Net gain on revaluation	-	(320,216)
Movement in investment cash	-	(116,229)
Market value at 31 December	-	-
<b>REPRESENTED BY:</b>		
Fixed interest	-	-
Bank interest on loan	-	-
Bank & credit card charges	-	-
Cash	-	-
<b>Cost at 31 December</b>	<b>-</b>	<b>-</b>

### 11. Debtors

	2021	2020
	£	£
Trade debtors	110,195	64,934
Prepayments	560,127	615,205
Accrued income	352,199	322,546
	<b>1,022,521</b>	<b>1,002,685</b>

## Notes to the Financial Statements for the year 31 December 2021 (continued)

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

	2021	2020
	£	£
Bank loan (see note 13)	200,000	200,000
Trade creditors	427,829	95,293
Taxes and social security	2,714	70,945
Accruals	517,294	672,983
Deferred income	1,073,157	1,036,095
Other Creditors	172,773	250,348
	<b>2,393,767</b>	<b>2,325,664</b>

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

	2021	2020
	£	£
Bank loan	7,000,000	7,200,000
	7,000,000	7,200,000
<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	6,800,000	7,000,000
<b>Total loan value</b>	<b>7,200,000</b>	<b>7,400,000</b>
Included in current liabilities	(200,000)	(200,000)
<b>Included in long term liabilities</b>	<b>7,000,000</b>	<b>7,200,000</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 2021	Income	Expenditure	Investment gains/losses and fair value	Transfers	At 31 December 2021
	£	£	£	£	£	£
<b>Designated Fund</b>						
Tangible fixed Assets	6,373,197	-	-	-	174,069	6,547,266
IT Development RCEM	483,450	-	(57,666)	-	-	425,784
Fundraising	191,360	-	(53,031)	-	-	138,329
<b>General fund</b>	2,549,560	8,642,221	(7,811,028)	-	(174,069)	3,206,685
	<b>9,597,567</b>	<b>8,642,221</b>	<b>(7,921,725)</b>	<b>-</b>	<b>0</b>	<b>10,318,064</b>

	At 1 January 2020	Income	Expenditure	Investment gains/losses and fair value	Transfers	At 31 December 2020
	£	£	£	£	£	£
<b>Designated Fund</b>						
Tangible fixed Assets	6,336,656	-	-	-	36,541	6,373,197
IT Development RCEM	500,000	-	-	-	(16,550)	483,450
Fundraising	200,000	-	-	-	(8,640)	191,360
<b>General fund</b>	2,214,235	6,787,164	(6,120,272)	(320,216)	(11,351)	2,549,560
<b>Net Book Value</b>	<b>9,250,891</b>	<b>6,787,164</b>	<b>(6,120,272)</b>	<b>(320,216)</b>	<b>-</b>	<b>9,597,567</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 the College's Digital Transformation Strategy over the next 3 years. RCEM foundation fund is a two-year designated fund designed to support the development and implementation of the RCEM Foundation's Fundraising Strategy.

## Notes to the Financial Statements for the year 31 December 2021 (continued)

### 15. Restricted Funds

	At 1 January 2021	Income	Expenditure	Transfers 2021	At 31 December 2021
	£	£	£	£	£
Alison Gourdie Memorial Fund	43,832	-	-	-	43,832
E-learning for Health Fund	157,622	-	-	-	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	176,839	132,760	(134,152)	-	175,447
RCEM Fundraising	17,865	15,500	-	-	33,365
	<b>417,829</b>	<b>148,260</b>	<b>(134,152)</b>	<b>-</b>	<b>431,937</b>

	At 1 January 2020	Income	Expenditure	Transfers 2021	At 31 December 2020
	£	£	£	£	£
Alison Gourdie Memorial Fund	43,832	-	-	-	43,832
E-learning for Health Fund	157,622	-	-	-	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	188,464	100,658	(112,283)	-	176,839
RCEM Fundraising	14,726	3,139	-	-	17,865
	<b>426,315</b>	<b>103,797</b>	<b>(112,283)</b>	<b>-</b>	<b>417,829</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 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.

**RCEM Fundraising** is to support further improvements in patient care, to support groundbreaking research and help low-income countries establish emergency care and clinical training.

### 16. Analysis of net assets between funds

	General Funds 2021	Designated Funds %	Restricted Funds 2020	Total Funds %
<b>FUND BALANCES AT 31 DECEMBER 2021 REPRESENTED BY:</b>				
Tangible fixed assets	-	13,747,266	-	13,747,266
Current assets	5,400,451	564,113	431,937	6,396,502
Creditors falling due within one year	(2,193,767)	(200,000)	-	(2,393,767)
Creditors falling due after one year	-	(7,000,000)	-	(7,000,000)
<b>Total net assets</b>	<b>3,206,684</b>	<b>7,111,379</b>	<b>431,937</b>	<b>10,750,001</b>

	General Funds 2021	Designated Funds %	Restricted Funds 2020	Total Funds %
<b>FUND BALANCES AT 31 DECEMBER 2020 REPRESENTED BY:</b>				
Tangible fixed assets	-	13,773,197	-	13,773,197
Current assets	4,675,224	674,810	417,829	5,767,863
Creditors falling due within one year	(2,125,664)	(200,000)	-	(2,325,664)
Creditors falling due after one year	-	(7,200,000)	-	(7,200,000)
<b>Total net assets</b>	<b>2,549,560</b>	<b>7,048,007</b>	<b>417,829</b>	<b>10,015,396</b>



## Notes to the Financial Statements for the year 31 December 2021 (continued)

### 17. Operating lease commitments

	Equipment 2021	Equipment 2020
<b>OPERATING LEASES WHICH EXPIRE WITHIN:</b>	<b>£</b>	<b>£</b>
Less than one year	53,020	50,808
Between one and two years	29,572	50,808
Between two and five years	18,372	30,450
Over five years	3,062	-
Movement in investment cash	<b>104,026</b>	<b>132,066</b>

### 18. Debtors

	2021	2020
	<b>£</b>	<b>£</b>
Net income before other gains and losses	734,605	658,406
Depreciation charges	172,775	201,562
Investment income	(8,076)	(19,888)
Movement in investment portfolio cash	40,000	116,229
Decrease/(increase) in debtors	(19,837)	(269,320)
Increase/(decrease) in creditors	68,103	414,294
	<b>987,570</b>	<b>1,101,283</b>

### 19. Capital commitments

In the current year, no capital commitments were contracted for. (2020: £185,926)





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