ANNUAL REPORT AND ACCOUNTS 2020

The Royal College of Emergency Medicine

About the Royal College of Emergency Medicine

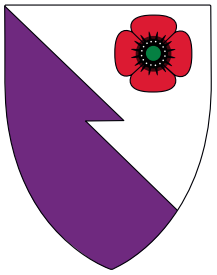
The Royal College of Emergency Medicine's objective is to promote excellence in emergency care. Our activities are focused in three key areas:

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

Registered Charity 1122689 Scottish Charity SC044373



Annual Report and Accounts 2020

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Foreword by Her Royal Highness The Princess Royal

BUCKINGHAM PALACE

As 2020 dawned, few of us foresaw the true impact of a new disease emerging in China, and soon to dominate the news as the ski season in Europe peaked. For you as members of the College working on the front line of medical services in the NHS, the COVID-19 pandemic has challenged so much of your world. I would like to thank our membership for their immense contribution during the pandemic, for some this has meant contracting the virus, and I know that sadly some of your colleagues lost their lives because of COVID- 19.

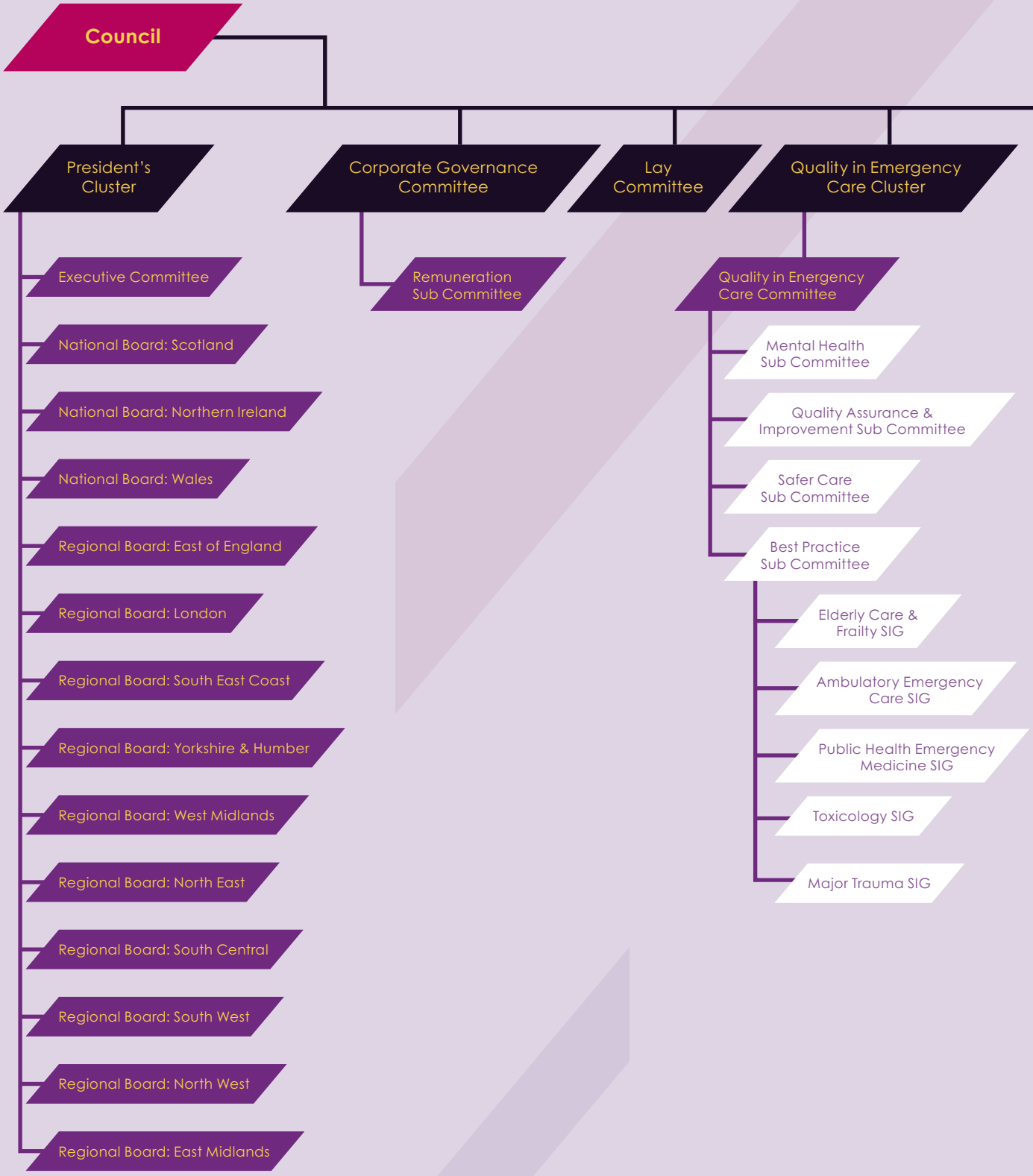
Notwithstanding the huge demands of the pandemic, 2020 saw some landmarks for the College. To help support you, your College has rightly focused on supporting efforts to get the right personal protective equipment regime in place across the country. The work of getting ready to implement the new curriculum in 2021 continued unabated. This is a significant event for the specialty and will change the nature of training and examinations for emergency medicine in the coming years.

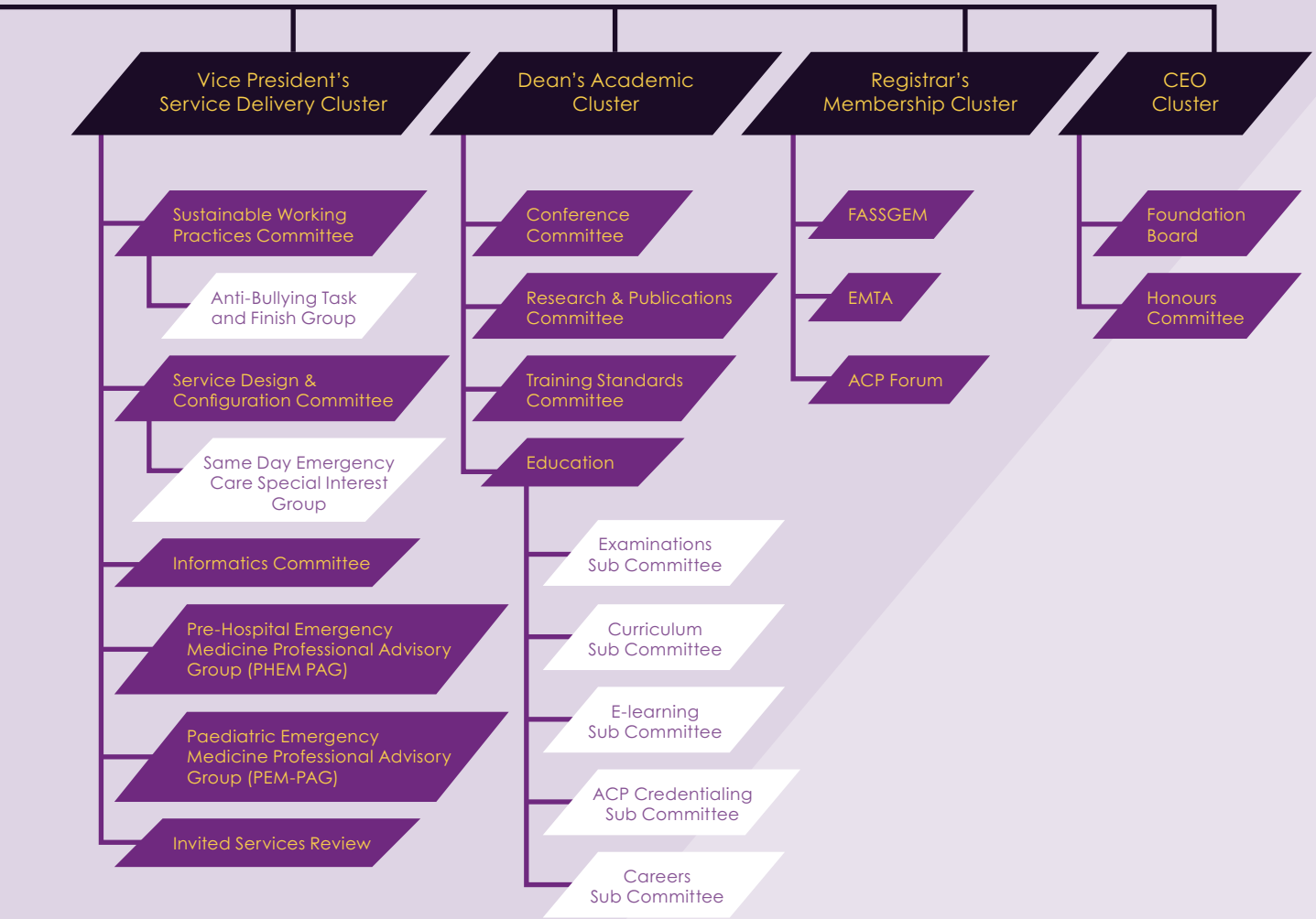
Demand for emergency medicine of course experienced some temporary changes. The 'familiar' traffic of those who have had serious illness, accident or injury actually reduced as the country went into lockdown and was replaced by COVID-19 patients in very high numbers. The College membership grew above 10,000— an incredible milestone. The College Sustainable Working Practices Committee was again very busy providing support and services to help those working under such huge burdens in emergency departments. The College continues to be active across a wide range of initiatives. Your College continues to have a strong voice for patients working on improvements for patients and the wider specialty.

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

ANNUAL REPORT 2020

Simplified Committee Structure




Vice President's Service Delivery Cluster
Dean's Academic Cluster
Registrar's Membership Cluster
CEO Cluster
Sustainable Working Practices Committee
Anti-Bullying Task and Finish Group
Service Design & Configuration Committee
Same Day Emergency Care Special Interest Group
Informatics Committee
Pre-Hospital Emergency Medicine Professional Advisory Group (PHEM PAG)
Paediatric Emergency Medicine Professional Advisory Group (PEM-PAG)
Invited Services Review
Conference Committee
Research & Publications Committee
Training Standards Committee
Education
Examinations Sub Committee
Curriculum Sub Committee
E-learning Sub Committee
ACP Credentialing Sub Committee
Careers Sub Committee
FASSGEM
EMTA
ACP Forum
Foundation Board
Honours Committee

President's Report

2020 has been dominated by COVID-19. Emergency medicine teams who are only too well used to managing 'everything and anything' had the strange experience in the first wave of seeing a patient population all with the same underlying diagnosis. We rapidly learned the variety of presentations of the COVID-19 infection, but it was still all Covid!

The clinical leadership team at RCEM realised early that while there might be little known about how to manage this disease there was an urgent need to develop some guidance and share experience. The patients were arriving at Emergency Departments as other parts of the health system reduced access with infection prevention control (IPC) concerns. We needed practical strategies for managing the patients some of whom were desperately ill, managing our workforce and making the best of our facilities. As ever, Emergency Medicine teams showed how adaptable, pragmatic and creative they can be. On March the 26th 2020, when we should have been meeting in Bournemouth for our CPD conference, we staged the first of our national clinical leaders zoom calls. This was in response to the clear need to share experience of patient care, national guidance, and top tips on the use of Perspex screens for IPC! These calls have become a regular feature and has allowed us to communicate with our members in a way we would never have dreamt possible pre pandemic. Equally quick off the mark the College team set up a Covid-19 resource section on the website enabling good local guidance to be shared and adapted and national policy disseminated. Other college functions adapted very quickly to try and keep disruption to a minimum but online exams and recruitment as well as the core College business of committee work all done remotely have taken a huge amount of planning and effort. In 2020 RCEM has managed to keep all core functions going and I am grateful to our college team as well as the many members who have continued to work for the greater good of the specialty. There has been a huge team effort. We held our Annual Scientific Conference in 2020 in the virtual world and saw our biggest ever attendance. We look forward to face-to-face meetings but must acknowledge that remote events allow a greater diversity of participants who may have been excluded because of cost, distance, or the practicalities of family life. The pandemic has not stopped our efforts to address equality, diversity, and inclusion issues both in RCEM and our specialty. I was delighted when Dr David Chung (Ex-VP Scotland and Crosshouse Hospital) and Dr Hodon Abdi (Chelsea & Westminster) took on the joint chair of our Equity, Diversity, and Inclusion Committee.

RCEM works to ensure high quality care for patients as well as providing 'expert guidance and advice on policy to relevant bodies on matters relating to Emergency Medicine'. RCEM has been a core member of the Colleges providing professional advice throughout the pandemic. We have had regular meetings with those making national policy and been able to help them understand the realities of emergency care. We have been able to engage with the public via the media and have had good coverage of the specialty throughout the year in all four nations. Emergency Department teams have been at the heart of the acute response, on the frontline every day and so sadly also at risk of Covid infection ourselves. We have lost colleagues to Covid but also are aware that many of our staff have been both directly and indirectly affected by this infection. Our training staff have seen their lives on hold and will feel the effect of lost opportunities.

You may notice I have not mentioned 'performance' in my 2020 annual report. 2020 was not about Emergency Department time metric performance, it was all about how we as a specialty dealt with what may be the most extraordinary clinical challenge of our careers. The core problems in the Urgent and Emergency care system which existed pre pandemic remain firmly in place and 2021 must be about seeing some real change but in 2020 we acquitted ourselves well and should be incredibly proud. The long-term effects of the illness and dealing with the pandemic are not yet fully known but are likely to be significant. As we move forward, as some of our teams rotate on, we will not forget the impact of the experiences of 2020.

Dr Katherine Henderson
President, The Royal College of Emergency Medicine
president@rcem.ac.uk

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2020 was not about Emergency Department time metric performance, it was all about how we as a specialty dealt with what may be the most extraordinary clinical challenge of our careers. The core problems in the Urgent and Emergency care system which existed pre pandemic remain firmly in place and 2021 must be about seeing some real change but in 2020 we acquitted ourselves well and should be incredibly proud.

DR KATHERINE HENDERSON

CEO's Report

Last year, 2020, was an exceptional year of challenge for the College and particularly so for its membership. The impact of the pandemic was felt at the hospital front door and hence our membership had a year unlike no other since the specialty was created.

The Covid-19 pandemic was showing early signs as the year turned. As those in our membership were facing the arrival of a new disease, we at the College were figuring out how best to support them.

For the College we had a busy year planned with a record number of conferences and events, examinations across the world and plans were focussed on the new curriculum which was nearing implementation after some years of effort. The pandemic changed those plans, but despite that we pivoted well to face the challenge.

In late February 2020 we invoked the Crisis Management Team for the first time in our history, as we decided the threat was sufficient to reach for our Business Recovery Procedures. We upgraded our video conferencing arrangements, reviewed our IT to enable all staff to work from home if need be and started regularly risk assessing the situation.

Fortunately, for many years we have been carefully managing the College resources to gradually build up some reserves for a rainy day. That rainy day for us started on 17 March 2020 when the Crisis Management Team decided the COVID situation was such that to protect our employees and preserve our operational capacity we should work from home until further notice. To enable us the freedom to pivot our services to accommodate the new reality we reached for our umbrella!

All face-to-face meetings, events and examinations were cancelled for 2020 so we needed to redesign the College services and do it quickly. After a number of years of careful financial management, we had sufficient resources to enable us to plan and budget for some very fast development projects.

The work of the College is a collaborative team effort from our employees and Emergency Medicine professionals, our Members and Fellows: "We help those who help the sick and injured." Therefore, we moved quickly to provide information, guidance, re-engineer our operations and make sure our services continued.

Let me give you a brief overview of our operations and support services. Do remember that since 17 March 2020 all this has been done working from home.

We created a Corporate Services function looking after our people, our finances, and our digital infrastructure. Our HR team have worked improved staff recruitment, retention, development, engagement and wellbeing. We rolled out a new HR App to keep Colleagues up to date, implemented a new HR information system, launched our employee forum.

Our direct recruitment is saving thousands in agency fees and the six vacancies post pandemic have attracted 5,431 applicants a sad testament to the impact of Covid on the job market. We have supported staff wellbeing with the 87% App, mental health first aiders, virtual coffee mornings and lots of communication.

Our approach to look after our employees so far is paying off as we have had some good feedback from our employees.

"I've also heard feedback from external people that we are handling this very well and collaboratively :)"

The finance team have been exceptionally busy leading on cost containment and producing timely information. The team has two certified chartered accountants and three accountants in training. This is appropriate for a £8m per annum turnover organization.

Our small IT team have been flat out supplying equipment to support home working. We reimagined the automation project: an example of this is a task that in the past took us two to three hours now taking three seconds.

Our buildings have been temporarily mothballed, with steps taken to check they are secure and employee efforts redirected to support our other teams. We allow teams access for essential tasks, for example when running an online examination, it helps for our staff to be together but socially distanced.

There are a range of other innovations and improvements made and in progress which are too numerous to detail here.

As you will read in other parts of this Annual Review across the College a huge amount has been achieved:

Our exams team and examiners have worked flat out to switch the model to online examinations in a few weeks. In normal times such work would take 18 months plus, we have achieved it in a just a few weeks. Now we have created online capabilities successfully, capacity has been an issue and we are working to resource up to deal with that.

In the first quarter we ran 12 days of events. And then had cancelled the remaining 44 events we had planned. We organised our first virtual Scientific Conference and have other events planned.

Significant work has been done communicating RCEM Learning content, CPD conference content from the cancelled conference and CPD Director podcasts. We acted very quickly to assemble Covid related content and make this available quickly. We have had 2.5 million page views in the first 8 months of this year (up by 20%).

Trainees have been impacted by Covid and various actions have been taken to mitigate these including minimizing the number of trainees delayed by cancelled exams and the Quality Improvement Project (QIP) to 34 and 23 respectively.

To support trainees with their ACCS - IAC mandatory requirement, trainees have been redeployed in some cases. Our intercollegiate group has worked together to produce updated information, the most recent being IAC Position Statement.

To support Recruitment, there have been virtual interviews as with ARCPs.

We have created new forms on ePortfolio to reflect COVID-19 Outcomes 10.1 and 10.2, and published guidance on answers to the most frequent questions in relation to the ARCP changes. We've also published general guidance for trainees which you can access on our website.

In the first six months we had 15 doctors join the specialist register via the CESR route which is almost double the number in the same period last year.

Our clinical audits cancelled and then restarted. Clinical Guidance issued on Covid for example Infection Control and others Safety Guidance.

The Policy Team have had an exceptionally busy year so far with the launch for RCEM CARES and engagement in the political arena to set out our case for more support for the specialty. Our membership numbers had continued to grow. On the policy front we were seeing signs of a change coming where there was a renewed focus on trying to find ways of steering patients into the hands of the right NHS service and a sense that Emergency Departments acting as the safety-net of the system that had hitherto been a tenet of A&Es was untenable and nearing the end. The focus on Emergency Departments and focussing on Emergency Medicine, dealing with the acutely sick and injured and helping others navigate through to the correct services was gaining momentum in some quarters. This was brought into sharp relief by the review, in England, of the four-hour standard and plans being made for it to be replaced by a bundle of measures. There is a sense that the workforce gap would not be closed unless effective demand management was also a feature.

Media coverage: The College issued 68 press releases in 2020 and featured in 9,216 articles in the UK. This is a significant rise compared to last year and shows both the public interest and the vital importance of health news.

In our membership area significant progress has been made on automating and streamline membership processes to make it easier for Members and Fellows. The award-winning Wellbeing App 87% was implemented quickly to help support you.

Whilst pivoting to provide our services online we have also continued to innovate and develop as planned. For example:

Firstly, with the new Curriculum coming next year we are working hard to develop

a new portfolio which is a large IT based project.

Secondly, we are also seeking ways to eliminate paper processing and have now had our Bank sign us off to commence Paperless Direct Debiting which will avoid the need to sign Direct Debit Mandates in future.

Thirdly, a new phone system is now being implemented which will provide more flexibility to support us working at home and enable more effective responsiveness.

Our financial management was very sound, we controlled costs very well and this meant that what looked like a significant financial deficit for 2020 was headed off. As the year turned, we set our budget for 2021 as representing an investment in employees to develop our services further. That additional resource comes at a cost, but we want to enhance our service and offering, and we are working on the basis that now is the time to do that so we can bounce out of the pandemic supporting the specialty even more strongly than before.

Despite what subsequent waves of Covid may throw at us we will continue to be here to help those who help the sick and injured. As I write this update in the Spring of 2021 we are looking forward to a time when our offices reopen, albeit we anticipate a legacy of the pandemic will be that our employees work from home much more often than they used to in past!

Gordon Miles FRCEM (Hon) MBA
Chief Executive, The Royal College of Emergency Medicine
gordon.miles@rcem.ac.uk

> The work of the College is a collaborative team effort from our employees and Emergency Medicine professionals, our Members and Fellows: "We help those who help the sick and injured." Therefore, we moved quickly to provide information, guidance, re-engineer our operations and make sure our services continued.
>
> **GORDON MILES**

Workforce

Service Delivery Cluster

The service delivery cluster consists of the following diverse committees and SIGs:

- Sustainable Working Practice
  - Anti-Bullying Task and Finish Group
- Service Design and Configuration
  - Same Day Emergency Care SIG
- Informatics Committee
- Pre-Hospital Emergency Medicine PAG
- Paediatric Emergency Medicine PAG
- Invited Service Review

See below individual summaries of each committee.

We are grateful for the efforts of the various chairs and members for all their hard work and enthusiasm in what is a complex field, through a difficult time.

Some of the committees have struggled with membership and this is being reviewed. We wonder whether we could try a different way of engaging our membership more widely, both in the way we seek interest, and with specific workstreams.

We are also grateful for the support of College staff with the various committees within the Cluster.

Dr Lisa Munro-Davies and Dr Ian Higginson
Vice-Presidents of the Royal College of Emergency Medicine
vicepresident@rcem.ac.uk
VP@rcem.ac.uk

Sustainable Working Practices Committee

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

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

The SWPC has expanded its membership to now include representatives from the EDI committee and WEMSIG. Discussions have started with EDI and WEMSIG reps around issues of marginalised groups within the specialty.

RCEM wellbeing app development started in January 2020. The app was launched in April 2020. RCEM has now financially committed to supporting the app for the next five years. The SWPC have worked with regional and national chairs to try and disseminate regional data breakdowns from the app and have tried to support regional and national boards with information on wellbeing.

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

Guidance publication/updates

Updated Wellness compendium, Dec 2020

https://www.rcem.ac.uk/docs/Sustainable%20Working/Wellness%20Compendium%20v3.pdf

Contribution to ACP sustainable careers document, Jan 2021 **https://www.rcem.ac.uk/docs/ACP%20forum/RCEM%20EC-ACP%20Sustainable%20Careers.pdf**

Role Profile for Wellbeing Leads in EM. Currently in discussion. Aiming for publication on Sustainable Working webpage in March 2021.

Web site progress/design

RCEM Wellbeing App webpage

Our 2021 workplan consists of:

- Elect a new chair and new Northern Irish Rep
- If role profile for wellbeing leads in Emergency Medicine approved, to further develop this
- Continue work into ensuring marginalised groups in Emergency Medicine are represented and supported
- Focus on groups which the app data and other sources of data tell us need particular focus i.e. Staff Grades, Women in EM, Older Staff

Dr Sunil Dasan
Chair, Sustainable Working Practices Committee
SWPC.Chair@rcem.ac.uk

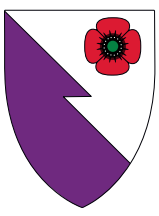
Anti-Bullying Task and Finish Group

The group was set up during 2019 to address concerns around bullying, undermining and harassment in Emergency Medicine and staff within the ED.

Since its inception, the group has extended its membership to include representatives from the ACP Forum, EMTA, nursing staff, Women in EM, and Equality, Diversity & Inclusion. The group has representatives from the Royal College of Surgeons Edinburgh (RCSEd) and Royal College of Obstetricians and Gynaecologists and anti-bullying organisations and campaigns: Civility Saves Lives and HammerItOut.

In February 2020, the chair and two members attended the conference hosted by the Anti-bullying Alliance (an alliance of UK health organisations) and RCSEd in Belfast.

The group's goals and aims for 2021 are to launch the RespectED campaign. This will be an animation shared on social media and promoted amongst our partners. The campaign raises awareness around bullying and undermining and 'poor' behaviours within the Emergency Department and is designed to equip our staff to have difficult conversations e.g. if they witness these behaviours. The group will continue to work with the Anti-bullying Alliance as it believes that these behaviours can only be addressed and improved if specialties work together to break down the hierarchies which exist within medicine. The group has regular meetings to discuss progress and advance the campaign. The group is a sub-group of the Sustainable Working Practices Committee and is chaired by Jayne Hidderley, chair of the Lay Advisory Group.



Ms Jayne Hidderley
Chair, Anti-Bullying Task and Finish Group

Service Design and Configuration Committee

2020 was a challenging year with respect to attendance/output on the back of Covid-19, with at least two meetings coinciding directly with peaks of clinical demand for the majority of committee members. It had started well, as the members with a special interest/expertise in Remote and Rural Emergency Departments met in Birmingham for a full day of planning how to move forward with that particular agenda. Unfortunately, the onset of the pandemic immediately following that meeting has temporarily interrupted the development of the guidance that was planned at that time.

Despite the pandemic several of the committee's workstreams have progressed as follows:

- This year saw the publication of guidance on **Nurse Staffing in Emergency Departments** in association with the Royal College of Nursing. Work is currently ongoing with respect to measuring the impact of this guidance and the amount of attention that it has attracted.
- Work continues on updating guidance on **non-medical practitioners within the Emergency Department,** with the objective being to update the existing guidance that dates from 2015. This guidance currently sits with the RCEM ACP group.
- The **Urgent Treatment Centre survey** was published highlighting the variability in provision and models of care associated with UTCs in England. The next phase of this work is to reflect concerns of members and fellows with respect to implementation of UTCs and produce guidance on best practice with respect to these services.
- Work on website design and configuration continues in order to make accessing key information and guidance more straightforward for users.

- Our 2021 workplan consists of:
  - Refresh of the committee with recruitment of new members to advance the agenda items for the forthcoming year
  - Focus on Remote and Rural services with workforce guidance and an RCEM study day to support members and fellows wrestling with these challenges in their departments
  - Urgent Treatment Centre guidance/ support for fellows and members
  - Updating the initial assessment guidance in light of the interaction with UTCs and new national Quality metrics
  - Development of the SDEC SIG within the committee (new chair now in place: Nathalie Richard)

Dr Ed Smith
Chair, Service Design and Configuration Committee
SDCC.chair@rcem.ac.uk

Informatics Committee

The Committee has been chaired by Dr Kirsty Challen. 2020 brought us a number of challenges; moving to virtual meetings was no less challenging for the tech-savvy committee and we had an unplanned change of chair when David Gaunt had to step down for health reasons. Many thanks to David for all his efforts

However, with a new chair and vice-chair (Ben Bloom) in place we have been able to rationalise the committee membership and now have representation from SAS doctors, EMTA, and nursing. We are looking to recruit or co-opt an ACP representative.

A Useability survey was conducted by Dr Bloom and accepted for publication in EMJ: **https://emj.bmj.com/content/early/2021/03/02/emermed-2020-210401**

Our 2021 workplan consists of

- **A Procurement toolkit** to assist clinicians involved in decisions over EMR/ED IT systems (this will build on the useability work completed last year).
- **'State of the nation' survey:** snapshot of current Emergency Department IT system configurations as a baseline.
- **'Using your own ECDS' toolkit:** to assist accessing and using ECDS data at a local level.
- **Updating the website**

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

PreHospital Emergency Care Professional Advisory Group (PHEM-PAG)

The PreHospital Emergency Care Professional Advisory Group (PHEM-PAG) has established itself this year following a call for interest, and an effort to make sure that we had full regional representation along with links to key partners in the field. Key initial workstreams are increasing the profile of a rounded view of PHEM within RCEM, scoping the current practice of PHEM within the UK, contributing to RCEM Learning, and guides to community Emergency Medicine, handover, and feedback to prehospital teams. The committee will also pick up key linkage, for instance with JRCALC. This will be quite enough work!

Guidance produced:

- Response to NCEPOD "Time matters" (Caroline Leech) Time Matters: **https://www.rcem.ac.uk/docs/RCEM%20Guidance/RCEM%20summary%20of%20Time%20Matters%20(Feb%202021).pdf#:~:text=Time%20Matters%2018%20February%202021%20Time%20Matters%20%282021%29,summary%20sheet%20and%20infographic%20can%20be%20found%20on**
- Advice around the NASMeD pre-alert criteria: jointly published with NASMeD: **https://www.rcem.ac.uk/docs/RCEM%20Guidance/RCEM_NASMeD_adult_cardiac_arrest_statement_June_2020.pdf**

Dr Caroline Leech and Dr Ian Higginson
Co-chairs, PreHospital Emergency Care Professional Advisory Group (PHEM-PAG)
PHEMLead@rcem.ac.uk

Paediatric Emergency Medicine Professional Advisory Group (PEM-PAG)

As a relatively new RCEM group, the initial function of the group has been to review and support the work of other RCEM and wider groups with their paediatric issues and agenda. This involves the regular review of the current work from the following groups: TSC, QEC, curriculum development, RCPCH, Intercollegiate committee for emergency services to children, PEMISAC, EMTA, APEM and HEE. For example, PEMPAG has supported the curriculum development group. We have also reviewed and commented on policy and documents published by other committees and groups, for example the document from TSC regarding Paediatric emergency medicine sub-specialty recruitment. We have provided members of our group to support the work of other external groups that are often formed from colleagues from a range of Royal Colleges. The group working on a national guideline for the management of the ingestion of strong magnets is an example of this.

We have been impacted by the challenges of Covid-19, both from the impact on the ability to meet face to face and also the availability of members to support the work of the group. Like other groups we have attempted to adapt and would hope that the impact of this issue lessens going forwards. Covid-19 has also led to the drastic decrease in numbers of children presenting to emergency departments across the UK. This has led to PEM potentially moving down the agenda of healthcare organisations, as they attempt to manage high numbers of adults presenting with Covid-19.

We have also recently seen a change in our membership. One of the priorities is to bring new members up to speed with the issues of the group and engage with them effectively supporting the group to work on these issues.

We have representation in the group from a range of affiliated paediatric groups,

the objective of the group is both to ensure that RCEM is aware of guidance and standards published by other groups, but also can issue relevant guidance when a need is identified.

Items of the committee's workstreams which have progressed

- Adolescent emergency care – area acknowledged as a challenge from colleagues across the UK. Agreement that a guideline outlining standards of care between RCEM and RCPCH would be valuable. This work is currently ongoing and would look to produce a document later this year.
- Support to the curriculum committee for paediatric issues.
- Review of paediatric ECDS standards, feedback to informatics committee.
- Clarification of governance measure for statement, advice, and guidance issued with RCPCH and or APEM.
- Review of paediatric emergency care standards/National PEWS development.
- Review of RCEM national QIP 2020-2021: Pain in children.
- Review of RCPsych Workforce strategic plan.
- Collaboration with the national working group on strong magnet ingestion in children – ongoing.

Guidance publication/updates

Reviewed and commented on RCEM ketamine sedation guideline: Ketamine procedural sedation for children in EDs (Feb 2020).pdf (rcem.ac.uk). **https://www.rcem.ac.uk/docs/RCEM%20Guidance/Ketamine%20procedural%20sedation%20for%20children%20in%20EDs%20(Feb%202020).pdf**

Our 2021 workplan consists of:

- Continue with surveillance and support of other groups with the development of paediatric specific projects.
- Complete adolescent standards work.
- Engage with RCEM project to provide educational materials to non-consultant career grade doctors. (STAR module project)
- Continue to review and support the paediatric agenda both within the college and with affiliated organisations.
- Develop the work of the group, with regards to identifying and producing relevant guidance to support college members in the provision of paediatric emergency care.
- Agreement by deputy chair of group to undergo college's media training.


Dr Rob Stafford and Dr Lisa Munro-Davies
Co-chairs, Paediatric Emergency Medicine Professional Advisory Group (PEM-PAG)
PEMLead@rcem.ac.uk

Invited Services Review

Unsurprisingly it's been a quiet year on the ISR front. We had a few enquiries for follow up visits, but none have been pursued.

At present the committee is essentially ad-hoc, as are the teams we put together for visits. There's a cost associated with putting a lot of time and effort into training visiting teams when visit numbers have been relatively low, and we have been able to reach out to expert colleagues to support visits when required, choosing the expertise needed. We will review the future model as and when required.

Dr Ian Higginson
Chair, Invited Services Review
ISRChair@rcem.ac.uk

Fellowship & Membership

The Royal College of Emergency Medicine reached the milestone of 10,000 members in November 2020. Our members come from the four nations of the UK alongside the Republic of Ireland with a growing overseas membership representing 57 countries and comprising over 10% of our total membership.

Our membership continues to evolve. Our largest membership group is now Associate Member (Training/ePortfolio) (28%) followed by members who have passed FRCEM (26%). We now have 4,393 members (43%) who have passed MRCEM and/or FRCEM. We continue to see growth within other membership groups including Advanced Clinical Practitioners (ACPs) who now total almost 1,000, SAS Doctors who number over 1,000 and Overseas members who now make up over 10% of members.

The College's continuing commitment to improve the service delivered to members progressed at the end of 2020 through the establishment of a member service team to improve the level of customer service to members. This coupled with the appointment of Jennifer Barley as Senior Member Engagement Officer will result in improved levels of engagement with our members for 2021 and beyond.

An exciting part of our plans to engage more meaningfully with members has been the formation of the College's Member Engagement Group as a way of engaging our members in what we do and giving members the opportunity to tell us what we can do better. The plan for 2021 is to connect with members of this group with the aim of developing an ongoing dialogue in order to yield greater understanding, tangible outcomes and improvements in both the RCEM member experience and within the wider Emergency Medicine community.

Reorganisation of the College's governance structure and the establishment of a new Trustee Board has provided new opportunities for members to get involved in College activities. The establishment of the Equity, Diversity, and Inclusion (EDI) committee and the Women in Emergency Medicine Special Interest Group (WEMSIG) has also ensured that we move forward with ensuring that our diverse membership is represented within all of the College structures.

Dr Carole Gavin
Vice President (Membership)
VPMembership@rcem.ac.uk

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

Scream if you want to go faster (keep your hands and feet inside the ride at all times…)

I have to say, we never really had a chance to get off the roller coaster. I was promoted to AS grade in Southampton in May last year, so also finding my feet in that role, together with minors lead and a couple of other roles too. I took over from John Burns as FASSGEM chair in November. In his final address to FASSGEM, he talked about the last year and our experiences in Emergency Medicine during the Covid pandemic. No-one could really appreciate quite how it has impacted on every aspect of our lives, from work, learning and development, to our home lives and recovery.

That being said, becoming FASSGEM Chair has been a hugely enjoyable experience so far, my department have supported my application for the role and given me time and some flexibility in order to attend meetings and represent SAS doctors at RCEM.

> "An exciting part of our plans to engage more meaningfully with members has been the formation of the College's Member Engagement Group as a way of engaging our members in what we do and giving members the opportunity to tell us what we can do better.
>
> **DR CAROLE GAVIN**

Activities since November:

- Council meetings
- Service design and configuration committee
- CPD and conference committee
- Presented on the National Leaders zoom call (SAS Contract)
- Virtual conference
- Careers day – Thanks to Ciara for presenting at the careers day, looking for more volunteers for future dates, I promise you, it is fun!
- Careers Committee – thanks to Hitesh for agreeing to represent FASSGEM on this!
- Careers page on RCEM website under construction – looking for inspirational stories, Thanks Hannah, Meng and Ursula for offering to contribute.
- EMJ supplement, watch this space (thanks Immad!)

- LCNC – increased study budget for SAS Doctors and Consultants from £500 to £1000 and introduced a rollover system that carries leave and budget over for up to 3 years. (This has been a year's work)
- FASSGEM Spring meeting.

FASSGEM - going from strength to strength!

John managed to fill the FASSGEM vacancies on committees, thanks to the volunteers for stepping into these roles. We still need to recruit and engage members and executive members. I cannot impress upon you the importance of having a voice, knowing who to contact and having an opportunity to represent SAS doctors when it comes to our development and futures.

CESR

On a really positive note, more SAS Doctors than ever before are applying for and being granted CESR (See today's program).

> "We are not alone, next time you are work, or with friends or family, stop and look at the people that are around you. We must try to appreciate not only ourselves and the amazing things that we achieve, but also the amazing people, supporting us and enriching our lives.
>
> **DR STEVE BLACK**

Conference and events

More positives; we are continuing to work closely with the Events Team who organise and deliver the Spring meetings and annual conferences. While I accept that losing the face-to-face conference is a necessary evil, I really regret having had to make the decision to defer it by another year.

One of the great strengths of our conferences is the family environment and I really miss not having an opportunity to catch up with you all face to face.

I would like to take this opportunity to thank Immad for organising this virtual meeting (May 2021), Elena for her patience and flexibility and John for organising the bulk of the virtual conference in November 2020.

Mark Feenan has agreed to formulate the program for FASSGEM virtual conference on 18 November 2021.

SAS

With the completion of negotiations and voting in England and Wales complete, the new SAS contracts have probably seen the death of the AS grade, with trusts likely to adopt contracts with national T&C's.

The result of the negotiations appears to widen the gap between Consultants and Senior SAS Doctors, making the CESR route an even more attractive option.

Some of the new terms are not favourable for SAS doctors in EM, we have started a conversation with RCEM and AoRMC about mitigation of this, but the bottom line is that you can have a discussion at the time of job planning to maintain plain time at 1900hrs (instead of the proposed 2100hrs) so it's worth discussing locally prior to accepting a contract.

This disparity with increased OOH further highlights the need of the College to continue to support our doctors and provide clear specialty specific advice for its long term non consultant doctors.

The Future: growing the FASSGEM brand:

- SAS contracts
- TARN accreditation
- Voting rights at RCEM
- Legacy for Adel – International medicine committee
- New curriculum
  i. RCEM CESR curriculum study day – TBC
- Supporting CESR candidates
- Who we represent
  ii. Anyone not in training and not consultants
  iii. Challenge because of diversity
- Advertise, capture and engage
  iv. Census?
- Recognition for past chairs
  v. Agreement with this
- Grow links with EMTA and ACP forum
- FASSGEM as ACP trainers
- Appraisal and revalidation
- Breaking down institutional snobbery
- Membership of FASSGEM

  Clarify with the membership team - applications for membership.

Finally, my reflection on the past year

We are now over a year on from Adel's death, an inspirational leader and great friend who having just stepped down from his role as FASSGEM chair. He was given the highest award by RCEM with the College medal and an Honorary Fellowship.

He is frequently in my thoughts.

Many of us have lost relatives and friends. Not all related to covid, but other conditions and it's important to take time to reflect on the preciousness and fragility of life.

Those that have not lost anyone close to us have had the experience of breaking bad news to relatives over the phone and feeling the raw emotion once the person on the other end of the phone when they realise that they are unlikely to see their loved one again.

These all impact on us as individuals and will also have an effect on those around us and it is vital to understand this, identify signs early and seek advice and support as required.

We are not alone, next time you are work, or with friends or family, stop and look at the people that are around you. We must try to appreciate not only ourselves and the amazing things that we achieve, but also the amazing people, supporting us and enriching our lives.

Take care of yourselves and those around you and I hope to see you in November remotely, and next year face-to-face.

Dr Steve Black
Chair, Forum for Associate Specialist and Specialty Doctors Grades in Emergency Medicine
FASSGEM@rcem.ac.uk

Emergency Medicine Trainees' Association (EMTA)

The year has seen continued growth and excitement within the EMTA Committee and, in fact, through all of the challenges of the pandemic, a sharpened focus in our priorities. We have built on the momentum of recent successes and progress, seen ongoing innovation in how we work, in how we speak to trainees and hear from those we represent and learned how to continue to refine our processes.

With fears and uncertainty over our annual conference being cancelled we were very pleased to be supported by the RCEM Events team and CPD Director in delivering an online day in November. The spirit of this event is so important to us; a space to include and facilitate discussion between colleagues about

training, about Emergency Medicine and, an increasingly fun environment to push the boundaries on conference content and style.

COVID-19 saw closer working with the Statutory Educational Bodies via the Academy of Medical Royal Colleges Trainee Doctors' Group (ATDG) than we have previously enjoyed. Week by week the trainee voice directly influenced policy and strategy in the ongoing delivery of training during the pandemic, and we were grateful that this was replicated in our work within the College. We were embedded in the processes designing progression and ARCP tools, trainee Q&As and the associated communications to members. Previous barriers, timelines and processes were simply abandoned in preference for pragmatic and compassionate listening and dialogue, and it is without doubt that we expect many of these new ways of working to persist.

> "We are a credible and professional organisation, very happy to be involved in the myriad aspects of the College, serving not just the training needs, but the future asks and directions of the specialty itself.
>
> **DR AMAR MASHRU**

We had planned to launch our Rest & Rota Charter in early 2020, however it would have been wrong to attempt to draw focus to this agenda in the early days of the pandemic. In time, however, it became clear that the pandemic would start to trigger parallel working in recovery and re-alignment, no more so for Emergency Medicine. We were very proud to launch our Charter in the Summer and now have over 50 departments signed up, with signatures still being added via our website. It is critical that we set the standards and the red lines clearly if we are to see high quality emergency care delivered sustainably going forward. Indeed, this principle forms a core component of our Purpose, Values & Vision statement, published in July 2020. This document has helped guide our reps, each working incredibly hard in their individual roles, to ensure that collectively we are moving in a shared and cohesive direction.

As with many of our outputs there has been phenomenal work across the Curriculum, Training Standards Committee, Exams and EMLeaders groups. The curriculum has been a great opportunity for trainees to shape the very framework of our training programme, from inception, the formation of its ideology to the more practical elements of the current roll out including the WPBA forms and ARCP decision tools. The last few years of consolidation of our structure have allowed this to be an effective opportunity to drive for healthy changes, including around the QIP exam, Educational Development Time, the ethos and objectives of the training programme and a vision of the future standards of the specialty.

Our EMLeaders reps were instrumental in the development of online material to ensure the programme continued; recognising the role trainees play in evolving the specialty. Our EMTA reps across the Education cluster are meeting regularly to ensure we give ourselves the best chance of realising the potential of RCEM Curriculum 2021, matched too throughout the Quality cluster and special interest groups.

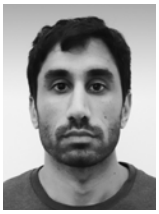
As for many, technology has opened up more ways of working. With EMTA representation now established across

all College work it is vital that we meet regularly and coordinate our efforts, and our new shared digital workspaces have certainly facilitated this. This has enhanced our efficacy in cross-pollinating through the different facets of College work, whether it be bringing the work of the Environmental Special Interest Group into the RCEM national QI work or our understanding of the new curriculum into the PHEM professional advisory group, we are fulfilling our role as a collaborative and innovative voice in the specialty.

We are also keen to make sure that we are using the same resources to reach our members. 2020 saw regular EMTA newsletters, contributions to the EMJ supplement, a podcast recording for RCEM Learning and a new website. As we write this the new EMTA Fellowship app has just been launched - a space for departments to list Fellowship jobs and for interested applicants to be able to search for jobs in a single, user friendly place. We hope that this is the start of a process that utilises new ways to interact with members and ensure we are advocating in the right spaces and in the right way, whilst continuing to refine old ways too. This is particularly important for our survey. The data captured tells an invaluable picture of the realities of training and, despite the pandemic, we felt it just as important to try to capture this in 2020. We are now forming ties with the GMC to coordinate and utilise the broader data captured most effectively, as well as reviewing our own survey processes moving forward led by Dan Darbyshire.

We now have 28 reps, with 15 new recruits in this calendar year and seven completing or stepping down from their posts, reaching a relatively steady state and a healthy turnover, but with some new rep positions likely to be created in 2021. Recruitment to our inclusion and diversity post ahead of the creation of the College's EDI group was an important step for us. Included in their work we now have the chance to publish the demographics and characteristics of our committee in more detail (Figure 1) in keeping with our desire to increase transparency and scrutiny of our processes.

I complete my term in the Chair exactly as I had hoped. Because of the amazing work from the Committee and from the College we have placed EMTA in a very strong position to start to blossom and accelerate into the next stages of its abilities in terms of trainee representation. We are a credible and professional organisation, very happy to be involved in the myriad aspects of the College, serving not just the training needs, but the future asks and directions of the specialty itself. During my time I hope we have created an internal culture that ensures our reps feel valued and effective within the Committee and proud to be part the team. Moreover, I am really pleased to be handing the Chair to a formidable, intelligent, and very capable colleague and I know that Dan Darbyshire will continue to take EMTA from strength to strength. Finally, the end of my term also marks the end of Dale Kirkwood's time as Secretary, as he hands over to Lara Somerset. Dale has been a brilliant partner and responsible for some of our most important and effective work over the last 18 months. Thank you to all of you for your support and wishing all College members good health for the year to come!



Dr Amar Mashru
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Education

I have great pleasure in filing this 2020 report as my first as Dean of RCEM, on behalf of the academic cluster. In truth, the large part of this year has been overseen by Dr Jason Long, the outgoing Dean. Jason has been a hugely effective and expert part of the College senior team for six years as Dean, and as Lead examiner before that. He has been a wonderful resource for RCEM- with boundless energy and enthusiasm, great wisdom in all the many decisions he has had to make, and a ready and highly attuned Scottish wit to go with it. I have worked with him personally for a number of years and it has been an unalloyed pleasure at all times. The academic cluster wish him all the very best for his next professional adventures and we miss him already!

> “This time has been hugely testing for all engaged in front-line healthcare. The work of the College in training and examinations has required individuals to go above and beyond the demands they have faced in and out of work to ensure training is delivered and assessment made.
>
> **DR WILL TOWNEND**

Of course, the activities of the academic cluster this year have been dominated by the exigencies of the pandemic. This has been felt in all quarters, by the RCEM staff and in all sectors of our work.

The Examinations Team have done a phenomenal job in getting all elements of the exams up and running in virtual format and have led the way for many Royal Colleges. The operationalisation has needed huge devotion to duty and work above and beyond the call. I am extremely grateful to Susannah Grant and her team for their work in keeping this vital College activity going and continuing the workforce pipeline at Higher Training and Consultant levels.

The Conference/CPD team have also stepped up magnificently, with Dr Simon Carley and Harriet Ambroziak leading the way. The virtual Annual Scientific meeting in Autumn 2020 was a triumph and one positive takeaway was the increased reach the meeting had, both in the UK and in low- and middle-income nations. Many of the positives I know are being taken forward, and I for one am looking forward to a wide ranging and intellectually invigorating programme over the coming years.

RCEMLearning have done a wonderful job in the pandemic, delivering high quality content to guide clinicians providing Emergency Department care at this time and ensuring the latest evidence and opinion has been available to all. The team have also produced a superb suite of content for induction to support departments and incomers alike- whilst also maintaining and augmenting the RCEM Learning resource.

The Curriculum 2021 project has continued with energy and gusto, now led by Dr Russell Duncan. I know he has had great support from the Training Standards Committee, chaired by Dr Maya Naravi with the additional support of Jo Hartley (TSC lead for Quality) and by EMTA in particular, in cementing the detail of what is required to launch successfully. A supporting e-portfolio is being developed apace, with a new bespoke platform to meet the needs of the new curriculum.

This time has been hugely testing for all engaged in front-line healthcare. The work of the College in training and examinations has required individuals to go above and beyond the demands they have faced in and out of work to ensure training is delivered and assessment made. This has been a huge undertaking and investment of personal resource for the benefit of the population we serve. This is another example of the finest traditions of the National Health Service and has been humbling to observe.

I look forward to the coming year as we hopefully move to the next stage of the pandemic and look forward to the ongoing work of the academic cluster as we introduce a new Curriculum and set a course for the next generation of Emergency Medicine specialists.

Dr Will Townend
RCEM Dean
dean@RCEM.ac.uk

Conference Committee

The Continuing Professional Development (CPD) activities of the College have been significantly affected by the COVID-19 pandemic. In late 2019 we had a well-established face to face program of conferences and study days all of which needed to be cancelled.

The paradox of cancelling CPD events, at precisely the point at which our members needed up to date information in a rapidly changing pandemic was not lost on the CPD and Conference Committee. Fortunately, the College was already in an envious position to adapt to the pandemic owing to the well-established expertise in remote learning as exemplified through the RCEMLearning resources.

We rapidly developed a strategy of podcasts, blogs, bulletins, and newsletters sent to all members and designed to bring the best evidence, policy and practice to clinicians and patients. This strategy resulted in over 94,000 digital contacts with RCEM members and fellows with feedback highlighting how these translated into optimising patient care in practice.

Sadly, we had to cancel the Spring CPD conference in March 2020 as it was too close to the start of lockdown to deliver a high-quality alternative. However, following an intense planning process we delivered an entirely online Annual

> Emergency clinicians pride themselves on their agility to adapt and perform in uncertain conditions. The COVID-19 pandemic has shown the conference and events teams to be agile and adaptable to a rapidly changing educational landscape. I am very proud of everyone who has contributed in 2020 to deliver education in such difficult circumstances.
>
> **PROFESSOR SIMON CARLEY**

Scientific Conference in October 2020. This was extremely well received with a record number of over 1,200 delegates attending. The RCEM events team delivered a highly effective and very popular conference having developed a wider range of new skills in online education within a very limited time-period. Although many members will look forward to the time when face to face conferences will take place again, we are mindful to take forward the positive lessons from delivering online conferences. Attendance was higher and we were able to offer a high-quality educational event to those who ordinarily would find it difficult to travel to conference venues. We believe that the future of conferences will therefore be a blend of face to face and online events.

In 2021 the Annual Scientific Conference will again be a virtual event led by the Glasgow EM community. We look forward to another high-quality conference built on the lessons we have learned so far. Beyond that the future remains uncertain. In 2022 we hope to return to face to face events, but as everyone in emergency medicine knows the quote below somewhat underpins our speciality.

"Predictions are hazardous, especially when they are about the future" (Niels Bohr).

Study days were similarly affected by the pandemic, although we were still able to deliver 11 physical and seven virtual events in 2020.

The conference and events teams continue to monitor and promote equality of opportunity and more in our events, working closely with EMTA, FASSGEM and other allied organisations on this and other common issues.

Emergency clinicians pride themselves on their agility to adapt and perform in uncertain conditions. The COVID-19 pandemic has shown the conference and events teams to be agile and adaptable to a rapidly changing educational landscape. I am very proud of everyone who has contributed in 2020 to deliver education in such difficult circumstances.

Members 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. The CPD programme is for the benefit of members and the College aims to respond positively to feedback, comments, and requests. Applications to run study days can also be made via the College website.

Professor Simon Carley
CPD Director
CPD@rcem.ac.uk

Research & Publications Committee

The Royal College of Emergency Medicine has declared that research is one of its top priorities, and the RCEM Research Strategy 2020 went some way to defining how the College might help to build research capacity in all our emergency departments and make research a normal part of everyday clinical practice.

The RCEM Research Committee is tasked with facilitating this vision. The committee activities are summarised in Figure 1. Much as I would love to believe that research is about a passion to improve patient care, individual ingenuity and innovation, the reality is often that research is about time, money, and hard graft. The College can help to build emergency care research capacity and infrastructure in terms of time and money.

The Research Committee seeks to develop emergency medicine research capacity, opportunities within academic emergency medicine, and aims to showcase high-quality emergency medicine research at every opportunity, with the highlight being the RCEM Annual Scientific Conference. An editorial, published in the Emergency Medicine Journal, summarises the status of academic emergency medicine in the UK (Smith JE. Academic emergency medicine in the UK. Emergency Medicine Journal 2020; 37:322)

Of course, the COVID-19 pandemic has been a challenge, and the NIHR Trauma and Emergency Care portfolio, within which emergency medicine sits, has been transformed to meet the urgent public health research demands – but Emergency Medicine has played its part, producing evidence relating to clinical presentation, diagnosis, and treatment of COVID-19. However, as we emerge from the pandemic the portfolio of research activity is growing and expanding to meet the needs of other patient groups and to try to answer other important research questions.

> “As consultants, we should aim to normalise research and make it a part of what we do. We all have a part to play in this, and I urge you to help to make research a part of everyday activity in your department.
>
> **PROFESSOR JASON SMITH**

To highlight a couple of areas of recent success, the investment in the Trainee Emergency Research Network (TERN) has delivered beyond expectation, and credit goes to all those involved over the last couple of years. Over 100 emergency departments have TERN representatives and have been active in the TIRED and CERA studies, both of which have now been published in peer-reviewed journals and are influencing practice. Dr Rob Hirst took over from Dr Tom Roberts as our TERN Fellow in 2020 and can be contacted at tern@rcem.ac.uk.

In 2017, the James Lind Alliance (JLA) Emergency Medicine Priority Setting Partnership completed its work and published its findings. Since then, the National Institute for Health Research (NIHR) and other large research funders have awarded over £8million to projects directly addressing the EM research priorities, and in 2020 the NIHR launched a themed call across all of their funding streams (including personal fellowships) addressing “injuries, accidents and urgent and emergency care”. We hope to revisit the original priorities soon to ensure that we are meeting the research needs of the specialty today.

Our RCEM research grant budget has increased by 50% over the last two years, and we now provide pump priming

funding to the order of £60,000 per year to several projects, as well as specific low-middle income country research grants. We have increased the frequency of applications from annually to twice per year, so that if you have a great research idea in October, you don't have to wait a year to get funding. In 2020 we awarded funding to six studies in the UK and two overseas LMIC studies, totalling just over £49,000.

The RCEM PhD fellowship scheme now runs an annual competition (giving trainees the opportunity to apply for this funding every year). Congratulations to Dr Tom Roberts who was appointed as an RCEM doctoral fellow and started his PhD in 2020. Recent RCEM doctoral fellow Dr Anisa Jafar has now completed her PhD and has been appointed as an NIHR Academic Clinical Lecturer in the North West, a marker of the success of the scheme.

For the Annual Scientific Conference in 2020 (which was held virtually) a record 412 scientific abstracts were received and scored by the committee, resulting in 57 oral abstracts and 308 poster abstracts being presented. Congratulations to Dr Carl Marincowitz who won the Rod Little Prize for best trainee research, and to Dr Liza Keating, who gave an outstanding David Williams Lecture.

So, the future is challenging, but bright. Patient outcomes are better in hospitals that are research active, where there is higher staff satisfaction, and the Care Quality Commission (CQC) has included clinical research activity within its remit for hospital inspections. Our patients should have the opportunity to enter research studies in whatever emergency department they present to, and our trainees should have the opportunity to undertake research in whatever regional rotation they are appointed to. As consultants, we should aim to normalise research and make it a part of what we do. We all have a part to play in this, and I urge you to help to make research a part of everyday activity in your department. I'd be delighted to hear any feedback you may have.

Professor Jason Smith
Chair, Research Committee
Research@rcem.ac.uk

Training Standards Committee

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

Recruitment

No recruitment data was supplied to the Training Standards Committee however we are pleased to note that we have a signed Data Sharing Agreement with Health Education England (HEE) and this will enable us to review and analyse recruitment data and assist with workforce planning.

Trainees

The number of trainees awarded Certificate of Completion of Training (CCT) for 2020 was 172 compared to 155 in 2019. The number of Certificate of Eligibility for Specialist Registration (CESR) applications received in 2020 was 41 compared to 26 in the previous year. From the 41 applications, we accepted 34 full applications and 4 reviews.

Trainees registered with College membership in 2020:

56 CT1
280 ST1
27 ST3 (24 DRE-EM)
37 ST4

Training programmes

In 2020, the COVID 19 pandemic resulted in many changes including a skew of EM patient presentations, trainee

redeployment, training & study leave cancellation and examination changes. All resulting in significant challenges for trainees, trainers, and the Training Standards Committee.

The COVID-19 Trainee progression in 2020 document, TSC ARCP 2020 Guidance May 2020, was produced following guidance from the four nation statutory bodies and application to the GMC for key derogations in the curriculum at critical progression points in training. This enabled a more flexible approach to planning training at the Annual Review of Competency Progression (ARCP) in order to maintain the flow of trainees within the training programme, whilst also recognising the impact of the pandemic on acquiring specific competences. From the dates 1 April 2020 - 17 August 2020, 224 outcome 10.1s were issued (i.e. training affected by COVID-19 but can progress) and 93 outcome 10.2s were issued (i.e. training affected by covid requiring training extension).

Wellbeing became a significant area of focus as was the needs of clinicians needing to shield during lockdown.

Quality

As a result of the pandemic, Promoting excellence in Emergency Medicine Training was delayed and released in July 2020. This document forms the basics of the standards for training sites, training programmes and postgraduate schools. The guidance and standards are based on national guidance, Emergency Medicine Trainee Association (EMTA) feedback, GMC training survey data and other quality assurance processes. These standards should form part of the quality assurance and management of EM training and be standard practise within three years across the UK. Special thanks and acknowledgement are extended to Dr Jo Hartley, TSC lead for quality, for the hard work put into this document.

TSC welcomed the new chair of EMTA Dr Daniel Derbyshire and would like to thank Dr Amar Mashru as outgoing Chair for EMTA for his hard work in the preceding years.

Clinical Educators Project

The Clinical Educators in Emergency Departments (CEED) project which had been commissioned by partners HEE and delivered by RCEM with support from Aston University was formally closed in March 2021*.

This project aimed to identify the benefits and / or disbenefits of clinical educators in emergency departments. The NIHR Portfolio CEED study recruited 709 participants who provided both direct (interviews and focus groups) and indirect (bespoke surveys and activity data) evidence from 64 different sites in England. This provided evidence that the Clinical Educator (CE) role led not only to the delivery of the expected shopfloor teaching methods but was also associated with innovative ways of teaching and training – in particular during winter pressures and the first and second wave of COVID-19 (2020).

A copy of the final report can be accessed via the RCEM website: **https://www.rcem.ac.uk/docs/50/CEED%20FINAL%20Report%20Draft%20V6.4%20270121.pdf#:~:text=CEED%20FINAL%20Report%20v6.4%20Page%207%20Report%20Purpose%3A,linical%20Educator%20in%20Emergency%20Departments%20%28CEED%29%20pilot%-20project.**

**Note: all trusts including trusts that were unable to start in October 2018 were funded to complete the full 30 months of the pilot so some continued through April-June 2021.*

TSC would like to thank all those involved with this project, in particular Dr Mike Clancy and Dr Wayne Hamer, and support the recommendations outlined:

- NHS Emergency Departments should appoint Clinical Educators to support the development and training of their multidisciplinary Emergency Department clinical staff.
- Clinical educators should be given sufficient ring-fenced time to fulfil their role. This will need local consideration but a minimum of eight hours per

week is likely to be needed to realise the benefits identified during the CEED project. Within the study, sites typically appointed clinical educators to one or two PAs per week.

- Consideration should be given to clinical educators forming part of a multidisciplinary training team. This team may usefully include Advanced Clinical Practitioners and non-consultant medical staff (including trainees) who can demonstrate suitable knowledge and teaching skills.
- Clinical educators should be equipped and encouraged to provide educational support to all clinical staff of the Emergency Department from all professions. This may be focused on trainees and learners. However, benefits to fully qualified staff are also achievable.
- Regional HEE teams in collaboration with multi-professional Deaneries and Schools of Emergency Medicine should support Emergency Department teams in enabling the release of time and integration of the clinical educator role.

EMLeaders Project

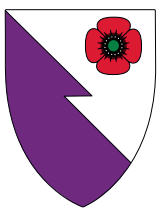
March 2020 saw the conclusion of the second phase of the EMLeaders programme, which saw the development and piloting of nine new leadership study days which were attended by 153 trainees. The third phase commenced in April 2020, which was initially focused on rolling out study days to the wider trainee population and upskilling local trainers.

With the advent of the pandemic, all Clinicians involved in delivery of EMLeaders training were put on a six-month hiatus to reduce their workload, with an emphasis being placed on using any time available to manage their own wellbeing alongside the increased clinical demands. During this period, the programme team adapted the implementation method for delivering the training to address the challenges posed by the pandemic. The programme moved from in-person training to a mixed methodology of eLearning, facilitated workshops (remote/trust based) and shopfloor teaching. Also, in June 2020, the National Faculty began to develop three new eLearning sessions based on topics emerging from the pilot study days developed in Phase II of the programme. These were successfully launched in November 2020 and formed the basis of the local facilitated workshops which resumed at that time.

Following the successful launch, the programme expanded to include the development of a further six eLearning sessions with a delivery date of May 2021. During the same period the programme produced several resources to support the upskilling of local trainers and training sessions began in November 2020.

EnED (Education in Emergency Departments) Study

This study is designed to identify the educational needs of Emergency Department professional staff during the recent pandemic with the aim of providing guidance to support staff through any similar future events. Part of the study allows for reflections from a wide range of clinical staff so they can anonymously record their experiences, opinions, and recommendations in relation to education and training needed / provided during the pandemic. The study will seek the views of both regular staff and those who were seconded or deployed into the emergency department as a consequence of COVID-19. This study will deliver its final report on the range of education and training services relating to Emergency Medicine, Clinical Education, Leadership and Continuing Professional Development at the beginning of 2022.



Dr Maya Naravi
Chair, Training Standards Committee
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Quality in Emergency Care

The Quality in Emergency Care Committee (QECC)

Dr Simon Smith chaired QECC in 2020, the group met four times over the course of the year. Expert support was provided by Sam McIntyre, Emily Lesnik, Alison Ives, Karla West-Bohey and Lucas Dalla-Vecchi as part of the RCEM Quality Team.

Members of the Committee continued to represent RCEM on numerous important national groups during 2020 such as:

- Head Injury Update - The National Guideline Centre (NGC) / NICE
- Coronavirus Clinical Advice Group - NHSE
- National NHS Pathways Clinical Governance Group

The committees received numerous Requests for Approval/Endorsement of External Guidelines, in 2020 these included:

- Association of Ambulance Chief Executives
- Professional Record Standards Body
- NHS Digital
- British Association for the Study of Headache
- RC Pathologists (via AoMRC)
- INCADVA (Inter-Collegiate and Agency Domestic Violence Abuse)/ Standing Together
- BHIVA
- Alcohol Health Alliance

Dr Simon Smith
Chair, Quality in Emergency Care Committee
QECC.Chair@rcem.ac.uk

The Quality Assurance and Improvement Subcommittee

This committee was created in 2017 to replace the Standards and Audit Committee. Dr Elizabeth Saunders is currently chair of the committee and has been since 2019. The committee meet quarterly to guide and make decisions on the Quality Improvement Projects (QIPS) at the College. During 2020 the group met four times to discuss key issues.

The 2019/20 QIP topics were Mental Health (Self Harm), Care of Children and Cognitive Impairment in Older People. These were included in the NHSE Quality Account. The national report and summary are available on the RCEM website.

The QIP topics chosen for 2020/21 were: Fractured Neck of Femur, Infection Control, Pain in Children. These topics were chosen to reflect the current practice, safety concerns and ensure that a snapshot of our current departments in emergency medicine are reflected in the QIPs data. The reports are due to be published in Summer 2021.

In 2020, RCEM continued to take the lead with transparency by publishing for public use all QIP (Quality Improvement Data) data at a named Emergency Department level. In England, the Care Quality Commission (CQC) have continued to take an increasing interest in these audit reports. This Quality Team continue to work collaboratively with the CQC.

Dr Elizabeth Saunders
Chair, Quality Assurance and Improvement Subcommittee
QIChair@rcem.ac.uk

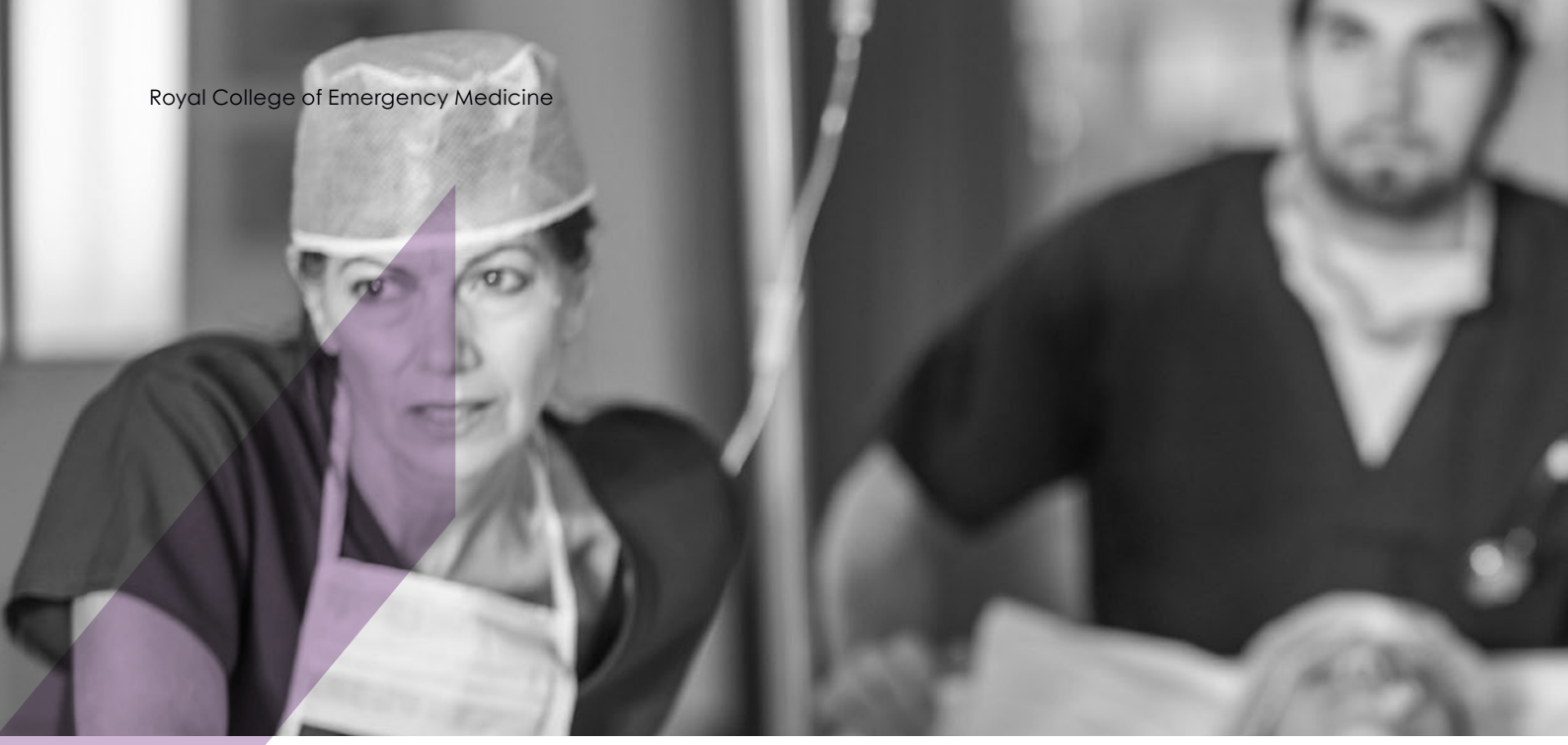
The Safer Care Sub-Committee

The Safer Care Subcommittee is chaired by Dr Emma Redfern. During 2020 it has produced short, punchy monthly safety alerts which are very effective. The effectiveness of our safety alerts has been demonstrated by their popularity amongst members and fellows. In 2020 the safety alerts gathered traction, which was necessary as the pandemic lead to a vastly changing and quick developing situation.

Safety alerts released in 2020 included:

- Festive Thank You (December 2020)
- Appropriate PPE and Risk Assessment (December 2020)
- NEWS2 Oxygen Requirement (December 2020)
- PPE Importance (November 2020)
- Nitrous Oxide Associated Neuropathy (October 2020)
- Localised Cutaneous Argyria after Nasal Cautery (August 2020)
- Children & COVID-19 Clinical Brief (June 2020)
- Airway Management in COVID-19 Pandemic (May 2020)
- All That Glitters…Things to Remember During the COVID Pandemic (May 2020)
- Salbutamol, Peak Flow and Nebulisation Advice During COVID-19 (April 2020)
- People with Diabetes and COVID-19 (April 2020)
- Buddy System (April 2020)
- Anorexia Nervosa (January 2020)

Dr Emma Redfern
Chair, Safer Care Subcommittee
SafetyChair@rcem.ac.uk



The Mental Health Sub-Committee

Chaired by Dr Catherine Hayhurst, the group met virtually four times throughout 2020.

The group have made a number of achievements within 2020. This includes:

- Mental Health Toolkit revision – this will be ongoing continuing into 2021.
- Planning of the Mental Health Training Day due to take place on 2.3.21 with around 80 participants.
- Completed a Security and Restraint survey.
- Mental Health QIP – working with QI team –report due to be published end of March– challenges due to the translation of clinical questions into the software.
- MHA revisions – ongoing consultation with committee and members and fellows.
- Contribution to NCEPOD and Government consultant on children and young people's mental health.
- External work with police, ambulance services and social care around missing persons.
- Liaison with CQC.

The Mental Health committee have had a productive year, despite challenges of the pandemic and working virtually. They have been able to produce several guidance publications and updates. Including:

- Produced the patient who absconds guideline in collaboration with Best Practice and this was published in June 2020.
- Position statement on Emergency Department doctors performing MHA assessments.
- The group worked hard during 2020 to produce the Security and Restraint survey.

During 2021, the committee will focus on several workstreams. These will include:

- To run a consultation process for MHA and MCA changes.
- To repeat the survey on CAMH services for children and young people with MH problems in ED.
- To review the MCA guideline.

Dr Catherine Hayhurst
Chair, Mental Health Sub-Committee
MHChair@rcem.ac.uk

The Best Practice Subcommittee

The Best Practice Subcommittee is currently chaired by Dr James France and has been since 2019. The committee focuses on producing guidelines that are helpful to emergency medicine staff, on areas that lack evidence.

The Best Practice Sub-Committee (BPC) produces guidelines where clinical evidence is sparse, but there is a perceived clinical need by members / fellows. This work is almost unique among medical royal colleges. The Best Practice sub-committee has a number of specialized groups within it including Toxicology, Public Health, Elderly Care and Frailty, Major Trauma as well as specific specialists liaising directly with the BPC (alcohol, paediatrics, ACPs). The output of the Public Health committee has been significant this year. Not only has the number of guidelines published increased on last year but the proportion that have been endorsed by another medical royal college or other professional body has also increased.

Going forward, the work plan for the BPC includes re-visiting existing guidance that needs updating (e.g. pain), quality assurance work around local guidelines and patient advice section of the college website, publication of new guidance or toolkits (e.g. The Management of Head Injuries in the Cognitively Impaired Elderly Patient).

The BPC will also need to address issues around the need to recruit more members. During the pandemic, not unreasonably, committee members have had to focus their efforts on local challenges rather than on national committee work.

Items of the committee's workstreams which have progressed during 2020:

- Public Health – Homelessness, HIV and PH lead
- Toxicology – NPS updated antidote listThe committee has worked hard on developing and updating guidance throughout the year, these include:
- End of Life Care Toolkit (December 2020)

> “
>
> The Best Practice Sub-Committee (BPC) produces guidelines where clinical evidence is sparse, but there is a perceived clinical need by members/fellows.
>
> **DR JAMES FRANCE**

- HIV Testing in the Emergency Department (revised December 2020)
- Management of Suspected Internal Drug Trafficker (SIDT) (December 2020)
- Pharmacological Agents for Procedural Sedation and Analgesia (revised October 2020)
- Fascia iliaca Block in the Emergency Department (revised July 2020)
- The Patient who Absconds (June 2020)
- Raising a Concern - 'Whistleblowing' (May 2020)
- Management of Investigation Results in the Emergency Department (revised May 2020)
- Homelessness and Inclusion Health (April 2020)
- Governance responsibilities for patients who do not attend booked appointments in Emergency Departments (Oct 2020), contributor
- Legacy Document, phase 1 pandemic, contributor
- Domestic Violence – rejected.

Update existing guidance:

- (notably Pain), new guidance aimed at the Management of Head Injuries in the Cognitively Impaired Elderly Patient.

During 2021 the group will be updating the Emergency Department Infection Prevention and Control (IPC) during the Coronavirus Pandemic, which has been revised during February 2021, as well as continuing to develop the web site.

Dr James France
Chair, The Best Practice Subcommittee
BPChair@rcem.ac.uk

Best Practice Committee Special Interest Groups:

RCEM have several special interest groups (SIGs) that feed into the Best Practice Committee:

- The Public Health Special Interest Group was chaired by Ling Harrison.
- The Elderly Care and Frailty Special Interest Group was chaired by Jay Banerjee, who stepped down during 2020.
- The Ambulatory Emergency Care Special Interest Group this was chaired by Tara Sood, who stepped down during 2020. Nathalie Richards is taking over as chair for this group. The group are changing their name to Same Day Emergency Care Special Interest Group, as this is a more accurate reflection of the work.
- The Toxicology Specialist Interest Group chaired by Johann Grundlingh.
- The Major Trauma Specialist Interest Group was ably chaired by Jon Jones.

Each of these SIGs have worked hard and helped to improve flow across the healthcare system as well as contributing to improving outcomes for patients.

Dr Simon Smith
Chair, Quality in Emergency Care Committee
QECC.Chair@rcem.ac.uk

Women in Emergency Medicine Special Interest Group (WEMSIG)

2020 was the inaugural year for WEMSIG, with appointments taking place from October – December. Our founding members are Dr Sinead Campbell-Gray, Dr Carole Gavin, Dr Shama Khan, Dr Priyadarshini Marathe, Dr Sa Narang, Dr Karen Squires (consultants), Dr Hannah McKee (SAS), Dr Laura Cottey, Dr Robyn Powell (trainees) and Gemma Essilfie (lay) with indispensable support from Tamara Pinedo, Pooja Kumari, and Emily Beet at RCEM.

One million women work for the NHS, making it one of the largest employers for women across the world. Despite this, the gender pay gap, the motherhood penalty, and disparities in leadership persist throughout the NHS. Emergency Medicine is no exception: in a 2017 British Medical Journal (BMJ) study only 39% of women considered EM a family friendly speciality, ranking us one of the lowest of the hospital-based specialities.

WEMSIG was established to address and mitigate the negative consequences of gender disparities in EM. We aim to play a key role in raising awareness of gender disparities in the specialty and facilitate a culture of open communication in the College including ensuring the College takes into account gendered experiences of its members and fellows in its work.

We will work within the College to promote wellness, career sustainment, and career progression for women working in Emergency Medicine and are participating in the AoMRC Gender Pay Gap group to implement the recommendations of the Dacre & Woodhams report."

Dr Kirsty Challen
Chair, Women in Emergency Medicine Special Interest Group (WEMSIG)
WEMSIGChair@rcem.ac.uk

Equity, Diversity, and Inclusion Committee (EDI)

It feels slightly unreal that this is only the first submission from the EDI committee to an Annual Report. This time last year the EDI Committee did not exist.

Formed in response to the issues of structural racism and inequity that Covid-19 revealed, especially in regard to how staff were not equally affected by Covid-19 within the NHS, the committee is a welcome first step to RCEM acknowledging that structural inequalities and racism exist, and although a daunting task, need to be tackled.

There was a rigorous competitive interview process for both the position of Chair, and for Members. The College has perhaps, appropriately appointed co-chairs, and a varied team bringing many skills and experience to the College.

In our brief tenure so far, we have been able to act on survey results indicating different rates of access to PPE and risk assessment between staff and have gathered more information about disparities within the specialty.

We have developed a vision which is aimed at overcoming these disparities and making RCEM an exemplar in the way it leads to EM becoming the most inclusive Specialty, in terms of representation, and how it evolves to overcome the role of all the biases which can affect all Emergency Department staff and their Patients.

These difficult issues will take time to fully unpick, but we endeavor to work hark on 'getting it right, not being right'. We will all hopefully grow and progress together on this journey and be better for it.

Dr David Chung and Dr Hodon Abdi
Co-chairs, Equity, Diversity, and Inclusion Committee (EDI)
EDIChairs@rcem.ac.uk

Corporate Governance Committee

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

The Corporate Governance Committee Chair has the opportunity to hear Council debates on matters of policy and strategic significance. In 2020 the Corporate Governance Committee met in February, April, June, September, and December. It 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. These included:

- The impact of the Covid-19 pandemic on the College operations.
- The decision to sell the investment portfolio and hold reserves in cash due to the budget uncertainty the pandemic brought with it, as the College had to quickly pivot from face to face to online delivery.
- Ongoing oversight of the College committee structure and providing 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 conflicts of interest policy. More generally reviewed and advised Council on issues of governance associated the plans developed by its sub-Committee, the Charity Governance Code Project Board, which brought forward proposals to separate the duties of the Trustee Board from Council. Proposals were approved by Council and the Annual General Meeting in the Autumn of 2020, which enabled these changes to be

scheduled for implementation in 2021. As part of this process the Committee also reviewed its makeup and successfully brought proposals to Council to change its membership increasing the number of independent members to enhance the objective scrutiny role it undertakes.

The Committee noted the impressive achievement of the RCEM senior staff in continuing to maintain accreditation to the ISO9001 standard.

The Committee met the College's auditors in the Spring to review the 31 Dec 2019 audited accounts and recommended their approval to Council, noting that the report found no issues with the governance of the organisation and no issues at all were raised by the auditors about its financial management. This is another outstanding performance by the College and is a testament to the skill of our staff.

At each meeting the Committee reviews the reports from the College's HR and financial management team.

The Committee reviewed the Council's Plans and Budget for 2020 throughout the year; greatly assisted by the improved systems of monthly financial reporting.

As well as the risk register, the insurance arrangements and core College governance documents have also been reviewed periodically.

In December 2020 I completed my term of office succeeded by Mr Derek Prentice.

Mr Denis Franklin
Chair, Corporate Governance Committee
CorpGovnChair@rcem.ac.uk

Lay Committee

This has of course been a year like no other, as Lay members of the College we could only stand back and admire with awe and grateful thanks for the unswerving commitment and dedication of our clinical colleagues in the work they have undertaken to serve their patients, often under appalling pressures with inadequate resources.

Throughout the year our members continued to provide a lay perspective to the College's committees and groups as well as to the devolved nations boards. We have commented upon and contributed to College publications and responded to a number of external consultations and well a providing representation on a number of national organisations including the Academy of Medical Royal Colleges.

However, once again throughout the year much of our focus has been on, for what for the Lay Group is, the critical issue of patient access to the Emergency Departments and not least the future of the four-hour target.

We did of course accept that the pandemic placed enormous pressure on the Emergency Departments and in particular the need to ensure the maximum protection for patients against the risk of nosocomial infection. However, we were concerned that the measures being promoted in the Clinical Review of Standards and trailed in pilot sites should not become the norm for the future.

We raised particular concerns with the proposal that patients should have to call NHS111 before going to an Emergency Department or the suggestion that they should use alternative sources of help. We were pleased to be able to work with Dr Adrian Boyle, the College's Vice President of Policy, on developing a set of FAQ's and a podcast to address the some of the questions and concerns that patients were likely to have with this new policy.

However, such were our concerns that in July we wrote to the President, Executive and Council in which we expressed our reservations about proposed changes. In particular, we stated inter alia:

"However, whatever challenges exist and whatever precautions are deemed necessary, neither should be become a convenient handle merely to change current polices and operational practices that have, up to now delivered undeniable benefits, transparency and reassurance not just to patients but also the speciality."

"Overcrowding and corridor care in Emergency Departments needs to end and so we strongly support the demand for action to reverse the spiral of decline by investing in staff, space, and equipment to enable patients to be looked after properly. But, and this is a very big but, this cannot be at the expense of patients being denied

access to emergency services until there is provision of sufficient availability and access to alternative and acceptable services on a 24/7 basis."

"That is the key issue here, major changes are being recommended to be imposed upon patients not only without meaningful consultation or their consent but also without any safety net being in place. Other 24/7 services are simply not there, and in particular nothing has been stated that provides any confidence that the most vulnerable in our society will be protected."

"We accept that the clinical review of standards may offer improvements for patients. Until we know what these are there is no justification for removing the four-hour standard, or indeed supporting any system that seeks to undermine a patient's right to be able to access emergency services on a 24/7 basis."

At the close of the year little has changed that can give the Lay Advisory Group any comfort that our concerns are being addressed by NHS England or the Government. We are grateful for the time that the President Katherine Henderson and the Vice President Policy Adrian Boyle spent with us to discuss these difficult issues.

This year we were joined by three new members, Louise Dunford, Gemma Crofie and Ruth Blackburn and we said goodbye to our Northern Ireland representative Don Mackay.

Having served two terms this is my last report as Chair of the Lay Advisory Group; it has been a privilege and an honour to have been the Chair. My thanks are due to the Presidents I have served under, Cliff Mann, Taj Hassan and Katherine Henderson, and to Gordon Miles, Chief Executive and his team and of course to my fellow members of the Lay Advisory Group.

> "Throughout the year our members continued to provide a lay perspective to the College's committees and groups as well as to the devolved nations boards.
>
> **MR DEREK PRENTICE**

Mr Derek Prentice
Chair, Lay Group Committee
LayChair@rcem.ac.uk

Foundation Board

The Foundation Advisory Board membership is as follows:

- John Heyworth – Chair
- Gordon Miles
- Nigel Pinamang
- Dr Scott Hepburn
- Derek Prentice
- Dr Jason Smith
- Anne Weaver

Due to unforeseen circumstances and somewhat competing priorities elsewhere, activities of the Foundation Advisory Board were inevitably paused during much of the year. However, in the latter part of 2020 the Board was delighted to receive support and funding for the appointment of a fundraising consultancy to work in partnership with the Board to develop a robust and productive fundraising strategy. Following a thorough and highly competitive recruitment process, Impact Consultancy were appointed, and the Board is working particularly with their senior fundraising manager, Suzanne Battersby. The initial remit was for Impact to undertake a thorough comprehensive review of the RCEM fundraising strategy including donation infrastructure, the RCEM website content, profile raising, public and member fundraising campaigns, social media opportunities and potential links with corporate more philanthropic high net worth individuals. This report reassuringly indicated that the College has significant potential in the fundraising arena, particularly given the 'Emergency Medicine' brand which resonates well with the public. However, it was clear that development and implementation of the strategy recommended by Impact, on

the basis of that organisation's significant experience in developing successful strategies elsewhere, will take time and would require the appointment of an individual within the RCEM organisation to specifically drive and deliver the approach recommended by Impact.

The next step, therefore, is for a fundraising manager or similar to be appointed and for that individual to work with the Foundation Advisory Board and Impact to develop the RCEM fundraising and donation infrastructure. It is anticipated that this appointment will be made in early 2021 and the Board looks forward to rapid and comprehensive implementation of the comprehensive fundraising strategy recommended by Impact Consultancy.

The Chair wishes to convey his thanks to RCEM Council for their support of the Foundation Board initiatives, both in terms of supporting the appointment of Impact Consultancy and subsequently the appointment of a fundraising individual within the College.

The Chair would also wish to convey his thanks to all members of the Board for their continuing support and energy in driving the fundraising agenda.

Dr John Heyworth
Chair, Foundation Board
Foundation.Chair@rcem.ac.uk

> “This report reassuringly indicated that the College has significant potential in the fundraising arena, particularly given the ‘Emergency Medicine’ brand which resonates well with the public.
>
> **DR JOHN HEYWORTH**

National Board Reports

National Board for Scotland

It is no exaggeration to say this has been one of the most eventful years for the RCEM Scottish Board.

During the early part of the year, we continued meeting the challenges common to all ED, that of exit block and Emergency Department Crowding. We continue to be engaged constructively with the media in Scotland. This means that our profile is continually high, and we are then sought out for collaboration by various organisations within Scottish NHS and Government to attempt to find solutions.

The two main annual meetings, the Spring Scientific Meeting (another sell out in Glasgow despite increased capacity), and the Policy Forum were both very successful, with a prescient focus on wellbeing and peer support, and also the interface between Public Health and Emergency Medicine.

We also organised a Parliamentary Reception early in 2020, which was attended by the Cabinet Secretary for Health and several other Members of Scottish Parliament. This was quite successful and provided a welcome opportunity to show case how Scottish Emergency Departments are managing to still achieve excellence (as reflected in the GMC Trainee satisfaction survey) which perhaps had been a bit of a well-kept secret.

We were also pleased to welcome our new ACP representative to the Scottish Board.

Events in 2020 have of course, been dominated by how we deal with the Covid 19 Pandemic. From the perspective of RCEM, we have found ourselves integral to the response.

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

We are currently about to engage in the development of Emergency and Unscheduled care in Scotland which provides a great opportunity to shape the future for our specialty.

We have also found that we have become much more involved with the Scottish Academy of Medical Royal Colleges. This group has been constantly active during the Pandemic, representing the interests of patients and doctors at strategic levels. We have also produced, at great speed, several documents, including ones for allowing relatives access to Covid patients, the care of bereaved relatives and the principles of providing care in the new healthcare landscape. Emergency Medicine was at the heart of these documents, in terms of instigation and contribution.

One of the strengths of RCEM in Scotland is engagement between the Board and all the Fellows throughout Scotland. This basically provided a ready-made network which we were able to use to plan and share Covid related issues, both with each other and Scottish Government.

RCEM in Scotland will continue to build on these achievements to embed all of the positive changes to the NHS in Scotland for the benefit of our Patients, and our Fellows and Members, whose interests are aligned.

Dr Dave Chung
Vice President, The Royal College of Emergency Medicine Scotland (term ended October 2020)
VPScotland@rcem.ac.uk

National Board for Northern Ireland

Fortunately, the Northern Ireland Assembly, the devolved legislature for Northern Ireland (NI), was reformed and the sixth Executive recommenced a devolved power-sharing coalition, with a new Health Minister, Robin Swan, appointed. The NI RCEM board was still involved in ongoing work and consultation with the Department of Health in NI in the hope of assisting completion of the 'Review of Urgent and Emergency Care' commenced in November 2018 chaired by Dr John Maxwell. No plans had been published at this stage.

The COVID pandemic reached NI in Feb 2020 and we sought urgent discussion with the new Health Minister regarding a COVID action plan for unscheduled care. There was a period of urgent consultation involving meetings with the Minister and his team to produce a plan for how the unscheduled care system should respond. We met as a team and with other Colleges to discuss the new reforms and what shape they should take in advance of wide discussion or public consultation.

Ultimately it was felt by the Department of Health (Northern Ireland) that some of the plans from the review of Urgent and Emergency care should be published as urgently as possible by the Urgent and Emergency care team and a shorter document, 'A COVID action plan No More Silos', which included 10 actions to help improve the system responding to a surge was launched.

The RCEM NI met every eight weeks and online meetings and discussion replaced meetings in person. Advantages and disadvantages were obvious for RCEM members and EM teams in a region where the system is already geo-politically isolated. However, the new Health Minister welcomed more consultation and discussion than many before. Regular meetings with other Colleges including RCS, RCP and RCGP NI took place.

The immediate effect of the COVID outbreak surprisingly was less attendance at Emergency Departments and elective work being cancelled in some specialty areas. RCEM colleagues were challenged by local and departmental social COVID precautions at the same time as trying to reconfigure services. Soon activity returned towards baseline.

The HSC developed a new Unscheduled Care Network and Trust teams including NI RCEM board members became involved in challenging discussions on how to implement Urgent Care Centres, acute referral hubs and 'Phone first' pilots. There was difficulty finding a common model that would fit for the whole region as large sums were committed to fledgling projects and robust evaluation has not taken place.

RCEM NI had strongly recommended a capacity review be conducted and that GIRFT methodology be used to appraise the system as efforts to restart the elective system. Major political concern continues to be voiced regarding capacity and we foresee the unscheduled care system ultimately taking second place in a region that certainly needs whole system solutions. Clearly, we are advocating that this is not acceptable.

Without doubt, some of the changes we have witnessed this year will have significant consequences for the shape of Emergency Medicine in NI for some years to come and RCEM NI will continue to make the case for assessing the usefulness and cost effectiveness of some of these changes.

Dr Paul Kerr
Vice President, The Royal College of Emergency Medicine Northern Ireland
VPNorthernIreland@rcem.ac.uk

National Board for Wales

The challenges caused by crowding and exit block unfortunately continued into 2020. The Welsh Board continued to engage with the Minister for Health, NHS Wales, and the National Program for Unscheduled Care Board (NPUC). This was then followed by Covid-19 pandemic causing significant disruption to the services. The number of Covid-19 positive rates and death rates were comparatively lower to other countries. There was no redeployment of Emergency Medicine trainees to other departments.

The data from the Experimental Emergency Department Measures was published in May 2020. The time to triage was 20 minutes, time to clinician was 78 minutes and outcome measures (no follow up required) was 42%. These measures aimed to improve patient experience instead of 4hr and 12hr targets.

There was ongoing work from the Emergency Department Quality & Delivery Framework (EDQDF) that launched in 2018. EDQDF aim to bring together clinical and managerial teams from across NHS Wales' Emergency Departments, to build 'what good looks like' for emergency care.

On Monday 14 September 2020, there was an official launch of South Wales Trauma Network. The network includes one Major Trauma Centre that is based in University Hospital of Wales, Cardiff, and several trauma units. Morriston Hospital's trauma unit provide specialist surgery for patients who do not have multiple injuries for burns, plastic, spinal, and cardiothoracic surgery. Other trauma units are Grange University Hospital (Cwmbran), Prince Charles Hospital (Merthyr Tydfil), Princess of Wales Hospital (Bridgend) and Glangwilli Hospital (Carmarthen).

A new £350 million hospital was opened on the 17 November 2020 in Cwmbran. The Grange University Hospital is a 560-bed hospital with an Emergency Department providing emergency medical services to people living in

> "The number of Covid-19 positive rates and death rates were comparatively lower to other countries. There was no redeployment of Emergency Medicine trainees to other departments."
>
> **DR SURESH PILLAI**

Gwent. The Emergency Departments of Royal Gwent Hospital and Neville Hall Hospital was downgraded to minor injuries units. By the centralisation of the services, Wales has now 12 type 1 Emergency Departments.

I thanked the outgoing Vice President Dr Jo Mower. Dr Rob Perry was appointed as Vice Chair to the Board and I look forward to continuing work with the group next year.

Dr Suresh Pillai
Vice President, The Royal College of Emergency Medicine Wales
VP.Wales@rcem.ac.uk

Regional Boards of England

East of England

The East of England has not escaped the unprecedented challenges that COVID has presented. Undoubtedly, 2020 has been a year in Emergency Medicine few of us have faced before.

Most, if not all of our normal activities have faced disruption and change. Many of our teams have been directly affected by the loss of colleagues, friends and loved ones through the course of this pandemic. I am immensely proud of the whole workforce and would like to pay tribute to all those who have worked so hard over the last difficult year.

The Eastern region covers a diverse population of 6.2 million people extending to cover Norfolk, Suffolk, Essex, Cambridgeshire, Bedfordshire, and Hertfordshire. The region is served by Addenbrookes as the major trauma centre, plus sixteen other busy departments. The area is largely rural, with pockets of significant deprivation, notably towards the Eastern coast.

The region is well supported by several pre-hospital services, Magpas, Essex and Herts air ambulance and the East Anglian Air Ambulance.

The region is in the process of developing a second major trauma centre at the Norfolk and Norwich site, a project that will take several years to develop.

Departments across the East of England cared for more than 1.4 million patients (in type 1 emergency departments) in 2020. In general, over the year, those departments saw an improvement in performance against the four-hour access standard as patient attendance dramatically fell across the region, by almost half at its peak. Performance in the region measured against this standard rose to 91% in May but fell to 75% in December as winter pressures hit. Four of our region's hospitals did achieve the four-hour target for a number of months during this lockdown period, but this performance has not been sustained as departments have become crowded once again. 12-hour delays from decision to admit fell to less than a handful during the summer months but rose to more than three hundred per month across the region later in the year, a reflection of the pressures our regions departments are again facing.

The region has continued to run training days for all grades of trainees with most of this moving to virtual platforms. Our faculty days, held for both trainees and trainers have also been held remotely and have in fact been a great success, allowing many more individuals to attend. As COVID restrictions ease and face to face teaching and meetings are once again permitted, items such as simulation training will resume across the region. The EMLeaders program was suspended over the summer of 2020, but there are plans for the development of eLearning modules and the resumption of regular sessions and train the trainer teaching in 2021.

Research and recruitment into studies continues to be strong, with at least seven of our departments, along with East Anglian ambulance service actively recruiting into major studies.

Our training programs continue to be popular. Our region offers successful PHEM and PEM training and is looking to extend this beyond a single site in time. Our region currently hosts the most PHEM trainees in the UK.

Development of the ACP workforce continues to be successful across the region, supported by the appointment of a new ACP training program director in December 2020.

We all hope 2021 will be easier and we look forward to meeting our colleagues from across the region face to face once again. Challenges for the coming year will be to improve social and networking events across the region, with a goal of establishing a regional board.

Dr Jane Evans
East of England
Regional Chair
EofEChair@rcem.ac.uk

London

Overview and challenges

The London region is made up of 27 Emergency Departments and all departments were heading into the start of 2020 with significant challenges faced by increasing attendances, continued exit block, increased bed occupancy and staffing issues. The consequences of which have been a continued decline a continued decline of the four-hour emergency care standard and multiple patients remaining in Emergency Departments for extended periods of time resulting in significant delays to ambulance handovers.

At the start of 2020 we saw the arrival of COVID-19 with London being significantly impacted. The next 12 months bought challenges across the entire NHS and Emergency Medicine was no exception. Some of the stages departments went through included:

- Development and staffing of PODs either within or near Emergency Departments
- Supporting 111 and enabling 111 to direct COVID patients to Emergency Departments for review
- Ensuring all departments could screen and separate patients based on national criteria that frequently changed and linked to both travel and COVID type symptoms keeping all patients safe within the Emergency Department
- The introduction of COVID swabbing both pre and within the hospital

Particular difficulties included:

- Frequent changes to national guidelines and criteria
- Changes and availability of PPE
- Learning about a new disease and the associated pathophysiology
- Staff fear, sickness, re-deployment and sadly even death.

For London 2020 the first Wave of COVID pandemic peaked in April 2020.

During this time the attendances to Emergency Departments had significantly dropped and patients attending were nearly all COVID related. This resulted in a significant overwhelming of ITU services, challenges with oxygen across many hospitals and the development of delivery of CPAP for COVID patients both in Emergency Departments and on the wards rather than ITU / HDU environments. But this also gave concern to the possibility of 'missing patients' who would have required urgent care services during this time and were not related to COVID.

Despite the acuity of patients, during this initial phase many hospitals saw a significant improvement with flow and a reduction in exit block and hence an improvement of achievement of the four-hour emergency care standard. This was most likely due to:

- Improved general medical bed availability within the hospital
- The reduced number of patients attending ED
- An overall improvement of Trust wide awareness of the urgent care pathway

Following this peak, there was then a significant focus on restoration of services including within urgent care. The London Urgent care Restoration Board was established and then each of the five ICSs had local Restoration boards reviewing what improvements were needed in urgent care going forward.

The focus was mainly on:

- Think 111 First campaign
- 111 and the CAS
  - Capacity
  - Capability
  - Pathway development
- Direct to Primary care
  - Primary care appointments

– Community Services

– UTCs

- Direct to Secondary Care

  – Direct booking into Emergency Departments

  – SDEC pathways

- Capital funds for improving space within Emergency Departments
- Violence Reduction Programme

This was being done whilst urgent care services were continuing with 'split departments' and new infection control measures to try and reduce nosocomial infection, elective care services were being restarted and attempting to remove some of the backlog that had been generated.

Towards the later part of the year, as the initial lockdown eased, the urgent care pathways once again became very busy with a particular surge in patients requiring mental health services. The admission process for both acute and mental health trusts became challenging due to the need for COVID swabbing, cohorting of patient groups and the reduction in overall bed numbers due to adherence of national infection control guidelines and due to the development of hospital COVID outbreaks. Once again many hospitals struggled with exit block whilst also trying to maintain infection control measures with Emergency Departments.

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

The issues were mainly:

- A sudden increase in acutely unwell patient with COVID
- Emergency departments becoming full
- Significant ambulance handover delays
- Bed shortages (ITU and general and acute medical)
- Staff shortages
- Oxygen pressures

Calls to 111 and 999 significantly increased and both the numbers and percentage of patients requiring transfer to hospital increased. This resulted in sudden surges of unwell patients attending Emergency Departments, and a significant increase in hospital admissions to both ITU and the medical wards. There was a huge rise in the demand for NIV and Optiflow and this was all whilst staffing became a significant challenge for all services due to the number of staff suffering either directly or indirectly from COVID. As a result multiple hospitals across London (especially NEL and NCL) essentially became 'grid locked' with ITUs full, ITU expansion areas full, general and acute medical capacity full, additional capacity areas used, staffing minimal and nursing ratios significantly reduced (ITU and wards).

Support

During 2020 services in London came together to provide clinical support to each other. There were meetings that combined leadership from the London regional board, GIRFT and the London Urgent care system that were delivered 1-2 times per week and staff from all London Emergency Departments were invited. This enabled a place to discuss current issues, provide advice and support to each other and highlight issues

> "During 2020 services in London came together to provide clinical support to each other.

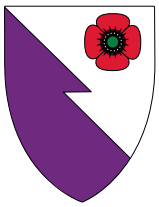
that could be raised by the leaders in other means.

Research and Innovations

A significant number of emergency departments developed a close working collaboration with intensive care and infectious disease research teams and supported national research studies like RECOVERY, REMAP-CAP, PIONEER and various vaccine trials. A large number of innovative projects were supported and implemented by the departments mainly around rapid testing kits for COVID-19. The departmental feedbacks were provided at the restoration boards and this information was absolutely essential to develop national testing strategy.

Obituaries

Dr Malinda Dissanayake was an Emergency Department Middle grade working at North Middlesex who sadly died from COVID. He was a kind man, who was well liked and very much respected.



Dr Shashank Patil and Dr Emma Rowland
Co-chairs,
London Region
LondonChair@rcem.ac.uk

South East Coast

I am delighted to have been chosen to represent our region on the South East Coast – I took the post in March and am currently putting together a Regional Board to get the best representation across the Emergency Medicine spectrum for our very large region.

Regional Geography

We have one Major Trauma Centre in the region (Royal Sussex County Hospital, Brighton) with 11 Trauma Units. Our region is made up of 10 Trusts with 15 Emergency Departments under three different Trauma Networks (Sussex/SELKaM/SWL and Surrey) in the regions of Kent, Surrey and Sussex, supported by pre-hospital providers Kent, Surrey and Sussex Air Ambulance Service and South East Coast Ambulance service.

These are **Brighton & Sussex University Hospitals NHS Trust** (Royal Sussex County and Princess Royal Hospitals), **Western Sussex Hospitals NHS Foundation Trust** (St Richard's and Worthing Hospitals), **East Sussex Healthcare NHS Trust** (Conquest and Eastbourne Hospitals), **Dartford and Gravesham NHS Trust** (Darent Valley Hospital), **East Kent Hospitals University NHS Foundation Trust** (William Harvey and QEQM Hospitals), **Maidstone and Tunbridge Wells NHS Trust** (Tunbridge wells and Maidstone Hospitals), **Medway NHS Foundation Trust** (Medway Maritime Hospital), **Royal Surrey County Hospital NHS Foundation Trust** (Royal Surrey County Hospital), **Surrey and Sussex Healthcare NHS Trust** (East Surrey Hospital) and **Ashford and St Peter's Hospitals NHS Foundation Trust** (St Peter's Hospital).

Of note, two Trusts merged on 1 April 2021 – Brighton and Sussex University Hospitals and Western Sussex Hospitals NHS Trust, to form **'University Hospitals Sussex NHS Foundation Trust'.** This combines St Richard's Hospital, Southlands Hospital, Worthing Hospital, Royal Sussex County Hospital, Royal Alexandra Children's Hospital, Sussex Eye Hospital and Princess Royal Hospital. Essentially, for the Emergency Departments, this will comprise of one MTC Emergency Department, two Trauma Units, one LEH Emergency Department, one Paediatric Emergency Department and one Ophthalmology Emergency Department. There are now talks of the Trust taking over the tertiary centre, Queen Victoria Hospital in East Grinstead (plastics, burns and maxillofacial services).

Emergency Department Rebuilds Update

There has been a lot of exciting progress with re-design and rebuilding of the Emergency Departments across the region – many plans made pre-pandemic, with a few adapting majorly to facilitate Urgent Treatment Centres. The updated situation over 2020 period:

Medway Maritime (MFT)

- Complete rebuild starting in 2014 and ongoing.

- Children's Emergency Department, 'Minors', 'CDU' and Resus completed but not being used for those original functions due to pandemic.
- Majors cubicles now in progress and due for completion soon.

Royal Sussex County 3T's Project and Helipad (UHS)

- Major building works happening on site for a whole new hospital with Stage 1 almost complete.
- ED undergoing a redesign - new UTC modular building being constructed and internal works completed for a new specialty assessment unit.
- The five year plan is to have a new ED. Mid-term plan may include a land grab, as nearby services move into new hospital building.

Princess Royal (UHS)

- ED expansion of majors and minors areas completed.

William Harvey (EKHFT)

- New RAT area and expanded respiratory ED in single story extension out front.
- UTC relocated to adjacent areas (fracture clinic and SEAU).
- Also, a new ambulatory majors area with large waiting room after section 31 notice regarding social distancing from CQC.
- Further redesign/rebuild plans of the Emergency Department with central funding pending. Designs with architects awaiting final approval with completion date of Feb 2022.

QEQM (EKHFT)

- New majors/resus/RAT/UTC/SDEC/ paeds areas with single story extension out front and two story extension in adjacent courtyard. The second floor is for staff support.
- Also awaiting new ED design approval as for WH ED.

Worthing (UHS)

- Two new RAT bays.
- Five new majors bed spaces.
- Increased desk area.
- ED have taken over and redeveloped our fracture clinic to create a new minors / UTC area thus freeing up more space for majors within the department.

St Peter's (ASPHFT)

- Major renovation has started. The Emergency Department will have to move to a new building when the current Emergency Department will have renovation. New building not completed yet.

Eastbourne and Conquest (ESHT)

- Modernising cubicles as part of pre-pandemic plans.

Darent Valley (DGT)

- New Paediatric Emergency Department has been built.

Challenges

On discussion with the South East Coast (SEC) Emergency Department Clinical Leads, it was felt that the challenges in 2020 were overwhelmingly overcrowding and exit block (affecting 100% of SEC Emergency Departments). Additionally, 65% of SEC Emergency Departments reported the following - poor design layout of the Emergency Departments to accommodate for demand, poor support from local primary care service and out of hours services, insufficient community support and ambulance handover times. These issues collectively have put major strains and pressure on the already overwhelmed departments. There have been some concerns to a lesser extent about maintaining junior doctor education, poor relationship with management, staffing and of course, corridor medicine, throughout this period too. Specifically, there are reports of:

- 'Executive board giving less of a

priority to Emergency Departments (e.g. no Emergency Department representation on major stakeholder meetings) and to the well-being of Emergency Department staff compared to rest of other hospital staff'

- 'The Emergency Department becoming the default safety-net for elective services'.
- 'Shocking CAMHS support'.
- 'No dental support with many attending as unable to see dentist'.
- 'Not enough primary care F2F appointments'.
- 'Only have pharmacy open 9-5 Mon to Friday'.
- 'No community service available or truly functioning to their demand' putting up Emergency Department attendances which are becoming unmanageable.
- 'High turnover of managerial staff'.
- 'Focus on performance from exec loses sight of the biggest problem (exit block). The cause of this is small capacity on the estate and no solution has been proposed for this'.

There is no doubt that a colossal negative impact across the region has been made on four-hour and 12 hr performance targets, as well as Ambulance turnaround times. Currently, attendance rates to the Emergency Departments have jumped up across the SEC between 10-35% estimate.

Research in the Emergency Department

One of the aims of my role as Chair, is to use our network more to further and support research – encouraging multicentre trials within our region and facilitating the Trainee in Emergency Research Network (TERN) studies. It is a forever developing area and exciting to see the progress that has been made and the positive impact it has on our patient care as a result. The studies our regional Emergency Departments have helped recruit patients for are IONA (Identification of novel psychoactive substances; NIHR; William Harvey), OCTS (Outcomes after Chest Trauma Score; NIHR; William Harvey), PREIST (NIHR study for Covid19; Conquest), SHED (Sub-arachnoid Haemorrhage in the ED, TERN study; East Surrey), EUROCov (Risk Stratification of Patients With Suspected COVID-19 Presenting to the ED; East Surrey), MERMAID:ARI (Multi-centre European study of Major Infectious Disease Syndromes: Acute Respiratory Infections in Adults; NHS HRA Study; East Surrey) and PRONTO (PROcalcitonin and NEWS2 evaluation for Timely identification of sepsis and Optimal use of antibiotics in the Emergency Department; NIHR/MHRA Funded trial and awaiting review; UHS – RSCH & PRH).

In addition to this, UHS Trust (RSCH & PRH) have produced a plethora of studies under the new forum ICEBERG (Implementing Clinical Excellence Brighton Emergency Research Group) led by Dr Chet Trivedy, namely:

- WHIPLASH trial – Versus Arthritis charity funded trial, awaiting ethics review.
- Distal Radius Reduction using Penthrox - planning phase complete; collecting baseline data.
- COVID-19 Antibody testing for staff working in the trust (CAT) – recruitment ongoing.
- The prognostic value of D-dimer for COVID-19 outcomes – publication pending.
- The impact of the COVID-19 lockdown on acute mental health presentations to the emergency department (ED) – publication pending.
- Maxillofacial and dental presentations to the emergency department (ED) – ongoing analysis.
- The role of Point of Care testing for white cell markers and improving the flow of Patients in the Emergency Department during the COVID-19 pandemic - manuscript in preparation; £10,000 of funding available for Emergency Department research

projects; Shortlisted as finalists for the HSJ urgent and emergency initiative of the year award.

- Care of the Deceased in the Emergency Department (CODE) – manuscript in preparation.
- Evaluation of feedback on the quality of CPR; how does clinician feedback compare to an automated mannequin? Ongoing analysis with a view for publication.

UHS Worthing have also performed studies on Crowding, Electronic triage and Frailty score reviewing, as well as a SECAMB pre-hospital lateral flow test study which is being prepared for publication. We aim to share the outcomes of these studies with the regional Emergency Departments.

Workforce

There is a good uptake of annualised self-rostering happening in most the grades across the region. The feedback has been very positive, helping with recruitment and more importantly, retention of staff, especially on the middle grade tier. Around 40% of Emergency Department Consultants in our region self-roster – the constraints being not having enough numbers to actually implement this strategy. Some Emergency Department ACPs and PAs are encouraged to self-roster as well but is not always the case and not every Emergency Department employs them, so this does not reflect the region.

There are gaps in the workforce across the region, mainly in the middle grade tier (SAS and Senior Clinical Fellows) but alarmingly, almost 50% of Emergency Departments do not have a full Consultant rota, especially according to RCEM guidance. The problem repeatedly appears to be lack of funding. Positively though, there are more trainee ACPs in more departments, with most funding secured for their permanent roles when qualified. Only one Emergency Department has three trainee ACPs with no formal discussion on how any of them are going to be incorporated into the workforce – the presumption is because they won't be funded.

Education

The delivery of education in the Emergency Department has been grossly affected by the pandemic, however, there have been innovative ways of delivering training and adapting to the conditions. These have been met, overall, very positively by trainees and non-trainees. CEEDs have been trialled in a couple of departments and have been welcomed with open arms – every Emergency Department in our region would want to put in a business case for the roles; one department has converted DCC into SPA to achieve this within the job plans. The feeling is that funding is, once again, the sticking point.

Feedback from juniors has been mostly that the pandemic affected the way they were exposed to paediatrics and minors cases and therefore their training in these areas has not been sufficient. Very few Emergency Departments in the SEC are run by doctors now and so experience is lacking. Locally, departments are encouraging more exposure, but some have been more proactive in establishing study days on procedures, paediatric illnesses, minors simulations etc.

Morale

Physically and mentally exhausted staff, persistent daily rota gaps, rising attendances (which probably haven't peaked yet) and constant immense pressure across the region. Morale is undoubtedly low. Our Emergency Department colleagues in Kent bore the heavy brunt of the second wave with the Kent variant and really struggled to cope whilst doing a remarkable job. The lack of proper recreational leave and cancelling of SPA and admin time has not helped either, providing a negative impact on wellbeing. The result is, unfortunately, skilled emergency nursing and medical staff leaving as a result. However, personal welfare and mindfulness is encouraged across the board and Emergency Departments continue to be a supportive

team environment that makes them such a unique place to work.

Conferences & Activities

South East Coast Emergency Medicine Conference has been annual since 2016 but did not take place in 2020 due to Covid restrictions and Study Leave cancellation. The conference is used as way to give an update to the region, present specialist topics, share innovations, invite keynote speakers and have a junior doctor poster competition. We are planning one for early 2022 and will be jointly collaborating with HEEKSS School of Emergency Medicine.

I can promise that the next report will not be as long!

Dr Salwa Malik
South East Coast Chair
SEC.Chair@rcem.ac.uk

Yorkshire & Humber

2020 started with the usual winter pressures. Then a frenzy of activity began with teams preparing for the onslaught of the COVID-19 pandemic. Departments reconfigured in record time, pathways modified, new cleaning regimes, PPE, NIV training, trainee rotations halted. Working relationships with teams/departments outside the Emergency Department became closer, brought together under such extraordinary circumstances with the urgency (and associated anxiety) of what we saw in China and Italy. It demonstrated what can be done when we have a shared goal.

- We hosted one clinical lead/director's virtual meeting in April 2020, followed by two regional webinars, to share learning and to support members across the region.
- Dr Sundararaj gave two interviews (April & December) to BBC Radio 4.
- Regionally there has been high recruitment to for CERA1-3 and TierED studies run by TERN.

As the first wave of the pandemic eased into summer, activity that had dropped significantly, started to return, along with the increased risk from nosocomial infections in crowded departments. We saw the second wave in October/ November, and for many departments in Y&H, this saw more COVID admissions than the first wave, alongside the increase in general attendances. Many departments/trusts in region report a focus on the 12-hour target, finding four-hours unachievable.

So many plans have been cancelled or postponed over 2020. So many people have suffered loss. Teams have pulled together to support each other, and the pandemic has highlighted the dedication, resilience, and compassion of all of our Emergency Department staff in the selfless manner that they delivered care over the year.

Looking forward to 2021, there will be the election of a new chair and regional board.

There will be the introduction of the new curriculum and portfolios. This will require local and national RCEM support to ensure a smooth transition.

We would ask RCEM to continue to highlight the harm associated with crowding, and the need to increase capacity to meet the increased demand on our services.

Dr Sally-Anne Wilson and Dr Manou Sundararaj
Co-chairs, Yorkshire and Humber Regional Board
YHChair@rcem.ac.uk

West Midlands

The pandemic swept across the UK and West Midlands. Covid was everywhere and remained the focus for some time

with non-covid activity being put on hold. From July 2020 on non-covid activity quickly increased with some activity reaching peak levels seen pre-Covid. Despite this, covid activity remained low, but all Trusts had one or other form of Covid-related ring fenced area within their Emergency Departments.

Fortunately, gains made during the covid phase have been variously consolidated. One Emergency Department has reported being able to expand its footprint on the back of social distancing and other covid related activity. There was the benefit of some new processes too, including front-end navigation and better access to hot clinics across a broader range of specialties.

Despite continued pressures throughout the year, many Emergency Departments have reported increased efforts taken by their respective Trusts in ensuring adequate patient flow through and from their Emergency Department. It was noted that in some cases patients with mental health issues were suffering long delays.

In terms of teaching, training and recruitment, the College came up with positive initiatives, including the streamlining of checklists and outcome following the ARCP while taking into account any disruption caused by covid to courses, educational activity, exams and vital hands-on-training. These efforts have been greatly appreciated and well received by the ARCP panels and trainees.

The pandemic has led to a shift in the ways training and educational activities are delivered. Inductions and even consultant recruitment, or AAC panels, have been delivered on camera via video.

Dr Kaylana Murali
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North East

Covid-19

The first half of 2020 was utterly consumed by the pandemic, a novel experience for many Emergency Medicine staff and incredibly challenging for all.

The second half of the year saw clinical activity levels increase, and by the middle of the year they comfortably reached pre-Covid-19 levels. Pan-regionally, mid-August saw overall and major trauma activity soar. Bed availability, for onward travel through hospitals, beyond the Emergency Department, was an increasing challenge. Decreased beds per ward bay (six to four in most cases) - in a bid to create social distancing was the most obvious reason for the capacity decrease within a multi-factorial situation.

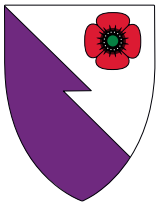
Covid-19 related specialty in-reach, clinic substitutes and staff availability reduced, as those areas tried to return to their 'new normal' with proportionate detrimental effects on Emergency Department performance. Service 'withdrawal' that became available during peak Covid-19 months began occurring at differing paces across the regional Trusts, in different sectors. The College's media releases regarding overcrowding in Emergency Departments and social distancing were appreciated in and by the North East. I, myself, had been sent multiple examples of how overcrowding and corridor care were still very much returning and occurring at peak times. Mental Health patients were the patient group suffering the longest delays for specialist review, definitive care and disposal once seen by Emergency Department liaison-psychiatry teams.

Wider Landscape

The regional faculty morale was high, and the vast majority were in good health. There were pockets of absenteeism – some related to Covid-19 itself unfortunately – have now returned to baseline expectations. The successful return to work of Members and Fellows

was tremendous to witness. Wellbeing and optimised physical and mental health is obviously a core RCEM philosophy and aspiration – regionally, it was comforting to know we were on as good a trajectory as possible, in this regard.

Trainees, of all grades, rotated to new units successfully and their regional teaching programme(s) re-started after the Covid-19-hiatus. Innovations continued at this time, particularly with regard to platforms for teaching, and units showed demonstrable commitment to education and embraced newer methods of education delivery and assessment. One such example were the remote examined OSCEs to mimic the college model. Those Higher trainees that did not have a formal ARCP in the Summer 2020 completed theirs in October 2020.



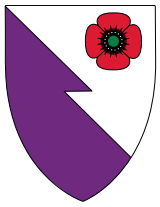
Dr Sohom Maitra
North East Chair
NEChair@rcem.ac.uk

South Central

I took on the role of regional chair for the South Central region from January 2021. However, in the months leading up to January a few things were already underway in the region. The College had begun the process of setting up a Regional board and appointing both a Chair and Vice-Chair. These things are of vital importance that, once established, will support members in the area.

As I took on the role, I had a productive meeting with the FASSGEM representative, a key relationship that I hope to build upon. I also had some opportunities to speak with the media about the pandemic and the vaccine.

In the year ahead I hope to represent all members in the region and increase engagement with the College and ensure that the interests and concerns of members in the South Central are heard.



Dr Divyansh Gulati
South Central
Regional Chair
SC.Chair@rcem.ac.uk

South West

Before the pandemic began, there were some very positive things happening in the South West region. The Research programme continued to be very active with 700 participants across 23 portfolio studies in seven trusts being recruited. There were some particular highlights such as AIRWAYSII being the largest pre-hospital cardiac arrest study sponsored by SWAST, NoPAC and TERN as well as studies led by SW trainees such as TIRED had incredible engagement from SW trainees and tern reps.

Prior to the pandemic, recruitment to training programmes remained strong in both the North and South of the region, with almost all posts taken up. There was a huge uptake for LTFT training but a limited interest in full-time posts. Recruitment at the middle-grade level outside of training programmes was particularly challenging. There were challenges of delivering training and education before the pandemic and at the same time there were numerous vacancies at a consultant level, with consultants leaving or retiring.

The South West was facing the same challenges that departments elsewhere in the UK were experiencing before the pandemic. All departments were under significant and increasing pressure, with no apparent end in sight. Departmental occupancy levels of over 200% were reported in some cases in the South West. There was very clear evidence of patient care being compromised and staff under extreme pressure and at risk of burnout. Recruitment suffered as a result

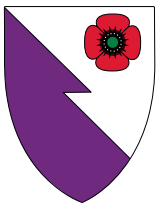
(as above). Departments were becoming more reliant on locums, who were often not of the quality of substantive doctors, compromising safety further and increasing the burden on senior doctors. 12-hour stays were becoming common, and 12-hour trolley stays in the corridor were occurring. Departments were unsafe and there was no privacy for patients in many areas.

Overcrowding due to poor (or no) flow was the recurrent theme. None of these issues were hidden from the senior management within Trusts, but there was very limited capacity for meaningful action. Boarding (or one up on wards) was utilised infrequently.

While the challenges in primary care were defaulting to become problems in Emergency Departments. Out of hours services were struggling to fill their shifts - increasing the acuity of patients and increasing the numbers of patients on under resourced services. Out of hours services were using increasing numbers of ANPs and paramedics to fill their shifts (planned for 50% locally). 111 providers were struggling to cope with demand. Over Christmas 2019 callers were directed straight to the Emergency Department. A reduction in daytime GP referrals to inpatient specialties lead to an increase in patients attending ED following GP interactions.

Then the pandemic swept across the UK. As with the rest of the country the focus in the South West was to develop new processes and guidance, and to share knowledge between departments and specialties. Our aim was to manage the patients who were in a severe condition, treat them as quickly and effectively as possible while ensuring that other patients as well as staff were safe. The College began the clinical leaders zoom calls, a helpful source of knowledge where we could share our experiences and practices. While the South West was not hit as badly as other regions during the first wave, it was still a real challenge, and the early days were difficult for staff. As the national stay-at-home guidance was announced, Emergency Departments became focussed on treating and managing covid patients. By the summer, cases fell until September when the numbers began to rise again until they peaked in November. The second wave was equally bad as the first, but by this time Emergency Departments had resumed regular hospital activity so we were managing covid activity as well as general attendances – a significant challenge for staff. The problems from before the pandemic were further exasperated: burnout among staff; patient safety being compromised; performance deteriorating; 12-stays increasing; and a return of crowding and corridor care.

It has been an incredibly challenging year for all, despite these challenges staff in the South West have continued in their dedication, resilience and compassion in Emergency Medicine. Going into 2021 the South West board will continue to raise its voice on issues of importance and highlighting the successes of South West Emergency Medicine workers.



Dr Adam Reuben
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DEPARTMENTS – A YEAR IN NUMBERS


ergency
A & E

Events

The Spring CPD Conference 2020 was on-track to be a sell-out event again when the COVID-19 pandemic stopped us in our tracks. We took the unprecedented decision to cancel the event, which proved timely when the UK went into lockdown on what would have been the first day of the conference.

During the initial stages of the pandemic, we worked with our colleagues in e-learning and clinicians around the country to bring members CPD updates and journal clubs disseminating the top COVID-19 related papers.

Over the summer we launched our first virtual study days which proved to be incredibly successful, offering an accessible way to attend our events. Further virtual study days continued into the autumn and winter, ensuring ongoing education options for training and revalidation purposes.

The Annual Scientific Conference was the first large conference to be held virtually and was a huge success with record numbers of abstracts submitted and delegates registered. Feedback was very positive, and we were proud to hold this prestigious event despite the difficult circumstances the specialty faced at that time.

We were unable to hold a physical diploma ceremony in 2020 but brought together all graduands for a virtual celebration in December. This provided a time to pause, reflect and celebrate their achievements. Seeing photos of graduands with their friends and families during the virtual ceremony added a great sense of community to the occasion.

“The Annual Scientific Conference was the first large conference to be held virtually and was a huge success with record numbers of abstracts submitted and delegates registered.

How many events in 2020?

22

12 in person, 10 virtual

How many were study days?

16

How many attended the first RCEM virtual conference?

1,112

How many abstracts submitted in 2020?

448

across 4 events

How many event registrations in 2020?

1,845

Membership

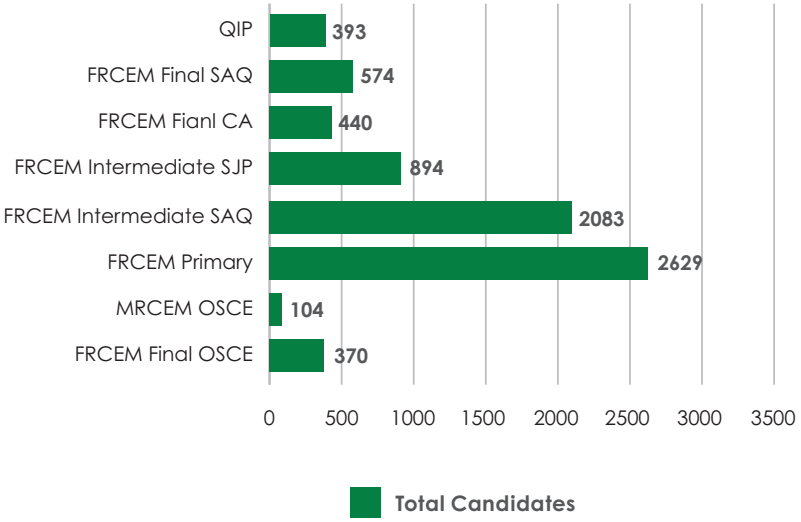
- Total members at the end of 2020: 10,163
- Members approved during 2020: 1755
  - 1448 (83%) of these were from the United Kingdom
  - 307 (17%) members approved in 2020 came from 39 overseas countries
  - 387 (22%) were non-medical (students, ACP, RHP etc.)

Regional Membership Breakdown

Region	New members in 2020 and % of Joiners
East of England	97 (6%)
London	228 (13%)
South Central	74 (4%)
East Midlands	131 (7%)
North East	90 (5%)
Northern Ireland	36 (2%)
North West	176 (10%)
Republic of Ireland	40 (2%)
Scotland:	105 (6%)
South East Coast	89 (5%)
South West	97 (6%)
Wales	76 (4%)
West Midlands	111 (6%)
Yorkshire and Humber	133 (8%)

Exams and Training

RCEM Examinations – 2020



Exams & Training

- In 2020 there were 7,487 attempts by 5,723 individuals.
- The examination department held 14 exams across 27 days.

Despite the challenges that the pandemic presented, exam attempts in 2020 were only reduced by 17% from 2019. As a result of the incredible efforts of the Examinations Team, only four of the planned 18 examinations had to be cancelled. Three of the cancelled examinations were MRCEM OSCE diets, two of which were in India. Examination delivery was rapidly pivoted to computer-based testing with written examinations accessible online or in computer test centres from July 2020. The FRCEM Final OSCE was revised with approval from the GMC to enable remote assessment.

eLearning

- In 2020 RCEMLearning published 175 new content items.
- By the end of 2020 RCEMLearning had a total of 386,377 users.

Key metrics

	2019	2020	% Increase
Total completed modules in the Exams sections	69,057	86,791	25.7%
Total page views	2,844,077	3,434,921	20.8%
New Publications	183	175	- 4.3%
CPD diary entries (monthly average)	2,141	1,410	- 34.1%

Policy and Communications

Policy Department Report

The Policy team provides solutions to the issues facing the specialty of Emergency Medicine by generating evidence and insight, and influencing policymakers.

We lobby to improve the capacity and resourcing of our Emergency Departments.

In 2020 we updated our RCEM CARES campaign by launching 'RCEM CARES during coronavirus' to address the pressing issues facing Emergency Care during the pandemic.

We also established two strategically important committees to the College: Equity, Diversity and Inclusion Committee and the Women in Emergency Medicine Special Interest Group.

Key stats

- Cited 25 times in UK Parliament and Welsh Senedd
- Participated in 18 meetings with UK politicians to discuss pressures facing Emergency Departments
- Carried out our first census of Scotland with results due to be published in 2021
- Held our first Scottish parliamentary reception (before the pandemic!)
- Wrote 17 letters to senior NHS leaders, UK politicians and Government Ministers to campaign for more resources for Emergency Departments.

Communications Department Report

Another key area for the team is it's press and media work, and 2020 was an exceptionally busy year. In 2020 we got our spokespeople onto BBC News, Channel 4 News, Sky News, Channel 5 News, the Today Programme, World at One, Newsnight, 5Live, LBC, Scotland Tonight, BBC Wales, and other regional news programmes.

- Press releases issued: **68**
- News articles featuring RCEM quotes or sources: **9,216**
- Pageviews of rcem.ac.uk in 2020: **3,269,512**
- Total emailed communications to members: **882,824**

Winter Flow Project

Our Winter Flow Project looks at patient flow within Emergency Departments over the winter and measures:

- Type one four-hour standard performance
- The number of acute beds in service
- The number of patients in their trust for whom hospitalisation in an acute trust is no longer medically required
- The number of unplanned attendances
- The number of patients spending more than 12 hours in an Emergency Department from arrival to departure

In 2020 it once again proved to be a vital tool in highlighting the pressures Emergency Departments faced. Find out more at rcem.ac.uk/WinterFlow

Quality

Despite the challenges of the pandemic

28

meetings were held in person and virtually across both clusters in 2020

99

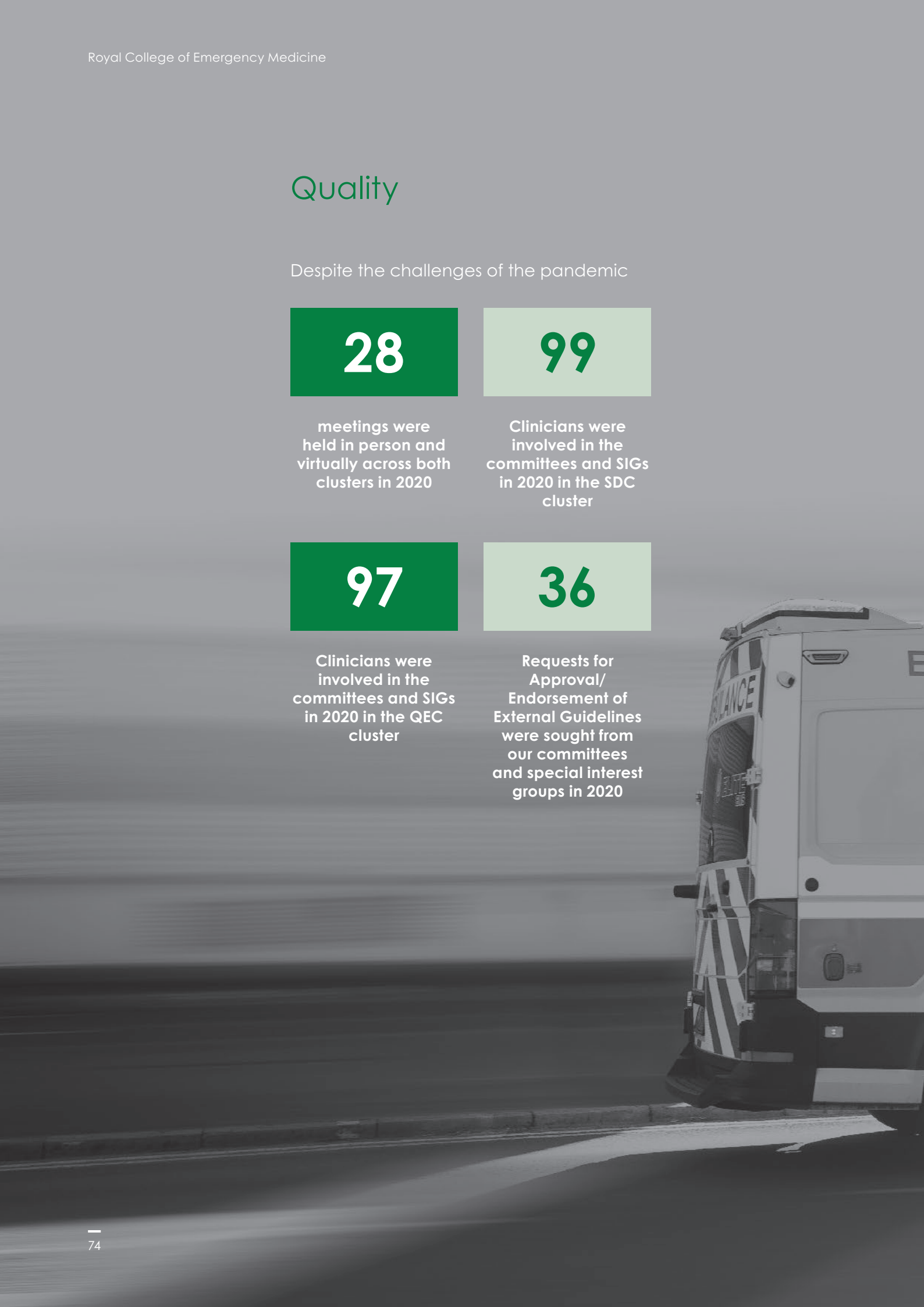
Clinicians were involved in the committees and SIGs in 2020 in the SDC cluster

97

Clinicians were involved in the committees and SIGs in 2020 in the QEC cluster

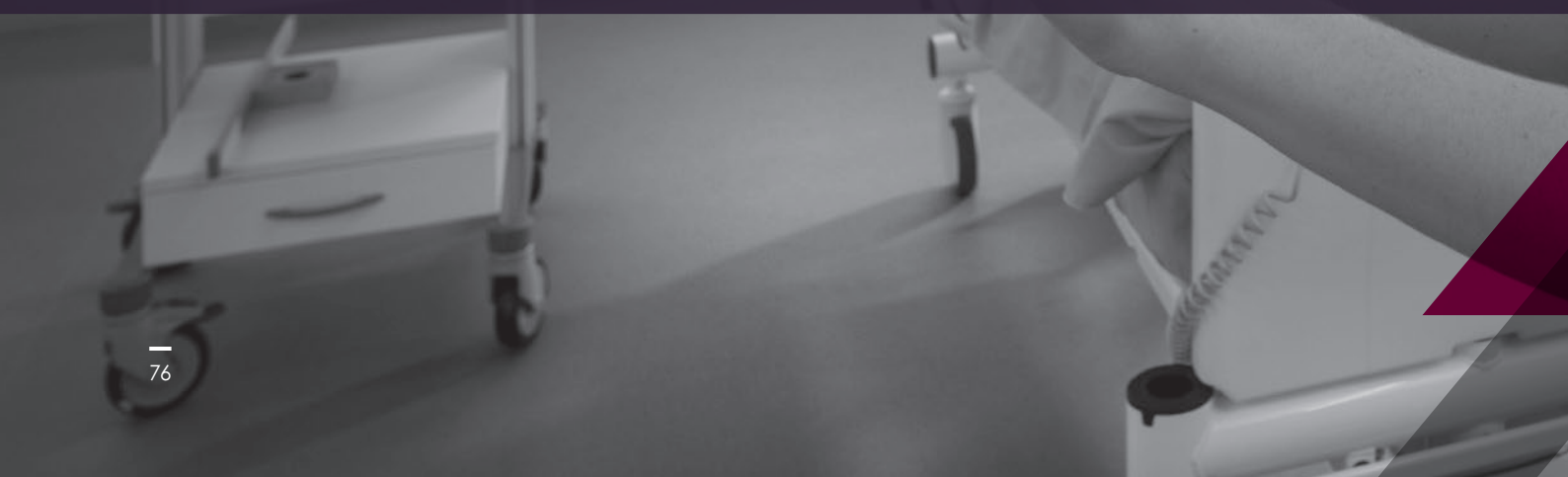
36

Requests for Approval/ Endorsement of External Guidelines were sought from our committees and special interest groups in 2020




EMERGENCY AMBULANCE

EMERGENCY MEDICINE PERFORMANCE IN 2020



EMERGENCY MEDICINE

England 2020

Total attendances:

12,856,098

Average four-hour percentage:

80.8%

Total 12-hour waits:

14,239

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

Wales 2020

Total attendances:

665,874

Average four-hour percentage:

70.4%

Total 12-hour waits:

41,844

PERFORMANCE IN 2020

Scotland 2020

Total attendance:

1,089,576

Average four-hour percentage:

90.16%

Total 12-hour waits:

4301

Northern Ireland 2020

Total attendances at Type 1 EDs:

546,616

Average four-hour percentage:

61.23%

Total 12-hour waits:

40,670

FINANCIAL REPORT

Annual Report 2020
Report of Council

Council submits its annual report together with financial statements of the College for the year ended 31 December 2020.

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	Handelsbanken 1 Kingsway, London, WC2B 6AN
Solicitors	Hempsons Hempsons House, 100 Wood Street, Barbican, London, EC2V 7AN
Auditors	Moore Kingston Smith LLP Devonshire House, 60 Goswell Road, London, EC1M 7AD
Investment Managers	Quilter Cheviot Investment Management 1 Kingsway, London, WC2B 6AN Flagstone Investment Management Ltd 26-27 Oxendon Street, London, SW1Y 4 EL
Chief Executive	Gordon Miles

The College Council consists of the following 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 Katherine Henderson	2019	2022
Immediate Past President	Dr Tajek Hassan	2019	2020
Vice President	Dr Ian Higginson	2019	2022
Vice President	Dr Lisa Munro - Davies	2016	2022
Vice President - Policy	Dr Adrian Boyle	2019	2022
Vice President - Membership	Dr Carole Gavin	2019	2022
Treasurer	Dr Scott Hepburn	2018	2021
Dean	Dr Jason Long	2014	2020
CPD Director	Professor Simon D. Carley	2019	2022
Chair QECC	Dr Simon M Smith	2019	2022
Chair R&P	Dr Jason E Smith	2019	2022
Chair TSC	Dr Maya Naravi	2018	2021
Chair ACP	Mrs Olivia M Wilson	2019	2022
Chair - Emergency Medicine Trainees Association	Dr Amar Mashru Dr Daniel Darbyshire	2019 2021	2022 2023
President – Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine	Dr John Burns Dr Stephen Richard Black	2017 2020	2020 2023
Northern Ireland – National Board	Dr Ian Crawford Mr Paul P Kerr	2018 2020	2020 2023
Scotland – National Board	Dr David Chung Dr John Thomson	2017 2020	2020 2023
Wales – National Board	Dr Jo Mower Dr Suresh K Gopala Pillai	2018 2020	2021 2023
East Midlands	Dr Richard Wright	2017	2021
East of England	Dr Sarah J Evans	2019	2022
London	Miss Emma Rowland Dr Shashank Patil	2019 2019	2022 2022
North East	Mr. Sohom Maitra	2019	2022
North West	Dr Stephen Jones	2018	2021
South East Coast	Dr Julian Webb Dr Salwa Malik	2017 2021	2020 2024
South Central Region	Divyansh Gulati	2021	2024
South West	Dr Adam Rueben	2018	2021
West Midlands	Mr. Kalyana S Murali	2019	2022
Yorkshire & Humber	Dr Sundararaj J Manou	2019	2022
Lay Chair	Mr. Derek Prentice Miss Karen Jayne Hidderley	2017 2020	2020 2023

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 Boards in England and National Boards in the devolved nations. Trustees are appointed in accordance with Ordinance 6 of the College's Charter and Ordinances. Any associated election processes are managed by the Electoral Reform Society.

At the Annual General Meeting in October 2020, subject to Privy Council approval the membership voted to agree to some changes in the structure of the College, creating as separate Trustee Board leaving Council to focus on specialty matters. These changes are planned to be implemented in 2021 and have since the end of 2020 been approved by the Privy Council approval.

The College Council has additional support in undertaking its functions from those 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, Chair of Emergency Medicine Trainees Association, and Chairs of standing committees, Chair of the College Lay Group, President of Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine, Chair of Advanced Clinical Practitioners and representatives from other Royal Colleges.

The 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 can discharge their duties effectively. Further training is available to meet individual needs. Arrangements are in place for the induction of all newly appointed trustees who receive a formal induction from the President of the College relating to their role and responsibilities as a trustee, prior to their first meeting of Council. The Trustees receive information about their role and responsibilities from a range of sources, including the Charity Commission and professional advisors to the College.

The election of officers and other elected members of the Council are undertaken in accordance with the Royal Charter governing the College, and our Council is chaired by the President, Dr Katherine Henderson. The Council aims to make decisions by developing a consensus but voting by members (simple majority) is the final decision making process. The Council has an Executive Committee and Corporate Governance Committee that meets (monthly and quarterly respectively) 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 membership are honoured that The Princess Royal is our Royal Patron.

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 on significant employment matters via our Employee Forum.

With regards to senior staff, the College has a Remuneration Sub-Committee which reviews their remuneration arrangements periodically and reports to the Corporate Governance Committee. In determining staff remuneration, the College undertook a review of its grading and remuneration arrangements in 2018 with the assistance of an expert in employee remuneration arrangements and its new pay policy has been in place now for 2 years.

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. As the year turned the strategy is being reviewed and in 2021 a revised strategy is to be published.

During 2020, the Royal College of Emergency Medicine had to adapt to the Covid-19 pandemic at the same time as continuing to promote excellence in emergency care. Our activities are focused in four key areas

i. Improving patient care.

ii. Support our membership to achieve sustainable satisfying careers.

iii. Advancing the practice of Emergency Medicine through research and engagement in Global Health.

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

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

- working with other healthcare organizations and governments to implement the College's campaign 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;

- providing a credentialing process for Advanced Clinical Practitioners;
- 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;
- dealing with enquiries from the general public concerning Emergency Medicine and acting as an advocate for Emergency Medicine patients;
- developing the employee structure to deliver our operations;
- improving our information systems to reduce risk and enhance our service performance;
- continuing to develop our risk management systems, budgeting and business planning.

Public Benefit

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

1) for the Advancement of Education for the Public Benefit to a section of the public; and

2) a wider benefit to the public.

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

a) advance education and research in Emergency Medicine and to publish the useful results of such research; and

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

It also defines what constitutes Emergency Medicine as follows:

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

As can be seen from the preceding explanation of our activities a significant amount of our resources 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 16 million people through Emergency Departments [1], we also take part in a wide range of other initiatives to support the public; for example, our work on the effects of alcohol amongst others. The College also deals with enquiries from the general public concerning Emergency Medicine and acts as an advocate for Emergency Medicine patients.

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

Fundraising

During the latter part of 2020 the College engaged a firm of professional fundraising consultants to develop a fundraising strategy to assist it in developing fundraising as a source of income. To date, the College has not actively engaged in any significant fundraising as described in guidance from the Charity Commission "Charity fundraising: a guide to trustee duties (CC20)". We continue to comply with the requirements of the Charities (Protection and Social Investment) Act 2016 and no complaints were received in respect of fundraising activity. Furthermore, the College does not fundraise in any way that could be expected to unreasonably intrude or place undue pressure on vulnerable people and other members of the public to give money or other property to the College. Our approach to fundraising is to approach contacts, stakeholders and our membership for specific appeals, and we also have a Just Giving page. We are registered with the Fundraising Regulator.

Achievements and Performance

During 2020, the President and Council had to refocus the College efforts significantly to deal with the challenge that Covid-19 presented to the specialty and the College itself. This means that in addition to the 'business as usual' activities significant new streams of work were tackled. Alongside our work to deal with the impact of the Covid pandemic, work also continued to develop our medium-term strategy. The Council reviewed this strategy during the year, finalising it as the year turned ready for publication early in 2021.

As the pandemic arrived in the UK significant input was given at the highest levels in each of the nations of the UK to support the preparation for the pandemic and the subsequent challenges of dealing with Covid-19. This varied from the initial challenges of focusing on the availability and quality of Personal Protection Equipment available to the specialty workforce, to sharing knowledge about best treatment practice and processes. This work continued throughout the year as the specialty had to deal with the different waves of the pandemic. There was significant dislocation to the training of NHS Emergency Medicine workforce, and this meant changes to the programme of training. Our Sustainable Working Practices Committee provided advice and help to the specialty including the provision of a wellbeing App, 87%.

1 Source: Hospital Accident & Emergency Activity 2018-19 data for Major A&E Departments **https://digital.nhs.uk/data-and- information/publications/statistical/hospital-accident--emergency-activity/2018-19**

IIn late February we invoked the Crisis Management Team for the first time in our history, as we decided the threat was sufficient to reach for our Business Recovery Procedures. We upgraded our video conferencing arrangements, reviewed our IT to enable all staff to work from home if need be and started regularly risk assessing the situation. On 17 March the Crisis Management Team decided the COVID situation was such that to protect our employees and preserve our operational capacity to support the specialty they should work from home until further notice. We moved quickly to Pivot our services to deliver in a world where it was not possible to run face to face events, examinations and meetings.

All face-to-face meetings, events and examinations were cancelled for 2020 so we needed to quickly redesign the College services. After a number of years of careful financial management, we had sufficient resources to enable us to plan and budget for some very fast development projects.

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

Our exams team and examiners have worked flat out to switch the model to online examinations in a few weeks. In normal times such work would take 18 months plus, we have achieved it in a just a few weeks. Now we have created online capabilities successfully, capacity has been an issue and we are working to resource up to deal with that. More than 5,000 candidates successfully sat online examinations with us in 2020.

In the first quarter we ran 12 days of events. And then had cancelled the remaining 44 events we had planned. We organised our first virtual Scientific Conference which was highly acclaimed. We ran other study days online. Significant work has been one communicating RCEM Learning content, CPD conference content from the cancelled conference and CPD Director podcasts.

We acted very quickly to assemble Covid related content and make this available quickly on RCEMlearning. We have had 2.5m page views in the first 8 months of this year (up by 20%).

Trainees have been impacted by Covid and various actions have been taken to mitigate these including minimizing the number of trainees delayed by cancelled exams and the QIP to 34 and 23 respectively. To support trainees with their ACCS - IAC mandatory requirement, trainees have been redeployed in some cases. Our intercollegiate group has worked together to produce updated information, the most recent being IAC Position Statement. To support Recruitment, there have been virtual interviews as with ARCPs. We've also published general guidance for trainees.

In the first 6 months we had 15 doctors join the specialist register via the CESR route which is almost double the number in the same period last year.

We initially cancelled our clinical audits because of the Covid uncertainty and then allowed them to restart. We issued Clinical Guidance issued on Covid for example Infection Control and others Safety Guidance.

The Policy Team have had an exceptionally busy year with the launch of RCEM Cares and engagement in the political arena to set out our case for more support for the specialty. The RCEM CARES campaign provides solutions to address these pressing issues so that ED staff can deliver safe and timely care for patients. The campaign focuses on five key areas: Crowding, Access, Retention, Experience, Safety. There is more information on our website here: **https://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/RCEM_CARES/RCEM/Quality-Policy/Policy/RCEM_CARES.aspx**.

Media coverage – in 2020 the College issued 68 press releases and, in the UK, featured in 9,216 articles. According to our media monitoring from, this is the equivalent of spending £117m on advertising with these websites. While this is not a perfect metric, it is a public relations standard and gives an indication of return on investment.

In our Membership team significant progress has been made on automating and streamline membership processes to make it easier for our membership.

Internationally, notwithstanding the travel bans, the MTI programme re-opened and is actively securing sponsorships. Other highlights included, the Emergency Medicine Foundation Programme project has proved a success and have successfully delivered ARCPs virtually with our Apollo partners across India and Pakistan. For 2021, we will enter Year 2, and trainees are currently being recruited.

Guidance and support: We also provide clinical guidance and through our Emergency Medicine Journal, study days, scientific conference, research programme and Continuing Professional Development programme support the development of the emergency medicine profession.

Our internal support arrangements were redesigned as we implemented a new Corporate Services function looking after our people, buildings, finances and our digital infrastructure. Our HR team have worked improved staff recruitment, retention, development, engagement and wellbeing. We rolled out a new HR App to keep Colleagues up to date, implemented a new HR information system and launched our employee forum. We have supported our employee wellbeing with the 87% App, mental health first aiders, virtual coffee mornings and lots of communication.

Our Facilities have been temporarily mothballed, with steps taken to check they are secure and employee efforts redirected to support our other teams. We allow teams access for essential tasks, for example when running an online examination it helps for our staff to be together but socially distanced.

Financial Review

The Trustees are pleased to report that total incoming resources for 2020 were £6.891 m. (2019: £7.920m)

The income was as follows

Income	2020	%	2019	%
Donations & Grants	167,907	2%	259,825	3%
Other Income	232,139	3%	431,534	5%
Investment Income	19,888	0.3%	52,034	1%
Emergency Medicine Journal	311,187	5%	250,000	3%
Subscriptions	3,329,049	48%	3,049,861	39%
Conferences & CPD	329,815	5%	841,080	11%
Examinations	2,242,692	33%	2,702,996	34%
Training	98,591	1.4%	120,512	1.5%
Clinical Audit	159,692	2.3%	173,012	2%
Invited Service Reviews	-	0%	39,000	0.5%
Total	**6,890,961**	**100%**	**7,919,854**	**100%**

The principle funding sources for the College remain membership subscriptions and examinations income. These funding sources are in line with the main educational activities and charitable aims of the College.

At the end of 2020 the total membership rose to 10,163, an increase in 11.5% from 2019. The membership category with the largest increase was in Associate member (training/ Eportfolio) which increased by 34% with there also being a large increase in Associate member (ACP) of 24%. Our numbers of Fellows by Examination also saw significant increase by 9.8% with our overall number of Fellows increasing by 8%.

Total resources expended during 2020 were £ 6.233m (2019 £7.107m). This report has highlighted earlier the key activities that account for the expenditure

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Major areas of expenditure were as follows:

Expenditure	2020	%	2019	%
Raising funds	11,292	0.2%	19,247	0%
Emergency Medicine Journal	580,163	9%	532,522	7%
Research & Publications	203,510	3%	99,396	1%
Education & Examinations	2,328,092	37%	2,662,839	37%
Training Standards Committee and general training	1,163,880	18.7%	1,011,324	14%
Conferences & CPD	614,492	10%	1,241,723	17%
Membership Services	308,751	5%	324,868	5%
Quality In Emergency Care	433,327	7%	482,622	7%
Policy & Professional Affairs	468,125	8%	532,746	8%
NHS Project Expenditure	112,283	2%	198,914	3%
RCEM Foundation	8,640	0.1%	670	0%
Total	**6,232,555**	**100%**	**7,106,871**	**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 10). The College invests in ethical areas only wherever reasonably possible.

The Trustees have engaged Quilter Cheviot Asset Management to provide them with professional investment management advice. However, in the immediate aftermath of the Covid-19 outbreak, our trustees took the decision to liquidate this investment portfolio to reinforce the funds available to the College and to mitigate against further downside risk. Fortunately, the College has not had to drawdown on these funds and they remain on deposit with Flagstone Investment Management Limited on their cash Investment platform.

Risk management, and principal risks and uncertainties

The College has a risk register maintained by the Vice President – Membership. The register is reviewed on a regular basis at the meetings of Officers and by the Corporate Governance Committee and Council.

The College's risk register sets out the most significant risks classified by governance, operation (business continuity), finance, environment, regulatory compliance and reputation. Each risk within the classification is detailed and scored against a matrix of impact and likelihood. In 2020, further analysis took place to identify risks that the organisation may be exposed to as a result of Covid-19, this lead to the creation of an annex register, "issues list".

The College has put systems and procedures in place to monitor, manage and mitigate risks. Trustees ensure risks are considered as an integral element of all decision making and identify appropriate procedures to ensure that risk levels are acceptable in each case.

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

Significant risks for the College include:

1) Operation/Finance: COVID-19 has had a significant impact on College's operational activity and finances since March 2020. The College has mitigated the impact of COVID-19 by continuing to deliver services to our membership and the specialty whilst working remotely. Mitigation: Having cancelled examinations and events earlier in the year we have developed our digital offering and are hopeful a future blended mix of digital and face to face delivery will appeal to our membership. Governance and oversight by the trustees are being delivered remotely. This oversight has been enhanced by additional reporting on organisational performance.

2) Operation: There are several risks that are being run associated with our examinations, including that there is a real risk that there are sufficient 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 continuing to work 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.

3) Operation: There is a risk that ongoing investment into our IT systems is unlikely to continue to deal with the level of change being experienced by the College. Mitigation: A revised digital transformation strategy (and an annual work programme) has been developed with defined deliverables aimed at keeping developments in line with trends.

4) Operation: Having access to an effective and secure digital infrastructure is crucial to enabling the College to function efficiently post the Covid-19 outbreak, especially with cyber-attacks and cyber enabled crime on the rise. Mitigation: Our digital transformation strategy provides a plan for managing any interruption or potential risks to our digital environment

5) Reputation/Operation: There is a reputational and operational risk to the College that the required development of a new ePortfolio 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.

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 2020 were £10.015m (2019: £9.677m) of which £ 0.418m (2019: £0.426m) were restricted and not available for the general purpose of the charity. The unrestricted funds of the charity totalled £9,598m (2019: £9.251m) of which £7.048m (2019: £7.037m) are designated funds.

Designated funds are funds that the Trustees have earmarked for specific purposes. As at 31 December 2020, there are three designated funds, tangible fixed assets, IT development and RCEM foundation. Most of the designated amount relates to the tangible fixed assets of the College, net of a related bank loan and reflects the fact that these net funds could not be realised without disposing of the assets. The IT development fund has been designated to support our digital transformation agenda over the next 3 years. RCEM foundation fund has been designated to enable our foundation to develop its fundraising capabilities and strategy over the next 2 years.

The free reserve balance is £2,550m (2019: £2.214m), and has been considered by Council, 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. The reserves policy will be reviewed in the coming year.

Future Plans

The current plan is now under review. Subject to that review our strategic aims are as follows:

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

Statement of Trustees' responsibilities

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

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

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

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

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

Appreciation

The trustees wish to thank the College employees for their unstinting hard work during 2020 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 13/05/2021 and signed on their behalf by:

Dr Katherine Henderson
President

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

Opinion

WWe have audited the financial statements of the Royal College of Emergency Medicine for the year ended 31 December 2020 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 FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2020, and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

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 other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. 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 where the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011 require us to report to you if, in our opinion:

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

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005, section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

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

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

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

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

Our approach was as follows:

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

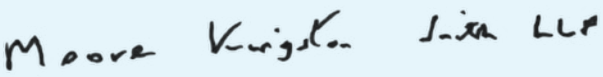
As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and in accordance with Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.



Moore Kingston Smith LLP, Statutory Auditor

60 Goswell Road, London, EC1M 7AD

Date: 15 May 2020

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

Statement of Financial Activities for the year ended 31 December 2020

	Notes	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total 2020	Total 2019
INCOME FROM					
Donations and grants	2	64,110	103,797	167,907	259,825
Income from charitable activities	3	6,471,026	-	6,471,026	7,176,461
Investment income	4	19,888	-	19,888	52,034
Other Income	5	232,139	-	232,139	431,534
Total Income		**6,787,164**	**103,797**	**6,890,961**	**7,919,854**
EXPENDITURE ON					
Raising funds		11,292	-	11,292	19,247
Charitable activities		6,108,980	112,283	6,221,263	7,087,624
Total resources expended	**6**	**6,120,272**	**112,283**	**6,232,555**	**7,106,871**
Gains/(Loses) on investments	10	(320,216)	-	(320,216)	189,262
Fair Value Adjustment		-	-	-	-
Net income for the year		**346,676**	**(8,486)**	**338,190**	**1,002,246**
Transfer between funds	**14,15**	**-**	**-**	**-**	**-**
Net movement on funds		346,676	(8,486)	338,190	1,002,246
Fund balances brought forward		9,250,891	426,315	9,677,206	8,674,960
Total funds carried forward	**14,15**	**9,597,567**	**417,829**	**10,015,396**	**9,677,206**

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

Balance Sheet as at 31 December 2020

	Notes	2020 £	2020 £	2019 £	2019 £
Fixed assets					
Tangible assets	9		13,773,197		13,936,656
Investments	10		-		1,436,612
			13,773,197		**15,373,268**
Current assets					
Debtors	11	1,002,685		733,365	
Investment (Under 90 Days)		655,185		-	
Investment (Over 90 Days)		465,000		-	
Cash at bank and in hand		3,644,993		2,881,944	
		5,767,863		**3,615,309**	
Creditors: amounts falling due within one year	12	**(1,911,370)**		**(2,168,828)**	
Net current assets			**3,442,199**		**1,703,939**
Total assets less current liabilities			**17,215,396**		**17,077,207**
Creditors: amounts falling due after one year	13		**(7,200,000)**		**(7,400,000)**
NET ASSETS			**10,015,396**		**9,677,207**
Represented by:					
Unrestricted funds:	14				
Designated funds		7,048,007		7,036,656	
General funds		2,549,560		2,214,235	
			9,597,567		**9,250,891**
Restricted funds	15		**417,829**		**426,315**
TOTAL FUNDS			**10,015,396**		**9,677,207**

These financial statements were approved by the Trustees and authorised for issue on 13/05/2021 and are signed on their behalf by:

Dr K Henderson (President) **S Hepburn (Treasurer)**

Cash Flow Statement for the year ended 31 December 2019

The accompanying notes form part of these financial statements.

		2020		2019	
	Notes	£	£	£	£
Cash flows from operating activities					
Net cash provided by operating activities	19		**1,101,283**		**614,911**
Cash flows from investing activities					
Investment income		19,888		52,034	
Purchase of tangible fixed asset		(38,103)		(97,442)	
Purchase of investments		(14,385)		(270,382)	
Proceeds from sale of investments		549,552		254,875	
Net cash used by investing activities			**516,952**		**(60,915)**
Cash flow from financing activities					
Repayment of bank loan		(200,000)		(200,000)	
Net cash used by financing activities			**(200,000)**		**(200,000)**
Change in cash and cash equivalents in the year			1,418,235		353,996
Cash and cash equivalents at the beginning of the year			2,881,943		2,527,947
Cash and cash equivalents at the end of the year			**4,300,178**		**2,881,943**
Analysis of cash and cash equivalents					
Investment (Under 90 Days)			**655,185**		**-**
Cash at bank and in hand			**3,644,993**		**2,881,943**
			4,300,178		**2,881,943**

	At start of year	Cash-flows	Other non- cash changes	At end of year
	£	£	£	£
ANALYSIS OF CHANGES IN NET DEBT				
Cash	2,881,943	1,418,235	-	4,300,178
		1,418,235		
Loans falling within one year	(200,000)	200,000	(200,000)	(200,000)
Loans falling due after more than one year	(7,400,000)		200,000	(7,200,000)
Total	**(4,718,057)**	**1,618,235**	**-**	**(3,099,822)**

ANALYSIS OF CHANGES IN NET DEBT 2019				
Cash	2,527,947	353,996	-	2,881,943
		353,996		
Loans falling within one year	(200,000)	200,000	(200,000)	(200,000)
Loans falling due after more than one year	(7,600,000)	-	200,000	(7,400,000)
Total	**(5,272,053)**	**553,996**	**-**	**(4,718,057)**

Notes to the Financial Statements for the year 31 December 2019

1. ACCOUNTING POLICIES

Basis of accounting

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) - (Charities SORP (FRS 102)), and with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

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

Going concern

The Trustees have considered several factors in concluding that the adoption of a going concern basis in the preparation of these financial statements is appropriate. They have reviewed reserves, business plans and a sensitivity analysis (adjusted to replicate some of the impact COVID-19 had in 2020), for a period of twelve months from the date of approval of these financial statements which demonstrate that the College has enough resources to meets its obligations as they fall due. Furthermore, having developed digital solutions for our examinations and conferences, Trustees are content that the College has robust income streams in these areas as well as subscriptions. The College is forecasting a deficit budget in 2021which is likely to breach our Earnings Before Income Tax Depreciation and Amortisation (EBITDA) financial covenant attached to the long-term loan with our bank, Handelsbanken. The bank has indicated informally that given one off expenditure such as our new ePortfolio and our strong recovery in 2020 they would continue to support the organisation by waiving the covenant. Additionally, they have offered the College an overdraft facility if required. However, the College has free reserves of approximately £2.55m at the balance sheet date which will assist in mitigating the need for additional facilities. Accordingly, the charity continues to adopt the going concern basis in the preparation of the financial statements.

Judgements and estimates

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

Income

All income is recognised once the College has entitlement to the income, it is probable that the income will be received, and the amount of income receivable can be measured reliably. Income comprises amounts receivable during the year except for investment income which is accounted for in the period in which it is received on the basis that this is not materially different to a receivable basis. Grants are recognised when receivable and subscriptions for life membership are recognised when received. Payments received in advance of the related income being receivable are treated as deferred income within creditors.

Expenditure

Expenditure is recognised on an accruals basis in the period in which the College receives the benefit from the supplies or services. Raising funds are costs of investment management, costs of merchandise and costs incurred in publicising the name of the

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

Tangible fixed assets and depreciation

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

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

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

Investments and investment gains and losses

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

Pension costs

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

Operating leases

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

Taxation

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

Funds

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

Designated funds comprise funds which have been set aside by the trustees for specific purposes. The purpose of each designated fund is set out in note 15.

Restricted funds relate to non-contractual income which is to be used in accordance with restrictions imposed by the donors or which have been raised by the charity for specific purposes. The purpose of each restricted fund is set out in note 16.

Financial instruments

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

Debtors

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

Cash and cash equivalents

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

Creditors and provisions

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

Related Party Transactions

There are no other related party transactions.

Employee benefits

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

2. GRANTS AND DONATIONS

	Total 2020	Total 2019
RESTRICTED FUNDS	**£**	**£**
NHS Health Education England Projects	100,658	256,068
RCEM Foundation	3,139	3,757
UNRESTRICTED FUNDS		
Grants and Donations	64,110	-
	167,907	**259,825**

3. INCOME FROM CHARITABLE ACTIVITIES

	Total 2020	Total 2019
UNRESTRICTED FUNDS	**£**	**£**
Emergency Medicine Journal	311,187	250,000
Conferences & CPD	329,815	841,080
Subscription	3,329,049	3,049,861
Examination fees	2,242,692	2,702,996
Training	98,591	120,512
Clinical Audit	159,692	173,012
Invited Service Reviews	-	39,000
	6,471,026	**7,176,461**

4. INVESTMENT INCOME

	Total 2020	Total 2019
UNRESTRICTED FUNDS	**£**	**£**
Dividends and interest on investments listed on a UK stock exchange	7,154	35,155
Interest received	12,735	16,879
	19,888	**52,034**

Investment income received in both years were from unrestricted sources.

5. OTHER INCOME

	Total 2020	Total 2019
UNRESTRICTED FUNDS	**£**	**£**
Sale of Merchandise	22	2,172
Room Hire	232,118	429,362
	232,139	**431,534**

6. EXPENDITURE

	Direct Costs £	Support Costs £	Total 2020 £
Raising Funds			
Website costs	2,160	-	2,160
RCEM Merchandise	3,816	-	3,816
Investment broker charges	5,316	-	5,316
	11,292	**-**	**11,292**
Charitable Activities			
Emergency Medicine Journal	580,163	-	580,163
Research & publications	154,559	48,951	203,510
Education and examinations	1,245,715	748,159	1,993,874
RCEMlearning	199,244	134,974	334,218
Training	696,627	467,253	1,163,880
Conferences & CPD	267,047	347,445	614,492
Membership services	132,862	175,889	308,751
Quality in emergency care	244,234	189,093	433,327
Policy and professional affairs	323,454	144,671	468,125
RCEM Foundation Fund (Designated Fund)	8,640	-	8,640
NHS project expenditure (Restricted)	112,283	-	112,283
	3,964,828	**2,256,435**	**6,221,263**
	3,976,120	**2,256,435**	**6,232,555**

	Direct Costs £	Support Costs £	Total 2019 £
Raising Funds			
Website costs	2,357	-	2,357
RCEM Merchandise	8,672	-	8,672
Investment broker charges	8,218	-	8,218
	19,247	**-**	**19,247**
Charitable Activities			
Emergency Medicine Journal	532,522	-	532,522
Research & publications	80,769	18,627	99,396
Education and examinations	1,573,574	1,089,265	2,662,839
Training	570,232	441,092	1,011,324
Conferences & CPD	771,938	469,785	1,241,723
Membership services	107,312	217,556	324,868
Quality in emergency care	232,213	250,409	482,622
Policy and professional affairs	289,427	243,319	532,746
NHS project expenditure (Restricted)	198,914	-	198,914
RCEM Foundation Fund (Restricted)	670	-	670
	4,357,571	**2,730,053**	**7,087,624**
	4,376,818	**2,730,053**	**7,106,871**

	Year to December 2020 £	Year to December 2019 £
Staff costs comprise:		
Wages and salaries	2,183,646	2,027,753
Social security costs	233,877	208,190
Other pension costs	188,480	165,449
Total Employee costs	2,606,003	2,401,392
Casual staff	71,802	109,857
	2,677,805	**2,511,249**

There were no termination payments made in 2020 (2019: £83,717).

The average number of permanent employees during the period was 53 (2019: 52). These were supplemented by several casual staff who assisted primarily with examinations and training.

	Year to December 2020 No.	Year to December 2019 No.
Staff numbers as analysed by category:		
Exams & Education	12	12
Training	8	7
Policy & Professional Affairs and Quality in Emergency Care	9	8
Membership	3	3
Research & Publications and Events	7	7
Other	14	15
	53	**52**

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

	Year to December 2020 No.	Year to December 2019 No.
£60,000 to £70,000	3	2
£70,001 to £80,000	1	-
£80,001 to £90,000	-	2
£90,001 to £100,000	1	-
£140,001 to £150,000	-	1
£150,001 to £160,000	1	-

The aggregate emoluments of the key management personnel which comprises of Trustees, Chief Executive Officer, Deputy Chief Executive Officer (who holds the role Director of Education) and Director of Corporate Services amounted to £395,326. (2019: £364,641).

The pension amounts paid to the above employees amounted to £51,383.

6A. SUPPORT AND GOVERNANCE COSTS

	Year To December 2020 £	Year To December 2019 £
Staff costs	851,946	972,776
Rates, service charges and electricity	237,885	278,206
Office expenses	116,943	211,777
Printing, postage, stationery & telephone	92,221	109,232
Website & information technology	254,703	236,987
Insurance	50,697	45,241
Depreciation & loss on disposal of assets	201,562	230,077
Irrecoverable VAT	165,468	195,486
Sundry expenses	14,334	67,271
Bank interest on loan	151,521	186,661
Bank & credit card charges	60,531	64,738
Governance		
Auditors' remuneration		
For audit	15,045	12,500
Non-audit services	3,385	-
Board meeting and travel costs	40,193	119,100
	2,256,435	**2,730,053**

Support costs are allocated to activities on a basis consistent with the use of these resources. The allocation method of apportionment adopted by The Royal College of Emergency Medicine is as follows, headcount, i.e. based on the number of people employed within an activity, square foot, i.e. based on floor area occupied by an activity and time, i.e. where staff duties span more than one activity.

7. CHARITABLE ACTIVITIES – GRANT PAYABLE

Research grants awarded by the Royal College of Emergency Medicine in the year to 31 December 2020 totalled £112,263 (2019: £73,011).

8. TRUSTEES

The trustees received no remuneration from the charity in respect of acting as Trustees. No trustee provided services to the charity for which they were paid.

During the year, 22 trustees received reimbursement for costs for attending meetings and for travelling expenses, amounting to £4,978 (2019: 24 trustees, £50,901). In addition, expenses paid directly by the College, mainly in the form of hotel bills, amounted to £5,227 (2019: £46,825).

9. TANGIBLE FIXED ASSETS

	Building Costs £	Office Equipment £	College Database £	Coat of Arms £	Chain of office £	Total £
Cost or valuation						
At 1 January 2020	14,416,875	695,570	402,981	6,534	428	15,522,387
Additions	1,263	36,840	-	-	-	38,103
Disposals	-	-	-	-	-	-
At 31 December 2020	14,418,138	732,410	402,981	6,534	428	15,560,490
Depreciation						
At 1 January 2020	606,318	576,745	402,668	-	-	1,585,731
Charge for the year	124,645	76,604	313	-	-	201,562
On Disposals	-	-	-	-	-	-
At 31 December 2020	730,963	653,349	402,981	-	-	1,787,293
Net Book Value						
At 31 December 2020	13,687,175	79,061	-	6,534	428	13,773,197
At 31 December 2019	13,810,557	118,825	312	6,534	428	13,936,656

10. INVESTMENTS

	2020 £	2019 £
Analysis of change in investments during the year		
At 1 January	1436,612	1,220,920
Additions at cost	14,385	270,382
Disposals	(1,014,552)	(254,875)
Net gain on revaluation	(320,216)	189,262
Movement in investment cash	(116,229)	10,924
Market value at 31 December	-	1,436,612
Represented by:		
Fixed interest	-	179,362
Equities	-	986,451
Alternative investments	-	154,570
Cash	-	116,229
	-	1,436,612
Cost at 31 December	**-**	**866,747**

11. DEBTORS

	2020 £	2019 £
Trade debtors	64,934	76,308
Prepayments	615,205	372,489
Accrued income	322,546	258,230
Other debtors	-	26,338
	1,002,685	**733,365**

12. CREDITORS: amounts falling due within one year

	2020 £	2019 £
Bank loan (see note 13)	200,000	200,000
Trade creditors	95,293	354,388
Taxes and social security	70,945	61,506
Accruals	672,983	245,347
Deferred income	1,036,095	837,199
Other Creditors	250,348	212,930
	2,325,664	**1,911,370**

Deferred income relates to exam, event and course fees received in advance. All the deferred income at 31 December 2020 relates to income received in 2020 and all deferred income at 31 December 2019 has been released.

At the balance sheet date, no pension contributions were outstanding (2019: £15,975).

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

	2020 £ 7,200,000	2020 £ 7,400,000
Bank loan	7,200,000	7,400,000
Bank loan maturity analysis		
Due less than 1 year	200,000	200,000
Due 1 – 2 years	200,000	200,000
Due 2 – 5 years	7,000,000	7,200,000
Total loan value	**7,400,000**	**7,600,000**
Included in current liabilities	(200,000)	(200,000)
Included in long term liabilities	**7,200,000**	**7,400,000**

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%. .

14. UNRESTRICTED FUNDS

	At 1 January 2020 £	Income £	Expenditure £	Investment gains/losses and fair value £	Transfers £	At 31 December 2020 £
Designated Fund						
Tangible fixed assets	6,336,656	-	-	-	36,541	6,373,197
IT Development	500,000	-	-	-	(16,550)	483,450
RCEM Foundation	200,000	-	-	-	(8,640)	191,360
General fund	2,214,235	6,787,164	(6,120,272)	(320,216)	(11,351)	2,549,560
	9,250,891	**6,787,164**	**(6,120,272)**	**(320,216)**	**-**	**9,597,567**

	At 1 January 2020 £	Income £	Expenditure £	Investment gains/losses and fair value £	Transfers £	At 31 December 2019 £
Designated Fund	191,360					
Tangible fixed assets	6,269,292	-	-	-	67,364	6,336,656
IT Development	500,000	-	-	-	-	500,000
RCEM Foundation	200,000	-	-	-	-	200,000
General fund	1,342,721	7,660,027	(6,907,286)	189,262	(70,491)	2,214,235
	8,312,013	**7,660,027**	**(6,907,286)**	**189,262**	**(3,127)**	**9,250,891**

The Tangible Fixed Assets fund represents the value of these assets less a related loan and are not free reserves. The IT development fund has been earmarked to support the College's Digital Transformation Strategy over the next 3 years. RCEM foundation fund is a 2 year designated fund designed to support the development and implementation of the RCEM Foundation's Fundraising Strategy.

15. RESTRICTED FUNDS

	At 1 January 2020 £	Income £	Expenditure £	Transfer 2020 £	At 31 December 2020 £
Alison Gourdie Memorial Fund	43,832	-	-	-	43,832
E-learning for Health Fund	157,622	-	-	-	157,622
ENACT	3,348	-	-	-	3,348
Beth Christian Memorial Fund	6,050	-	-	-	6,050
Emergency Care Data Set Project	12,273	-	-	-	12,273
Health Education England Projects	188,464	100,658	(112,283)	-	176,839
RCEM Foundation	14,726	3,139	-	-	17,865
	426,315	**103,797**	**(112,283)**	**-**	**417,829**

	At 1 January 2019 £	Income £	Expenditure £	Transfer 2019 £	At 31 December 2019 £
Alison Gourdie Memorial Fund	43,832	-	-	-	43,832
E-learning for Health Fund	77,622	80,000	-	-	157,622
ENACT	3,348	-	-	-	3,348
Beth Christian Memorial Fund	6,050	-	-	-	6,050
Emergency Care Data Set Project	12,273	-	-	-	12,273
Health Education England Projects	208,183	176,068	(198,914)	3,126	188,464
RCEM Foundation	11,639	3,757	(670.00)	-	14,726
	362,947	**259,825**	**(199,584)**	**3,126**	**426,315**

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

The Beth Christian Memorial Fund was established in her memory.

Elearning for Health Fund (previously known as the EnlightenMe Grant) is a project funded by the Department of Health to improve e-learning for Healthcare by covering the costs of Content Authors, Module Editors and Clinical Leads.

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

The Emergency Care Data Set Project is 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 to fund a series of joint projects focused on the development of the emergency medicine workforce with NHS Health Education England.

RCEM Foundation fund is to support further improvements in patient care, to support ground-breaking research and help low income countries establish emergency care and clinical training.

16. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General Funds £	Designated Funds £	Restricted Funds £	Total Funds £
Fund balances at 31 December 2020 represented by:				
Tangible fixed assets	-	13,773,197	-	13,773,197
Current assets	4,675,224	674,810	417,829	5,767,863
Creditors falling due within one year	(2,125,664)	(200,000)	-	(2,325,664)
Creditors falling due after one year	-	(7,200,000)	-	(7,200,000)
Total net assets	**2,549,560**	**7,048,007**	**417,829**	**10,015,396**

	General Funds £	Designated Funds £	Restricted Funds £	Total Funds £
Fund balances at 31 December 2019 represented by:				
Tangible fixed assets	-	13,936,656	-	13,936,656
Investments	1,436,612	-	-	1,436,612
Current assets	2,488,993	700,000	426,315	3,615,309
Creditors falling due within one year	(1,711,370)	(200,000)	-	(1,911,370)
Creditors falling due after one year	-	(7,400,000)	-	(7,400,000)
Total net assets	**2,214,235**	**7,036,656**	**426,315**	**9,677,207**

17. OPERATING LEASE COMMITMENTS

	2020 Equipment £	2019 Equipment £
Operating leases which expire within:		
Less than one year	50,808	51,931
Between one and two years	50,808	50,808
Between two and five years	30,450	80,505
Over five years	-	753
	132,066	**183,997**

18. RECONCILIATION OF OPERATING PROFIT TO NET CASH

	2020 £	2019 £
Net income before other gains and losses	658,406	724,727
Depreciation charges	201,562	230,078
Investment income	(19,888)	(52,034)
Movement in investment portfolio cash	116,229	(10,924)
Decrease/(increase) in debtors	(269,320)	(107,736)
Increase/(decrease) in creditors	414,294	(169,200)
Net cash inflow from operating activities	**1,101,283**	**614,911**

19. CAPITAL COMMITMENTS

Amounts contracted for but not provided in the financial statements amounted to £185,926 inc. VAT in respect of the College's development of a new ePorfolio platform. (2019: £0)

Annex

College representatives work with several organisations, including:

- Academy of Medical Royal Colleges
- Academy of Medical Royal Colleges and Faculties in Scotland
- Academy of Medical Royal College Wales
- ACEM
- Apollo Hospitals, India
- Association of Anaesthetists of Great Britain & Ireland (AAGBI)
- Aster Medicity, India
- BMA Scotland
- British Association for Sexual Health and HIV (BASHH) / British HIV Association (BHIVA) - Testing Guidelines Group
- British Lung Foundation - Respiratory Taskforce Stakeholder Group
- British Medical Journal
- 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
- Cambridge Global Health Partnership
- Care Quality Commission
- College of Emergency Physicians, Malaysia
- Department of Health and Social Care
- Department of Health Northern Ireland
- Devices Expert Advisory Committee
- Egyptian Ministry of Health and Population
- Emergency Care Society of Uganda
- Emergency Medicine Trainees' Association (EMTA)
- European Society For Emergency Medicine (EuSEM)
- Faculty of Forensic and Legal Medicine
- Faculty of Sport and Exercise Medicine (UK)
- Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine (FASSGEM)
- General Practitioners at the Deep End (Scotland)
- HCA Healthcare UK
- Health Education and Improvement Wales (HEIW)
- Health Innovation Network
- Health Research Authority (HRA) – Confidentiality Advisory Group (CAG)

- Healthcare Improvement Scotland
- Healthcare Inspectorate Wales (HIW) - Patient Discharge Thematic Review Stakeholder Group
- 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
- Institute of Hepatology - Lancet Commission for Liver Disease
- Intercollegiate Board for Training in Intensive Care Medicine
- 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
- International Federation for Emergency Medicine (IFEM)
- Joint Colleges Hospital Visiting Committee
- Joint Royal College Ambulance Service Liaison Committee
- Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute, India
- Landspitali – The National University Hospital of Iceland, Iceland
- Max Healthcare, India
- MBRRACE
- Medical Council on Alcohol – Advisory Committee
- Myanmar Emergency Medicine Society
- 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 Institute for Health and Clinical Excellence (NICE) – Quality Standards Programme Board
- National Police Chiefs Council (NPCC)
- National Research Ethics Service)
- National Safeguarding Delivery Unit – Partnership Network
- 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) - National Organ Donation Committee
- NHS Commissioning Board Special Health Authority

- NHS Education for Scotland
- NHS England
- NHS England North Regional team - Liaison Mental Health Task & Finish Group
- NHS Health Education England
- 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
- Oman Medical Specialty Board, Oman
- Paediatric Intensive Care Society (PICS) – National Standards
- Pakistan Institute of Medical Sciences
- Patient and Client Council (Northern Ireland)
- Professional Record Standards Body (PRSB)
- Public Health Wales (PHW)
- Qimet International
- Rawalpindi Medical University, Pakistan
- Regulation and Quality Improvement Authority (RQIA) Northern Ireland
- Royal College of Pathologists
- Royal College of Physicians and Surgeons of Glasgow
- Royal College of Physicians of Edinburgh
- Royal College of Physicians of London
- Royal College of Psychiatrists
- Royal College of Surgeons of Edinburgh
- Royal College of Surgeons of England
- 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
- Uganda UK Health Alliance
- UK Advisory Panel for Healthcare Workers Infected with Blood borne Viruses
- UK Clinical Research Collaboration (UKCRC) – Clinical Research Collaboration (NRES

- UK Clinical Research Network (UKCRN) – National Institute for Health Research – specialty groups
- UK Health Alliance on Climate Change (UKHACC)
- University of Medicine 1, Yangon
- University of Medicine 2, Yangon
- University of Medicine, Mandalay
- Warwick Advisory Group
- Welsh Ambulance Service
- 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.

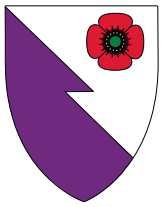
Secondly, we advance safe and effective Emergency Medicine by providing expert guidance and advice on Emergency Medicine policy.

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 2020


E M E R
AUTOMATIC SLIDING DOOR


G E N C Y
AUTOMATIC DOOR
KEEP MOVING
STAND CLEAR
AUTOMATIC SLIDING DOOR
HOSPITAL
ESCORT
20
200 M
B6



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