



Royal College *of*
Emergency Medicine

RCEM Fundraising legacy giving



**EMERGENCY
MEDICINE
SAVES LIVES**

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Introducing RCEM Fundraising



As Patron of The Royal College of Emergency Medicine, I am struck by the unwavering commitment of the Members and Fellows to patient care. There is a real need to invest more in emergency medicine research, support the work of the College and to help establish emergency medicine in other parts of the world where healthcare resources are lacking. I am delighted to support the College's aims for its Foundation Fund and wish you every success in your goal of raising £5m to help improve patient care.

A handwritten signature in blue ink, which appears to be "Anne".

Over 18 million people come to NHS Emergency Departments each year in the UK. When they come, they are experiencing emergency medicine first hand.

So what is Emergency Medicine?

Emergency Medicine is practised in Emergency Departments. It is the 21st century name that is replacing Accident and Emergency (A&E) Medicine or as it was commonly called in the last century: Casualty. Emergency Medicine provides access to health care for millions of patients 24 hours a day seven days a week throughout the year.

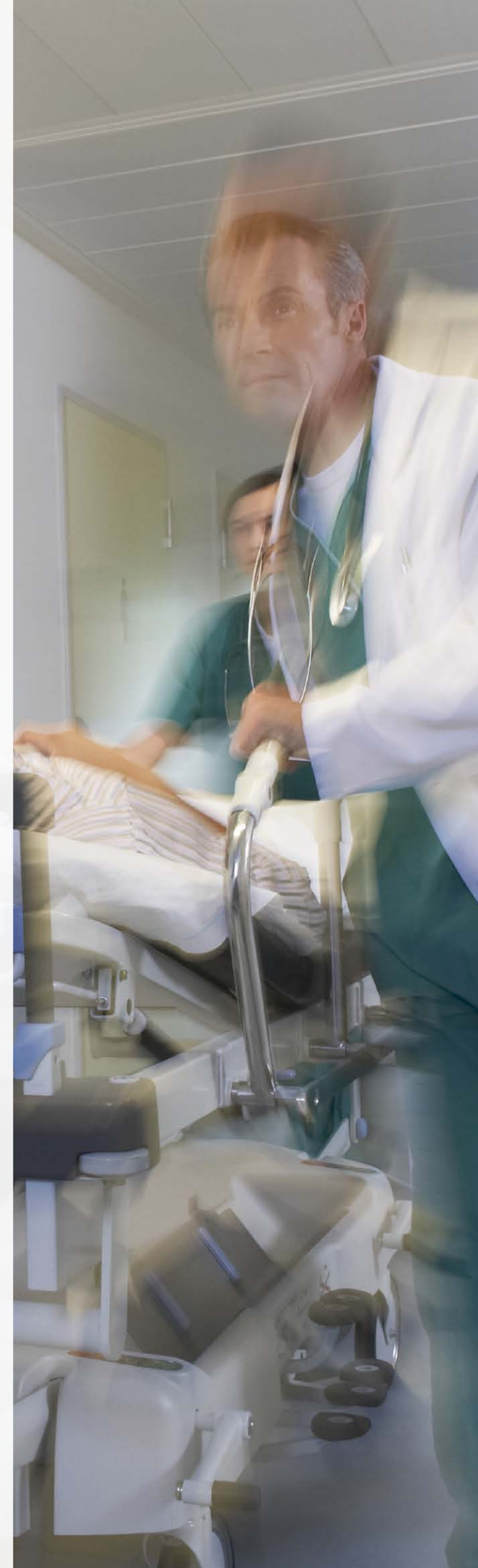
The Emergency Department never closes: emergency medicine saves lives.

The Royal College of Emergency Medicine (RCEM) is the national body which sets emergency medicine standards and provides training to ensure that the expectations of the public are achieved. The clinical team working in the Emergency Department has the privilege and responsibility to provide care to patients of all ages presenting with illness or injury of all severities. The public rightly place their confidence in the Emergency Department, trusting the staff working there to provide high quality safe care whenever required.

Emergency Medicine began here in the UK in 1967 and the model has been successfully adopted in different locations around the world.

In recent years there have been major developments in the care and clinical management of patients with stroke, heart attacks and major trauma. The Emergency Department is at the heart of these changes which have benefited huge numbers of patients.

Every single day Emergency Departments in the United Kingdom are providing outstanding care for patients presenting with a wide range of conditions including chest pain, abdominal pain, sports injuries, mental health problems, obstetric and gynaecology problems, as well as conditions affecting children and the elderly. Their work varies from major trauma resulting from accidents or incidents such as assaults, terrorism and other tragedies. The importance of Emergency Medicine is consistently recognised by the raft of television programmes, including 24 Hours in A&E, Casualty, Hospital, ER and many others.



What is RCEM Fundraising for?

Emergency Medicine is facing many challenges. A lack of resources and increasing demand for care means that Emergency Departments and the profession are having to focus on simply maintaining their current levels of service rather than developing and further improving the quality of care they provide.

To ensure the long-term sustainability of Emergency Medicine and support the continual improvement of patient care, we need to enable staff to explore ways of doing this. By facilitating research into how we deliver treatment and into improving the efficacy of the medicine we provide to patients, we can help to improve emergency care and recovery times.

Over the last five years the College has, from a limited budget, committed funding to supporting research. While this is welcome, much more needs to be done. We believe that research opportunities should be open to all Emergency Medicine clinicians and embedded at all levels of training. However, at present our limited resources mean we cannot make this vision a reality.

Across the world, particularly in low income countries, we are seeing great efforts to adopt Emergency Medicine models of care. We want to do more to support and develop clinical training and Emergency Medicine care in these countries.

We want to make changes to further improve patient care, to support ground breaking research and help low income countries establish emergency care and clinical training. That is why we have set up RCEM Fundraising.

What does the RCEM fundraising do?

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



Research Breakthroughs

"Chest pain causes over 1 million people to attend the Emergency Department each year. In around half of these cases, the treating doctor will suspect that the patient's symptoms have been caused by a serious heart problem called an 'acute coronary syndrome', which is commonly referred to as a 'heart attack'. Fortunately, at least four out of five of those patients aren't having a heart attack. However, as the symptoms of an acute coronary syndrome can be exactly the same as the symptoms caused by much less serious problems like indigestion, doctors usually have to rely on tests. Even with modern tests, it can take many hours to be sure of the diagnosis. This leads to hundreds of thousands of hospital admissions every year, most of which could be avoided with better tests.

"Our research has found new ways of using current tests, which allow us to quickly and safely reassure thousands of patients every year. This avoids the unnecessary stress of staying in hospital for many patients, helps to free up hospital beds for the patients who most need them and is likely to save the NHS over £100 million every year. The Royal College of Emergency Medicine has funded much of this research, which has now informed national and international guidelines, improving treatment for patients across the world."

**Prof Rick Body,
Professor of Emergency Medicine**

"In 2003, I discovered a new condition caused by major trauma called: Trauma Associated Coagulopathy (TAC), which increases chances of bleeding and death. I thought that a drug called tranexamic acid might stop bleeding after major trauma, as it was routinely used to stop bleeding in heart bypass surgery. The UK Government funded a research study called "CRASH2" - a large randomised clinical trial of 20,000 patients in more than 40 countries, with the results being published in the Lancet in 2010. The drug tranexamic acid is now routinely used all over the world and we estimate that up to 140,000 lives a year could be saved."

**Prof Timothy J Coats,
Professor of Emergency Medicine**

How Emergency Medicine helps people

Motorcyclist saved

An unconscious 20-year-old motorcycle rider receives initial care at the roadside by a doctor from the Emergency Department working with the helicopter team. This care involves sophisticated management of the airway with the administration of anaesthetic drugs and intubation. Drugs and fluids are also given in the field to stabilise the patient for the transfer to hospital. On arrival at the Emergency Department the patient is met by the trauma team led by a specialist Emergency Medicine Consultant. Following a well-practiced and rehearsed procedure, the patient is fully assessed, further treatment is provided including blood transfusion. Arrangements are made for immediate transfer to the CT scanner for comprehensive imaging of the patient's internal body to identify injuries which by nature, would not otherwise have been suspected. This provision of high level expertise from roadside to the resuscitation room, has saved the life of this patient and many others.

Collapse and injury treated

An 85-year-old lady arrives at the Emergency Department by ambulance. She has no memory that she collapsed and has sustained a nasty looking fracture of her left wrist. The trained Emergency Department clinicians undertake a full assessment including blood tests, an ECG and X-rays to establish whether there was a serious underlying cause for the collapse, for example heart attack or stroke. The results are normal but the X-rays of the wrist identify a displaced fracture. The Emergency Department team correct the position of the fracture using sophisticated analgesic techniques and apply a Plaster of Paris back slab. Having recovered from the procedure she is later discharged home with the help of a Social Services care package.

Chest pain resolved

A 52-year-old attends the Emergency Department complaining of chest pain associated with nausea, sweating and breathlessness. The Emergency Department doctor is concerned that this may be a heart attack and a series of investigations is undertaken including repeat ECGs (heart tracings) and an estimation of markers in the bloodstream for heart attack (myocardial infarction). Recent work led by Emergency Physicians in the UK has demonstrated the value of high sensitivity troponin as a marker of possible myocardial infarction. Patients who do not display this marker can be discharged rather than stay in hospital. In this case the repeat ECGs and high sensitivity troponin levels are normal. Following a period of medical observation in the Emergency Department Clinical Decision Unit, the patient is discharged to the care of his GP.

Child cared for

A 6-year-old child presents with a two-day history of abdominal pain and loss of appetite. His mother thinks that he has been feverish in the last day or so. On examination, the child looks flushed and there is generalised tenderness in the abdomen. The Emergency Department Doctor is concerned that the patient may have acute appendicitis and arranges a series of blood tests together with a period of observation in the Paediatric section of the Emergency Department. The result of the blood tests indicates that there are no signs of a serious illness and when reviewed two hours later, the pain and abdominal tenderness have gone. The child is then discharged without the need for admission to the children's ward which pleases both mother and child.

Make a difference

We invest our income where it is most needed and where we can have the most impact, but the College has limited funds. Without appropriate and in-depth on the job training, guidance and research, it is impossible to develop the skills necessary to practise as an emergency clinician. We invest heavily in education and training to help produce knowledgeable, compassionate doctors, but we want to be able to support more ground-breaking research that will truly help our patients and save lives.

Our limited resources, along with limited funds from government for healthcare, mean that we need your help to build a £5m fund for research and to support the Emergency Medicine doctors of the future.

Your help will save lives

What it costs...

- It costs £5m to establish a University Academic Department with an Emergency Medicine Chair
- It costs £200,000 to support a single Emergency Medicine PhD Studentship for three years
- It costs £60,000 to support a single Academic Clinical Fellowship for a year
- It costs around £10,000 to support a typical yearlong RCEM Pump Priming Research Grant
- It costs around £4,000 to support a typical RCEM Low Income Countries Grant
- It costs £10,000 to fund the RCEM Young Investigator Awards

How to Donate

Visit rcem.ac.uk/donate

Send a cheque made payable to The Royal College of Emergency Medicine, to RCEM Fundraising, Octavia House, 54 Ayres Street, London, SE1 1EU.

The Royal College of Emergency Medicine

The purpose of the Royal College of Emergency Medicine is to support, inform and champion the emergency medical needs of the population, so that the healthcare system provides safe care of the highest standard with compassion, respect and fairness, in appropriate and sustainable healthcare systems. We put the patient at the heart of everything we do.

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

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

The Royal College of Emergency Medicine and its fundraising activities aim to raise and invest more in Emergency Medicine research, support its own work and help establish emergency medicine in other parts of the world where resources are lacking.

We put the patient at the heart of everything we do so that should you ever need emergency care, you can be sure that you are in safe hands.

You can find out more about the work of the College and its Fundraising at www.rcem.ac.uk/support-rcem

We welcome donations to support our work and these can also be made via our website: www.rcem.ac.uk/ or write to Dr John Heyworth, Fundraising Chair, The Royal College of Emergency Medicine, Octavia House, 54 Ayres Street, London, SE1 1EU or email fundraising.chair@rcem.ac.uk



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