

The Royal College of
Emergency Medicine

Annual Report and Accounts 2017



About the Royal College of Emergency Medicine

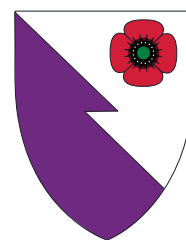
The Royal College of Emergency Medicine is the single authoritative body for Emergency Medicine in the UK. Emergency Medicine is the medical specialty that provides doctors and consultants to Emergency Departments in the NHS in the UK and to other healthcare systems across the world. Frequently known 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 7,500 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.

Registered Charity 1122689 Scottish Charity SC044373



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Foreword from Her Royal Highness The Princess Royal



BUCKINGHAM PALACE

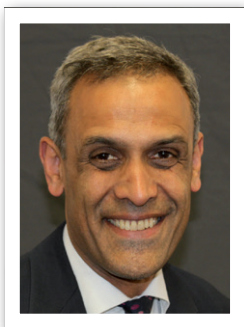
As Patron of The Royal College of Emergency Medicine I am delighted the College continues to make good progress, despite the challenges facing the delivery of emergency medicine in the UK. Our work is expanding and demand for your examinations is strong which augers well for the future of the specialty.

The winter of 2017/2018 was particularly difficult for emergency departments which led to the College making an unprecedented call for more resources. Whilst short term real challenges are being experienced by the specialty, there is hope for the longer term picture with work being done to grow the emergency medicine workforce and College membership now stands at just over 7,500, which gives your College a strong voice for patients.

I was particularly pleased to learn that you have created a Sustainable Working Practices Committee to develop help and guidance to assist those working under great pressure. This is one of over 50 Committees working on improvements for patients and the wider specialty. I know that your conferences and learning events are well supported and I was delighted to open Octavia House – your examinations and study day centre.

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

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



President's Report

It is a real pleasure to be able to profile the work of the College this year in my President's report. We continue to maintain steady expansion of our membership and are delighted that we now have over 7,500 members, 15% of whom are international. It is vital also that we find ways to help increase membership engagement and add further value to you linked to the work of the College. To that end, we have initiated a comprehensive members survey and will be acting upon this in the coming months.

During the past year, a major achievement was the range of celebrations linked to our 50th anniversary in October 2017 – 50 years after Mr Maurice Ellis launched the Casualty Surgeons Association (CSA) with eight other colleagues and became the first President of the CSA. We not only lit up famous buildings (and Trafalgar Square) in the UK & Ireland but had a whole week highlighting the rich diversity of Emergency Medicine. We attempted a world record to teach Basic Life Support (an unsuccessful but valiant effort), and also profiled issues on alcohol, accident prevention, mental health and wellbeing.

We continued to work hard on the various elements of the **RCEM Vision2020** in order to get the right **Staffing, Systems and Support** required to deliver high quality emergency care. In that regard we had a major achievement in England by being able to agree and launch '**Securing the future ED workforce**' strategy on 12 October 2017 (the official 50th birthday of our specialty). This I believe will be regarded as a major success in years to come as the various elements are implemented and rolled out steadily. We agreed to focus on the key themes of growing our workforce, minimising attrition amongst trainees and maximising retention amongst trained staff. In Northern Ireland, the launch of the Vision 2020 was followed by a membership survey entitled 'What Emergency Medicine Consultants Really Think'. The report shed light on some very important retention issues and how it feels for the staff working in such challenging conditions. The Scottish Board also released a workforce document highlighting the importance of valuing our colleagues, whilst in Wales, the bilingual Vision and its main asks led to extra finance and planning for emergency care at the beginning of the year. We are making good progress with other elements of the **RCEM Vision2020** across the UK.

There is no doubt that the problems affecting the NHS has had a crippling effect on almost all aspects of acute and emergency care. The worsening crisis in our Emergency Departments has been exacerbated by a lack of funding which has had adverse impacts on the number of acute beds, community care and staffing at every level both in the UK as well as in Ireland. The result has been the worst winter period for Emergency Departments in England that we have seen in almost 20 years. There has been record breaking four and 12-hour performance in Wales and Northern Ireland and Scotland's upward trend in terms of the four-hour standard has started to decline. Crowding in our EDs has resulted in a heightened risk of harm to our patients and to the mental health of our staff. We have however made our case to policymakers, regulators and governments clearly and, where necessary, forcefully with media campaigns so that they not only listen but also respond with action. Indeed, the narrative has changed with the promise of more central funding from the Prime Minister, and in Wales and Northern Ireland transformation programmes have been initiated. Furthermore, the Scottish Government continues to integrate health and social care. We know that change cannot come soon enough. We will continue to work hard until these issues are addressed.

As ever this year we have run a large number of events ranging in size and scope from the CPD Conference in Cardiff to our excellent Scientific Conference in Liverpool. These have been interspersed with a host of local, regional and national study days many of which I have had the pleasure to attend. As ever it is great at such events to learn and network with new friends and old, as well as get feedback from members on the work of the

College. I hope you can make many of the College events next year as we steadily grow. They are an invaluable part of the College's role and we are constantly looking at ways in which we can make them better.

The work of the College has expanded significantly over the past year and I am grateful to the many members and fellows who contribute often in their own time to help drive standards higher. We continue to see great progress in the areas of examinations, research, quality improvement, training and of course policy. Some new committees including Geriatric EM & frailty, ambulatory emergency care, public health EM & remote and rural have begun to produce great work. In terms of education, you will know that the College has embarked upon a complete review of its curriculum in collaboration with the General Medical Council and this work will complete in 2020. In January this year we were honoured to have HRH the Princess Royal open our second building, Octavia House. This second home will now allow us to run our examinations on our own premises as well as a number of national study days at a lower cost. If you have not visited yet, I encourage you to do so.

This past year has also seen the introduction of innovative ways in which we can showcase the great work of our specialty. We launched the RCEM Annual Awards and had brilliant applications and winners in the categories of Clinical Team of the Year, Training Dept of the Year, Quality Improvement project of the year and Patient Experience project of the year. I hope this year will be equally successful. In addition, we have worked with the regulator in England, the CQC, to highlight departments that have been assessed as being good or outstanding and published on what makes them so good. The Scottish, Welsh and Northern Ireland Boards also continue to highlight areas of outstanding practice.

As ever, I am grateful to HRH the Princess Royal for her unstinting support for the College. She has continued to support us strongly and she has kindly agreed to continue her patronage of the College. I had the great pleasure earlier this year to have a 45-minute personal audience with her at Buckingham Palace and was very impressed at her depth of understanding of the work we do and why it is so important.

This message touches on just some of the many areas we are engaged in to ensure the voice of Emergency Medicine is heard and the standards of care delivery for our patients can be improved as well as the working lives of you our members. Your college is determined to ensure that our patients receive the highest level of care possible by providing the best trained workforce and by helping to create an environment that is satisfying and sustainable to work in. We are also utterly committed to ensuring that those in training positions are supported to the best of our abilities so that they and their careers can flourish and thereby the College may go from strength to strength.

Thank you for all your ongoing support – it is much appreciated!

Dr Taj Hassan
President



CEO's Report

The College has experienced an exceptional year. We have seen a marked increase in our membership: we now have over 7,500 Members and Fellows, another new record. This growth has been driven in part by the expansion of the Emergency Medicine Advanced Care Practitioners. Despite the workforce growth the NHS across the UK has remained under pressure as there are simply not enough emergency physicians being trained. The College has done what it can to lobby across the UK for workforce expansion and in England has agreed a new Workforce Strategy with the NHS but elsewhere in the UK the NHS leaders have not been as receptive to the message despite the vigorous efforts of the College National Boards supported by our Policy Team.

Looking at the College itself, our activities continue to expand; a larger membership means more demand for our services. We continue to grow and improve our service, but to help us meet the increased demands upon us we increased subscription rates at the end of 2017 after many years of holding them constant; a move not taken lightly by Council.

The College Examination and Study Day Centre, Octavia House, has been well used and makes a positive contribution to our finances. Our Conference Programme and Study Day programme continues to expand, and we are exploring other ways to add to the membership value we provide. The recent embedding of our Continuing Professional Development diary and service within the popular RCEMlearning product is an example of that thinking.

Demand for our examinations continues to grow and we are seeing more requests for international examination centres so much so that we have worked up a new International Strategy that is being launched in 2018. Our Training Team continue to support doctors in training and we are seeing the development of further services for ACPs. Our Quality Team maintain high standards with the RCEM Quality Audits and support for the substantial workstreams associated with College clinical standards, particularly at a time when the service is under such pressure.

College 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.

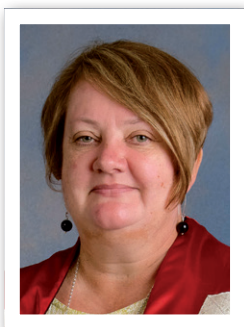
We have done much work to get stories into the news to reinforce our campaigns to improve the challenges facing emergency departments in 2017. We do this to maintain pressure on elected officials and so lobby for more resources in Emergency Medicine. Our Vision 2020 campaign has seen us in the news across the UK as the specialty faced the hardest winter conditions for many years. Our active lobbying of ministers on behalf of patients and the emergency medicine workforce has culminated in a 'Write To Your MP' campaign in the Spring of 2018 which itself is unprecedented and underlines how challenging conditions are for our Members and Fellows.

We continue to make good progress across a wide range of activities, whilst we may be a fifth of the size of some other Colleges we continue to punch above our weight. This progress would not have been achieved without the work of our Fellows, Members, trainees and staff who pull together so well to deliver the business of the College. Together we are striving to make Emergency Medicine even better for our patients.

Gordon Miles FRCM (Hon) MBA
Chief Executive



Vice Presidents' Report



The NHS may be 70 years old but the key issue of providing a safe, sustainable and patient-centred urgent and emergency care service continues to baffle and elude it. The winter of 2017/18 produced the worst emergency care performance figures since records began in 2004 and, all over the UK, emergency department staff were reporting unacceptable delays and overwhelming workloads. The situation in Wales and Northern Ireland has been even more challenging than in much of England for several years and this year, Scotland also had comparable difficulties. Journalists were never short of A&E stories and some of us had more contacts from the press in the first week of the New Year than Christmas cards in the previous few weeks!

The RCEM response was unchanged and unwavering: our three-S strategy is based around achieving safe and sustainable *Staffing* for emergency departments, providing better *Systems* and more visible *Support* for emergency care. The President, Vice-Presidents and other College Officers regularly repeated to all who would listen that acute care needs an adequate and stable workforce, more hospital beds and better access to social care in order to break the constant cycle of exit block and crowded NHS emergency departments.

The issue of more acute hospital beds continued to be a thorny one, despite the UK having one of the lowest bed stocks in the developed world. We explained that a bed is not just an iron frame with a mattress but the entire staffing, infrastructure and supporting system for a patient's time in the hospital. Nurses - and there is a huge and growing shortage of them - are a particularly key element. The idea of more beds is not to confine vast and increasing numbers of unwilling people in an unsuitable environment but to provide space and flexibility to improve flow through the system (wards with empty beds also have a reduced hospital-acquired infection rate). The usual suspects - experts from both the NHS and its associated think-tanks - initially objected but, by the end of the winter, even they were calling for more beds as they tried to re-establish their credibility as system leaders!

RCEM officers and staff are constantly meeting with all of the main healthcare bodies in all four countries, to argue for drastic changes in the overall approach to urgent and emergency care. Certainly, the pendulum is swinging in the right direction but the magnitude of the change required is greater than many senior figures in government and healthcare would like to believe - or certainly to pay for! The demographic change in the UK, brought about by a growing and ageing population, has not yet been fully acknowledged. To those who are constantly astonished by the increasing demand for acute care, we try to show how predictable it truly is! 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. NHSE's GIRFT (Getting-It-Right-First-Time) Programme was set up to look at this exact issue. It is strongly supported by the College and will be coming to an ED near you very soon!

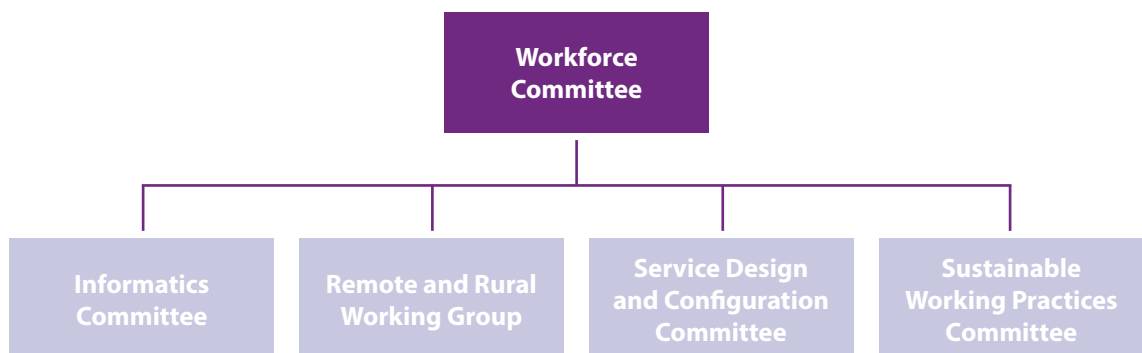
On a different note, RCEM's new education and examinations centre, Octavia House (named after the co-founder of the National Trust), is fully open and equipped and is proving to be a valuable asset to the College. It has a fellows' and members' area where we hope that those of us who are visiting London 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. The celebrations for our 50th

year were a great success 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. We shouldn't. The provision of readily available, skilled and compassionate medical care to all-comers whenever they need it is the mark of a great social development. The care may not always be what we would like to provide but it truly isn't 'third world' by any means. And it is in our own hands to make it more compassionate and caring. As a close friend says: lots of people are clever but only the best are kind. And we, the Fellows and Members of RCEM, must aim to be the best at all times.

Service Delivery Cluster

The newly formed Service Delivery Cluster has been meeting and establishing its modus operandi. The structure of the Cluster is shown in the diagram below:



The reports for these committees can be found over the next two pages.

Chris Moulton and Lisa Munro-Davies

Vice-Presidents of the Royal College of Emergency Medicine

Workforce Committee

Chaired by Vice-Presidents Lisa Munro-Davis and Chris Moulton, this Committee oversees the business of the other committees and the group that form the Cluster. The Workforce Committee meets four times a year and is attended only by the Chairs of the committees and the group that form the Cluster.

The committees and the group meet twice a year, which all members of the respective committee and group are required to attend. The Remote and Rural Working Group meets by tele- or video-conference. The Chairs can hold additional interim meetings of their committee and working group, budget permitting and if there is a need.

Chairs of the committees and the group, all newly appointed, have met twice in 2018 to discuss their remits, to exchange ideas and to ensure work areas do not overlap.

Informatics Committee

It has been a significant year with the Emergency Care Data Set (ECDS) project having come to an end and the start of its implementation. Tom Hughes completed his term as Chair and David Gaunt was appointed as successor in January 2018.

The roll-out of ECDS has been publicised through the College's communication channels and NHS Digital to raise awareness and boost engagement. A network of regional champions has been appointed to help with ECDS implementation. There are plans to conduct surveys to monitor usability with a view to making improvements to ECDS. Tom Hughes also spoke at the RCEM autumn conference about ECDS.

The Committee has been busy considering strategies for using ECDS to drive improvements, inform commissioning, influence tariffs, formulate better policies, add value to health outcomes, affect public health, integrate care, reduce admissions and length of stay, and manage bed stocks.

Following restructuring, the Committee now consists of 'core' and 'non-core' members. The first meeting under the auspices of the new Chair was held on 10 May 2018.

As well as discussing ongoing business, the new Chair established a number of work areas to focus on over the next 3 years. Priority will be given to the publication of a document that will set out the minimum requirements for an ED IT system, which can be used by trusts to evaluate existing systems and help procure appropriate replacements. If it is not possible to cover all of the areas of planned work, the Committee will direct its efforts towards the aspects of IT and informatics that will make it easier for members to cope with demands.

Service Design and Configuration Committee

This new committee has been formed, with Ed Smith as Chair, to continue the work of the now obsolete Service Design and Delivery Committee.

The main focus of the Committee has been to produce documents addressing the following three components of the workforce:

1. Consultant staffing
2. Nurse staffing
3. Non-medical workforce/ACPs

Draft versions are now available and the consultant staffing paper is close to being ready for publication. The Committee will then start working on defining the constituent parts of ambulatory care, CDU, frailty, mental health and palliative care services that link with patients and services.

The Committee plans to deliver two study days in 2018:

1. Tuesday, 16 October: The really useful guide to leading and managing your emergency department
2. Tuesday, 20 November: Leading the design of an efficient and safe emergency department

Sustainable Working Practices Committee

With festivities ongoing to mark 50 years of Emergency Medicine, the Committee made important contributions to raise awareness of sustainability issues during Celebration Week. Of particular note was the launch of the ED Spa, an initiative developed by Laura Howard. It provided useful advice and suggested engaging in activities that would help improve mental and physical wellbeing.

Members have been actively commenting on a number of draft publications produced by various bodies, including the AoMRC, GMC and HEE. The documents addressed pertinent areas of interest to the College, such as patient feedback, revalidation, sustainability and retention. When needed, the College has also been represented in person at various external events.

A revised version of *The Royal College of Emergency Medicine Continuing Professional Development Guidance* was published at the end of 2017.

The EMTA Rest and Sleep campaign was given support and will be publicised through the website as well as other communication channels.

The Quality Team has worked hard to support trusts with appointing College Assessors to 48 AACs which resulted in the appointment of 67 consultants across England, Wales and Northern Ireland. RCEM has been involved with other medical royal colleges in developing an e-learning module for College Assessors to help them carry out their responsibilities and it should become available in the next few months.

The Flourishing in Adversity study day was delivered on 24 May 2018. It was very well attended and feedback has been very positive.

As with the others, this committee has also had a change of Chair with Gillian Bryce being succeeded by Sunil Dasan in early 2018. The new Chair has been busy recruiting additional members and, with their help, looks forward to delivering the revised and extensive workplan over the coming year.

Fellowship & Membership

The Royal College of Emergency Medicine now has over 7,500 Fellows and Members, and Associate Members. 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. At the time of writing we are running a membership survey to support this. RCEM continues to offer e-learning, and the CPD and study day program, and to develop useful resources covering both clinical and non-clinical matters.

This year we have made some significant changes to our membership structure. These changes are designed to improve the inclusivity of RCEM, reflect the makeup and team-based nature of our speciality, and also to further strengthen our brand and position as the representative body for Emergency Medicine in the UK. We are additionally seeking to simplify the membership structure so that it is easier to understand.

1. RCEM has led the way with our credentialing program for Advanced Clinical Practitioners. In response to ongoing changes in the EM workforce we are also opening Associate Membership of the College to Physician Associates, either in training or fully qualified. This will give PAs access to eportfolio and other RCEM training resources, contributing to our ability to train this valuable group of colleagues.
2. We have opened Associate Membership of the College to nurses, paramedics and other registered healthcare professionals living and working in the UK. This further reinforces the fact that we work in teams and not in isolation.
3. There is no doubt about the valuable contribution made by senior doctors choosing a long-term career in our speciality, but who do not qualify for membership or fellowship by examination. This should be recognised. At the same time the criteria for Associate Fellowship did not reflect the high standards that many of our colleagues achieve. We have therefore changed the Associate Fellowship requirements.
4. As part of the changes to Associate Fellowship senior colleagues with appropriate paediatric qualifications will be eligible. This change is designed to recognise the evolution of Paediatric Emergency Medicine as a speciality.

Dr Ian Higginson
College Registrar

Forum for Associate Specialist & Specialty Doctors Grades in Emergency Medicine (FASSGEM)

FASSGEM held a successful annual conference in Winchester on the 14-17 November 2017. This was well attended and well received. As usual there was a good mix of clinical updates and even a mock major incident scenario. Guest speakers included RCEM President Dr. Taj Hasan and CEO Mr. Gordon Miles. The FASSGEM Annual General Meeting was held during the conference, where Dr. Adel Aziz's term as Chair of FASSGEM came to an end and was replaced by Dr. John Burns. FASSGEM members would like to thank Dr Aziz for his unstinting work and representation during his period as Chair and look forward to his continued support as Immediate Past Chair.

FASSGEM now has an email address at RCEM (fassgem@rcem.ac.uk) which is monitored by Oonah Newbury and forwards any enquiries to the appropriate office bearer in FASSGEM.

FASSGEM's committee and representatives have remained active and most recently had a business meeting on 11 May prior to the Spring CPD meeting at Bream's Buildings. The meeting covered SAS Development and had a GMC led session 'Good Medical Practice in Action'.

We do have gaps on the regional map and wonder if this mirrors the strengths and weaknesses of the RCEM boards and are keen to assist in trying to correct any known deficits in representation.

Plans for next year

FASSGEM is in the process of organising the 2018 annual conference (FASSGEM's 25th conference) which is due to be held in Derby. The organising team in Derby have been liaising with the RCEM Events Team to make the process as straight forward as possible and have together also began planning for 2019. Details of the 2018 conference are now on the College website.

FASSGEM already has plans in place for a Spring Meeting on 10 May 2019 at either Bream's Buildings or Octavia House.

FASSGEM has always promoted education and support of its members and would like to encourage the regional representatives to arrange local study days. This would be aimed to promote FASSGEM and RCEM locally. It has been agreed that the representatives would be allowed some expenses to assist with the process.

John Burns

Chairperson

Emergency Medicine Trainees' Association (EMTA)

The 2017 EMTA conference was held in London on 30 November to 1 December and was well attended with a considerable social media impact. During the conference, Jon Bailey, EMTA's chair stepped down and was replaced by Paul Stewart. Jon remains involved with various EMTA work streams.

The terms of reference of EMTA have been re-written to better reflect our place as an integral part of RCEM and clarify various administrative processes. We have also held an open recruitment process for three roles for trainee representatives at RCEM and ICACCST. We were delighted to receive 34 applications from all corners of the UK, demonstrating the drive of trainees to engage with making training as good as possible and drive the specialty forward.

Plans for the 2018 EMTA conference are progressing well and the dates and venue will shortly be announced. We are also preparing for our 2019 conference to allow longer term planning. We now have the use of a College email address, emta@rcem.ac.uk and are reviewing various ways to improve our communication with trainees.

Following the success of the first EMTA well-being week in August 2017, EMTA launched a rest and fatigue campaign which has had considerable impact and highlighted the value of working with other bodies and non-EM experts to produce high quality resources that apply to all working in EM.

Paul Stewart
Chairperson

Golden Jubilee Committee (RCEM 50)

The RCEM 50 Celebration Committee was formed to celebrate the 50th Anniversary of Emergency Medicine on the UK.

The UK was the first country in the world to recognise EM as separate specialty on 6 October 1967. We led the world and felt that this, the birth of EM, was a date worth celebrating. The main aims were to celebrate, inspire and innovate.

We set up an RCEM 50 web-page and we asked Members and Fellows to send in the names of EM figures who had been their inspiration and suggest three words which summed up EM. The most popular words were exciting, fun and challenging.

We launched a Celebration Week where different themes were promoted including mental health and staff well-being. As part of the week there was a national BLS challenge getting EDs all-round the country to teach BLS; great photos were sent in from all round the UK and the world including Antarctica!

The Mayor of London gave us permission to light up the fountains of Trafalgar Square in College purple on 12 October following a drinks reception where we welcomed some key EM figures to Octavia House.

In November there was a superb academic clinical day at the RSM attended by more than 200 people where we were treated to some outstanding lectures on all aspects of EM.

The EMJ will be publishing several pieces on EM in the UK and our place in international EM.

There has been a book published entitled 'Emergency Medicine at 50' telling the story of UK EM from 50 different perspectives which will be sold at conferences and diploma ceremonies.

We hope that the legacy of RCEM 50 will be a huge pride in our achievements, an understanding of our journey, support of the RCEM Foundation and an enthusiasm to promote EM both nationally and internationally.

Everyone at the College was hugely supportive, Gerardine Beckett and Zoe Moulton with everything, Luke O'Reilly with the webpage and Elena Dietmann with the academic day. Sam McIntyre organised the whole committee and her innovative enthusiasm and positive, effective efficiency were absolutely superb.

It has been a total pleasure to be part of something so positive and well-received.

Diana Hulbert

Chair, RCEM 50 Committee

Global Emergency Medicine Committee

The Global Emergency Medicine Committee (GEM committee) has now met three times, after being newly formed in October last year.

The committee currently consists of:

Giles Cattermole (Chair)
Emily Beet (RCEM Deputy CEO)
Stevan Bruijins
Shweta Gidwani
Olivia Corn
James Hayton
Hooi-Ling Harrison
Najeeb Rahman
Derek Prentice (Lay Advisory Group Chair)
VP (ex-officio)

We have agreed terms of reference, a vision and mission statement:

Vision

- For RCEM to be a world-leader in the development of global EM that is clinically excellent, evidence-based, compassionate and equitable.

Mission

- To provide a network for members and fellows involved in global EM
- To promote global EM activities to RCEM members and fellows
- To connect with other EM associations globally
- To develop global EM as a sub-speciality
- To encourage opportunities for practice, training and research in global EM
- To support the development of resources for EM systems globally.

One key short-term goal is the creation of a Twitter feed and Facebook page, and an e-forum for fellows and members, using a closed Facebook group. These have just been approved by Council and should be up and running shortly.

Ongoing work includes:

- Building relationships with global health teams in other UK Colleges, and in other EM Colleges around the world.
- Working on support for the Hubs of EM learning (in collaboration with the international education subcommittee).
- Working on principles/guidance for members and fellows looking for OOEPE/fellowship experience in GEM settings.
- Working on principles/guidance for RCEM support/endorsement of external GEM conferences/courses/research projects.

Following the success of the SAARC study day at the end of 2017, we are intending to run a one-day humanitarian relief workshop in early 2019, and we are now collaborating with RSM for a Global EM day on strengthening emergency care systems.

Giles Cattermole
Chairperson



Education

Autumn 2017 saw my re-election as Dean of the College for a second three-year term. I'm delighted to serve a second term and look forward to continuing with the developments that are being made within examinations, curriculum, CPD and RCEMLearning. As ever, I'm grateful for the tremendous contribution of both College Staff and Fellows who support the activities of the Education Directorate.

As the implementation of the new FRCM examination schedule nears completion, work is already underway on drafting a new curriculum to meet the General Medical Council's revised standards for Postgraduate Medical curricula, Excellence by Design, published in May. An initial outline has been drafted by the **Curriculum Sub Committee**; and updates and the process for consultation will be published during 2018.

The pilot of the Emergency Care Advanced Clinical Practitioners Credentialing Project concluded at the end of 2017, with Council formally approving the continuation of the EC ACP Credential on a permanent basis. Thank you to Dr Ruth Brown, Chair of the ACP Credentialing Sub-Committee, and Professor Rob Crouch, Chair of the ACP Curriculum Working Group and all committee members for their hard work in designing and implementing this project. ACPs are a growing category of membership and feedback from the ACP Conference indicated a desire for the formation of a representative body for ACPs within the College which will be progressed through the College's governance requirements next year.

The **Examinations Sub Committee** continue to oversee the development and delivery of the College examinations ensuring they are robust and fit for purpose. My thanks to the Lead Examiner team who work tirelessly on a voluntary basis to produce the exams and to all my colleagues who examine regularly for the OSCE and SAQ papers. There has been a significant increase in the number of new college examiners over the past year and it has been great seeing many new faces supporting our exams.

March 2017 saw the completion of the next iteration of the RCEMLearning site combining all resources on a single platform, with all resources mapped to the curriculum. The updated site also now hosts the College's CPD diary. My thanks to all the entire RCEMLearning team for their sterling efforts in delivering an outstanding site and much valued member benefit. In September 2017, Dr Simon Laing stepped down as Clinical Co-Chair of the eLearning Editorial Board and I'd like to thank Simon for his tremendous efforts and leadership in the development and implementation of RCEMLearning. Simon is succeeded by Dr Rebecca Maxwell and I have no doubt the site will continue to go from strength to strength.

The new **International Education Sub Committee** continues to establish a one-year international training programme in Emergency Medicine to increase standards in global emergency medicine, drafting a bespoke curriculum and minimum standards for partner sites. I look forward to launching the new programme during 2018.

The **Careers Sub-Committee** remain committed to promoting Emergency Medicine as a career. They have co-ordinated our presence at many career fairs and continue to develop and produce multiple resources to attract both medical students and doctors into our specialty.

Dr Jason Long

Dean

E-Learning Sub Committee

2017 was another successful year for **RCEMLearning**, the RCEM's elearning platform. In the spring we launched – on time and within budget – the most recent iteration of RCEMLearning. The new version of the site integrated a traditional Virtual Learning Environment with FOAMed and open access resources. This was a significant undertaking both technologically and educationally, and the integrated site ensures RCEM are at the cutting edge of digital education. The site's increasing popularity is reflected in its page views which increased to just over 1.5 million from late March to the end of December, which is an 82% increase compared to the same period in 2016. RCEMLearning also now hosts the RCEM's CPD diary, which was completely re-designed to align with GMC CPD domains. This has proved to be a highly valued member benefit, and an app will be launched in 2018 to complement the online version.

All content is mapped to the curriculum, and robust processes are now in place to deliver new content and to peer review existing content via our Editorial Review Board. There was also a change in clinical chair in late 2017, as Dr Simon Laing handed over to Dr Rebecca Maxwell. Everyone involved with RCEMLearning would like to express their thanks to Dr Laing as his expertise, vision and enthusiasm helped make the site something the College is rightly proud of.

Dr Rebecca Maxwell
Clinical Chair, RCEMLearning

Chris Walsh
Head of elearning

Emergency Care Advanced Clinical Practitioners Credentialing Sub-Committee

The Emergency Care ACP Credentialing Subcommittee has successfully reviewed the curriculum and credentialing progress following the pilot in 2016-17. Six ACPs have successfully credentialed so far, one paramedic and five nurses, and there are over 200 ACPs registered on the portfolio who are active in collecting evidence. Two credentialing panels are scheduled for 2018.

The role of the educational supervisor in supporting credentialing is critical – there are now over 120 trained supervisors in 72 hospitals around England – we would encourage all departments to ensure at least one consultant has attended the training to fully understand and support the process. With the legislation which allows paramedics to independently prescribe, we will be including that as a requirement from Autumn 2019.

The priority for the committee is to continue to encourage the network learning and sharing of good practice to facilitate this important workforce to be sustainably developed, and to ensure the credentialing process is as simple and clear as possible to allow successful applications. Finally, the committee will be recruiting new panel members from experienced supervisors in anticipation of the increasing workload over the next few years.

Dr Ruth Brown
Chairperson

Conference Committee

The role of the conference committee is to develop the long-term strategy of the RCEM CPD programme to ensure the delivery of high quality annual conferences and study days to support Members and Fellows in providing the best evidence-based care for patients and in meeting the GMC requirements for revalidation.

Committee members oversee the main decisions on the strategy of intake and output of events, whilst understanding the financial implications involved. Members take part in developing the programme for the CPD and Annual Scientific conferences, as well as having oversight of the blueprint of study days and other educational events provided by RCEM.

In 2017, in recognition of the significant work involved in developing a conference programme, and to ensure consistent quality and 'organisational memory', two conference producers were appointed by the committee to oversee future conference programmes from 2018 onwards.

In 2017 the College ran 21 Study Days (up from 17 in 2016). All were very successful, with most being fully booked or close to it. A further five planned study days were cancelled; one due to low booking uptake and four due to the programme leads being unable to deliver the programme due to other commitments.

The 2017 Annual CPD Conference was held in London and attracted 438 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 liaison team comprising Tim Harris, Katherine Henderson, Derek Hicks and Andy Webster for making the Conference such a great success.

The Annual Scientific Conference was held in Liverpool and was attended by 468 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 comprising Mark Buchanan and Nina Maryanji. Again the feedback was excellent regarding both the academic and social programmes.

Overall 2017 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. With the opening of Octavia House as a larger venue to hold study days, we are pleased to have increased the capacity on a lot of our study days, a trend that will continue in 2018 as more study days are based there. It is also planned to hold some larger study days in other venues and to explore the possibility of holding some events outside of London.

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.

Dr Carole Gavin

CPD Director

Research & Publications Committee

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

1. Research strategy

The research strategy was agreed by both the RCEM Executive and Council in 2017. Much of the ongoing work streams of the committee are aligned with the research strategy.

2. Capacity and opportunity

a) Grants

The committee administers an annual research grant round to support research in the field of EM. Applications for grants are assessed and prioritised by the Research and Publications Committee. These grants are eligible for National Institute for Health Research (NIHR) portfolio status and therefore accrue additional funding for applicants. Three studies were successfully funded in 2017.

In addition, the research committee administers an International Grant award for researchers from middle and low-income countries. This was not awarded in 2017 after three awards the previous year.

We are currently working on improving the annual review of grants and outputs to improve governance and research impact and ultimately knowledge translation.

b) James Lind Alliance research prioritisation

The RCEM / James Lind Alliance emergency medicine research Priority Setting Partnership was led by Professor Jason Smith. 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 2017 and these have subsequently been reviewed and developed at a joint day with representatives of the NIHR in May 2017.

A number of the top 30 questions have resulted in commissioned funding calls by the NIHR: sepsis, trauma triage, and the management of low risk PE. The committee are particularly keen to see applications for the RCEM research grant call on JLA EM PSP top 30 questions.

c) RCEM-NIHR collaboration

The research committee are currently working with the NIHR to collaborate on a number of joint projects; the joint branding of the Young Investigator, and NIHR support for the recently formed emergency medicine trainee research network.

The NIHR are currently reviewing their academic programme and are shifting their emphasis to the development of a NIHR training academy and proactively supporting under-developed academic specialties. They have invited RCEM to submit an application to become one of their pilot incubator schemes for this new academic training system.

d) EM trainee research network (TERN)

This network will launch in April 2018 to increase research engagement with EM trainees who are not currently actively pursuing an academic career pathway.

e) RCEM Professors

Royal College Professorships are bestowed to outstanding academic leaders in the specialty for a four-year period. RCEM supports these honorary posts with a £5000 annual stipend to support the professors' research portfolio delivery and development. The two current post holders are Richard Body (2015) and Dan Horner (2017).

f) RCEM PhD fellowships

There are two current RCEM PhD fellows: Anisa Jafar (Year 2) and Blair Graham (Year 1). Both applicants are actively involved in the research committee and their fellowships are developing well.

g) Young Investigator Award

This is an annual award, awarded at the Clinical Studies Group Annual Research Forum. It is a competitive process with an award being administered of up to £10,000. This year's winner is Hridesh Chatha with a research proposal entitled 'Which crowding measure or measures are most strongly associated with inpatient mortality?' The Young Investigator presents their work at the RCEM Annual Scientific Conference.

h) RCEM Associate Professors

To further grow academic capacity and opportunity we had been in discussion with the NIHR I&E CRN to co-brand four associate professors as part of a pilot scheme. Despite significant negotiation, this is currently not possible. After further discussion and the support of RCEM we are in the process of advertising for these posts as RCEM Associate Professors with the aim to have these appointed in 2018.

3. Research dissemination and communication

a) Annual Scientific Conference

The committee supports the event team in organising the Annual Scientific Conference which showcases state-of-the-art EM research from UK and international experts. Members of the committee undertake the review of submitted abstracts and provide the judging panel for the Rod Little prize and chairs of academic sessions. The 2017 conference was held in Liverpool and was extremely successful, with 450 delegates and a large body of high calibre research. Next year there is a joint conference with EUSEM in Glasgow in September 2018. Research committee members are actively involved as local organisers and one member is the EUSEM research committee chair.

b) Clinical Studies Group meeting

A successful day was hosted at Octavia House. There were 50 delegates and a range of excellent research presentations including external speakers.

c) Academic trainees' day

There were 40 delegates and a range of excellent research presentations including external speakers.

d) Principal Investigator Award

This year's winner was Jason Kendal, Consultant Emergency Medicine from Southmead Hospital, Bristol. He will present his work at the annual conference in Glasgow.

e) Emergency Medicine Journal

Contributing to the management of the Emergency Medicine Journal, which is increasing in impact and profitability.

Professor Alasdair Gray

Chair, Research and Publications Committee

Training Standards Committee

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

Recruitment

Acute Care Common Stem (ACCS) recruitment achieved a high fill rate despite applications to training from Foundation doctors falling nationally. There was no decrease to the 300 ACCS Emergency Medicine posts this year (i.e the 75 additional posts seen in the last few years have remained). A minority of trainees chose stand-alone core ACCS training. Run through training has now been formally approved, trainees will be given the option of taking up Run Through Training (RTT) on offer of a post (i.e. RTT not automatic).

In July 2017 the GMC approved accreditation of transferable competences. Many specialties have core competences that are common across curricula and the ATCF is aimed at doctors in training who have gained competences in one specialty but then wish to change career direction. This means that those doctors who have completed a minimum of one year of Core Medical training, ACCS, Anaesthetics, ICM and Acute Medicine training can now have some of this training recognised towards CCT Emergency Medicine training.

There was no second round of Higher Specialist Training (HST) recruitment in 2017. This was due to the success of run through training and the uptake of Defined Route of Entry (DRE-EM) 100% fill rate of posts nationally. Run through training, DRE-EM and increased entry at CT1 has resulted in the highest fill rates at HST (66%) for a number of years.

The DRE-EM pilot programme was reviewed in 2016 at the Training Standards Committee. The GMC 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 the continued 75 additional posts in ACCS trainees in Emergency Medicine and HST through 50% HEE matched with 50% Trust funded posts agreed for 2018.

Training programmes

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

We have continued to contribute to a number of GMC and HEE reviews into training quality and initiatives to support trainees. The initial Less than Full Time (LTFT) training pilot has now completed, 18 trainees were recruited. The pilot will undergo an interim evaluation by Dr Mike Clancy.

Assessments and exams

The new Extended Supervised Learning Event (ESLE) assessment continues to provide an excellent means of reviewing the leadership skills of trainees.

2017 saw the continued introduction of the new examination structure for FRCER. 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 ARCPs has continued, including a further workshop to train assessors to undertake this on behalf of the College.

Certificate of Eligibility for Specialist Registration

The work of the CESR Subcommittee of the TSC has continued with an increasing workload and number of assessments. Additional members have been recruited to join the panel which operates a

buddy system of senior experienced assessors linked with newly recruited members. The TSC thanks all of those who have undertaken this work for the College on behalf of the GMC for the diligence they have brought to this work.

Representation

The TSC continues to work with our partner bodies on the Intercollegiate Committee for ACCS Training and with the Academy of Medical Royal Colleges (AoMRC).

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

Conclusion

In 2017 Lt Col Ian Gurney stepped down as HoS and Dr Paul Stewart as EMTA representative. We 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, Oonah Newbury and the Training Team for their excellent support of trainees and the committee.

Miss Julia Harris & Dr Maya Naravi

Chair of Training Standards Committee

Quality in Emergency Care

The Quality in Emergency Care Committee (QECC) is chaired by Adrian Boyle. Expert support is provided by Sam McIntyre, Mohbub Uddin and Alex Griffiths. The Committee ran a tender for a new software provider to run national Quality Improvement Projects (QIP) as an exciting upgrade to the clinical audit programme. Members of the Committee have represented RCEM on numerous important national groups. There were several successful study days run in 2017, including mental health study day, adolescent study day, clinical toxicology – an update for the emergency physician, and major trauma in the trauma unit.

The Quality Assurance and Improvement Subcommittee was established to replace the Standards and Audit Committee and is chaired by Jeff Keep. The 2017/18 audit topics are fractured neck of femur, procedural sedation, and pain in children. In 2018/19, the QIP topics will be vital signs in adults, feverish child, and VTE risk in lower limb immobilisation. 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 continue to lead the way with transparency by publishing all audit data at a named ED level for public use. In England, the Care Quality Commission (CQC) is taking an increasing interest in these audit reports, which can only be a good thing. Over the next three years we will be bringing in several changes; including introducing national QIPs, providing real time performance data on statistical process control charts, change management support and facilitating sharing positive improvements via Plan-Do-Study-Act. We look forward to helping EDs make lasting improvements in their services.

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 2017, we published:

- A brief guide to Section 136 for Emergency Departments
- Information sharing to reduce Community Violence
- Frequent Attenders in the ED
- Emergency Department Care
- Management of Investigation Results in the Emergency Department
- Management of Radiology Results in the Emergency Department
- Management of Pain in Children
- A universal FGM flowchart and reporting tool
- Giving Information to Patients in the Emergency Department
- Mental Health
- The Mental Capacity Act in Emergency Medicine Practice

The Safer Care Subcommittee is chaired by Emma Redfern. They have also been producing very effective, short, punchy monthly safety alerts, proving that a few well-chosen words are infinitely more effective than a long, weighty document. Safety alerts released in 2017 included:

- Time critical medicines
- Abnormal results
- Retained guidewires
- IV administration of Oramorph
- Insulin errors in the ED
- Missed hip fractures

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

The Invited Service Review (ISR) Committee was formed from the previous ISR working group and is chaired by Ian Higginson. The Committee have made a number of improvements to the Invited Service Review programme, including ensuring lay reviewers are included on all visits, and are in the process of doing the same for nurse reviewers on relevant visits.

The Major Trauma Subcommittee is ably chaired by Jon Jones and has produced excellent position statements on Paediatric trauma - Stabilisation of the Cervical Spine, Resuscitative Thoracotomy in Trauma Units, and an RCEM Response to RCR Imaging in Paediatric Trauma Guidelines.

The Mental Health Subcommittee is chaired by Catherine Hayhurst and has represented us ably to external organisations.

The Public Health Special Interest Group is chaired by Ling Harrison and organised a successful study day.

The Elderly Care and Frailty Special Interest Group is chaired by Jay Banerjee.

The Ambulatory Emergency Care Special Interest Group is chaired by Tara Sood, they organised a successful study day and a popular session at the Annual Scientific Meeting.

Dr Adrian Boyle

Chairperson, Quality in Emergency Care Committee

Corporate Governance Committee

In November 2017 the Chair of Corporate Governance, Denis Franklin, completed his term. The Committee and Council thank him for his very successful leadership of the Corporate Governance Committee. The new Chair is Suzanne Cosgrave, a lay advisor to RCEM since December 2015. The Chair of the Corporate Governance Committee reports each year to Council and attends Council regularly so that issues of governance can be raised as and when they need to be. The Corporate Governance Committee has the opportunity to hear Council debates on matters of policy and strategic significance.

In 2017 the Corporate Governance Committee not only continued with its focus on its core functions of monitoring the College's financial and risk positions, but it also considered the potential risk and impact of some non-recurring initiatives of Council. This included:

- The commissioning of the newly purchased Octavia House. The Committee was pleased to note that this was a well-managed project that in April 2017 delivered an effective in-house examinations capacity for the College and a source of potential income through the contracting out of rooms and facilities to others.
- The implementation of the College's statutory obligation to operate an auto-enrolment pension scheme for its staff which was delivered successfully by February 2017.
- The governance matters arising from the establishment of the RCEM Foundation, one of many initiatives undertaken in the busy schedule of events to mark the College's 50th anniversary year
- The governance oversight of the College's restructuring of its committees and special interest groups and advice generally on the College's developing strategy. The risk register was also considered regularly.

The Committee reviews and provides input on various new policies as they are developed, for example work on a whistleblowing policy, and more generally reviewed and advised Council on issues of governance associated with the training of RCEM's Trustees and the operation of its Regional Boards. The Committee noted the impressive achievement of the RCEM senior staff in undertaking a project to accreditation under ISO9001 and being successful at the first attempt.

The Committee met the College's auditors in the Spring to review the 31 Dec 2016 audited accounts and recommended their approval to Council, noting that the report found no issues with the governance of the organisation and its financial management. Once again this is a good performance by the College and is a testament to the skill of our staff. The Committee reviewed the Council's Plans and Budget for 2017 throughout the year; greatly assisted by the improved systems of monthly financial reporting.

The Committee held its annual meeting with the investment managers from Quilter Cheviot who look after the investment portfolio of the College. The Committee has also reviewed the College's investment strategy.

Suzanne Cosgrave
Chairperson

Lay Committee

The Lay Advisory Group (LAG) continues to contribute its broad spectrum of expertise to much of College life as well as its key role in bringing a lay and patient perspective to its Council, committees and policy considerations. Our lay members from the devolved nations attend their national boards, and all members have also had the opportunity of visiting departments to better understand the work of our clinical colleagues. The group meets quarterly.

In an effort to broaden the spectrum of voices within the group, the Chair has met with two London secondary schools regarding the possibility of electing one female and one male young lay member onto the committee. The Lay Group hope that this will diversify the committee, bring a new perspective to meetings and advance the learning and extra curriculum of those young people.

There are currently two vacancies on the Lay Group: one national vacancy and one Scotland vacancy. The Lay Chair will be interviewing a potential representative for Scotland in due course. When a Scottish member has been appointed, all of the UK Nations will be represented on the Lay Group.

The Lay Group are in the process of planning for their CPD study day entitled 'What you must do to really listen to patients: Hearing the patient's voice - better clinical decisions', which will be held on 1 November 2018 at Octavia House, London.

An important area of work for the Lay Group has been assisting the College's policy team with the planning and delivery of the 'Write to your MP' campaign, which at the time of writing has just launched. The LAG Group maintain the belief that for patients to receive appropriate, compassionate and timely care, emergency departments must be properly resourced.

The Lay Group continues to support the College's media efforts when appropriate and the Chair has helped the Executive Committee by responding to media requests, including BBC News (November 2017) and 5 News (3 January 2018).

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, Lay Advisory Group



National Board Reports

National Board for Scotland

Whilst celebrating a landmark of 50 years since the inception of our specialty, the perennial challenges facing Emergency Medicine staff were enormous across the UK.

The issues of exit block and Delayed Transfers have become the main focus of the Scottish Board. As we all know, these challenges all too often diminish patient care and increase the pressures on staff at the front line. We continue to press the case for more capacity within social care services to meet the needs of our ageing population.

Our strategy of critical yet constructive engagement has continued to work well, and we have taken every opportunity to leverage our messages in Holyrood. RCEM Scotland continues to meet every quarter with the Cabinet Secretary for Health and Sport, Shona Robison MSP, and her team. We have meetings regularly with the health spokespeople of the other major political parties including Labour, Liberal Democrats, Greens and Conservatives. We also engage periodically with the media. In this way, we have raised awareness of the challenges and the solutions – thereby maintaining pressure on key organisations and politicians.

The hard-working members of the National Board for Scotland advise and consult in a broad range of areas, from the composition of the NHS workforce to concussion guidance, from unscheduled care performance to hip fracture standards of care. The Board gave written and oral evidence to the Health and Sport Committee's inquiries into 'Technology and Innovation in the NHS' and 'Clinical Governance', as well as submitting views to the Scottish Government's 'Safe and Effective Staffing Consultation'. To try and keep Emergency Medicine and its related pressures at the centre of all integrated Health and Social Care discussions, we continue to engage with Integration Joint Boards, Deep End GPs, and Out of Hours GPs, as well as many others.

RCEM Scotland continues to host two annual meetings for our Members and Fellows: The Clinical Meeting and the Policy Forum. We were honoured to receive the College's Patron, Her Royal Highness Princess Anne, at our Policy Forum in November 2017 to celebrate the specialty's first half-century with us! The event was also combined with RCEM Scotland's inaugural diploma ceremony in Edinburgh. What better way to celebrate Emergency Medicine history than by celebrating the achievements and aspirations of our colleagues!

My first of a three-year term as Vice President of RCEM Scotland has been exciting, rewarding and humbling. I have learnt how far the Emergency Medicine specialty has come in such a short space of time. And yet it is also clear to me how much there is left to be done.

I look forward to the next two years working with the Vice Chair, Dr John Thomson, the Scottish Board and my Emergency Medicine colleagues to develop and extend our presence across the professional, political and media landscape in Scotland.

Dr David Chung

Vice President, RCEM Scotland

National Board for Wales

By the time you read this report, I will have completed my three-year term as Vice President of RCEM Wales. Handing over the baton has led me to reflect on what the College in Wales has achieved during this challenging time for emergency care and what is left to be done.

As you are all more than aware, Winter 2017-18 saw record breaking 12-hour waits, plummeting four-hour standards and hugely challenging crowding and exit block in all Welsh Emergency Departments (EDs). The Welsh Board engaged with the Cabinet Secretary for Health and Social Services, NHS Wales, the Chief Medical Officer and the Unscheduled Care Programmed Board about these perennial issues. In all of these meetings we have repeated the same message – hospitals and social care services must have the appropriate resources, staff and capacity to match demand – demand which has grown and will continue to grow.

The media has continued to highlight ED pressures and patient safety at frequent intervals. Our Vice Chair, Jo Mower, and I have given interviews for radio, newspapers and television explaining the current state of Emergency Medicine, its impact on patients and staff along with possible solutions.

Through all of these efforts we have tried to improve the profile of Emergency Medicine, in the public and Welsh Government's eye. We now have a greater presence on the Unscheduled Care Programmed Board and contribute regularly to their winter resilience plans and reviews – all of which I must thank our Members and Fellows for contributing to. Our press statement at the beginning of January, entitled 'Welsh Emergency Departments are severely stretched this winter', was followed by a commitment of £10 million to help relieve winter pressures by the Welsh Government (albeit a drop in the ocean!). Since then the Welsh Government has announced £100 million for health and social care transformation in Wales.

But all is not yet won! We will continue to bang the drum for more hospital beds to diminish exit block, more social care to lessen cases of Delayed Transfers of Care, and more ED staff to match demand. Our Wales Vision 2020 – printed in both English and Welsh – sets out these arguments and was published in May 2018.

As I demit office as Vice President for Wales in September 2018, this is my last annual report. I believe we have made much progress in many areas over recent years while much remains to be done. I take this opportunity to thank all colleagues and friends both on the RCEM Wales Board, and throughout the Emergency Medicine community, for all their outstanding efforts, resilience and team work in helping us progress our plans and priorities for Emergency Medicine. Representing you as Vice President has been a huge privilege.

I pass the honour to the capable and talented Dr Jo Mower from the University Hospital of Wales, knowing she will be a more than excellent Vice President. I wish her my very best wishes for a successful term.

Dr. Robin Roop

Vice President, RCEM Wales

National Board for Northern Ireland

In October 2016 a 10-year approach to transforming health and social care in Northern Ireland was launched. Entitled '*Health and Wellbeing 2026: Delivering Together*', this plan was the response by the then Health Minister to the report produced by an Expert Panel (led by Professor Rafael Bengoa) tasked with considering the best configuration of health and social care services in Northern Ireland. Unfortunately, the Northern Ireland Assembly, the devolved legislature for Northern Ireland, collapsed in January 2017 resulting in a political vacuum which persisted throughout the year. Consequently, in the absence of a functioning government, there was no tangible progress in realising the promised transformation agenda.

The Vice President Mr Sean McGovern and Vice President elect Dr Ian Crawford met with the Permanent Secretary of the Department of Health, the Chief Medical Officer and the Chief Nursing Officer on two occasions during 2017 to articulate the challenges facing emergency medicine in Northern Ireland. These mirror those across the UK and the Republic of Ireland i.e. increasing patient attendances to our Emergency Departments (EDs), worsening 'exit block' and crowding, inadequate staffing and declining performance against the four-hour standard.

Unsurprisingly, December 2017 saw over a third of patients spending > 4 hours in our EDs, and a year on year increase of 167% in the number of patients spending > 12 hours in our EDs, reflecting a decade of increasingly insufficient health and social care resources to meet patient's needs.

The RCEM NI National Board met on four occasions during 2017.

The Vice President Mr Sean McGovern provided RCEM NI representation to the Daisy Hill Hospital Pathfinder Project, established to develop a model to meet the unscheduled care needs of the Newry and Mourne population.

The Vice President elect Dr Ian Crawford provided RCEM NI representation to the regional Advanced Nurse Practitioner (ANP) course steering group and emergency care curriculum planning group and successfully influenced a variety of aspects of the regional ANP course structure and content, along with securing support in principle from the Chief Nursing Officer for credentialing of emergency care ANPs with the RCEM.

RCEM NI held an annual update meeting on 29 March 2017 at the Queen's University of Belfast. This was well attended by RCEM Members and Fellows, who had an opportunity to interact with the RCEM President, the Permanent Secretary of the Department of Health and the Chief Medical Officer.

RCEM NI joined colleagues across the United Kingdom in celebrating the 50th anniversary of emergency medicine. Belfast City Hall was lit in RCEM purple on 12 October 2017, at the same time as other landmark buildings nationally. RCEM NI held an education morning on 13 October 2017 at the Stormont Hotel, followed by a celebratory ball that evening at the beautiful venue of Parliament Buildings.

Lastly, it is appropriate to end this report by recording an enormous 'thank you' to the Vice President Mr Sean McGovern for so ably representing the wider emergency medicine family during his tenure. He will be succeeded in this role by the Vice President elect Dr Ian Crawford in April 2018.

Dr Ian Crawford

Vice President, RCEM Northern Ireland

National Board Republic of Ireland

Previous RCEM Annual Reports for the Republic of Ireland have referred to the issues arising from the need for more emergency medicine doctors in Ireland. This in turn relates to the work of the Irish Association for Emergency Medicine, Royal College of Surgeons in Ireland, and our own College for professional development, collegiality and other support.

The ongoing hard work and expert guidance of many in the College is always appreciated, particularly the CEO, Gordon Miles, and President, Taj Hassan. Their help to ensure compliance with RCEM governance and other statutory requirements in Ireland has been invaluable.

The “latest instalment” in working towards recognising the commonality of function, whilst avoiding duplication, is scheduled for a meeting in Dublin in the first week of September, between the RCEM President and CEO, IAEM President (Emily O’Conor), Communications Officer (Fergal Hickey), RCSI Dean of Emergency Medicine (Gareth Quin) and the RCEM IAEM representative (Gerry McCarthy)

The IAEM Annual Scientific Meeting, this year being held in Castleknock, Dublin on 17-19 October, is always attended and addressed by the College President. The RCEM 50 Golden Jubilee Celebration was a central theme of this year’s meeting and IAEM successfully lit up a number of buildings in Central Dublin (and City Hall in Cork, aka the Real Capital!) in RCEM colours and hosted a reception in City Hall in Dublin.

The Health Service Executive (HSE) is the government funded body charged with the delivery of health care in Ireland, in accordance with policy laid down by the Minister and Department of Health. The very recently appointed Interim 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.

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. However, within this difficult environment, there are still very many local, regional and national examples of high-quality delivery of emergency care.

The policy document for the establishment of Trauma Networks in Ireland was launched by the Minister in February. Emergency Medicine is centrally involved in the implementation of this report.

Work is progressing 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.

Dr Gerard McCarthy

Chairperson

Regional Boards of England

East of England

Like every other region, this winter has been extremely challenging for our Emergency Departments and their staff. Exit block remains the biggest problem for the majority of our departments, with recruitment and retention of senior staff a close second for some departments.

There is considerable variation in 4hr performance (as a surrogate for exit block) between trusts within the region, with one trust maintaining >95% even in February and others in the region down below 60% at times.

Staffing

The overall picture for staffing is improving, although some of our smaller trusts are still struggling to recruit and retain sufficient senior decision makers. The previous expansion in ACCS numbers is beginning to bear fruit, with far fewer HST vacancies than we had 5 years ago. From August 2018 there is the possibility of having more HST trainees than established posts, enabling those departments that currently only have a single HST to create a post for a second one. DRE-EM also remains popular, although realistically it acts as a vehicle for non-training specialty doctors within the region to transfer into training posts, and therefore doesn't give much net gain for overall senior decision maker numbers. Overseas recruitment to non-training posts remains patchy, and there is still heavy reliance on locum middle grades in many departments. Consultant numbers are gradually increasing at most trusts, but the rate of increase of demands on consultant time is at least as rapid.

Universities within the region have embraced the wider workforce strategy, with our first Physician Associates now qualified and starting work, and a growing programme of ACP training. We are delighted that Anglia Ruskin University will be one of the five new medical schools, with the first intake of Medical Students starting in September 2018.

Positive Events

Despite the overwhelming pressure on our departments, there have been some notable positive events to report.

Our RCEM 50 celebration event 'Shifting Sands' was a great success with excellent presentations on the early days of Emergency Medicine from our regional 'founding fathers and mothers'.

The region has successfully piloted the 'free choice' LTFT programme with HEE and are working on leadership programmes, mentoring schemes and the SuppoRTT scheme for those returning to training after a period of absence.

Favourable Event Reporting has been started up in several of our departments and is providing a welcome (and low-budget) boost to morale during these difficult times.

Regional Board

As with several other regions, we do not have an established regional board meeting, and effectively use the regional Specialty Training Committee meetings as an informal surrogate for this, supplemented by emails. We are lucky to have the support of our excellent regional Training Programme administrator who helps me disseminate College messages.

Dr Jim Crawford

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 2018 at which College President, Dr Tajek Hassan, was the keynote speaker. The annual Northern PEM conference is being held in 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 Chair

South East Coast

I have now been the South East Coast Representative for 18 months. I no longer feel like the new kid on the block but have made little progress with trying to make the region functional, so that I can actually represent it.

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. This winter was especially difficult.

The main tasks I have undertaken so far are:

1. Approving Job descriptions. I am now much better at approving JDs. The line of 2.5 SPA has been impossible to hold, and I have now settled on 2SPA with the promise of review. Brighton have come up with some very innovative Job Plans around part timers, and my own Trust has just certified only the 7th ACP on the RCEM register. Staffing across the region remains a challenge.

2. Attending Council. I have more or less got the hang of how this works, and to be fair it does work rather well. The debates are genuine and encouraging, and I have formed the view that our 'Seniors' have the drive and know how on how to get the best for our patients.

3. Creating a genuine forum in the South East Coast area. This remains a major challenge, at our South East Coast Emergency Medicine Conference (SECEM) this year (see below), I gave a lecture and encouraged representatives to give the names of consultants who would be prepared to act as Lead in their department. This remains a work in progress, but I am optimistic that I will leave a structure behind me that will help us develop.

The region had another successful SECEM day earlier this year, which was well attended from across the patch, the hosts on this occasion were Maidstone, and there was a high standard throughout the day. Our keynote speaker was our President, Dr Taj Hassan.

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 a 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 morale seems to be dwindling in some South West Emergency Departments. Those that remain more positive appear to have much greater engagement from their executive teams and health communities in maintaining flow, and these trusts are performing better than previously despite increased attendances and admissions.

On a more positive note, the region hosted some successful events in 2017. The very successful DARE (dangerous and rare events) conference was held in Plymouth in September. It was associated with an EM50 celebration for the southern part of the region and is hoped to become an annual occurrence. In the North EM50 was celebrated with a well-attended black-tie dinner and dance with a key-note address by former RCEM President, Cliff Mann. Whilst the organisation of this event proved to be difficult from a financial perspective, it was well received and managed to raise some money for the new RCEM Foundation charity.

The South West remains a popular destination for consultants and especially trainees. 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.

Despite the levels of crowding, research continues to feature in the region, with many departments hosting national and international multicentre trials as well as developing their own projects. The South West remains one of the leading NIHR Specialty Groups recruiting nationally. The region has been recognised with one department winning an HSJ award for service redesign and South West departments winning the Patient Experience award, as well as being placed in the top three in all four categories of the RCEM awards this year.

One other significant development has seen the region's departments being aligned more closely to the LETB boards, with Bournemouth and Poole, Dorchester and Salisbury moving into the South-Central region from a College perspective. This should ensure that the staff in these departments do not fall between the two regions and can maintain closer ties with the College. It has also been noted that the Regional Board has failed to meet regularly over the past few years. It is hoped that this can be addressed this year, however with every department entirely focussed on their own crisis management, it remains challenging to organise the time, and head space, for such meetings.

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

South Central

South Central Region re-aligned its border over this year to incorporate Dorchester, Poole, Bournemouth and Salisbury to align with the Wessex School. This should allow better integration of these sites into the regional structure.

2017/2018 has been a further challenging year for the region. All Trusts have seen demand increase and have experienced the problems faced nationally in terms of access for unscheduled care and performance. It is clear that Trusts previously maintaining performance over the winter have faced challenges in terms of delivery and flow.

Feedback from across the region is that many sites are now receiving support from a number of agencies including ECIP and NHSI alongside external teams from independent companies such as KPMG and 2020. Sites report that strategies to manage the 2018/19 winter are already in advanced stages.

There are common themes of challenges across the area and these include:

- Staffing both medical and nursing:
 - Consultant recruitment continues across all sites with many appointments.
 - Middle grade and other posts are more challenging and gaps from OOPe and LTFT training exacerbates this.
 - It's often understated but many sites are now struggling to recruit to nursing posts, especially Band 5 with some sites having significant gaps.
 - Generally ACP recruitment is one area of success across many sites.
- Flow remains a focus although since March several sites have reported reduced numbers of DTOC patients.
- Hospital capacity flagged with comments around challenges in critical or high dependency access as a issue. It is clear that it is not only ED that suffers from poor flow.
- Sustainability for all grades both medical and nursing is reported from many sites with a particular focus on middle grade nights being difficult.

While there has been huge focus on the challenges, there are many areas to celebrate within the region.

Portsmouth has been commended by the CQC over its management of mental health patients both adult and Paediatric. Following a CQC inspection and review of mental health provision in the ED, it implemented focussed assessments for MH patients based on the national guidance. This has resulted in 100% assessment of MH patients in terms of risk and risk of absconding with a marked decrease in incidents as a result. A recent CAMHS pilot within the Paediatric ED saw a quicker review of this group and 80% discharge rate for these patients. Currently a business case is being developed to implement this service formally and sustainably.

Many sites have pressed ahead with GP streaming and integrated UCC facilities. Oxford have successfully recruited to a co-located UCC and have maintained GPs as part of their workforce.

Oxford University Hospital MTC has been reviewed with excellent feedback. The unit is continuing to review the service and have developed interventions to improve the response to silver trauma. In development is a new nine bedded Resus with adjacent CT facility to further improve the delivery of time critical treatment. Within Oxford there has been further work to improve the management of mental health patients and regular attenders.

University Hospital Southampton has managed to weather the winter relatively successfully. There is an exciting development in terms of the provision of a Children's ED and fund-raising activities are occurring including the clinicians rowing from Jersey to Southampton as part of this. The department is also building mental health rooms to further expand on the excellent service offered by the Vulnerable Adult Support Team. Special mention should go to Sarah Charters, Consultant Nurse, who has developed and leads this service and who was rightly awarded an MBE in the Queen's Birthday Honours list.

Wessex School of Emergency Medicine continues to deliver highest quality education. The school ranks 4th for HST and 1st nationally for ACCS training. PHEM training has started within region with good feedback. There has been an expansion of training sites across Wessex. Exam results remain very good across Intermediate and Final FRCEM exams. The first year of ACP training has been successfully completed and a new cohort of trainees have just been recruited.

Within Wessex training scheme, there remain the usual challenges of recruitment to posts and an increasing uptake of OOPE and LTFT training. There remains a challenge to sustainability of training both for trainees and trainers due to demand and the need to deliver enough training time within job plans.

While the past year has been a challenge the teams across the region have delivered innovations and patient care to the highest level.

Dr Simon Hunter
Regional Chair

West Midlands

The Emergency Departments in the West Midlands 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 past winter was worse than the previous despite the efforts of NHSE/NHSI to improve the situation. This was admitted at our annual conference in January 2018.

Apart from Major Trauma Centres, the vast majority of Emergency Departments in the region still fall short of RCEM recommended numbers of consultants to provide cover from 8am to midnight, Monday to Sunday. We look forward to the soon to be released updated RCEM document regarding the role of the Emergency Medicine consultant and staffing numbers for senior decision makers and consultants.

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. Also, nurse staffing numbers and skill mix are inadequate to provide the quality care that we are capable of. This does not seem to be recognised appropriately by many senior Trust Executives and Regulators. We are still awaiting the RCN recommendations to add weight to individual EDs' business cases. In addition, we are seeing in excess of the numbers of patients that the departments were built to accommodate; one ED is seeing 50% more than they anticipated to see. This obviously impacts on the quality of care delivered to patients. Planning new departments needs to be more robust to encompass future changes in demography and the Acute Care landscape.

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. University Hospital Coventry won the Training Department of the Year at the inaugural annual RCEM awards. The RCEM sponsored the EMCEF study day for Fellows and Members in the region, which took place on 10 January 2018, attracted over 100 delegates and was the most subscribed since its inception in 2009. RCEM President, Tajek Hassan, and Vice President, Chris Moulton, addressed the meeting with their view of what has been achieved in the previous year and the way forward for the specialty, highlighting that we need to keep looking up in our present unsatisfactory circumstances.

We held a well-subscribed Dinner and Dance for Consultants and Middle Grades on 21 April 2018 which served as an evening for colleagues to get to know each other and relax following a bruising winter.

Dr Peter Ahee
Regional Chair

London

The London Regional Board meets after each London Region Consultant CPD day. The CPD day runs from 9am to 3pm and the Board between 3-5pm, with meetings held in one of the College's two offices; Bream's Buildings or Octavia House.

Meetings have been held throughout the year, usually on a quarterly basis. There are usually 10-20 attendees from a range of hospitals across London. Like many other regions though, numbers often vary due to general workload in departments.

CPD days have involved general clinical topics, staff wellbeing & resilience, topics useful to trainers – QIPs, and topics relating to the most vulnerable patients in our departments. We have EM internal and external speakers.

The Regional Board has standing item reports from:

1. College Council.
2. The London Clinical Leaders group for the Urgent and Emergency Care pathway.
 - a. There has been particular discussion of new 136 Arrangements the London Streaming model. The group committed to timely handover of patients from ambulances and have encouraged all departments to work with the London Ambulance service to reduce delays. The group is determined to encourage the prevention of all 60 minute delays for ambulance handover. There has also been discussion recently of the London Locum cap arrangements.
3. The London EM school.
4. Medical Director of the London Ambulance service when possible.
5. We have also had a two of more informal evening gatherings; to share experiences and provide mutual support.

The main concerns within the area are much the same as those at a national level; high volume workload, lack of staff, pressure on performance, and the expense of getting staff to stay in the area.

Dr Katherine Henderson
Chairperson

North West

The North West is a large region hosting over 25 departments. There are of course the larger metropolitan areas such as Liverpool and Manchester but there are also outlying large and small departments covering large geographical areas as well as in island.

The chief issues in all areas are the same as other regions: increasing demand, rising admissions, into a smaller bed base with difficulty recruiting to substantive clinical positions. In addition to these relentless pressures there are a several STP areas in the region where broadly speaking there is little in the way of communication with clinical leads. There are a number of local service reconfigurations; in Liverpool the trauma services are a couple of years into a collaborative piece, in Greater Manchester the Healthier Together acute surgical service reconfiguration is starting to get underway after years of build-up. Trauma services there are also still being refined with Salford being supported by the Manchester Royal Infirmary.

There is lots of positive work going on too. Training in many departments is good with some great innovations. Recruitment and retention of non-medical clinicians is well developed. There is some great work with smaller local partners too such as the frequent attender work in Southport bringing together many social and primary care groups, elsewhere the development of ambulatory care pathways with hospital and community partners as well as ambulance services. Not everyone is in the same position though and some have more strengths than others currently. Sharing will help that.

Looking forward our challenges will persist. The very nature of our mindset will see us through though. I think it important to focus on looking after our staff so we can ensure they are in a good position to look after our patients: happy staff make happy patients after all. We are planning for our first regional College meeting for some time. This will be later in the year and the focus will be quality improvement and 'selves.

Dr Steve Jones

Chairperson

Yorkshire & Humber

The Yorkshire and Humber Region celebrated 50 years of Emergency Medicine with a number of events in and around Leeds. We held a study day and dinner, the highlight of which were presentations by the two past and current Presidents of the College. In the Celebration Week there was a full programme of activities with a CPR event and themed days on wellness, violence and alcohol prevention and Mental Health. The Civic and Town Halls in Leeds were also lit up in College colours.

We were able to commemorate Maurice Ellis's role in the foundation of the specialty when College President, Dr Taj Hassan unveiled a blue Civic Trust plaque on the front entrance to Leeds General Infirmary on 1 June. We hope this will serve as a permanent memorial to one of our founding fathers.

Graham Johnson

Chairperson



Report of Council

Council submits its annual report together with financial statements of the College for the year ended 31 December 2017.

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 10 Queen Street Place London EC4R 1AG | |
| 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 Davies | 2016 | 2019 |
| Registrar | Dr Ian Higginson | 2016 | 2019 |
| Treasurer | Prof Suzanne Mason | 2015 | 2018 |
| Hon Treasurer | Scott Hepburn | 2018 | 2021 |
| 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 succeeded by Dr David Cheung | 2014 2017 | 2017 2020 |
| Wales – National Board | Dr Robin Roop | 2015 | 2018 |
| East Midlands | Dr Bill Bailey succeeded by Dr Richard Wright | 2014 2017 | 2017 2020 |
| East of England | Dr Jim Crawford | 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 Succeeded by Dr Julian Webb | 2014 2017 | 2017 2020 |
| 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 Society.

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

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

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

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

The Trustees receive a training programme to ensure they 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 and use their own time to assist the College.

We and our Members and Fellows are honoured that The Princess Royal is our Royal Patron and was guest of honour at our Scottish Policy Forum and Diploma Ceremony in the autumn of 2017.

Staff policy and remuneration of senior staff

In relation to its staff, it is the policy of the College to observe equality of opportunity in their recruitment, development, treatment and promotion, to provide benefits superior to the statutory minimum entitlement, to recognise meritorious performance and to encourage development of individual potential by the provision of formal training. The College consults its Staff only on significant employment matters.

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. In 2018 it is planning to undertake a review of the employee remuneration arrangements and grading structure.

Objectives

The objectives for the Royal College of Emergency Medicine are described in the RCEM Vision 2020 which sets out our corporate strategy. The strategy document is available on our website.

The Royal College of Emergency Medicine promotes excellence in emergency care. Our activities are focused in three key areas:

- i. Promotion of best practice in Emergency Medicine – we strive to ensure that patient centred care is delivered by sufficient numbers of fully trained Emergency Medicine consultants and doctors, in a consultant led service working in and with the wider Emergency Medicine team.
- ii. Advancement of safe and effective Emergency Medicine by providing expert guidance and advice. We work to achieve a flexible and forward thinking approach to emergency care and to ensure that approach is shared with our partners and commissioners.
- iii. Working to educate, train and assess Emergency Medicine doctors to deliver the highest standards of professional competence and probity for the protection and benefit of all the public through the development of training, the funding of research and the setting of professional postgraduate examinations.

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

- working with other healthcare organisations and governments to implement the College's campaign 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;
- developing the employee structure to deliver our operations;
- improving our information systems to reduce risk and enhance our service performance;
- continuing to develop our risk management systems, budgeting and business planning.

Public Benefit

The College provides public benefit under the Charities Act in two main ways:

1. for the Advancement of Education for the Public Benefit to a section of the public and
2. a wider benefit to the public.

In terms of public benefit our Royal Charter empowers us to:

- a. advance education and research in Emergency Medicine and to publish the useful results of such research; and
- b. preserve and protect good health and to relieve sickness by improving standards of health care and providing expert guidance and advice on policy to appropriate bodies on matters relating to Emergency Medicine.

It also defines what constitutes Emergency Medicine as follows:

"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 15 million people through Type 1 Emergency Departments and over 24 million people through all types of Emergency Department. 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 2017, the President and Council worked to implement the strategy, RCEM Vision 2020, focused on three pillars of Staffing, Systems and Support for Emergency Care.

A significant breakthrough was achieved in the autumn of 2017 in England when the President, alongside the Chief Executives of NHS England, NHS Health Education England and NHS Improvement jointly signed a workforce strategy entitled: *Securing the future workforce for emergency departments in England*¹. This document set out the vision for expanding the workforce through increased recruitment and efforts to improve retention. In Wales, Scotland and Northern Ireland the College is also working to prioritise increased efforts on workforce recruitment and retention.

2017 saw substantial membership growth as our Advanced Care Practitioners credentialing programme became well established and the NHS expansion of these roles saw increased membership numbers. Increased doctor training numbers and our strategy of expanding our international examinations opportunities also saw growth in membership.

In 2017 we also celebrated the 50th anniversary of the creation of the medical specialty of emergency medicine. It was in 1967 that our predecessor organisation was formed: the Casualty Surgeons Association. To celebrate the anniversary public buildings across the globe were lit up in purple. During that period of celebration, we launched the RCEM Foundation which is a Board set up to raise monies for three aims:

1. support RCEM activities designed to optimise patient care in the UK;
2. support ground breaking research;
3. develop Emergency Medicine care and clinical training in low income countries.

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.

Following the implementation of the Charities (Protection and Social Investment) Act 2016, the Charity has reviewed its fundraising activities and confirms that it complies with the regulation. The Charity did not make use of any external fundraisers. No complaints were received in respect of its fundraising activities.

1. https://nhsicorporatesite.blob.core.windows.net/blue/uploads/documents/Emergency_department_workforce_plan_-_111017_Final.3.pdf

Financial Review

The Trustees are pleased to report that total incoming resources for 2017 were £6.374m. (2016: £5.638m)

The income was as follows:

| Incoming Resources | 2017 | % | 2016 | % |
|----------------------------|------------------|-------------|------------------|-------------|
| Donations & grants | 12,799 | 0% | 35,800 | 1% |
| Sundry sales and fees | 105,809 | 2% | 25,723 | 0% |
| Investment income | 65,223 | 1% | 42,200 | 1% |
| Emergency Medicine Journal | 244,594 | 4% | 198,746 | 4% |
| Subscriptions | 2,369,657 | 37% | 2,100,398 | 37% |
| Conferences & CPD | 725,672 | 11% | 603,281 | 11% |
| Examinations | 2,519,570 | 40% | 2,227,329 | 40% |
| Training | 157,712 | 2% | 255,042 | 5% |
| Clinical Audit | 173,210 | 3% | 149,707 | 3% |
| Internal Services Review | 0 | 0% | 0 | 0% |
| Total | 6,374,246 | 100% | 5,638,226 | 100% |

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 2017 the total membership rose to 7,517. 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 2017 were £5.946m compared with 2016 £5.597m. This report has highlighted earlier the key activities that account for the expenditure.

Major areas of unrestricted expenditure were as follows:

| Resources Expended | 2017 | % | 2016 | % |
|---|------------------|-------------|------------------|-------------|
| Cost of generating funds | 38,213 | 1% | 9,848 | 0% |
| Emergency Medicine Journal | 465,341 | 8% | 387,779 | 7% |
| Research & Publications | 146,352 | 2% | 143,301 | 3% |
| Education & Examinations | 2,143,735 | 36% | 1,813,789 | 32% |
| RCEMlearning | 303,439 | 5% | 236,905 | 4% |
| Training Standards Committee and general training | 726,625 | 12% | 695,471 | 12% |
| Conferences & CPD | 997,580 | 17% | 745,226 | 13% |
| Membership Services | 278,952 | 5% | 329,965 | 6% |
| Quality In Emergency Care | 344,309 | 6% | 313,194 | 6% |
| Policy & Professional Affairs | 389,093 | 7% | 419,582 | 7% |
| NHS Project Expenditure | 112,278 | 2% | 501,571 | 9% |
| Total | 5,945,917 | 100% | 5,596,631 | 100% |

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. These key risks are as follows:

1. Exams: There are a number of risks that are being run associated with our examinations, including the real risk that there are insufficient examiners available to hold an examination. In part this reflects the pressure on the specialty and the difficulty of emergency physicians to be released from their duties to examine. Mitigation: The examinations risks are regularly monitored, and management action taken to mitigate them. We are working to expand the number of examiners and the education Committee is closely managing this area led by the Dean and the Deputy Chief Executive. The Corporate Governance Committee is receiving regular updates and monitoring this closely.
2. IT: There is a risk that ongoing investment into our IT systems is likely to continue to deal with the level of change being experienced by the College. Mitigation: Our IT strategy is under review and we have expanded our workforce in the IT area.
3. Training Standards: There is a risk that the process for the appointment, management and monitoring of 'College Tutors' is not being followed. Mitigation: the process has been updated and reviewed.
4. Financial: There is a risk that budget may not be achieved. Mitigation: close financial management and regular reporting.
5. ePortfolio: There is a reputational and operational risk to the College that the required (probably for implementation at the beginning of the August 2018-July 2019 training year) migration to a new portfolio platform, will result in an inferior experience for users and/or loss of functionality/ access to data. Mitigation: This project is being closely managed through a Project Board.
6. There is a risk to the NHS as a whole and potentially to the College in relation to Brexit uncertainties for the Europeans clinicians. If their concerns about their right to work/live in UK this could give rise to a potential for staff shortages for the NHS and the risk for the College is clearly that we might see sudden reduction in Membership and hence income. Mitigation: The Brexit risks are not something with the College's sphere of influence - we are supporting policy advanced through the Academy of Medical Royal Colleges which raises these concerns on behalf of medical royal colleges.
7. RCEM Foundation Advisory Board: The new Foundation fund creates a risk that compliance burden is increased on the College. Mitigation: We are working through the compliance requirements with the Foundation Advisory Board and reporting to Corporate Governance Committee who are monitoring this new initiative.

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 2017 were £7.791m (2016: £7.264m) of which £0.273m (2016: £0.302m) were restricted and not available for the general purpose of the charity.

The unrestricted funds of the charity totalled £7.517m (2016: £6.693m) of which £6.236m (2016: £5.549m) 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 £1.282m (2016: £1.414m). 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 2017 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. 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 2017 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 2018 and signed on their behalf by:



Dr Tajek Hassan
President

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

Opinion

We have audited the financial statements of Royal College of Emergency Medicine for the year ended 31 December 2017 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act, and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and regulation 10 of the Charities Accounts (Scotland) Regulations 2006. 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's trustees as a body for our audit work, for this report, or for the opinions we have formed.

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2017 and of the charity's net movement in funds for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011 and the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

Basis for opinion

We have been appointed as auditor 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 the Acts and relevant regulations made or having effect thereunder. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement **set out on page 52**, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 and the Charities Accounts (Scotland) Regulations 2006 require us to report to you if, in our opinion:

- adequate accounting records have not been kept by the charity, or returns adequate for our audit have not been received from branches not visited by us; or
- sufficient and proper accounting records have not been kept; or
- the charity 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 Auditors haysmacintyre
10 Queen Street Place
London
EC4R 1AG

Date 17 May 2018

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 2017

| | Notes | Unrestricted Funds £ | Restricted Funds £ | Total 2017 £ | Total 2016 £ |
|---|----------|-------------------------|-----------------------|--------------------|--------------------|
| INCOME FROM | | | | | |
| Donations and grants (2016: £35,800 restricted) | 2 | - | 12,799 | 12,799 | 35,800 |
| Raising funds | | | | | |
| Sundry sales and fees | | 105,809 | - | 105,809 | 25,723 |
| Investment income | 3 | 65,223 | - | 65,223 | 42,200 |
| Charitable activities | | | | | |
| Emergency Medicine Journal | | 244,594 | - | 244,594 | 198,746 |
| CPD and conferences | | 725,672 | - | 725,672 | 603,281 |
| Subscriptions | | 2,369,657 | - | 2,369,657 | 2,100,398 |
| Examination fees | | 2,519,570 | - | 2,519,570 | 2,227,329 |
| Training (2016: £Nil restricted) | | 157,712 | - | 157,712 | 255,042 |
| Clinical audit | | 173,210 | - | 173,210 | 149,707 |
| Total | | 6,361,447 | 12,799 | 6,374,246 | 5,638,226 |
| EXPENDITURE ON | | | | | |
| Raising funds | | 38,213 | - | 38,213 | 9,848 |
| Charitable activities | | | | | |
| Emergency Medicine Journal | | 465,341 | - | 465,341 | 387,779 |
| Research & publications | | 146,352 | - | 146,352 | 143,301 |
| Education and Examinations | | 2,143,735 | - | 2,143,735 | 1,813,789 |
| RCEMlearning (2016: £19,872 restricted) | | 293,977 | 9,462 | 303,439 | 236,905 |
| Training (2016: £Nil restricted) | | 726,625 | - | 726,625 | 695,471 |
| Conferences & CPD | | 997,580 | - | 997,580 | 745,226 |
| Membership services | | 278,952 | - | 278,952 | 329,965 |
| Quality in Emergency Care (2016: £1,250 restricted) | | 344,309 | - | 344,309 | 313,194 |
| Policy and Professional Affairs | | 389,093 | - | 389,093 | 419,582 |
| NHS project expenditure (2016: £501,571 restricted) | | 80,380 | 31,898 | 112,278 | 501,571 |
| Total | 4 | 5,904,557 | 41,360 | 5,945,917 | 5,596,631 |

| | Notes | Unrestricted Funds £ | Restricted Funds £ | Total 2017 £ | Total 2016 £ |
|------------------------------------|--------------|----------------------------|--------------------------|--------------------|--------------------|
| Sub-total | | | | | |
| Net gains on investments | 8 | 97,800 | - | 97,800 | 164,300 |
| Net income for the year | | 554,690 | (28,561) | 526,129 | 205,895 |
| Transfer of funds | 12 | - | - | - | - |
| Net movement in funds | | 554,690 | (28,561) | 526,129 | 205,895 |
| Reconciliation of funds | | | | | |
| Fund balances brought forward | | 6,963,230 | 301,596 | 7,264,826 | 7,058,931 |
| Total funds carried forward | 12,13 | 7,517,920 | 273,035 | 7,790,955 | 7,264,826 |

All activities in the year were attributable to continuing activities. The notes on pages 18 to 27 form part of these financial statements.

The Royal College of Emergency Medicine

Balance Sheet as at 31 December 2017

| | Notes | 2017 | | 2016 | |
|--|-------|-------------|-------------|-------------|-------------|
| | | £ | £ | £ | £ |
| Fixed assets | | | | | |
| Tangible assets | 7 | | 14,235,517 | | 13,549,204 |
| Investments | 8 | | 1,321,699 | | 1,169,604 |
| | | | 15,557,216 | | 14,718,808 |
| Current assets | | | | | |
| Debtors | 9 | 705,215 | | 562,328 | |
| Cash at bank and in hand | | 1,086,423 | | 1,254,596 | |
| | | 1,791,638 | | 1,816,924 | |
| Creditors: amounts falling due within one year | 10 | (1,757,898) | | (1,270,906) | |
| Net current assets | | | 33,740 | | 546,018 |
| Total assets less current liabilities | | | 15,590,956 | | 15,264,826 |
| Creditors: amounts falling due after one year | 11 | | (7,800,000) | | (8,000,000) |
| Net Assets | | | 7,790,956 | | 7,264,826 |

| | | | | | |
|----------------------------|----|-----------|------------------|-----------|------------------|
| Represented by: | | | | | |
| Unrestricted funds: | 12 | | | | |
| Designated funds | | 6,235,517 | | 5,549,208 | |
| General funds | | 1,282,405 | | 1,414,022 | |
| | | | 7,517,922 | | 6,963,230 |
| Restricted funds | 13 | | 273,035 | | 301,596 |
| Total Funds | | | 7,790,957 | | 7,264,826 |

These financial statements were approved by the Trustees and authorised for issue on 2018 and are signed on their behalf by:



T Hassan (President)



S Hepburn (Honorary Treasurer)

The Royal College of Emergency Medicine

Cash Flow Statement for the Year Ended

31 December 2017

| | Note | 2017 | | 2016 | |
|---|------|-----------|------------------|-------------|--------------------|
| | | £ | £ | £ | £ |
| Cash flows from operating activities | | | | | |
| Net cash provided by operating activities | 16 | | 774,033 | | (37,135) |
| Cash flows from investing activities | | | | | |
| Investment income | | 65,223 | | 42,200 | |
| Purchase of tangible fixed asset | | (988,847) | | (9,242,827) | |
| Purchase of investments | | (85,759) | | (86,153) | |
| Proceeds from sale of investments | | 67,176 | | 96,887 | |
| Net cash used by investing activities | | | (942,207) | | (9,189,893) |
| Cash flow from financing activities | | | | | |
| Repayment of bank loan | | - | | (1,468,768) | |
| New bank loan | | - | | 8,000,000 | |
| Net cash used by financing activities | | | - | | 6,531,232 |
| Change in cash and cash equivalents in the year | | | (168,174) | | (2,695,796) |
| Cash and cash equivalents at the beginning of the year | | | 1,254,596 | | 3,950,392 |
| Cash and cash equivalents at the end of the year | | | 1,086,422 | | 1,254,596 |
| Analysis of cash and cash equivalents | | | | | |
| Cash at bank and in hand | | | 1,086,422 | | 1,254,596 |

The notes on pages 18 to 27 form part of these financial statements.

The Royal College of Emergency Medicine

Notes to the Financial Statements for the Year 31 December 2017

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 with the 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 2017 £ | Total 2016 £ |
|-----------------------------------|-------------------------|-----------------------|-----------------|-----------------|
| Health Education England Projects | - | - | - | 35,000 |
| RCEM Foundation | - | 7,699 | - | - |
| Donations | - | 5,100 | 5,100 | 800 |
| | - | 12,799 | 5,100 | 35,800 |

3. INVESTMENT INCOME

| | Unrestricted Funds £ | Restricted Funds £ | Total 2017 £ | Total 2016 £ |
|---|-------------------------|-----------------------|-----------------|-----------------|
| Dividends and interest on investments listed on a UK stock exchange | 62,083 | - | 62,083 | 27,734 |
| Interest received | 3,140 | - | 3,140 | 14,466 |
| | 65,223 | - | 65,223 | 42,200 |

4. EXPENDITURE

| | Direct Costs £ | Support Costs £ | Total 2017 £ | Total 2016 £ |
|---------------------------|-------------------|--------------------|-----------------|-----------------|
| Raising Funds | | | | |
| Website costs | 1,920 | - | 1,920 | 2,833 |
| RCEM Merchandise | 28,504 | - | 28,504 | - |
| Investment broker charges | 7,789 | - | 7,789 | 7,015 |
| | 38,213 | - | 38,213 | 9,848 |

| | Direct Costs £ | Support Costs £ | Total 2017 £ | Total 2016 £ |
|---------------------------------|----------------------|-----------------------|--------------------|--------------------|
| Charitable Activities | | | | |
| Emergency Medicine Journal | 465,341 | - | 465,341 | 387,779 |
| Research & publications | 130,306 | 16,046 | 146,352 | 143,301 |
| Education and examinations | 1,406,889 | 736,846 | 2,143,735 | 1,813,789 |
| RCEMlearning | 203,454 | 99,985 | 303,439 | 236,905 |
| Training | 351,525 | 375,100 | 726,625 | 695,471 |
| Conferences & CPD | 713,468 | 284,112 | 997,580 | 745,226 |
| Membership services | 123,740 | 155,212 | 278,952 | 329,965 |
| Quality in emergency care | 181,988 | 162,321 | 344,309 | 313,194 |
| Policy and professional affairs | 232,983 | 156,110 | 389,093 | 419,582 |
| NHS project expenditure | 112,278 | - | 112,278 | 501,571 |
| | 3,921,972 | 1,985,732 | 5,907,704 | 5,586,783 |
| | 3,960,185 | 1,985,732 | 5,945,917 | 5,596,631 |

| | Year to December 2017 £ | Year to December 2016 £ |
|------------------------------|-------------------------|-------------------------|
| Staff costs comprise: | | |
| Wages and salaries | 1,452,720 | 1,303,746 |
| Social security costs | 152,699 | 133,930 |
| Other pension costs | 124,287 | 70,461 |
| Total Employee costs | 1,729,706 | 1,508,137 |
| Casual staff | 2,569 | 35,618 |
| | 1,732,275 | 1,543,755 |

The average number of permanent employees during the period was 38 (2016: 35). These were supplemented by a number of casual staff who assisted with examinations, training and mailings.

At the balance sheet date, £0 was outstanding in respect of pension contributions (2016: £2,892).

Leading Light Enterprises Ltd, a company owned by the wife of the Chief Executive, provided services to the charity at a cost of £7,543 (2016: £ 5,724). The CEO has no involvement in the procurement or management of these services.

| | Year to December 2017 No. | Year to December 2016 No. |
|---|---------------------------|---------------------------|
| Staff numbers as analysed by category: | | |
| Exams & Education | 10 | 9 |
| Training | 7 | 7 |
| Policy & Professional Affairs and Quality in Emergency Care | | |
| Membership | 3 | 3 |
| Research & Publications and Events | 5 | 5 |
| Other | 7 | 6 |
| | 38 | 35 |

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

| | Year To December 2017 No. | Year To December 2016 No. |
|----------------------|---------------------------|---------------------------|
| £60,000 to £70,000 | - | 1 |
| £70,000 to £80,000 | 1 | - |
| £130,000 to £140,000 | - | 1 |
| £140,000 to £150,000 | 1 | - |

The aggregate emoluments of the senior management personnel (defined as salary and all benefits) amounted to £690,602 in respect of 11 employees. (2016: £627,191 in respect of 11 employees).

4a. SUPPORT AND GOVERNANCE COSTS

| | Year To December 2017 £ | Year To December 2016 £ |
|---|-------------------------|-------------------------|
| Staff costs | 478,715 | 320,828 |
| Rates, service charges and electricity | 229,944 | 116,945 |
| Office expenses | 149,884 | 181,219 |
| Printing, postage, stationery & telephone | 83,073 | 66,198 |
| Website & information technology | 169,789 | 108,023 |
| Insurance | 35,531 | 26,727 |
| Depreciation & loss on disposal of assets | 302,534 | 240,806 |
| Irrecoverable VAT | 152,957 | 95,031 |
| Sundry expenses | 30,232 | 17,144 |
| Bank interest on loan | 156,104 | 107,206 |
| Bank & credit card charges | 62,633 | 114,721 |
| Auditors' remuneration | | |
| For audit | 7,500 | 16,200 |
| Over/(under) accrual re preceding year | - | (4,500) |
| Board meeting and travel costs | 126,837 | 97,753 |
| | 1,985,733 | 1,504,301 |

5. CHARITABLE ACTIVITIES – GRANT EXPENDITURE

Research grants awarded by the Royal College of Emergency Medicine in the year to 31 December 2017 totalled £123,521 (2016: £119,848). 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 (2016: None) in respect of acting as Trustees. No trustee provided services to the charity for which they were paid (2016: None).

During the year, 32 trustees received reimbursement for costs for attending meetings and for travelling expenses, amounting to £56,478 (2016: 29 trustees, £94,678). In addition, expenses paid directly by the College, mainly in the form of hotel bills, amounted to £39,659 (2016: £27,381).

7. TANGIBLE FIXED ASSETS

| | Building Costs £ | Office Equipment £ | College Database £ | Coat of Arms £ | Chain of office £ | Total £ |
|--------------------------|------------------------|--------------------------|--------------------------|----------------------|-------------------------|------------|
| Cost or valuation | | | | | | |
| At 1 January 2017 | 13,509,090 | 513,250 | 400,793 | 6,534 | 428 | 14,430,095 |
| Additions | 790,034 | 198,813 | - | - | - | 988,847 |
| Disposals | - | (89,827) | - | - | - | (89,827) |
| At 31 December 2017 | 14,299,124 | 622,236 | 400,793 | 6,534 | 428 | 15,329,115 |
| Depreciation | | | | | | |
| At 1 January 2017 | 254,930 | 308,725 | 317,236 | - | - | 880,891 |
| Charge for the year | 104,476 | 126,453 | 71,605 | - | - | 302,534 |
| On Disposals | - | (89,827) | - | - | - | (89,827) |
| At 31 December 2017 | 359,406 | 345,351 | 388,841 | - | - | 1,093,598 |
| Net Book Value | | | | | | |
| At 31 December 2017 | 13,939,718 | 276,885 | 11,952 | 6,534 | 428 | 14,235,517 |
| At 31 December 2016 | 13,254,160 | 204,525 | 83,557 | 6,534 | 428 | 13,549,204 |

8. INVESTMENTS

| | 2017 £ | 2016 £ |
|--|------------------|------------------|
| Analysis of change in investments during the year | | |
| At 1 January | 1,169,604 | 984,585 |
| Additions at cost | 85,759 | 86,153 |
| Disposals at market value | (67,176) | (96,887) |
| Net gain on revaluation | 97,800 | 164,300 |
| Movement in investment cash | 35,712 | 31,453 |
| Market value at 31 December | 1,321,699 | 1,169,604 |
| Represented by: | | |
| Fixed interest | 141,029 | 144,553 |
| Equities | 931,061 | 824,301 |
| Alternative investments | 152,703 | 139,556 |
| Cash | 96,906 | 61,194 |
| | 1,321,699 | 1,169,604 |
| | 789,942 | 669,449 |

The aggregate value of investments that exceed 5% of market value in 2017 amounts to £262,804 (2016: £224,030) which relates to units in diversified funds (2016: diversified funds).

9. DEBTORS

| | 2017 £ | 2016 £ |
|----------------|----------------|----------------|
| Trade debtors | 194,725 | 63,533 |
| Prepayments | 256,704 | 287,087 |
| Accrued income | 244,153 | 198,607 |
| Other debtors | 9,633 | 13,101 |
| | 705,215 | 562,328 |

10. CREDITORS: amounts falling due within one year

| | 2017 £ | 2016 £ |
|---------------------------|------------------|------------------|
| Bank loan (see note 11) | 200,000 | - |
| Trade creditors | 164,288 | 173,590 |
| Taxes and social security | 57,168 | 45,167 |
| Accruals | 592,547 | 342,024 |
| Deferred income | 536,286 | 573,486 |
| Other Creditors | 207,609 | 136,639 |
| | 1,757,898 | 1,270,906 |

Deferred income related to exam, conference and course fees received in advance. All the deferred income at 31 December 2017 relates to fees received in 2017 and all deferred income at 31 December 2016 has been released.

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

| | 2017 £ | 2016 £ |
|--|------------------|-------------------|
| Bank loan | 7,800,000 | 8,000,000 |
| | 7,800,000 | 8,000,000 |
| Bank loan maturity analysis | | |
| Due less than 1 year | 200,000 | - |
| Due 1 – 2 years | 200,000 | 200,000 |
| Due 2 – 5 years | 7,600,000 | 7,800,000 |
| Total loan value | 8,000,000 | 8,000,000 |
| Included in current liabilities | (200,000) | - |
| Included in long term liabilities | 7,800,000 | 8,000,000- |

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 2017 As restated £ | Incoming Resources £ | Resources Expended £ | Investment gains/losses and fair value £ | Transfers £ | At 31 December 2017 £ |
|------------------------|--|----------------------------|----------------------------|---|----------------|--------------------------------|
| Designated fund | | | | | | |
| Tangible fixed assets | 5,549,208 | - | - | - | 686,309 | 6,235,517 |
| General fund | 1,414,022 | 6,361,447 | (5,904,557) | 97,800 | (686,309) | 1,282,403 |
| | 6,963,230 | 6,361,447 | (5,904,557) | 97,800 | - | 7,517,920 |

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 2017 £ | Income £ | Expenditure £ | At 31 December 2017 £ |
|-----------------------------------|---------------------------|---------------|------------------|-----------------------------|
| Alison Gourdie Memorial Fund | 43,832 | - | - | 43,832 |
| E-learning for Health Fund | 87,084 | - | (9,462) | 77,622 |
| ENACT | 3,348 | - | - | 3,348 |
| Beth Christian Memorial Fund | 950 | 5,100 | - | 6,050 |
| Emergency Care Data Set Project | 67,447 | - | (33,224) | 34,223 |
| Health Education England Projects | 98,935 | - | 1,326 | 100,261 |
| RCEM Foundation | - | 7,699 | - | 7,699 |
| | 301,596 | 12,799 | (41,360) | 273,035 |

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

The Beth Christian Memorial Fund was established in her memory.

Elearning for Health (previously known as the EnlightenMe Grant) is a project 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. The negative expenditure represents the reversal of an expenditure accrual.

14. ANALYSIS OF NET ASSETS BETWEEN FUNDS

| | General Funds £ | Designated Funds £ | Restricted Funds £ | Total Funds £ |
|--|-----------------------|--------------------------|--------------------------|---------------------|
| Fund balances at 31 December 2017 represented by: | | | | |
| Tangible fixed assets | - | 14,235,517 | - | 14,235,517 |
| Investments | 1,321,699 | - | - | 1,321,699 |
| Net current assets | (39,296) | (200,000) | 273,035 | 33,739 |
| Creditors falling due after one year | - | (7,800,000) | - | (7,800,000) |
| Total net assets | 1,282,403 | 6,235,517 | 273,035 | 7,790,955 |

15. OPERATING LEASE COMMITMENTS

| | 2017 Equipment £ | Property £ | 2016 Equipment £ | Property £ |
|--|------------------------|---------------|------------------------|---------------|
| Operating leases which expire within: | | | | |
| Less than one year | 24,240 | - | 23,340 | - |
| Between one and two years | 24,240 | - | 23,340 | - |
| Between two and five years | 25,401 | - | 44,901 | - |
| Over five years | 225 | - | 1,590 | - |
| | 74,106 | - | 93,171 | - |

16. RECONCILIATION OF OPERATING PROFIT TO NET CASH

| | 2017 £ | 2016 £ |
|--|----------------|-----------------|
| Net income before other gains and losses | 428,329 | 41,595 |
| Depreciation charges | 302,534 | 258,260 |
| Amortisation of loan arrangement fee | - | 17,628 |
| Investment income | (65,223) | (42,200) |
| Movement in investment portfolio cash | (35,712) | (31,453) |
| Decrease/(increase) in debtors | (142,887) | (76,964) |
| Increase/(decrease) in creditors | 286,992 | (204,001) |
| Net cash inflow from operating activities | 774,033 | (37,135) |

17. CAPITAL COMMITMENTS

The College had made no capital commitments at the balance sheet date or subsequently (2016: £833,000 plus VAT).

Annex

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

AAGBI – Management of proximal femoral fractures Working Party
Academy Committee of the Directors of Continuing Professional Development
Academy of Medical Royal Colleges
Academy of Medical Royal Colleges, Chief Executives Group
Academy Foundation Committee
Academy Revalidation and Professional Development Group
Academy - Choosing Wisely
Academy - Tariff Reference Group
Academy - Guidelines about Onward Referral in Secondary Care
Academy - Patient Liaison Group
Academy of Medical Royal Colleges and Faculties in Scotland
Academy of Medical Royal College Wales
Alcohol Health Alliance (AHA)
All Party Parliamentary Group – Antimicrobial Resistance
All Wales School of Emergency Medicine
Association of Anaesthetists of Great Britain & Ireland (AAGBI) – Ultrasound Working Party
Association of Paediatric Emergency Medicine - Executive
Association of Chief Police Officers (ACPO)

British Association for Sexual Health and HIV (BASHH) / British HIV Association (BHIVA) - Testing Guidelines Group
BMA – Central Consultants and Specialists –EM Sub-Committee
BMA - Clinically assisted nutrition and hydration (CANH)
BMA Scotland
British Lung Foundation - Respiratory Taskforce Stakeholder Group
British Red Cross
British Thoracic Society (BTS) - Quality Standards for non-invasive ventilation
BTS - Guideline for the outpatient management of pulmonary embolism
BTS/ Scottish Intercollegiate Guidelines Network (SIGN) asthma guideline

Care Quality Commission
Conference Of Postgraduate Medical Deans (COPMeD) – Overarching Data Strategy Group (ODG)
Confidential Enquiry into Maternal and Child Health (CEMACH)
CQC

Department of Health – various medical expert groups HEE, NHSE, NHSI
Department of Health Northern Ireland

Emergency Medicine Trainees' Association (EMTA)
European Society For Emergency Medicine (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)
Faculty of Forensic and Legal Medicine
Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine (FASSGEM)

General Medical Council (GMC) - Health Committee
General Practitioners at the Deep End (Scotland)

Health Education England - Prescribing Safely in Mental Health
Health Education England - Integrated Urgent Care / NHS 111 Workforce Development Programme
Health Education and Improvement Wales (HEIW)
Healthcare Improvement Scotland
Healthcare Inspectorate Wales (HIW) - Patient Discharge Thematic Review Stakeholder Group
Health Innovation Network
HCA Healthcare UK
Home Office – Modern Slavery Campaign
HSC Public Health Agency (Northern Ireland)

Independent Inquiry into Child Sexual Abuse - Prevention of child sexual abuse in healthcare settings
International Federation for Emergency Medicine (IFEM)
Intensive Care Society – Education & Training Committee
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
Intercollegiate Board for Training in Pre-Hospital Emergency Medicine (IBTPHEM)

Intercollegiate Committee for Acute Care Common Stem Training (ICACCST)
Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings
Institute of Hepatology - Lancet Commission for Liver Disease

Joint Colleges Hospital Visiting Committee
Joint Royal College Ambulance Service Liaison Committee Landspítali -The National University Hospital of Iceland

Medical Assessment Partnership Board (MAPD)
Medical Council on Alcohol – Advisory Committee
Medicines and Healthcare Products, Committee on the safety of Devices
MBRRACE

National audit of seizure management in hospitals (NASH)
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
National Co-ordinating Centre for Health Technology Assessment (NHS R&D)
National Electronic Library for Health – Emergency Care branch
National Horizon Scanning Centre expert database
National Information Governance Board for Health and Social Care
National Institute for Health and Clinical Excellence (NICE)
National Institute for Health and Clinical Excellence (NICE) – Quality Standards Programme Board
National Patient Safety Agency (NPSA) – National Clinical Assessment Service – Professional medical and dental assessors
National Patient Safety Agency – Medical Advisory Panel
National Poisons Information Service (NPIS)
National Safeguarding Delivery Unit – Partnership Network
National Stroke Network – Acute Care Group
National Surviving Sepsis Campaign
National Workforce Skills Development Unit - Enhancing the management of psychological trauma and resilience experienced by staff working in the NHS
NHS Blood and Transplant (NHSBT) - Donation Advisory Group
NHS Digital - Assuring the Clinical Content of NHS Pathways
NHS Education for Scotland
NHS England
NHS England North Regional team - Liaison Mental Health Task & Finish Group
NHS Health Education England
NHS Improvement
NHS National Services Scotland
NHS Pathways - National Clinical Governance Group of NHS Pathways
NHS Right Care - Optimal pathway for the management of headache and migraine
Northern Ireland Ambulance Service

Paediatric Intensive Care Society (PICS) – National Standards
Patient and Client Council (Northern Ireland)
Professional Record Standards Body (PRSB)
Public Health England (PHE)
Public Health Wales (PHW)

Regulation and Quality Improvement Authority (RQIA) Northern Ireland
Resuscitation Council (UK) – Treatment of Anaphylactic Reactions
Royal College of Anaesthetists – Council
Royal College of Anaesthetists – End of Life Care working party
Royal College of Obstetricians and Gynaecologists
Royal College of Ophthalmologists - Clinical Commissioning Advisory Group for Emergency Eye Care Services
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 Paediatrics and Child Health – Emergency Standards Committee
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 – 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 London – End Of Life Roundtable
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 Psychiatrists – Mental Health Act Review
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
Royal College of Surgeons of England – Quality improvement in surgery
Royal College of Surgeons of Ireland (RCSI)
Royal Society for the Prevention of Accidents (ROSPA)

Scottish Ambulance Service
Scottish Government's 6 Essential Actions for Unscheduled Care National Programme
Scottish Government's Ministerial Strategic Group for Health and Community Care
Scottish Government's Unscheduled Care Advisory Group
Scottish Health Action for Alcohol Problems (SHAAP)
Serious Hazards of Transfusion Steering Group (SHOT)
St John Ambulance

The Emergency Medical Retrieval and Transfer Service Cymru (EMRTS) Wales

UK Advisory Panel for Healthcare Workers Infected with Blood borne Viruses
UK Clinical Research Collaboration (UKCRC) – Clinical Research Collaboration (NRES – National Research Ethics Service)
UK Clinical Research Network (UKCRN) – National Institute for Health Research – specialty groups
UK Health Alliance on Climate Change (UKHACC)

Warwick Advisory Group
Welsh Ambulance Service
Wales Deanery
Welsh Government's National Programme for Unscheduled Care Board
Welsh NHS Confederation

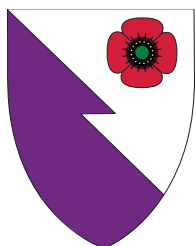
“The Royal College of Emergency Medicine objective is to promote excellence in emergency care. Our activities are focused in three key areas:

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

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

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

This report covers activity of the year to 31 December 2017



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