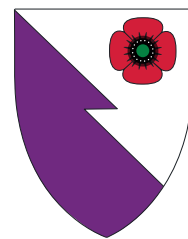
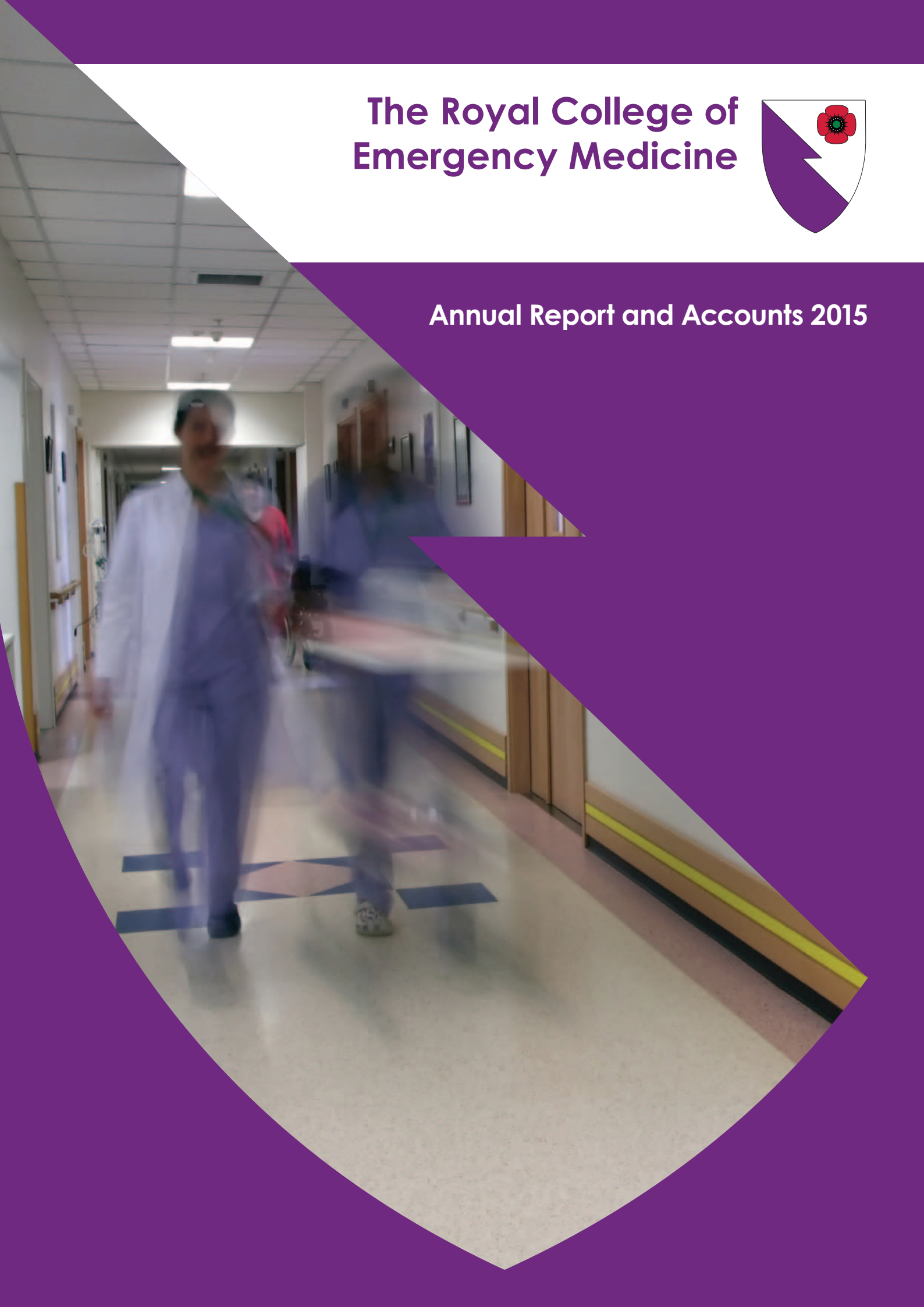


# The Royal College of Emergency Medicine



## Annual Report and Accounts 2015



## About the Royal College of Emergency Medicine

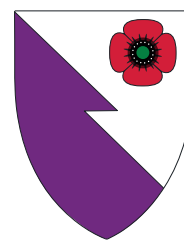
The Royal College of Emergency Medicine is the single authoritative body for Emergency Medicine in the UK. Emergency Medicine is the medical specialty that provides doctors and consultants to Emergency Departments in the NHS in the UK and to other healthcare systems across the world. Frequently known in colloquial language as 'A&Es', these Emergency Departments see over 14 million patients each year.

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

The College has over 6,200 Fellows and Members who are doctors and consultants in Emergency Departments working in health services in England, Wales, Scotland, Northern Ireland and Ireland, as well as across the world.

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

Registered Charity 1122689 Scottish Charity SC044373



## **Annual Report and Accounts 2015**



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**TO ALL AND SINGULAR** to whom these Presents  
 I, **David John Williams** Master of Arts Bachelor of Surgery all of the University of Cambridge Member of the Royal College of General Practitioners Fellow of the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Anaesthetists the Faculty of Accident and Emergency Medicine hath represented unto The Most Noble Miles Frances Ashmole Knight of the Most Noble Order of the Garter Knight Grand Cross of the Royal Victorian Order Companion of the Most Honourable Order of the Bath of the Most Excellent Order of the British Empire upon whom has been conferred the Decoration of the Military Cross Earl Marshal and Hereditary Knight of the Most Excellent Order of the British Empire who has been conferred the Decoration of the Military Cross Earl Marshal and Hereditary Knight of the Most Excellent Order of the British Empire that by virtue of an Agreement between the Royal College of Surgeons of England the Royal College of Physicians of London the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Anaesthetists the Faculty of Accident and Emergency Medicine was duly formed that the said Faculty of Accident and Emergency Medicine was incorporated as a Private Company Limited by Guarantee and the Companies Act 1985-1989 on the Thirtieth day of September 1993 and inaugurated on the Second day of November 1993 and that the said Faculty are vested in a Faculty Board which is desirous of having Armorial Ensigns granted and appointed in Her Majesty's College of Arms And whereas he as President of the said Board and on behalf of the same hath requested the favour of His Grace's Warrant and assign such Arms and Crest and in the same Patent such Device or Badge and such Supporters as We deem suitable to be borne and used by the Faculty of Accident and Emergency Medicine the Arms following that is to say - Per bend bevilled Argent and Purpure in sinister chief a common Red Poppy Flower p in splendour enclosed by a Decrescent and an Increcent Gold Mantled Purpure doubled Argent and by the authority aforesaid We do further grant and within a Orlet of six common Red Poppy Flowers the slips conjoined and alternating with six Poppy Seed Pods all proper And by the same authority the Faculty of Accident and Emergency Medicine the Supporters following that is to say - On the dexter the Wound Man proper with Lion Cloth and on the sinister the Compartment comprising a Mount to the dexter Nettles and the sinister Docks all Vert as are all in the margin hereof more plainly and fully expressed in the Statute in that behalf made in the Twentieth year of Our said Sovereign Lady Elizabeth the Second by the Grace of God of the United Kingdom of Great Britain and Ireland Queen Head of the Commonwealth Defender of the Faith and in the year of Our said One thousand nine hundred and ninety-five

*J.P. Bode-Lite*

V. P. Bordier. (1876)

Суреттен

DHBChesshyre

Norway 1844



## Foreword from Her Royal Highness The Princess Royal



BUCKINGHAM PALACE

As Patron of The Royal College of Emergency Medicine I am pleased the College has continued to make great progress, despite the challenges facing the delivery of emergency medicine. The pressures of rising patient numbers coupled with increasing patient acuity mean that the demands on already busy emergency departments are increasing. The College has engaged constructively to advance its 'Step Campaign' across the UK and this continues to help shape the views of stakeholders in an increasingly financially challenged healthcare system.

The growth in membership to just short of 6,000 doctors and consultants gives the College a strong voice for patients, and I was particularly pleased to see that your work was recognised by the granting of the title 'Royal' by The Queen. This was and still is a welcome fillip to the specialty. I hope too that this encourages you to continue to press for the changes your College seeks to make emergency medicine a better place for patients and those who work there.

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

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



## President's Report

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2015 was a momentous year for the College. Whilst our numbers have grown, the pressures on the shop floor have grown even faster.

The College was incredibly active again in 2015. We have worked to engage with the Governments of the UK, pressing our own manifesto – the STEP campaign. I make no apology for highlighting this again because staffing, tariffs, terms and conditions, exit block and primary care co-location are the key issues of our time.

At the Emergency Medicine Leaders Day in London, we reported on and received opinion on a range of College initiatives. Feedback from the delegates was plentiful and welcome. We were told that the STEP campaign had made a good start but we have some way to go to achieve our goals. That chimes with our own assessment. This was never a quick fix programme but one that will likely occupy the College for several more years.

On educational matters, after protracted discussion with the General Medical Council, full approval has been obtained for the new FRCM examination. A huge amount of work has been done to get to this point by our Dean, his predecessor, the former Director of Examinations and our Director of Education and many others – a journey of over two years. The success of this work will enable us to 'streamline' our examinations ensuring they are as rigorous, but less onerous, and even more relevant to clinical practice as a senior EM doctor. We will also be harmonising the training fee and membership subscription of trainees – again to simplify the whole process for trainees registering with and belonging to the College.

This year we have run a large number of events ranging in size and scope from the Belfast Continuing Professional Development (CPD) Conference to our Scientific Conference in Manchester with a range of interposed themed events on sustainability, overcrowding, toxicology and mental health. As well as high quality CPD these events promote networking and the sharing of frustrations and ideas. They are an invaluable part of the College's role.

Progress has been made on a new Emergency Care Data Set with a complex project involving the Department of Health, NHS England and HSCIC as well as many other stakeholders. Successful completion of this work will ensure accurate, consistent data from all EDs. Reliable data is essential to inform ongoing debates regarding casemix and costs. Similar work is underway in the other nations of the UK.

Of course a major highlight of 2015, and one of which we can all be very proud, is the recognition of our specialty with the grant of the title Royal by the Sovereign. Inaugural dinners of celebration were held in London in the presence of our patron HRH The Princess Royal and in Edinburgh where the guest of honour was the Cabinet Secretary for Health.

As I mentioned earlier, our Membership and Fellowship numbers have grown further to nearly 6,000 this year. The larger we become the greater our mandate and influence. We have not ducked our responsibilities despite competing pressures. Our call for improved terms and conditions for EM physicians at a time of contractual dispute between the Junior Doctors and Secretary of State in England is one such issue though by no means the only debate to have considerably exercised our faculties!

We are currently working with Health Education England to undertake a census of the EM workforce. It is extraordinary that NHS systems do not accurately report who is working where! The only way to get a real picture of the workforce challenge is to ask departments



to complete a census. The data will give the College an invaluable picture of how the workforce numbers have changed since we last did this a few years ago.

A key learning point for the Executive Committee and Council has been the importance of 'owning our own data'. Only in this way have we been able to stand our ground, dismiss the rubbish that sometimes passes for 'quoted statistics' and simultaneously appear both measured and authoritative. Collecting a full set of workforce data will enable us to provide irrefutable evidence in our call for sufficient resources

This message touches on just some of the many areas we are engaged in to ensure the voice of Emergency Medicine is heard. Your college is determined to provide the lead and ensure that our patients receive the best care by providing the best trained workforce, working in a sustainable way. Thank you for your support.

This is my last Annual Report as President and as I write this we have just heard the result of the election for my successor. It was an outstanding turnout with over 59% of Fellows voting and Taj Hassan duly elected. The electronic voting system delivered by the Electoral Reform Society has been a great success and the very high number of Fellows who voted is a clear endorsement of the value and relevance of the College to its members.

Finally I would like to thank all of you who have made me so welcome during my three year term of office. I have met several thousand fellows and members in a whole variety of meetings, settings and events; it is a great 'perk of the job'. Most importantly it ensures that what I say to politicians, journalists and others has been previously 'sense checked' with real clinicians in real departments.

I handover the baton to Taj at the AGM in Bournemouth on 20 September 2016. It is an almost inestimable privilege to lead any Royal College. My own tenure as President of the Royal College of Emergency Medicine is without doubt the most fulfilling endeavour of my professional career. I take this opportunity to thank every single member and fellow and to send my very best wishes to my successor.

**Dr Clifford Mann FRCEM FRCP MFMLM FAcadMed FRCA FRCP Edin**  
*President of the College of Emergency Medicine*

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## Vice President's report

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By the time that you read this report, I will have completed a three year term as Vice President of RCEM. This leads me to reflect on the things that our tight-knit executive team have achieved and also on those that have eluded us.

Emergency Medicine and the whole of urgent and out-of-hours care remains in a critical condition. Ever-increasing attendances, failing pathways and staffing shortages have taken a severe toll. As you know, this has been one of the busiest and worst years ever for our specialty. We have been very successful at highlighting the four points of our STEP campaign but the changes needed to make them a reality are still a distant dream. Recruitment into EM is at an all-time high but retention remains a major issue in many areas. Moreover, it is essential that we make the life of our consultants and Specialty and Associate Specialist (SAS) doctors sustainable for a long and fulfilling career without the need to look for escape routes.

To help us achieve our goals, we have a great College with wonderful, dedicated staff and I thank them all for their hard work, loyalty and friendship. The Royal appellation has given us an assurance of equality with other medical institutions and we have access to politicians and NHS leaders at a level and frequency that was unimaginable just a few years ago. Our campaigns, data collections, press statements and policy documents have established us as the definitive opinion on all matters pertaining to urgent and emergency care.

Nevertheless, we are working in an environment of financial and social upheaval, such that emergency care – which acts as a barometer for the whole NHS – is becoming ever harder to deliver at the standards that we set ourselves. Inspections and commissioning for quality do not guarantee improvement, any more than continually weighing a pig makes it get fatter! It is truly shocking that the fifth richest country in the world has almost the lowest number of acute hospital beds in the developed world. Furthermore, the NHS has an acute and chronic shortage of medical and nursing staff and so constantly needs to poach staff from other countries. The variability in resourcing between different emergency departments makes the problems even greater.

These then are the challenges that we face but I believe that we will rise to meet them. We have a Royal College and a noble specialty, valued by the public and politicians alike. We must work together to ensure that the future of emergency care is the one that our members and fellows deserve and that our patients expect.

**Dr Chris Moulton**

*Vice President*

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## Vice President's report

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I have continued to focus on workforce issues and am pleased to note the improvements in recruitment and retention to Emergency Medicine training programmes. I am particularly pleased with the success of the Defined Route of Entry into Emergency Medicine (DRE-EM) programme and am looking forward to this group of doctors flourishing in our higher specialist training years.

The Advanced Clinical Practitioner (ACP) credentialing programme will be piloted in 2016, bringing forward another stream of high quality staffing to enhance the multidisciplinary team in our departments. I am particularly grateful to Ruth Brown and David Wilkinson (Lead Postgraduate Dean for EM) for their leadership and drive in delivering this project.

I have been delighted to see the RCEMLearning project fully embrace the ethos of free open access medical education and deliver such a high quality product. I am equally pleased to see the College conferences and study days becoming sell out events – a testimony to the work of the events team, organising committees and fantastic speakers.

I will be standing down from my role as a College Officer in September 2016, having enjoyed my time as Treasurer (of Faculty and College), Dean and latterly Vice President. I have worked with a succession of Presidents and Officers who have each contributed notably to the development of our now Royal College. I am grateful for their support. Particular thanks must go the College staff, most notably Gerardine Beckett, who has been the consistent feature since my first role with the College.

Our College has been effective in influencing the NHS, regulators, politicians and other Medical Royal Colleges by developing clear messages, easily understood by the public, media, and delivering this consistently. Many thanks to Cliff Mann, Chris Moulton, Gordon Miles and the other College Officers, who have been instrumental in delivering this.

Emergency Medicine and the NHS are facing difficult times and the College has never been more relevant to its members and external bodies. It is imperative that the College maintains its momentum, building on recent success.

I trust that the Officers, Executive and Council of our College continue to represent the needs of our patients, our speciality and our future.

**Dr Kevin Reynard**  
*Vice President*

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## CEO's Report

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The College has continued to thrive in 2015. We have grown in size and now number nearly 6,000 Members and Fellows. In seven years we have nearly quadrupled in size.

Our activities have increased; a larger membership means more demand for our services. We continue to expand and improve our service, whilst holding subscription levels. We know that our Members and Fellows have not had a meaningful pay rise for some years and so since 2010 we have held our subscription levels flat. These subscriptions are allowable against tax and so I do hope all members and fellows are claiming appropriately when they complete their tax returns!

During 2015 we achieved the much coveted title 'Royal'. This was fantastic news and reflected the growth in our stature and reputation. We also completed our IT project Phase 3 – for the first time those wanting to sit our examinations could apply and pay online. We will now work to consolidate our IT platform to make it easier and faster for Members and Fellows to use. On the housekeeping front we replaced the old and temperamental heating and cooling system at Brems Buildings. This disruptive work was completed before the winter came.

We have been busy in other areas, our Conference and Events Team has been expanded as we undertake larger projects. We had record numbers in Manchester last year. Our training and examinations teams are larger as we have more candidates and trainees coming through. Our Membership Team has also grown. Our staff numbers are now 34 and whilst this is much larger than when I arrived here in 2010, as compared with the income and expenditure of the College we are continuing to punch above our weight. Staff costs as a percentage of overall costs remain low when compared to other medical Royal Colleges.

We have done much work to get stories into the news to reinforce our STEP campaign in 2015. We have made an impact across the UK dealing with the different administrations in the different nations. We continue to make good progress across a wide range of activities. This progress would not have been achieved without the work of our Fellows Members, trainees and staff who pull together so well to deliver the business of the College. Together we are striving to make Emergency Medicine even better for our patients.

A personal highlight for me was to be awarded an Honorary Fellowship of the College, for which I thank you.

**Gordon Miles FRCM (Hon) MBA**

*Chief Executive*

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# Education

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For the Royal College of Emergency Medicine, the delivery of education remains one of its core functions.

I am now well into my second year as Dean of the College and appreciate the assistance that a vast number of both College Staff and Fellows contribute massively to ensure that RCEM can maintain the highest standards in training and education for Emergency Medicine.

The last year has been very busy within education and there have been a number of developments.

The appointment of Emily Beet into the new role of Director of Education has been very successful and has enabled us to further professionalise the areas of the College related to all aspects of education. Emily has been integral to the many changes that there have been over the past year and her experience has been invaluable in our successful approval of our new examination schedule and the development of the new Curriculum Sub-Committee.

The new examination schedule was finally approved by the General Medical Council (GMC) at the end of last year and was the culmination of many years of hard work by a large group of people. Central to this was Dr Ruth Brown, who stood down as Director of Examinations in the autumn. Ruth has been central to both the development and delivery of the whole suite of RCEM exams since their infancy and we are indebted to her for all that she has contributed to get us to where we are now. Her hard work, knowledge and attention to detail will be missed.

Within examinations, rather than have one Director of Examinations, we now have a number of lead examiners to take forward development of the various new exams: I am the Lead Examiner for the Fellow of the Royal College of Emergency Medicine (FRCER) Primary; Dr Carole Gavin has been appointed Lead Examiner for the FRCER Intermediate Certificate; Mrs Lisa Munro-Davies is the Lead Examiner for the FRCER Final Clinical Examinations, Dr Simon Smith is the Lead Examiner for the FRCER Final Quality Components; Dr Abu Hassan is Lead Examiner for the Member of the Royal College of Emergency Medicine (MRCEM), Objective Structural Clinical Examination (OSCE) and Dr Andrew Lockey is the Lead Examiner for Examiner Development and Quality Assurance. All the new Leads are working tirelessly to tight deadlines and I cannot stress enough how much our Lead and Senior Examiners, ably supported by the RCEM Examination team, have contribute to the delivery of examinations on a daily basis throughout the year. I am also amazed at how many Fellows have volunteered and contributed to the new examination working groups. The enthusiasm they have shown is great to see and bodes well for the future of our specialty.

The College's e-learning system has changed significantly over the last year. The introduction of the FOAM Network in September 2014 was followed with the successful launch of RCEMLearning in March 2015. The two systems provide far greater curriculum coverage which has seen a dramatic increase in activity across both sites, compared with the College's previous offering. Dr Simon Laing has been appointed to the role of Clinical Co-Chair of the E-Learning Editorial Board and he will continue to work with Chris Walsh, Head of E-Learning at the College, to ensure the sites continue to provide current, interesting, educationally relevant content. I would like to extend my thanks to Chris, Simon and the Editorial Board for their sterling efforts in relaunching the e-learning sites and their ongoing development.

Following the wholesale rewrite of our workplace-based assessments for CT3–ST6 a new curriculum was successfully introduced in August 2015. Dr Will Townend, who led this work, has been appointed as Chair of the newly formed Curriculum Sub-Committee. There has already been a massive amount of work done by this sub-committee in ensuring the curriculum is fit for purpose and responsive to the needs of trainees and trainers.

**Dr Jason Long**

*Dean*

## Continuing Professional Development (CPD)

Continuing Professional Development (CPD) is the process by which individual doctors keep themselves up to date and maintain the highest standard of professional practice. CPD should also support specific changes in practice. The GMC guidance gives advice about how doctors should plan, carry out and evaluate their CPD activities. It also highlights the importance of taking account of the needs of patients and of the healthcare team when doctors consider their own learning needs. RCEM provides advice and guidance on registration and completing your online CPD, details of which can be found by accessing the College website.

In 2015 the College ran 14 Study Days (up from nine in 2014) including one in Newcastle, with the rest held internally at our offices in London. All were very successful, with none being cancelled and most being fully booked or close to it.

We also ran four conferences (we ran two the year before) including a three day CPD Conference at the world renowned Europa Hotel in Belfast in March 2015, the event managed to attract over 270 delegates and feedback was by and large positive.

The sessions were diverse and designed to complement the College's CPD curriculum and the event was created to cover the full scope of clinical practice to allow doctors the opportunity to reflect on what they learnt from sessions. The Royal College of Emergency Medicine Free Open Access Medical Education (RCEMFOAMed) attended and encouraged active engagement, to push the boundaries of the learning experience.

The 2015 CPD Conference in Leeds was also a great success. Thanks to Natalie and colleagues at the College and Andy Webster and the local organising team in Leeds. All three days were very well attended and the feedback positive.

Our new CPD Director for the Royal College of Emergency Medicine is Carole Gavin who I am sure will continue to develop the CPD opportunities available to members to enable everyone to enjoy life-long learning.

Overall our CPD events doubled in number from 2014 to 2015 and the RCEM CPD calendar for 2016 is looking as busy if not more.

**Dr Francis Morris**

*Director of CPD*

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## Elearning

2015 was a successful year for the College's elearning portfolio. RCEMLearning was launched at the Belfast CPD event and it has been well-received. Hundreds of hours of learning activity have been completed and the site now has 85% coverage of the curriculum and nearly 1000 published learning sessions. RCEMLearning is complemented by the RCEMFOAMed network, our incredibly popular open access site comprised of blogs and podcasts.

We were delighted to appoint Simon Laing as clinical chair of elearning in late 2015. Simon will work with the team at the college on 2016's objectives, which include merging the two sites to deliver better quality elearning for our members and the EM community.

**Chris Walsh**

*Head of eLearning*

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# Training

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

**Recruitment:** Acute Care Common Stem (ACCS) recruitment was delivered in cluster centres in 2015 and, again, achieved a high fill rate (approximately 95%). There were 75 new ACCS Emergency Medicine posts this year. In 2016 the focus for expansion was on Local Education Training Boards (LETBs) with lower doctor ratios and excluding London.

There was no second round of Higher Specialist Training (HST) recruitment in 2015. This was due to the success of run through training and the uptake of Defined Route of Entry (DRE-EM) posts nationally. Overall the HST fill rate was approximately 80% were undertaken.

The DRE-EM pilot programme will be reviewed at the half-way point in February 2016 at the Training Standards Committee to ensure safe and effective delivery and learn any lessons to support trainees and trainers.

The College will be engaging with Health Education England regarding the potential for National Training Number expansion (at HST) to accommodate the expansion in ACCS trainees in Emergency Medicine. We will monitor retention in 2016.

**Training programmes:** There has been excellent engagement across the country from training programme leads. Concerns about service reconfigurations impacting on training have been proactively managed in all areas. We continue to monitor potential impacts to the delivery of the curriculum.

In 2016 Alison Smith, the lead for Paediatric Emergency Medicine, will review PEM training access. We have appointed an ACCS Training Programme Director lead to the intercollegiate board. The ACCS programme curriculum review will complete in 2016 and be submitted to the General Medical Council. This will potentially impact on some programme delivery across the UK with six month posts in all specialties being recommended (pending GMC approval).

**Assessments and exams:** The GMC approved the new curriculum and examination structure for Emergency Medicine for trainees in years ST3-6. This has been welcomed by trainees. Guidance to trainees and trainers is available on the College website. The burden of assessment has been reduced and linked to developmental milestones. This work has been largely delivered through the hard work of Will Townend, Jason Long and Emily Beet.

The TSC continues to monitor the examination results and tries to understand the reasons for variation between LETBs in order to help trainees successfully complete training.

**Quality:** The TSC continues to monitor quality issues in training and prepares a College return for the GMC. The work of providing externality to both visits and ARCPs has continued, including a further workshop to train assessors to undertake this on behalf of the College. Richard Wright conducted a census of support to LETB Leads/School for Emergency Medicine in 2015 to inform the TSC regarding good practice and support for Training leads. This has highlighted a number of areas for development which the TSC will be taking forward in 2016.

The TSC has welcomed input from the Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine (FASSGEM) this year with the appointment to the committee of a FASSGEM representative.

**Certificate of Eligibility for Specialist Registration (CESR):** The work of the CESR Subcommittee of the TSC has continued with an increasing workload and number of assessments. Additional members



have been recruited to join the panel, but some have also left. The TSC thanks all of those who have undertaken this work for the College on behalf of the GMC for the diligence they have brought to this work.

**External representation:** The TSC continues to work with our partner bodies on the Intercollegiate Committee for ACCS Training with the Academy of Medical Royal Colleges (AOMRC).

**Conclusion:** I would like to thank Colin Holburn for his leadership of the TSC over the past 3 years.

**Miss Julia Harris**

*Chair of Training Standards Committee*

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# Paediatric Emergency Medicine

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Children and young adults represent 25-30% of Emergency Department patients. Training for Emergency Medicine practitioners to manage the unique problems presented by this special group is of vital importance.

In 2015 training in Paediatric Emergency Medicine underwent a major review as part of the new Royal College of Emergency Medicine curriculum. This new curriculum includes updated paediatric training and assessments to meet the needs for this important group of patients.

Ideally all Emergency Departments should have a consultant with additional sub specialty training in Paediatric Emergency Medicine. Following the GMC publication of the Improving the National Consistency of sub-specialty position statement RCEM has worked closely with the Royal College of Paediatrics and Child Health (RCPCH) to ensure this training continues to meet the highest standards.

RCEM has continued its close ties with RCPCH, promoting continued professional development in Paediatric Emergency Medicine for all Emergency Medicine doctors. The Intercollegiate Committee hosted a second Emergency Standards conference (Advances and Current Views in Paediatric Emergency Medicine) on 8 May 2015.

**Dr Alison Smith**

*Paediatric Emergency Medicine Lead*

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# Professional Affairs

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In the past year the Professional Affairs committee has continued to focus on matters other than training concerning fellows and members. The Academy of Medical Royal Colleges has merged its Revalidation and CPD committees and RCEM continues to have representatives on this joint committee. As revalidation is now part of our working lives a national review is underway to understand the impact it has made on patient care and the medical profession. Concerns remain for many ED doctors and lay representatives as to the current validity of patient feedback. Our specialty is not alone in this and the Royal College of Anaesthetists in particular have raised similar issues. The Academy has set up a working group to address this and another to consider remediation processes. Another significant area of work for our committee has been sustainability issues – all the more important in the light of the ever increasing pressure on ED clinicians. It is clear that this is likely to be an ongoing concern for many years to come and we plan to ensure there is sessional time in the programmes of future conferences to address the problem.

Plans to revise the Advice for College Assessors Guide have been deferred pending the introduction of new national contracts.

**Dr Gillian Bryce**

*Chairperson*

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# Service Design and Delivery

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The Service Design and Delivery Committee (SDDC) formed in 2014. The brief was formed with the following terms of reference:

To support the College with regard to:

- What a good, modern Emergency Department looks like
- What a good Emergency Care system looks like

The Committee will take into account:

- Capability
- Structure and configuration
- Process and flow
- Outcomes
- Metrics and benchmarking

Members are sought through the College communications system and selected on the basis of experience/expertise, while ensuring broad representation from across the UK including the Republic of Ireland, Wales and Scotland. Two meetings were held this year.

Last year we focused on guidance around the medical and practitioner workforce. This year the major output of the SDDC has been the RCEM Crowding toolkit, along with guidance on ED clinics. We were also involved in the writing of the NHS England document 'Safer, Faster, Better'.

We have been asked to provide advice on a number of other issues, with consolidated RCEM output. These have included questions around the four hour standard, and the role of the on-call consultant. Our members have represented RCEM at a number of key external committees and meetings.

Other work streams consider initial assessment systems, more aspects of workforce, and ED design. Urgent Care Networks and NHS 111 are also coming into focus.

**Dr Ian Higginson**

*Chair*

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# Informatics Committee

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The Informatics Committee made significant progress on a number of fronts in 2015.

## **What is Informatics?**

The term 'Informatics', while sounding like a nasty portmanteau word coined by a trendy television presenter, was first used in the 1950s.

Informatics is not IT (although IT is used to collect, analyse and disseminate data).

Informatics is not about boxes with flashing lights.

Informatics is about collecting and using the right information to ensure the best results for our patients, our specialty and the wider NHS.

## **Current ED data**

The data we collect is the lens through which our specialty is viewed – clinically, operationally and financially. The current data set was defined 40 years ago when 'casualty' saw sprained ankles and the occasional major trauma, and not surprisingly, these are the only conditions that this data set measures well.

In the intervening 40 years, the scope and casemix of Emergency Medicine practice have changed substantially – many of our patients are older, sicker with more medical/critical care problems and 25% of our workload is paediatrics.

The poor quality of data collected in Emergency Departments prompted the House of Commons Select Committee to say in 2013 that Urgent and Emergency Care is 'Flying Blind'.

## **Emergency Care Data Set (ECDS)**

For Emergency Care to stop 'Flying Blind' we need to collect data that accurately describes the patient journey, and this has been the key priority for the committee. Until we have good quality data it is very difficult to understand cause and effect or establish a robust evidence base for models of care.

The NHS is inherently cash-limited, and we need to provide commissioners of care with good quality evidence that will enable us to demonstrate the excellent value for money that Emergency Care provides.

## **Costing and Pricing**

The committee continues to work with Health & Social Care Information Centre (HSCIC), NHS & NHS Institute for Innovation and Improvement (NHSi) on costing (how much it costs to treat patients) and pricing (how we are paid for the work we do). At the moment neither is performed in a transparent, valid or reliable manner, and we have been supporting our President and CEO in actively pursuing these goals.

## **Meetings**

The committee met in London and Manchester in 2015 and worked on a number of initiatives such as a model ED specification, usability studies and the ECDS.

We continued to engage with Public Health England in Syndromic Surveillance and Injury Surveillance. The ECDS work will be the main focus of the committee's work for the next year, and promises to deliver many benefits for patients and staff. We also hope that this will lead to a fair and transparent commissioning framework, which will enable Emergency Medicine to demonstrate the fantastic value it provides to both patients and the NHS.

## **Dr Tom Hughes**

*Chairperson*

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# Quality In Emergency Care Committee

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**The Quality in Emergency Care Committee (QECC)** is chaired by Adrian Boyle. Expert support is provided by Sam MacIntyre, Mohbub Uddin and Lulu Wray.

**The Standards and Audit Subcommittee** is chaired by Jeff Keep. The new IT system is an improvement and we are confident that reports should come out quicker in 2016. In 2016/17, the audit topics are severe sepsis and septic shock, asthma and consultant sign off. These topics are chosen to reflect the diversity of our practice and will ensure we get a good snapshot of emergency care. We are now grading our standards, in line with the recommendations of the Francis report. In England, the Care Quality Commission (CQC) is taking an increasing interest in these audit reports, which can only be a good thing. Over the next three years, we will be adapting the format of the audits, focusing on change management and the production of national quality improvement topics. The details of how this will look are currently being worked out and we will be looking for enthusiastic pilot sites later this year.

**The Best Practice Subcommittee**, chaired by Simon Smith, has produced a number of helpful guidelines for areas where we anticipate weak or absent evidence but need advice. In 2015, we revised the 'Management of Domestic Abuse', and 'Management of adults who attend following Sexual Assault' guidelines. New guidelines were published: 'Reducing redundant activity in Emergency Departments', 'End of life care for adults in the Emergency Department (and extensive revision)', 'Chaperones in the Emergency Department', 'The Management of Radiology Results in the Emergency Department'. A position statement on Stroke Thrombolysis was published.

The 'Alcohol Toolkit' was published, which was an extensive piece of work giving guidance on whole system management of alcohol related presentations and harm reduction. The local guidelines, and patient information (condition specific) sections of the website were revised.

A Quality Improvement webpage was established and a number of QIP study days held.

**The Safer Care Subcommittee** is chaired by Emma Redfern. They have also been producing a number of very effective, short, punchy safety alerts, proving that a few well-chosen words are infinitely more effective than a long, weighty document. They have produced a very useful generic checklist to support the introduction of National Standards for Invasive Procedures (NATSIPs). The safety toolkit is now publicised with an excellent podcast on RCEM FOAMed which is well worth listening to.

**Major Trauma Subcommittee** is chaired by Jon Jones. It has provided an important peer review role to the National Institute for Clinical Excellence (NICE) guidelines and are producing guidance about imaging children after major trauma, resuscitative thoracotomy and cervical immobilisation. A major trauma study day is planned for the autumn.

There were a number of successful study days in 2014 including another mental health study day and further QIP days. We took the Crowding Study Day to Wales and had an enthusiastic reception in Cardiff. Michelle Jacobs took the lead in organising an excellent study day about the strange, mysterious beasts that are adolescents.

**Dr Adrian Boyle**

*Chairperson*

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# Research & Publications Committee

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The Research and Publications Committee seeks to develop and showcase high-quality research within the specialty in the following ways.

1. Organising the Annual Scientific Meeting which showcases state-of-the-art EM research from UK and international experts. The 2015 conference was held in Manchester and was extremely successful, with 650 delegates and a large body of high calibre research.
2. Peer review and award of a number of grants to support research in the field of EM. Applications for grants are assessed and prioritised by the Research and Publications Committee of the College. These grants are extremely competitive and eligible for National Institute for Health Research (NIHR) portfolio status and therefore accrue additional funding for applicants. Three grants were successfully funded in 2015.
3. Encourage international research development through the award of an annual International Grant for researchers from middle and low income countries. The first award was given to Lee Wallis to evaluate an Emergency Care Assessment Tool for Health Facilities in Sub-Saharan Africa. This award is currently being advertised for the 2015-16 award.
4. Mentoring and developing of the Academic trainees, including supporting an annual meeting which was held this year in Birmingham.
5. Awarding Royal College Professorships to outstanding leaders in the specialty – Surgeon Commander Jason Smith was appointed as Royal College Professor 2013, and Richard Body in 2015.
6. Contributing to the management of the Emergency Medicine Journal, which is increasing in impact and profitability.
7. Awarding Royal College PhD Studentships. Two new studentships were awarded and will hopefully be starting in 2016 and 2017.
8. 2013 saw the formation of a Clinical Studies Group for Emergency Medicine, which liaises closely with the R&P Committee, and is supported by the RCEM. The remit of this group is to undertake:
  - research prioritisation – this was successfully undertaken in 2014 in collaboration with the Health Technology Assessment Board of the NIHR
  - coordination of a registry of research-active UK emergency physicians and centres
  - peer review and mentorship of researchers in the specialty
  - the support of academic and research-active researchers through prize and grant opportunity. In 2015, the first Young Investigator prize was awarded to support the ongoing development of research by trainees and junior consultants
  - the holding of an annual research forum – this year it was held in Birmingham in January 2016.
9. Research Prioritisation with the James Lind Alliance Priority Setting Partnership and led by Professor Jason Smith of the RCEM is developing well. There were over 200 questions submitted. These will be categorised and each will have mini systematic reviews completed before prioritisation in September 2016.

**Professor Alasdair Gray**  
*Chairperson*

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# Corporate Governance Committee

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Throughout 2015, the Corporate Governance Committee continued to monitor the Council's financial and risk positions. The risk register was considered regularly and in common with other Royal Colleges there was a greater emphasis on the risks in the examination processes.

The Committee reviewed the Plans and Budget for 2015. It has been keen to establish a system of monthly financial reporting and this has now been achieved. The proposal made by Council to consider acquiring a larger headquarters was also considered during the year. The Corporate Governance Committee advised Council from a governance, finance and risk perspective on the proposal.

The Committee reviewed the Accounts and the report from the Auditors. It made recommendations to Council to approve the Accounts and noted the Audit report again found no issues with the governance of the organisation and its financial management.

The Committee meets annually with the investment managers from Quilter Cheviot who look after the investment portfolio of the College. The Committee has also signed off a financial strategy for the medium term.

The Terms of Reference of the various Council Committees has been reviewed and the Committee has also monitored progress of the IT implementation project.

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

**Denis Franklin**

*Chairperson*

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# Fellowship & Membership

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The Royal College of Emergency Medicine continues to grow and we now have over 6,000 Fellows and Members. We are demonstrably the authoritative body representing the voice of UK Emergency Medicine.

In addition to the doctors who deliver emergency care we support the Advanced Nurse Practitioner (ANP) scheme and have seen a huge growth in the number of ANPs joining the College. A section has been created for them so we can develop services for them as the role evolves.

It was agreed with the Irish Board that their Fellows would become overseas status Fellows thereby making maintaining strong links more affordable.

The election of the new President was held in 2015/16. We used the services of the Electoral Reform Service which allowed an online vote for the first time. This proved to be a great success and over 58% of eligible voters took part. Dr Taj Hassan was duly elected.

**Dr Katherine Henderson**

*Chairperson*

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# Lay Group

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The key event this year for the Lay Advisory Group has been the completion of the review of its role and function, and the acceptance by the College Council of the review's recommendations. The most important of these was an increase in the numbers of members of the Group to a maximum of 12, an important step as this will allow the Group to play a more comprehensive role in the College and in particular its committees. We have appointed three new members and look forward to adding further to our membership with representation from the devolved nations.

The Group has played an active role in supporting the College's STEP campaign and a number of other College initiatives. I am grateful for the continued support of the President Cliff Mann and Council colleagues for the role of the Lay Group and indeed for their encouragement to take a wider role in College activities. My thanks are also due to my fellow Lay Group members for their work and support during the year.

**Derek Prentice**

*Chairperson*

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# International Committee

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Colleagues around the UK are working in many different areas of the world, providing clinical care, training and academic collaboration. In 2015 we focused on Africa and the strong emergency medicine community emerging there – with new societies and opportunities as well as tremendous challenges. The Africa day was well attended and was an opportunity to hear about work in Africa and the UK, to help support EM and to network and make new links. We will be repeating the focus on a given geographical location this year but any member with international links or interests are welcome to contact the committee.

The Health Education England (HEE) sponsored 'Work, Learn and Return' project progresses well with our cohort of doctors, mainly placed in the north, continuing to develop themselves including success in the MRCEM. The formal report of the first year will be available in the autumn and will demonstrate success as well as providing vital lessons and information about opportunities for international trainees.

The College's international examinations now have multiple part C sites in India – with agreement to rotate the venues. The MRCEM continues to be very popular but the likely impact of the examination changes is not yet fully understood.

The Medical Training Initiative still proves to be a popular route for International Medical Graduates to gain experience of working in EM within the NHS. Participants of the scheme can currently be found in seven regions and there are plans to extend the reach of the scheme.

International EM conferences continue to be very popular – the website publishes reports of these designed to provide information about the benefits of the conference. There are international conferences of relevance to EM clinicians almost every week, many of them conducted in English and colleagues are invited to tell us about any that are particularly useful for our College members.

**Dr Ruth Brown**

*Chairperson*

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# Emergency Medicine Trainees Association

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The last 12 months in Emergency Medicine have been varied to say the least. Earlier in the year, we spoke of winter pressures, only to realise they were no longer seasonal; the pressure on Emergency Departments has seen consistent increases, whilst the number of admissions from them builds every year. Not only do we see more patients, but we see more sick patients.

In any other year, this increasing work load would be the headlines, but this year was different. In a year dominated by the Junior Doctor Contract negotiations between the BMA and the DH, the Emergency Medicine Trainees' Association (EMTA) has continued to represent trainees both within RCEM and to external agencies. The 2015 EMTA Survey has been used extensively by the RCEM, HEE and NHS Employers, and has provided a substantial document for the BMA to be able to represent the specialty during the tumultuous contract negotiations.

This year so far we have produced the EMTA Survey on the Junior Contract Survey, and the EMTA Junior Doctor Contract Guidance. We hope these have contributed to the development of a contract that better recognizes the working patterns of Emergency Medicine, and has helped trainees to understand the implications of the contract. The voting on this continues as I write.

EMTA are now continuing to explore some themes identified by those of you who have been in touch, and those of you who attended our national conference in November. Whilst some of these themes may have been covered by the Bailey Review announced on February's imposition, trainees made it clear to us that the Terms of Reference initially offered were not acceptable, and through the Academy Trainee Doctors Group we were able to influence the shape of this ambitious piece of work before it was cancelled on conclusion of the contract negotiations. Nevertheless, with the recent referendum decision to exit the EU, the UK looks set to endure some unsettled years ahead. It is clear that there are many issues affecting Emergency Medicine trainees that can be defined, quantified and influenced with good data, and the RCEM is very interested in exploring these with us to come up with solutions to make our working lives better. There has never been a more important time to be informed about the problems we face, and EMTA are currently exploring ways to address the costs of training as a first step towards improving morale.

The 2015 EMTA Survey will inform the development of an annual data set, beginning with this year's survey, tracking the changing attitudes of trainees and their relationship with Emergency Medicine, to provide the RCEM and others with a barometer by which to assess the impact of changes to training and our working lives.

Finally, we are putting together the 2016 EMTA conference, and look forward to seeing you in Edinburgh!

**Dr John Bailey**  
*EMTA Chairperson*

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# Forum for Associate Specialist and Specialty Doctors Grades in EM (FASSGEM)

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FASSGEM, once again, held a very successful National FASSGEM 2015 Conference in London. Many congratulations and thanks to Dr Meng Aw-Yong, Associate Specialist in EM, for organising an outstanding programme, which was reflected in good attendance. The conference revealed a superb programme with eminent speakers including the President of RCEM and a unique social event had been laid on. This conference was different to previous as it started early on Tuesday and finished late on Friday to accommodate a unique and rare special tour of the House of Lords. Since 1994 fees for the full conference had risen by just £75. As a result, with increasing prices for accommodation and events, it was becoming inevitable that costs and fees would need to rise to account for this. Despite this, the conference continued to represent unparalleled value for money.

The next FASSGEM spring meeting will be held in RCEM on 27 May 2016. The meeting will host an inspiring half day workshop designed specifically for Specialty and Associate Specialist (SAS) Doctors working in Emergency Medicine. It is aimed at helping them to improve their personal leadership style whilst maximizing their ability to get the most out of the multi-disciplinary teams that they lead. The workshop will focus on what is meant by leadership excellence and will demonstrate the benefits of developing a culture of continuous improvement.

The next conference is in Dundee and it is my pleasure to record thanks to Dr. Sue Steele, who has taken the role of organising the 2016 FASSGEM conference. All Members appreciate it. The date of the conference is 15 to 18 November 2016, and the proposed theme promises to make it a very exciting event.

FASSGEM decided to consider using some of the funds to be used by the regional representatives in promoting FASSGEM around their region. FASSGEM secretary, John Burns agreed to communicate with members & regional representatives with the memorandum of understanding regarding the roles and duties of office bearers.

The current website information, including the conference information, is muddled and often outdated. FASSGEM has agreed that the website needs to be updated to improve the online profile of FASSGEM. Dr Owais Mohsin volunteered for this role and was duly elected as the website rep. The Executive of FASSGEM continues to encourage members to join the RCEM. FASSGEM is represented on the Joint SAS Committee of the AOMRC.

There continues to be a national shortage of SAS doctors. There is, of course, also a well-publicised shortage of specialty trainees. It is therefore vital to maximise all opportunities to improve the recruiting and retention of SAS doctors. The AOMRC recommends a minimum of 1.5 SPA to enable time for revalidation requirements, and we would look to our consultant colleagues and the RCEM to encourage Trusts to write this into the Job Plans for SAS doctors. In addition, EDs should support SAS doctors with development opportunities. One method of strengthening our current emergency services is to provide training for SAS doctors.

Wessex School of Emergency Medicine has identified and secured funding for the development of EM SAS doctors as one of their development projects as part of a regional strategy to combat the workforce crisis issues. The specific aim is to provide training for SAS doctors who were currently performing at middle-grade level but not yet on the night rota. The main objective is to gain the skills required to enable them to become night-rota competent (NRC). Thus, the knowledge base of this cohort would be standardised, improving the quality and capacity of SAS doctors to make senior decisions; the doctors would then be able to contribute to the night rota in their departments,

easing the pressure on their training grade counterparts and ultimately improving patient safety. The designed training package entices a variety of learning approaches combining simulation/ interactive group discussion/e-learning. All covered topics are taken from the RCEM Curriculum and are specifically targeted at night-rota competence. FASSGEM will support this project to disseminate nationally.

FASSGEM still have funds available for EM SAS professional development. Previously a bursary of £2,000 was made available but there were no applications. This money is still available. Applicants must be members of the College but otherwise almost any proposal related to EM and SAS doctors will be considered. The previous information will be reviewed and posted on the web site.

Moreover, it is such a privilege to serve as FASSGEM National Chair, and I believe that I will continue to fulfil all the success and potential made by previous Chairs. FASSGEM will continue to play a vital role in EM and its contribution is absolutely fundamental to the success of the specialty.

On behalf of FASSGEM, I would like to thank the RCEM for its continued efforts to include SAS doctors in all facets of the work of the College, and for the support of SAS doctors in the workplace.

**Dr Adel Aziz**

*Chairperson*

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# Regional & National Board Reports

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## National Board Republic of Ireland

### Specialist Training

Emergency Medicine specialist training in Ireland is delivered through a seven year training programme. The programme comprises two elements – a three year Core Specialist Training in EM (CSTEM) programme and a four year Advanced Specialist Training in EM (ASTEM) programme. Core trainees can progress to Advanced training once criteria for progression are met. While the aim of the programme is that Core trainees deemed suitable for Advanced training will progress, the number of Advanced training (SpR) posts available each year is determined in collaboration with HSE National Doctors Training and Planning. Where the numbers seeking to progress from Core to Advanced training exceeds the agreed number of SpR posts in any year, competition for the posts will apply.

There are currently 92 trainees at various stages of this training programme, with 21 due to finish their first year at the end of June 2016 and ten due to complete their final year of training at the same time. Four of the ten final year trainees have plans to undergo further Fellowship training.

### The Emergency Medicine Programme

Implementation of the Model of Care recommended by the National Emergency Medicine Programme continues, albeit slowly, throughout the country. The establishment of Emergency Care Networks, comprising one or more 24/7 EDs with satellite 12/7 Injury Units (IU) or Local Emergency Units (LEU) is gradually becoming a reality.

The Steering Group for the establishment of Trauma Networks in the Republic of Ireland, of which I am a member, is due to report in the coming months. It is likely to recommend trauma networks of broadly similar structure to those in the United Kingdom, with recognition of the role of Injury Units in the network and different population densities/distribution.

### Ongoing Reform of Healthcare Delivery in Ireland

Senior Management Teams are now well-established in each of the six Hospital Groups, with the aim to deliver most services within these Hospital Groups, similar to hospital Trusts within the UK. Legislation to establish these trusts as legal entities is awaited. The development of activity-based funding (ABF) is also ongoing.

Exit block and Delayed Transfer of Care (DTC) are still key issues, although an ED Task Force continues to meet regularly to seek solutions.

### Future Direction/Risks for the National Board for Ireland of RCEM

With the work of the National Board for Ireland and the Irish Association for Emergency Medicine (IAEM) often overlapping yet working towards similar objectives, at the College Council meeting in September 2015 it was proposed that:

- Fellows in Ireland can elect to become 'overseas fellows'
- A representative nominated by the President of the IAEM shall be a non-voting member of RCEM Council
- The RCEM shall have a non-voting seat on the IAEM Executive
- The RCEM will work collaboratively with the IAEM to deliver any and all activities of the College in relation to Ireland that avoid duplication with the activities of the IAEM
- The National Board for Ireland of the RCEM is suspended indefinitely.

This proposal was considered and supported by the Irish Association for Emergency Medicine.

### Dr Gerry McCarthy

*Vice President - Republic of Ireland*

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## National Board Scotland

RCEM Scotland consolidated its presence across the professional, political and media landscape in Scotland throughout 2015-16.

RCEM Scotland will further its collaborative agenda and mutually productive understanding with the Scottish Government. Having been consulted on policy pertaining to Emergency Medicine, this is acknowledged as a 'working partnership' in the SNP Manifesto. We continue to meet with and advise all political parties in Scotland on policy as it affects Emergency Medicine.

Our active Policy and Public Affairs strategy continues to deliver RCEM Scotland priorities directly to the Scottish public, politicians and media, as well as to our fellow Medical Royal Colleges in Scotland. The hard-working members of the National Board for Scotland advise and consult in a broad range of areas, from major trauma networks to older people in acute care, from unscheduled care performance to invited service reviews, from organ donation to paediatric services, from Police Scotland liaison to the National Review of Out-of-Hours General Practice among others. As such the view of the specialty is heard consistently and clearly.

RCEM Scotland meets every three months with the Cabinet Secretary for Health and Wellbeing, the Scottish version of the Secretary of State for Health. The STEP Campaign remains central to discussions. The Cabinet Secretary has confirmed her continued commitment to eradicating delayed discharge, exit block and crowding, and to continued EM consultant expansion. This has seen a nationwide increase from 121 to 207 (at last count) whole time equivalent substantive EM Consultant posts en route to our target of 230. Trainee recruitment filled 100 per cent of Core Training posts, with applicants noted to be of high quality. Nevertheless, to sustain progress in eliminating unacceptable levels of EM trainee attrition, and to recover our middle-grade tier in the future, we press on as described.

In January 2016, the RCEM Scotland Factsheet was launched at a Parliamentary Reception hosted by the Vice Chair of the Health Select Committee at Holyrood.

MRCEM and FRCEM examinations, apart from the FRCEM OSCE, are conducted in Scotland. This is valued greatly by hundreds of candidates and dozens of EDs – minimising inconvenience, cost and time away for all.

RCEM Scotland hosts two annual meetings. The 2015 Clinical Meeting at the Tolbooth in Stirling was excellent and well-attended, with respected speakers on 'Mental Health in the ED' stimulating much discussion amongst the delegates, particularly the trainees, as was intended.

The winners of the RCEM Scotland Robin Mitchell Fellowships presented on their tremendous EM and social experiences in Norway and Iceland. We look forward to hearing our new Fellows report from their Fellowships in Canada, New Zealand and Sri Lanka in due course.

The RCEM Scotland Policy Forum, held each November at the Royal College of Surgeons in Edinburgh, is an increasingly heavyweight and influential affair. Speakers in 2015 included the Cabinet Secretary for Health, who conducted an appreciated impromptu Q&A session with the audience and the Chief Executive of NHS Scotland, as well as Presidents and Chairs of RCEM, RCPed and RCGP Scotland.

Many colleagues from the Scottish Medical Royal Colleges and other important professional bodies, including the new Chief Medical Officer for Scotland, joined us at our Inaugural Dinner at the National Museum of Scotland in November 2015. Diary permitting, we look forward to welcoming the new President of RCEM to Edinburgh in November 2016.

The May 2016 Clinical Meeting with a collaborative theme of 'Acute Medicine' will be held at the Royal College of Physicians and Surgeons of Glasgow. This was fully subscribed well in advance, so that for the first time a delegates' waiting list has had to be drawn up! Progress indeed.

**Dr Martin McKechnie**  
*Vice President - Scotland*

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## National Board Wales

### Structure of the Welsh Board

2015 has seen handover from the previous Chair of the Welsh Board Dr. Mark Poulden to the current Chair Mr. Robin Roop. RCEM Wales would like to extend our thanks to Dr. Poulden for the work he has done to get the Welsh Board up and running. Since the handover in May 2015 there has been a flurry of activity with support from the College as we continue to work hard to improve the outcomes for our patients. Dr. Jo Mower was appointed as the Vice Chair and the Board has been convened to discuss its future structure and terms of reference. The Board plans to appoint an academic lead in early 2016.

### STEP update

The Wales STEP campaign was launched on 16 September 2015. This has been well received by Government officials and Health Boards (HB). We are continuing to make the case for improvement in staffing and recruitment at all grades across Wales. We have successfully filled all our ACCS posts with almost all taking up run through training. Despite the loss of a few Consultants we have been able to recruit an equivalent number to new and vacant posts. The issue of Exit Block continues to affect every Emergency Department (ED) in Wales. 2015 has proven to be especially difficult with no HB meeting the four hour standard and a steady worsening of 12 hour waits within EDs.

### Public Affairs

The Welsh Board has engaged with Welsh Assembly Government (WAG); NHS Wales and the Chief Medical Officer; and the health spokespeople of political parties to improve the profile of Emergency Medicine and highlight the STEP campaign. We have had numerous meetings with the Deputy Health Minister as well as the Chief Executive of NHS Wales. We now sit on the Government's Unscheduled Care Board as well as their Unscheduled Care Clinical Reference Groups. These meetings are to continue in the new Parliament after May 2016.

### Media

The College provided the Chair and Vice Chair with media training which has proven invaluable in handling the many media requests throughout the year. We continue to explain to the media and the general public the current reality of EDs as well as offer solutions as outlined in the STEP message.

### Information Technology

A single system IT system for EDs across Wales is in the process of being installed or upgraded in departments. It is a huge project and despite delays, should be completed in late 2016. The Welsh Assembly General is working on a national dashboard that will be able to give live data to every ED based around attendances and occupancy. The RCEM work on the new dataset for EDs is also being incorporated into the new IT system. This work is still ongoing and we would like to thank representatives from the College for engaging with WAG to assist with this dataset.

### Training and Future Events

The College also arranged Trustee training for the Chair. This was useful for work on the Council. The Chair was also asked to deliver 'Lessons from Wales' at a Leadership Conference in Leeds. This was well received and showcased good practice from Wales.

The Consultant Emergency Nurse Practitioners (ENP) also requested permission and support from the College to teach a course, based on College principles and curriculum, designed for ENPs to standardise their training and skill base in Wales. This was seen as a positive initiative to improve the workforce numbers in EDs and assist with flow.

A College Study day was planned for early 2016 based on Crowding and Sustainability. There is an international Emergency Medicine conference planned for May 2016 which is supported by the Welsh Board of the RCEM.

### Mr. Robin Roop

*Vice President - Wales*

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## Northern Ireland

In common with Emergency Departments throughout the UK and Ireland those in Northern Ireland continued to experience significant challenges throughout 2015. The ongoing issues of crowded and under-resourced EDs meant that performance against the ministerial targets were once again not achieved. Exit block, capacity issues and how the wider system responds have been major challenges for Unscheduled Care in 2015.

The Health and Social Care system in Northern Ireland has also undergone significant change over the past year with a new Health Minister (the third in a year), planned dissolution of the Health and Social Care Board and review of commissioning processes and also the announcement of an expert panel to assess how health and social care facilities operate across NI. Many of these changes were as a result of several high profile regional reports from 2014 including the Donaldson Report.

There was a small increase in Consultant numbers across NI in 2015 however smaller EDs continue to have particular difficulty in recruiting permanent staff. Only two of the ten Level 1 EDs in Northern Ireland have the RCEM recommended minimum of ten consultants in post.

With regards to training the School of EM had a successful recruitment round in 2015 expanding our Higher Specialist Training posts and continuing run through training. We have continued to try and expand Faculty Development but are fully aware of the service pressures all our departments are under. Deanery visits were completed to all EDs and produced the expected mixed results. Our trainees have been successful at MRCEM but have struggled slightly at FRCEM despite them being of high quality. We have another challenging year ahead and look forward to increasing visibility and involvement. A successful ACCS teaching program has also been established.

Emergency Departments within Northern Ireland continued to have difficulty recruiting Specialty Doctors throughout 2015. Virtually all Departments are locum dependent at this tier particularly out of hours. The sustainability of this remains a particular concern as the locum workforce in Northern Ireland is relatively small. In 2015 members of the Northern Ireland RCEM Council were heavily involved in a Regional Emergency Medicine workforce review and we await further information on how this will be taken forward. All Emergency Departments and Level 1 Departments in particular experienced sustained problems with capacity and patient flow in 2015. Locally there has been a drive to promote the implementation of the RCEMs 18 Unscheduled and Emergency Care recommendations for NI published in 2014.

On a positive note the Health Minister has announced that a Helicopter Emergency Medical Service (HEMS) service is to be established in Northern Ireland. This along with the publication of the Northern Ireland Regional Trauma audit has precipitated a review of the Trauma System across the region. Belfast held the RCEM CPD event in March and this received very positive feedback from both an educational and social perspective. There were also a number of Regional Study days in 2015, including a Sustainability Day and Toxicology Day, which again were very well received.

**Dr Richard Wilson**

*Vice President – Northern Ireland*

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# Regional Boards of England

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## East of England

The East of England is a large region with a total population of six million. There are 17 EDs within the region and one Major Trauma Centre (MTC) in Cambridge.

ED attendances continue to rise, having had 1.3 million attendances in the last year. There have been persisting challenges with respect to crowding and all but the smallest Emergency Department are failing to achieve the four hour standard.

### Recruitment

This has been a very successful year for recruitment to specialty training. There is a plan to expand the ACCS programme and there have been expressions of interest from several Trusts. There are 6 vacancies in the CT3 year as a result of resignations and inter-deanery transfers. There are no vacancies in higher specialist training from August 2016 and we all thank Chris Maimaris for his sterling work as Head of School. He has stepped down and will be replaced by Dr Nam Tong.

Consultant expansion has continued at the MTC, but some of the District General Hospitals are still struggling to fill vacancies. The majority of job plans approved have a 7.5 to 2.5 DCC to SPA split on a 10 PA contract.

There are seven vacancies which have been put forward to national recruitment in May 2016.

### Training

There is a monthly regional training day for ST4-6 trainees. There are two ACCS days for core trainees. A variety of simulation courses are run at the Postgraduate Medical Centre at Addenbrookes Hospital. There are two level 1 and 2 Ultrasound courses held each year, including a sign-off course. Mock examinations are regularly held for both the FRCER and the MRCEM.

The region continues to provide excellent training opportunities in Pre-hospital Emergency Medicine with a very successful Out of Programme Experience available for interested trainees.

### Trauma and Network Coordination

The innovative trauma network co-ordination service provides decision support and a point of contact for all trauma units in the region. This has been a highly successful service that has improved the management of major trauma patients. This was highlighted as a positive in a recent peer review of trauma care in the region.

### Dr Khurram Iftikhar

*Regional Chair*

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## East Midlands

The picture across the East Midlands in 2015 mirrored that seen across the UK. Attendances in all departments soared by between 4 - 15% and although more difficult to quantify, patient dependency also increased leading to high admission rates in the additional group of patients.

Although there was some success at recruiting to run-through training posts and CESR posts (most notably in Derby), consultant recruitment remained problematic with a number of unfilled posts across the region, particularly in the District General Hospitals. That said Chesterfield were fortunate enough to snaffle Dave Prosser from the North East region and Derby also secured a new Consultant appointment.

Leicester Royal Infirmary (LRI) hit the headlines for the wrong reasons in 2015 thanks to a dramatic increase in ambulance waiting times reflecting the overfull ED and lack of patient flow from ED to the hospital wards. Images of queues of ambulances lining up outside the LRI ED littered the regional news TV screens for successive days until a plan was actioned to ease the pressure – perhaps Commissioners and Trust Boards will start paying more than lip service to the RCEM STEP campaign soon?

Sherwood Forest Hospital remained in special measures throughout 2015 and early this year after a succession of CEOs failed to improve matters became part of Nottingham University Hospitals – we wish them all well in this new, joint venture.

On a positive note to end, Derby Royal were awarded the CHKS award 'Excellence in Emergency Care' by a committee involving RCEM, RCN, the Urgent Care Tsar and CHKS - Many congratulations to the ED team there.

**Dr Bill Bailey**

*Regional Chair*

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## London

The focus of the London Board has been to ensure that all members have an opportunity to contribute to the work of the board. Regular meetings have continued, supplemented by telephone and email conferences around specific issues. Junior members of the College have been given more encouragement to get involved. To coincide with board meetings, regular all-day Continuing Professional Development (CPD) events have been organised and well attended.

The Board has a representative on the Clinical Senate for London and we are continuing to increase our influence on commissioning across London. All departments have been re-audited against the London Clinical Standards for Acute and Urgent Care, including standards for EDs (which the Board was fully involved in drafting). Plans to commission departments against these standards have not occurred this year.

The Board gave evidence to the Health Select Committee of the London Assembly on the pressures Departments were under during the winter and recruitment within the specialty. The Board was asked to pass on the thanks of the Select Committee for all the hard work of its members.

Reconfiguration of services across London continues to be a cause of concern for a number of colleagues, and the Board has commented on individual plans and also the wider implications where these plans will affect services across natural health boundaries. The development of Major Trauma Centres, Hyper Acute Stroke Centres and Cardiac Centres continues to demonstrate improvements in patient outcomes.

Recruitment of junior staff remains a concern for most departments, with gaps in the rotas at middle grade and consultant level.

The winter has been a difficult time for departments across London, and media interest in the four hour target has been considerable. The Board has used the opportunity to promote the various campaigns set up by the College that will benefit departments in the short and longer term. Consultant expansion still appears to be slow, although recently a number of new consultant posts have been approved by the Board on behalf of the College and we look forward to these appointments being made across the departments.

**Dr Julian Redhead**

*Regional Chair*

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## **North West**

*No report submitted*

**Dr Steve Crowder**

*Regional Chair*

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## **North East**

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

EDs across the region have faced 12 months contending with increased demand, acuity and expectation leading to the issues of exit block and crowding in line with the national picture. These challenges continue seemingly unabated.

The Northumbria Specialist Emergency Care Hospital has opened in Cramlington and is the first purpose built facility of its kind in England, providing a 24/7 senior led service across a number of acute specialities including EM.

This new hospital and the two regional MTCs at the Royal Victoria Infirmary in Newcastle and the James Cook University Hospital in Middlesbrough have continued to expand consultant numbers, sometimes at the expense of smaller units.

There continue to be regular CPD events held in the region with the Northern Paediatric EM Conference in June and the Northern Regional EM Conference in January. A Regional Ultrasound Simulation Centre, jointly funded by Teesside University and Health Education North East, has been established in Middlesbrough.

The reputation for excellent EM training in the North East continues with further strong feedback in the GMC trainee survey and a greater than 80% FRCER pass rate at the autumn 2015 diet. The region remains one of the best places in which to train in EM in the UK.

Mike Fenwick has stepped down as regional Higher Training Programme Director and should be thanked for the hard work, enthusiasm and leadership he has given this role over the past six years.

After four years in post as Regional Chair, Adrian Clements will stand down later in the year. I would like to thank him for representing the interests of members and fellows in the North East during this time. A replacement vice chair will be sought and I would encourage anyone with an interest in College affairs to apply for this position.

**Nick Athey**

*Regional Vice Chair*

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## South Central

South Central Region reflects the pressures faced by Emergency Medicine across the country. The region stretches from Oxford south to Southampton and includes Basingstoke, Winchester, Portsmouth and the Royal Berks. All centres report an increase in attendances in line with national figures and the performance has suffered in many Trusts. Portsmouth has seen a 15% increase in attendances in the first three months of 2016.

While the future appears difficult, all the real successes within the region are around training and through this the encouragement of increases in training numbers in Emergency Medicine.

The region has two schools, one based in Oxford and the other in Wessex. Head of school for Oxford, Simon Smith, has been instrumental in delivering high quality training in Emergency Medicine. I had the pleasure of sitting on the School review in the latter part of 2015 and seeing the success across the training area. Oxford came top in last year's NTS for EM trainee satisfaction and exam success rate was good in both MRCEM and FRCEM. All Trusts reported improved training and this commitment to training ensures that retention rates remain high. In Wessex (Head: Jo Hartley) training posts have a high fill rate reflecting the regard in which training is held in the region. The region has seen some inter-deanery transfer further enhancing numbers. Exam success rate is also high. Both regions are commended on the large number of examiners for both exams.

Wessex has a successful non-training grade programme headed by Louisa Chan (Basingstoke) and Adel Aziz. This training scheme is designed to give those in non-training middle grade posts the skills to be night competent and more capable in running the shopfloor. This consists of a 12 week programme covering the skills required and incorporating simulation training.

Wessex has a growing pool of other EM practitioners and successful training schemes in these areas. There are robust and ongoing training programmes for Nurse Consultants and ACPs in all aspects of EM.

The current challenges for the region are those affecting all. There is a Wessex Clinical Director's group who meet to discuss issues and to share learning. It is hoped this year these lessons can be shared across the region in a regional meeting.

**Dr Simon Hunter**  
*Regional Chair*

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## South East Coast

The South East Coast Region encompasses 11 Trusts within Kent, Surrey & Sussex. Our Departments continue to face the same problems which are mirrored across the UK in terms of staffing, exit block, and the ever increasing workload. At the time of writing, the South East Coast region sits 2.5% above the English average on the yearly four hour performance indicator with three of our Trusts meeting the 95% standard (April 15 to February 16).

Recent Care Quality Commission inspections have been undertaken in seven of our Trusts since 2015. Two Trust's Urgent Care services have been rated as good, two require improvement, two have been deemed inadequate and one rated as outstanding. This follows on from reports in 2013/14 where we had one outstanding report, two good and one Trust requiring improvement.

This year for Health Education Kent, Surrey and Sussex (HEKSS), Dr Fiona Barratt has been appointed Clinical Lead for the Department of Emergency Medicine and Dr Amanda Wellesley has been appointed as Head of School. Dr Kamal Veeramuthu has taken the role of Regional Training Programme Director for the higher EM trainees, whilst Nandita Palmer continues in her role of TPD for ACCS Emergency Medicine.

In August 2015 our region had 26 higher training positions (ST4+) with a fill rate of 54% (14 trainees). The current prediction for August 2016 shows a significant improvement on these figures which should be confirmed over the next couple of months.

Consultant expansion has continued within the region, with Trusts aligning with the College recommendation of a minimum of 10 Consultants per Department. In line with the rest of the UK, demand currently continues to outstrip resources and the majority of department's still hold vacancies for newly created or unfilled posts.

The Trauma Networks covering the South East Coast region cross boundaries between Kent, Surrey and Sussex (KSS), and London. Our Network feeds into the Major Trauma Centres at King's, St George's, Brighton and Southampton. For Sussex's Trauma Network, neurosurgical facilities have been successfully introduced to the Royal Sussex County Hospital, Brighton in August 2015.

The region successfully hosted its first regional training day this January. There was good representation from across the region and the feedback received was excellent. I would personally wish to thank Magnus Nelson and Salwa Malik for their organisation in making this day possible and to Cliff Mann and the College for the support and the excellent presentation on the current issues faced in Emergency Medicine.

Finally I am pleased to announce that in April, Dr Julian Webb has agreed to take the role of Vice Chair for our Region.

**Dr Jon Burton**  
*Regional Chair*

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## South West

The overwhelming theme across the region over the past few months has been lack of capacity in many of our Emergency Departments. This combined with an inability to appoint sufficient members of staff for both medical and nursing specialties has compounded the situation. Regions have regularly entered 'Black Escalation' due to capacity constraints. Inevitably this has a knock-on effect on our ability to maintain standards and, as is reflected nationally, the four hour position has deteriorated. Some Departments have also reported high levels of sickness for both medical and nursing staff with unsustainable workload intensity at all levels. Most Emergency Departments are also reporting that they are being used as Admission Units for Specialties as Assessment Units are full to capacity.

In order to tackle these difficulties various initiatives have been undertaken. University Hospital Bristol has been part of the 'Shine' project where a checklist has facilitated safe patient care during crowding. They have been able to demonstrate improved key performance indicators after the introduction of this project. It is now being rolled out across North Bristol Trust, Weston, Swindon and Cheltenham & Gloucester.

The Royal United Hospital in Bath has commenced 'Queuing Out' to ensure that selected emergency presentations are seen in a timely fashion and the more stable patients are 'queued out' waiting for a bed in the Hospital.

Despite these difficulties being experienced in numerous Departments, there have been some notable successes. Cheltenham & Gloucester have had a nationally sponsored missed x-ray project. They have been able to allocate dedicated funding time for research in the Emergency Department and they have had 100% success rate for ED applicants for Clinical Excellence Awards. They have also been able to allocate a dedicated ED Elderly Care Consultant.



The REVERT Trial, which is delivered in the South West, has recruited ahead of target and been published in the Lancet. The South West remains one of the leading NIHR Specialty Groups recruiting nationally. Our GMC reports for training are amongst the best in the country and consequently the South West remains one of the most desirable regions for training in Emergency Medicine at all levels of training.

A successful mock OSCE was coordinated by Becky Thorpe at University Hospitals Bristol recently. Our specialty goes from strength to strength. It is clear from the above examples that the South West region is productive both educationally and academically, which must impact positively on patient care.

**Dr David Watson**  
*Regional Chair*

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## West Midlands

The EDs of the region continue to face the challenge of providing quality Emergency Care for increasing numbers of patients, whilst the problems of exit block and workforce shortages remain the two principal hurdles to overcome. Since February, the EDs in the region have experienced an increase in the severity and acuity of cases as well as an increase in patients waiting for social care, both of which undoubtedly contributes to the exit block.

Apart from Major Trauma Centres, the vast majority of EDs in the region still fall short of RCEM recommended numbers of consultants, and many EDs are struggling to attract applicants into consultant posts. Middle-grade staffing remains a significant problem, with most EDs still spending disproportionate sums on locums to fill rosters at this grade. Many middle grade and junior rotas have gaps which remain unfilled. The junior doctor contract impasse and the impending amendment to the consultant contract have been at the centre of many discussions amongst colleagues.

Educationally, there is a lot of activity in the region, with many EDs running accessible and relevant courses and study days for trainees, nursing colleagues and consultants. The RCEM sponsored the Emergency Medicine Continuing Education Forum study day for Fellows and Members in the region, which took place on 20 January and attracted over 100 delegates, including some from our neighbouring regions: the East Midlands and Wales. The Karen Parry Memorial Prize for a trainee presentation was awarded to Dr Sandeep Gill and Mark Pell on the day and the RCEM Vice President Kevin Reynard addressed the meeting.

On the social front, we held our third annual black-tie dinner on 4 March, which was a great success.

**Dr Bernadette Garrihy**  
*Regional Chair*

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## Yorkshire and Humber

The highlight of the Emergency Medicine year in Yorkshire and Humber was the successful national CPD conference at the West Yorkshire Playhouse in Leeds. It was a pleasure to welcome colleagues to our region and highlight some of the superb work in the speciality that has been happening locally. Thanks are due to many but particularly to Andy Webster who lead the local organising committee. In November 2015, Leeds was also the venue for the first joint conference of the RCEM and the Faculty of Medical Leadership and Management titled 'Creating Leadership Resilience in Emergency Care'. In the year we became 'Royal' we should not underestimate the significance of this event as recognition of the maturity and example set by our speciality.

Away from conferences the past year has certainly seen plenty of need for resilience in emergency care in Yorkshire and Humber. The challenges faced have not been unique to the region and have included increasing and more complex workload, difficulties with recruitment and retention of medical and nursing staff, and failed attempts to distribute the workload in the out of hours periods more appropriately.

At the same time there are consultations and plans to downgrade two departments in West Yorkshire. Sadly the hard work, skill and commitment of Fellows and Members of the College in maintaining high quality of care for our patients at the most difficult of times has not received appropriate recognition.

**Dr Graham Johnson**

*Regional Chair*

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# Report of Council

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Council submits its annual report together with financial statements of the College for the year ended 31 December 2015.

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 29 February 2008. The College is registered with the Charity's Commission (charity no. 1122689) and the Scottish Charity Regulator (number SC044373)..
<b>Registered office</b>	7 – 9 Bream's Buildings, London EC4A 1DT
<b>Bankers</b>	Thavies Inn, Holborn Circus PO Box 1000 BX1 1LT
<b>Solicitors</b>	Hempsons Hempsons House 40 Villiers Street London WC2N 6NJ
<b>Auditors</b>	haysmacintyre 26 Red Lion Square London, WC1R 4AG
<b>Investment Managers</b>	Quilter Cheviot Investment Management One Kingsway London WC2B 6AN
<b>Chief Executive</b>	Gordon Miles

The College Council consists of 25 members either elected by Fellows and Members of the College, appointed or co-opted members, as required. The following members of Council are the Trustees of the College as at 31 December 2014.

		<b>From</b>	<b>To</b>
<b>President</b>	Dr Clifford Mann	2013	2016
<b>Past President/President Elect</b>	Dr Taj Hassan	2016	2019
<b>Vice President</b>	Dr Chris Moulton	2013	2016
<b>Vice President</b>	Dr Kevin Reynard	2014	2017
<b>Registrar</b>	Dr Katherine Henderson	2013	2016
<b>Treasurer</b>	Prof Suzanne Mason	2015	2018
<b>Dean</b>	Dr Jason Long	2014	2014
<b>Revalidation Director</b>	Dr Gillian Bryce	2011	2017
<b>Chair QECC</b>	Dr Adrian Boyle	2013	2016
<b>Chair R&amp;P</b>	Prof Alasdair Gray	2014	2017
<b>Chair TSC</b>	Dr Julia Harris	2015	2018
<b>Northern Ireland – National Board</b>	Dr Richard Wilson	2013	2016
<b>Republic of Ireland – National Board</b>	Dr Gerard McCarthy	2010	2015
<b>Scotland – National Board</b>	Dr Martin McKechnie	2014	2017
<b>Wales – National Board</b>	Dr Robin Roop	2015	2018
<b>East Midlands</b>	Dr Bill Bailey	2014	2017
<b>East of England</b>	Dr Khurram Iftikhar	2013	2016
<b>London</b>	Dr Julian Redhead	2012	2015
<b>North East</b>	Dr Adrian Clements	2012	2015
<b>North West</b>	Dr Steve Crowder	2014	2017
<b>South Central</b>	Dr Simon Hunter	2013	2016
<b>South East Coast</b>	Dr Jon Burton	2014	2017
<b>South West</b>	Dr David Watson	2011	2014
<b>West Midlands</b>	Dr Bernadette Garrihy	2012	2015
<b>Yorkshire &amp; Humber</b>	Dr Francis Morris	2013	2013
<b>Lay Group Chair</b>	Derek Prentice	2014	2017

# Structure, governance and management

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

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

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

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

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

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

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

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

Council is chaired by the President, Dr Clifford Mann who succeeded Mr Mike Clancy into the role in 2013. The Council aims to make decisions by developing a consensus, but voting by members (simple majority) is the final decision making process. The Council has an Executive Committee which meets monthly to deal with operational issues and makes recommendations on strategic matters to Council for their consideration.

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

We and our Members and Fellows are honoured that The Princess Royal is our Royal Patron was guest of honour at the dinner to celebrate the granting of the title 'Royal' on 5 November 2015. Staff policy and remuneration of senior staff

In relation to its staff, it is the policy of the College to observe equality of opportunity in their recruitment, development, treatment and promotion, to provide benefits superior to the statutory minimum entitlement, to recognise meritorious performance and to encourage development of

individual potential by the provision of formal training. The College consults its Staff Committee only on significant employment matters.

As regards senior staff the College has a Remuneration Sub-Committee which reviews their remuneration arrangements periodically and reports to the Corporate Governance Committee. In determining staff remuneration the College has had regard to the NHS Agenda for Change and to informal benchmarking.



# Objectives

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**The objectives for the Royal College of Emergency Medicine during 2015 were summarised as follows:**

- i) to ensure that the highest possible standard of care is provided for our patients in the Emergency Department
- ii) to consolidate and develop the infrastructure of the College.

## **Objective 1: Ensuring the highest possible standard of care for our patients in Emergency Departments**

This objective embraces the following activities:

- working with other healthcare organisations and governments to implement the College's STEP campaign to improve the provision of Emergency Medicine for the benefit of patients;
- setting, monitoring and auditing clinical standards, and preparing and disseminating guidelines for Emergency Department patient care and safety;
- improving data quality and ensuring the effective integration of information technology within Emergency Medicine;
- setting the curriculum and standard of training for doctors in Emergency Medicine;
- providing Continuing Professional Development (CPD) including through an eLearning hub, known as RCEMlearning;
- working with the General Medical Council to deliver the requirements for revalidation;
- delivering the specialty examinations for doctors pursuing a career in Emergency Medicine and making recommendations relating to the completion of specialist training to the General Medical Council;
- supporting and giving advice on research within the specialty;
- providing advice to other bodies relating to Emergency Medicine, including accident prevention. These bodies include the Departments of Health, other Royal Colleges and Faculties, the Royal Society for the Prevention of Accidents and many other organisations;
- supporting our Members and Fellows including supporting Trainees, Staff grade and Associate Specialist (SAS) doctors in Emergency Medicine.
- encouraging new roles in Emergency Medicine as additions to the medical team, such as Advance Clinical Practitioners;
- dealing with enquiries from the general public concerning Emergency Medicine and acting as an advocate for Emergency Medicine patients.

## **Objective 2: consolidating and developing the infrastructure of the College**

This objective embraces the following:

- 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
- b) preserve and protect good health and to relieve sickness by improving standards of health care and providing expert guidance and advice on policy to appropriate bodies on matters relating to Emergency Medicine.

It also defines what constitutes Emergency Medicine as follows:

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

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

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

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

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

## Achievements and Performance

The College’s STEP campaign launched in 2014 sets out what is required to rebuild emergency departments to meet the rising demands on them. We have worked to tailor the STEP campaign for each nation within the UK. The College urges Governments, politicians and NHS leaders to work together to take the four steps needed to rebuild emergency care.

In England, to rebuild the Emergency Medicine service the College is calling for four steps to be taken:

- STEP 1: Safe and sustainable staffing levels must be achieved
- STEP 2: Tariffs and funding must be fair and effective
- STEP 3: Exit block and overcrowding must be tackled
- STEP 4: Primary care facilities must be co-located with A&E services

In Scotland, our STEP campaign calls for:

STEP 1: Safe and sustainable staffing levels must be achieved

STEP 2: Terms, working conditions, and funding, must be fair and effective

STEP 3: Exit block and overcrowding must be tackled

STEP 4: Primary care facilities must be co-located with Emergency Department services

The College urges The Scottish Government, politicians and NHS leaders to work together to take the four steps needed to rebuild emergency care.

In Wales our STEP campaign calls for:

STEP 1: Safe and sustainable staffing levels must be achieved

STEP 2: Terms, working conditions, and funding, must be fair and effective

STEP 3: Exit block and overcrowding must be tackled

STEP 4: Primary care facilities must be co-located with Emergency Department services

The College urges the Welsh Government, politicians and NHS leaders to work together to take the four steps needed to rebuild emergency care.

Our STEP campaign for Northern Ireland is being finalised.

We continue to make the case for an increase in Emergency Medicine Consultant numbers to a minimum of 10 in each Department. In bigger centres we recommend a minimum of 16 consultants to provide adequate 'depth' of senior medical decision makers on duty at any one time, as well as providing the breadth of cover for 16 hours a day 7 days a week. This is to ensure trained Emergency Medicine Consultant presence in to the evenings and at weekends when our Departments are at their busiest. The overall aim is to move towards a Consultant led service with the input of experienced trained Emergency Medicine Specialists in patient care.

We continue to provide support and create materials that will help systems create safe and sustainable working practices for the Emergency Medicine consultant workforce as well as ensuring quality and standards of training. We are working with the Departments of Health, Centre for Workforce Intelligence and NHS England as well as other key stakeholders to ensure that Emergency Medicine receives proper attention.

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

We continue to develop our clinical audit programme, 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 profession.

## Financial Review

The Trustees are pleased to report that total incoming resources for 2015 were £6.10m of which £5.18m was unrestricted. (2014: £4.39m of which all other than £25,062 was unrestricted.)

Unrestricted income was an increase on the figure for 2014 of £0.79m and largely reflects a rise in membership subscription income, enhanced conference income and increased demand for our examinations. The increase in restricted income arose from grant-funded project as shown in note 13 to financial statements.

The major areas of unrestricted income were as follows:

Incoming Resources	2015	%	2014	%
Donations & grants	0	0%	50	0%
Sundry sales and fees	51,685	1%	64,074	1%
Investment income	43,325	1%	33,204	1%
Emergency Medicine Journal	260,217	5%	202,458	5%
Continuing Professional Development and Conferences	619,331	12%	399,305	9%
Subscriptions	1,977,839	38%	1,812,618	42%
Examinations	1,874,151	36%	1,479,394	34%
Training	199,649	4%	218,605	5%
Clinical Audit	125,656	2%	140,675	3%
Internal Services Review	27,917	1%	10,417	0%
<b>Total</b>	<b>5,179,770</b>	<b>100%</b>	<b>4,360,800</b>	<b>100%</b>

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

The College is a membership organisation and derives most of its income from subscriptions. In 2015 the total membership rose to 5,859. The largest increase was in Associate Members and Fellows by Examination. Successful examination candidates include not only trainees but a significant number of doctors employed in non-training grades. Most of these have subsequently obtained CESR accreditation and been appointed to consultant posts.

Total resources expended during 2015 were £4.85m compared with 2014 £3.56m. Unrestricted expenditure was £4.61m compare to £3.52m

This report has highlighted earlier the key activities that account for the expenditure.

Resources Expended	2015	%	2014	%
Cost of generating funds	17,386	0%	14,715	0%
Emergency Medicine Journal	348,519	8%	319,602	9%
Research & Publications	59,352	1%	44,075	1%
Education & Examinations	1,593,704	35%	1,207,506	34%
RCEMlearning	176,072	4%	157,252	4%
Training Standards Committee and general training	596,748	13%	541,798	15%
Conferences & CPD	772,069	17%	487,434	14%
Professional Services	305,590	7%	200,456	6%
Quality In Emergency Care	297,641	6%	166,552	5%
Policy & Professional Affairs	445,395	10%	383,780	11%
<b>Total</b>	<b>4,612,476</b>	<b>100%</b>	<b>3,523,170</b>	<b>100%</b>

## Investment policies and returns

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

The Trustees have engaged Cheviot Asset Management to provide them with professional investment management advice. The overall return on investments this year showed some redressing of losses in equity markets in the previous accounting period.

## Risk management, and principal risks and uncertainties

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

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

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

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

- the IT project fails to deliver against budget, timescale or scope;
- our investment values may fall;
- our electricity supply is not sufficient for the building;
- the financial budget may not be achieved;
- our ability to develop our examinations is constrained by the resources available;
- the questions for an examination arrive too late to allow time for the examination to be set up and run;
- our examinations might be accused of bias or discrimination;
- demand for examinations might exceed supply leading to damage to our reputation;
- details of our examination questions leak out of the organisation;

- increased numbers of staff will result in pressure on the HR management;
- we need to make changes to our pension arrangements for staff given recent changes in the law - we must commence work on this in early 2016 and implement changes by 2017;
- tacit knowledge is lost from staff leaving the organisation;
- officers face an increasing workload burden as the work of the College increases.

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

## Future Plans

The College published its first strategic plan in 2012 for the period through to 2015. This was reviewed in late 2014 and a new strategic plan was published covering the period 2015 - 2020. This is available on our website or from our offices on request. Our strategic aims are as follows:

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

## Statement of Trustees' responsibilities

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

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

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

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

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



## Appreciation

The trustees wish to thank the College staff for their unstinting hard work during 2015 and their on-going efforts in the daily administration of numerous areas of College activity.

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

Approved by the Council of Trustees on 12 May 2016 and signed on their behalf by:

A handwritten signature in purple ink that reads "Clifford Mann". The signature is written in a cursive style with a large, stylized 'C'.

**Dr Clifford Mann FRCP FCEM**  
*President*

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

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We have audited the financial statements of the Royal College of Emergency Medicine for the year ended 31 December 2015 which comprise the Statement of Financial Activities, the Balance Sheet, the cash flow statement and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

## Respective responsibilities of trustees and auditors

As explained more fully in the Trustees' Responsibilities Statement on page 11, the Trustees are responsible for the preparation of financial statements which give a true and fair view.

We have been appointed as auditors under section 144 of the Charities Act 2011 and section 44 (1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and report in accordance with regulations under those Acts. Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

## Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charity's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Trustees' Annual Report to identify material inconsistencies with the audited financial statements. If become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

## Opinion on the financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2015 and of its incoming resources and application of resources in the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been properly prepared in accordance with the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and Regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

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

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

- the information given the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- sufficient and proper accounting records have not been kept; 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 require for our audit.

haysmacintyre  
Statutory Auditor

26 Red Lion Square  
London  
WC1R 4AG

haysmacintyre is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

# The Royal College of Emergency Medicine

## Statement of Financial Activities for the

### Year Ended 31 December 2015

	Notes	Unrestricted Funds £	Restricted Funds £	Total 2015 £	Total 2014 £
<b>INCOME FROM</b>					
<b>Donations and grants</b>					
(2014: £16,210 restricted)	2	-	914,770	914,770	16,260
<b>Raising funds</b>					
Sundry sales and fees		51,685	-	51,685	64,074
<b>Investment income</b>	3	<b>43,325</b>	-	<b>43,325</b>	<b>33,204</b>
<b>Charitable activities</b>					
Emergency Medicine Journal		260,217	-	260,217	202,458
CPD and conferences		619,331	-	619,331	399,305
Subscriptions		1,977,839	-	1,977,839	1,812,618
Examination fees		1,874,151	-	1,874,151	1,479,394
Training (2014: £8,852 restricted)		199,649	-	199,649	227,457
Clinical audit		125,656	-	125,656	140,675
Internal services review		27,917	-	27,917	10,417
<b>TOTAL</b>		<b>5,179,770</b>	<b>914,770</b>	<b>6,094,540</b>	<b>4,385,862</b>

<b>EXPENDITURE ON</b>					
<b>Raising funds</b>		17,386	-	17,386	14,715
<b>Charitable activities</b>					
Emergency Medicine Journal		348,519	-	348,519	319,602
Research & publications		59,352	-	59,352	44,075
Education and Examinations		1,593,704	-	1,593,704	1,207,506
RCEMlearning		176,072	27,575	203,647	157,252
Training (2014: £32,557 restricted)		596,748	37,942	634,690	574,355
Conferences & CPD		772,069	-	772,069	487,434
Membership services		305,590	-	305,590	200,456
Quality in Emergency Care		297,641	-	297,641	166,552
Policy and Professional Affairs		445,395	-	445,395	383,780
NHS project expenditure		-	172,047	172,047	-
<b>TOTAL</b>	4	<b>4,612,476</b>	<b>237,564</b>	<b>4,850,040</b>	<b>3,555,727</b>

	Notes	Unrestricted Funds £	Restricted Funds £	Total 2014 £	Total 2013 £
<b>Sub-total</b>		<b>567,294</b>	<b>677,206</b>	<b>1,244,500</b>	<b>830,135</b>
Net gains on investments	8	11,534	-	11,534	33,984
Fair value adjustment		43,398	-	43,398	26,046
<b>Net income for the year</b>		<b>622,226</b>	<b>677,206</b>	<b>1,299,432</b>	<b>890,165</b>
Transfer of funds to new administrator	12	-	(96,386)	(96,386)	-
Transfers between funds	12	(41,681)	41,681	-	-
<b>Net movement in funds</b>		<b>580,545</b>	<b>622,501</b>	<b>1,203,046</b>	<b>890,165</b>
Reconciliation of funds					
Fund balances brought forward		5,689,897	165,988	5,855,885	4,965,720
<b>Total funds carried forward</b>	<b>12,13</b>	<b>6,270,442</b>	<b>788,489</b>	<b>7,058,931</b>	<b>5,855,885</b>

All activities in the year were attributable to continuing activities. The notes on pages 58 to 66 form part of these financial statements.

# The Royal College of Emergency Medicine


## Balance Sheet as at 31 December 2015

	Notes	2015 £	2014 £
<b>Fixed assets</b>			
Tangible assets	7	4,564,637	4,512,078
Investments	8	984,585	957,144
		<b>5,549,222</b>	<b>5,469,222</b>
<b>Current assets</b>			
Debtors	9	485,364	522,322
Cash at bank and in hand		3,950,392	2,551,105
		<b>4,435,756</b>	<b>3,073,427</b>
<b>Creditors: amounts falling due within one year</b>			
	10	(1,394,409)	(1,020,303)
<b>Net current assets</b>		<b>3,041,347</b>	<b>7,522,346</b>
<b>Total assets less current liabilities</b>		<b>8,590,569</b>	<b>7,522,346</b>
<b>Creditors: amounts falling due after one year</b>	11	(1,531,638)	(1,666,461)
<b>NET ASSETS</b>		<b>7,058,931</b>	<b>5,855,885</b>
<b>Represented by:</b>			
<b>Unrestricted funds:</b>	12		
Designated funds		3,244,177	3,096,974
General funds		3,026,265	2,592,923
		<b>6,270,442</b>	<b>5,689,897</b>
<b>Restricted funds</b>	13	788,489	165,988
<b>TOTAL FUNDS</b>		<b>7,058,931</b>	<b>5,855,885</b>

These financial statements were approved by the Trustees and authorised for issue on 12 May 2016 and are signed on their behalf by:



**Dr C. Mann** (President)



**Prof Suzanne Mason** (Honorary Treasurer)

**Date:** 12th May 2016

The notes on pages 58 to 66 form part of these financial statements.



# The Royal College of Emergency Medicine

## Cash Flow Statement for the Year Ended 31 December 2015

	Note	2015		2014	
		£	£	£	£
<b>Cash flows from operating activities</b>					
<i>Net cash provided by operating activities</i>	16		1,762,969		745,698
Cash flows from investing activities					
Investment income			43,325		33,204
Purchase of tangible fixed asset			(267,622)		(294,870)
Purchase of investments			(188,804)		(37,827)
Proceeds from sale of investments			145,209		68,815
<b>Net cash used by investing activities</b>			<b>(267,892)</b>		<b>(230,678)</b>
<b>Cash flow from financing activities</b>					
Repayment of bank loan			(95,790)		(95,790)
<i>Net cash used by financing activities</i>					
<b>Change in cash and cash equivalents in the year</b>			1,399,287		419,230
<b>Cash and cash equivalents at the beginning of the year</b>			2,551,105		2,131,875
<b>Cash and cash equivalents at the end of the year</b>			3,950,392		2,551,105
<b>Analysis of cash and cash equivalents</b>					
Cash at bank and in hand			3,950,392		2,551,105

The notes on pages 58 to 66 form part of these financial statements.

# The Royal College of Emergency Medicine

## Notes to the Financial Statements for the Year Ended 31 December 2015

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### 1. ACCOUNTING POLICIES

#### **Basis of accounting**

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

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

All financial instruments are considered to be basic financial instruments with the exception of one interest rate swap referred to separately below.

On adoption of FRS102 the only change to accounting policy required was to value of the interest rate swap. The effect of this at the transition date of 1 January 2014 and on the figures disclosed previously in respect of the year-ended 31 December is disclosed in note 17. The format of the accounts has been updated on adoption of the 2015 SORP and the 2014 figure presented in comparable format.

#### **Income**

These comprise 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. Grants given to finance activities over a specified period of time are recognised over that period. Payments received in advance of the related income being receivable are treated as deferred income within creditors.

#### **Expenditure**

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

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

#### **Tangible fixed assets and depreciation**

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

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

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

#### **Investments and investment gains and losses**

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

#### **Pension costs**

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

#### **Interest rate swap**

One interest rate swap is held which is included in the balance sheet at fair value. Interest payments made and fair value movements are accounted for in the Statement of Financial Activities.

#### **Operating leases**

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

#### **Taxation**

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

#### **Funds**

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

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

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

## **2. GRANTS AND DONATIONS**

	Unrestricted Funds £	Restricted Funds £	Total 2014 £	Total 2013 £
Pre-Hospital Emergency – IBTPHEM	-	39,500	39,500	15,500
Emergency Care Data Set	-	465,000	465,000	-
Health Education England Projects	-	340,000	340,000	-
Elearning for Health	-	70,000	70,000	-
Donations	-	270	270	1,260
	-	<b>914,770</b>	<b>914,770</b>	<b>16,260</b>

### 3. INVESTMENT INCOME

	Total 2015 £	Total 2014 £
Dividends and interest on investments listed on a UK stock exchange	22,701	19,277
Interest received	20,624	13,927
	<b>43,325</b>	<b>33,204</b>

### 4. EXPENDITURE

	Direct Costs £	Support Costs £	Total 2015 £	Total 2014 £
<b>Raising Funds</b>				
Advertising & PR	-	-	-	-
Website costs	7,301	-	7,301	7,064
RCEM Merchandise	3,292	-	3,292	1,330
Investment broker charges	6,794	-	6,794	6,321
	<b>17,387</b>	-	<b>17,387</b>	<b>14,715</b>
<b>Charitable Activities</b>				
Emergency Medicine Journal	348,519	-	348,519	319,602
Research & publications	42,037	17,316	59,353	44,076
Education and examinations	1,222,926	370,776	1,593,702	1,207,505
RCEMlearning	178,727	24,920	203,647	157,252
Training	335,661	299,029	634,690	574,355
Conferences & CPD	558,517	213,552	772,069	487,434
Membership services	132,437	173,153	305,590	200,456
Quality in emergency care	197,963	99,678	297,641	166,552
Policy and professional affairs	299,064	146,331	445,395	383,780
NHS project expenditure	172,047	-	172,047	-
	<b>3,487,898</b>	<b>1,344,755</b>	<b>4,832,653</b>	<b>3,555,727</b>
	<b>3,505,285</b>	<b>1,344,755</b>	<b>4,850,040</b>	<b>3,555,727</b>

	Year to December 2015 £	Year to December 2014 £
<b>Staff costs comprise:</b>		
Wages and salaries	1,122,857	
Social security costs	116,888	
Other pension costs	73,352	
Total Employee costs	1,313,097	1,000,083
Casual staff	22,486	11,911
	<b>1,335,583</b>	<b>1,011,994</b>

The average number of permanent employees during the period was 32 (2014: 25). These were supplemented by a number of casual staff who assisted with examinations, training and mailings. At the balance sheet date, £7,055 was outstanding in respect of pension contributions (2014: £3,532).

Training To Achieve Enterprises Ltd, a company owned by the wife of the Chief Executive, provided services to the charity at a cost of £ £8,347 (2014: £ 4,665). The CEO has no involvement in the procurement or management of these services.

<b>TOTAL RESOURCES EXPENDED continued...</b>		
	December 2015 No.	Year to December 2014 No.
<b>Staff numbers as analysed by category:</b>		
Exams & Education	8	7
Training	6	5
Policy & Professional Affairs and Quality in Emergency Care	6	4
Membership	3	2
Research & Publications and Events	4	3
Other	5	4
	<b>32</b>	<b>25</b>

During the period there was one employee whose emoluments (defined as salary and taxable benefits) amounted to between £130,000 and £140,000 (2014: between £120,000 and £130,000).

The aggregate emoluments of the senior management personnel (defined as salary as all benefits) amounted to £586,960 in respect of 11 employees. (2014: £504,860 in respect of 10 employees).

#### **4a. SUPPORT AND GOVERNANCE COSTS**

	Year To December 2015	Year to December 2014 No.
Staff costs	371,129	312,669
Rates, service charges and electricity	119,189	91,167
Office expenses	99,875	93,365
Printing, postage, stationery & telephone	61,881	61,600
Website & information technology	89,714	95,821
Insurance	23,000	18,245
Depreciation & loss on disposal of assets	197,610	138,668
Irrecoverable VAT	138,685	117,826
Sundry expenses	(21,018)	31,972
Bank interest on loan	87,229	79,503
Bank & credit card charges	57,879	22,134
Auditors' remuneration		
For audit	12,000	10,500
For other services	5,275	3,500
Over/(under) accrual re preceding year	2,450	(9,440)
Board meeting and travel costs	99,857	65,277
	<b>1,344,755</b>	<b>1,132,807</b>

## 5. CHARITABLE ACTIVITIES – GRANT EXPENDITURE

Research grants awarded by the Royal College of Emergency Medicine in the year to 31 December 2015 totalled £37,769 (2014: £41,859). A list of grants made to institutions may be obtained by application to the registered office.

## 6. TRUSTEES

The trustees received no remuneration from the charity (2014: None) in respect of acting as Trustees. One trustee (2014: 1) provided services to the charity for which they were paid (D Watson: £2,400 (2014: £800) for external hospital auditing services).

During the year, 31 trustees received reimbursement for costs for attending meetings and for travelling expenses, amounting to £ 89,428 (2014: 19 trustees, £65,782). In addition there were expenses paid directly by the College, mainly in the form of hotel bills in 2015: £22,167 (2014: £17,506).

## 7. TANGIBLE FIXED ASSETS

	Building Costs £	Office Equipment £	College Database £	Coat of Arms £	Chain of office £	Total £
<b>Cost or valuation</b>						
At 1 January 2015	4,363,014	364,423	185,247	6,534	428	4,919,646
Additions	-	129,797	137,825	-	-	267,622
At 31 December 2015	4,363,014	494,220		6,534	428	5,187,268
<b>Depreciation</b>						
At 1 January 2015	152,958	157,657	96,953	-	-	407,568
Charge for the year	50,986	59,411	104,666	-	-	215,063
At 31 December 2015	203,944	217,068	201,619	-	-	622,631
<b>Net Book Value</b>						
At 31 December 2015	4,159,070	277,152	121,453	6,534	428	4,564,637
At 31 December 2014	4,210,056	206,766	88,294	6,534	428	4,512,078



## 8. INVESTMENTS

	2015 £	2014 £
<b>Analysis of change in investments during the year</b>		
At 1 January	957,144	910,204
Additions at cost	188,804	37,827
Disposals at market value (proceeds: £145,209; gain £374)	(144,835)	(76,464)
Net gain on revaluation	11,160	41,633
Movement in investment cash	(27,688)	43,944
<b>Market value at 31 December</b>	<b>984,585</b>	<b>957,144</b>
<b>Represented by:</b>		
Fixed interest	127,864	117,737
Equities	710,063	718,025
Alternative investments	116,917	63,952
Cash	29,741	57,430
	984,585	957,144
<b>Cost at 31 December</b>	<b>727,957</b>	<b>686,355</b>

The aggregate value of investments that exceed 5% of market value in 2015 amounts to £125,077 (2014: £200,931) which relates to units in diversified funds (2014: £52,476 in Royal Dutch Shell Euro 0.7 and the balance in diversified funds).

## 9. DEBTORS

	2015 £	2014 £
Trade debtors	62,078	71,624
Prepayments	144,283	229,049
Accrued income	260,217	206,258
Other debtors	18,786	15,391
	<b>485,364</b>	<b>522,322</b>

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

	2015 £	2014 £
Bank loan (see note 11)	94,640	94,640
Trade creditors	53,056	330,387
Taxes and social security	38,591	29,513
Accruals	312,506	99,597
Deferred income	742,991	405,200
Interest rate swap creditor (see note 11)	47,605	50,820
Other Creditors	105,020	10,145
	<b>1,394,409</b>	<b>1,020,303</b>

Deferred income related to exam fees received in advance. All the deferred income at 31 December 2015 relates to fees received in 2015 and all deferred income at 31 December 2014 has been released.

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

	2015 £	2013 £
Bank loan	1,356,500	1,451,143
Interest rate swap	175,138	215,138
	<b>1,531,638</b>	<b>1,666,461</b>
<b>Bank loan maturity analysis</b>		
Due less than 1 year	95,790	95,790
Due 1 – 2 years	95,790	95,790
Due 2 – 5 years	287,369	287,369
Due 5 + years	989,819	1,085,610
Loan arrangement fees less amortisation	(17,628)	(18,776)
<b>Total loan value</b>	<b>1,451,140</b>	<b>1,545,783</b>
Included in current liabilities	(94,640)	(94,640)
<b>Included in long term liabilities</b>	<b>1,356,500</b>	<b>1,451,143</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 1.80%. The interest is covered by a base rate swap taken out to cover the charity against interest rate fluctuation.

The table above shows the position at the balance sheet date. Subsequent to the year-end the loan was repaid in full on 24 March 2016 and the interest rate swap was closed on 18 March 2016 at a cost of £282,534.

## 12 UNRESTRICTED FUNDS

	At 1 January 2015 £	Income £	Expenditure excluding investment gains/ losses and fair value adjustments £	Investment gains/ losses and fair value adjustments £	Transfers £	At 31 December 2015 £
<b>Designated fund</b>						
Education	130,680	-	-	-	-	130,680
Tangible fixed assets	2,966,294	-	-	-	147,203	3,113,497
Reserves fund						
General fund	2,592,923	5,179,770	(4,612,476)	54,932	(188,884)	3,036,365
	<b>5,689,897</b>	<b>5,179,770</b>	<b>(4,612,476)</b>	<b>54,932</b>	<b>(41,681)</b>	<b>6,270,442</b>

The Education Fund was established to earmark any surplus made from Education and Examinations. The Tangible Fixed Assets fund represents the value of these assets less a related loan and are not free reserves. The General Fund represents free reserves not otherwise designated.

### 13. RESTRICTED FUNDS

	At 1 January 2015 £	Incoming Resources	Resources Expended	Transfers	Transfers to a new Administrator	At 31 December 2014 £
Alison Gourdie Memorial Fund	45,082	-	-	-	-	45,082
Beth Christian Memorial Fund	-	150	-	-	-	150
Elearning for Health	64,531	70,000	(27,575)	-	-	106,956
Enact	3,228	120	-	-	-	3,348
Emergency Care Data Set Project	-	340,000	(96,694)	-	-	243,306
Health Education England Projects	-	465,000	(75,353)	-	-	389,647
ICBTPHEM	53,147	39,500	(37,942)	41,681	(96,386)	-
<b>Total</b>	<b>165,988</b>	<b>914,770</b>	<b>(237,564)</b>	<b>41,681</b>	<b>(96,386)</b>	<b>788,489</b>

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

The Beth Christian Memorial Fund was established in her memory.

Elearning for Health (previously known as the EnlightenMe Grant) is a project originally funded by the Department of Health through ELFH to improve e-learning for Healthcare by covering the costs of Content Authors, Module Editors and Clinical Leads. NHS Health Education England now are the grant holders following a reorganisation at the Department of Health

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

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

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

The Intercollegiate Board for Training in Pre-Hospital Emergency Medicine (IBTPHEM) fund relates to funds received from three other colleges to support training in this area. The administration and balance of this fund was transferred to the Royal College of Physicians of Edinburgh in 2015.

### 14. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General Funds £	Designated Funds £	Restricted Funds £	Total Funds £
<b>Fund balances at 31 December 2015 represented by:</b>				
Tangible fixed assets				4,564,637
Investments		4,564,637	-	984,585
Net current assets	984,585	-	-	3,041,347
Creditors falling due after one year	2,216,818	36,040	788,489	(1,531,638)
<b>Total net assets</b>	<b>3,026,265</b>	<b>3,244,177</b>	<b>788,489</b>	<b>7,058,931</b>

## 15. OPERATING LEASE COMMITMENTS

	2015		2014	
	Equipment £	Property £	Equipment £	Property £
<b>Operating leases which expire:</b>				
Less than one year	22,200	-	13,281	-
Between one and two years	72,200	-	10,796	-
Between two and five years	62,986	-	0	-

The table above shows the total commitment in respect of lease commitments in place at the balance sheet date.

## 16. RECONCILIATION NET INCOME BEFORE GAINS AND FAIR VALUE ADJUSTMENTS TO NET CASH PROVIDED BY OPERATING ACTIVITIES

	2015 £	2014 £
Net income before	1,148,115	830,135
Depreciation charges	215,063	156,121
Amortisation of loan arrangement fee	1,149	1,149
Investment income	(43,325)	(33,204)
Movement in investment portfolio cash	27,688	(43,944)
Decrease/(increase) in debtors	36,958	(122,066)
Increase/(decrease) in creditors	377,321	(42,493)
<b>Net cash inflow from operating activities</b>	<b>1,762,969</b>	<b>745,698</b>

## 17. TRANSITION TO FRS102

	£
Funds at 1 January 2014 as previously stated	5,257,904
Recognition of interest swap liability	(292,184)
<b>Funds at 1 January 2014 as restated</b>	<b>4,965,720</b>
Movement in funds for the year ended 31 December 2014 as previously stated	864,119
Fair value adjustment arising on interest swap	26,046
	<b>890,165</b>
<b>Funds at 31 December 2014 as restated</b>	<b>5,855,885</b>

## Annex

### *College representatives are working with a number of organisations, which include:*

Academy Committee of the Directors of Continuing Professional Development  
Academy of Medical Royal Colleges  
Academy of Medical Royal Colleges, Chief Executives Group  
Academy Foundation Programme Committee  
Academy Revalidation Development Group  
Academy Revalidation Work Groups  
Academy Work based assessment group STS  
Academy Specialty Training Subcommittee  
Alcohol Alliance  
Association of Anaesthetists of Great Britain & Ireland – Ultrasound Working Party  
Association of Paediatric Emergency Medicine - Executive  
Association of Chief Police Officers  
BASHH/BHIVA, testing guidelines group  
BMA – Central Consultants and Specialists –EM Sub-committee  
Confidential Enquiry into Maternal and Child Health (CEMACH)  
Centre for Workforce Intelligence  
DH – various medical expert groups  
Influenza  
EuSEM Council  
EuSEM Pre-Hospital section  
Faculty of Intensive Care Medicine – Founding Board  
Faculty of Medical Management and Leadership  
Faculty of Sport and Exercise Medicine (UK)  
GMC Health Committee  
Intensive Care Society – Education & Training Committee  
Intercollegiate Board for Training in Intensive Care Medicine  
Intercollegiate Board for Training in Intensive Care Medicine – ICM CCT curriculum working group  
Intercollegiate Board for Training in Intensive Care Medicine – ICM Exams working group  
Joint Colleges Hospital Visiting Committee  
International Federation for Emergency Medicine (IFEM)  
International Federation for EM (IFEM) standards for the care of Children in EM settings – to produce document  
Joint Royal College Ambulance Service  
Liaison Committee  
London Organising Committee of the Olympic Games 2012, provision of Emergency Medicine Services committee  
Medical Assessment Partnership Board (MAPD)  
Medical Council on Alcohol – advisory committee  
Medicines and Healthcare Products, Committee on the safety of Devices  
National Confidential Enquiry into Patient Outcome and Death  
National Confidential Enquiry into Patient Outcome and Death  
National Co-ordinating Centre for Health Technology Assessment (NHS R&D)  
National Electronic Library – Emergency Care branch  
National Horizon Scanning Centre expert database  
National Information Governance Board for Health and Social Care  
National Institute for Health and Clinical Excellence (NICE) – Quality Standards Programme Board  
National Institute for Health and Clinical Excellence (NICE) - Monitor  
National Safeguarding Delivery Unit – Partnership Network

National Surviving Sepsis Campaign  
 NHS Quality Improvement Scotland – Development of Standards for Asthma Services for Children  
 NHSBT Donation Advisory Group  
 National Patient Safety Agency – National Clinical Assessment Service – Professional medical and dental assessors  
 National Patient Safety Agency – Medical Advisory Panel  
 National Programme for IT  
 National Stroke Network – acute care group  
 Paediatric Intensive Care Society – National Standards  
 Postgraduate Medical Education and Training Board (PMETB)  
 Resuscitation Council (UK) – Treatment of Anaphylactic Reactions  
 Royal College of Anaesthetists – Council  
 Royal College of Anaesthetists – 4th National Anaesthesia Audit – Major Complications of Airway Management in Anaesthesia  
 Royal College of Nursing Faculty of Emergency Nursing – Board  
 Royal College of Obstetricians and Gynaecologists  
 Royal College of Paediatrics and Child Health – Intercollegiate Working Party for A&E Services for Children  
 Royal College of Paediatrics and Child Health – Adolescent Implementation Group  
 Royal College of Paediatrics and Child Health – Emergency Departments & Child Protection Standing Committee  
 Royal College of Paediatrics and Child Health – Child Health component of the Clinical Outcome Review Programme (CORP)  
 Royal College of Pathologists – Intercollegiate Group on Nutrition  
 Royal College of Pathologists – Multi-disciplinary team – prospective Medical Examiners  
 Royal College of Physicians and Surgeons of Glasgow - Council  
 Royal College of Physicians of London – Acute Medicine Task Force  
 Royal College of Physicians of London – Committee on Sports and Exercise Medicine  
 Royal College of Physicians of London – Council  
 Royal College of Physicians of London – General (Internal) Medicine Committee  
 Royal College of Physicians of London – International Committee – currently inactive  
 Royal College of Physicians of London – Working Party on the Provision of Acute Medicine – a practical guide to best practice  
 Royal College of Physicians of London – Critical Care Medicine Committee  
 Royal College of Physicians of Edinburgh Council  
 Royal College of Psychiatrists - Child & Adult Mental Health in EM  
 Royal College of Psychiatrists – Emergency Psychiatry Scoping Group  
 Royal College of Psychiatrists – Psychiatric Liaison Accreditation Network (PLAN)  
 Royal College of Surgeons of Edinburgh – Council  
 Royal College of Surgeons of Edinburgh Specialty Advisory Board in A&E Medicine & Surgery  
 Royal College of Surgeons of Edinburgh – Faculty of Pre-Hospital Care  
 Royal College of Surgeons of Edinburgh – Faculty of Pre-Hospital Care, Training & Standards Board  
 Royal College of Surgeons of England – Council  
 Royal College of Surgeons of England – Developing standards for emergency surgery – short-life working party  
 Royal College of Surgeons of England – QA & Inspection  
 Royal College of Surgeons of England – Delivery of Surgical Services Committee  
 Royal College of Surgeons of England – Intercollegiate Basic Surgical Skills (BSS) Steering Group  
 The Royal Society for the Prevention of Accidents  
 Scottish Intercollegiate Group on Alcohol  
 Scottish Transition Board for Anaesthetics & Emergency Medicine  
 Senate of Surgical Colleges of Great Britain & Ireland  
 Serious Hazards of Transfusion Steering Group (SHOT)  
 UK Advisory Panel for Healthcare Workers Infected with Blood borne Viruses  
 UKCRC – Clinical Research Collaboration (NRES – National Research Ethics Service)  
 UKCRN – National Institute for Health Research – specialty groups  
 Warwick Advisory Group



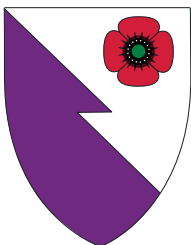
***“The Royal College of Emergency Medicine objective is to promote excellence in emergency care. Our activities are focused in three key areas:***

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

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

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

This report covers activity of the year to 31 December 2015



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