

### 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 clinicians, 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.

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# 1. Foreword by Her Royal Highness, The Princess Royal





### **BUCKINGHAM PALACE**

Last year was demanding for the Emergency Medicine specialty as it sought to re-establish processes as the nation emerged from the pandemic. Nonetheless the College continued to be active across a wide range of initiatives and continued to advocate for its membership and have a strong voice for patients.

The College's successful advocacy on how to measure waiting times led to a welcome commitment by NHS England to change this measure, from April 2023 the 12-hour wait will be reported and published based on patient time of arrival and this will make the data for England consistent with the rest of the United Kingdom.

I am pleased the College has acquired a counselling helpline to support its membership and provide assistance on issues ranging from counselling, childcare support, financial wellbeing, legal information and consumer issues.

In October 2022, Dr. Katherine Henderson ended her three-year term as President and Dr. Adrian Boyle, formerly Vice President of the College, was inaugurated. I would like to thank Dr Henderson for her leadership of the College over the last three years and an extremely challenging period for the specialty and its members. I congratulate Dr. Boyle and wish him every success in his new role.

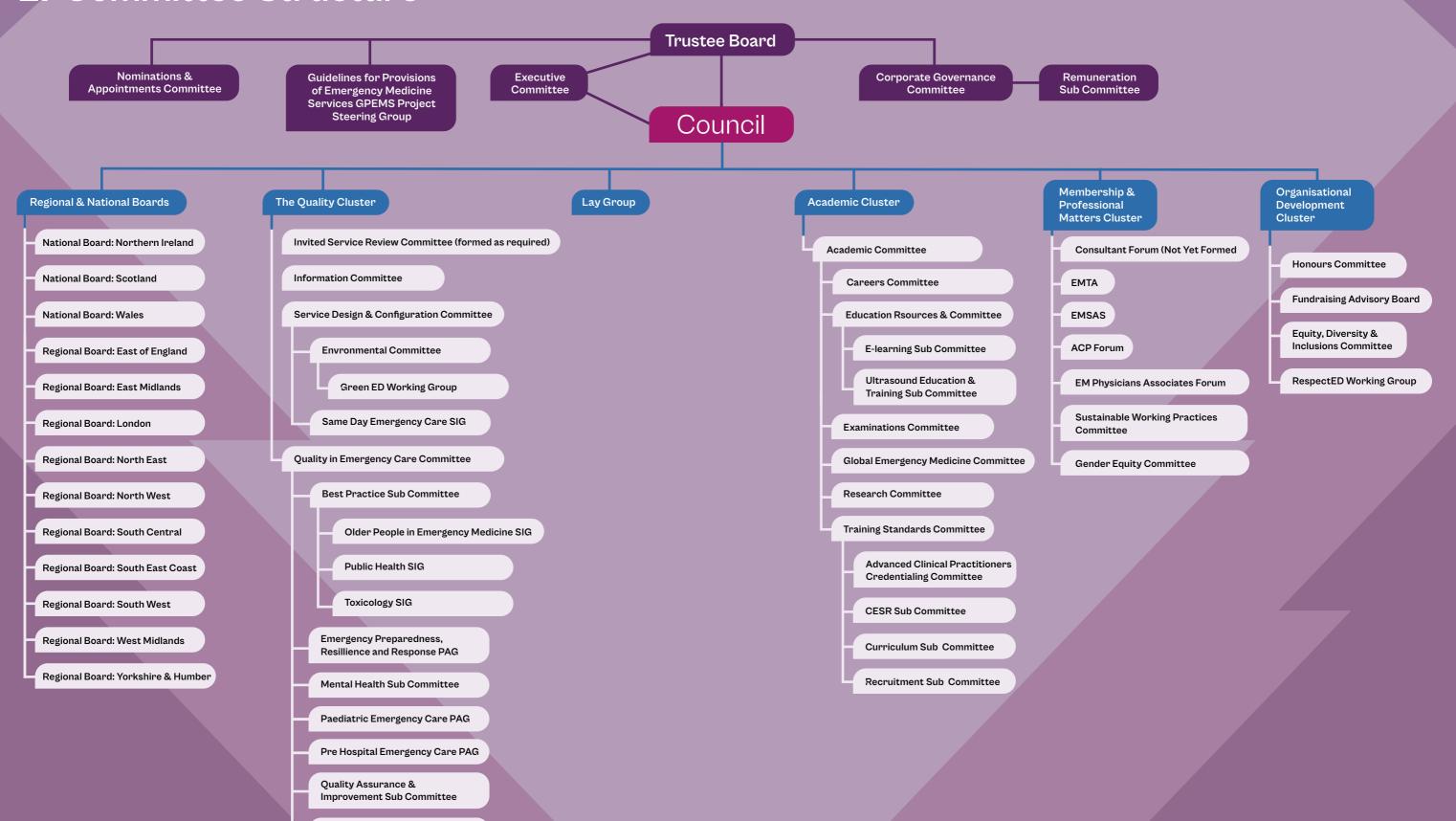
I send all the College membership and staff my best wishes.





# 2. Committee Structure

Safer Care Sub Committee



# 3. President's Report



Dr Adrian Boyle
President, The Royal College
of Emergency Medicine

I was elected President in March 2022 and started the six-month induction by shadowing the College's former President Dr Katherine Henderson. Katherine had consistently and clearly articulated the problems and solutions that our specialty faces, and it was clear that her approach had garnered a lot of respect from external stakeholders.

I was rapidly brought up to speed with all the aspects of the College's work and it is impressive how much goes on behind the scenes. Katherine, Gordon, and the Executive had clearly set the College to be very effective. My first job was to get expertise by appointing an excellent team of Vice Presidents to support and occasionally challenge me.

December 2022 was an extraordinary difficult time for anyone receiving or delivering care in UK Emergency Department. Despite all sorts of warnings from inside and outside the specialty, there was catastrophic crowding. The combination of an early and unexpected group A Streptococcus outbreak, a predictable flu and Covid-19 outbreak and bank holidays created full hospitals, dangerous overcrowding and queues of ambulances. Throughout this the College was consistent and vocal about how this could be avoided. I really hope that members and fellows felt that the College was speaking for them. Our workforce censuses in Scotland and Wales led to a recognition about increased training numbers.

Our campaign, Five priorities for UK
Governments to #ResuscitateEmergencyCare
clearly articulates our policy priorities about
how care can be improved. Simply, we need
to increase in hospital capacity and reduce
crowding; our hospitals need a bit of headroom
to work efficiently. We also need to increase
our workforce and this needs to be at all
grades. We need to ensure equality of care;
we know people in living the most deprived
areas are twice as likely to require Emergency
Department Care as those living in affluent
areas. The way Emergency Care is delivered is
full of inequality and unfairness.

More fundamentally, we also need to get better at evaluating how we work, so that we learn what policies do and don't work. Good ideas, on their own, while seductive, simply aren't good enough. We will continue to bang the drum for meaningful and transparent metrics, as the first step in improving care.

We need to explain what we do better, the public perception of our work is often distorted through all sorts of biases and the College has a critical role in explaining and debunking myths.

I am excited by the work of the College, it really is a membership organisation. It is an enormous privilege to represent you all.



Dr Adrian Boyle
President, The Royal College of
Emergency Medicine
President@rcem.ac.uk



Our campaign, Five priorities for UK Governments to #ResuscitateEmergencyCare clearly articulates our policy priorities about how care can be improved.



Dr Adrian Boyle

# 4. Chief Executive Officer's Report



Mr Gordon Miles FRCEM (Hons) MBA Chief Executive, The Royal College of Emergency Medicine

As you will see this Annual Report documents the vast number of activities your College undertakes. Our 70 employees are helped by many volunteers from within the specialty as well as outside it. Without good teamwork and the support of so many people we would not be able to achieve so much. I hope you will see from the various reports of our committees that the College is working hard to support our membership at a time when Emergency Departments are under such pressure.

As each year passes our work becomes more complex. The specialty has been fast growing in the UK for many years, driven by the even faster growing patient demand. Now we are seeing this phenomenon being replicated around the world and that, in turn, brings more demand for our education and examination services. For example, our examinations are now delivering to some 10,000 candidates a year.

This report covers the calendar year of 2022. We entered the year full of promise. 2021 had seen us bring in the new curriculum for Emergency Physicians. We also implemented our new ePortfolio. We were changing our exams to match the new curriculum and we were coming back to doing things in person after all the dislocation of Covid-19 lockdowns and so on. We were looking forward to 2022 being a period where we reset our operations because we had made a lot of changes very quickly during the Covid-19 years, which meant some fast innovations to deliver exams online. We knew that we needed to come back and re-examine those processes and systems in the light of experience because something that's done very quickly in a hurry, in an emergency, needs to be bedded in and reviewed. So, that was our plan for 2022.

Sadly, before we got a chance to do that, calamity struck us. For our FRCEM Single Best Answer Examination (SBA) March Diet there were 50 candidates who were told they passed when in fact, they had failed. We were, and remain, deeply sorry about this. We have expressed our sincere apologies to those

We experienced a serious people and process failure that caused this. As a result, we reorganised our examinations results processes to make sure that does not happen again. We also increased the quality assurance of our results. I personally led a Crisis Management Team we set up to deal with this crisis. Having managed the initial crisis, we implemented changes: we now

have a new management team in place; we have applied significantly more resources into our examinations team; we have invested in developing our IT and we are looking at new systems. We are also working through a comprehensive three-year process reengineering programme for our examinations processes and systems.

We've done a lot to make sure that we tackled the root causes of this error and as a result are in a much-improved position. We have provided updates throughout the management of this crisis, so I won't repeat the detail here, but we have had two independent reviews of the situation, one led by our Corporate Governance Committee Chair, Mr Derek Prentice supported by two Corporate Governance Committee members, Dr Chris Pickering and Ms Jasmin Booth; the other by Professor John McLachlan of the University of Central Lancashire. The recommendations they have made are all accepted and are being actively worked on, closely monitored by our Corporate Governance Committee and our Trustee Board.



I want to thank all our volunteers, those from the specialty and those outside of it, our examiners, committee members and College role holders, without whom we couldn't function and to our employees whose extraordinary hard work is much appreciated.

Mr Gordon Miles

Whilst we deliver our change programme, we have made a public statement that we will honour our international commitments but we're not looking to expand further with our exam footprint internationally until such time as we're certain that we've made all the operational changes that we need to do to make sure this service failure never happens again.

Having made several significant changes, we are confident in the quality of our examinations. We have strengthened our processes for results checking and since this error, at the time of writing this update, have delivered over 13 sets of results without error.

The investments we have made have impacted our budgeting and so, the results for 2022 suffered and there will be a knock-on impact in 2023 and 2024.

We have invested more resources in the team supporting trainee doctors, those working to progress through Certificate of Eligibility for Special Registration (CESR) and Advanced Clinical Practitioner (ACP) development. We get a lot of queries, and we want to respond faster to those queries, so more resources are welcome there.

We continue to develop our e-learning capabilities and have had over a million hits this year on our RCEM Learning website. We have also enhanced our events which, after the pandemic, are now hybrid, online events or face-to-face. Gauging demand for events in person or online has proved challenging because since Covid-19 delegate expectations and requirements have changed. So, we were heartened to see so many people come to our Annual Scientific Conference in Belfast because we weren't sure quite how the recovery from the pandemic had changed the appetite for in person, online or hybrid events.

The NHS focus on the elective care recovery after the waves of the pandemic has continued to draw attention away from the crisis facing Urgent and Emergency Care. We have been advocating strongly for Emergency Medicine throughout the year. There isn't a binary choice between elective or Urgent and Emergency Care, but some commentators would have us believe it is! We have continued to achieve significant media coverage throughout the year as we sought to keep a strong focus on Emergency Medicine.

Our membership numbers ended the year just short of 11,000. In our membership area further progress has been made on automating and streamlining membership processes to make it easier to use. Our Service Centre takes hundreds of calls and Web Chats.

Octavia House in Southwark remains our primary office. With our employees in a hybrid working arrangement allowing extensive use of working from home we have not needed to re-open the Breams Buildings offices. Our approach is that all employees must attend the office a minimum of five days a month and additionally when required for operational reasons. We are exploring options for our Breams Buildings offices, as our efforts to rent spare space, in a marketplace where everyone else is trying to do the same, has proved difficult. We have estimated that for our staff travel alone the changed pattern of commuting is saving 15 tons of CO2 per annum.

One of the most amazing things about the College is that these 70 staff are far outnumbered by the hundreds of Emergency Physicians, Advanced Clinical Practitioners and Physician Associates, lay people and colleagues, all working voluntarily for the College and without their assistance, we couldn't manage this. There is a whole team of examiners who give up tireless amounts of time helping us with our exams and so on.

My thanks go to our past President Dr Katherine Henderson for an amazing three years. You helped us navigate the first pandemic in the history of Emergency Medicine and advocated for the specialty throughout. Welcome to Dr Adrian Boyle, our new President, who is shaping our journey for the next three years. In closing I want to thank all our volunteers, those from the specialty and those outside of it, our examiners, committee members and College role holders, without whom we couldn't function and to our employees whose extraordinary hard work is much appreciated.



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



# **National Board Reports**

### National Board for Northern Ireland

The past year has created an extremely difficult situation in the workplace for members in the Emergency Medicine community. Pressures on the system resulted severe delays for treatment at every stage of the patient journey and massive crowding meant conditions reached a new low. Even to get an ambulance became a challenge for the first time and ambulance handover times steadily grew.

The problems following the Covid-19 pandemic at a societal level meant that Acute Trusts had fewer acute beds and in addition, reduced capacity in the community sector resulting in delays to discharge for many medically fit patients. This caused the severe lack of flow leading to massive crowding in Emergency Departments and in turn impacting on the Northern Ireland Ambulance service (NIAS). Another major exacerbating factor was the collapse of the Northern Ireland Assembly in February 2022. Inevitably, this led to lack of progress in implementing reforms and budgets that the system desperately needed.

"

Recovery is possible but the whole process of improving Emergency Care probably needs to be restarted when a new assembly sits, and a new minister is in post.

"

Dr Paul Kerr

The numbers of patients awaiting emergency admission reached record highs and the official quarterly emergency care waiting times published by the Department of Health showed that 12-hour waits from the time of arrival grew continuously reaching a new all-time high in December 2022. Many other metrics revealed a serious deterioration, where for example the average Northern Ireland (NI) median time to admission was almost 14-hours. Performance has obviously reached levels clearly linked to excess mortality, but causation is uncertain and a large portion of our 12-hour waits are not now emergency admissions.

The RCEM Northern Ireland Board met and some members who are involved in the new NI emergency care network helped explain what was required to remedy this situation. The Department of Health in NI is still focusing on admission avoidance and redirection as solutions leading to patchy investment in phone first and urgent care centres rather than a major investment in same day emergency care (SDEC) or acute bed capacity.

Engagement with local politicians and especially members of the Assembly Health Committee has been regular and enthusiastic. We have had strong coverage and indeed support from most of the mainstream media and press in NI to highlighting the plight of the patients and our staff. Cooperation with other Medical Royal Colleges has intensified since we started a process supported by the Academy of Medical Royal Colleges to have a local group representing Royal Colleges in NI.

Although the College in NI had strongly recommended Getting It Right First Time (GIRFT) report on NI Emergency Care from the start of the 'Urgent and Emergency Care Review' (started 2018 but published 2022) this was eventually implemented last year and a GIRFT review of Emergency Care has been commissioned and is in its early stages.

On the horizon is the regional rollout of the new Epic system, which will incorporate a change to a paperless system and will be a huge short-term challenge given the magnitude of the transition from the current practice.

Training has been a challenge, trainees have at times found the working environment negatively impacting on the experience of training in Emergency Medicine, and for many, much time has been given over to finding a space to see patients. Debate continues over the correct number of specialty trainees despite a locum budget for EM locums alone running into tens of millions of pounds. A draft

workforce plan presented to the Department of Health 2018 was never developed and needs to be revisited.

Recovery is possible but the whole process of improving Emergency Care probably needs to be restarted when a new assembly sits, and a new minister is in post.



Dr Paul Kerr
Vice President,
RCEM Northern Ireland
VPNorthernIreland@rcem.ac.uk



### National Board for Wales

The year 2022 was very difficult with an exceptional demand in Emergency Care in Wales similar to what was happening elsewhere in UK. There was a steady decline in the performance figures from January to December 2022. The December 2022 figures showed a four-hour target of 53.7% which was 4.5% lower when compared to previous year. In addition, the eight-hour and 12-hour figures were the worst on record with 27.4% patients waiting more than eighthours and 17.5% patients waiting more than 12-hours. The average monthly bed occupancy remained high at 92.39%. The December 2022 Emergency Care facilities attendances were 19.6% more when compared to December 2021. There were several reasons for this, firstly increased attendances of patients presenting with seasonal viruses and secondly invasive group A Streptococci infections (iGAS). The staffing was in crisis because of increased levels of sickness with seasonal viruses leading to increased dependence on agency staff. In addition, there was impact from the planned industrial action.

There was a long-awaited meeting with the Health Minister in July 2022 and the issues such as exit block, crowding and staff recruitment and retention were highlighted. The Health Minister mentioned the plan to implement the six-goal programme in Wales,

**Goal 1.** Supporting people at more risk of needing Urgent or Emergency Care

**Goal 2.** People are told where they can get the help that they need

Goal 3. Other choices than hospital, e.g., Same Day Emergency Care (SDEC)

Goal 4. Reacting quickly in a health emergency – lead for digital change, particularly on 999

**Goal 5.** People get the best care in hospital and when they leave hospital

Goal 6. Home as soon as possible

A further meeting with the Health Minster is planned for January 2023. The Welsh Government announced £2m to upgrade Emergency Department waiting areas for winter in October 2022 to improve patient experience.

The RCEM Wales Medical Workforce Census data collection was completed and analysed. The preliminary data was shared during the RCEM Wales Board meeting and launched in January 2023 at Senedd Cymru (Welsh Parliament) with the Health Minister and other key stakeholders and policymakers, sponsored by Joyce Watson MS (Member of Senedd Cymru). Thank you to all those who took part or supported this work. Both the Vice President and Vice Chair of RCEM Wales participated in several media interviews and have been persistently highlighting the issues such as exit block, staff shortages and the dangerous situation in Welsh Emergency Departments. In addition, the RCEM Wales Board wrote to the Minister of Health and Social Services on several occasions. The year 2022 demonstrated an engagement with policy makers and stake holders with planned meetings throughout 2023.



Dr Suresh Pillai Vice President, RCEM Wales VP.Wales@rcem.ac.uk

### National Board for Scotland

The RCEM Scotland Board has continually engaged with press requests and interviews, with a busy schedule for our Chair and Vice Chair.

We have had repeat appearances on Good Morning Scotland and BBC Radio Scotland as well as extensive and in-depth interviews for television and the written press (mainly The Herald and The Times).

We continue to describe the problems in a very open and public way and consistently suggest the ways we think things have to be improved: namely by increasing acute whole-system capacity and ensuring safe staffing levels alongside measures to retain staff who commit their working lives to Emergency Care.

We hosted a breakout event at the SNP National Conference with a Covid-19 stand-in, Dr Martin McKechnie, and powerful representation by our trainee rep, Dr Jamie Pope, and ACP rep, Karen Johnstone. Together they described the situation and experiences of those working in Scottish Emergency Departments and opened an honest discussion about where improvements can really be made. We were glad to receive widespread positive feedback from this event.

2022 was a year of flux for the RCEM Scotland Board, with several personnel changes, a Board meeting side-lined by the procession through Edinburgh for the funeral of Her Majesty Queen Elizabeth II, and a great deal of pressure in our everyday working practices.

Four-hour target performance continued to decline, falling and resting between 60-70%. Unacceptable delays to offload ambulances at many Emergency Departments led to overcrowding and exit block. We made representation on several occasions to the Cabinet Secretary for Health and the Chief Medical Officer's team, with positive engagement and discussion around these issues.

As a Board, we have refocussed our attentions on the big themes - capacity, staffing, retention - and will not be detracted by that which does not make a material difference to our patients or staff. As with many (most) College roles, there is no job-planned time or remuneration for this activity - we do this purely because we want the best for our colleagues, trainees, and patients. I'm always amazed at the commitment of so many people to give up their time to share their expertise and drive.

Through continued press engagement and direct interaction, we aim to continue to hold to account those in roles or positions with the capability to effect real, meaningful change to make our EDs safe again. We want to deliver the highest quality of care that our patients rightly expect and to create a nourishing and stimulating training environment to allow our next generation of Emergency Medicine clinicians to grow and develop.

Next year's Annual Scientific Conference is scheduled to return to Glasgow in September 2023 and I hope to see a huge turnout to my wonderful home city!

Personally, it is hugely important to recognise the role of many of our unsung contributors in RCEM Scotland. Our lay representative, Joan Aitken, is a voice of reason and reassurance at every turn, and her passionate advocacy for all staff in Emergency Departments in Scotland and for our patients is always much welcomed.

We have been tremendously well supported by staff across the College. Lastly, for their support and advice, a personal thanks to John Thomson, my predecessor in the RCEM Scotland hot-seat, and Dave Chung who is sitting as past-chair to ensure that the lessons of before are not forgotten.



**Dr JP Loughrey** Vice President, RCEM Scotland **VPScotland@RCEM.ac.uk** 

# Regional Boards of England

### East of England Regional Board

As a region, our key achievement is the continued evolution of an active and involved Board, the members of which are keen to ensure good intra-regional working. At Board meetings, we have heard from our current President, Dr Boyle, as well as receiving updates regarding currently the College's policy work, the *GreenED* Sustainability Project, and regular updates from across the region.

One further achievement was the delivery of a well-received RCEM study day (Violence and Aggression in the Emergency Department on 30 June 2022); this was organised and led by our previous Regional Chair Dr Jane Evans. We bid farewell to Dr Evans, who has led the Regional Board with great dedication, in November 2022; I would like to note the importance of her contributions.

2022 continued the ongoing challenges of Emergency Medicine, with repeated waves of Covid-19 infections, the Mpox outbreak, the group A Streptococci outbreak, continuing increases in both workload and acuity across the region, and ongoing challenges affecting the estates of many NHS Trusts in the region. The region experienced all the difficulties and hardships that have been noted across the country, with members reporting care being delivered in non-clinical areas, staffing and retention challenges, burnout in the specialty and challenges in retention and recruitment. Hopes for improvements and forward planning were unfortunately delayed due to delayed national-level decision making.

Emergency Medicine teams in the East of England have, however, continued to care for patients well, despite the ongoing challenges. The region remains popular for training, despite the large geographical area contained within it. The region continues to strive to face all the surprises and unexpected difficulties which we encounter to the best of our ability. We also endeavour to remember that care for colleagues, Members, Fellows and Associates is one of the most important tasks of the College, and our strategy for the upcoming year includes plans to find ways in which the Board can offer guidance re standardisation of International Medical Graduates (IMG) inductions across the region.

Our plans for 2023 include:

- support for Fellows, Members and Associates across the region
- 2. a face-to-face Regional Board
- 3. ongoing delivery of high-quality training across the region
- support to the region in dealing with the ongoing reconfigurations and changes being implemented nationally and regionally

I would like to thank all the members of the Regional Board for their continued engagement and willingness to give their time and enthusiasm for Emergency Medicine



**Dr Nida Yasin Suri** Regional Chair, East of England

eofechair@rcem.ac.uk



### **London Regional Board**

### Overview and challenges

The London region is made up of 27 Emergency Departments and all departments have been faced with significant challenges.

### Particular difficulties include:

- The 'new' Omicron strain of Covid-19.
- Increased attendances to both Emergency Departments and Urgent Treatment Centres.
- Increased requirement of general and acute beds due to Covid-19 and associated IPC limitations.
- Poor flow through emergency departments.
- Delayed ambulance off loads due to the exit block.
- The 'need' for corridor medicine.
- Associated decline in four-hour performance standard.
- Significant staff sickness.
- Concerns from staff around mandatory vaccination.

There has been increased focus on delivery of performance (both urgent and elective care) both locally for individual trusts but also as a system – currently as an ICS (Integrated Care system) of which there are five in London (NWL, NCL, NEL, SWL, SEL). This comes at a time when the ICS is being restructured with the recruitment programmes are ongoing.

### London Ambulance Service

There has been significant work and changes across the London Ambulance Service (LAS) with the aim of reducing the handover

delays being experienced at the majority of Emergency Departments.

Specific areas of work include:

### Ambulance flow project

- Reallocation of postcodes to different hospitals.
- Continual proactive flow management via LAS control desks using LAS and CMS data to identify hospitals and departments that are under significant pressure that is manifesting as delays in ambulance offloads. Suitable patients can be 'redirected' to another hospital within the same ICS under less pressure at that time.
- Development and use of a new LAS ladder of escalation aiming to replace the concept of 'diverts' beyond those requested for infrastructure failure more toward proactive flow management.

### Fit to sit

 A significant focus on ensuring all patients that are safe and able to 'fit to sit' do so, and hence do not get delayed within the ambulance offloading process.

### LAS led cohorting

- Step 4 of the LAS escalation ladder is for ambulance cohorting to be considered. This enables some LAS staff to look after more than one patient and so enable release of some crews to respond to the waiting calls.
- In hospitals where flow issues are predictable, ARC (acute receiving centres) have been set up. This is LAS led cohorting that is pre-planned and prior to the LAS ladder escalation tool being triggered to minimise delays.

### Rapid Offload protocols

- When a high-risk patient has been identified by the ambulance service as requiring an ambulance but there are no available resources to send despite full escalation, a specific hospital (closest to where the resource is required) will be contacted will be required to release an ambulance crew that have been waiting >30 minutes within 15 minutes of the call.
- All trusts must have a process to enable this reportable to the ICS and regionally.
- This was a new protocol that was developed across London, but rarely implemented by LAS.

### Same Day Emergency Care (SDEC)

There has been a real focus and drive to increase the number of patients via SDEC pathways with the aim that "SDEC by default" approach is taken for all referrals to secondary care, including via 111 and LAS. This includes both services having direct access to SDEC services, avoiding ED, including for those patient's attending by ambulance.

Four pathways that have been signed off regionally for direct conveyance to SDEC include:

- Low risk chest pain
- Unilateral swollen limb
- Palpitations
- Early pregnancy bleeding

### Mental Health Patients

Access to mental health beds for both adults and children (CAMHS) has been incredibly challenged across the entire country. As a result patients who require admission are spending significant time in EDs, most of the >12 hours. CAMHS beds in particular are facing an even greater shortage and often CAMHS patients have to remain in EDs for several days or are admitted to acute hospital beds depending on local processes and other risk factors, despite appropriate escalation. This also means that when beds are available, these are not local which causes distress in its own right.

What started out as a pilot around digitalisation of Section 136 documentation, has been embraced and supported by EDs, psychiatric services as well as the police, and as a result has been rolled out London wide.

# Electronic Patient Record System and Information Sharing

Overall, the access to patient information with use of electronic record is improving within many of the ICSs. Examples include London Care Record, Co-ordinate My Care (CMC) and access to GP documentation via various portals including Heath Information Exchange (HIE).

The contract with CMC ended on 31 March 2022 and a new contract with Better has been selected as London's development partner with a two-year contract which has now commenced and become embedded within all hospitals as the Universal Care Plan. Access to this is not only via primary and secondary care, but also the LAS which really enables more coordinated patient care and supports patient's wishes and needs.

### Trainees

The overall feedback from the trainees in London is good in terms of educational opportunities and supervision. Some hospitals have struggled to provide the EDT for core trainees but have now managed to make arrangements going forward.

The trainers, supervisors are now facing challenges mainly around hitting the right balance between shopfloor educational opportunities and service provision. These were particularly exacerbated during the new year when sickness levels were incredibly high due to Covid-19.

### Opt-out testing across London

There is a new programme board that aims to implement testing for HIV, Hep C and B across London with the aim of eradicating HIV by 2030 and Hep C by 2025. The aim is to get representations from ED departments in each ICS and to deliver ED opt out testing. Several departments already have HIV opt out testing and across the year this has advanced to include more units.

### Thank you and congratulations

### Dr Ruth Brown

Dr Ruth Brown stepped down as London Clinical Director for Urgent Care on 31 December 2021. We are incredibly grateful for the dedication, leadership and effort she has given to the region during this time.

### Dr Vin Diwakar

Dr Vin Diwakar is the Regional Medical Director for London, and he has been successfully appointed to a national role as Medical Director for Secondary Care and Transformation. We have been very grateful for his leadership during the last five years and wish him well for the future role.

### Dr Gary Davis

Congratulations to Dr Gary Davies (Medical director and acute physician at Chelsea and Westminster) who is the London Clinical Lead for SDEC and now also the Regional Chair Advisor (RCA) for Acute Medicine.



### Yorkshire and Humber Regional Board

Engagement and enthusiasm for the Yorkshire and Humber Regional Board have remained high. The Vice Chair position became vacant (and remains so) and we do not have a lay rep at present. The activity of the Board in 2022 can be summarised in two words: networking and wellbeing.

The first half of the year was taken up with organising our first regional learning and sharing event. We partnered with the Yorkshire and Humber Improvement Academy, and held our event in Leeds, in June 2022. It was a hybrid event with an even split of virtual and face to face attendees. We had a variety of speakers and the general focus was around deterioration of patients and flow in our Trusts. We were very grateful that the President-elect came to his home county to speak. We had lunchtime yoga on the balcony in glorious Yorkshire sunshine, good food and conversation. Evaluations were positive.

The publication of the 87% RCEM Wellbeing Report in July 2022 has dominated much of our activity since then. Of all the regions, Yorkshire and Humber recorded the worst scores. This concerned the Regional Board and led us to ask: what is different in Yorkshire and Humber? Is it across the region, or are specific trusts more problematic? There seemed more

questions than answers, but we were determined to use information to start trying to improve wellbeing in our region. As a board, we wrote to all the region's Emergency Department Clinical Leads, acute Trust Medical Directors and Directors of Nursing. We shared the results, the Psychologically Informed Policy and Practice Development (PiPP) video and the relationship of staff wellbeing and patient safety. We expressed our concerns and called for action to support the wellbeing of staff in our region's Emergency Departments. Regional analysis of the Emergency Medicine Trainee Association (EMTA) survey also showed areas of concern in Yorkshire and Humber that may contribute to the wellness of trainees. These reports have also been discussed at our newly established regional Emergency Department Clinical Leads' Forum.

The work around wellbeing will continue into 2023. Other plans include a regional Higher Specialist Trainee (HST) training session and another regional conference. We also hope to engage more with our local politicians.



Dr Sally-Ann Wilson Regional Chair, Yorkshire and Humber YHChair@rcem.ac.uk

### South East Coast Regional Board

2022 was a year of highlights and lowlights. We emerged from the Covid-19 pandemic and attempted to resume more normal activities, but this presented its challenges.

Several other services were still not operating 'normally' and consequently, Emergency Medicine took more of the slack.

Many of us in the South East region were happy to be coming through what we hope is the beginning of the end of the Covid-19 pandemic. For the region, as the rest of the country, it has been brutally challenging, but it has also reminded us of what makes Emergency Medicine special. We have proved to be resilient and flexible survivors. Our teams are battered but not (yet) broken.

We faced an increase in attendances of patients who would usually be seen in primary care, at Urgent Treatment Centres (UTC) or Minor Injury Units (MIUs).

Many of these patients who are seen and differentiated by other healthcare professionals arrived without being referred to the Emergency Department.

There was an increase in patients presenting with mental health issues or crises, yet we had little accommodation, resources or systemic support for them. This has led to an increased expectation and burden on Emergency Departments. We know these patients are associated with more frequent adverse events.

Sadly, the mix of these pressures and lack of resources for staff to provide adequate care led to a significant amount of moral injury among staff.

We continued to see dangerous overcrowding in our Emergency Departments, driven by issues around flow in our hospitals. These issues were left unresolved. At the same time, many Trusts in the region faced unrelenting pressures from management regarding performance.

With this outlook, there is serious concern around whether the specialty is sustainable and/or appealing for future generations of trainees.

Despite the challenges that the region and the specialty faced over the past year, there have been causes for celebration:

- Emergency Medicine (when you get to do some) is still the best job.
- We are still the best team.
- We are welcoming diversity into our teams with a multi-disciplinary workforce (Advanced Clinical Practitioners/Emergency Nurse Practitioners/Physician Associates) for future resilience.
- We have the will and the resilience to advocate for those who cannot do so for themselves.



**Dr Sarah Honess**South East Coast Regional
Chair

SEC.Chair@rcem.ac.uk

### South Central Regional Board

Dr Divyansh Gulati ended his tenure as South Central Regional Chair in March 2023. The College would like to thank Divyansh for his commitment and time in this role.

The College welcomes Dr Akshaya Niranjan to the role of South Central Regional Chair and wishes him every success in this role.



### North East Regional Board

The regional membership has recently changed. In November last year, I took over from Dr Sohom Maitra as the North East Regional Chair and Dr Cara Hall (who works at Sunderland Royal Hospital) was appointed as Vice Chair.

As a region, beyond having a Chair and Vice Chair, we have not had a Regional Board meeting as such nor any kind of regular "Board" meeting.

There does not appear to be a big appetite for re-establishing a formal Regional Board.

However, we have for at least 20 years had quarterly training meetings (the EMTG - Emergency Medicine Training Group). Indeed, until recently I chaired that meeting for six years in my former role as Higher Specialist Trainee Training Programme Director. With the agreement of the TPD and the Head of School, Cara and I will attend those quarterly meetings. The meetings are well attended, and all departments are represented. This ensures that Cara and I are in touch with what is happening around the region it represents.

It will come as no surprise that our activity mirrored that of the rest of the country. Many, if not all, Emergency Departments saw record attendances in November/December. This was matched by record ambulance delays, bed waits and breaches of the four-hour target. As with other regions, the increase in footfall has been matched by an increase in acuity.

The region has 11 Emergency Departments (two Major Treatment Centres and nine Trauma Units) in seven Trusts. We have 150 consultants, approximately 118 are under the age of 50 (some of us only just!).

Recruitment of locally trained colleagues remains high at over 90%, something that has changed little over the years.

The number of substantive consultants per department varies from three to 28. A new and increasing trend in this region is cross site working. As Trusts merge and the number of Trusts fall, more consultants are working in more than one department. I expect this trend to continue. The evidence is lacking but many, including me, suspect this may help with sustainability.

I don't have exact data with regard to the number or proportion of consultants working Less Than Full-Time (LTFT) but anecdotally it is rising.

We currently have 61 higher trainees of whom 25 are LTFT. I believe this is lower than in many regions, but I don't have reliable data to back this. Next year we will have 71 Higher Specialist Trainees

Consultant vacancies in the region are difficult to know or predict but my guess would be that there will be jobs in the region for all these trainees (if they want them!).

The regional conference took place on 17 January at Spanish City in Whitley Bay. This event has been occurring every January for about 20 years. Originally a small local event attended by Registrars and Consultants from

the North East, the event has grown and grown over the years. When I organised it 18 years ago there were 35 delegates, now it is organised by four trainees and delegates number over 100. Originally this was a forum for local trainees (and sometimes consultants to present their work). Now we have national (and occasionally international) speakers. Thanks to President Dr Adrian Boyle for attending and following in the footsteps of (if I remember correctly) at least four previous presidents.

Next year, I plan to conduct a detailed regional census of activity, workforce structure and workforce planning. I already have some crude data as alluded to in the recruitment section, but more detail is needed.



### West Midlands Regional Board

The West Midlands Regional Chair role remained vacant until November 2022, when Dr Susan Dorrian was appointed as Regional Chair alongside Dr Mark Ragoo as Vice Chair.

Goals for 2023 include to increase regional engagement with College activities and to enhance regional representation at National level. We also aim to support and build on the diversity and inclusion of our Emergency Medicine staff and to re-establish a functioning regional board.





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**Dr Susan Dorrian** 

### East Midlands Regional Board

The East Midlands Regional Board has had another extremely tough year, resonating the national pressures felt by everyone in the country. In spite of all the pressures the departments within the region have continued to deliver educational events in the regional diary over the course of the year. These have included the regional ultrasound, Advanced Life Support, Advanced Trauma Life Support, European Trauma Course, sedation and regional block courses within the East Midlands. All were delivered to meet the educational needs for all trainee and noncareer grade trainee career grade doctors.

National Emergency Paediatric Trauma
Update and Networking (NEPTUNE) is the UK's
first dedicated paediatric trauma conference
being hosted in the East Midlands. The exciting
programme of speakers will give delegates the
opportunity to meet and learn from leading
minds in the field of paediatric trauma care.

Panel discussions and audience interaction will allow the delegates to explore the changes, challenges and controversies that keep clinicians on their toes. NEPTUNE is an opportunity for everyone to showcase their work through the competitive abstract submissions and to present projects on a national stage to share learning, research and innovation.

A well-choreographed trauma call can be a thing of beauty and each individual player is critical to ensuring the best possible patient outcomes. Therefore, NEPTUNE seeks to represent and welcome contributors and delegates from across the multi-disciplinary team. With a range of topics, discussions and activities, it will be relevant to healthcare workers involved at all stages of the journey of the paediatric patient with minor and major trauma, including nurses, Emergency Nurse Practitioners, Advanced Clinical Practitioners, Clinical Nurse Specialists, doctors and allied healthcare professionals. Those aspiring

to a career in paediatric trauma are also encouraged to attend.

The inaugural NEPTUNE conference will have been held by the time this report is published, hosted by Nottingham University Hospitals Trust, one of the largest major trauma centres in the UK. We look forward to reporting on this in next year's annual report.

A new state of the art Emergency Department is due to open at the Chesterfield Royal Hospital NHS Foundation Trust. The new department has adapted an approach to maximise patient flow, highly specialised equipment, ultra-modern technology and a sense of great interaction with the local community welcoming artwork.

The School of Emergency Medicine has expanded the Faculty of Educators to appoint a further Higher Specialist Training Programme Director, separate Exams and Ultrasound Training Programme Directors. This expansion has given the school the green light to proceed with the radical overhaul of the regional teaching and training programmes and more specifically train the existing trainers the skills to teach and supervise the new curriculum.

Concerns remain over issues improving public health measures on reducing flow into the Emergency Department (better access to General Practices and out-of-hours services), recruitment and retention of staff and working closely with secondary care for quick patient transfer.

Increased numbers of departments are pressing their own local finance and medical directors for increasing the numbers of senior decision-makers. Departments are pressing for more consultants on the shop floor to gatekeep hospital admissions, safeguard trainees' experience in emergency departments and to continue the day-to-day clinical education of the multi-professional groups.

Despite these documented challenges colleagues were determined to work through these unprecedented tough times, to deliver front line services to the population.

In 2023/24, the plans are to continue to work with senior management and leadership teams at a trust level to improve both staff and patient experiences within our regional Emergency Departments. Holding areas to help decant bed waiters from Emergency Departments whilst allowing the medical wards to create capacity.

I'm immensely proud of all the professional groups allied to Emergency Medicine and the dedication they have shown throughout the year, as we now look to steer the workforce through the next year.



### North West Regional Board

Emergency Departments around the region are generally reporting that, in common with the national picture, the pressure of Covid-19 has largely relented. Most Covid-19 positive swabs are incidental findings now.

However, patient numbers appear to be at or above pre-Covid-19 levels and all Emergency Departments are reporting very significant exit block which is making life very difficult.

This is pretty much universally attributed to the large number of medically optimised patients who cannot be discharged due to weakness in the social care system.

There are still significant staffing issues in many Emergency Departments which also make it difficult to provide a safe service.

North Manchester underwent a major strategic reorganisation as well as installing a new Electronic Patient Record (EPR) and planning to build a new hospital. This reorganisation was challenging at the time but has now been achieved.

However, they have managed to get Higher Specialist Trainees (HST) back in Emergency Medicine at North Manchester, and of the two they got, both have been appointed as consultants.

Leighton moved into a new department in February, all went smoothly.

The Emergency Care Data Set (ECDS) is embedded at a technical level but on the shop floor, there is still some difficulty getting all colleagues on board with its application e.g. with clinically ready to proceed (CRTP) and it may be that the College could help with some additional guidance and explanation for clinicians in how to apply the new regime operationally.

Annual Report and Accounts 2022

# North West Regional Board (continued)

Following a successful College meeting in November 2021 with guidance on the New Curriculum and an inspiring talk on Functional Illness from a Neurologist and Psychologist who run the regional service from Aintree (followed by an excellent Covid-19 safe, on-site curry, sponsored by the College) a meeting was planned for May 2022, and a venue east of the M6 was sought.

This meeting materialised on 28 June with the Medical Director of the new Integrated Care System as one speaker and a second speaker talking about Consultation skills. This meeting was sponsored by a drug representative, however, very disappointingly, the meeting was very poorly attended, with many of those who had said they were attending not attending. The next meeting will be on Teams to see if this gets a better response.

Congratulations were due to Dr Simon McKay on being appointed Regional Vice Chair in early 2022. Simon was starting a group to support the development of Emergency Department Advanced Clinical Practitioners in the region. However, on moving to his new Trust he discovered he had to take on the role of Clinical Director as well and felt he was unable to do this and be Regional Vice Chair. We contacted the other original applicant for the role, Dr Sanjoy Bhattacharyya, and he was appointed with the approval of the college. Nice to have a deputy again.

Throughout 2022 it has been our aim to be a point of contact between Emergency Departments and the College and to share the joy and pain of Emergency Medicine in the 21st century.



**Dr Andy Ashton** Chair, North West Regional Board **NWChair@rcem.ac.uk** 

### South West Regional Board

In a year of political turmoil that saw various Prime Ministers and Secretaries of State for Health and Social Care come and go, 2022 saw the South West Regional board develop into a strong and stable team. The year began with just myself as chair, to a team of 14 covering many of the region's hospitals, research, trainees, ACPs and Paediatric EM. This has put us in a good position to become a robust and steady voice for our specialty, as well as a conduit between College and region, so important as our specialty works its way through such challenging times.

Those challenges are unfortunately all too familiar to so many, both within and beyond our region. Issues of ambulance handover delays, flow of patients through the UEC system and workforce have all been dominant in our daily lives. Even in August, one in nine admitted patients was waiting over 12-hours for a hospital bed from the decision to admit in the region. However, we have also seen the South West be prominent in trying to make changes too. Southmead Hospital in North Bristol has been incredibly active in developing the continuous flow model, the impact of which has helped in their area. It has led to a lot of active discussion and debate in the wider healthcare community around how to manage flow and whether adopted or not in other hospitals/regions, it has helped raise the profile of how flow is so integral to the working of our Emergency Departments.

The subject of ambulance cohort areas has also been dominant in 2022. Ambulance handover delays have been a significant issue across the South West, for example in the last week of the year 55% of ambulances in the region waited over an hour to offload (compared to an average of 26% across England in the same period). Pre-ED cohort areas, despite being a highly unfavoured option by both the College and the College of Paramedics, continued to be pushed

forward as a solution. Messages of harm coming to patients in cold units, no access to appropriate toileting facilities, long waits on ambulance trolleys and more have all been the unfortunate impact on our patients whilst we resist this inappropriate solution to a system problem.

Many of the issues faced have led to engagement with local media to stress both the issues and potential solutions needed to address the problems faced. This has led to the College's stance being shared on local television, radio as well as social media and in mainstream local newspapers. This has been supported by the College who have led on the publication of press releases and have helped promote locally a message congruent with that which is occurring at a national level.

Research continues to recover from the challenges that the Covid-19 pandemic posed. The National Institute for Health and Care Research (NIHR) Emergency Care Incubator continues to go from strength to strength, supported by the NIHR and locally in collaboration with the Research in Emergency Care Avon Collaborative Hub (REACH) in Bristol. The leadership from the Co-Chair, Prof Edd Carlton has been invaluable. More can be found relating to this both locally and nationally within RCEMLearning. In addition, the South West Emergency Academic Team (SWEAT) has continued to have its annual meeting, hosted by the Emergency Department team in Plymouth online and again was another fascinating and informative meeting of both new and established researchers alike. Clinical trials from research teams in the region also started or continued, such as COMITED and the randomised evaluation of early topical lidocaine patches in elderly patients admitted to hospital with rib fractures (RELIEF), as well as engagement across the region in many other emergency medicine clinical trials.

So, in a year of operational challenge, the College has grown stronger within the region and shown that despite the immense pressures being experienced, innovation and a desire to develop our specialty persists, which gives us hope and a vision for the future.



Dr James Gagg Chair, South West Coast Regional Board SWChair@rcem.ac.uk

"

In a year of operational challenge, the College has grown stronger within the region and shown that despite the immense pressures being experienced, innovation and a desire to develop our specialty persists, which gives us hope and a vision for the future.

"

Dr James Gagg





# **Events**

### Delegates and registrations:

Total attendees across all live events

9,129

Total registration for on demand event

100

61

40

### Types of event:

Total number of events 56

Total number of days of events

Number of flagship conferences

Number of pre-conference workshops

Number of multidisciplinary group specific conferences

Number of study days

Number of study days which were practical workshops

Number of diploma ceremonies

# Number of hybrid events

**Event formats:** 

Number of virtual events

Number of face-to-face events

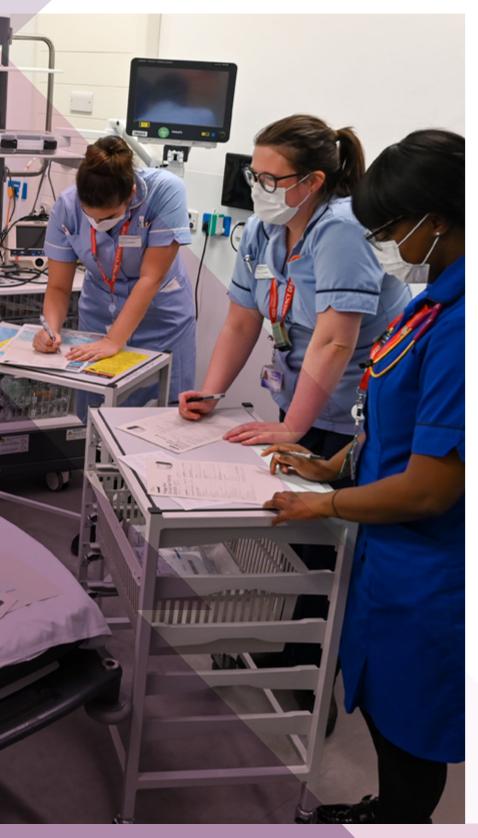
34

### Other:

Number of events with abstract submission

Number of abstracts submitted

# Membership



• Total members at the end of 2022: 11,507

Members approved during 2022: 1,785

- 1,294 of these were from the UK 72% -
- 491 (28%) members approved in 2022 came from
- 43 overseas countries across5 continents -
- 338 (19%) were non-medical (students, Advanced Clinical Practitioners, Registered Healthcare Practitioner etc.)

### Regional Membership Breakdown

Region	New members in 2022 and % of Joiners
East of England	121 (7%)
East Midlands	92 (5%)
London	197 (11%)
North East	71 (4%)
Northern Ireland	33 (2%)
North West	151 (8%)
South Central	86 (5%)
Scotland	83 (5%)
South East Central	79 (4%)
South West	91 (5%)
Wales	58 (3%)
West Midlands	121 (7%)
Yorkshire & Humberside	104 (6%)
Overseas	429 (24%)
Republic of Ireland	68 (4%)

# **RCEMLearning**

In 2022, RCEMLearning published 190 new learning content items and reached a total of 1,569 publications since its launch. The e-learning website has had a redesign to improve the user experience. A new menu has been designed to enable users to quickly access what they want, whether they are looking for a specific content type or searching for a topic area. The ability to drill down to exactly what type of learning material the user wants has now been added. We have enhanced the content tiles that display each piece of learning material, they now show the title, content type and a short synopsis so users can identify what the learning material is before they click it.

	2019	2020	2021	2022
Total Page views	2,846,077	3,434,921	3,370,373	3,865,344
Users	390,643	386,377	423,646	431,581
Publications	192	175	198	190

# **Exams**

Exam	2019	2020	2021	2022	2021 - 2019 difference
MRCEM Primary	3193	2629	3272	3515	322
MRCEM SBA	2561	2083	2559	3193	632
MRCEM OSCE	634	574	1025	979	603
FRCEM SBA	376	104	667	1190	554
FRCEM OSCE	397	370	538	501	104
Intermediate SJP*	762	894	497		
Critical Appraisal*	737	440	199		
QIP*	375	393	277		
Total	9035	7487	9034	9378	341

<sup>\*</sup>withdrawn from the programme of assessment following the introduction of the current RCEM Curriculum

In 2022 we delivered 9,378 examinations across the UK and in 48 countries around the world. A new examination structure was introduced in August 2021 following the start of the current RCEM Curriculum to reduce the assessment burden on trainees. The Intermediate Situational Judgement Paper (SJP), Critical Appraisal and Quality Improvement Project (QIP) examinations were withdrawn from the program of assessment and the skills and knowledge assessed in those old exams are now tested elsewhere in the new examination structure. The new format MRCEM OSCE (Objective Structure Clinical

Examination) replaced the previous Intermediate SJP examination, and the knowledge tested in the old Critical Appraisal and QIP examinations are now assessed in the FRCEM Single Best Answer (SBA) and FRCEM OSCE examinations.

As a result of the new simplified examination structure, the total number of examinations delivered shows a steady increase between 2021 and 2022, whilst the number of individual candidates taking our examinations has grown significantly in that same period.

# **Policy and Communications**

### **Policy Department Report**

The Policy and Public Affairs team provides solutions to the issues facing the specialty of Emergency Medicine by generating evidence and insight and influencing policymakers. It lobbies to improve the capacity and resourcing of Emergency Departments to improve the working lives of our members, and subsequently their patients.

In 2022 the Covid-19 Omicron variant led to a spike in cases and additional pressure on health and care services after a strained year for the Emergency Care system. In parts of the country, the service was so strained, the army was deployed to support the NHS. In January, the Health and Social Care Select Committee published a report examining the elective backlog. Our core point - that any hope of clearing the backlog depends on seeing the health system as a whole - was endorsed by the committee.

In the Spring we published *Beds in the NHS* and our *Tip of the lceberg* reports. Beds in the NHS found that since 2010/2011 the NHS has lost almost 25,000 beds across the UK. Since then, the health service and its staff have faced accumulating pressures resulting in a sharp increase in long-waiting times, ambulance handover delays, delayed ambulance response times, cancelled elective care operations, and unsafe bed occupancy levels. We found that an additional 13,000 staffed beds were required across the NHS to drive meaningful change and improvement.

In February 2022 we contacted 118 NHS Trusts in England with Freedom of Information (FOI) requests for information on the numbers of patients waiting four, eight and 12 hours in Emergency Departments from their time of arrival. In the absence of published data on the number of patients waiting 12 hours or more from their time of arrival, our FOIs found that on average 1,047 patients waited 12 hours or more from their time of arrival every day in a major Emergency Department in 2021 in England, equalling a total of 381,991 patients experiencing these 12-hour waits in 2021.

These staggering numbers helped us to secure an important debate in Parliament on waiting times for Emergency Services. This was a major accomplishment for the College, as it allowed us to bring these critical issues to the attention of policymakers and the public at large. The timing of this debate was particularly significant, as it occurred just a day before the resignation of the Prime Minister, Boris Johnson.

In the Autumn, we had the opportunity to represent our specialty at the major political party conferences. Despite the political turbulence that was occurring at the time, we were able to effectively communicate our concerns regarding capacity issues in Emergency Departments. Attending events at both the Labour and Conservative Party conferences allowed us to reach a wide range of policymakers and influencers, and we were able to make a compelling case for the importance of resourcing our NHS and social care system.

In September we published our fifth *Acute Insight Series* report examining Mental Health Emergency Care. We found that patients in mental health crisis twice as likely to spend 12 hours or more in Emergency Departments than other patients. The explainer also found that the UK has only 37 psychiatric beds per 100,000 population – far lower than the Organisation for Economic Co-operation and Development (OECD) average of 71 psychiatric beds per 100,000 population – and that since 1987, over 48,000 NHS mental health beds have been cut in England, with 5,000 mental health beds having been cut since 2011 alone.

The year 2022 was marked by frequent changes in political leadership. There were three different MPs who served as Health Secretary over the course of the year, and the country also had three different Prime Ministers during that same period. Despite the high political turnover, the team remained steadfast in its pursuit to ensure the pressures facing the emergency care system remained on top of the policy agenda.





### **Key statistics:**

25

Met with 25 policymakers across the UK

26

Cited 26 times in UK Parliament

6

Produced six reports and briefings

### Communications

88

We issued 88 press releases in 2022.

8,133

In 2022 there were 8,133 mentions of the Royal College of Emergency Medicine in print, online and broadcast news (broadcast data from April 2022 onwards).

4,262,769

There was a total of 4,262,769 page views in 2022 - with a total of 455,431 unique users.

Page views of rcem.ac.uk in 2022.

863,707

There was 863,707 total emailed communications in 2022 - 57.8% open rate.

4,871

We gained 4,871 new followers on our main social media platform -Twitter (now X) in 2022.

# Quality 2021

### Guidance

17

Number of specialist clinical committees shaping RCEM's quality and service delivery work

12

Number of toolkits and guidance documents developed and published

82%

Proportion of English Emergency
Departments registered for the
QIP programme in Emergency
Medicine in 2022

171

Number of UK Emergency Departments involved in the new national quality improvement programme 67,515

Number of patient records submitted

### Safety

4

National safety alerts issued or promoted

### Vorkforce

96

Number of Consultant posts supported

73%

Percentage of Junior Doctors approved

Royal College of Emergency Medicine



# Emergency Medicine Performance 2022

# England

Total attendances

16,210,573





Percentage of patients seen within the four-hour waiting time target:

57.6%



Total number of patients who experienced a 12-hour wait (measured from their time of arrival in A&E):

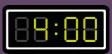
1,656,206

# Northern Ireland

Total attendances

647,909





Percentage of patients seen within the four-hour waiting time target:

45.3%



Total number of patients who experienced a 12-hour wait (measured from their time of arrival in A&E):

103,275

# Scotland

**Total attendances** 

1,321,108





Percentage of patients seen within the four-hour waiting time target:



67.1%

Total number of patients who experienced a 12-hour wait (measured from their time of arrival in A&E):

55,095

# Wales

Total attendances

767,696





Percentage of patients seen within the four-hour waiting time target:



56.5%

Total number of patients who experienced a 12-hour wait (measured from their time of arrival in A&E):

123,589

# Membership and Professional Matters Cluster

For the College membership team, 2022 was about building upon the changes in 2021, especially developing the member services team function, and establishing the delivery of a consistent standard of business as usual.

Alongside improving the customer service delivered to members we welcomed over 1,700 new members to the College. We continued our work in improving engagement with members through our communications and via different groups such as Emergency Medicine Specialty and Specialist Doctors (EMSAS), the Emergency Medicine Trainees' Association (EMTA) and the Advanced Clinical Practitioner (ACP) forum.

Following the successful launch of the member Service Team in early 2021, the department has been able to deliver effective customer service to members, candidates and other College stakeholders. At the same time it has also reduced the burden of high volumes of queries coming into some operational teams of the College, particularly examinations and training.

The member service team is now able to deliver an efficient and responsive service to members and customers through an effective Live Chat system available via our website and is the first line response for incoming calls for all member services queries (membership, ePortfolio and exams). Over the year the team answered on average 118 calls and assisted 100 website visitors through the Live Chat each week.

In late 2022, as part of the College's continuing development to improving its governance and increasing equity amongst its membership, we were pleased to reintroduce the category of Member by Election to recognise members who

do not follow the traditional exams and training pathway. This reopened category provides a route aimed to appropriately recognise the experience and contribution of doctors not in training (Specialty and Associate Specialist doctors (SAS) and equivalent, currently approx. 20% of the membership) and ACP members (currently 10% of the membership) through the award of this membership category which provides full membership status with the inclusion of voting rights.

At the end of 2022, the total membership rose to 11,507, an increase in 4.6% from 2021. The membership category with the largest increase was Associate Member (overseas) which increased by 44% demonstrating our demand internationally. Our numbers of Fellows by Examination also saw considerable increase by 11% with our overall number of Fellows increasing by 7%, while numbers of members increased by 6%.

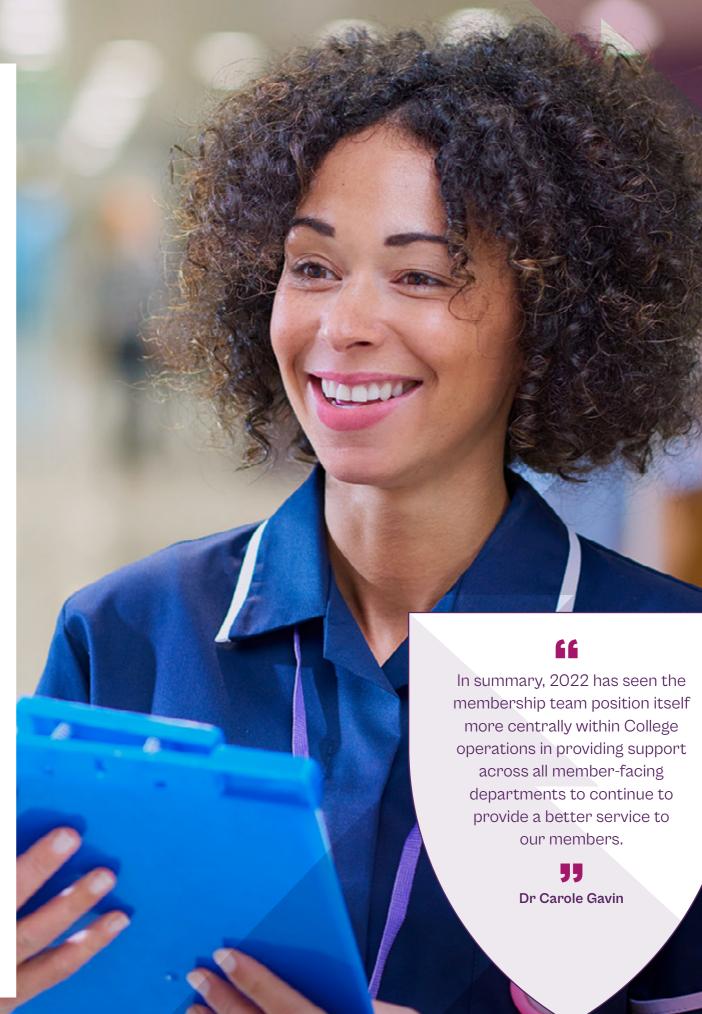
In summary, 2022 has seen the membership team position itself more centrally within College operations in providing support across all member-facing departments to continue to provide a better service to our members.



### Dr Carole Gavin

Vice President (Membership), The Royal College of Emergency Medicine

VPmembership@rcem.ac.uk



# Emergency Medicine Trainees' Association (EMTA)

### **Introduction and Purpose**

In November 2022, Dr Daniel Darbyshire stepped down as Chair of the Emergency Medicine Trainees' Association and Dr Hannah Baird and Dr Lara Somerset took over as joint co-chairs starting an 18-month term.

EMTA representatives each contribute to the work of various committees across the College, representing trainees at all levels. Their work is reported in each committee's section and will not be repeated here.

### **New Recruitment**

Previously we have moved from ad hoc recruitment to quarterly recruitment rounds, and we have kept with this model, finding it more effective and efficient.

### **EMTA Conference**

The 2022 EMTA Conference took place in Blackpool on 22 and 23 of November, led by Dr Rebecca Yates . Early in the planning stage, the decision was made for the conference to be face to face, fulfilling a previous arrangement with the venue. The conference was themed around 'Leaving a legacy' with over 200 delegates over the two-day period. Sessions comprised a mix of inspirational talks, trainee presentations, workshops including an escape room. Feedback from delegates was extremely positive.

Due to competing events in November the decision has been made by the committee to push back the next EMTA conference until May 2024.

### **EMTA Survey**

Launching via the online survey tool REDcap on 24 November 2021, the EMTA survey ran for six weeks. The response rate was 46.4% (878/1981) and there was a range of respondents across the grades, genders, the four nations and all regions of England. During development the College executive team, committees and special interest groups (SIGs), such as Training Standards, Sustainable Working Practices, Research and PoCUS were invited to submit and review the questions selected. The survey was published November 2022.

### Key findings in the survey:

Teaching and training: 67% of trainees report a proactive training culture with an average of 0.78 teaching sessions a week. Exposure to minor injuries is reported to be low throughout all grades. Where people struggle to access teaching, this was most likely attributable to out-of-hours working or service demands

**Exams\*:** 49% of those surveyed had taken an exam within the last year; exams are one of the more common interactions between the College and trainees. 88% found the booking process smooth and 78% were positive about their interactions with the College.

Half of ACCS (Acute Care Common Stem) trainees reported however that they did not feel supported to take their exams – given this is an area with significant exam burden (three exams over three years, as opposed to two over a potentially much longer period with more frequently occurring LTFT training/Out of Programme Experience etc.) this warrants further discussion.

\*data taken before exams error, as outlined in the CEO's report, which occurred in 2022 **Ultrasound:** only 21% trainees reported having access to ultrasound supervision during core working hours and of those reporting a lack of supervision, 64% worked in a Transformation Unit (TU)/District General Hospital (DGH). For a key curriculum capability this is a concerning statistic.

Research: 40% of trainees reported having been involved in research, although there was significant regional variation from 9% (Wales) to 71% (Severn). There was also great variability in access to, and engagement with, journal clubs across the board.

Incivility and bullying - the survey also revealed some concerning statistics in this field.

Although small improvements from previous years, we need a zero-tolerance approach.

4% trainees felt 'bullied' and in the majority of cases (15/19) this was from someone with the Emergency Department. 22.7% of trainees felt 'undermined': 72% of them experienced this from someone within the department, 38% from outside it. Trainees doing their ACCS anaesthetics block reported higher levels of undermining (30.9%) compared to other placements; 34% of trainees felt that the way they had been treated by other staff had negatively impacted the care they can offer their patients; 37% reported they would fear impact on their career progression if they were to report unfair or undermining behaviour; 40% reported 'incivility' within the preceding four weeks - received from 32% Emergency Department staff, 70% non-Emergency Department staff and 63% patients.

Women in EM - 47% respondents were women. Women (33%) are more likely to be LTFT than men (22%) and unsurprisingly this was more likely to be for caring responsibilities. There were many reported examples of training and work being harder for women. Men in our survey reported being able to attend more

training opportunities, gaining more value from supervisors and less resistance to referrals. Women in Emergency Medicine also reported higher levels of burn out, incivility and undermining.

The 2022/23 closed in March 2023. Discussion around the frequency of the EMTA survey is ongoing.

### Functioning of the EMTA committee

EMTA met quarterly. During the pandemic, these meetings have been exclusively on Zoom. We held the majority of meetings online with one face-to-face meeting in Manchester in July.

We continue to use more for communications. Despite the ongoing challenges and demands of clinical work, the EMTA committee continues to function well as the workstreams documented in this report demonstrate.

### **Regional Representation**

Every region has a group of local trainee representatives appointed within their School or Deanery. Access to this group is fantastically valuable in maintaining a pulse on the national picture and in allowing two-way communication with trainees around the country.

Maintaining this network is a considerable administrative burden and has been consistently raised as an issue. We have contacted the Head of Schools to ask directly for the name and contact details of the regional representatives in an aim to connect individuals with EMTA.

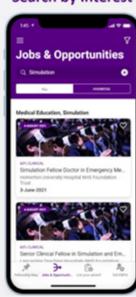
### Our future strategy and priorities

We have split these into internal and external priorities.

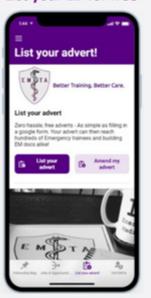
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### Internal

- Creating a formal EMTA executive committee that has more oversight over the work and outputs of the committee going forward. This would include thinking about succession planning.
- Transparency about who sits on which committees publicly etc. This would include regrouping on the current committees and appraising the need for current/ further representatives.
- To understand the roles and consider how the regional reps could feed into the wider EMTA committee. Perhaps considering an annual meeting of the regional reps to discuss wider training issues.
- Updating the EMTA terms of reference to reflect the above.

### **Outward and College Facing**

- Work more closely the College to understand roles and responsibilities and ways in which we could better work together - this needs to be a bidirectional relationship.
- Continue to champion trainee wellbeing and the importance of this. Specifically highlighting that 'wellbeing' includes ensuring exam, recruitment and other processes/ training stresses are acknowledged, well delivered and always supported.
- Championing what we have done well within Emergency Medicine but also where different regions do it well. Share good practice to help tackle some of the areas identified. i.e, how do some areas champion access to training etc.

- Ensure as a committee we promote Equity,
  Diversity and Inclusion (EDI), Gender Equity
  Committee, and Less Than Full Time trainees
  and look to understand identified gaps in
  experience and training.
- Promote and champion a campaign around incivility. Help re-ignite the RespectED campaign and civility saves lives. We are currently part of a cross College group looking at this issue.

### Feedback and Thanks

As a committee of the College, we are always open to feedback, ideas and suggestions from any of the other committees and groups. We wish to remain an open and inclusive forum and welcome any collaborations, discussions and thoughts from wherever they may come.

We would like to thank the College staff for all of their support and assistance over these last 12-months. We are very grateful to all of those who have been vital in helping to ensure robust and meaningful trainee representation across all College activities. A particular note to the Exams team who have worked closely with the committee in their restructure.

Many thanks,



### Dr Hannah Baird and Dr Lara Somerset,

Co-Chair's, Emergency Medicine Trainees' Association

# Emergency Medicine Specialty and Specialist Doctors (EMSAS)

It's been a productive two and a half years as Chair of the Forum for Associate Specialists and Staff Grades in Emergency Medicine (FASSGEM), now the Emergency Specialty and Specialist Forum (EMSAS).

Having overseen the redesign of the logo and rebrand, design of the webpage and conferences undertaken virtually in 2021 and in Milton Keynes in 2022, we have seen radical changes in our structure.

We have begun to build a network across our nations and are aiming for a contact in each trust. WhatsApp groups for EMSAS Executive and representatives, generic EMSAS (235 members) and EMSAS CESR (Certificate of Eligibility for Specialist Registration) mean we are sharing more resources including courses, clinical updates and other issues pertinent to our members than ever before.

EMSAS has appointed several new regional representatives and welcomed them to our team (Dr Sonia Damle, Dr Gareth Clark). Other members are looking for replacements for their roles as their tenure has now finished. We will be discussing roles and vacancies at our next meeting in May and will update Council in due course.

We do not think that it is healthy for all to change at the same time, so will build in a staggered transition for this to allow for some institutional memory so as not to disrupt its function.

College email addresses have been generated for our Executive and Representative teams and these will go live over the next few weeks, hopefully allowing people in each region to contact us directly, rather than using personal email accounts.

For the first time, we have established regular Executive and Representative meetings, these occur prior to each council meeting and allow us to keep up to date and present issues to Council in a timely fashion. Our CEO and President will be invited to join us, as will other members of Council, the events team and finance to improve communications.

Our Spring meeting has had an overhaul, moving the business part of the meeting to the night before to allow more educational content on the day with the hope that we can attract more attendees. The Spring meeting will now feature a short update to our members on our activities at the start of the day.

We have started a conversation about a completely revolutionising our annual conference too with the College supporting us with this. Thanks to the events team, Vice President Salwa Malik and Director of Corporate Services, Nigel Pinamang.

We have engaged with the exams team and have them come to our conference to discuss exam issues with our members and have had a positive response.

There may be plans to conduct an SAS Survey which mirrors that of EMTA in the near future, more discussion to follow on this.

Finally, my last six months will be fully focussed on our Adel Aziz legacy, our project to use FASSGEM funds to support a project supporting developing countries (starting in Egypt). It had fallen somewhat flat after we had pinned our hopes on a Toxbase (National poisons information database) but when we met with the Clinical Lead, our conversation was too positive and they said that they were looking to start this and would provide support for free (great for Egypt and other countries but left us with nothing to support.). We were successful with putting Toxbase and the College in the same room, and hope that this relationship flourishes and has an impact on millions of patients around the globe in the coming years.



### Dr Steve Black

Chair, Emergency Medicine Specialty and Specialist Doctors Forum EMSAS@rcem.ac.uk



# Advanced Clinical Practitioners' Forum

### Plans and goals for 2022

The second generation of the College's ACP Forum has now met three times since formation by the second College's ACP Chair, Ashleigh Lowther. We have now established set roles on many of the other College committees and some of the forum members are already established members of the College committees such as the credentialing subcommittee, the credentialing panel and the RCEMLearning executive.

Much of the work undertaken by the ACP Forum centered around the new 2022 ACP Curriculum, two members were actively involved in the creation of the curriculum and as a forum we have been tasked with creating a study day aimed at ACPs which is similar to the ACP supervisor training.

Other projects include a complete redesign and updating of the ACP section of the College's website which is now almost complete.

The main focus of the ACP forum was the delivery of the 2023 RCEM ACP conference in Cardiff on 18 May 2023.

In addition, the West Midlands Representative Ruth Beveridge has worked with the EMTA committee to develop an ACP civility survey that we want to use as an ACP Census to gain vital inflation for the membership team on exactly who is where and working in what roles.

From a membership perspective there are ongoing talks between the membership team and the ACP Forum Chair regarding what future ACP membership fees and opportunities look like. I plan to use the conference as a platform to gather opinions.



Miss Ashleigh Lowther Chair, Advanced Clinical Practitioners Forum ACPChair@rcem.ac.uk



# Sustainable Working Practices Committee

The Sustainable Working Practices Committee (SWPC) has progressed work on the College's wellbeing app during 2020-22 since its launch on 3 April 2020.

Following the latest data analysis between the period of June 2022 and December 2022, the team at 87%, the mental health app which the College has partnered with to provide mental health support to Emergency Medicine workers, has released another report, which focuses on the overall mental health and wellbeing differences, between the different job roles in Emergency Medicine.

### The key insights from the report were:

- Despite of all the challenges, 96% of the members reported high work satisfaction and find their work meaningful, but these scores are on the decline and need to be monitored carefully.
- Job demands are reported as a barrier to wellness for College members, with work stress being identified as particularly problematic for members in ST4 and ST5 roles.
- There has been an 80% increase in the feelings of anxiety and depression among College members in the last 12 months, especially for ACPs, Registrars, and Student members and needs to be monitored carefully in the future.

The SWPC and 87% team are currently working on providing support to the member wellbeing through tailored assessments, feedback, and expert-curated content that builds self-awareness, confidence, and insight to support their health.

The team has also started work on a new campaign 'Back to Basics', which is working on providing basic recommendations, on how to improve the current working conditions and help in creating a better work life balance.

The SWPC has worked with the ACP forum on a document on sustainable working based around the General Medical Council's 'ABC of Doctors' Needs' and have successfully recruited a new ACP representative.

The SWPC now has regular representation from the Equity, Diversity and Inclusion (EDI) Committee and the Gender Equity Committee (GEC).

The SWPC team has created a new Special Interest Group - RCEM Short life working party looking at the older Emergency Clinicians, which will be chaired by Dr lan Higgison, and will be working on creating a written document, suggesting good practice for Emergency Medicine leaders and organisations, looking at the current challenges with a potential for providing e-learning and study days.

The GEC team and SWPC have recently released an article on 'Sexism, sexual harassment and sexual assault in our work place' and will be leading on a campaign against it, which will be joining the current Surviving in Scrubs campaign (Dr Becky Cox & Dr Chelcie Jewitt).

Discussions have started with EDI and GEC reps around issues of marginalised groups within the specialty. We were also involvemed with a number of study days during the pandemic including Return to Emergency Medicine and Burnout to Brilliance, and participated in in clinical leaders zoom calls, regular monthly wellbeing mailshots and developing app content.

We are also currently looking at relaunching the Wellness Compendium and EMPOWER document, with emphasis on providing generic recommendations for physicians with different health conditions.

# Items of the committees workstreams which have progressed:

- Augmentative and Alternative
   Communication (AAC) virtual guidance
   documents; for candidates and assessors.
- When a Colleague Dies guidance.
- Advanced Clinical Practitioner wellbeing document.
- Launch of monthly wellbeing letters with introduction from the team members.

### Guidance publications updates

- Updated Wellness compendium, December 2020.
- Contribution to ACP sustainable careers document, Jaunuary 2021.
- RCEM Wellbeing report June 2022 - December 2022.
- RCEM Wellbeing Report PDF -February 2023.
- Surviving in Scrubs (Dr Becky Cox & Dr Chelcie Jewitt).

### Website presence

- RCEM Wellbeing App webpage.
- Updating the current Wellness and EMPOWER documents.

### Committee workplan for the coming year

- To work on releasing a new document under the Short life working party for Older Emergency Medicine physicians and creating study days and e-learning content.
- To continue working on 'Back-to-Basics' campaign with an aim of launching it by September 2023.
- To support GEC in their new campaign and provide guidance and support for the champions.
- To release the updated Wellness Compendium and wellness documents.
- 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 Emergency Medicine, Older Staff.
- Support decision making about app continuation.



### Dr Saurav Bhardwaj

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

### **Gender Equity Committee**

### Workstream progress

The Gender Equity Committee's goals have been:

- To define the issues around gender inequity.
- To change the landscape in the College.
- To change the landscape in Emergency Medicine more widely.

To define the issues around gender inequity, we amplified the College's #CountMeIn campaign. We were also involved with analysing data from the EMTA survey from a gender equity point of view. We developed (with the Equity, Diversity and Inclusion Committee) a dataset requested from the College to quantify challenges around gender equity and highlight areas of particular concern.

To change the landscape in the College, the committee held its first session in the main conference timetable at ASC Belfast which drew significant Council and social media attention and was very fruitful in terms of getting the "view from the ground".

We were represented for the first time in the scoring process for College nominations for National Clinical Impact Awards. We continue to develop plans for a mentoring programme.

We have provided signposting for individual members and fellows raising concerns about Gender Equity issues and we have provided input on wider College policies and guidelines from a gender equity point of view.

Our work to change the landscape in Emergency Medicine more widely includes engagement with the Academy of Medical Royal Colleges about cross-college initiatives (including the Gender Pay Gap and Women in Leadership).

The College continues to part fund places on the Leaders Plus Fellowships for parents of young children, and we have had input into the development of the newly launched NHS specific fellowship.

We have engaged with and supported the Surviving in Scrubs campaign against sexism and sexual harassment.

We contributed significantly to the College's #BreaktheBias campaign for International Women's Day 2022.

### Work plan for 2023-4

To define the issues around gender inequity:

• We will analyse and disseminate as and when it becomes available from the College.

To change the landscape in the College:

- Dependent on the output of defining the issues we will address individual issues with the relevant College areas.
- We will publish the output of defining the issues on the College website.

To change the landscape in Emergency Medicine more widely:

- We will continue to support the Leaders Plus programme.
- We will contribute to the wider RespectED programme to counter incivility and bullying.
- Should it not be addressed fully within RespectED we will develop specific resources to counter sexual harassment in Emergency Medicine.

### Challenges

Only one member of the committee has any job planned time for our work. We were unable to secure a dedicated study day for the 2023 schedule. Presently, College Funding has restricted the scope for developing the mentoring programme.



Dr Kirsty Challen Chair, Gender Equity Committee GECChair@rcem.ac.uk



# The Quality Cluster

The Quality Cluster was created by a merger of the Service Delivery Cluster, and the Quality in Emergency Care Committee. The aim is to bring all the non-academic elements of quality into one place, and to better amplify and coordinate our efforts. As Vice President, I am taking the lead within this cluster and we are now getting ourselves organised.

We have an opportunity to improve alignment share information, and to seek help and support where required. We can also review workplans, committees' functionality/performance, and vacancies/memberships.

This is a large cluster of College activity, it comprises of:

- Invited Services Review Committee (ISR).
- Informatics Committee (IC).
- Service Design and Configuration Committee (SDCC).
- Environmental Special Interest Working Group.
- GreenED Working Group.
- Same Day Emergency Care SIG.
- Quality in Emergency Care Committee (OECC).
  - Best Practice Sub-Committee.
  - Older People Special in Emergency Medicine Special Interest Group (previously known as Elderly Care & Frailty SIG).
  - Public Health Special Interest Group.

- Toxicology Special Interest Group.
- Mental Health Sub-Committee.
- Paediatric Emergency Medicine PAG.
- Pre-hospital Emergency Medicine PAG.
- Safer Care Sub-Committee.
- Quality Assurance and Improvement Sub-Committee.

A small steering group of Sub-Committee Chairs meets twice a year and there are two large committee meetings each year for all cluster members.

### Invited Service Review Committee

The Invited Service Review (ISR) Committee has been quiescent in the light of a drop off in formal ISR activity. We will provide Council with updates from each of the other major committees.

### Service Design and Configuration Committee

The Service Design and Configuration Committee is responsible for how we support our members around Emergency Department design. However, we have a point of contact, expertise and publication gap here. We will likely be bringing a proposal to Council to rebadge it as a Review and Benchmarking Committee, given that we have identified a need to be more visible in this space. This will tie into the Guidance for the Provision of Emergency Medicine (GPEMS) Project Steering Group work moving forward.

### **Financial Report:**

• The Quality Improvement Project (QIP)
Programme generated an income of £15,316
for January 2023. This is higher than the
predicted £4,489. Otherwise, the budget is
performing as forecast.

### Risk Report:

 QIP Tender: as discussed at the Council January meeting, the QIP provider contract has been extended for a period of 12 months. This represents a risk to the continuity of the programme. To mitigate this risk, we will be working with tender support companies going forward.

### Recent output:

- We have had 26 invites from external organisations for endorsements, consultations and providing reps.
- The cluster has published two blogs to date.
- RCEM Position Statement Artificial Intelligence (December 2022).
- Mental Health in the ED a toolkit (revised February 2023).
- Management of Investigation Results in the ED (February 2023).
- Cannabinoid Hyperemesis Syndrome (November 2022).
- Safety flash: Nitrous Oxide Associated Neuropathy (December 2022).

### Key plans for next year:

- The cluster plans to support the College in asserting itself as the leading authority on Emergency Medicine quality. We are still formulating the strategy behind this, particularly around how we undertake our role of 'monitoring' standards of care, rather than just setting standards.
- The cluster will play a key part in supporting the Guidelines for Provision of Emergency Medicine Services (GPEMS) project.
- SDCC is currently working on a revision of our current crowding guidance, and has submitted further workforce guidance for approval
- ESIG plan to further progress the *GreenED* project.
- The Informatics Committee will be focusing real-world informatics issues.
- The cluster is pleased to start one short life group looking at adapting the SNAP Regime to treat paracetamol toxicity in children.

### Key questions for Council to consider:

In 2024 the cluster would like to merge the QECC and Service Delivery clusters' budgets. We will be seeking approval from Council for this.



Dr Ian Higginson Vice President, The Royal College of Emergency Medicine VicePresident@rcem.ac.uk

### **Environmental Specialist Group**

The environmental specialist interest group (ESIG) continued to work at a fast pace over the last year.

We ran RCEM's first environmental sustainability virtual study day which was very well attended and covered the health effects of climate change, the environmental footprint of emergency care and what changes we can make to become more environmentally sustainable. We received excellent feedback for the study day and are looking forward to running it again next year. Thanks to the events team for helping us to run a successful day.

We also published our first RCEM e-learning blog on the health effects of climate change, focussing on air pollution. We are planning to write more of these blogs to cover topics such as heatwaves and natural disasters.

We have continued to work closely with the UK Health Alliance on climate change, which uses the collective voice of the Royal Colleges and other healthcare institutions to ensure that the health effects of climate change and the health benefits of swift action on climate are understood by our political leaders.

During the heatwaves in the summer, we created infographics for RCEM on keeping safe in the heat and our chair spoke to Sky News about the health effects of heatwaves and they impact they have on emergency care.

### GreenED project

We have continued our development of the *GreenED* framework, taking feedback from our pilot sites to refine specific environmental actions that departments can take to improve their environmental sustainability.

The most successful sites were able to reduce their environmental impact whilst saving money, one site in particular saved £35,000 in a year by reducing unnecessary cannulation.

To progress the project, we have successfully secured funding from the Greener NHS to allow us to move the project forward, including employing a project manager and clinical fellow as well as creating a dedicated *GreenED* website.

We hope that by this time next year we will have been able make the *GreenED* framework available to all emergency departments across the UK.

Our team have been active in sharing our work on both the national and international stages with oral presentations at the annual scientific conference in Belfast, the Emergency Medicine Trainee Association (EMTA) conference and an oral and poster presentation at the European society of emergency medicine (EUSEM) conference in Berlin.

Thanks to everyone at the College for their ongoing support of the work we do in the environmental specialist interest group. We look forward to progressing the *GreenED* project over the next year and hope to be working with many departments around the country to build on the successes so far.



**Dr Sandy Roberts**Chair, Environmental Specialist
Interest Group
Environment@rcem.ac.uk

# Quality in Emergency Care Committee

QECC is increasing the voice of trainees, nurses and lay people across all subcommittees, additionally with the addition of representatives from GEC, EDI and EMSAS invited to large QECC and sub-committees.

The committee members also represent the College and link with a number of arenas, e.g., Healthcare Safety Investigation Branch (HSIB), Faculties, Colleges and Medical Royal College committees and submitting stakeholder comments for National Institute for Health and Care Excellence consultations, National Poisons Information Service (NPIS) etc.

The overarching Quality Strategy has been finalised, linking all the College activity in Quality of Care. The QECC is in the early stages of operationalising the elements within its remit, including raising the awareness of QECC activity to College membership.

I recently stepped into the role following recruitment and the end of term for Dr Simon Smith.

The Quality Care Cluster includes a range of committees and Special Interest Groups (SIGs) and Professional Advisory Groups (PAGs).



Dr James France Chair, Quality in Emergency Care Committee QECChair@rcem.ac.uk

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### **Best Practice Sub-Committee**

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 liaises closely with other specialist interest groups within the College (e.g., Public Health, Frailty, Major Trauma, Toxicology) as well as specific specialist areas e.g., alcohol, paediatrics, ACPs.

The committee has managed to publish a significant number of guidelines in the past year and continues to seek endorsement from other Medical Royal Colleges or other professional bodies where appropriate.

### Guidance publications updates

### **Position Statements**

Use of the SNAP Regime for the Treatment of Paracetamol Toxicity (November 2021).

### Guidelines

- Discharge to General Practice (endorsed RCGP).
- Updated: Covid-19 Infection, Prevention and Control Guidance (October 2022).
- Updated: Discharge to General Practice (October 2022).
- Updated: Acute Behavioural Disturbance in Emergency Departments (September 2022).
- Updated: Procedural Sedation in the Emergency Department (August 2022).

### Significant contribution

• Emergency Department Care.

 Acute Behavioural Disturbance in Emergency Departments Jan 2022.

# Guidelines on hold or not progressed from last year's summary

 Management of Head Injuries in the Cognitively Impaired Elderly Patient (resignation of topic lead and idea originator). Intent to re-establish this development (consider extending scope to cranio-facial trauma and anticoagulation).

### Website presence

Ongoing review of existing guidance on the College website and need for updates (rolling review, next update 12 Oct 2022).

### Committee workplan for next year

In the coming year we aim to recruit more members to the Best Practice Committee. We aim to discuss and update the existing guideline around Cervical spine immobilisation in the trauma patient. We are also hoping to host and chair a national expert working group on the use of SNAP regime in paracetamol toxicity in children, this would include representatives from the National Poisons Information Service (NPIS), the Royal College of Paediatrics and Child Health and the British National Formula (BNF).

A new endeavour for the Committee is to investigate implementation. We would like to understand how College guidelines are shared and communicated and look at a new methodology to adopt and see what barriers and challenges we face. Challenges may include inadequate resources, proper engagement with centres across the UK to capture issues. We will look at how we can utilise Quality Improvement (QI) activity to generate new guidance.

The Committee will continue engagement with external institutions and organisations.

# **Best Practice Sub-Committee** (continued)

# The following Best Practice guidelines are in development:

- Sickle Cell Collaborative (RCEM/SSS/ British Society of Haematology): Initial care of Sickle Cell in Emergency Departments (working group, first draft).
- Concussion and Sport guidance relating to presentations to Emergency Departments (working group).
- Non-fatal strangulation (asphyxiation/ ligatures): including guidance on imaging modalities (working group) - awaiting update.

# The following Best Practice guidelines are in the early stages of formation:

- Acute Medicine collaborative working and coherency in service delivery (draft title, initial meeting: AMS, RCP).
- Sub-Arachnoid Haemorrhage (topic; collaboration with Trainee Emergency Research Network (TERN), Sub-Arachnoid Haemorrhage in the Emergency Department (SHED) study).



Dr Paul Hunt Chair, Best Practice Committee BPChair@rcem.ac.uk

### Older People in Emergency Medicine Special Interest Group

We have an ageing society, meaning that older people are an especially vulnerable group. This group has high attendance at Emergency Departments, long ambulance waits and long hospital stays. The Older People's SIG is a crucial group in the College. The group is dedicated to raising awareness of the challenges older aged patients currently face in the emergency health system; and to improve awareness and knowledge of the best care for older patients, especially those living with frailty who attend Emergency Departments.

Caring for older aged patients in the Emergency Department is now the 'norm'. Older patients are often the most frequent presenters at Emergency Departments.

As Emergency Medicine clinicians we all need to be experts in the care of such patients and rather than viewing this age group as a niche sub-speciality; they are Emergency Departments' daily work.

Older aged patients, in particular those living with frailty, receive an unwarranted bad press, with newspaper articles highlighting them as 'the bed blockers' and the cause of hospital delays. As a SIG we need to be an advocate for this often vulnerable group and give them a voice when they might not be able to communicate themselves.

The SIG comprises passionate Emergency Medicine clinicians who want to improve the care of older people in the Emergency Department. When recruitment to the SIG was opened up, we had more applicants than available places, again testament to interest in this group.

The SIG meets quarterly and we have identified our priority areas of work.

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At each SIG meeting we invite a member of the team or external visitor to make a presentation on an area of interest for the group. To date this has included practical advice on providing palliative care in the Emergency Department, such as inviting an external speaker Dr Fiona Wisniacki to provide an update on national frailty priorities, and how to record and highlight frailty in the Emergency Department.

### Guidance publications updates

- Comment on the Daily Mail article from the Communications team.
- The Chair, Dr Rachael Morris has provided review of the recent NICE delirium guideline.
- Dr Rachael Morris was invited panel member to the Royal College of Psychiatrists delirium in the Emergency Department webinar.

### Website presence

Plan to build an SIG web presence.

This will cover:

- 'Frailty syndromes' that are common presentations to the ED. Including silver trauma and falls, delirium, reduced mobility.
- Advice on how to raise the profile of older age and frailty care in the ED.
- How to identify frailty.
- How to establish a Geriatric Emergency Medicine service/frailty team.

- Highlight that good frailty/older age care in the ED can be provided by EM colleagues and not always Geriatricians.
- One of the SIG priorities was to make the information practically relevant. We will also include advice on what ED's around the Country are doing practically for the items above, with real life examples.
- Sharing best practice, e.g. working with the voluntary sector and discharge envelopes.

### Committee workplan for next year

- Web content design.
- Develop content from the SIG for the College New for interested College members.
- Widening the group scope to non-medical professionals, recognising that best older age and frailty care is provided by a multidisciplinary team (MDT).
- We have been allocated a study day by the College in summer 2023.
- Working with the cognitive impairment in older age QIP to help design the work.



**Dr Rachael Morris-Smith** Chair, Older People Special Interest Group

### Public Health Special Interest Group

There has been an increase in College support for organising meetings and taking minutes and study day planning. This has helped hugely and is greatly appreciated, reducing the burden on some SIG members and also increased our feeling of value as a group.

Networking and engagement across Public Health and Emergency Departments is progressing using informal connections and social media, but this is still challenging and we are considering the best way to maintain networks from study days.

A study day was held in April 2022 with excellent feedback from attendees.

### Guidance:

 A resource list compiled and published on the RCEM website (with support of Public Health trainees).

### Training and education

 A College learning module is being worked on by two SIG members.

### Policy and partnerships

 Developed advocacy work around access to emergency care for inclusion health populations.

- A member of the SIG is part of the Emergency Care Data Set and engaged in developing ways for local hospitals to access their own data for targeting Public Health interventions and publishing work on syndromic surveillance.
- A member of the SIG is working closely with Islamic communities and NHS England to tackle vaccine hesitancy – supporting survey and education sessions in their local area (Nottingham, Leeds, Wales).

### Website presence

• The SIG is currently reviewing the public health content on the College website.

### Committee workplan for next year

- Organising a study day at the College next year.
- Finding speakers for the study day.
- Working on possible Public Health learning module.
- Reviewing membership to ensure stronger public health footprint to aid discussion and planning.



Dr Federico Fedel Chair, Public Health Special Interest Group PHChair@rcem.ac.uk

Annual Report and Accounts 2022

#### **Toxicology Special Interest Group**

The SIG has recently recruited a new chair and has now resumed regular meeting, and reinvigorated the SIG.

#### Guidance publications updates

- Cannabinoid Hyperemesis Syndrome November 2022.
- Drink Spiking College Position Statement
   (July 2022).

#### Website

 Liaison with Toxbase and National Poisons Information Service (NPIS) to ensure advice on College website is current.

#### Committee workplan for next year

- 2023 study day.
- Compiling a list of toxicological leads and specialists to gather guidance and share best practice.
- Contributing to the development of SNAP protocol for paediatrics.
- Working with NPIS to deliver teaching sessions.



Dr Rizwan Riyaz Chair, Toxicology Committee ToxChair@rcem.ac.uk

#### **Mental Health Sub-Committee**

## Review of Mental Health Act and holding powers in the Emergency Department

We contributed to this with the result that holding powers in Emergency Department have not been proposed in the revision of the Mental Health Act. It was felt that a holding power was not in line with being less restrictive and would likely result in more detentions.

Joint colleges work around supporting young people in Mental Health crisis in acute hospitals.

This work is partly to put pressure on NHSE for better provision but also to improve our own training to provide care. It has so far produced a joint statement and some resources.

#### Restraint reduction work

We have met with the restraint reduction network to help improve their training standards for Emergency Department staff to reduce restraint. This is ongoing.

Members of the committee sit on the Psychiatric Liaison Accreditation Network (PLAN) and the National crisis ops group (replaced the Concordat).

#### Mental Health Quality Improvement Project

Members of the Mental Health committee are working with the QIP team to improve the QIP design from last time and are planning to run a training day to help departments review their own processes. We will be having a morning to help QIP and Mental Health leads understand why the standards are important and what they mean.

## Mental Health Sub-Committee (continued)

#### Training and Education

We facilitated getting sessions on eating disorders into the Continuing Professional Development event last year. We are going to review all on the mental health related teaching resources ensuring they are up do date.

## Items of the committee's workstreams which have progressed:

- A position statement on body cameras is written and has been reviewed by the Faculty of Emergency Nursing.
- A point prevalence snap survey was sent out to look at mental health delays in the Emergency Department. This was published and also sent out to the press.
- The College published Mental Health Emergency Care as part of the College's Acute Insight Series and again a press release was sent.
- We now have a Royal College of Psychiatrists representative on the Mental Health Committee, in turn, we have a committee member on their Liaison Faculty Committee.

#### We are also represented on:

- Psychiatric Liaison Accreditation Network (PLAN)
- Care Quality Commission (CQC)

#### Guidance publications updates

Mental Health Toolkit revision.

#### Website presence

 The Mental Health pages on the old website did not transfer well to the new website and so this still requires work from the College team.

#### Committee workplan for next year

- Pursue NHS England on security standards in Emergency Departments.
- Revise Frequent Attender guideline.
- Restraint reduction guideline.
- Review education available.
- High Intensity Users advice are being developed.



Dr Mark Buchanan

Chair, Mental Health Sub-Committee

MHChair@rcem.ac.uk

#### Paediatric Emergency Care Professional Advisory Group

The Paediatric Emergency Care Professional Advisory Group has been busy this year.

We have submitted a final draft of our Best Practice Guidance for Adolescent and Young Adults attending the Emergency Department. We hope this will be published shortly.

PEMPAG continues to support and collaborate on a range of paediatric issues with groups from within and outside the college.

#### Examples of this are:

- Paediatric forearm fracture management British Orthopaedic Association.
- Paediatric Asthma competencies NHS England.
- National investigation into Infant Non-Accidental Injury - Health and Safety Investigation Branch (full report due for publication in mid-April).
- Paediatric training and competencies in Higher Specialist Trainees - Training Standards Committee.
- Obtaining a PEM Certificate of Completion of Training (CCT) after achieving an Emergency Medicine CCT Previously – Training Standards Committee.
- Paediatric handlebar injuries Safer Care Committee.

Throughout 2022, and as we have emerged from the pandemic, all services, both adult and paediatric remain challenged. This impacts on the capacity that volunteer committee members can invest in their group task load.

Despite this we have managed to maintain a core membership and have created a new Best Practice Guideline on a topic that many consider to be important and overdue in Emergency Medicine.

It is three years since the inception of PEMPAG, and it is now important that we look to give other interested individuals the opportunity to join and take part in the work of the group. This will include the chair, which we plan to rotate in around 12 months' time.

In the coming year our main objective will be to author Best Practice Guidance for the management of infants attending the Emergency Department with suspected Non-Accidental Injury.

I would like to thank the members of the group who have contributed to its work.



#### Pre-Hospital Emergency Medicine Professional Advisory Group

Members of the group contributed to the new Intercollegiate Board for Training in Pre-Hospital Emergency Medicine (IBTPHEM) subspecialty curriculum, produced a guide for members on how the RCEM 2021 curriculum can interact with PHEM activity, and led on publishing a document with other prehospital organisations on reducing the use of nitrous oxide in PHEM.

We supported projects developing prehospital feedback from Emergency Departments to ambulance services and formed a collaboration between UK Physician Response/Community Emergency Medicine units to consider a national framework and quality indicators. In September 2022 we hosted an online PHEM study day.

The group ensured that the College engaged with the Faculty of Pre-Hospital Care, IBTPHEM, Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and National Ambulance Service Medical Directors (NASMED) activity in 2022. It is important for the College to be involved in new policy and for members to be aware of changes in the ambulance service guidelines so there are coordinated efforts to improve patient care and smooth handovers.

The current NHS England adult transfer service specification excludes Emergency Medicine Consultants with PHEM training from participating in inter-facility transfers. This is despite the fact that out of hours PHEM Consultants provide this service and in Scotland and Wales a majority of retrieval Consultants are from an EM background. Collaboration is occurring at presidential level to ensure future specifications are competency based and fairly include College members with the correct skillset.

The subspecialty of PHEM has historical challenges in providing flexibility and attracting Emergency Medicine clinicians from all demographics. We recognise the need to improve the access to PHEM opportunities for College members and our focus in 2023 is to improve equity and diversity in PHEM.

We plan to improve the careers advice and PHEM content on the College website, to collect data on the demographics of current PHEM practitioners, and to raise awareness of equity and diversity to find potential solutions with organisations which deliver pre-hospital services. Diversity will be the focus of our PHEM study day in Wales in November 2023.

As a dynamic specialty we also need to ensure support for EM trainees who are undertaking sub-specialty training including study leave funding for essential PHEM courses, reducing the secondary stressors in PHEM, and a smooth return to the Emergency Department after time out undertaking subspecialty training.

I would like to thank the PAG members for their ongoing enthusiasm, inspiration and teamwork. We look forward to sharing more updates in the coming year.



Dr Caroline Leech
Co-Chair, Pre-Hospital
Emergency Medicine
Professional Advisory Group
PHEMLead@rcem.ac.uk



Dr Ian Higginson
Co-Chair, Pre-Hospital
Emergency Medicine
Professional Advisory Group
PHEMLead@rcem.ac.uk

## Quality Assurance and Improvement Sub-Committee

The Quality Assurance and Improvement Sub-Committee is in the process of writing reports from the 2021/22 QIPs, due to be approved in December 2022 and published January 2023

- Pain in children.
- Infection Prevention Control.
- Consultant Sign off.

#### 2022/23 QIPs Planned:

- Mental Health Self-Harm (October 2022 -2023).
- Infection prevention and Control (October 2022 - 2023).
- Care of Older People (April October 2023).

#### 2023/2024 QIPs Planned:

- Mental Health Self Harm.
- Care of Older People.
- TBC by December 2022, via competition here Royal College of Emergency Medicine QIP Topic Competition 2023-2026 Survey.

The group aims to increase representation in the committee of all nations and grades and linking relevant SIGs for QIPs. We will continue the move away from audit and the aim is to embark on three-year cycles allowing more appropriate time to collate ideas, representation, piloting, and creating robust networking platforms. We also want to increase the engagement and publishing of National QIPs.

The QIP portal is currently up for contract renewal and is going through a tender process to find a new platform provider, who will be appointed in December 2022, and start development next year.

The below member list includes the QIP topic teams, which design and support each of the QIP topics.

#### Summary

- A key challenge is building a platform that has the most potential to stimulate QI and improve patient care - one aspect of this is providing sufficient time for change projects to run, create improvement and then sustain it. Therefore, we are increasing each topic life cycle from one year to two to three years to make such interventions and evaluation of them possible.
- The group has three QIP topics for the 2021/2022, Pain in Children, Consultant Sign off, and Infection Prevention and Control and will be working on reports for these to be published in January 2023.
- Recruitment was a large area of focus for the past quarter, with an increase in recruiting for Topic Team members and the main QI&A Committee. This had a lot of appropriate applicants.
- Leads have been assigned on each Topic
  Team who are now being supported to
  develop their question sets with a stronger
  focus on their ability to stimulate QI by
  providing more useful data.
- The structure of meetings for the committee has evolved to provide better governance, lines of responsibility and to reduce information overload and burnout -issues that have occurred during the pandemic. The committee is now being split into two meetings quarterly, the Steering Group (focused on the individual topics/QIPs being run and providing oversight for quality assurance) and Developmental Meetings (focused on the development and refinement of processes that facilitate the creation of a high quality platform to host the topics, and the methods of developing questions and standards).

#### Summary (continued)

 Topic Team meetings have now been facilitated to take place monthly with a more structured agenda and iterative development process with more support and trouble shooting from the QI chairs.

#### Guidance publications updates

- The group has been working on three QIPs Pain in Children, Consultant Sign off, and Infection Prevention and Control and will be working on reports for these - due for publication early 2023.
- The three topics have been set for next year's 2023/2024 QIP cycle and updated in the HQIP quality accounts, these are Mental Health Self Harm, Care of Older People and a third to be decided by December 2022 based on the QIP competition.
- The design and layout of the info packs have been reviewed and streamlined with the user experience more in mind.
- This year reviewing the report templates and small, more concise, reporting will be deployed for better messaging.
- Quality Assurance and Improvement Sub-Committee strategy document is being developed with publication due in 2022.

#### Website presence

The Quality Assurance and Improvement Sub-Committee chairs have met with the College communications team to think about their best approach to improving communications for QIP work and Quality Improvement. This included discussions around the use of social media being more frequent/focused, as well as including more regular content in the newsletter.

#### Committee workplan for the coming year

- Pilot and launch the Consultant Sign off QIP.
- Publish three QIP reports PIC, IPC and CSO.
- Design QIP standards for the 2022/2023 round.
- Work through the QIP strategy document.
- Improve our communications and outputs to the membership.
- Start work on presenting at ACS/CPD conferences/study days to support the changes we are and have made to the programme.



#### Dr Fiona Burton

Co-chair, Quality Assurance and Improvement Sub-Committee QIChair@rcem.ac.uk



#### Dr Dale Kirkwood

Co-Chair, Quality Assurance and Improvement Sub-Committee QIChair@rcem.ac.uk

#### Safer Care Sub-Committee

The Safer Care Sub-Committee continues to work effectively with NHS Improvement to understand and mitigate the causes of serious incidents in emergency departments. QECC and the SC committee have been involved in providing clinical expertise to the Healthcare Safety Investigation Branch (HSIB).

Safety alerts are published monthly and are well regarded by safety leads and Emergency Department staff, attracting ever-growing attention when published.

#### Summary

- Three Safety Flashes published this year (2022).
- NRLS data sharing agreement renew complete, new data received for analysis.
- External Consultations from the MHRA (clinical use of IV valproate) and the DHSC (Alteplase Shortage).
- Working with the NHS Resolution team to develop a response to the recently published 'Learning from Emergency Medicine compensation claims' reports.
- Member engagement challenges due to increase in local work demand.

Items of the committee's workstreams which have progressed

Safety flashes, National Reporting and Learning System (NRLS) data analysis, collaboration with the NHS Resolution team.

#### Guidance publication/ updates

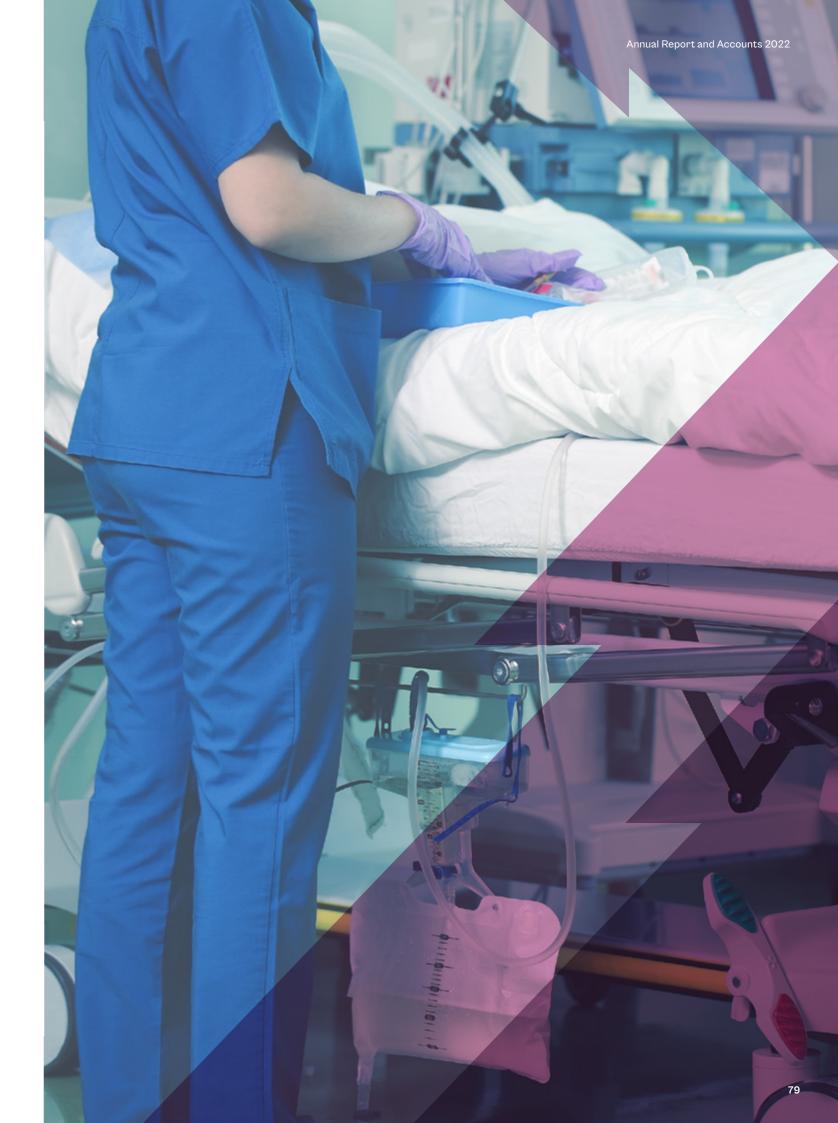
Safety Alerts & Newsflashes - Safety Flashes (rcem.ac.uk).

#### Committee work plan for next year

- Five safety flashes confirmed and scheduled for release in 2022.
- Safety tool kit update.
- Starting a Safety Group guidance.
- Programmed Activities guidance for Safety leads and ED Safety Lead role description.
- Continue analysis of NRLS data.



Dr Sally-Anne Wilson Chair, Safer Care Committee SafetyChair@rcem.ac.uk



# Organisational Development Cluster

#### **Honours Committee**

The Honours Committee reviews and considers nominations for College and national honours. This is an important task as it provides the mechanism whereby the College is able to recognise both contributions to the work of the College and where appropriate to submit nominations for a national honour.

A key part of our remit is to nominate members and others for national honours. This is of course a process requiring the upmost confidentiality and during the year the Committee initiated and supported a number of such nominations.

The work of the Committee in seeking to promote outstanding contributions to the specialty for national honours is, all too frequently, hampered by the lack nominations. This is a matter of regret given that it not only denies the opportunity to an individual to be rightly recognised publicly, but also undervalues the contribution the specialty makes to the profession and the country more widely.

Amongst the highest honour the College can bestow is the Dr Cliff Mann President's Medal. As the name implies this honour is the gift of the President and in 2022 it was awarded to Dr Sarah Kaufmann. Sarah is an obstetrics and gynaecology consultant and was the Lead Dean for Emergency Medicine. The Lead Dean is a vital link between Health Education England and devolved nation equivalents. Particularly during the Covid-19 pandemic, Sarah offered an external voice of reason, and support to Emergency Medicine Trainers and trainees via the Training Standards Committee (TSC) which she sat on.

Honours were also bestowed upon the following members:

#### College Medals

#### Dr Ruth Brown

For outstanding contribution to the College

#### Dr Diana Hulbert

For outstanding contribution to the College

#### Dr Kalyana S Murali

Outgoing Chair West Midlands Regional Board

#### Olivia Wilson

Outgoing Chair Advanced Clinical Practitioners Committee

#### Dr Simon M Smith

Outgoing Chair Quality in Emergency Care Committee

#### Dr Jason E Smith

Outgoing Research Committee Chair

#### Dr Adam Reuben

Outgoing Chair South West Regional Board

#### Dr Rebecca Anne Maxwell

Outgoing Chair RCEMLearning Editorial Executive

#### Dr Elizabeth Saunders

Outgoing Chair Quality Assurance and Improvement Sub-Committee

#### Dr Catherine Hayhurst

Outgoing Chair Mental Health Sub-Committee

#### Dr Hoo-Ling C Harrison

Outgoing Chair Public Health Emergency Medicine Special Interest Group

#### Dr Lisa Munro-Davies

End of Term of Office as Vice President

I am grateful for the support of my fellow committee members: Mr Gautam Bodiwala, Mr Asif Malik, Gordon Miles, Dr Chris Moulton and Dr Malik Ramadhan and to Anthea Adams as Committee Secretary.



Mr Derek Prentice Chair, Honours Committee CorpGovnChair@rcem.ac.uk

#### **Fundraising Advisory Board**

2022 started as a year for building on the foundations established in 2021 with the aim of growing our fundraising activities and profile.

These plans were stalled by the departure of our fundraiser Bethany Mossop from the College and the resulting delay in appointing a suitable replacement. This was a particularly frustrating period as Bethany had been an outstanding colleague, establishing a robust fundraising infrastructure within the College and developing a number of successful initiatives. The decision was eventually taken to pause the recruitment of a replacement, given a challenging recruitment market and competing internal priorities. There was also uncertainty regarding the financial climate not being conducive for a successful period of increased fundraising activity.

In the light of these factors our ambitions for the College's fundraising operations were recalibrated to focus on delivering the key outputs of running an annual winter appeal, supporting involvement in two annual national fundraising events as well as looking to develop and launch a legacy giving campaign.

In April, we had five runners take part in the London Landmarks Half Marathon on behalf of the College, surpassing our fundraising targets and raising over £2,400. This was a 'landmark' moment for the College as it was our first involvement in a national event and the first fundraising event where the College has participated as an official charity partner.

Later in the year in October we again had five runners sign up to take part in the Royal Parks Half Marathon. Unfortunately, due to injury and other commitments only three were able to take part on the day but we were still able to again surpass our fundraising target and raise over £2,100.

RCEM Fundraising has had an important international role in supporting the response

to catastrophe. In November, we launched our second annual winter appeal raising over £6,000 to support Rawalpindi Medical University (RMU) with their relief efforts in delivering aid in support of victims of the devastating Pakistan floods. This relationship ensured that funds raised were directed to specific projects with tangible and identifiable benefits. It is hoped that such clarity will be beneficial in attracting further donations to College appeals.

In December, we were pleased to provide medical equipment to hospitals in Uganda who were recipients of funds from the 2021 Winter Appeal. Thanks to donations received we were able to supply emergency unit patient monitoring equipment to both the Mulago National Referral Hospital of Uganda and the Makerere University College of Health Sciences.

In 2023, we will continue to deliver our core fundraising objectives, promoting the fundraising arm across College activity. Plans are already well underway to launch redeveloped legacy giving opportunities for potential donors.

We would welcome suggestions from colleagues regarding new fundraising ideas. We are also available to pursue any potential links with high-net-worth individuals or groups with whom College could establish a relationship.

Finally, our sincere thanks to all our members who have contributed to the work we are doing as a charity and thank you to the Fundraising Advisory Board for their invaluable ongoing support throughout 2022.



**Dr John Heyworth**Chair, Fundraising Advisory
Board
FoundationChair@rcem.ac.uk

## **Equity, Diversity and Inclusion Committee**

The Equity, Diversity and Inclusion (EDI)
Committee's goal for 2022 was centred around re-prioritising EDI within the College.
We have invited an EDI lens to be applied across all systems and processes within the College, thereby identifying and improving our understanding of the current institutional and systemic barriers and formulating strategies to dismantle these. EDI knowledge and stamina within the college has been boosted by speaking at Annual Scientific Conference, Emergency Medicine Trainees Association and Training Standards Committee (TSC) events.

Three areas of continued focus in 2022:

- Improved data collection via the College's #CountMeln' campaign to gain a better understanding of the demographic of our membership along with specific intersectional challenges they may face.
- Greater collaboration with the TSC and the Exams and Education teams to analyse, formulate and deliver a strategy to eliminate Differential Attainment in accordance with the GMC's recommendations.
- Promoting inclusion and multiculturalism in EM by recognising our diverse membership and marking key festivals and awareness events.

During the course of the year, we did unfortunately lose two members. Our Co-Chair Dr Hodon Abdi left the NHS to work abroad and our TSC representative Dr Amin Albahari left the College. Both contributed immensely to our work over the years and will be missed.

Despite this huge loss, we are pleased to say that we have been able to recruit two new Committee members, Dr April McKay and Dr Cieran McKiernan who will deliver a muchneeded neurodiversity and disability lens to our EDI representation and commitment. We have also appointed Dr Sivanthi Sivandarajah as our new Co-Chair, who brings a wealth of experience and expertise with both NHS and grassroots anti-racism work.

We enter 2023 with a renewed sense of purpose and clarity and look forward to expanding our outputs even further. In addition to the current workstreams outlined above, we also hope to focus on improving accessibility at college events; demonstrating greater EDI transparency and accountability; reducing and mitigating bias within the college; seeking impactful ways to improve the lived experience of marginalised staff and patient groups; and offering EDI education and training to our members.

We would like to thank our Committee members who have continued to remain passionate and committed despite ongoing challenges. Seeing much needed and revitalised engagement from the rest of the College has replenished our energy and we very much look forward to moving into 2023 with a shared EDI commitment.



Dr David Chung Co-Chair, Equity, Diversity and Inclusion Committee edichairs@rcem.ac.uk



Dr Sivanthi Sivanadarajah Co-Chair, Equity, Diversity and Inclusion Committee edichairs@rcem.ac.uk

#### RespectED Working Group

In October 2021, the original Anti-Bullying Task and Finish group launched the RespectED campaign. During 2022, the committee continued to raise awareness around the campaign to challenge toxic and bullying behaviours. Jayne Hidderley, chair of the group was invited to speak at several regional board meetings and attended the EMSAS annual conference.

Bullying not only has a detrimental effect on all staff in Emergency Departments but is also a serious risk to patient safety. Our RespectED campaign, in collaboration with Civility Saves Lives, is a call to action to raise awareness amongst our staff and start the conversation. We want all staff in our Emergency Departments to be equipped to speak up, challenge these behaviours and change the culture together.

The Chair of the Lay Advisory Committee,
Jayne Hidderley is the chair of the RespectED
working group and authored the toolkit.
The working group was rebranded in 2023
under the RespectED brand to tackle the
multitude of different workstreams dealing
with interpersonal behaviour in Emergency
Departments.



Ms Jayne Hidderley Chair, RespectED Working Group LayChair@rcem.ac.uk



## **Academic Cluster**

#### **Academic Committee**

The 2022 academic year once again provided a range of challenges and opportunities for the Academic Cluster. We are fortunate to have many willing and able individuals who have risen to the challenges with enthusiasm and agility of thought and deed. Without them we could not succeed, and I am deeply thankful for their time and efforts.

The year saw many strides towards a more pre-pandemic way of working. Our clinical exams have now fully returned to a face-to-face format which has been welcomed by examiners and candidates.

The principal challenge of 2022 was addressing the error in releasing incorrect results from the FRCEM (Fellow of the Royal College of Emergency Medicine) Single Best Answer (SBA) exam in March 2022. This had a significant impact on a number of candidates and the College has done it's best to mitigate the impact on those affected including a sincere apology to those individuals. Whilst it is clearly vital that the College addressed the individual needs of candidates, it also precipitated an in-depth review of our exam processes and functions. A number of internal and external reviews have taken place that identified a number of areas where the college can improve. These include an external review by Professor McLachlan, an expert in assessment procedures. His report, together with oversight from the General Medical Council and other internal reviews are shaping a wide-ranging review of our exam processes and structures within the Academic Cluster. At the end of 2022 we are in a much better position with regard to exams, but there is still work to do and this will continue through into 2023.

That said, the number of candidates taking College exams increased in 2022 with a significant number of candidates taking the exams overseas. We continue to work with our international partners and committees to ensure that we have the ability to engage with an ever-widening international community of clinicians.

The training and exams functions of the college are vital to those in training and it is essential that we hear the voices and experiences of those working towards careers in emergency medicine. We continue to work with colleagues in EMTA, EMSAS and on the EDI and Gender Equity Committee to ensure that our processes are equitable to all. We are increasingly able to better understand and address areas that may influence differential attainment in exams, Annual Review of Competence Progression (ARCPs) and more. There is more work to be done here though and I would encourage everyone to help the College understand EDI issues by updating their record of any relevant protected characteristics. Our Continuing Professional Development (CPD) offerings have again returned to a more normal format, with many more in-person events. However, during the pandemic we learned that online events are more accessible to many and we have continued to support a combination of in-person, online and blended events. These provide challenges to our CPD and conference teams, and their flexibility and agility in adapting to a rapidly changing educational milieu has been impressive.

Our Advanced Clinical Practitioner (ACP) cohort continues to grow and develop as a welcome addition to the College. The number of ACPs credentialling is increasing and we are pleased to see the qualification being recognised as a required standard in many departments.

Similarly, the number of Certificate of Eligibility for Specialist Registration (CESR) applications increased in 2022 and there appears to be a trend towards more doctors taking this route to the specialist register. The College is fully aware of the administrative burden of the CESR process, both for candidates and for the assessors. We currently rely on a dedicated, but relatively small number of CESR assessors and this is an area for development.

In summary, 2022 has been a year of review and revision within the academic cluster.



Dr Simon Carley
Dean, The Royal College of
Emergency Medicine
Dean@rcem.ac.uk



#### **Careers Sub-Committee**

In 2022 we had an expansion of the careers group to include membership from foundation doctors, ACPs, EMSAS doctors and a lay member with an interest in human resources strategy. The group has concentrated on formulating a careers strategy for the diverse Emergency Medicine workforce via focus groups and a survey at the EMTA conference. The strategy is near completion and will be circulated to the Exams and Education committee for review in the first instance.

The group has produced a new foldout careers leaflet to include a diagram of the training pathway and a poster for display in local departments. A copy of this will be included in the June 2023 EMJ circulation, accompanied by an explanatory article in the supplement. Leaflets can also be requested by members for regional careers events via the College careers email.

We ran two face to face careers events in 2022 - the careers day in May and the ACCS careers day in September, both were well attended and well received. Our continued thanks to the College events team for their support with this.

We updated the College stock photograph library and used these to update the careers pages of the College website.

We launched an affiliation scheme for medical student societies, whereby interested group could apply for funding and College accreditation for Emergency Medicine relevant student events.



Miss Anna Buckley
Chair, Careers Committee



#### **E-Learning Sub-Committee**

We revamped the content review system to ensure a consistent and even workflow throughout the year. Additionally, we formed a writing group that specialises in Single Best Answer (SBA) content, expanding our coverage on that front. In 2022, the RCEMLearning website had a new record total of 3.8 million page views. We also held a rewarding author prize, with three exceptional submissions that will be transformed into learning sessions. We have enhanced the links between website content and the curriculum, providing recommendations on relevant material.

In 2022, we worked a lot on the backend of our website and experienced notable accomplishments related to the design, structure, and navigation of the platform. Our main objective was to enhance the user's experience by facilitating the identification of desired content in a fast and efficient manner. To achieve this, we focused on streamlining our processes by evaluating the creation of SBA content and improving the Editorial Review Board's functionality. Our goal was to ensure that our processes are sustainable and able to withstand changes in the future.

In order to achieve our goals in 2023, our first step will be to continue the website work that we started in 2022 by implementing navigation and design improvements. Additionally, we plan to expand our coverage on certain areas of the curriculum through a new author prize competition. We are also exploring ways to further develop our SBAs and provide better support for examinees. Furthermore, we are assessing how we can repurpose our older short answer questions (SAQ) content. Overall, our objective for 2023 is to improve our educational offerings and better serve our audience.

Many members of the College have voiced their affection for RCEMLearning, citing it as the most valuable perk of their membership. This is largely due to the exceptional quality of the content available on the platform, as well as the continued regularity in learning content being published.

We express our gratitude to everyone who has contributed to the website by providing valuable content to support the development and learning of our users. We give special thanks to all the editors and members of the Review Board of RCEMLearning, who ensure that the content published on the website is of great value to users around the world. We also wish to appreciate our development team, who keep the website regularly updated and ensure that it continues to be effective in providing an outstanding learning experience for our users.



**Dr Andrew Tabner** Chair, E-Learning Sub-Committee

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## Ultrasound Education and Training Sub-Committee

The Ultrasound Education and Training Sub-Committee (formerly the Point of Care Ultrasound Sub-Committee) has continued its excellent work through 2022, disseminating and gradually embedding ultrasound training and evaluation of the delivery of this training whilst ensuring consistency and quality.

With the advent of the entrustment scales for other aspects of Emergency Medicine training, this was developed by the committee alongside a document entitled SLO6 - Point of Care Ultrasound Competence Entrustment Scale - Guidance for Education and Training which detailed how the ultrasound training journey evolved during emergency medicine training.

This was further underpinned by various US practitioner and Train the Trainer courses that have been successfully run in collaboration with the College events team, both in regions as well as pre-conference workshops at various College conferences.

To ensure that there was equity of training opportunities the College annual quality report demonstrated that 90% of Emergency Departments were able to deliver ultrasound training and sign-off, but that there were still some areas of concern with varying levels of supervision and variation between certain departments. This is something that may be possible to overcome by ensuring each region or site has a dedicated ultrasound lead, with appropriate recognition of this in their respective job plans.

Concern was also raised by some emergency medicine trainees and the Emergency Medicine Trainees Association (EMTA) with the lack of opportunity for "shop-floor" supervised ultrasound practice. However, it is currently unclear as to whether this is a result of crowding and therefore limited time to attain this, or as a result as ultrasound becoming a diminishing utility of assessment with the advent of increased CT imaging. Nevertheless, numerous initiatives such as ultrasound clubs have evolved thus providing avenues for trainees to discuss ultrasound assessments. Furthermore, crowding and lack of time and supervision as a resource may additionally impact on other procedural skills that also sit under Specialty Learning Outcome 6. To further support this, the College plans to host various podcasts to discuss the impact on training, in this instance, with the challenges of achieving SLO 6 skills competencies, including ultrasound, as well as exploring the use of Educational Development Time (EDT) to assist in this, and re-invigorating the Clinical Educators in ED (CEED) model as a means to further robustly underpin this.

Finally, the co-chairs, Dr Jim Connelly and Dr Nick Mani have decided to step away from this role, with sincere heartfelt thanks for all their efforts, with Dr Ash Basu stepping in as interim chair, pending advertisement and appointment of a successor.



#### Dr Ash Basu

Interim Chair, Ultrasound Education and Training Sub-Committee

#### **Examinations Committee**

2022 was a year of many changes within the examinations department of the College. There were a number of new appointments made to strengthen the section both in terms of the examinations team based at Octavia House and across the UK and internationally as examiners. This also included the appointment of a Chief Examiner and the establishment of a Quality and Standards Team. These have allowed developments in the myriad of processes that are needed to deliver the suite of examinations provided by the College and provide better quality service to both the examiners and most importantly the candidates.

There were significant issues involving a number of the College examinations, most notably the error in the FRCEM SBA results process in Spring 2022. As a result, the College determined to institute major changes in the assessment processes and to arrange an independent external review by Dr John McLachlan with regard to both existing practice and changes currently being made, to benefit from advice on best practice in the field.

The latter half of 2022 began a period of immense change and development behind the scenes in the examinations department. The commencement of both internal and external reviews was simultaneous with the introduction of domain-based marking in the MRCEM OSCE and the first diet of the MRCEM OSCE to be held in Malaysia. The return of face-to-face OSCEs in both the UK and internationally has been only possible through the hard work and dedication of the examinations team and the examiners. The applications for the MRCEM and FRCEM theory exams continues to increase, reflecting the sustained growth of emergency medicine in the UK and further afield.

Our working with EMTA and EMSAS has strengthened as the year progressed and I look forward to working with both teams during my tenure as Chief Examiner.

I know that the error in the FRCEM SBA Spring 2022 results was devastating for the candidates involved, but I do believe the College has done all that is possible to prevent similar happening again and the overall process for all candidates stronger and more robust with the new team and processes being put in place.

The final report of the external review will be presented early in 2023 and the examinations team will continue to work on recommendations and the new processes already in place to continue to develop the quality of examinations from application to results delivery.

Examiner recruitment and training is vital to the future of the examinations and we will be continuing to do both with workshops across the devolved nations.

We look forward to working with RCEMLearning to develop exam preparation resources for candidates.

We wish to express our thanks to all the clinicians who are involved in the examinations process whether as a question writer, lead or deputy lead examiner or OSCE examiner. The time and expertise provided by them on a volunteer basis is exceptional.



#### Global Emergency Medicine Committee

The College received funding from Federal, Commonwealth and Development Office (FCDO) and the Tropical Health and Education Trust (THET) for a second year to continue our partnership with the Ghana College of Physicians and Surgeons.

This focused on supporting them to develop their curricula and saw the accreditation of their two leading emergency medicine facilities as well as a series of workshops focused on workplace-based assessments, summative assessments and implementation. Visits saw the delivery of *Train The Trainer* workshops in March and November in Accra. THET fed back that the end of programme report "highlighted some fantastic achievements accomplished in a very short space of time [highlighting] that the partnership was a success." Further work is planned to support Leadership and Quality Improvement in emergency medicine to be delivered virtually.

RCEM Global worked closely with the fundraising team to support the response to the Pakistan Flood relief efforts, in partnership with the Rawalpindi Medical University (RMU) Foundation following the devastating impact of flooding in Pakistan earlier this year. The College raised over £6,000 in total and will work with RMU to ensure this money goes to where it is most needed. The College also raised £4,000 to support the African Conference of Emergency Medicine in Accra, Ghana in November 2022.

The Emergency Medicine Foundation
Programme had its third cohort complete the
programme, the fourth cohort commenced
the programme in India with the existing
sites and a new site in Pakistan to commence
the programme in the new year. A series of
virtual training and clinical webinars have
helped support the programme. The outgoing
President attended a programme visit to
Hyderabad in April and the current President
attended a programme visit to Pakistan in
December.

Our relationship with Uganda continued to grow, facilitated by the Uganda UK Health Alliance (UUKHA), discussions around the development of Emergency Care in the country via the SCALE programme continued to be fruitful and the international team met with the Permanent Secretary at the Ugandan Ministry of Health and undertook an extensive visit of their identified centres of clinical excellence with a view to support the development of emergency medicine at these sites.

An initial successful accreditation visit of three sites was carried out working with the Egyptian Ministry of Health reviewing their training programme, with a view to accrediting 10 sites in total. Train the Trainer sessions were held in person during the visit as well as virtually following it.

The College has received funding through the EU and THET for a scoping phase in collaboration with the Syrian Board of Medical Specialties on how the College can best support with Post-graduate medical education development around Emergency Medicine in North-West Syria.

The Committee has delivered a number of successful study days on themes such as 'Global Emergency Medicine Day - Innovation, Partnerships and Opportunity' and has also worked with International Federation for Emergency Medicine to collaborate on virtual events attended by the global emergency medicine community.

2022 overall was an exceedingly busy but fruitful year. With the world opening up again post pandemic, this allowed many of the relationships and work that had begun and been nurtured virtually to be cemented with visits, particularly with overseas Ministries of Health where face to face discussions are so important, and with site assessment visits which need to be done in person.

Engagement with organisations such as International Federation for Emergency Medicine, the African Federation for Emergency Medicine, the Asian Society for Emergency Medicine and European Society for Emergency Medicine are key, and the Committee look to develop this in 2023.

The College's international team expanded the number of partners we worked with and received funds from a variety of donors including the EU, FCDO, THET, Health Education England, Ministries of Health and other stakeholders ensuring we have a diversified funding streams to ensure we are in a position to develop our partnerships.

2022 saw our William Rutherford International Award Winner Dr Derek Harborne speak at the Annual Scientific Conference in Belfast along with his Ugandan collaborator Dr Prisca Kizito on their work in the development of Emergency Medicine in Uganda which really highlighted the need to celebrate and nurture international relationships which support Global Health.

The College's winter appeal raised funds of around £11,000 to support our partners; Rawalpindi Medical University in and Mulago National Referral Hospital of Uganda and Gulu Regional Referral Hospital in supplying urgently needed equipment.

There were challenges regarding capacity in delivering the wide breadth of international work with an extremely small team, however, we hope our plans for 2023 enable us to expand the team.

The Committee plans to continue to work on engaging our Members and Fellows and creating and supporting opportunities for overseas work, while being mindful of the environmental impact and continuing to work virtually where possible.

The international work of the College would not be possible without the passion, enthusiasm, and expertise of those involved in its committees and working groups, who work tirelessly to see change in the world. We extend our warmest thanks for their dedication.



Dr Jason Long
Vice President International,
The Royal College of Emergency
Medicine
VPresident@rcem.ac.uk

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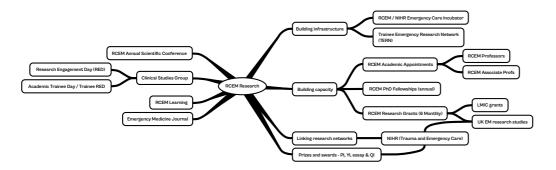
#### **Research Committee**

The Research Committee aims to increase research capacity and activity in the specialty. The highlight was the College Annual Scientific Conference, held in Belfast from 4 to 6 October 2022.

As a reminder, opportunities to get involved in academic Emergency Medicine are increasing as a result of some of the key activities of the research committee:

- The College research grant scheme is open every six months.
- There is a specific call for low and middleincome country (LMIC) grants to support research internationally.

- Honorary academic appointments (RCEM Professors and RCEM Associate Professors).
- Annual opportunities for RCEM PhD fellowships.
- The Trainee Emergency Research Network (TERN) which continues to deliver high quality multi-centre research studies www.ternresearch.co.uk
- The National Institute for Health and Care Research (NIHR) emergency care incubator.
- Annual Awards highlighting success and excellence in research (co-badged with the NIHP)
- The Clinical Studies Group (hosts the Research Engagement Day).



Following the successful James Lind Alliance research priority setting partnership five years ago, we set out in 2022 to refresh the research priorities for Emergency Medicine. This research priority refresh is the first of its kind to update the priorities from an earlier Priority Setting Partnership. We have re-defined the priorities for Emergency Medicine in the UK, which will hopefully guide the research agenda for the coming years. Thanks to all of you who gave your time to contribute to this important refresh.





## **Emergency Medicine**

Top 10 research priorities

- How can care for mental health patients be optimised. whether presenting with either /both physical and mental health needs; including appropriate space to see patients. staff training. early recognition of symptoms. prioritisation. and patient experience?
- In older, frail patients with injury, how can assessment be optimised (including specific trauma assessment/call activation), management, clinical outcomes and patient experience?
- What is the optimal management strategy for patients taking antiplatelets and anticoagulants who sustain head injuries?
- In patients with acute low back pain, are there signs and symptoms which should lead to an emergency magnetic resonance investigation (MRI) being performed to rule out cauda equina syndrome, a condition which requires urgent management?
- How can excellence be achieved in delivering end of life care in the ED? How can patients, families and staff be best supported with handling bereavement issues?
- What measures and interventions can be used to reduce the harms of crowding in the ED and prioritise patient care most effectively?
- How can patients who present to the ED with Acute Aortic Syndrome be identified. and are there decision tools which can reduce overuse of computer tomography scans to identify these patients?
- In patients suffering traumatic injuries where bleeding is suspected, what are the most effective treatments in the ED setting to improve survival?
- Can a blood test (biomarker) help identify those patients who present with sepsis to the ED that require early treatment and improve patient outcomes?
  - How can work/life balance be improved amongst ED staff to better retain our staff. including rota design and other working conditions and with regard to how ED staff development is managed, what initiatives can improve staff engagement, resilience, retention, satisfaction, individuality and responsibility?

The Trainee Research Network (TERN) is now an integral part of the Emergency Medicine research landscape. College funding supports the network in the form of 50% of the TERN Fellow's salary costs, and a part-time TERN administrator has been appointed to facilitate the set up and running of complex multi-centre TERN studies. Dr Fraser Birse took over as the TERN Fellow in August 2022 and can be contacted at tern@rcem.ac.uk

## Further details of TERN research can be found at:

https://ternresearch.co.uk

The NIHR Emergency Care Incubator continues to grow under the leadership of Professors Heather Jarman and Edd Carlton. The focus is on the development of academic careers in emergency care. An excellent two-day event was held in Bristol in June 2022 with plans for further workshops and events to stimulate academic careers.

## Further details, including a list of research mentors, can be found at:

https://www.rcemlearning.co.uk/ec-incubator-new-menu/

Congratulations to Dr Daniel Whitehouse, who was awarded a College PhD fellowship in 2022 to undertake the following study based in Cambridge: Using the UK Biobank to understand sequelae and predictors of health outcomes after traumatic brain injury.

2022 has been a successful year. We have seen the launch of some high-profile emergency care NIHR HTA funded studies, and as ever there is more work to do to answer some of the most pressing research questions in Emergency Medicine. The research priority refresh should inform future research in our specialty for some time to come.

In 2023 our aim is to increase research capacity and activity in the specialty. Hopefully, you will be persuaded that we are achieving that goal. We will continue in 2023 and look beyond, to continue to answer the most important research questions for our specialty, and support those involved in academic emergency medicine.

We have refreshed the committee with some new ordinary members, including Dr Aileen McCabe, Dr Alex Novak, Dr Ben Bloom, Dr Ceri Battle and Dr Suresh Kumar. My thanks to all members of the Research Committee for their forbearance and help in supporting academic emergency medicine, and to College staff who provide our administrative support.



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

#### **Training Standards Committee**

The College's Training Standards Committee (TSC) has responsibility for translating the College's aims for specialty training in Emergency Medicine into working systems throughout the UK.

newly enrolled trainees at core

63 trainees enrolled at ST4

229 CCTs recommended

CESR application responses to the GMC

ACP credentialed since piloted

#### **EMLeaders**

The evaluation of the EMLeaders programme was completed in 2022. The programme was a joint project between the College, Health Education England and NHS England to develop a specialty specific leadership programme relevant at all stages of Emergency Medicine training, and to support the development of the Emergency Medicine faculty to be able to deliver the programme once embedded into training programmes. It is delivered using a variety of learning methods including eLearning, small group discussion and experiential learning in the workplace.

The faculty has been able to engage through a series of development days across the programme aimed at Emergency Medicine leadership leads, a series of communities of practice for supervisors focussing on applying the resources in the workplace, and by combining EMLeaders information with updates for the new curriculum.

#### **Quality Improvement Assessment Tool**

We are pleased to highlight our achievement of producing a guidance document for Quality Improvement Assessment Tool (QIAT), which is a requirement for all trainees in Emergency Medicine. The document aims to help trainees understand the QIAT process and complete it successfully. It covers topics such as:

- What the QIAT is and how it relates to SLO 11.
- How to choose an educational QIP or use an existing FRECEM QIP.
- How to generate a QIAT using the template provided.
- What to include in the QIAT and what evidence to attach.
- How to submit the QIAT and who to contact for queries.
- How the QIAT is marked and what feedback to expect.
- What to do if you are on CESR or have been in post for less than a year.

The document was first published in March 2022 and has been widely distributed among trainees and trainers. We hope that it will facilitate the QIAT process and enhance the quality improvement culture in Emergency Medicine.

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#### Second Annual Quality Report

TSC once again surveyed Heads of Schools and individual training sites, following on from the inaugural Quality Report published last year.

The survey results showed that the new curriculum was successful in most regions and training departments, but some areas needed more support from the curriculum committee and TSC. The survey also revealed different standards for equality, diversity and inclusion, and wellbeing support for postgraduate doctors in Emergency Medicine training. This report includes data from various sources on Emergency Medicine training in the UK, such as national recruitment, GMC survey feedback, ARCPs, and EMTA. College committees also contributed reports. The Training Standards Committee will focus on some areas in the next year, including:

- Leadership training across all four-nations.
- Clinical Educators in the Emergency
  Department (CEED), promoting and
  supporting schools and departments to
  invest in this education opportunity.

- Support for Educational Supervisors
   and Educational Leaders by sharing best
   practice between schools and through
   education events. We recognise the
   importance of appropriate job planning for
   our educators and will continue to promote
   this with clinical leaders.
- Close working with the Equality, Diversity and Inclusion Committee to raise awareness and to develop and improve standards within schools and training departments.
- Refocus on the training quality standards set out in Promoting Excellence in Emergency Medicine Training, encouraging schools and training departments to selfassess and then benchmark themselves against others. Sharing good practice at TSC meetings will help to help to drive quality in Emergency Medicine training.



#### Dr Russell Duncan

Chair, Training Standards Committee

TSC.Chair@rcem.ac.uk

#### Advanced Clinical Practitioners Credentialing Committee

2022 saw the launch of the new Emergency Medicine ACP curriculum for credentialing alongside a new portfolio structure to support the move. This curriculum is based on the medical curriculum and includes concepts of entrustment and Specialty Learning Outcomes.

There are now 353 ACPs using the portfolio elements for the new curriculum whilst we continue to have over 100 ACPs using the 2017 curriculum portfolio. The committee oversaw two credentialing panels with 52 applications being reviewed in total.

The number of successfully credentialed ACPs is now 109. During 2022, we provided supervisor training to more than 190 supervisors - all done virtually - and now have recorded sessions available to all supervisors.

We have been working with Health Education England to agree a process for agreeing equivalence of the RCEM Credential to the new Health Education England digital badge for advanced practice – we are the first Royal College to undertake this work to support our members with the national badge.

The committee and credentialing panel have delivered a lot of work over the year – and in the light of this we have recruited more members for the panel and refreshed the membership of the committee. 2023 will see us preparing for the first credentialing in 2024 on the new curriculum.



**Dr Ruth Brown**Chair, ACP Credentialing
Committee



#### **Curriculum Sub-Committee**

In August 2021, the College implemented a new curriculum providing a framework for training and encouraging the pursuit of excellence in all aspects of clinical and wider practice.

During 2022, the new curriculum has been implemented nationally and the first season of ARCP has been completed. By now the vast majority of trainees have fully migrated to the new curriculum. Challenges in the delivery of the new curriculum persist although feedback from trainees and trainers has been largely positive. Of course, operation of a new curriculum will force problems to surface but these have been minimal and the training and ePortfolio teams have tried to be as responsive as possible.

The implementation period continues, as for the next 12-18 months we will encounter new scenarios for the first time and feedback received from trainers and trainees will prompt review of areas within the programmes of learning and assessment that can be improved.

Working with partners in Training Standards, Quality Improvement and Assurance, Equity, Diversity and Inclusion as well as special interest groups such as the POCUS Education Committee aims to improve the consistency and equity of delivery of the curriculum across the four-nations and we support College efforts to gather information on this through surveys such as the annual quality and EMTA surveys.

We will continue to work closely with our colleagues in Anaesthesia, Internal Medicine, Intensive Care Medicine, Pre-hospital Medicine and Paediatric Emergency Medicine as our curricula overlap and interface.

One of life's only constants is the presence of change and this is no different in Emergency Medicine. The Emergency Medicine clinical team continues to develop and the contribution of fellow clinicians such as ACPs, PAs as well as ANPs and ENPs continues to grow. We will need to continue to develop our work on how others use and reference our curriculum to ensure consistency, fairness and equity for all.

Post-graduate medical curricula are regulated by the GMC and this year we will be required to provide some evidence of the progress and success of implementation.

On a personal note, I wish to thank all of those who have helped with the development and implementation of the 2021 Emergency Medicine curriculum and especially those Curriculum Sub-Committee members who have worked tirelessly to bring this project to fruition on top of their commitment to local Emergency Departments. Special thanks go to Dr Will Townend for driving the project onward from the front. The Curriculum Sub-Committee Chair has now been taken on by Dr Dan Becker and I trust he will continue to enjoy the support of the College and wider UK Emergency Medicine team.



**Dr Russell Duncan**Chair, Curriculum SubCommittee

#### Lay Advisory Group

In 2022, the Lay Advisory Committee continued to provide strategic advice from a non-clinical and patient perspective across all functions and activities of the College.

The Committee's focus was on the increasing crisis in Emergency Departments and how it could support Emergency Medicine colleagues. It was also concerned with the issue of the examination results and the progress being made after the internal investigation and it has been asked to be involved in the audit of the College's ISO 9001 processes.

The committee has felt a sense of frustration about how best to support in the current crisis. It believes it can approach employers/
Trusts and raise concerns which emergency medicine professionals may feel unable to do. The Chair wrote a letter to The Times (published 8 September 2022) asking the then Prime Minister Liz Truss to address the crisis in Emergency Departments – at that time the new administration's focus was that patients could not get access to GP appointments.

We continue to look for initiatives to raise awareness and work with our Communications colleagues in the College.

The Chair attends the Academy Patient and Lay Group and is starting to see changes to how other Medical Royal Colleges are addressing lay and patient involvement. Recruitment, retention and diversity and inclusion are issues and challenges for all Medical Royal Colleges.

#### Highlights of the year:

- Lay chair of corporate governance internal investigation into examination results.
- Confidential internal investigation.
- Mental Health Explainer significant contribution from consultation to writing.
- Chair continuing to raise awareness of RespectED - speaker at EMSAS annual conference in November and invited to speak at several regional board meetings.
- Trainee Emergency Research Network candidate interview panel with the research committee.
- Contribution to Welsh Census.
- Significant contribution to the College's steering group with the James Lind Alliance in Emergency Medicine Priorities Setting Partnership (PSP), guiding the PSP process and participating in an in-person workshop.
- Quality Improvement Projects and Quality assurance and Improvement committee
   Care of Older People; Mental Health and Infection prevention control
- Contribution to General Medical Council Consultation on *good medical practice*.
- Careers group.
- Safety First collaboration with the CQC.

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#### Challenges

Recruitment continues to be a challenge.

Members have resigned this year saying they must prioritise paid work. The committee struggles to support the requests from College committees for lay membership to represent the patient voice and to support research projects.

Recruitment of members who are sufficiently diverse is a difficulty. All medical Royal colleges have difficulty attracting sufficiently diverse members. There is acknowledgement by all Colleges this cannot be solved overnight, and colleges are looking at how they can address these issues e.g., more Colleges are paying their members.

The College has limited time and resources to devote to recruitment for regional committees.

Members have said fewer face-to-face meetings has meant they lack the interaction with other committee members and lay members.

#### **Plans and Goals**

Recruitment is a key issue. The committee needs to attract members to be able to lobby more on behalf of patients.

#### LAG Committees' Representatives

- Quality in Emergency Care Committee and Safer Care Sub-Committee.
- Same Day Emergency Care SIG,
   Toxicology SIG, Sustainable Working
   Practices Committee, Quality Assurance
   and Improvement Sub-Committee, and
   Informatics Committee.
- Older People in Emergency Medicine SIG, Best Practice Sub-Committee, and Quality Assurance and Improvement Sub-Committee, QIP - Infection Control.
- Mental Health SIG and Quality Assurance and Improvement Sub-Committee.
- Training Standards Committee and Curriculum Sub-committee.
- Exams Strategy Board.
- Scottish Board, Welsh Board, Corporate Governance committee, Trustee Board and Council. Equality, Diversity, and Inclusion Committee, Honours Committee and Nomination Committee.

I would like to thank all the members of the Lay Committee for their continued hard work and support.



#### **Trustee Board**

The Trustee Board was formed during 2021 and so 2022 was its first year of operation. Prior to it being formed the Council undertook the duties of Trustees. The idea behind the creation of a separate Board was to follow the recommendations of the Charity Governance Code for Larger Charities to create a Board that focussed on the charitable objectives and governance of the College freeing up the Council to focus on specialty matters.

During 2022 the Board focused on the financial performance and risk management of the College. The challenges of performance of our examinations following the FRCEM Single Best Answer Examination results error took up a significant element of the Board agenda. This moved from the initial crisis and risk management into reviewing the work programmes to reengineer processes, stabilise systems and ensuring our reporting to regulators was timely. In addition, as the year progressed the results of the Internal Investigation were presented to the Board for their review. The Chief Executive, in tackling the results issues, led the crisis management team and also worked to bring in a new management structure having undertaken an organisational development review. The review resulted in proposals for a wider organisational restructure and a business case for increased resources particularly focussed on our examinations and support of specialty training as well as creating a new Directorate of Engagement and External Affairs. This was approved by the Board in September. The significant investment that resulted from this led to a deficit budget being approved for 2023 and the Board oversaw negotiations with our bankers on a suitable covenant waiver in relation to our lending covenants on the mortgage.

During the year, the Board also considered the College's digital and talent management strategies; kept the College financial reporting under close consideration throughout the year, discussed the financial performance with the auditors as part of the annual audit cycle; evaluated the risk register and activities of the Corporate Governance Committee; reviewing the College's insurance cover; and considered the approach with regards to Emergency Medicine Health Policy being taken by the College.

The leadership of the Board changed in the last quarter with Dr Katherine Henderson leaving as President as her term of office expired and being succeeded by Dr Adrian Boyle. The Board thanked Dr Henderson for her leadership including leading through the Covid-19 pandemic.

As the performance of our examinations stabilised and the work progressed on our examinations process and systems reengineering programme the Board continued to monitor progress.

Further work was undertaken on reviewing the progress of the *GreenED* Project, the development of a Corporate Dashboard and the implementation of the Digital Transformation Programme.



Dr Adrian Boyle
President, The Royal College of
Emergency Medicine
President@rcem.ac.uk

#### **Corporate Governance Committee**

#### • Remuneration Sub-Committee

The Corporate Governance Committee undertakes a fundamental role within the College in ensuring that there is appropriate oversight of the financial reporting process, the audit process, the College's system of internal controls, the management of risks and the compliance with laws and regulations. It monitors the College's HR operations and has a sub-committee that deals with staff remuneration.

The Chair of the Committee reports on the work of the Committee to the Trustee Board and retains an open invitation to Council.

It is without doubt that in 2022 the key governance issue for the Committee's attention was the consequences of the issues arising out of the results of the FRCEM SBA Examination on 15 March 2022. The Committee played a pivotal role with the Chair and two other Committee Members, Jasmin Booth and Dr Chris Pickering, undertaking the internal investigation into the matter. The College accepted all the recommendations arising out of their report and the Committee has a continuing responsibility to monitor the implementation of these recommendations. This was clearly a difficult and stressful time for the College but the Committee acknowledged and praised the timely actions taken by the Chief Executive and his management team for their handling of the matter.

In 2022 the Corporate Governance Committee met five times, in February, April, June, September and November. In addition to its core function of monitoring the College's financial position, risk management and governance, it also undertook scrutiny and oversight of:

- The successful completion and award of the Cyber Essentials Accreditation.
- GDPR non-conformities.
- Staff Pensions Scheme.
- The College's Investment Strategy.
- The College's Digital Strategy.
- HR related matters.

At all its meetings the Committee devotes considerable time and attention to the scrutiny of the College's Corporate Risk Register.

During the year changes were made to the methodology for the quantification of risks all aimed to ensure the effective management of the strategic risks of the College. In undertaking this role there was contact and discussions with the General Medical Council, the Charity Commission and the Information Commissioner's Office.

The Committee reviews reports from the College's Finance and Human Resources departments, including matters relations to the remuneration of staff. It has scrutinised business plans, budgets and scenario plans for the next two years. Insurance arrangements, organisational policies and governance documents are also reviewed periodically.

Management action taken to deal with the consequences of the SBA examination in March had a significant effect on the College's financial position, however, the finances are such that the College will continue to undertake and meet its charitable aims of education, research, training, high quality care, and influence policy for the benefit of our membership and the public.

In the Spring we met with the College's auditors to review the 31 December 2021 audited accounts and recommended their approval to the Trustees. The Committee noted with pleasure that yet again the audit report gave an unqualified opinion and found no issue with the governance of the organisation or its financial management. The financial statements can be found in the financial report section of this report. The Committee also assessed the performance of our current auditors, Moore Kingston Smith, and endorsed their reappointment as auditors for 2022.

The Corporate Governance Committee also continued to support the Chief Executive with organisation development issues in what was a challenging year for all concerned.

My thanks to my fellow Committee members and to the Chief Executive and his management team for their support throughout the year.



Mr Derek Prentice
Chair, Corporate Governance
Committee
CorpGovnChair@rcem.ac.uk



#### **Executive Committee**

- Guidelines for the Provision of Emergency Medicine Services GPEMS Project Steering Group
- Nominations and Appointments Committee

The Executive Commitee's role is to help develop the emergency medicine health policy and strategy for discussion; act in accordance with the policy, strategy and budget agreed by Board of Trustees and Council to ensure that the Board and Council decisions are enacted by supporting the CEO and Directors with the work of the Royal College and to provide the Council with relevant information to support strategic decision making in relation to specialty matters.

During 2022 much of the Executive Commitee's time was taken on the challenges facing emergency medicine in the UK, as the specialty remained under significant pressure. Discussions centred around the need for the UK Governments to focus on tackling this through the implementation of our health policy requests. The key areas where action is urgently needed were to:

- Eradicate overcrowding and corridor care for patients.
- Provide the UK with the emergency medicine workforce it needs to deliver safe care.
- Ensure our NHS can provide equitable care to emergency patients.
- Focus on evidence-based interventions to tackle overcrowding.
- Introduce meaningful and transparent metrics to facilitate performance and better outcomes for patients.

During the year in England the Clinically Led Review of Standards (CRS), having set out a range of measurements that might be adopted to help manage Emergency Department performance, failed to be implemented due to a lack of political buy in. This left a renewed focus on the four-hour standard and what level of performance against that could be achieved. The Executive Committee continued to focus on long waits experienced by patients awaiting admission from the Emergency Department and called for implementation of the 12-hour wait reporting to be calculated from the time of the patient's arrival at the Emergency Department.

Another key area of focus was support for trainees as the new curriculum implemented in 2021 continued to bed in. The College is developing the ePortfolio further in the light of feedback from users. The Executive closely monitored and supported the work management were undertaking in dealing with the examinations throughout the year.



Dr Adrian Boyle
President, The Royal College of
Emergency Medicine
President@rcem.ac.uk





## Report of Trustees

Trustees submit their annual report together with financial statements of the College for the year ended 31 December 2022.

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	Octavia House, 54 Ayres Street, London, SE11EU
Bankers	Handelsbanken 1 Kingsway, London, WC2B 6AN
Solicitors	Hempsons Hempsons House, 100 Wood Street, Barbican, London, EC2V 7AN
Auditors	Moore Kingston Smith LLP 9 Appold Street, London, EC2A 2AP
Investment Managers	Flagstone Investment Management Ltd, 26-27 Oxendon, London, SW1Y 4EL
Chief Executive	Gordon Miles
Director of Corporate Services	Nigel Pinamang
Director of Education	Romana Moss

#### **Board of Trustees**

		From	То
President	Dr. Adrian Boyle	2022	2025
	Dr Katherine Henderson	2021	2022
Dean	Will Townend	2021	2023
Vice President - Membership	Dr. Salwa Malik	2022	2025
	Dr Carole Gavin	2021	2022
Treasurer	Dr Scott Hepburn	2021	2024
Council Trustee	Dr Maya Naravi	2021	2024
Council Trustee	Anne E Weaver	2021	2023
Member Trustee	Dr Mahamed Javid Abdelmoneim	2021	2024
Member Trustee	Dr Stephen Jones	2021	2023
Lay Trustee	lan Ailes	2021	2024
Lay Trustee	Mary Hockaday	2021	2024
Lay Trustee	Palvi Shah	2021	2023
Lay Group Chair	Miss Karen Jayne Hidderley	2021	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 SCO44373.

The charity is governed by its trustees. The Trustee Board comprises the President, Dean, Vice President Membership, and the Treasurer who are Fellows of the College. In addition, two Members of Council, two Membership Trustees and three independent Lay Members are appointed in accordance with the College's Charter and Ordinances.

The Board has additional support in undertaking its functions from the College Council and those involved in the standing committees. The Council and Board aim to make decisions by developing a consensus but voting by members (simple majority) is the final decision-making process. The Council is constituted by the College Role Holders (formerly known as Officers), elected members, Co-Chairs of the Emergency Medicine Trainees Association (EMTA), and Chairs of standing committees, Chair of the College Lay Group, Chair of the Forum for Emergency Medicine Specialty and Specialist Doctors (EMSAS), Chair of Advanced Clinical Practitioners Forum and representatives from other Royal Colleges.

The Executive Committee of the College meet regularly during the periods between each Board and 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 College Role Holders.

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 and CEO of the College relating to their role and responsibilities as a trustee, prior to their first meeting. The Trustees additionally 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 Role Holders and other elected members of the Council are undertaken in accordance with the governing documents of the College. The Board and Council is chaired by the President, Dr Adrian Boyle who succeeded Dr Katherine Henderson into the role at the Annual General Meeting in October 2022. The Role Holders 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 also leading groups of College Committees helping deliver the objectives of the College. 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 Her Royal Highness, The Princess Royal is our Royal Patron.

### Report of Trustees (continued)

#### Employee policy and remuneration ii. Support our membership to achieve of senior staff

In relation to its employees, it is the policy of the College to observe equality of opportunity in its 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 employees 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. Since then annual reviews of progress have been undertaken and minor changes made to the pay policy have been made.

#### **Objectives**

The objectives for the Royal College of Emergency Medicine are described in our Royal Charter. To implement these our Corporate Plan sets out our corporate strategy. The strategy document is available on our website. The Corporate Plan is under review at the year end of 2022 and it is anticipated that a new Corporate Plan will be put in place in 2023 to cover the next three years.

During 2022, the Royal College of Emergency Medicine had to adjust as the Covid-19 pandemic evolved into an endemic whilst at the same time as continuing to promote excellence in emergency care. Our activities are focused in four key areas:

i. Improving patient care

- 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:

- 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;
- 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;
- · Working with the General Medical Council and Health Education England to deliver training pathway for those developing a career in Emergency Medicine;
- Supporting our Members and Fellows including supporting Trainees, Staff Grade and Associate Specialist (SAS) doctors in Emergency Medicine.
- Providing a credentialing process for Advanced Clinical Practitioners and developing plans to support the development of Physicians Associates;
- Supporting and giving advice on research within the specialty;

- Working with other healthcare organizations and governments to implement the College's campaign improve the provision of Emergency Medicine for the benefit of patients, centring this on our RCEM Cares policy - (which has developed in to #ResuscitateEmergencyCare). The campaign provides solutions to address the pressing issues in Emergency Medicine in the UK. A full description of this campaign is available on our website.
- 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;
- 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;
- 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."

## Report of Trustees (continued)

#### Public Benefit (continued)

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 well over 16 million people through Emergency Departments in the UK¹. 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 2022 the College continued to develop its fundraising capabilities. Our engagement with a firm of professional fundraising consultants working alongside a dedicated employee focussing on the implementation of our fundraising strategy. We have undertaken awareness raising and have had our second Christmas Appeal. Our fundraising is overseen by a Fundraising Advisory Board who ensure that we adhere to the tenets of the Charity Commission guidance. 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

#### **Achievements and Performance**

Following the substantial adjustment to our operations caused by the Covid-19 pandemic we continued to implement change and enhancements in our service delivery to deliver our strategy.

During 2022 we continued to build on the successful implementation of the new curriculum. This was a substantial change and we worked to embed this change supporting our membership. We experienced a significant set back when issuing the results of our March diet of the Fellowship in Emergency Medicine Single Best Answer Examination. Due to a systems issue 50 candidates were initially advised that they had passed the examination whereas they had in fact failed. As soon as we became aware of the issue we invoked our Crisis Management plan and contacted each of the affected candidates to advise them of the situation and discuss their options. We also reported ourselves to the Charity Commission raising a Serious Incident Report and the General Medical Council who regulate our examinations. We worked closely with EMTA and EMSAS during this period.

We are deeply sorry for the significant distress and the impact of our error on those directly involved but also to the wider Emergency Medicine community who felt let down by this issue.

Since then, we have implemented a significant process and systems improvement programme, introduced substantial additional checking processes and system checks and as a result have issued subsequent results without errors. Our change programme to enhance the performance of our examinations will continue over the next two years as we work through process and system improvements. We have also increased resources in the teams working on examinations and made a number of key management changes to support the delivery of our examinations.

We provided support to our membership by commissioning a specialist service which gives them access to advice and counselling support as well as laying on addition training. We put in place a number of measures to support those directly impacted which included refunding fees, allowing a re-sit free of charge, discounting the attempt where they had failed as well as other support. We reported regularly to the entire membership on the issue through newsletters and at our AGM the CEO described in detail all that we had done to deal with the crisis and our plans for the future.

We were helped in dealing with this issue by an investigation led by members of our Corporate Governance Committee under the leadership of the Committee Chair Mr Derek Prentice, supported by Dr Chris Pickering EM Consultant and Ms Jasmin Booth Lay Member. This investigation identified 11 recommendations which we have either implemented or are actively working on at the year end. We also commissioned Professor John McLachlan to undertake an external review of our examinations and his report is expected in early 2023.

We are committed to restoring our reputation for effective delivery of the specialty examinations and working to deliver that. Our employees have worked very hard to respond to this crisis and the CEO and Board thanks them for this.

As the pandemic evolved in the UK into a situation where Covid-19 became endemic the College continued to provide significant input at the highest levels in each of the nations of the UK to support the subsequent challenges of dealing with Covid-19 and the rebound of patient attendances that accompanied release of restrictions on the public such as national 'lockdowns'.

<sup>1</sup> Source: Hospital Accident & Emergency Activity 2021-22 data for Major A&E Departments in England https://digital.nhs.uk/data-and-information/publications/statistical/hospital-accident--emergency-activity/2021-22

## Report of Trustees (continued)

During 2022, pressure was felt across the organisation. Our exams team and examiners have worked flat out to deliver the specialty examinations notwithstanding the difficulties of the FRCEM SBA error. Our events team successfully delivered a programme of online study days and conferences, including hybrid Scientific Conference and CPD conferences where delegates were present in person and on line. This approach was highly acclaimed. Significant work has been undertaken communicating RCEM Learning content. We continued to 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 Clinical Quality Audits have continued.
Our Research programme continues to gain strength and we have a vibrant research community growing in the specialty.

The Policy Team have continued to support our RCEM Cares campaign and associated 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 Emergency Department 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. Media coverage continued as we were able to maintain a presence in the media to support our policy lobbying. As we entered 2023, we refocused the Cares campaign into the Five priorities for UK Governments to #ResuscitateEmergencyCare.

Our Membership team continued to make significant progress on automating and streamlining membership processes to make it easier for our membership. They are also developing our approach to adding more member value to our services.

Internationally, notwithstanding the travel restrictions, the MTI programme continued. The Emergency Medicine Foundation Programme project entered its second year. We have no capacity for further expansion of our examinations overseas at this time. We will continue to work with our partners abroad to deliver existing commitments but for the foreseeable future we shall not be in a position to offer further examination centres overseas as we work to implement the process and systems improvements that support our examinations.

Our internal support arrangements were consolidated as our Corporate Services function developed. Our HR team have worked to improve staff recruitment, retention, development, engagement and wellbeing notwithstanding the fact that for most of the year our employees were working from home.

Our operations are now concentrated on our building at Octavia House as a hot desking and examinations centre. Our Breams Buildings property is partly let with additional space there being offered for rent on a short-term basis the space which we are not using due to many of our employees working from home for 75% of their working time. The impact of the pandemic has changed the employment market and we have experienced strong demand for hybrid working and so our policy has evolved to allow employees to work at home but they must attend the office when their manager requires it and for a minimum of five days a month. We have found that when advertising roles when we have not mentioned home working options we have not attracted applicants. We are evolving our management approach to ensure that we are manging home working effectively.

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." We continue to provide information, guidance, re-engineer our operations and make sure our services continue.

### **Financial Review**

The Trustees are pleased to report that total incoming resources for 2022 were £9.646m. (2021; £8.790m)

The income was as follows

Incoming resources	2022	%	2021	%
Donations & Grants	111,434	1%	171,074	2%
Other Income	185,949	2%	122,554	1.4%
Investment Income	20,108	0.2%	8,076	0.1%
Emergency Medicine Journal	395,217	4%	325,961	4%
Subscriptions	4,048,288	42%	3,749,301	43%
Conferences & CPD	981,498	10%	715,003	8%
Examinations	3,571,117	37%	3,370,325	38%
Training	203,364	2%	195,941	2%
Clinical Audit	128,706	1.3%	132,247	1.5%
Total	9,645,680	100%	8,790,482	100%

The principal 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 2022 the total membership rose to 11,507, an increase in 4.6% from 2021. The membership category with the largest increase was in Associate member (overseas) which increased by 44% demonstrating our demand internationally. Our numbers of Fellows by Examination also saw considerable increase by 11% with our overall number of Fellows increasing by 7%, with numbers of members increasing by 6%.

Total resources expended during 2022 were £9.810m (2021 £8.056m). This report has highlighted earlier the key activities that account for the expenditure.

Annual Report and Accounts 2022

## Financial Review (continued)

Major areas of expenditure were as follows:

Resources expended	2022	%	2021	%
Raising funds	3,851	0%	48,254	0.6%
Emergency Medicine Journal	643,178	7%	630,227	8%
Research & Publications	408,690	4%	231,059	3%
Education & Examinations	4,403,933	45%	3,284,714	40%
Training Standards Committee and general training	1,285,720	13%	1,192,542	15%
Conferences & CPD	1,156,600	12%	628,058	8%
Membership Services	635,309	6%	639,111	8%
Quality In Emergency Care	510,732	5%	511,603	6%
Policy & Professional Affairs	663,094	7%	703,126	9%
NHS Project Expenditure	40,345	0.4%	134,152	1.7%
RCEM Foundation	59,014	0.6%	53,031	0.7%
Total	9,810,466	100%	8,055,877	100%

#### Investment policies and returns:

The Trustees have the power to invest funds and can use this power to invest in a range of ethical areas where reasonably possible.

However, in the immediate aftermath of the Covid-19 outbreak, trustees took the decision to liquidate all investment portfolios to reinforce the funds available to the College and to mitigate against further downside risk. These funds have remained on deposit with Flagstone Investment Management Limited on their cash Investment platform. In 2022, to further support our sustainability strategy, trustees undertook a market review of potential environmentally focused portfolios the College could invest in. Following the review, the decision was taken to reduce some of our long-term liabilities amidst rising interest rates.

#### Risk Statement

The trustees of the College are responsible for ensuring that procedures are in place to identify risks that the organisation may be exposed to. 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.

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 is scored against a matrix of impact and likelihood. The College then puts in place steps that monitor, manage and mitigate these risks.

The risk register maintained by the Director of Corporate Services on behalf of trustees. The register is reviewed on a regular basis at the meetings of the Corporate Governance Committee and the Board.

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:

- · Operational, Reputational, Financial and Governance - Examinations: Following the incident relating to our Fellowship in Emergency Medicine Single Best Answer Examination early in the year, we launched a full review of our examination operations to understand how examination delivery can be improved further. This incident aside, there continues to be a number of risks associated with the running of our examinations, these challenges include capacity (e.g. examiners, OSCE), quality of service, processes, systems and regulatory breaches. The coronavirus pandemic saw the College pivot quickly into online delivery and this has created significant changes to how we facilitate and administer our examinations. Mitigation: These challenges are being managed by the College's SMT and the Dean. There has been recent investment (with further investment planned for in 2023) in staff resources and digital infrastructure. An Examinations Strategy Project has also commenced work to undertake a review into how we best provide a suite of RCEM examinations, with regard to quality, reliability, equity, scalability and sustainability and how we can support and sustain a community of expert RCEM examiners.
- · Operational and Reputational Training: We launched our new ePortfolio platform in the autumn of 2021. We have completed the first full academic year using the ePortfolio with our members. There is live risk that we have insufficient resources deployed in the Training Team to support the workload which includes UK trainees support, CESR process, ePortfolio product and process operations, ACP curriculum refresh and PA development. Mitigation: Trustees have sanctioned significant investment to bolster the team which now includes a dedicated ePortfolio Manager. We are also identifying ways improve the user experience and continue to work with our platform supplier on a root cause analyses exercise reviewing user error/

lack of understanding, bugs and the change requirements needed.

- · Financial Inflation and interest rates: The College has remained committed to not simply passing on rising rates of inflation and interest to its members, however, these rises are having a significant impact on our costs of delivering our charitable objectives. Mitigation: We have refined our Medium-Term Financial Strategy 2023 - 2025 to take into account these pressures. The result, a revised three-year business plan in line with our projected growth and known/ best estimates for inflation and interest rates. We have also reconsidered our investment approach with plans to reinvest in a Climate Asset investment portfolio being shelved in favour of making a further £500k payment to reduce our mortgage liability.
- Business Continuity Cyber incidents: Cyber-attacks, cyber enabled crime, IT failure/outage, data breaches, fines and penalties. The Covid-19 Pandemic saw the College change some of our traditional working models. Most of our services are now being delivered digitally and many of our employees have moved to a hybrid working model. This has led to an increased use of home networks, personal devices and apps for organisational purposes. Access to IT essential to the ability of the College to function efficiently. However, with cyber-attacks and cyber enabled crime on the rise there is a risk of cyber and data security breach which could result in fines of up to £400,000 and/ or permanent loss of data. Mitigation: the College is now a cyber essentials accredited organisation, and we be looking to achieve the cyber essentials plus accreditation in spring 2023. Furthermore, we dedicate a section of our business continuity plan to managing IT outages, security breaches and have physical and virtual infrastructure in place to minimise the possibility of this.

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### Financial Review (continued)

#### Reserves policy

The total funds of the College at 31 December 2022 were £10.585m (2021: £10.750m) of which £0.467m (2021: £0.432m) were restricted and not available for the general purpose of the charity. The unrestricted funds of the charity totaled £10.119m (2021: £10.318m) of which £8.090m (2021: £7.111m) are designated funds.

A designated fund is a 'ring fencing' by the trustees of existing unrestricted funds for a particular project or use by the College.

As at 31 December 2022, there are two designated funds, tangible fixed assets and Organisational development. 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 Organisational development fund has been designated to support our plans for restructuring, digital transformation, operational and service delivery improvements, and process reengineering over the next three years.

The free reserve balance is £2.029m (2021: £3.207m), and has been considered by Trustees, 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 £1,000,000 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**

Our Corporate Plan 2020 - 2023 sets our current strategic aims, this plan is currently under review. Subject to that review our strategic aims remain as follows:

- 1. Improving patient care.
- 2. Support our membership to achieve sustainable satisfying careers.
- Advancing the practice of Emergency
   Medicine through research and engagement in Global Health.
- Support our membership with the delivery of high quality day to day care in Emergency Departments.

## Statement of Trustees' responsibilities

The Trustees are responsible for preparing the Trustee Report 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 2022 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 Board of Trustees on 29 June 2023 and signed on their behalf by:

Dr Adrian Boyle President



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

#### **Opinion**

We have audited the financial statements of The Royal College of Emergency Medicine for the year ended 31 December 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including 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 2021, 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 requirements of 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.

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

#### 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 contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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 course of 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 themselves. 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 requires 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 16, 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.

## Independent Auditor's Report to the Trustees of The Royal College of Emergency Medicine (continued)

## 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 and Section 144 and 154 of the Charities Act 2011 and report in accordance with those regulations.

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.

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.

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

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.

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.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

## **Independent Auditor's Report to the Trustees of The Royal College of Emergency** Medicine (continued)

#### 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 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 Krighton Jim LLP

29/06/2023

Moore Kingston Smith LLP, Statutory auditor

Date

9 Appold Street London EC2A 2AP

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 2022

	Notes	Unrestricted Funds £	Restricted Funds £	Total 2022	Total 2021
Income from					
Donations and grants	2	-	111,434	111,434	171,074
Income from charitable activities	3	9,328,189	-	9,328,189	8,488,778
Investment income	4	20,108	-	20,108	8,076
Other income	5	185,949	-	185,949	122,554
Total Income		9,534,246	111,434	9,645,680	8,790,482
Expenditure on					
Raising funds		3,851	-	3,851	48,254
Charitable activities	6	9,729,727	76,888	9,806,615	8,007,623
Total resources expended		9,733,578	76,888	9,810,466	8,055,877
Net income for the year		(199,332)	34,546	(164,786)	734,605
Fund balances brought forward		10,318,064	431,937	10,750,001	10,015,396
Total funds carried forward	13,14	10,118,732	466,483	10,585,215	10,750,001

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 2022

		202	22	202	1
	Notes	£	£	£	£
Fixed assets					
Tangible assets	9		13,538,062		13,747,266
			13,538,062		13,747,266
Current assets					
Debtors	10	1,061,492		1,022,521	
Investment (Under 90 Days)		864,768		696,319	
Investment (Over 90 Days)		255,000		425,000	
Cash at bank and in hand		2,067,053		4,252,662	
		4,248,312		6,396,502	
Creditors: amounts falling due within one year	11	(1,411,159)		(2,393,767)	
Net current assets			2,837,153		4,002,735
Total assets less current liabilities			16,375,215		17,750,001
Creditors: amounts falling due after one year	12		(5,790,000)		(7,000,000)
Net Assets			10,585,215		10,750,001
Represented by:					
Unrestricted funds:	13				
Designated funds		8,089,705		7,111,380	
General funds		2,029,027		3,206,684	
			10,118,732		10,318,064
Restricted funds	15		466,483		431,937
Total funds			10,585,215		10,750,001

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

Dr Adrian Boyle (President)

S Hepburn (Treasurer)

The accompanying notes form part of these financial statements.

# Cash Flow Statement for the year ended 31 December 2022

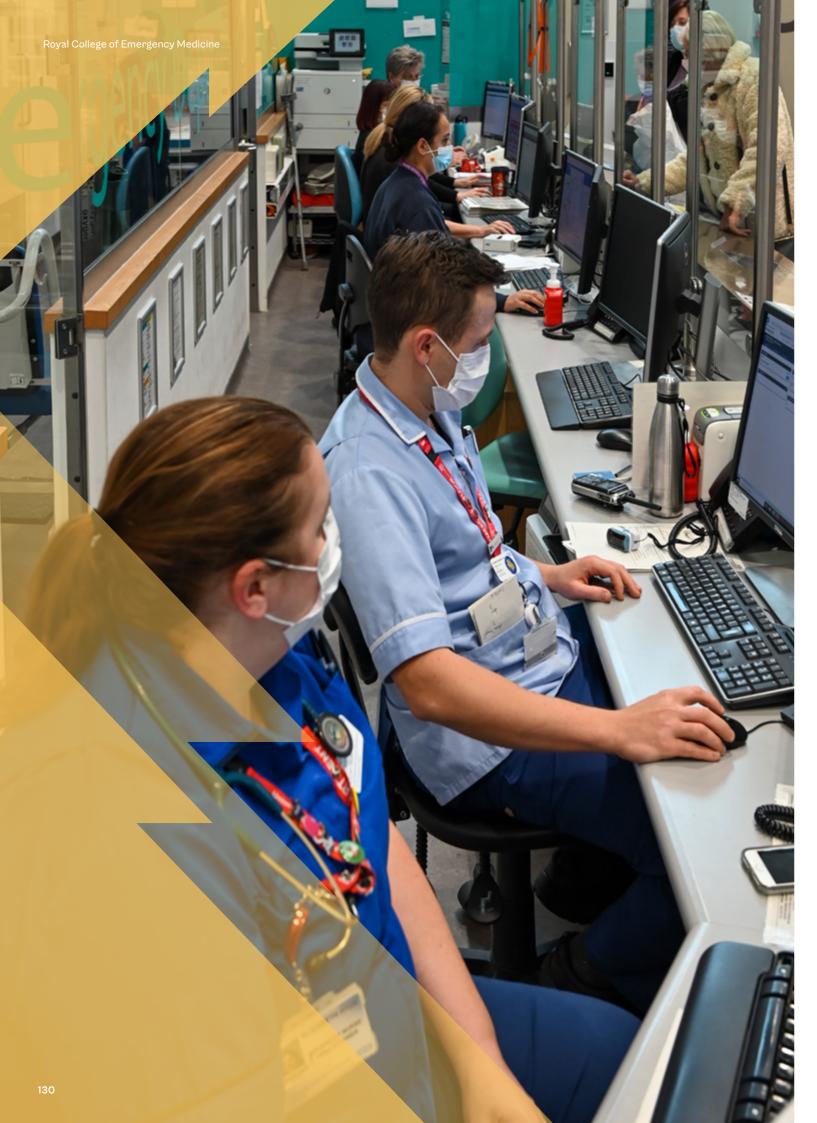
		202	22	2021	
	Notes	£	£	£	£
Cash flows from operating activities					
Net cash provided by operating activities	17		(821,616)		987,570
Cash flows from investing activities					
Investment income		20,108		8,076	
Purchase of tangible fixed asset		(5,652)		(146,843)	
Net cash used by investing activities			14,456		(138,767))
Cash flow from financing activities					
Repayment of bank loan		(1,210,000)		(200,000)	
Net cash used by financing activities			(1,210,000)		(200,000)
Change in cash and cash equivalents in the year			(2,017,160)		648,803
Cash and cash equivalents at the beginning of the	year		4,948,981		4,300,178
Cash and cash equivalents at the end of the year	r		2,931,821		4,948,981
Analysis of cash and cash equivalents					
Investment (Under 90 Days)			864,768		696,319
Cash at bank and in hand			2,067,053		4,252,662
			2,931,821		4,948,981

The accompanying notes form part of these financial statements.

	At start of year	Cash-flows	Other non- cash changes	At end of year
Analysis of changes in net debt 2022	£	£	£	£
Cash	4,948,981	(2,017,160)	-	2,931,821
		(2,017,160)		
Loans falling within one year	(200,000)	200,000	(200,000)	(200,000)
Loans falling due after more than one year	(7,000,000)	-	200,000	(6,800,000)
Total	(2,251,019)	(1,817,160)	-	(4,068,179)
Analysis of changes in net debt 2021	£	£	£	٤
Cash	4,300,178	648,803	-	4,948,981
		648,803		
Loans falling within one year	(200,000)	200,000	(200,000)	(200,000)
Loans falling due after more than one year	(7,200,000)	-	200,000	(7,000,000)
Total	(3,099,822)	848,803	-	(2,251,019)

The accompanying notes form part of these financial statements.





## Notes to the Financial Statements for the year 31 December 2022

### 1. ACCOUNTING POLICIES

#### Basis of accounting

The financial statements are prepared in sterling which is the functional currency of the charity, and rounded to the nearest pond 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) second edition - October 2019)), 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 undertook their annual review of going concern in December 2022 and 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, cashflow projections and business plans, for a period of 36 months from the date of approval of these financial statements which demonstrates 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 2023, with a likely deficit budget in 2024 as well, and both financial years will require use of our reserves. However, trustees are confident that planned investments in organisational development will create new income opportunities and better cost controls over the medium term that will allow the College to return to a balanced budget position by 2025.

Furthermore the College has free reserves of approximately £2.012m at the balance sheet date, and this further affirms the conclusion 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%

# Notes to the Financial Statements for the year 31 December 2022 (continued)

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 14.

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 15.

#### **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 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.

#### **Creditors and provisions**

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

#### **Related Party Transactions**

There are no 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

#### **Basis of accounting**

The College Council consists of the following members elected by Fellows and Members of the College, and co-opted members. These elected members of Council were the Trustees of the College up until 31st July 2021

	Total 2022	Total 2021
Restricted funds	£	£
NHS Health Education England Projects	59,626	132,760
RCEM Fundraising	51,808	15,500
Unrestricted funds		
Grants and Donations	-	22,814
	111,434	171,074

### 3. Income from Charitable Activities

	Total 2022 £	Total 2021 £
Unrestricted funds		
Emergency Medicine Journal	395,217	325,961
Conferences & CPD	981,498	715,003
Subscription	4,048,288	3,749,301
Examination fees	3,571,117	3,370,325
Training	203,364	195,941
Clinical Audit	128,706	132,247
	9,328,190	8,488,778

# Notes to the Financial Statements for the year 31 December 2022 (continued)

## 4. Investment Income

	Total 2022	Total 2021
Unrestricted funds	£	£
Interest received	20,108	8,076
	20,108	8,076
Interest received in both years were from unrestricted sources.		

## 5. Other Income

	Total 2022	Total 2021
Unrestricted funds	£	£
Sale of Merchandise	2,855	159
Room Hire	183,094	122,395
	185,949	122,554

## 6. Expenditure

Direct Costs	Support Costs	Total 202 <b>2</b>
£	£	£
2,170	-	2,170
-	-	-
1,681	-	1,681
3,851	-	3,851
	2,170 - 1,681	Costs         Costs           £         £           2,170         -           -         -           1,681         -

Charitable activities	£	£	£
Emergency Medicine Journal	643,178	-	643,178
Research & publications	312,520	96,170	408,690
Education and examinations	3,098,568	960,299	4,058,867
RCEMLearning	202,269	142,797	345,066
Training	721,141	564,579	1,285,720
Conferences & CPD	814,315	342,285	1,156,600
Membership services	356,771	278,538	635,309
Quality in emergency care	273,500	237,232	510,732
Policy and professional affairs	380,102	282,992	663,094
RCEM Fundraising	59,014	-	59,014
NHS project expenditure (Restricted)	40,345	-	40,345
	6,901,723	2,904,892	9,806,615
	6,905,574	2,904,892	9,810,466

Raising funds	Direct Costs £	Support Costs	Total £ 2021
Website costs	41,898	-	41,898
RCEM Merchandise	4,676	-	4,676
Investment broker charges	1,680	-	1,680
	48,254	-	48,254

# Notes to the Financial Statements for the year 31 December 2022 (continued)

## 6. Expenditure (continued)

	Direct Costs	Support Costs	Total 2021
Charitable activities	£	£	£
Emergency Medicine Journal	630,227	-	630,227
Research & publications	180,508	50,551	231,059
Education and examinations	2,182,492	765,969	2,948,461
RCEMLearning	197,813	138,440	336,253
Training	621,520	571,022	1,192,542
Conferences & CPD	362,166	265,892	628,058
Membership services	297,349	341,762	639,111
Quality in emergency care	268,638	242,965	511,603
Policy and professional affairs	413,532	289,594	703,126
RCEM Fundraising	53,031	-	53,031
NHS project expenditure (Restricted)	134,152	-	134,152
	5,341,428	2,666,195	8,007,623
	5,389,682	2,666,195	8,055,877

	Year to December 2022	Year to December 2021
Staff costs comprise	£	£
Wages and salaries	2,882,892	2,737,932
Social security costs	323,227	285,748
Other pension costs	269,183	239,655
Total Employee costs	3,475,302	3,263,335
Casual staff	56,321	90,696
	3,531,624	3,354,031

Wages and salaries include termination payments totaling £63,082 (2021: £177,843).

The average number of permanent employees during the period was 70 (2021: 63). These were supplemented by several casual staff who assisted primarily with examinations and training.

	Year to December 2022	Year to December 2021
STAFF NUMBERS AS ANALYSED BY CATEGORY:	No.	No.
Exams & Education	17	13
Training	12	10
Policy & Professional Affairs and Quality in Emergency Care	13	12
Membership	5	6
Research & Publications and Events	6	7
Other	17	15
	70	63

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

	Year to December 2022	Year to December 2021
	No.	No.
£60,000 to £70,000	1	3
£70,001 to £80,000	1	-
£80,001 to £90,000	1	-
£90,001 to £100,000	1	1
£150,001 to £160,000	1	1
£170,001 to £180,000	0	1

The aggregate emoluments of the key management personnel which comprises of Trustees, Chief Executive Officer, Director of Corporate Services and Director of Education amounted to £411,090. (2021: £513,261).

The pension amounts paid to the above employees amounted to £33,472.

# Notes to the Financial Statements for the year 31 December 2022 (continued)

## **6A. Support and Government Costs**

	Year to December 2022	Year to December 2021
	No.	No.
Staff costs	1,135,623	985,677
Rates, service charges and electricity	296,781	400,557
Office expenses	218,861	170,941
Printing, postage, stationery & telephone	78,899	68,347
Website & information technology	332,172	332,885
Insurance	50,617	49,767
Depreciation & loss on disposal of assets	214,857	172,774
Irrecoverable VAT	217,069	193,049
Sundry expenses	21,355	20,043
Bank interest on loan	181,518	121,729
Bank & credit card charges	88,540	91,792
Governance		
Audit remuneration	22,450	18,500
In respect of Non-audit services	_	-
Board meeting and travel costs	46,149	40,134
	2,904,892	2,666,195

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 2022 was to 16 individuals totaled £181,664 (2021: 14 Individuals, £176,664).

## 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, we had 14 trustees, 10 trustees received reimbursement for costs for attending meetings and for travelling expenses, amounting to £1,012 (2021: 16 trustees, £2,475). In addition, expenses paid directly by the College, mainly in the form of hotel bills, amounted to £4,766 (2021: £2,960).

## 9. Tangible Fixed Assets

	Building Costs	Office Equipment	College Database	Coat of Arms	Chain of office	Total
	£	£	£	£	£	
Cost or valuation						
At 1 January 2022	14,418,138	753,370	528,864	6,534	428	15,707,334
Additions	-	5,652	-	-	-	5,652
Disposals	-	-	-	-	-	-
At 31 December 2022	14,418,138	759,022	528,864	6,534	428	15,712,987
Depreciation						
At 1 January 2022	855,608	696,234	408,226	-	-	1,960,068
Charge for the year	124,648	27,266	62,942	-	-	214,856
On Disposals	-	-	-	-	-	-
At 31 December 2022	980,256	723,500	471,168	-	-	2,174,924
Net Book Value						
At 31 December 2022	13,437,882	35,522	57,696	6,534	428	13,538,062
At 31 December 2021	13,562,530	57,136	120,638	6,534	428	13,747,266

# Notes to the Financial Statements for the year 31 December 2022 (continued)

## 10. Debtors

	202 <b>2</b>	2021
	£	£
Trade debtors	143,145	110,195
Prepayments	515,828	560,127
Accrued income	402,436	352,199
Other Debtors	83	-
	1,061,492	1,022,521

## 11. Creditors: amounts falling due within one year

	2022	2021
	£	£
Bank loan (see note 12)	200,000	200,000
Trade creditors	111,532	427,829
Taxes and social security	92,208	2,714
Accruals	283,293	517,294
Deferred income	465,100	1,073,157
Other Creditors	259,026	172,773
	1,411,159	2,393,767

Included within Other Creditors is an amount of £28,854 (2021: £24,656) in respect of pension contributions.

Deferred income relates to exam, event and course fees received in advance. All the deferred income at 31 December 2022 relates to income received in 2022 and all deferred income at 31 December 2021 has been released.

## 12. Creditors: amounts falling due after more than one year

	202 <b>2</b>	2021
	£	£
Bank loan	5,790,000	7,000,000
	5,790,000	7,000,000
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	5,590,000	6,800,000
Total loan value	5,990,000	7,200,000
Included in current liabilities	(200,000)	(200,000)
Included in long term liabilities	5,790,000	7,000,000

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

## 13. Unrestricted Funds

	At 1 January 2022	Income	Expenditure	Investment gains/losses and fair value	Transfers	At 31 December 2022
	£	£	£	£	£	£
Designated Fund						
Tangible fixed Assets	6,547,266	-	-	-	1,000,796	7,548,062
Organisational Development	564,113	-	(22,471)	-	-	541,643
General fund	3,206,685	9,534,247	(9,711,108)	-	(1,000,796)	2,029,027
	10,318,064	9,534,247	(9,733,579)	-	-	10,118,732

# Notes to the Financial Statements for the year 31 December 2022 (continued)

### 13. Unrestricted Funds (continued)

	At 1 January 2021	Income	Expenditure	Investment gains/losses and fair value	Transfers	At 31 December 2021
	£	£	£	£	£	£
Designated Fund						
Tangible fixed Assets	6,373,197	-	-	-	174,069	6,547,266
IT Development RCEM	483,450	-	(57,666)	-	-	425,784
Fundraising	191,360	-	(53,031)	-	-	138,329
General fund	2,549,560	8,642,221	(7,811,028)	-	(174,069)	3,206,685
Net Book Value	9,597,567	8,642,221	(7,921,725)	-	0	10,318,064

The Tangible Fixed Assets fund represents the value of these assets less a related loan and are not free reserves. The Organisational development fund has been designated to support our plans for restructuring, digital transformation, operational and service delivery improvements, and process reengineering over the next 3 years.

## 14. Restricted Funds

	At 1 January 2022	Income	Expenditure	Transfers 2022	At 31 December 2022
	£	£	£	£	£
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	175,447	59,626	(40,345)	-	194,728
RCEM Fundraising	33,365	51,808	(36,543)	-	48,630
	431,937	111,434	(76,888)	-	466,483

### 14. Restricted Funds (continued)

	At 1 January 2021	Income	Expenditure	Transfers 2021	At 31 December 2021
	£	£	£	£	£
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	176,839	132,760	(134,152)	-	175,447
RCEM Fundraising	17,865	15,500	-	-	33,365
	417,829	148,260	(134,152)	-	431,937

**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 Projec**t 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 Fundraising** is to support further improvements in patient care, to support ground breaking research and help low income countries establish emergency care and clinical training.

# Notes to the Financial Statements for the year 31 December 2022 (continued)

## 15. Analysis of net assets between funds

	General Funds	Designated Funds	Restricted Funds	Total Funds
Fund balances at 31 December 2022 represented by:				
Tangible fixed assets	-	13,538,062	-	13,538,062
Current assets	3,240,186	541,643	466,483	4,248,312
Creditors falling due within one year	(1,211,159)	(200,000)	-	(1,411,159)
Creditors falling due after one year	н	(5,790,000)	-	(5,790,000)
Total net assets	2,029,027	8,089,705	466,483	10,585,215

Fund balances at 31 December 2021 represented by:	General Funds	Designated Funds	Restricted Funds	Total Funds
Tangible fixed assets	-	13,747,266	-	13,747,266
Current assets	5,400,451	564,113	431,937	6,396,502
Creditors falling due within one year	(2,193,767)	(200,000)	-	(2,393,767)
Creditors falling due after one year	-	(7,000,000)	-	(7,000,000)
Total net assets	3,206,684	7,111,379	431,937	10,750,001

## 16. Operating lease commitments

	Equipment 2022	Equipment 2021
Operating leases which expire within:	£	£
Less than one year	29,572	53,020
Between one and two years	6,124	29,572
Between two and five years	15,310	18,372
Over five years	-	3,062
	51,006	104,026

## 17. Reconciliation of operating profit to net cash

	2022	2021
	£	£
Net income before other gains and losses	(164,786)	734,605
Depreciation charges	214,856	172,775
Investment income	(20,108)	(8,076)
Movement in investment portfolio cash	170,000	40,000
Decrease/(increase) in debtors	(38,971)	(19,837)
Increase/(decrease) in creditors	(982,608)	68,103
Net cash inflow from operating activities	(821,617)	987,570

## 18. Capital commitments

In the current year, no capital commitments were contracted for. (2021: £nill)

#### Annex

#### College representatives work with several organisations, including:

- Academy of Medical Royal Colleges
- Academy of Medical Royal Colleges and Faculties in Scotland
- Australasian College for Emergency Medic (ACEM)
- All Party Parliamentary Group Tobacco
- All Party Parliamentary Group Coronavirus
- Apollo Hospitals, India
- Aster Medicity, India
- British Medical Association Scotland
- British Medical Journal
- British Orthopaedic Association
- British Red Cross
- Cambridge Global Health Partnership
- Care Quality Commission
- College of Emergency Physicians, Malaysia
- College of Paramedics
- Committee for Health, NI assembly
- Compassion in Dying
- Department of Health and Social Care
- Department of Health Northern Ireland
- Devices Expert Advisory Committee
- Edith Murphy Foundation
- Egyptian Ministry of Health and Population
- Emergency Care Society of Uganda
- Emergency Medicine Specialist And Staff (EMSAS) old name of the Forum of Associate & Staff Grade Emergency Medicine (FASSGEM)
- Emergency Medicine Trainees' Association (EMTA)
- European Society For Emergency Medicine (EuSEM)
- Faculty of Forensic and Legal Medicine (FFLM)
- Faculty of Intensive Care Medicine (FICM)
- Faculty of Sport and Exercise Medicine (UK)
- General Practitioners at the Deep End (Scotland)
- Getting It Right First Time (GIRFT)

- Hospital Saturday Fund
- HCA Healthcare UK
- Healthcare Safety Investigation Branch (HSIB)
- Health and Social Care Committee, Welsh Parliament
- Health Select Committee Children and young people's mental health inquiry
- Health Select Committee White paper
- Health and Sport Committee, Scottish Parliament
- Health Education and Improvement Wales (HEIW)
- Health Education England (HEE)
- Health Research Authority (HRA) Confidentiality Advisory Group (CAG)
- Healthcare Improvement Scotland
- Healthcare Inspectorate Wales (HIW) Patient Discharge Thematic Review Stakeholder Group
- Home Affairs Committee's inquiry into Spiking
- Home Office Modern Slavery Campaign
- House of Commons Health and Care Bill

HSC Public Health Agency (Northern Ireland)

child sexual abuse in healthcare settings

- Independent Inquiry into Child Sexual Abuse Prevention of
- 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)
- Inter- Collegiate and national Agency Domestic Violence and Abuse forum (INCADVA)
- Inclusive Health
- Infected Blood Inquiry
- Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings
- International Federation for Emergency Medicine (IFEM)
- James Lind Alliance

- 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
- Law commission
- Leeds Comprehensive Care Haemophilia Centre
- Manchester University NHSFT
- Max Healthcare, India
- MBRRACE
- · Medicines and Healthcare products Regulatory Agency
- Medical Council on Alcohol Advisory Committee
- Myanmar Emergency Medicine Society
- 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) Rapid guideline for the 'management of the long-term effects of COVID-19
- National Institute for Health and Clinical Excellence (NICE) Medical technology evaluation of: GID-MT554 KardiaMobile for the ambulatory detection of atrial fibrillation
- National Police Chiefs Council (NPCC)
- National Safeguarding Delivery Unit Partnership Network
- 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 Improvement

- NHS England Clinical Review of Standards Consultation
- NHS England North Regional team Liaison Mental Health Task & Finish Group
- NHS Health Education England
- NHS Infrastructure
- NHS National Services Scotland
- NHS Pathways National Clinical Governance Group of NHS Pathways
- National Institute for Health and Care Excellence (NICE)
- National Institute for Health Research (NIHR)
- Nuffield
- Northern Ireland Ambulance Service
- Office for Health Improvement and Disparities
- Oman Medical Specialty Board, Oman
- Paediatric Intensive Care Society (PICS)
- Pakistan Institute of Medical Sciences
- Patient and Client Council (Northern Ireland)

Psychiatric Liaison Accreditation Network (PLAN)

- Professional Record Standards Body (PRSB)
- Public Accounts Committee inquiry on NHS Backlogs and Waiting Times
- Public Health England (PHE)
- Public Health Wales (PHW)
- Qimet International
- Rawalpindi Medical University, Pakistan
- Regulation and Quality Improvement Authority (RQIA)
   Northern Ireland
- Royal College of Anaesthetists
- Royal College of General Practitioners
- Royal College of Paediatrics and Child Health
- Royal College of Pathologists
- Royal College of Physicians and Surgeons of Glasgow
- Royal College of Physicians of Edinburgh
- Royal College of Physicians of London

## **Annex (continued)**

#### College representatives work with several organisations, including:

- Royal College of Psychiatrists
- Royal College of Radiologists
- Health Innovation Network
- Royal College of Surgeons of Edinburgh
- Royal College of Surgeons of England
- Safe Live:
- 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)
- Senedd Health Select Committee Priorities for Sixth Senedd
- Serious Hazards of Transfusion Steering Group (SHOT)
- Sickle Cell society
- Scottish Health and Sport Committee
- Scottish Intercollegiate Guidelines Network (SIGN)
- Society for Acute Medicine

- 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 Government Women's Health Strategy
- UK Health Alliance on Climate Change (UKHACC)
- UK Health Security Agency (UKHSA)
- UK Treasury Spending Review
- University of Medicine 1, Yangon
- University of Medicine 2, Yangon
- University of Medicine, Mandalay
- Warwick Advisory Group
- Welsh Ambulance Service
- Welsh NHS Confederation
- Welsh Parliament

This report covers activity of the year to 31 December 2022

