The Royal College of Emergency Medicine

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COUNCIL MINUTES

The Minutes of the meeting of the Council held via Zoom on 18th March 2021. The meeting was chaired by the President, Dr Katherine Henderson.

In attendance:
Trustees:

Steve Black	*FASSGEM Chair*
Adrian Boyle	*Vice President, Policy*
Simon Carley	*CPD Director*
Dan Darbyshire	*EMTA Chair*
Carole Gavin	*Vice President Membership*
Divyansh Gulati	*South Central Regional Chair*
Scott Hepburn	*Treasurer*
Jayne Hidderley	*Lay Group Chair*
Ian Higginson	*Vice President*
Steve Jones	*North West Regional Chair*
Paul Kerr	*Vice President, Northern Ireland*
Lisa Munro-Davies	*Vice President*
Kalyana Murali	*West Midlands Regional, Chair*
Shashank Patil	*Regional Co-chair, London*
Suresh Pillai	*Vice President, Wales*
Derek Prentice	*Corporate Governance Chair*
Adam Reuben	*South West Regional Chair*
Emma Rowland	*Regional Co Chair, London*
Jason Smith	*Chair, Research Committee*
Simon Smith	*QEC Chair*
John Thomson	*Vice President, Scotland*
Will Townend	*Dean*
Richard Wright	*Chair, East Midland region*

Present (representatives, co-opted members and employees)

Jennifer Barley	*Senior Member Engagement Officer*
Gerardine Beckett	*Office Manager*
James Beedle	*Communications Officer*
Gareth Davies	*Membership Manager*
Susannah Grant	*Head of Examinations*
Ian Gurney	*HM Forces Representative*
Helgi Johannsson	*RCoA representative*
Pooja Kumari	*Policy Manager*
Emily Lesnik	*Quality Manager*
Sam McIntyre	*Head of Quality and Policy*
Gordon Miles	*Chief Executive*
Shamim Nasrally	*SAM representative*
Luke O'Reilly	*Communications Manager*
Nigel Pinamang	*Director of Corporate Services*
Tamara Pinedo	*Policy and Communications Officer*

Kelly Sarsfield	*Policy Officer*
Anne Weaver	*Pre-Hospital Care representative*

C21.16 Welcome and apologies

Apologies for absence received from Sohom Maitra, Chair, North East Region; Alastair Gilmore, RCP representative; Emily Beet, DCEO; Fergal Hickey, IAEM representative; Jane Evans, Chair, East of England Region; Olivia Wilson, ACP Forum Chair; Salwa Malik, Chair, South East Coast

The President asked Council to note, with great sadness, the passing of our Past President, Dr Clifford Mann OBE. Over 400 people joined the online stream of his funeral.

C21.17 Conflicts of interest

None were declared.

C21.18 Minutes

The Minute of the meeting held on 28th January were accepted as a correct record. Some minor adjustments were required and these were made.

C21.19 Matters arising

i. Dr Henderson advised that she has been approached by a member who would like to form a simulation group. Whilst Dr Henderson wishes to encourage enthusiasts, it was noted that we disbanded our previous simulation group. After a brief discussion it was felt that a time limited task and finish group could be useful to locate, collate and share good practice. Action: The Dean to take forward.

ii. 111/111 in London – Dr Henderson is pushing to be given some data on this.

iii. Workforce – Dr Black gave a presentation on the SAS contract. He confirmed that although he is not an expert he has had involvement in the process. A committee formed from the BMA, NHS Employers and selected SAS doctors has worked on the contract. RCEM has some representation but FASSGEM does not. Negotiations in Wales are complete, England is close and should be confirmed today, Northern Ireland is following suit and Scotland and Ireland are in separate negotiations. The discussions centered around a new specialty doctor contract and new specialist grade (replacing Associate Specialist). Eligibility is 12 years NHS service with 6 years in the specialty.

Benefits include a pay deal of 3% investment per year over 3 years, the new senior SAS grade, individual choice for SAS doctors currently on national contracts, and choice of whether to move to the new contact. Also, safeguards will be put in place to protect SAS doctors and work/life balance; a flatter pay scale to better reward SAS doctors through their career and help reduce the gender pay gap. Also increased on call supplements, creation of a new SAS advocate, enhanced pay and provisions for shared parental leave and child bereavement leave, an additional day of annual leave after 7 years service and a non-recurrent ring-fenced funding dedicated to SAS improvement and development available at local level in England and at national level in Wales.

On the negative side there will be an extension of plain time to 7.00am – 9.00pm on weekdays; no automatic ascension for locally employed Associate Specialists since the grade closed in 2009.

Dr Black asked clinical leaders to give thought to the fact that RCEM need to accept that not all doctors fit the traditional model of training; recognise that SAS Doctors are not a group of failed or second class doctors, address institutional snobbery.

In summary, Dr Black/FASSGEM applauds attempts to re establish an opportunity to progress in EM for SAS Doctors. He is concerned by the changes to out of hours and how this disproportionately affects EM clinicians. Also concerning is the widened the gap between senior SAS doctors and Consultants in terms of terms and conditions and pay. SAS doctors will require support from RCEM to ensure that this is equitable and encourages sustainability.

Dr Henderson thanked Dr Black for this presentation and confirmed that she certainly will raise this at the clinical leaders zoom call.

C21.20 Vice President, Membership's report

The spreadsheet of membership activity was previously circulated highlighting 300 new members, 79 reclassifications and 84 resignations, indicating an increase in membership numbers, 72 of which are ACPs. As mentioned at a previous Council meeting, it would be beneficial to arrange an exit interview with those members resigning to find out more about their reasons to resign. Dr Gavin asked Council to approve these applications, which they did; give credit for the work that we do, supporting our colleagues and providing a significant contribution to Emergency Departments across our 4 nations. Clinical leaders could promote working as an SAS Doctor as a viable and valuable career, put people on SAS contracts once it is established that doctors become part of the permanent workforce, this gives them national T&C's, SPA time to develop and progress as well as give support with rotations through specialties to allow CESR progression.

C21.21 Report from the Dean

Dr Townend highlighted the new examination regulations for approval. Ms Grant summarized the Examination Regulations and associated information packs required to relflect the changes to be introduced from August 2021, aligned to the new curriculum. The regulations have been reviewed and signed off by the Examinations Subcommittee and Education Committee on 4 February 2021 and are now submitted here for final Council approval.

Key changes to regulations (from current regulations relating to 2015 curriculum examinations, as currently available on the website)

- **All exams:**

o Removed regulation requiring trainees to have paid their membership subscription – this is managed by the training team

o Added clear notice that the College will share exam results with HEE offices and Heads of School for trainees in UK GMC approved EM programmes

o Enhanced information for candidates requiring reasonable adjustments

- **MRCEM OSCE**

o Update to the eligibility criteria, reducing the experience required from 36 months to 24 months – this was in response to trainee feedback and was supported by TSC. Six months experience in EM is still required.

o Update to the oversubscription criteria, first priority for ST3 trainees, second priority is given to Irish trainees in year 3, and a third line priority has been added to support non-trainees working in the NHS

- **FRCEM SBA and OSCE**

o Update to the eligibility criteria, reducing registrar level experience to 12 months, which effectively enables trainees to attempt the exam from the start of ST5

o Update to oversubscription criteria to offer third line priority to non-trainees working in the NHS as per MRCEM OSCE above

- No specific regulation changes made to the MRCEM Primary or MRCEM SBA.

- **Appeal procedure**

o Updated personnel terminology and edit to the submission instructions so as to encourage appeals to be submitted via email (and not by post)

- **Misconduct policy**

o Addition of sharing exam content via social media as an example of academic misconduct (in response to Telegram revision groups)

o Updated to make applicable to written examinations sat with Pearson VUE

There was a discussion on the various changes and Dr Murali expressed concern about how we monitor social media, sharing of questions and stations and comments on the exams. Dr Townend thanked Dr Murali for highlighting this but confirmed that we cannot police social media but when issues are brought to our attention they will be investigated. Dr Henderson confirmed that the AoMRC is looking at this issue and we plan to following that guidance. The regulations were approved.

Examinations update - It's almost exactly a year since the decision was taken to cancel the Spring 2020 FRCEM Final SAQ and Critical Appraisal examinations due to take place on 19 March, but we were already looking at the possibilities of online remote invigilated written examinations. Our rapid path to online delivery has paid off, but we haven't been able to fully get to grips with the MRCEM OSCE.

Highlights

The table below sets out the number of candidates we were able to examine from July 2020 – January 2021.

Exam	Date	Total candidates sat
FRCEM Final SAQ	Jul-20	193
FRCEM Final SAQ	Sep-20	381
FRCEM Final CA	Sep-20	440
FRCEM Intermediate SAQ	Sep-20	1061
FRCEM Intermediate SJP	Sep-20	518
FRCEM Primary	Aug-20	673
FRCEM Primary	Dec-20	1912
Written Total		**5178**
FRCEM Final OSCE	Sep-20	49
FRCEM Final OSCE	Nov-20	182
FRCEM Final OSCE	Jan-21	139
Clinical Total		**370**
TOTAL		**5548**

The only completely exams cancelled in 2020 were the Spring Critical Appraisal, June MRCEM OSCE (London), July MRCEM OSCE (India) and November MRCEM OSCE (India). The Spring Final SAQ was rescheduled to July 2020 and the June Primary rescheduled to August. The Spring FRCEM OSCE was rescheduled to September with places offered to ST6 candidates due to CCT in summer 2020.

MRCEM OSCE challenges

The MRCEM OSCE has suffered the most because of the need for assessment of hands on examination technique. Plans for a hybrid OSCE (5 face to face and 9 online stations) were approved by the GMC and the first diet was scheduled to take place in March 2021. A combination of the planned travel restrictions, numbers of candidates cancelling their booking and the dire lack of examiner availability led to the Examinations Subcommittee cancelling the examination.

There is a working party looking at further alternative models for a hybrid MRCEM OSCE that are less susceptible to future lockdown measures and we are working on ways to accommodate as many candidates as possible over the summer. The demand is most significant from international candidates, which presents additional travel issues while restrictions are still in place.

Risks

- MRCEM OSCE demand is currently greater than the supply
- Examiner availability for OSCE examining
    - Waning enthusiasm for online/remote OSCE examining – it's a tiring day without the perks of being able to socialise with friends and colleagues
- FRCEM OSCE demand is still high and for May we are looking to increase capacity on two days to accommodate all applicants – this will double the number of examiners needed on those days

Actions and recommendations

Council is asked to note the risks around examiner availability and to advocate locally in support of examining as a vital educational activity.

Dr Henderson thanked the Examinations Team for this really impressive report and she thanked them for their dedication and diligence under very difficult circumstances.

C21.22 Treasurer's Report

Dr Hepburn advised that the annual audit by Kingston Smith took place earlier in the month and once again we have received an unqualified opinion from them and a clean report. Dr Hepburn acknowledged the work of the Finance Team and thanked them for their efficiency. There are a couple of items to review – to test our finances as a going concern in the form of a COVID stress test – and they were content with the result. Trustee declarations should be completed annually and trustees were thanked for completing these.

We are unfortunately anticipating a deficit in 2021 of £1m which is a significant amount. Reviews are on-going to see how we can reduce this and we believe it will improve, nevertheless, this is a serious issue. These are difficult and uncertain times for all and we need to look at the resignations we have received to see whether these can be reversed. We also have two buildings which have remained empty for almost a year.

Dr Hepburn received a letter from a member asking why we had liquidated our investments – and Dr Hepburn responded fully to the question, confirming that we have a transparent process.

C21.23 CEO's Report

i. NomCom/Trustee Board recruitment update – Mr Miles confirmed that recruitment is going forward led by Mr Ken Batty with Dr Gavin, Dr Naravi, Dr Higginson and Mr Prentice also on the interview panel along with a non-executive, Jamie Pringle. The process of recruiting trustees will be supported by a recruitment consultant to help us through the long and short listing. There will be a 6 month probationary period and Mr Miles will send a regular bulletin to Council members to keep everyone updated. Mr Miles urged Council members to contact him if they have any concerns about this as we must get this right.
ii. Staffing update – we have been working at home for a year now and some roles have changed, as well as how we work and the tools we use. We will be having a review of staffing needs and we may have to disestablish some roles. Mrs Beckett is retiring for example and her role will be split up.
iii. Foundation update – this was set up to help to fundraise. We have now recruited a fundraiser and we have changed the name to the RCEM Foundation to reflect international development.

iv. Service Centre - this has been set up to help deal with generic enquiries in an effort to relieve pressure on the Examinations Team and the Training Team initially, and we hope to see improvements in the next few weeks.
v. We are working towards paperless Direct Debits
vi. Mr Miles thanked Council for approving the Corporate Plan.

Dr Henderson thanked Mr Miles and all staff involved and was pleased to learn that we have recruited a website manager.

C21.24 President's report

Dr Henderson requested all Council members to join 4 separate zoom groups to discuss the events of the last year and to discuss what has gone well, how we could improve, what are our key lessons and what College action have had the most powerful impact during the pandemic.

i. Examinations group – It was felt that the College's agility to be able to switch to online examinations was a great success but communications could have been a little better. CESR trainees found the system more favourable. Dr Gurney felt that the CESR programmes now look like a formal training programme but without the need to rotate. Dr Gulati felt the system reinforced the difficulties for international medical graduates.
ii. Events – as with the examinations – it was agreed that we successfully moved our events to an online format. The CPD days programme is delivering what it was designed for and is receiving good feedback. There is work to do to better reflect and serve our wider membership. However, it was agreed that we should aim to return to face-to-face conferences perhaps alongside a hybrid model.
iii. Examiners – we need to take action to recruit and the President suggested we should perhaps consider using trainees (ST6 for example). The AoMRC has published data on cancelled examinations and we faired well in that table.
iv. Quality and Policy – Ms McIntyre felt that Policy work had gone well, especially with the fortnightly clinical leaders zoom calls which was helpful in highlighting emerging issues and is an open environment. The safety alerts issued by the Quality Team are well received. We could try harder to capture the patient experience and this is an ongoing project.
v. Quality/QIP – this is one of our main workstreams and Dr Higginson urged members to feedback to him or to Dr Smith with issues and suggestions. Quality is a factor in Training, care and service and perhaps a Task & Finish group could look at how to focus on this.
vi. Communications and Membership – Dr Gavin advised that we are looking at better communication, bott internal and external, noting that a balance is needed to prevent fatigue and information overload. Ideally we should provide a strong leadership voice and Dr Johannsson agreed that we do! Again, the Clinical Leaders forum is universally well received. Going forward, the membership engagement team establishment is a step forward. Dr Higginson thanked the Communications Team and welcomed James Beedle to Council who has joined us and got on with the work in hand very quickly.

C21.25 Regional reports

i. East Midlands – Dr Wright reported that the East Midlands continues to function without a formal regional RCEM board. Issues of concern are channeled through the heads of service to the regional chair. Likewise, dissemination of College communications takes place from the regional chair to the heads of service. The East Midlands represents the following Emergency Departments: Nottingham, Leicester, Northampton, Derby, Kettering, Lincoln, Chesterfield and Mansfield. The region also provides the setting for the East Midlands School of Emergency Medicine. The focus for the past year has primarily been maintaining emergency department provision, in the context of the COVID pandemic. This has resulted in the postponement of the 2020 annual regional CPD event. In general however, we have continued to provide emergency medicine training for our ACCS and HST trainees.

Moving forward our focus will be (hopefully) recovery from pandemic processes and return to a more sustainable and quality driven provision of Emergency Medicine in the East Midlands.

Having completed three years in the role of Regional Chair, I will be stepping down this year. Efforts are being made to identify a colleague to replace me.

ii. North West – Dr Jones reported that it is no understatement to say that this year has been a challenging one. The dramatic service changes required to organise a response to the COVID pandemic have been at the forefront of all the service leads and College membership in the region.

A number of our departments were already working above capacity with many failing to reach the urgent care access standard. The duplication of process required added an additional staffing burden on these stretched departments which coped in the first wave because of a marked reduction in attendances. Subsequent to this lockdown period presentations increased to near pre-COVID levels in many departments increasing the pressure on staff. Many departments were able to establish and maintain good infection prevention and control (IPC) practices which minimised risk to staff but the return of crowding and corridor medicine in departments has certainly increased patient risk as flow into hospital beds has slowed significantly.

The rapid trial and implementation of the new 111 processes was largely welcomed but variation in alternative services and patient habituation meant that whilst call volumes and handling to these services were high, ED footfall was not significantly reduced.

Most departments established new pathways through and out of the hospital site they were on. Examples of good initiatives included a daily MDT meeting between the EM, medicine and intensive care medicine teams to establish ceilings of care for admitted patients.

Despite these pressures many departments managed to establish a training programme for new staff including IPC procedures. Departmental teaching was maintained and quickly enhanced with small pockets of new networks being developed for journal clubs etc.

The RCEM Zoom calls were a fantastic addition and many departments found both the information sharing, and latterly education initiatives, to be very useful.

Plans for next year -there will be one regional meeting in 2021.

Council is asked to note my significant thanks for its support in my Chair role and in particular for the admin and support staff who tried to encourage me as various deadlines whooshed by.

I wish the College and Andy Ashton as the next regional Chair all the very best.

Dr Henderson thanked Dr Wright and Dr Jones and confirmed that receiving regional reports was a very important part of Council meetings.

Dr Henderson also said she has a deep sense of dread about the state of our hospitals between now and November – do we resume elective surgery in the summer months and keep beds free in the winder for those who need them following ED admittances? We also need a real commitment to same day emergency care, NHS 111, pilots etc and all the while, the Clinical Review of Standards goes on. Dr Boyle also has concerns about this winter, but highlighted the 4 day Easter break which is soon.

C21.26 Any other business

i. Dr Rowland was concerned about exit block and handovers which we need to do better when the situation returns to a more normal status. Dr Higginson felt we are likely to see a different approach from CQC with less acceptance of crowding and an emphasis on flow.
ii. Dr Henderson advised that Mrs Beckett retires on 31st March making this her last Council meeting after nearly 24 years at the College. She was thanked for her work and commitment.

C21.27 Date of next meeting

13th May 2021, followed by 8th July, 16th September and 18th November.