The Royal College of Emergency Medicine

Annual Report and Accounts 2016

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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 6,500 Fellows and Members who are doctors and consultants in Emergency Departments working in health services in England, Wales, Scotland, Northern Ireland and Ireland, as well as across the world.

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

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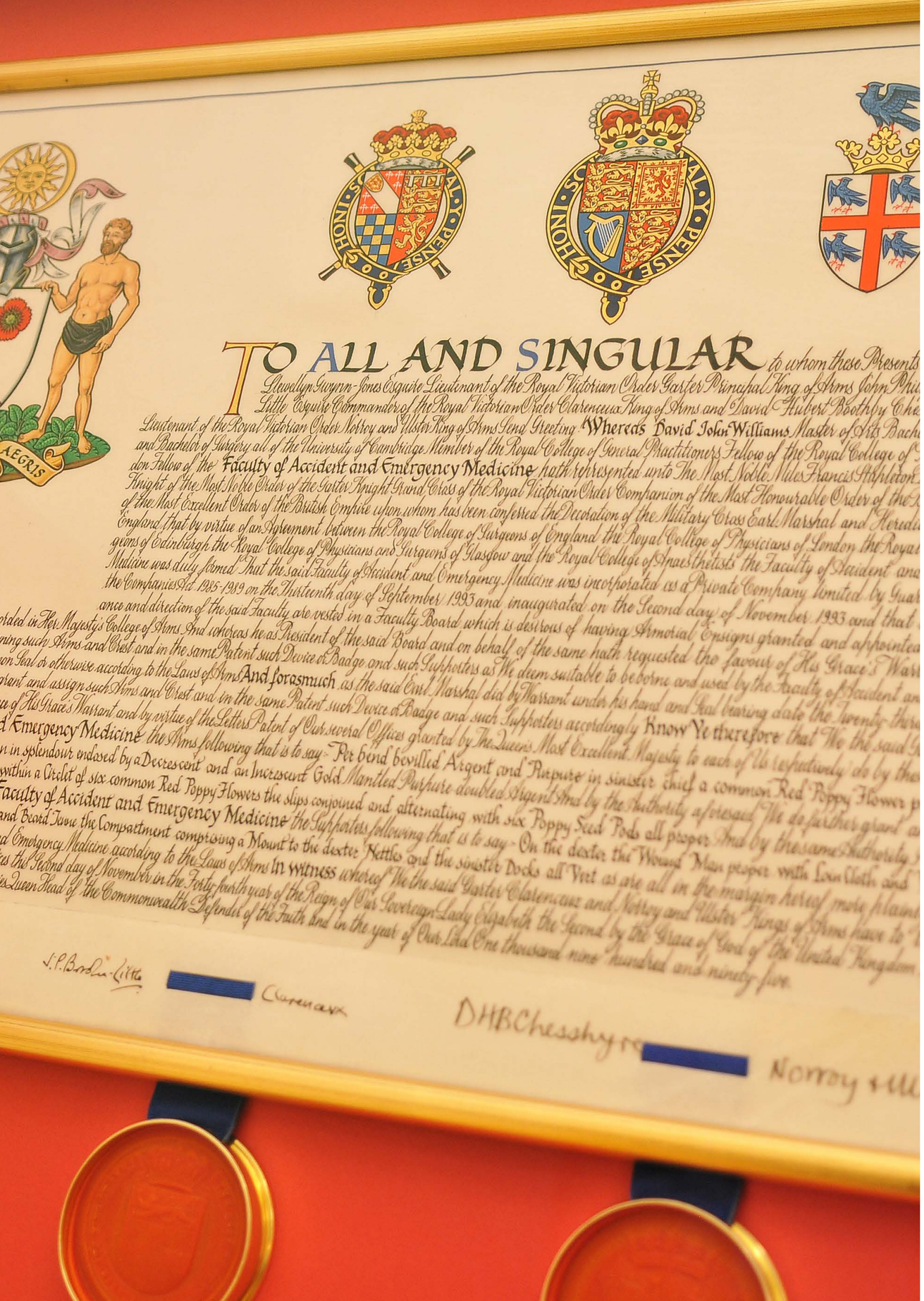
Contents

President's Report.. ..6
Report from the Vice Presidents.. ..8
CEO's Report 9
Education and Exams. .. 11
Continuing Professional Development (CPD) .. 12
Elearning. .. 13
Training .. 14
Paediatric Emergency Medicine.. .. 16
Professional Affairs .. 16
Service Design and Delivery .. 17
Informatics Committee. .. 18
Quality in Emergency Care Committee .. 19
Research & Publications Committee .. 20
Corporate Governance Committee.. .. 21
Fellowship & Membership. .. 22
Lay Group.. .. 23
International Committee .. 24
Emergency Medicine Trainees Association (EMTA) .. 26
Forum for Associate Specialist and Specialty Doctors Grades in EM (FASSGEM) . .. 27
Regional & National Board Reports.. .. 29
Regional Boards of England. .. 33
Report of Council .. 39
Structure, governance and management.. .. 41
Objectives . .. 43
Independent Auditor's Report to the Trustees of The Royal College of Emergency Medicine .. 50
Statement of Financial Activities for the Year Ended 31 December 2016 .. 52
Balance Sheet as at 31 December 2016 .. 54
Cash Flow Statement for the Year Ended 31 December 2016 .. 55
Notes to the Financial Statements for the year ended 31 December 2016 .. 56



Foreword from Her Royal Highness The Princess Royal

BUCKINGHAM PALACE

The challenges facing the delivery of emergency medicine in the UK have seemed even greater during 2016 than in previous years. I was pleased to see the College continuing to take a lead by drawing attention to how these challenges may be solved, and I have heard how you are engaged in working to influence decisions at the highest levels of government and the NHS.

The College and its Officers remain a very strong voice for patients and often in the news promoting patient focussed solutions to the challenges of rising patient numbers and workforce shortages. I know that you intend to sustain your efforts to seek improvements in the system to benefit patients.

It is encouraging that, despite the challenges faced by the specialty, the College continues to grow and now numbers over 6,000 Members and Fellows and I was pleased to meet some of you at the Diploma Ceremony last November.

As your Patron, 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 under the leadership of your President Dr. Taj Hassan.

President's Report

This past year has been another momentous one for the College. Our membership has grown to new record numbers and it is a pleasure to be able to tell you that in the 50th year since the inception of the specialty in 1967, we now have over 6,500 members in the UK, Ireland and internationally.

Your College has been incredibly active again in 2016. I took over from Dr Clifford Mann at the AGM in September. It was an honour to succeed such an excellent President and we thank him for all his hard work.

The worsening crisis in our Emergency Departments (EDs) exacerbated by the onset of winter has been a testing time for all of us. The situation was pretty bad all over the UK & Ireland although our Scottish colleagues had the benefit of wise collaboration and investment that helped mitigate some of these stresses. It was important that we made clear to governments, both privately and through the media, the very difficult environment in which our staff were (and are) continuing to work. At times this certainly felt like a media maelstrom which mirrored the difficult time we were all having in our emergency departments.

With the help of Executive, Council and you, our members, we have developed a new strategy to call for the right Staffing, Systems and Support for emergency care as part of our RCEM Vision 2020. This new strategy describes clearly the step change in emergency physician recruitment and retention that is required, tackling exit block as well as managing the reconfiguration of our departments in a way that works best for our patients and staff. Our previous STEP Campaign had served us well, but we are pleased with this new approach and believe it will positively impact the care delivered to our patients. We look forward to describing this in greater detail and the results of our discussions with national policy makers and regulators to improve matters.

This year we have also run a large number of events ranging in size and scope from the Continuing Professional Development (CPD) Conference in Leeds to our Scientific Conference in Bournemouth with a range of themed events on sustainability, overcrowding, toxicology and mental health. As well as high quality CPD, these events promote networking, meeting old friends and sharing ideas. They are an invaluable part of the College's role and we are constantly looking at ways in which we can make them better.

Progress has continued to be been made on a new Emergency Care Data Set. This has been a complex project involving the Department of Health, NHS England and NHS Digital 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 case mix and costs. Similar work is underway in the other nations of the UK.

On educational matters, the first sittings of the new FRCEM examination were held. A huge amount of work has been done to get to this point by our Dean, his predecessor, the former Director of Examinations, our Deputy CEO and many others –a journey of over two years in the making. 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.

Of course a major highlight of 2016 was the presence of our Royal Patron at our Diploma Ceremony in December. It is always fantastic when Her Royal Highness, The Princess Royal is able to present our diplomates with their diplomas.

As I mentioned earlier our Membership and Fellowship numbers have grown further, to over 6,500 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 and I have also, amongst a range of committee restructuring, developed a working party to provide the College advice in this key area.

Going forward, we are also keen to celebrate and showcase the successes of our specialty. Part of that will be the celebration of the 50th anniversary of the inception of the specialty in 1967. I am grateful to the many colleagues who are helping to make the 2017 celebrations a real success. In addition we will be holding the inaugural RCEM Annual Awards to celebrate success in Liverpool in October 2017 and we hope as many departments as possible will participate in this.

I would like to thank all of you who have made me so welcome since becoming President. I have met many 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.

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 and that they work in an environment that is satisfying and sustainable.

Thank you for all your support.

Dr Tajek Hassan
President

Report from the Vice Presidents

Emergency Medicine in the NHS has continued to challenge its practitioners throughout the terminal 12 months of its first half-century! And the patients weren't all completely happy with it either – the results of the 2016 British Social Attitudes survey showed that whilst overall satisfaction with the NHS was 63%, A&E was rated at just 54% – the lowest of all healthcare scores. The three main reasons for dissatisfaction with the NHS were long waiting times, staff shortages and lack of funding.

Of course, the patients are right: RCEM's new strategy is based around achieving safe and sustainable *Staffing* for emergency departments and reducing the enormous variation in resources between similar departments of the same size. There are two more 'Ss' in our strategic plan: better *Systems* and more visible *Support* for emergency care. In the dark months of last winter, the President, Vice-Presidents and other College Officers regularly appeared in the media to specify that we needed an adequate and stable workforce, more acute hospital beds and better access to social care in order to break the constant cycle of exit block and crowded NHS emergency departments. There was some transitory dissent but overall, we enjoyed enormous public support and media coverage for our strategy. The situation in Scotland remains somewhat better – due mostly to the enactment of RCEM policies – but Wales, Northern Ireland and England approach another winter with little hope of improvement as yet.

However, we are constantly meeting with all of the main healthcare bodies in all four countries, to argue for drastic changes in the recruitment and retention of all emergency care staff – not just doctors. Certainly, the pendulum is swinging in the right direction but the magnitude of the change required is greater than many senior figures in healthcare would like to believe – or certainly to pay for! The RCEM website is soon to have the facility for fellows and members to compare the medical staffing of their own department with the UK average, as determined by the NHS Benchmarking Network. At the College, we are aware of the struggles of those fellows and members in the most challenged of our emergency departments and would encourage them to contact us if we can help in any way.

On a different note, RCEM's new education and examinations centre, Octavia House (named after the co-founder of the National Trust), is fully open and equipped and is already proving to be a valuable asset to the College. It has a fellows' and members' area where we hope that those of us who are visiting London can meet for a coffee that – like most NHS care – is free at the point of delivery at least! RCEM's committees are now reorganised into a structure that suits our current direction of travel, RCEMLearning is a great success and our publications, statements and quality audits continue to support excellence in emergency care, as does our revised examinations schedule. In addition, the celebrations for our 50th year are now well underway and we continue to have excellent relations with a huge range of healthcare and public bodies.

Lastly, we all sometimes doubt the value and purpose of our difficult and unremitting around-the clock work. Recently, after having a baby and filled with such doubts, one of our trainees left the camaraderie of emergency medicine to enter the supposedly more family-friendly world of general practice. In the first week, he was in the department with his grandmother who had pneumonia and then, a week later, he was back with his baby who had experienced a choking episode. "You know", he said to me, "I haven't always liked practising emergency medicine, but I really don't see how the NHS could ever do without it! Have you still got a job for me?"

Dr Chris Moulton & Dr Lisa Muro-Davis
Vice Presidents

CEO's Report

The College has continued to grow in 2016. The number of Members and Fellows has reached a new record of just over 6,500. We have come a long way since our start in 2008 when we were just 1,630 in number.

Our activities continue to expand; a larger membership means more demand for our services. We continue to grow and improve our service, whilst having managed to hold 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. However, with the demands on the College plus inflation pressures we may not be able to sustain flat subscriptions indefinitely. 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 2016 we had a changeover in Presidents, with Dr Taj Hassan replacing Dr Clifford Mann. This change took place just before the worst winter crisis in emergency care for 15 years and so our new President had a baptism of fire!

The College has grown very rapidly and we found that our offices at Breams Buildings were fully utilised. We analysed the opportunities and found that by acquiring Octavia House, 54 Ayres Street Southwark, we could refit it to house our OSCE examinations and provide a larger conference room, saving room hire rental changes which meant that the servicing of the associated debt burden was affordable.

We have been busy in other areas; our Conference and Events Team has been expanded as we undertake larger projects. We had high numbers in Bournemouth last year. Our training and examinations teams are larger as we have more candidates and trainees coming through. Our Membership Team has also grown. Staff costs as a percentage of overall costs remain low when compared to our medical royal colleges, but expanding our services and range comes at a cost and we are now experiencing a higher overhead base than in the past.

We have done much work to get stories into the news to reinforce our campaigns to ease the challenges facing emergency departments in 2016. We have revisited our STEP campaign and replaced this with a call for the right Staffing, Systems and Support for Emergency Care.

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.

Gordon Miles FRCEM (Hon) MBA
Chief Executive

Education and Exams

This is now my third report as Dean of the College and many of the developments that have been introduced within education are now starting to become embedded into the work of the College. As ever none of this would be possible without the tremendous contribution of both College staff and Fellows. The last three years have been a time of significant change, especially within examinations and the curriculum, and I am indebted to many for the work they have done to ensure the highest standards in training and education for Emergency Medicine.

The College Education Team is led by Emily Beet, the RCEM Deputy Chief Executive, and has grown in number once again over the last year. Emily has been a massive support to me during my term as Dean and her educational expertise has been invaluable. We have recently opened a new examinations and events centre in London and Emily was instrumental in ensuring that this building met all our educational needs. Both candidates and examiners who have visited our new centre have been very impressed and the feedback has been good.

The new FRCEM examination schedule has almost been fully implemented and so far the feedback has been encouraging from both candidates and trainers. The FRCEM Primary has increasing clinical relevance and moved to a SBAQ format. The FRCEM Intermediate SAQ is now truly international and sat at the same time in all our examination centres including India and Oman. Planning for the first Situational Judgement Paper is in the final stages and Dr Carole Gavin, as Lead Examiner for the FRCEM Intermediate Certificate, has led a talented and hard-working team. Quality Improvement Projects have now been introduced into the exam structure and many further training sessions are planned to guide both candidates and trainers. Dr Manjeet Riyat is the new Lead Examiner for the FRCEM Final Clinical Examinations and is continuing to set high standards having taken over from Mrs Lisa Munro-Davies. Lisa has been central to the development of RCEM exams over the past 10 years and we are indebted to her for her contribution in ensuring exams are of the highest quality. I am glad that Lisa has stayed on as a senior examiner so that we can still draw on her expertise and experience.

An incredible success over the past year has been the growth and output of the Curriculum Sub-Committee. The General Medical Council have recently produced several documents which will guide us in the re-writing of the new curriculum. These include the introduction of Entrustable Professional Activities and our curriculum is currently undergoing a complete rewrite to align itself with the new GMC standards. Dr Will Townend, as Chair of the Curriculum Sub-Committee, is leading on the work and I believe our new curriculum will be much more responsive to the needs of doctors and our patients.

RCEMLearning continues to go from strength to strength and the relaunched site is something we should be very proud of – the usage by our Fellows and Members is staggering. The feedback is excellent and there is a high standard of material submitted by a committed group of clinicians. Dr Simon Laing as Clinical Co-Chair of the eLearning Editorial Board works closely with Chris Walsh, Head of eLearning at the College, to ensure that material is always up to date and they work tirelessly in leading the editorial board.

International education and examinations continues to develop as we expand into further areas throughout the world. We now have an arrangement with Iceland for a reciprocal arrangement for our examinations, curriculum and training. Our examinations continue to be highly valued in many countries throughout the world. We have recently started work in developing a one year international training programme in emergency medicine which will increase standards in global emergency medicine further.

Dr Jason Long
Dean

Continuing Professional Development (CPD)

Continuing Professional Development (CPD) is the process by which individual doctors keep themselves up to date in order to maintain the highest standards of professional practice. It is any learning that helps doctors maintain and improve their performance and covers the development of their knowledge, skills, attitudes and behaviours across all areas of their professional practice. It includes both formal and informal learning activities. CPD should also support specific changes in practice to improve patient outcomes. The General Medical Council (GMC) guidance on CPD gives advice about how doctors should plan, carry out and evaluate their CPD activities and outlines clear links between CPD and both Good Medical Practice and revalidation. 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 about CPD, runs two annual conferences and a programme of RCEM study days to support the CPD requirements of Emergency Physicians, and provides Members and Fellows with a CPD diary which can be accessed via the website.

In 2016 the College ran 17 Study Days (up from 14 in 2015). All were very successful, with none being cancelled and most being fully booked or close to it.

The 2016 Annual CPD Conference was held in Leeds and attracted 325 delegates. The annual CPD Conference is very much aimed at the 'jobbing shop floor' Emergency Physician and the programme was designed to complement the College's curriculum and to provide updates on a broad range of topics to promote current best evidence based practice. The feedback from the Conference was very positive and thanks go to the RCEM Events team and the local liason team chaired by Andy Webster for making the Conference such a great success.

The Annual Scientific Conference was held in Bournemouth and was attended by 567 delegates. This Conference attracted a number of excellent International Speakers and showcased the very best of Emergency Medicine Research as well as providing best practice updates. Thank you again to the RCEM Events team and the local liaison team chaired by Farhad Islam 'Izzy'. Again the feedback was excellent regarding both the academic and social programmes.

Overall 2016 continued the trend of previous years in showing an increase in the number of delegates attending the RCEM Conferences and an increased number of RCEM study days. It is expected that this trend will continue at an even greater pace in 2017 as the purchase of Octavia House provides us with an additional larger venue in which to host study days. All Members and Fellows are encouraged to contact the RCEM events team or the CPD Director if there are any CPD events that they would like the College to provide, including Regional events to be held outside London, as the CPD programme is for the benefit of Members and Fellows and the College aims to meet demand. Applications to run study days can also be made via the College website. Other developments in 2017 will include the publication of updated CPD guidance for Members and Fellows along with a new CPD diary that will link CPD activity to GMC Good Medical Practice domains to aid revalidation.

Dr Carole Gavin
Director of CPD

Elearning

The College's elearning portfolio continued to grow throughout 2016. RCEMLearning and the RECEM FOAMed Network delivered new and newly reviewed content which helps with the ongoing educational and CPD needs for Emergency Medicine clinicians. Notable accomplishments in 2016 included the creation of our Editorial Review Board to oversee the review of all content to ensure it remains up to date and the launch of the RCEMLearning Author Prize, aimed at generating submissions to help us reach full curriculum coverage. Coverage of the RCEM's bi-annual conferences via podcasts, blogs and social media activity continue to be an extremely popular feature of our work as it enables key educational message to be disseminated to a wide audience.

RCEMLearning and the RCEM FOAMed Network are respectively headed by Simon Laing and Andy Neill and they do invaluable work in setting strategic and educational objectives. The latter half of the year was dominated by work on integrating the two sites to improve the RCEM's digital education portfolio for our Members and Fellows. The new site will be launched in the spring of 2017.

Chris Walsh
Head of eLearning

Training

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

Recruitment
Acute Care Common Stem (ACCS) recruitment achieved a high fill rate despite applications to training from Foundation doctors falling nationally. There were new ACCS Emergency Medicine posts this year, continuing the expansion of EM entry to ST1. A minority of trainees chose stand-alone core ACCS training.

There was no second round of Higher Specialist Training (HST) recruitment in 2016. This was due to the success of run through training and the uptake of Defined Route of Entry (DRE-EM) posts nationally. Run through training, DRE-EM and increased entry at CT1 has resulted in the highest fill rates at HST for a number of years.

The DRE-EM pilot programme was reviewed in 2016 at the Training Standards Committee. Health Education England has approved this as a formal entry route to HST in Emergency Medicine.

The College worked with Health Education England (HEE) to increase the National Training numbers, with expansion in ACCS trainees in Emergency Medicine and HST through Trust funded posts.

There is still an issue with retention of trainees in ACCS and a lesser extent in HST. There is evidence that some trainees complete training and do not take up consultant posts in the UK. This will be reviewed again in 2017/18.

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

I have to report the death of Geoff Hinchley, ACCS Lead for Emergency Medicine and long-standing member of the TSC. His contribution to training in London and nationally will be missed. Mal Jones has taken over as ACCS Lead. Maya Naravi has taken over form Lisa Munro-Davies as HST lead and Nam Tong has taken over from Maya as the Lead for DRE-EM.

We have contributed to a number of GMC and HEE reviews into training quality and initiatives to support trainees after the bruising Junior Doctors dispute in 2016. The Less Than Full Time (LTFT) training pilot will commence in 2017. This allows any trainee to request LTFT training outside the Gold Guide criteria and is a pilot only in Emergency Medicine initially. This initiative is lead by HEE and RCEM in response to feedback from junior doctors in 2016.

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

Assessments and exams
The new curriculum is well established now. The new Extended Supervised Learning Event (ESLE) assessment is providing an excellent means of reviewing the leadership skills of trainees.

2016 saw the introduction of the new examination structure for FRCEM. The TSC continues to monitor the examination results and tries to understand the reasons for variation between Local Education Training Boards (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 Annual Review of Competence Progressions (ARCPs) has continued, including a further workshop to train assessors to undertake this on behalf of the College.

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. 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 and with the Academy of Medical Royal Colleges (AOMRC).

Conclusion
A number of Heads of School have stepped down in 2016: Geoff Bryant; Kevin Mackway-Jones; Chris Maimaris and David Roe. I would like to thank them for their hard work in developing and maintaining the training standards for Emergency Medicine. I would like to thank David Greening and Oonah Newbury for their excellent support of trainees and the committee.

Miss Julia Harris
Chair of Training Standards Committee

Paediatric Emergency Medicine

No report submitted.

Dr Alison Smith
Paediatric Emergency Medicine Lead

Professional Affairs

January 2017 saw the publication of the Pearson Report, a review of the first five years of revalidation and recommendations for the future. For RCEM one of the key recommendations was an improvement in the methods and ways of gaining patient feedback. A series of workshops were set up for clinicians, lay members and experts in the field to explore the issues. We have highlighted for some time that this is a problem for doctors in Emergency Medicine and so have been heavily involved in these meetings and await the results with interest. Additional key points in the report were issues with locums and the administrative burden imposed on doctors.

The new name of the committee emphasises our continuing concern about staff retention and in particular the long term sustainability of a career in Emergency Medicine. It is planned that this will be a feature in all future college annual conferences helping us to explore what has been found helpful by others both on a personal and departmental basis. We also hope to develop an area of the web site which will focus on suggestions and ideas to improve the 'work life balance' for us all!

Dr Gillian Bryce
Chairperson

Service Design and Delivery

The Service Design and Delivery Committee (SDDC) was formed in 2014 with terms of reference to support the College with regard to

1. What does a good, modern Emergency Department look like?
2. What does a good emergency care system look like?

During the latter part of 2016 and early 2017 SDDC activity was kept to a minimum pending a restructuring of College committees. The new structure has been agreed and it's a tribute the efforts of SDDC that the work is now being divided up into manageable chunks between a number of committees, within a Service Delivery cluster

There will be a Service Design and Configuration committee, a Workforce committee, an Informatics committee (and benchmarking sub-committee). Other workstreams will be taken up within the Quality in Emergency Care Committee (QECC).

Over the short lifespan of SDDC, substantive guidance in the following areas was published:

- Workforce
- Crowding
- Initial assessment and NEWS / Triage
- Clinics in the ED
- Reconfiguration
- Role of the on-call consultant
- The balance between the 4 hour target and quality.

Additionally:

- We ran our first successful study day 'The Really Useful Guide to Leading and Managing your ED'. The next one is going ahead in September on the theme of Quality.
- We contributed to the ECIP document 'Safer Faster Better'.
- Members were closely involved in the development of NHS 111, and in contributing to efforts around nursing workforce guidance.
- We have supported the development of RCEM design guidance.
- There was some basic work around benchmarking which should feed into future efforts in this area.
- We developed a pilot website attempting to bring quality indictors / measure etc. together in one place.
- We acted as a source of advice for many ad-hoc queries, using these queries to guide us as to future output.

Finally, the existence of the committee, and its willingness to examine difficult areas in the field service delivery, has resulted in a shift in the way such activity is viewed within College, and of the value placed on the sort of output that committee members were able to deliver. We hope that fellows and members of the College have found this output useful

I would like to take this opportunity to thank all the members of the committee for their efforts on what has been a very interesting group. Many were new to College activity. I would like to express the sincere hope that they will continue to be involved in the College where their expertise and energy will be most appreciated. It has been a privilege to work with them.

Dr Ian Higginson
Chairperson

Informatics Committee

The main work of the informatics committee in 2016 continued to be related to development and support of the roll out of the Emergency Care Data Set (ECDS) project.

Until April 2017 ECDS, which was started by RCEM was led by Tom Hughes (Clinical Lead) and Aaron Haile (Project Manager), when it was handed over to NHS Digital for implementation.

Taj Hassan, Gordon Miles, Cliff Mann and Derek Prentice sit on the Board, together with representatives of NHS organisations, and the Board is chaired by Professor Jonathan Benger, National Clinical Director for Urgent and Emergency Care.

In 2016 the main work was meeting with many stakeholders both inside and outside Emergency Medicine to ensure that the data items that we would be measuring in ECDS would accurately reflect the needs of our patients, and those of the external stakeholders.

In summer 2016 ECDS was successfully piloted in Leeds General Infirmary and St James' hospitals, together with a number of Minor Injury Units. This ensured that the data items would be able to be collected and the fact that implementing ECDS had no effect on 4 hr performance was reassuring. At the end of the pilot the sites were given the option of reverting to data items prior to ECDS (at no cost, part of the conditions of the pilot) and they chose not to revert any data items.

Members of the committee also worked with the Professional Records Standards Body to develop a standardised ED to GP discharge letter, which will also be given to patients. Giving a copy of the GP letter to patients at the end of a consultation ensures good and consistent communication and minimises the risk of complaints and legal action.

The College demonstrated its gratitude for the dedication and skill that Aaron Haile had shown in delivering the development phase of ECDS (an NHS IT project) on time and under budget, by awarding her a College Medal. The Informatics Committee are very grateful to Aaron for the hard work she did in delivering ECDS and wish her every succes in her new job.

The main work for 2017 will be the delivery phase of ECDS and also to work to understand how the data generated by ECDS can best be used to measure good care in Emergency Departments.

Dr Tom Hughes
Chairperson

Quality in Emergency Care Committee

The Quality in Emergency Care Committee (QECC) is chaired by Adrian Boyle. Expert support is provided by Sam McIntyre, Mohbub Uddin and Alex Griffiths. A Quality Improvement webpage was established and a number of QIP study days held. There were a number of successful study days in 2016 including mental health, QIP, crowding and trauma. Michelle Jacobs again took the lead in organising an excellent study day about the strange, mysterious beasts that are adolescents.

The Standards and Audit Subcommittee is chaired by Jeff Keep. The audit reports have been redesigned in 2016/17 to make them clearer and more user friendly. The 2016/17 topics are severe sepsis and septic shock, asthma and consultant sign off. In 2017/18, the audit topics will be fractured neck of femur, procedural sedation, and pain in children. These topics are chosen to reflect the diversity of our practice, current safety concerns, and will ensure we get a good snapshot of emergency care. We are now publishing all audit data at a named ED level for public use. 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 two 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 by some new expert members of the committee, 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 2016, we published: Giving Information to Patients in the Emergency Department, Mental Capacity Act in Emergency Medicine Practice, Ketamine Sedation of Children in Emergency Departments, ED Patients in Police Custody, Pharmacological Agents for Procedural Sedation and Analgesia, RCEM guidelines for management of Acute Behavioural Disturbance, Management of Radiology Results in the Emergency Department. Position statements on imaging in paediatric trauma, and clinical responsibility for patients within the ED were published.

The 'Initial Assessment of ED patients toolkit' was published, which was an extensive piece of work supporting EDs by offering general principles to underpin local processes, and to standardise the terminology used. The local guidelines, and patient information (condition specific) sections of the website were revised.

A new sub-group focussed on emergency mental health care, and three new special interest groups have been established on public health – chaired by Ling Harrison, frailty – chaired by Jay Banerjee, and ambulatory emergency care – chaired by Tara Sood.

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

The Major Trauma Subcommittee is chaired by Jon Jones. It has provided an important peer review role to the NICE guidelines and are producing guidance about resuscitative thoracotomy and cervical immobilisation. A successful major trauma study day took place in November.

Dr Adrian Boyle
Chairperson

Research & Publications Committee

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 2016 conference was held in Bournemouth and was extremely successful, with 450 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 2016.
3. Encourage international research development through the award of an annual International Grant for researchers from middle and low income countries. There were eleven applicants for this award, of which many were of high calibre, with three applications successfully receiving funding.
4. Mentoring and developing of the Academic trainees, including supporting an annual meeting which was held in 2017 in Manchester.
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. A replacement post for Jason Smith is in the process of being filled.
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 are currently awarded.
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 2017, the second Young Investigator prize was awarded to Laura Howard
    - the inaugural Principal Investigator award was held in 2017 with three high calibre candidates. Liza Keating won the award and will present at the 2017 Scientific Conference in Liverpool.
    - the holding of an annual research forum – it was held in Manchester in 2017 with over 50 delegates.
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 were categorised and mini systematic reviews completed before prioritisation in September 2016. The final 30 were reviewed and ranked in January and these have subsequently been reviewed and developed at a joint day with representatives of the NIHR in May 2017.
10. The research committee after consultation are in the process of developing a research strategy 2020 document with an associated work plan which will be launched in Autumn of 2017.
11. The committee are currently consulting with the NIHR and the recently formed RCEM Foundation to work in partnership to co-badge some of the research awards to increase their profile.

Professor Alasdair Gray
Chairperson

Corporate Governance Committee

Throughout 2016, 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 2016. The system of monthly financial reporting has continued, notwithstanding the difficulties we have experienced in recruiting in our finance team. The proposals made by Council to consider acquiring new buildings were also considered during the year. The Corporate Governance Committee advised Council from a governance, finance and risk perspective on the proposals. The market in London has been very competitive and so the Council considered more than one property during the year, ultimately successfully acquiring Octavia House, 54 Ayres Street, Southwark.

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 audit management report was the first time that there were no comments at all from the auditors when it comes to suggesting improvements. This is an exceptionally good performance. It is a testament to the dedication and skill of our staff.

The Committee meets annually with the investment managers from Quilter Cheviot who look after the investment portfolio of the College. The Committee has also reviewed the financial strategy.

The Terms of Reference of the various Council Committees has been reviewed and the Committee has also noted the successful completion 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

Fellowship & Membership

The Royal College of Emergency Medicine now has 2555 Fellows and 1722 Members. In addition we have 2462 Associate Fellows and Members. Our new section for ACPs continues to grow. Our members come from the four nations of the UK, along with overseas members from the Republic of Ireland and other countries.

We are clearly the authoritative body representing the voice of Emergency Medicine in the UK. We are anxious to improve our offer to members and also to increase member engagement with the College. This year we have dipped our toes into a member benefits scheme (Lifestyle Rewards), whilst the RCEM learning platform continues to develop as a high quality resource. College continues to offer a varied CPD and study day program, and develop useful resources covering both clinical and non-clinical matters.

The College is committed to focusing on those issues that really matter to its membership.

This year we intend to simplify the membership structure, and continue to refine the fee structure to reflect the varied nature of our membership.

Dr Ian Higginson
College Registrar

Lay Group

This has been an important year for the Lay Advisory Group, following the College Council's endorsement of the recommendations of the Review of the Lay Group we have made good progress in expanding our membership with the appointment of seven additional members, including for the first time representatives from Wales and Northern Ireland.

The Group continues to contribute its broad spectrum of expertise to much of College life. It has a key role in bringing lay and patient perspective to the College Council, committees and policy considerations and our lay members from the devolved nations attend their national boards. Members have also had the opportunity of visiting departments to better understand the work of our clinical colleagues.

In a year that saw continued pressure upon A&E departments, the Lay Group strongly supported the College's commitment in opposing those who sought to prevent patients from exercising their right to access A&E services particularly in those circumstances where other services were not readily available. The Group also endorsed the College's commitment to the retention of the four hour standard.

A continuing concern of the Lay group has been the need to develop a professional approach and methodology to record the patient experience. Although this is a NHS wide issue our concern is naturally focused upon A&E departments. Our ambition is for the College to take a lead in research in this area that offers the potential of great benefits for both patients and our clinical colleagues.

Members of the Lay Group have contributed to the promotion of the patient interest in a number of other important forums including active participation in the Academy of Royal Medical Colleges.

The commitment of the College to Lay involvement is outstanding and I am grateful for the support and encouragement that has been shown for our work by the Council. Particular thanks are due to the President and Vice Presidents who have given freely of their time to listen to us and promote our concerns and causes. Thanks are also due to the Chief Executive and his staff for their ever helpful support and advice.

Derek Prentice
Chairperson

International Committee

The International Committee is temporarily disbanding whilst the new international strategy is developed. The committee has worked hard over the years and I would like to thank them all for their hard work. They are all experienced in international EM work, and are committed and enthusiastic about working with and for the College to further its objectives. I know they will continue to make a significant contribution to the development of emergency medicine internationally for the good of patients.

The International Committee was established in 2008 with the primary aim of coordinating all international activities of the College. This was generated in part by the international interest in the membership examination. It was felt that senior College officer supervision of that work, and integration with the rest of College activities was important. The committee also oversaw the liaison with the other international organisations (IFEM, EUSEM, SAEM) and worked with the Academy of Medical Royal Colleges International forum.

Over the years the committee has naturally evolved. As the examinations developed it became clear that the responsibility for that activity should sit initially with the Education and Examination Committee, and now with the establishment of the international development working group.

Achievements and successful aspects

- Initial support and advice on international examinations and overseen the expansion of the original work in India, Hong Kong and Singapore (under Dr Glucksman chairmanship).
- Delivery of international study days every year – always making a small surplus and being popular and successful.
- Several articles in the EMJ supplement highlighting international work.
- Liaison and development of networks of those who work internationally – with website resources.
- Provision of reports from international Out of Programme Students for those considering undertaking similar work.
- Reports on international conferences with recommendations and learning outcomes
- Mapping all international committees – to our College structure and regular contact with international partners.
- Support for Medical Training Initiative development and a resource of knowledge for Work, Learn, Return development.

Next steps

Liaison and working with international partners is an important part of the work of a Royal Medical College. This may be even more important as the UK leaves Europe and our relationship with our closest geographical partners changes. Many of our members already work internationally and many are keen to represent the College formally. Whilst the new international development group will oversee the educational approaches, there are also approaches for support in other areas of college work.

There will need to be:

- clarity on what is expected to be delivered by the committee year on year– agreed with Council and reporting to Council
- resources for the work – either by College funds or sponsorship through organisations such as the Tropical Health and Education Trust
- clearly defined roles on the committee with members of the committee being responsible for activity in line with the agreed deliverables.

The possibilities of international fellowships - partnership working to establish EM systems overseas, learning from partners and bringing back knowledge and expertise - would certainly enhance EM in the UK. However without a clearly defined work plan AND committed funds this is not likely to succeed.

I would like to thank the College and my colleagues past and present on the committee for the fellowship and support they have given to this work.

Dr Ruth Brown
Chairperson

Emergency Medicine Trainees Association (EMTA)

The last 12 months in Emergency Medicine have been busy for both Emergency Medicine and EMTA. Our winter pressures are now present throughout the year. 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 – and this is the exact same message with which I opened the 2016 statement!

This August sees us move onto the new contract. EMTA produced a guide on the new contract ahead of the vote on the contract in 2016, and will release new guidance for 2017 so trainees know where they stand, what to expect, and what is expected of them.

The EMTA committee is going from strength to strength, producing guides on the Costs of Training, advice on reclaiming the costs of training, and the impact of Extended Role Practitioners. The EMTA annual survey 2016 has provided details on a range of aspects of training, including choice within rotation, intention to take time out of program, burnout and technical competence; we now for the first time are able to demonstrate year on year variations by comparison with the 2015 data, and this allows us to keep RCEM informed about needs of trainees, and provide some markers through which to track the progress of new initiatives.

We continue to seek engagement via social media. Our Twitter account is active daily (@EMTAcommittee), and our Facebook page lists events from both EMTA and RCEM. We have a WhatsApp group for regional representatives to contact us; if you're a regional rep and you don't know about this, please get in touch and we will sort it out for you!

The EMTA conference 2017 is to be held in London, and has an excellent line up. This will be our biggest conference to date, and we look forward to seeing you there.

Dr Jon Bailey
EMTA President

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

FASSGEM, once again, held a very successful National FASSGEM 2016 Conference in Dundee. Many congratulations and thanks to Dr Sue Steele, 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 social event laid on afterwards. This conference started on Tuesday evening and finished on Friday afternoon to accommodate a very busy scientific and social program. 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 is held on 19 May 2017 and hosts an inspiring half day workshop designed specifically for SAS Doctors working in Emergency Medicine. It will be a highly interactive and engaging half-day management course, introduces a variety of personal effectiveness concepts and models which are simple enough to learn quickly and powerful enough to adapt to a broad range of situations.

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 Specialty and Associate Specialist (SAS) Committee of the Academy of Medical Royal Colleges.

There continues to be a national shortage of SAS doctors and 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

Regional & National Board Reports

National Board Republic of Ireland

In late 2015, following lengthy and constructive discussion between RCEM and the Irish Association for Emergency Medicine (IAEM), the National Board for Ireland of RCEM was suspended in favour of a representative of IAEM sitting on Council as a non-voting member and RCEM having a representative on the executive of the IAEM in similar fashion. While recognising the nuances of the relationship of the well-established and flourishing IAEM and the much larger and rapidly developing RCEM, this decision was taken due to the fact that Southern Ireland is outside the NHS entirely and doctors therein are required to have relationships with different statutory regulatory bodies

Whilst all of this is described easily in a single short paragraph, I would like to acknowledge the hard work and expert guidance of many in the College, particularly the CEO, Gordon Miles, the immediate past president, Cliff Mann and the current President, Taj Hassan, in negotiating the complex regulations to ensure a robust and satisfactory outcome to the process.

So, emergency medicine doctors in Ireland relate to both IAEM and RCEM for professional development, collegiality and other support. The Irish Committee for Emergency Medicine Training, a subcommittee of the Royal College of Surgeons of Ireland (the relevant statutory training body for emergency medicine in Ireland), ensures that all trainees follow the RCEM curriculum and undergo RCEM examinations at the relevant stages of their training, to allow certification of completion of specialist training in emergency medicine. Relevant skills workshops, including simulation, ultrasound, airway skills and procedural sedation training, are provided on an ongoing basis. A long-standing and invaluable event in the emergency medicine calendar in Ireland is the annual trainer/trainee meeting held in Adare, Co Limerick, in early December every year. Relevant RCEM officers attend to discuss training issues and ongoing developments in examination structures.

The IAEM Annual Scientific Meeting, this year being held in Galway on the 19-20 October is always attended and addressed by the President of RCEM. The RCEM 50 Golden Jubilee Celebration is a central theme of this year's meeting.

The Health Service Executive (HSE) is the government funded body charged with the delivery of health care, in accordance with policy laid down by the Minister and Department of Health. The very recently appointed Deputy Director-General is Mr John Connaghan, recently of NHS Scotland and clearly someone who had a strong relationship with the National Board for Scotland. He has already engaged positively with IAEM and we look forward to developing this relationship.

The HSE and relevant Colleges in Ireland formed partnerships some years ago to develop National Clinical Programmes to produce Models of Care for different aspects of healthcare delivery. I am currently the Clinical Lead for the National Clinical Programme for Emergency Medicine (NEMP) and the IAEM is the Clinical Advisory Group for the NEMP.

Despite the several acronyms mentioned above, we remain beset with the ongoing risk of being overwhelmed by crowding in Irish EDs and the negative effect this has on patient care and staff morale. Within this difficult environment, there are very many local, regional and national examples of high-quality delivery of emergency care which goes under the radar, because of the high profile nature of ED crowding as a manifestation of systemic congestion.

Similar to ongoing work in the UK, in which RCEM is centrally involved, there is work ongoing between the relevant clinical programmes and the HSE to develop an Acute Floor model, to optimise proximate location and function of supporting facilities around the Emergency Department, including Acute Medical and Surgical Assessment Units, Diagnostics, Mental Health and other supporting services.

In parallel to this, work is ongoing to develop an Activity Based Funding model for emergency care that aims to ensure appropriate financial support for emergency medicine in Ireland into the future. As ever, the joys of attempting to implement this in a resource constrained environment are boundless!

A comprehensive policy document for the establishment of Trauma Networks in Ireland is currently with the Minister, for consideration by Cabinet.

A seminal report 'Securing the Future of Smaller Hospitals' was published in 2013, defining different models of hospitals (1-4) and the services that would be available in each. Essentially, model two hospitals deal with large volumes of patients who have been predefined by an appropriate person to have a very low risk of critical deterioration in their health and/or whose need for planned surgery does not involve complex high-risk procedures. These hospitals have Injury Units linked to a 'hub' ED, but no Emergency Department. Emergency Departments should be located only in model three and model four hospitals. Work is ongoing to clarify the designation of the 40 hospitals that have units receiving patients seeking unscheduled care in Ireland. There are many College documents and supporting services that prove invaluable in the NEMPs role in supporting this development.

As a long time sufferer of terminal optimism, I hope these various strands will come together to allow a funded, sustainable network of emergency care in Ireland, with a smaller number of properly staffed emergency departments in model three and model four hospitals, providing central clinical and governance support to satellite units in model two hospitals.

Dr Gerry McCarthy
Chairperson

National Board for Scotland

RCEM Scotland continued to develop and extend its presence across the professional, political and media landscape in Scotland throughout 2016-17.

Elections for the Scottish Parliament in May 2016 resulted in the Government position falling just short of an overall majority. This, followed by possible (some commentators predict likely) long-term constitutional consequences of the result of the EU referendum just a month later, and the subsequent 2017 General Election, justify our pragmatic realpolitik-based approach. In this context, RCEM Scotland maintains its collaborative agenda and mutually productive understanding with all the Holyrood parties in addition to the Scottish Government. Having been consulted on policy pertaining to Emergency Medicine, this is acknowledged as a 'working partnership' in the SNP Manifesto, and we continue to meet with and advise anyone who will listen 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 NHS24 and the National Review of Primary Care Out-of-Hours within Healthcare Improvement Scotland.

A hopefully significant new development for our patients, staff and Departments took hold quickly in December 2016. Following a briefing, a front-page broadsheet article highlighted the difficulties faced by our service during the extended festive and Easter public holiday periods. At these times, as we all know, a lack of availability of appropriate alternatives within Primary and Social Care can cause ED crowding, inappropriate care outcomes and increased hospital admissions, compounded in some areas by difficulties in safe and timely arrangements for patient discharge. The Cabinet Secretary for Health has convened a group to examine this, where for the first time most of the organisations providing Health and Social Care services within Scotland are working alongside the new Integrated Joint Boards to address many of these issues so important to us in our daily practice of Emergency Medicine. RCEM Scotland sits on several of the working parties. Both the Public Holiday Review Group and the Primary Care Out of Hours group reports are expected in September 2017, and we look forward to scrutinising and influencing the outputs.

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 and the new RCEM 2020 document remain 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 doubling in whole time equivalent substantive EM Consultant posts en-route to our target. 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.

College examinations, apart from the FRCEM Objective Structural Clinical Examination (OSCE), continue to be 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 2016 Clinical Meeting at the Royal College of Physicians and Surgeons of Glasgow was oversubscribed, entertaining, informative, excellent and well-attended. As usual our Glaswegian hosts ensured that camaraderie in the interests of national resilience was sustained until the last train.

In May 2017, the Clinical Meeting in Stirling attracted over 140 delegates supported by new sponsorships. We heard from the Medic 1 Robin Mitchell Fellowship winners on their exciting clinical and educational experiences in Canada and New Zealand. The student and trainee prizes were both awarded to excellent presentations from colleagues from England. Our educators, supervisors and Training Programme Directors are upping the ante in response and looking forward to the rematch in 2018!

The 2018 Meeting will take place on 2nd May in the spectacular and historic Great Hall, New Library and Cullen Suite of the Royal College of Physicians of Edinburgh. We look forward to welcoming all to this educational, friendly and social event.

The RCEM Scotland Policy Forum, held each November at the Royal College of Surgeons in Edinburgh, remains a heavyweight and influential affair. The 2016 theme was 'Realistic Emergency Medicine' with speakers including the Cabinet Secretary for Health, who took the opportunity to announce significant new funding developments in emergency and unscheduled care, the Chief Medical Officer for Scotland and the Chief Operating Officer of NHS Scotland. In attendance were several other colleagues from the Scottish healthcare community, Medical Royal Colleges and other professional and operational bodies.

We look forward to welcoming you all to this year's Policy Forum in Edinburgh on 21 November 2017.

As I demit office as Vice President (Scotland) and Chair of the National Board for Scotland in September 2017, this is my last annual report. I believe we have made much progress in many areas over recent years, while much of course, remains to be done.

I take this opportunity to thank publicly all colleagues and friends both on the RCEM Scotland National Board, and throughout the Emergency Medicine community in Scotland, for all their outstanding efforts, resilience and good humour in helping us progress our plans and priorities.

I pass the honour to the capable and talented David Chung from Ayrshire, knowing he will be a more than excellent Vice President, and wishing him, and all colleagues, my very best wishes for a successful and satisfying future.

Dr Martin McKechnie
Vice President – Scotland

National Board Wales

Structure of the Welsh Board
2016 has seen many advances within the RCEM Welsh Board. We continued our strong relationship with Bream's Buildings and there has been invaluable support from the Policy Team. The appointment of Zoe Moulton has led to improvements in the way the Welsh Board conducts its business. We are also delighted to have two new appointments to our Board: Martin Rolph as our Lay representative and Professor Rainer as our Academic Lead. The Chair and Vice Chair share meetings at Council and with other bodies and the Vice President for Wales now sits on the RCEM Executive as well. There are dedicated tasks for the Head of School within the Welsh Board. Roles have also been delegated to other consultant colleagues to sit on Welsh Government Unscheduled Care Clinical Reference Group, Crisis Concordat and the Welsh Royal Colleges Academy. We have had well attended Welsh Board meetings both in North and South Wales with video conferencing.

STEP
The Wales STEP campaign continued to be rolled out across the country and within Welsh Government. The Welsh Chair and Vice Chair has visited all Health Boards and met with all Clinical leads, Medical Directors and Chief Executives to provide assistance and support for EDs. We have offered the services of RCEM Invited Services Review team to all Health Boards should they require it. We are continuing to make the case for improvement in staffing and recruitment at all grades across Wales. Welsh departments continue to struggle with crowded departments and poor performance figures in all aspects of Unscheduled Care with long ambulance waits and poor four and 12-hour performance. Recruitment to ACCS and appointments of new consultants has been a positive development. However, departments still struggle with the retention of staff as well has having chronic vacancies in their Middle Grade tier.

Public Affairs
The Welsh Board has had positive engagement with Welsh Assembly Government (WAG), NHS Wales and the new Chief Medical Officer, as well as the health spokespeople of the main political parties to improve the profile of Emergency Medicine. We have had meetings with the new Health Secretary as well as the Chief Executive of NHS Wales. Our meetings with the Unscheduled Care Programmed Board have been very positive as we have managed to influence decisions and assist with policy development. We represented the concerns of our Fellows and Members in Wales regarding the Ambulance Handover guidance and the possibility of using Additional Capacity Vehicles outside crowded EDs.

RCEM Wales gave evidence to the Assembly's Health, Sport and Social Care Select Committee on how prepared Welsh Hospitals and EDs were for the winter 2016/17. Unsurprisingly we informed them that from our data and research we did not think they were adequately prepared. We also submitted written evidence to the Committee's inquiry into medical recruitment and were consequently invited to give oral evidence where we informed them of the importance of adequate staffing levels to keep up with demand.

Media
ED and the pressures in ED continue to be highlighted in the media at frequent intervals. The Chair and Vice Chair have given interviews for radio, newspapers and television explaining the current state of EDs and possible solutions.

Information Technology
A single IT system for EDs across Wales has had delays in the roll out. However, the RCEM work on the new data set for EDs has been accepted by the WAG information team.

Training and Future Events
In February 2016 RCEM Wales hosted a study day on 'Crowding and Sustainability'. This was well received and feedback was excellent. RCEM Wales also supported the WISEM Conference in Cardiff City Hall in May 2016. Future study days for 2017/18 include the 'Beyond Crowding Day' and the 'Trauma Study Day'.

RCEM Wales will continue our active engagement with Fellows and Members in Wales to provide support and guidance on important issues facing EDs. We will carry on putting forward our position to the major stakeholders to ensure that there is a whole system approach to solving the ED challenges facing us. We look forward to a productive and successful 2017 under the guidance of the new RCEM President and to promote the Vision 2020 within Welsh Departments.

Mr. Robin Roop
Vice President – Wales

Northern Ireland

No report submitted.

Dr Richard Wilson
Vice President – Northern Ireland

Regional Boards of England

East of England

No report submitted.

Dr Jim Crawfurd
Regional Chair

East Midlands

The picture across the East Midlands in 2016/17 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. This came to a head in January 2017 when performance against the 4 hour standard dipped to historically low levels across the East Midlands. The honourable exception to this was Sherwood Forest Hospital where the Medical Division under the leadership of ED Consultant Ben Owens, have transformed the Trust from one in special measures in 2015 to consistently achieving the standard placing them in the top 10% of Trusts despite increasing patient numbers and bed pressures. Perhaps every Medical Division should be led by an ED Consultant?

Although there was some success at recruiting to run-through training posts and CESR posts (most notably in Derby and Chesterfield), Consultant recruitment remains problematic with a number of unfilled posts across the region, particularly in the District General Hospitals. That said Chesterfield were fortunate enough to snaffle Adil Jaiswal from Hull and he is due to start work here in October. Chesterfield Royal Hospital will complete phase one of their Urgent Care Village (UCV) project by January 18 which will increase the pitstop (Rapid Assessment Team) assessment area by 50% and provide an additional five majors bays to accommodate the steadily increasing number of 'majors' patients. The development will also include an area for an Admissions Avoidance Team of Physios, Occupational Therapists and adult care workers to operate to prevent unnecessary admissions of elderly patients to acute hospital beds and identify a more appropriate discharge venue.

Derby Royal report lots of positive activity with the development of a Full Capacity Protocol (also developed in Chesterfield) agreed with East Midlands Ambulance Service, 'SAFECARE' Quality Standards and Pascal Metrics concentrating on staff wellbeing etc. Derby have also now managed to recruit an impressive 35 substantive middle grade doctors and reduced their percentage of locum shifts to 11%. They are also launching their new ED IT system (Lorenzo) – good luck with that guys!

Leicester Royal Infirmary 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. Happily, at least in part due to these immense pressures, a brand new ED was opened this year incorporating an integrated Urgent Care Centre staffed by GP's and an Ambulatory Medical Assessment Unit. Resus capacity has increased to 12 and Majors 32. There is also a dedicated Paediatric ED with its own Primary Care stream and an integrated short-stay ward. Overall, a long overdue improvement for the hard working staff at the LRI and the people of Leicester and Leicestershire.

There is further positive news regarding the East Midlands only Major Trauma Centre at Queens Medical Centre, Nottingham. The unit is seeing an increasing number of major trauma patients with the wider trauma system working well. The Trauma Audit and Research Network data indicates that this has resulted in 100+ additional survivors since the system became operational in 2014 with concomitant reductions in morbidity.

Dr Bill Bailey
Regional Chair

London

No report submitted.

Dr Katherine Henderson
Regional Chair

North West

No report submitted.

Dr Steve Crowder
Regional Chair

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 twelve 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 region hosted a very successful conference in January 2017 at which the President of the RCEM was the keynote speaker and the annual Northern Paediatric Emergency Medicine conference is being held on 7 July.

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

Nick Athey
Regional Vice Chair

South Central

The real success from this region is the performance of the two schools for EM. The Oxford School has been led by Simon Smith. Under Simon as Head of School, there has been a continual improvement in the delivery of training and the GMC feedback across all Trusts involved in the delivery of training. One of the real successes has been the implementation of Local Trainer Faculty Groups within each Trust and these improve the delivery of training. Exam results in 2016 were excellent across both FRCEM and MRCEM exams. Pre-Hospital Emergency Medicine (PHEM) training is now well established alongside Paediatric EM. A regional trainee, Jon Bailey, is currently President of EMTA and is active supporting EM trainees both on Council and during recent negotiations over contracts.

The Wessex School under the leadership of Jo Hartley demonstrates a similar level of success. The training programme is full and reflects the quality of the regional training. This has resulted in a need to expand the current training numbers to accommodate more Higher Specialist Trainees and these are been financed by Trusts directly. As part of trainee support alongside academic support there is now a resilience programme running in parallel for core and higher trainees. This has been a huge benefit to trainees. FRCEM pass rate remains one of the highest in the country as a result of the combination of a focused regional training programme, excellent quality improvement leadership and very engaged educational supervision within trusts. PHEM training programme has been developed and goes live in 2017.

EM across the region faces ongoing challenges from increasing demands in the face of financial cuts, STPs and reorganisation of services. Across the region Trusts are developing training programmes for CESR and Advanced Care Practitioners to bolster staffing numbers. All Trusts are adopting the strategies suggested by the College and other national directives to maximise efficiencies.

One highlight from the region occurred in Portsmouth where the ED team went to great lengths to deliver care outside the usual scope for EM. Having seen a patient with terminal cancer early one Sunday morning, the HST Becky Mallinson discovered that the patients final wish was to be married to her partner of 26 years. In the following few hours the ED team helped by staff from across the Trust managed to arrange for the wedding to take place with the patient's daughters present. This was no mean feat as it required approval from the local Archbishop and involvement of the local Registry Office. Flowers came from the private suite and the catering department provided food. The lady had her wish and the family were very grateful. Eliot Wilkinson, EM consultant, who was also involved was named Hospital Doctor of the Year by the local paper for this.

Dr Simon Hunter
Regional Chair

South East Coast

I have now been the South East Coast Representative for six months. I still feel very much like the new kid on the block.

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.

The main tasks I have undertaken so far are:

1. Approving Job descriptions: Trying to get my head around numerous job descriptions sent to me, the main issue in approving them or not approving them is Supporting Professional Activities (SPA) time, which without exception is less than the 2.5 SPA per week. I have been very grateful to the College VP, Chris, for his support in this area.
2. Attending Council: This has been an educational experience for me so far. I have attended two strategy days and two other Council Meetings. I have to admit that my views which were cynical of our College have changed considerably. This is a dedicated bunch of people who clearly are passionate about their trade. The structure of all the various committees is a little bewildering, to say the least, but I think I am slowly getting there.
3. Creating a genuine forum in the South East Coast area: This is going to be a major challenge. Having sent out an email to all the consultants in the area, I only had replies from two. So my mission has to be to make the region as relevant to the council as it has become to me. I have some thoughts on this, but will see how they pan out.

The main achievement to date of my brief tenure has been a very successful regional educational meeting. This took place on February 9 2017, at a venue local to East Surrey Hospital. We had a fantastic attendance of over 100 regional staff, including not only doctors of all levels but also non-medical decision makers. They attended in response to a first rate program, which included a key note address from our President. It is something on which to build. Thanks must go to my registrar Salwa Malik who did much of the work.

So what of my first six months in this post; if I was to write a report it would certainly say; "could do better". But it is to date a curates egg – good in parts!

Dr Julian Webb
Regional Chair

South West

The overwhelming theme across the region over the past 12 months remains the crowding in all of our Emergency Departments. Our departments, without exception now, are regularly experiencing queueing in corridors and having to manage patients in very unfavourable circumstances. This seems to have coincided with an increase in sickness levels amongst medical and nursing staff as well as resurgence in difficulties recruiting and retaining staff, especially at a junior level. Inevitably this has a knock-on effect on our ability to maintain standards and our four hour performance has deteriorated further.

In response to these difficulties the South West Emergency Departments remain positive, looking to more collaborative working with primary care, acute medicine and elderly care medicine. Projects across the region are exploring the value of GPs at the front door, enhanced streaming and roving frailty teams. The 'Shine' project, where a checklist has facilitated safe patient care during crowding, has rolled out across many departments and most departments now have maximum capacity protocols and standard operating procedures to maximise patient safety at times of enhanced risk.

Compared to elsewhere, the South West remains a popular destination for consultants and trainees alike. With the notable exception of Weston-Super-Mare, all departments have successfully expanded their consultant base and are delivering high quality consultant based clinical care. As one of the most popular regions amongst ACCS trainees we have excellent recruitment at this level, and reasonable retention into higher specialist training. Feedback from trainees, both at a national and local level and despite the adverse training environment, remains extremely positive and some of the best across the country.

Research features highly in the region, with many departments hosting national and international multicentre trails as well as developing their own projects. The South West remains one of the leading NIHR Specialty Groups recruiting nationally. This has been recognised with more than one department in the region being shortlisted for HSJ national awards for research impact, as well as other awards for staff engagement and innovative practice.

Despite the huge issues that are facing Emergency Medicine nationwide, the South West remains at the forefront of developing and delivering high quality clinical care, and remains an excellent place to work in our extremely rewarding speciality.

Dominic Williamson
Regional Chair

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, workforce shortages and inadequate community services remain the principal hurdles to overcome. The EDs in the region continue to experience 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 crucial issue, with most EDs still spending disproportionate sums on locums to fill rosters at this grade, with variable quality. Many middle grade and junior rotas have gaps which remain unfilled. This will be exacerbated by the new junior doctor contract, especially at weekends. The impending amendment to the consultant contract has been at the centre of many discussions amongst colleagues, with significant changes likely to impact on Emergency Medicine colleagues more than specialist colleagues. Also, nurse staffing numbers are inadequate to provide the quality care that we are capable of. We await the RCN recommendations to add weight to individual EDs' business cases. In addition, many of the region's EDs are seeing far higher numbers of patients than the departments were built to accommodate; one ED is seeing 50% more than they anticipated.

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 EMCEF study day for Fellows and Members in the region, which took place on 18 January and attracted over 100 delegates. The Karen Parry Memorial Prize for a trainee presentation was awarded to Dr Alasdair Moffat on the day and the RCEM President Dr Taj Hassan addressed the meeting with his view of the way forward for the specialty.

Dr Peter Ahee
Regional Chair

Yorkshire and Humberside

Emergency Medicine in the Yorkshire and Humber region reflects the national picture as College members and fellows struggle to maintain a high quality of service and care for patients whilst dealing with the issues of recruitment and retention of staff, exit block and increasing numbers of patients requiring complex care. Across the region there are a number of plans for reconfiguration and redesignation of Emergency Departments though in general engagement with local clinicians and patients has been scant.

The College held a CPD day in May which was attended by 70 Members and Fellows. There were clinical updates as well as an address from the President and sessions on alternative workforce models and the new examination and assessment system. Many thanks to all those who provided feedback and suggestions on how we best run these events in the future.

October will see the 50th anniversary celebrations of the founding of our specialty in the UK. The Yorkshire and Humber region was home to Maurice Ellis, the first Consultant in charge of a Casualty Department in the UK and the first President of the Casualty Surgeons Association, the forerunner of our current College. We will be looking to commemorate Maurice Ellis's leading role with a further event in the Leeds region in October.

Dr Graham Johnson
Regional Chair

Report of Council

Council submits its annual report together with financial statements of the College for the year ended 31 December 2016.

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

Status	The College is a charitable body incorporated by Royal Charter on 12 December 2007. The College is registered with the Charity's Commission (charity no. 1122689) and the Scottish Charity Regulator (number SC044373).	
Registered office	7 – 9 Bream's Buildings, London EC4A 1DT	
Bankers	Lloyds TSB Bank Plc 296 – 302 High Holborn London WC1V 7JH	Handelsbanken 1 Kingsway London WC2B 6AN
Solicitors	Hempsons Hempsons House 40 Villiers Street London WC2N 6NJ	
Auditors	haysmacintyre 26 Red Lion Square London WC1R 4AG	
Investment Managers	Quilter Cheviot Investment Management 1 Kingsway London WC2B 6AN	
Chief Executive	Gordon Miles	

The College Council consists of 24 members elected by Fellows and Members of the College, and co-opted members, as required. The elected members of Council are the Trustees of the College.

		From	To
President	Dr Taj Hassan	2016	2019
Immediate Past President	Dr Clifford Mann	2016	2017
Vice President	Dr Chris Moulton	2016	2019
Vice President	Dr Lisa Munro-Davis	2016	2019
Registrar	Dr Ian Higginson	2016	2019
Treasurer	Prof Suzanne Mason	2015	2018
Dean	Dr Jason Long	2014	2017
Revalidation Director	Dr Gillian Bryce	2011	2017
Chair QECC	Dr Adrian Boyle	2016	2019
Chair R&P	Prof Alasdair Gray	2014	2017
Chair TSC	Dr Julia Harris	2015	2018
Northern Ireland – National Board	Dr Sean McGovern	2016	2019
Scotland – National Board	Dr Martin McKechnie	2014	2017
Wales – National Board	Dr Robin Roop	2015	2018
East Midlands	Dr Bill Bailey	2014	2017
East of England	Dr Jim Crawfurd	2016	2019
London	Dr Katherine Henderson	2016	2019
North East	Dr Nick Athey	2016	2019
North West	Dr Steve Crowder	2014	2017
South Central	Dr Simon Hunter	2013	2016
South East Coast	Dr Jon Burton	2014	2017
South West	Dr Dominic Williamson	2016	2019
West Midlands	Dr Peter Ahee	2016	2019
Yorkshire & Humber	Dr Graham Johnson	2016	2019
Lay Chair	Mr Derek Prentice	2014	2017

Structure, governance and management

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

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

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

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

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

The objectives for the Royal College of Emergency Medicine during 2016 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 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 the ensuring the effective integration of information technology within Emergency Medicine;
- setting the curriculum and standard of training for doctors in Emergency Medicine;
- providing Continuing Professional Development (CPD) including through an eLearning hub, known as RCEMlearning;
- working with the General Medical Council to deliver the requirements for revalidation;
- delivering the specialty examinations for doctors pursuing a career in Emergency Medicine and making recommendations relating to the completion of specialist training to the General Medical Council;
- supporting and giving advice on research within the specialty;
- providing advice to other bodies relating to Emergency Medicine, including accident prevention. These bodies include the Departments of Health, other Royal Colleges and Faculties, the Royal Society for the Prevention of Accidents and many other organisations;
- supporting our Members and Fellows including supporting Trainees, Staff grade and Associate Specialist (SAS) doctors in Emergency Medicine;
- encouraging new roles in Emergency Medicine as additions to the medical team, such as Advance Clinical Practitioners;
- dealing with enquiries from the general public concerning Emergency Medicine and acting as an advocate for Emergency Medicine patients.

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
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

During the autumn of 2016, the incoming President and Council commenced work to review and develop a new policy strategy. The College's previous STEP campaign had been launched in 2014 and had sought to improve emergency department staffing, tackle under funding, exit block and called for co-location of primary care services with Emergency Departments.

The new policy strategy – RCEM Vision 2020, focused on three pillars of Staffing, Systems and Support for Emergency Care which require the following ten actions:

1. Exit Block and crowding solutions to improve patient care
2. Workforce solutions to provide sufficient workforce to meet demand
3. Defining and delivering safe and sustainable working conditions
4. Optimising the Emergency Medicine training environment to retain trainees in the specialty
5. Integration and design of the processes at the front end of the emergency department
6. Solutions to share best practice and make care safer
7. Improved measurement and of development of quality indicators
8. Optimal reconfiguration and integration of services
9. Applying the new Emergency Care Data Set and investment in improved data gathering
10. Leadership development in the Emergency Medicine workforce

We continue to make the case for an increase in Emergency Medicine Consultant numbers. This is to ensure enough trained Emergency Medicine Consultant presence in to the evenings and at weekends (when Emergency Departments are at their busiest) as well as night time working in major centres. 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 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 have also begun work on a new strategy for international activities that the College is involved in.

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 2016 were £5.638m of which £5.602m was unrestricted. (2015: £6.094m of which £5.179m was unrestricted.)

Unrestricted income was an increase on the figure for 2015 of £0.422m and largely reflects a rise in membership subscription income, enhanced conference income and increased demand for our examinations. The decrease in restricted income arose because in 2015 we had a one off grant from the Department of Health to develop the Emergency Care Data Set and the corresponding project expenditure largely fell in 2016. Hence the funding was received in 2015 and largely spent in 2016 as shown in note 13 to financial statements.

The major areas of unrestricted income were as follows:

Incoming Resources	2016	%	2015	%
Sundry sales and fees	25,723	0%	51,685	1%
Investment income	42,200	1%	43,325	1%
Emergency Medicine Journal	198,746	4%	260,217	5%
Subscriptions	2,100,398	37%	1,977,839	38%
Conferences & CPD	603,281	11%	619,331	12%
Examinations	2,227,329	40%	1,874,151	36%
Training	255,042	5%	199,649	4%
Clinical Audit	149,707	3%	125,656	2%
Internal Services Review	0	0%	27,917	1%
Total	**5,602,426**	**100%**	**5,179,770**	**100%**
Restricted Fund Donations and Grants	**35,800**		**914,770**	

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 2016 the total membership rose to 6,437. The largest increase was in Associate Members, members by Examination and Fellows by Examination. Successful examination candidates include not only trainees but a significant number of doctors employed in non-training grades. Most of these have subsequently obtained CESR accreditation and been appointed to consultant posts.

Total resources expended during 2016 were £5.597m compared with 2015 £4.850m. Unrestricted expenditure was £5.073m compared to £4.612m. This report has highlighted earlier the key activities that account for the expenditure.

Major areas of unrestricted expenditure were as follows:

Resources Expended	2016	%	2015	%
Cost of generating funds	9,848	0%	17,386	0%
Emergency Medicine Journal	387,779	8%	348,519	8%
Research & Publications	143,301	3%	59,352	1%
Education & Examinations	1,813,789	36%	1,593,704	35%
RCEMlearning	217,033	4%	176,072	4%
Training Standards Committee and general training	695,471	14%	596,748	13%
Conferences & CPD	745,226	15%	772,069	17%
Membership Services	329,965	7%	305,590	7%
Quality In Emergency Care	311,944	6%	297,641	6%
Policy & Professional Affairs	419,582	8%	445,395	10%
Total	**5,073,938**	**100%**	**4,612,476**	**100%**
Restricted Funds Expenditure	**522,693**		**237,564**	

The Trustees authorised the purchase of a freehold property Octavia House, 54 Ayres Street London SE1 1EU for use as an examinations and study day facility. The property was purchased for £9m in October 2016 with the aid of an £8m mortgage on the College's freehold assets. The business case was that savings on examinations room hire and increased study day capacity would enable this to be a viable purchase. The Trustees took legal advice and are satisfied that they comply with the guidance from the Charities Commission surrounding the purchase of freehold assets. The property is being refurbished and converted for the planned usage and will be operational from the Spring of 2017.

Investment policies and returns

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

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

Reserves policy

The total funds of the College at 31 December 2016 were £7.265m (2015: £7.059m) of which £0.302m (2015: £0.79m) were restricted and not available for the general purpose of the charity.

The unrestricted funds of the charity totalled £6.963m (2015: £6.270m) of which £5.549m (2015: £3.244m) are designated funds. The majority of the designated amount relates to the tangible fixed assets of the College net of a related bank loan, and reflects the fact that these net funds could not be realised without disposing of the assets.

The balance of unrestricted funds after designation is £1.414m (2015: £3.036m). This free reserve has been considered by Council from time to time having regard for the risk position of the College and is to provide a cushion to cover up to six months core operating costs.

Furthermore, it has been determined that the College will, as a minimum, hold £800,000 as a general cash reserve and £200,000 as a reserve for property related expenditure. The Treasurer will decide how to hold the reserves as between interest bearing accounts or investments having regard for the overall financial position of the College. At 31 December 2016 cash held exceeded this as set out in note 11.

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. Following a strategic review it is likely that the plan will be amended in 2017/8. The current plan 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 2016 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 18 May 2017 and signed on their behalf by:

Dr Tajek Hassan
President

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

We have audited the financial statements of the Royal College of Emergency Medicine for the year ended 31 December 2016 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 including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (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 consistencies with the audited financial statements. If we 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 2016 and of its net movement in funds and application of resources in the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- 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.

Statutory Auditor: haysmacintyre
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 2016

	Notes	Unrestricted Funds £	Restricted Funds £	Total 2016 £	Total 2015 £
INCOME FROM					
Donations and grants					
(2015: £914,770 restricted)	2	-	35,800	35,800	914,770
Raising funds					
Sundry sales and fees		25,723	-	25,723	51,685
Investment income	3	42,200	-	42,200	43,325
Charitable activities					
Emergency Medicine Journal		198,746	-	198,746	260,217
CPD and conferences		603,281	-	603,281	619,331
Subscriptions		2,100,398	-	2,100,398	1,977,839
Examination fees		2,227,329	-	2,227,329	1,874,151
Training (2015: £8,852 restricted)		255,042	-	255,042	199,649
Clinical audit		149,707	-	149,707	125,656
Internal services review		-	-	-	27,917
Total		**5,602,426**	**35,800**	**5,638,226**	**6,094,540**
EXPENDITURE ON					
Raising funds		9,848	-	9,848	17,386
Charitable activities					
Emergency Medicine Journal		387,779	-	387,779	348,519
Research & publications		143,301	-	143,301	59,352
Education and Examinations		1,813,789	-	1,813,789	1,593,704
RCEMlearning		217,033	19,872	236,905	203,647
Training (2015: £32,557 restricted)		695,471	-	695,471	634,690
Conferences & CPD		745,226	-	745,226	772,069
Membership services		329,965	-	329,965	305,590
Quality in Emergency Care		311,944	1,250	313,194	297,641
Policy and Professional Affairs		419,582	-	419,582	445,395
NHS project expenditure		-	501,571	501,571	172,047
Total	**4**	**5,073,938**	**522,693**	**5,596,631**	**4,850,040**

	Notes	Unrestricted Funds £	Restricted Funds £	Total 2016 £	Total 2015 £
Sub-total		**528,488**	**486,893**	**41,595**	**1,244,500**
Net gains on investments	8	164,300	-	164,300	11,534
Fair value adjustment		-	-	-	43,398
Net income for the year		**692,788**	**(486,893)**	**205,895**	**1,299,432**
Transfer of funds to new administrator	12	-	-	-	(96,386)
Net movement in funds		**692,788**	**(486,893)**	**205,895**	**1,203,046**
Reconciliation of funds					
Fund balances brought forward		6,270,442	788,489	7,058,931	5,855,885
Total funds carried forward	**12,13**	**6,963,230**	**301,596**	**7,264,826**	**7,058,931**

All activities in the year were attributable to continuing activities. The notes on pages 56 to 64 form part of these financial statements.

The Royal College of Emergency Medicine Balance Sheet as at 31 December 2016

	Notes	2016 £		2015 £	
Fixed assets					
Tangible assets	7		13,549,204		4,564,637
Investments	8		1,169,604		984,585
			14,718,808		**5,549,222**
Current assets					
Debtors	9	562,328		485,364	
Cash at bank and in hand		1,254,596		3,950,392	
		1,816,924		**4,435,756**	
Creditors: amounts falling due within one year	10	**(1,270,906)**		**(1,394,409)**	
Net current assets			**546,018**		**3,041,347**
Total assets less current liabilities			**15,264,826**		**8,590,569**
Creditors: amounts falling due after one year	11		**(8,000,000)**		**(1,531,638)**
NET ASSETS			**7,264,826**		**7,058,931**
Represented by:					
Unrestricted funds:	12				
Designated funds		5,549,208		3,244,177	
General funds		1,414,022		3,026,265	
			6,963,230		**6,270,442**
Restricted funds	13		301,596		788,489
TOTAL FUNDS			**7,264,826**		**7,058,931**

These financial statements were approved by the Trustees and authorised for issue on 18 May 2017 and are signed on their behalf by:

T Hassan (President)

Prof Suzanne Mason (Treasurer)

Date: 18 May 2017

The notes on pages 56 to 64 form part of these financial statements.

The Royal College of Emergency Medicine Cash Flow Statement for the Year Ended 31 December 2016

	Note	2016 £	£	2015 £	£
Cash flows from operating activities					
Net cash provided by operating activities	**16**		**(37,135)**		**1,762,969**
Cash flows from investing activities					
Investment income		42,200		43,325	
Purchase of tangible fixed asset		(9,242,827)		(267,622)	
Purchase of investments		(86,153)		(188,804)	
Proceeds from sale of investments		96,887		145,209	
Net cash used by investing activities			**(9,189,893)**		**(267,892)**
Cash flow from financing activities					
Repayment of bank loan		(1,468,768)		(95,790)	
New bank loan		8,000,000		-	
Net cash used by financing activities			**6,531,232**		**(95,790)**
Change in cash and cash equivalents in the year			(2,695,796)		1,399,287
Cash and cash equivalents at the beginning of the year			3,950,392		2,551,105
Cash and cash equivalents at the end of the year			**1,254,596**		**3,950,392**
Analysis of cash and cash equivalents					
Cash at bank and in hand			**1,254,596**		**3,950,392**

The notes on pages 56 to 64 form part of these financial statements.

The Royal College of Emergency Medicine Notes to the Financial Statements for the Year Ended 31 December 2016

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 2016) - (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.

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

Income
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.

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

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

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

Creditors and provisions
Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

Employee benefits

- Short term benefits
  Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.
- Employee termination benefits
  Termination benefits are accounted for on an accrual basis and in line with FRS 102.

2. GRANTS AND DONATIONS

	Unrestricted Funds £	Restricted Funds £	Total 2016 £	Total 2015 £
Pre-Hospital Emergency – IBTPHEM	-	-	-	39,500
Emergency Care Data Set	-	-	-	465,000
Health Education England Projects	-	35,000	35,000	340,000
Elearning for Health	-	-	-	70,000
Donations	-	800	800	270
	-	**35,800**	**35,800**	**914,770**

3. INVESTMENT INCOME

	Total 2016 £	Total 2015 £
Dividends and interest on investments listed on a UK stock exchange	27,734	22,701
Interest received	14,466	20,624
	42,200	**43,325**

4. EXPENDITURE

	Direct Costs £	Support Costs £	Total 2016 £	Total 2015 £
Raising Funds				
Website costs	2,833	-	2,833	7,301
RCEM Merchandise	-	-	-	3,292
Investment broker charges	7,015	-	7,015	6,794
	9,848	**-**	**9,848**	**17,387**

	Direct Costs £	Support Costs £	Total 2016 £	Total 2015 £
Charitable Activities				
Emergency Medicine Journal	387,779	-	387,779	348,519
Research & publications	127,583	15,718	143,301	59,353
Education and examinations	1,342,183	471,606	1,813,789	1,593,702
RCEMlearning	163,824	73,081	236,905	203,647
Training	354,419	341,052	695,471	634,690
Conferences & CPD	551,372	193,854	745,226	772,069
Membership services	198,980	130,985	329,965	305,590
Quality in emergency care	192,370	120,824	313,194	297,641
Policy and professional affairs	262,401	157,181	419,582	445,395
NHS project expenditure	501,571	-	501,571	172,047
	4,082,482	**1,504,301**	**5,586,783**	**4,832,653**
	4,092,330	**1,504,301**	**5,596,631**	**4,850,040**

	Year to December 2016 £	Year to December 2015 £
Staff costs comprise:		
Wages and salaries	1,303,746	1,122,857
Social security costs	133,930	116,888
Other pension costs	70,461	73,352
Total Employee costs	1,508,137	1,313,097
Casual staff	35,618	22,486
	1,543,755	**1,335,583**

The average number of permanent employees during the period was 35 (2015: 32). These were supplemented by a number of casual staff who assisted with examinations, training and mailings.

At the balance sheet date, £2,892 was outstanding in respect of pension contributions (2015: £7,055).

Leading Light Enterprises Ltd, a company owned by the wife of the Chief Executive, provided services to the charity at a cost of £5,724 (2015: £8,347). The CEO has no involvement in the procurement or management of these services.

	Year to December 2016 No.	Year to December 2015 No.
Staff numbers as analysed by category:		
Exams & Education	9	8
Training	7	6
Policy & Professional Affairs and Quality in Emergency Care	5	6
Membership	3	3
Research & Publications and Events	5	4
Other	6	5
	35	**32**

During the period there was one employee whose emoluments (defined as salary and taxable benefits) amounted to between £60,000 - £70,000 (2015: None) and one employee between £130,000 and £140,000 (2015: one employee).

The aggregate emoluments of the senior management personnel (defined as salary and all benefits) amounted to £627,191 in respect of 11 employees. (2015: £586,960 in respect of 11 employees).

4a. SUPPORT AND GOVERNANCE COSTS

	Year To December 2016 £	Year To December 2015 £
Staff costs	320,828	371,129
Rates, service charges and electricity	116,945	119,189
Office expenses	181,219	99,875
Printing, postage, stationery & telephone	66,198	61,881
Website & information technology	108,023	89,714
Insurance	26,727	23,000
Depreciation & loss on disposal of assets	240,806	197,610
Irrecoverable VAT	95,031	138,685
Sundry expenses	17,144	(21,018)
Bank interest on loan	107,206	87,229
Bank & credit card charges	114,721	57,879
Auditors' remuneration		
For audit	16,200	12,000
For other services	-	5,275
Over/(under) accrual re preceding year	4,500	2,450
Board meeting and travel costs	97,753	99,857
	1,504,301	**1,344,755**

5. CHARITABLE ACTIVITIES – GRANT EXPENDITURE

Research grants awarded by the Royal College of Emergency Medicine in the year to 31 December 2016 totalled £119,848 (2015: £37,769). 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 (2015: None) in respect of acting as Trustees. No trustee (2015: 1) provided services to the charity for which they were paid (2015: D Watson, £2,400 for external hospital auditing services).

During the year, 29 trustees received reimbursement for costs for attending meetings and for travelling expenses, amounting to £94,678 (2015: 31 trustees, £89,428). In addition there were expenses paid directly by the College, mainly in the form of hotel bills in 2016: £27,381 (2015: £22,167).

7. TANGIBLE FIXED ASSETS

	Building Costs £	Office Equipment £	College Database £	Coat of Arms £	Chain of office £	Total £
Cost or valuation						
At 1 January 2016	4,363,014	494,220	323,072	6,534	428	5,187,268
Additions	9,146,076	19,030	77,721	-	-	9,242,827
At 31 December 2016	13,509,090	513,250	400,793	6,534	428	14,430,095
Depreciation						
At 1 January 2016	203,944	217,068	201,619	-	-	622,631
Charge for the year	50,986	91,657	115,617	-	-	258,260
At 31 December 2016	254,930	308,725	317,236	-	-	880,891
Net Book Value						
At 31 December 2016	13,254,160	204,525	83,557	6,534	428	13,549,204
At 31 December 2015	4,159,070	277,152	121,453	6,534	428	4,564,637

8. INVESTMENTS

	2016 £	2015 £
Analysis of change in investments during the year		
At 1 January	984,585	957,144
Additions at cost	86,153	188,804
Disposals at market value (proceeds: £145,209; gain £374)	(96,887)	(144,835)
Net gain on revaluation	164,300	11,160
Movement in investment cash	31,453	(27,688)
Market value at 31 December	**1,169,604**	**984,585**
Represented by:		
Fixed interest	144,553	127,864
Equities	824,301	710,063
Alternative investments	139,556	116,917
Cash	61,194	29,741
	1,169,604	984,585
Cost at 31 December	**669,449**	**727,957**

9. DEBTORS

	2016 £	2015 £
Trade debtors	63,533	62,078
Prepayments	287,087	144,283
Accrued income	198,607	260,217
Other debtors	13,101	18,786
	562,328	**485,364**

10. CREDITORS: Amounts falling due within one year

	2016 £	2015 £
Bank loan (see note 11)	-	94,640
Trade creditors	173,590	53,056
Taxes and social security	45,167	38,591
Accruals	342,024	312,506
Deferred income	573,486	742,991
Interest rate swap creditor (see note 11)	-	47,605
Other Creditors	136,639	105,020
	1,270,906	**1,394,409**

Deferred income related to exam fees received in advance. All the deferred income at 31 December 2016 relates to fees in received in 2016 and all deferred income at 31 December 2015 has been released.

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

	2016 £	2015 £
Bank loan	8,000,000	1,356,500
Interest rate swap	-	175,138
	8,000,000	**1,531,638**
Bank loan maturity analysis		
Due less than 1 year	-	95,790
Due 1 – 2 years	200,000	95,790
Due 2 – 5 years	7,800,000	287,369
Due 5 + years	-	989,819
Loan arrangement fees less amortisation	-	(17,628)
Total loan value	**8,000,000**	**1,451,140**
Included in current liabilities	-	(94,640)
Included in long term liabilities	**8,000,000**	**1,356,500**

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

12. UNRESTRICTED FUNDS

	At 1 January 2016 £	Income £	Expenditure excluding investment gains/ losses and fair value adjustments £	Investment gains/ losses and fair value adjustments £	Transfers £	At 31 December 2016 £
Designated fund						
Education	130,680	-	-	-	(130,680)	-
Tangible fixed assets	3,113,497	-	-	-	2,435,711	5,549,208
General fund	3,036,365	5,602,426	(5,073,938)	164,300	(2,305,031)	1,414,022
	6,270,442	**5,602,426**	**(5,073,938)**	**164,300**	**-**	**6,963,230**

The Education Fund was established to earmark any surplus made from Education and Examinations. In 2016 it was decided to merge the fund with the Tangible Fixed Asset Fund, as the newly purchased building, Octavia House will be used as the College's examination and education facility. 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 2016 £	Income	Expenditure	At 31 December 2016 £
Alison Gourdie Memorial Fund	45,082		(1,250)	43,832
Beth Christian Memorial Fund	150	800	-	950
Elearning for Health	106,956	-	(19,872)	87,084
Enact	3,348	-	-	3,348
Emergency Care Data Set Project	368,306	-	(300,859)	67,447
Health Education England Projects	264,647	35,000	(200,712)	98,935
	788,489	**35,800**	**(522,693)**	**301,596**

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 Enlighten Me Grant) is a project funded by the Department of Health to improve e-learning for Healthcare by covering the costs of Content Authors, Module Editors and Clinical Leads.

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

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

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

14. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General Funds £	Designated Funds £	Restricted Funds £	Total Funds £
Fund balances at 31 December 2016 represented by:				
Tangible fixed assets	-	13,549,204	-	13,549,204
Investments	1,169,604	-	-	1,169,604
Net current assets	244,422	-	301,596	546,018
Creditors falling due after one year	-	(8,000,000)	-	(8,000,000)
Total net assets	**1,414,026**	**5,549,204**	**301,596**	**7,264,826**

15. OPERATING LEASE COMMITMENTS

	2016	2015
	Equipment £	Equipment £
Operating leases which expire within:		
Less than one year	23,340	22,200
Between one and two years	23,340	22,200
Between two and five years	44,901	62,986
Over five years	1,590	-
	93,171	**107,386**

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

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

	2016 £	2015 £
Net income before other gains and losses	41,595	1,148,115
Depreciation charges	258,260	215,063
Amortisation of loan arrangement fee	17,628	1,149
Investment income	(42,200)	(43,325)
Movement in investment portfolio cash	(31,453)	27,688
Decrease/(increase) in debtors	(76,964)	36,958
Increase/(decrease) in creditors	(204,001)	377,321
Net cash inflow from operating activities	**(37,135)**	**1,762,969**

17. CAPITAL COMMITMENTS

Since the balance sheet date, the College has entered into a contract with a value of £833,000 plus VAT to refurbish and fit out Octavia House.

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

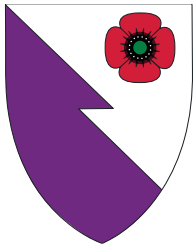
"The Royal College of Emergency Medicine's objective is to promote excellence in emergency care. Our activities are focused in three key areas:

Delivery of safe high quality emergency care, promotion of best practice and ensuring emergency medicine training is of the highest standard. To achieve these aims we strive to ensure that patient centred care is led and delivered by fully trained Emergency Medicine 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 2016



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