



Our work in 2024

Annual Report





BUCKINGHAM PALACE

As the Patron of the Royal College of Emergency Medicine I welcome the 2024 Annual Report. This report demonstrates not only the tremendous breadth of work undertaken by the College, but also the resilience, innovation, and professionalism shown by those working across Emergency Medicine during what has been another challenging year.

The work of the College and dedication of emergency medicine professionals across the United Kingdom and beyond deserves recognition, as you deal with persistent challenges and support promising developments across the healthcare landscape.

Throughout 2024, our emergency departments continued to face immense pressure including with rising demand for services, staffing challenges, and the ongoing effects of the longer-term consequences of the COVID-19 pandemic. Yet, in the face of these difficulties, the response from clinicians and healthcare teams has been one of remarkable resilience, professionalism, and unwavering commitment to patient care.

The College has remained steadfast in its mission to support members, uphold standards, and advocate for meaningful change, playing a leading role in ensuring the voices of front-line clinicians are both heard and respected. Equally important has been the College's focus on education, research, and inclusion. The expansion of training opportunities, support for international colleagues, and prioritisation of equity in healthcare reflect a forward-thinking approach that acknowledges the diverse needs of both patients and professionals.

This report offers an assessment of the year's challenges while highlighting the achievements and innovations which have emerged despite them. It stands as testament to the leadership of the College and the dedication and compassion of those who deliver emergency care, day and night, to all who need it. I was delighted to be able to extend my deepest thanks personally to some of those who work in emergency care when I attended both an award ceremony and conference recently.

Your efforts are profoundly valued.

A handwritten signature in black ink, appearing to read 'Anne', with a long horizontal line extending from the end.

Who we are

The Royal College of Emergency Medicine works to ensure high quality patient care by setting and monitoring standards; by providing education and training; by giving expert guidance and advice on health policy matters relating to Emergency Medicine and by advocating and influencing policy makers and politicians on behalf of our members and the wider specialty.

Representing more than 13,000 Emergency Medicine clinicians in the UK and across the world, we work to support them to have sustainable and satisfying careers and are proud to be supported by our Royal Patron, Her Royal Highness the Princess Royal.

During 2024, the Royal College of Emergency Medicine continued to promote excellence in emergency care and our activities were focused in five key areas, as outlined in our [Corporate Plan](#):



This report for 2024 highlights just some of the key activities and impact we have had on emergency medicine, on the clinicians we represent and the patients they support. Our financial report can be viewed separately.

Some images within this report are generated by AI



Our committees

We have a range of committees led by clinicians and other non-medical professionals who volunteer their time to deliver a breadth of activity.

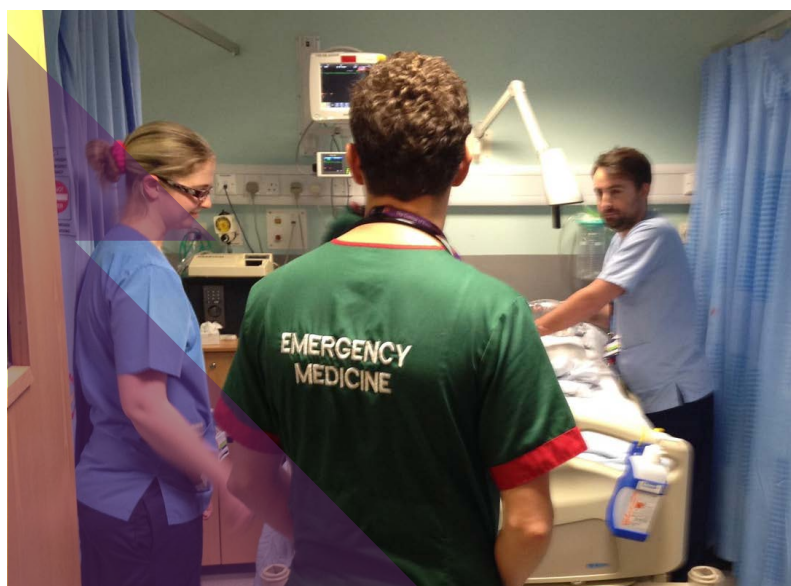
Our **Board of Trustees** is the governing body for the College and ensures the College operates within the rules and regulations that govern it, such as compliance with the charity's objects, our Royal Charter, ordinances, by-laws, regulations and Terms of Reference (its constitution). It sets the vision, mission, values and strategic direction and ensures we are managing our assets, risks and finances, ensuring our obligations are met. Our financial report gives more information.

The **Executive Committee**, which met four times in 2024, supports the development and implementation of our emergency medicine policy work and associated media and lobbying activities.

Site-specific reporting and ambulance off loads, raising the profile of the speciality with a new Government, reviewing our Advanced Clinical Practitioner (ACP) post credentialing strategy, supporting our Emergency Medicine Specialty and Specialist (EMSAS) doctors in the development of its handbook and delivering a significant survey with our members to get their feedback on what they want from their College were key areas of focus during 2024.

The committee also scrutinises clinical guidance and position statements that are in development, responds to consultations, and this year ensured a comprehensive response was given to the Covid public enquiry on behalf of its members. Significant effort was made to contribute fully to the review and although the College was not called to give oral evidence, it did submit considerable written evidence thanks to its previous past President Dr Katherine Henderson, who was President of the College during the Covid pandemic.

Careful consideration was also given to develop a position regarding plans for the expansion of Physicians Associates (PAs), resulting in updated tier of working guidance as well as a position statement.





Council met five times during 2024, and considered reports from the National Boards for Scotland, Wales and Northern Ireland and from the 11 Regional Boards in England, as well as reports of various Committees reporting into Council. It considers College performance, reviews clinical publications and discusses challenging subjects which this year included our position on PAs and getting the balance right in the College's public response to the conflict in Gaza, acknowledging the impact that has had.

Reporting into Council are a wide range of other committees, working groups, professional advisory and special interest groups, reporting in clusters. Our Governance work includes our audit and risk committees to ensure we are managing our finances and our risks appropriately. The Quality Cluster has responsibility for areas such as best practice, major trauma, toxicology, environmental and mental health service design and is all about driving higher standards of care for patients.

Our **Academic Cluster** leads on our research, training standards, educational, examinations, curriculum and skills work and our international work also reports into here.

Our Membership and Professional Matters Cluster supports our Emergency Medicine Trainee Association (EMTA), Emergency Medicine Specialty and Specialist Doctors (EMSAS) and our Advanced Clinical Practitioners (ACP) members.

We also have committees covering Gender Equity, Honours and Equality, Diversity and Inclusion.

Our **Lay Advisory Group** provides critical support and oversight across all areas, providing the important patient voice and lay perspective, ensuring that the College takes into account the patient, carer and public perspective in all appropriate activities.

This is not an exhaustive list of all our committees as there are more than 60 but it gives a flavour of the breadth of activity the College undertakes to support its members and all these committees could not operate without our volunteers who give generously of their time.

The remit of each committee can be seen [here](#) and you can read more about the outputs from some of these different committees elsewhere in this report.

College Leadership Team 2024



Gordon Miles
Chief Executive



Adrian Boyle
President



JP Loughrey
Vice President,
RCES Scotland



Rob Perry
Vice President,
RCES Wales



Russell McLaughlin
Vice President,
RCES Northern
Ireland



Salwa Malik
Vice President
Membership, and
Membership and
Professional Matters
Cluster lead



Ian 'Higgi' Higginson
Vice President and
President Elect



Jason Long
Vice President



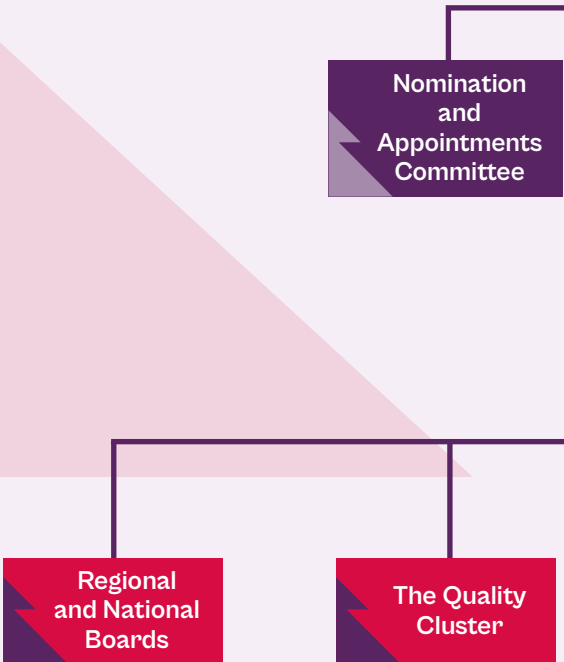
James France
Quality Cluster Lead



Simon Carley
Dean and Academic
Cluster Lead



Committee structure





James Gagg
Vice President
Treasurer



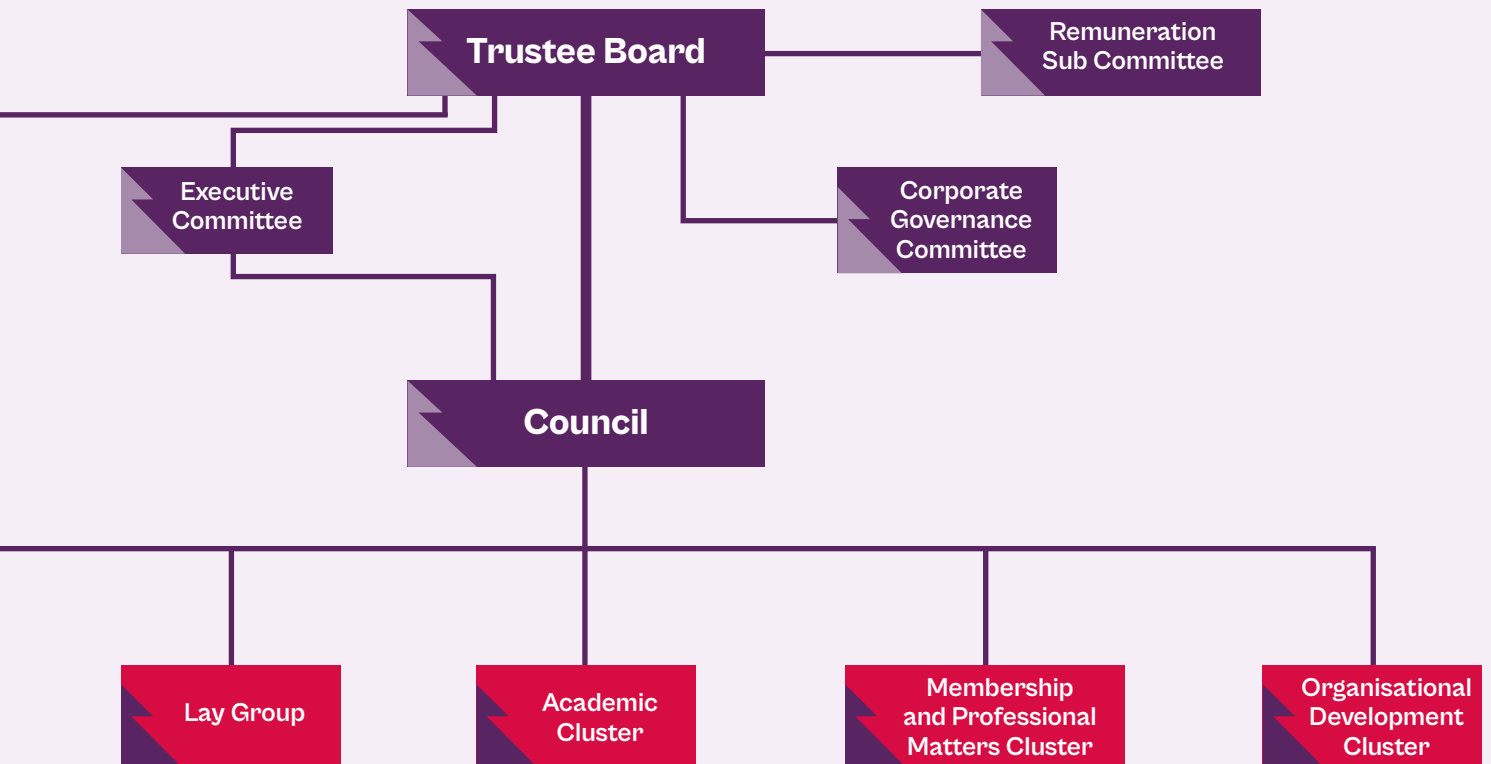
Maya Navari
Vice President
Education



Gordon Mlles
Organisational
Development
Cluster Lead



Derek Prentice
Lay Group Chair



The landscape - Emergency Medicine Performance 2024

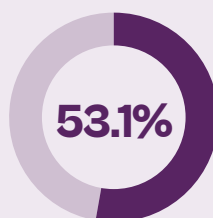
Our work is set against the backdrop of a challenging national picture.

UK nationally



Total number of people attending an ED:
19,587,998

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



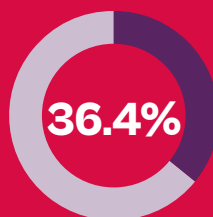
Total number of patients who experienced a 12-hour wait (measured from their time of arrival in A&E):
2,050,044

Northern Ireland



Total number of people attending an ED:
611,694

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



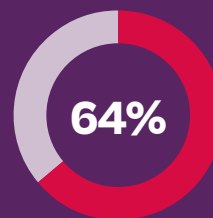
Total number of patients who experienced a 12-hour wait (measured from their time of arrival in A&E):
127,310

Scotland



Total number
of people
attending an ED:
1,363,217

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



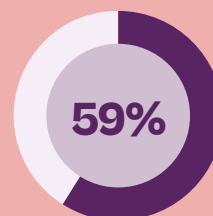
Total number of patients who
experienced a 12-hour wait (measured
from their time of arrival in A&E):
76,346

England



Total number
of people
attending an ED:
16,889,568

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



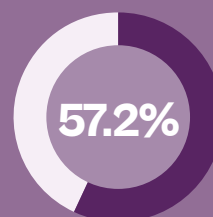
Total number of patients who
experienced a 12-hour wait (measured
from their time of arrival in A&E):
1,727,455

Wales



Total number
of people
attending an ED:
723,519

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



Total number of patients who
experienced a 12-hour wait (measured
from their time of arrival in A&E):
118,933

Our nations

All four UK nations reported prolonged ambulance handover delays, profound and extreme exit block, staffing shortages and dangerous overcrowding. These remained themes throughout 2024.

Scotland held monthly meetings with its Cabinet Secretary for Health and their team from Scottish Government; Dundee hosted a successful Scotland Conference in May 2024 with a varied and wide-ranging programme of a mixture of clinical and policy; it published a late night snapshot audit on trolley waits and occupancy; welcomed a modest expansion of training places to recruit in 2024 (increase of around 10); had its first ACP credentialed in Scotland, while Glasgow also welcomed the ACP conference in June. The census was re-run in order to update Scotland data on workforce needs.



JP Loughrey
Vice President,
RCEM Scotland

Northern Ireland began a bimonthly catch up with civil servants from the Northern Ireland Executive to work with them on urgent and emergency care improvements and met with the Minister who was very receptive to suggestions. Northern Ireland hosted its first census event in March and that, along with meetings with the minister, led to an instruction to formulate plans that convert agency spend into substantive EM consultant posts, including making sure that current ST6 trainees will have consultant jobs in Northern Ireland – the Board was given strong assurance that consultant post expansion would take place as matter of urgency. A study day in Belfast was delivered and lobbying continues on other issues such as specialty-led Same Day Emergency Care (SDEC) and crowding.



Russell McLaughlin
Vice President,
RCEM Northern
Ireland

In **Wales** we engaged with a working group and a clinical review group reviewing ED metrics in Wales, and whether these should change. We continued to challenge Welsh Government's policy of 'breach exemptions' - one month of unadjusted data was published, but not been continued since and we continued to push for this, and for the publication of bed occupancy statistics. RCEM Wales also endorsed a new initiative - Welsh Royal College Child Health Cymru (WRCCHC) - a collaborative of Royal Colleges and other professional bodies, created to lobby the Welsh Government and to ask them how they will address health outcomes for babies, children and young people in Wales. The RCEM Spring Conference was held in Newport in April, with strong RCEM Wales representation on the organising committee, and a majority of speakers drawn from NHS Wales. GIRFT data collection began in Wales, and we have now been given access to the SEDIT (Summary Emergency Department Indicator Table) dashboards for individual departments, as a guide to performance by site, as has been the case in England for some years.



Rob Perry
Vice President,
RCEM Wales



Our regions

As well as our National Boards, we have a number of other boards representing our different regions. Some boards are more active than others, due to the many constraints and pressures upon the volunteer clinicians who run them on our behalf.

Concerns for our Emergency Departments in the regions followed the same themes as the national picture namely: overcrowding, exit block, burnout and sickness levels of staff, concern about mental health provision in overcrowded departments, safety of staff and patients with an increase in violence and aggression, and planning for winter.

Here's a snapshot of some of the local concerns or activity across our regions.

A In **London** mental health provision and a change of service by the Metropolitan Police was of concern; Greener EDs, injuries as a result of violence, ill health, climate breakdown and the case for joint action across London's healthcare system were all on the agenda.

B In the **North West** highlights of the year included EM trainee generally going well with Whiston and Blackburn delivering an excellent teaching and simulation programme. The non-medical workforce expanded throughout the region – all helping to address the shortage in medical workforce, especially during strikes. A regional meeting held virtually in March 2024 with an external speaker talking on headaches presenting in ED was well received. Challenges remained senior consultant support for the area, with some SDECs open for limited hours resulting high number of patients in ED at night which the staff are struggling to cope with.

C In the **North East**, the Chair and Vice-chair led the work in the absence of a formal Board and hosted a regional conference in January in Newcastle. This event has been occurring every January for over twenty years and saw almost 200 delegates (a new record) and for the second year running the RCEM president was a keynote speaker. The region also welcomed the College's Annual Scientific Conference in Gateshead in October, which saw our Patron HRH The Princess Royal attend. Guest speakers at regular meetings covered neurology and stroke management.

D In the **West Midlands**, the board expanded its membership to include representation from most of the hospitals in region, trainees covering North and South regional rotation areas, and a core training representative as well as ACP and SAS representatives. The board supported the second annual conference on diversity and inclusion in EM looking at a wide range of workforce and

patient related topics – this was supported this year by the RCEM chair and Gender Equity Committee lead. The board hosted its first virtual study day on minor injury in October.

E In the **South East Coast** key themes were corridor medicine getting worse; flow not improving; increasingly complex workload (frailty, comorbidity); increasing Same Day Emergency Care (SDEC) work being carried out (chest pain workups, CT scanning) and the all impossible four hour target. Staff 'burnout' and sickness was also a huge issue which the region kept high on the agenda.

F **Yorkshire & Humber** Regional Board supported the work of the census and started to plan ahead to host a joint learning and ISTV event for February 2025. Engaging with regional trainees and focusing on culture and civility was also a priority in 2024.

G In the **South West** the SWEAT Conference was held in April and the region continued to deliver a very active research portfolio, with nearly all Type 1 EDs actively recruiting to NIHR trials and leading on a number of high-profile EM studies. Regional Trainee engagement in the region was reported as outstanding; with trainees hosting TERN, active engagement with the NIHR Associate PI scheme and recent appointments to the Specialised Foundation Programme and Clinical Lecturer posts (Bristol).

H In the **East of England** there were successes regarding recruitment into the specialty. There is, however, concern about a bottleneck developing in the region and more EM colleagues are likely to be completing their training in the region than consultant posts available. This is a cause for disquiet amongst both trainees and trainers, especially as the need for more consultant colleagues is clear given the increasing workload in EM and it is pleased that RCEM is looking at the issue more widely in 2025.

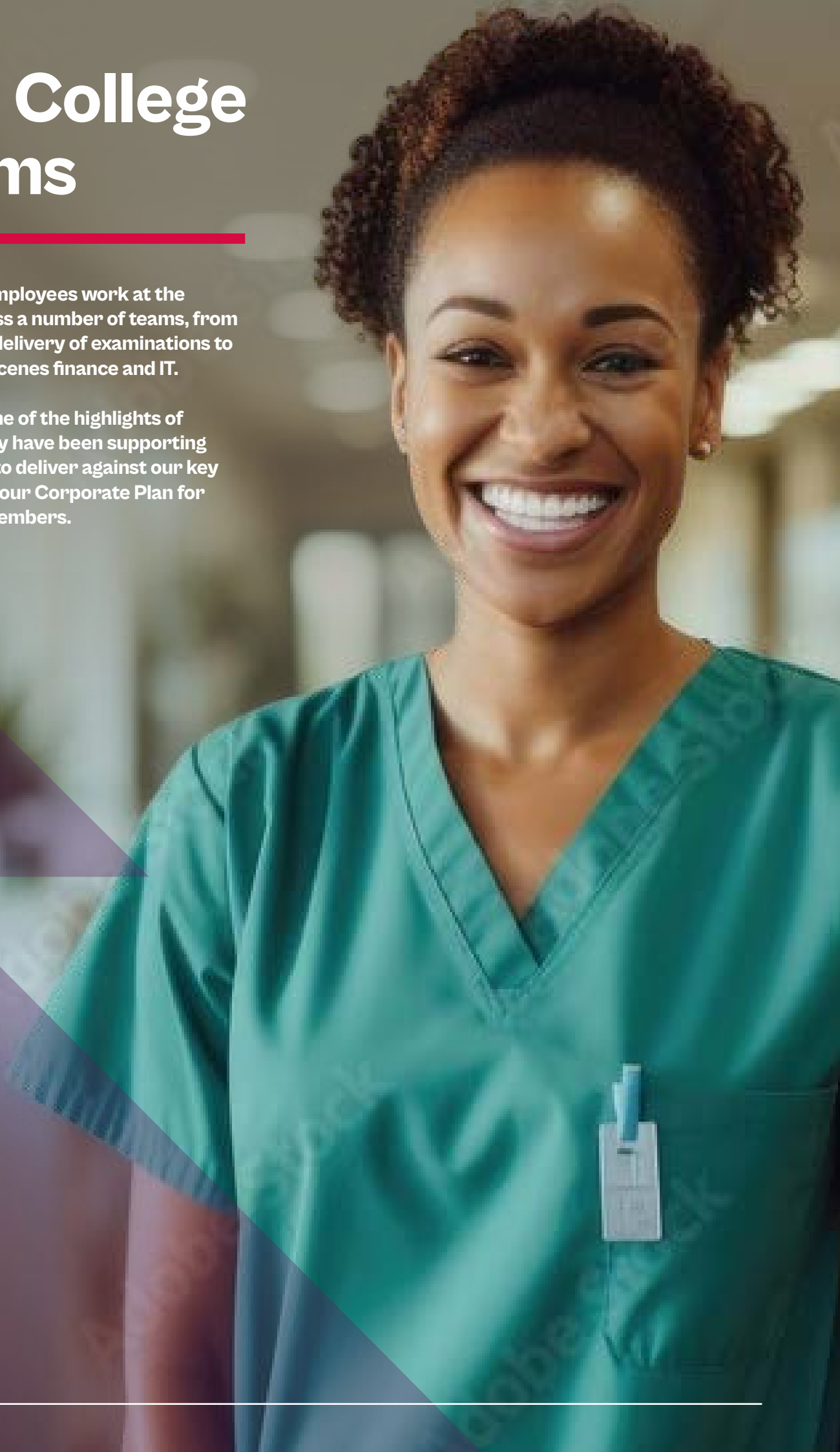
If you would like to be a part of your local Board and help shape and direct the work of the College please do get in touch as there are frequently roles available. You can [see our volunteer vacancies here](#) or [you can contact your regional chair direct](#).



The College teams

Around 75 employees work at the College across a number of teams, from front facing delivery of examinations to behind-the-scenes finance and IT.

Here are some of the highlights of the work they have been supporting committees to deliver against our key objectives in our Corporate Plan for our 13,587 members.



Supporting our Membership and Emergency Medicine Clinicians to achieve sustainable satisfying careers.

- Piloted **'Back to Basics'** aimed at improving the working environment for our members, and supporting sustainable practices, with 11 sites engaged.
- Published the **Impact of Staff Burnout** and **How to Improve Retention**.
- Held **two flagship conferences** with **18 hours of learning content** and **1,958 attendees**, including Low and Middle Income Countries sponsor places.
- Launched a new exam preparation section to **RCEMLearning website**, with four new areas - **Exam Info** for comprehensive information about various exams administered by (RCEM); **MRCEM Practice** for candidates preparing for the MRCEM exams, with practice questions; **SBA Revise** focused on revising and practicing Single Best Answer (SBA) questions and **SBA Explained** providing explanations and strategies for approaching SBA questions effectively. It includes tips on how to analyse questions, eliminate incorrect answers, and select the best possible answer based on clinical scenarios.
- Delivered **10 regional learning and networking events**.



18
hours of learning
content



1,958
attendees

- Received more than **580 abstracts to showcase**.



580
abstracts to
showcase



10
regional learning
and networking
events

- Delivered specific conferences for **EMTA, ACP** and **EMSAS** clinicians.
- Reached **one million podcast downloads**.



One million
podcast
downloads

- Updated our **ePortfolio**.

Delivering Education and Professional Development

- Launched our three-year academic strategy.
- Processed more than **15,000** exam applications.
- Delivered learning in person and virtually to **9,000 delegates** at **46 events**, **33 study days** and **six conferences**.



15,000
exam applications

- Celebrated **400 graduands** at two diploma ceremonies.
- Delivered exams to almost **11,000 candidates**.
- Generated **80 new scenarios** for our Objective Structured Clinical Examination (OSCE) exams.
- **Reduced application time processing** for candidates.
- Saw **4.9 million page views** on our learning content on our Elearning website.



4.9 million
page views on our
learning content



400
graduands

- Credentialed **43 ACPs**.
- Processed **83 CESR applications** and **285 CCT applications**.
- Made it easier to add CPD time to the CPD diary for listening to an RCEMLearning podcast - **over 1,500 hours of CPD time** has been logged since this function was introduced in June 2024.



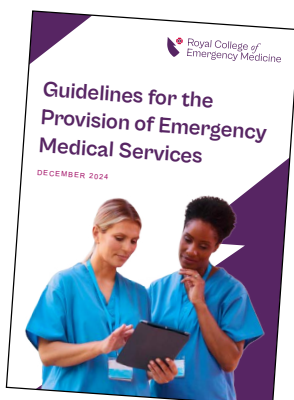
Over 1,500
hours
of CPD time

- Delivered **substantial and impactful programmes** across NW Syria, Ghana, Uganda, India and Pakistan and the Medical Training Initiative (MTI) scheme.

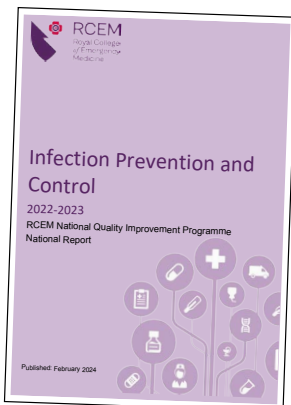


Setting and monitoring Quality and Clinical Standards in Emergency Medicine

- Published the [Guidelines for the Provision of Emergency Services](#), outlining the best practices within EM, establishing standards for service delivery, and providing practical, and patient-centred recommendations.
- Issued position statements and clinical guidelines across a range of issues such as [measles](#), [spiking](#), [seizures](#), [Cauda Equina Syndrome](#), [the absconding patient](#), [opioid toxicity](#) and [Cannabis-Induced Hyperemesis](#).
- Published seven safety flashes on [Pabrinex Shortage](#); [Glycerol Toxicity from Slushies](#); [MPox Outbreak](#); [Handlebar Injuries in Children](#); [Water Beads and Bowel Obstruction](#); [Ingestion of super strong magnets in children](#); [Undetected button and coin cell battery ingestion in children](#).
- Delivered our **first Safer Care Committee** study day 'First do no harm'.
- Introduced a **Clinical Guidelines section** on our learning website.
- Published [Frequent Attenders in the Emergency Department](#), [Right Care, Right Person](#) and [Paediatric Early Warning Scores](#).



- As part of our **Quality Improvement Programmes (QIPs)** delivered the initial reports for the Care of Older People and Mental Health (Self Harm), and the final report for **Infection Prevention Control**. National media coverage was secured for both Infection Control and the Mental Health Self Harm QIPs.
- Extended and increased support for the national **QIP programmes** by delivering FAQs, videos and drop-in sessions.
- Reviewed, updated and published the revised **Management of Pain in Adults**; the **Management of Sickle Cell Disease in ED** and



collaborated on Guidance on Non-Fatal Strangulation (NFS) in acute and emergency care settings

- Began work on a **risk-stratified algorithm for immobilisation of suspected C-spine injuries** (in collaboration with SELKAM – the South East London, Kent and Medway Trauma network)
- The **Emergency Preparedness, Resilience Response Professional Advisory Group** met for the first time as did the **Older Emergency Clinicians Special Interest Group** working group which focused on workload, job planning, and ergonomics.
- The **Environmental Special Interest Group (EISG)** ran its third emergency medicine and environmental sustainability training day and hosted a short webinar with the leaders of emergency medicine day 2024.



- Delivered the **GreenED programme to 26 UK-based EDs**, including all Welsh EDs.

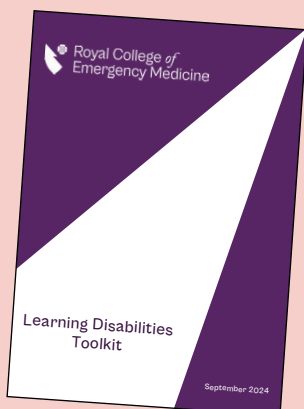


- Initiated an **Australian Pilot of GreenED** in New South Wales in July 2024, with **13 EDs participating** and began discussions with the **Scottish Government** for signing up all **Scottish EDs**.



- Accredited five Bronze and two Silver GreenED** Accreditations.

- Published the **Same Day Emergency Care Frailty toolkit** and the **Learning Disabilities toolkit**.



- Contributed to the **government consultation process and call for evidence submission on the mandatory reporting of child sexual abuse**; report published May 2024.

- Contributed to the scoping process, including local engagement regarding the **implementation of Martha's Rule in the ED**.



- Engaged with the GMC and medical indemnity organisations to produce guidance on **reporting of dog bites to police**, in response to a member enquiry.

- Collaborated with the **National Poisons Information Service (NPIS)** to strengthen our guidelines.



- Delivered a series of **successful toxicology study days** with international presenters.



- Co-wrote **Strong links with Alcohol Concern Saving Lives**.
- Published **Safety Learning Bites** on **Ammonia testing in adults** and **hydrofluoric acid burns**.

Delivering Research, Advocacy, and Influence

- Welcomed our **Patron HRH the Princess Royal** at two key events.
- Allocated over **£200,000** to different research projects to support and advance EM.
- Achieved **more than 60 mentions of RCEM in parliament** on our policy issues (crowding, beds, resourcing).



£200,000
to research
projects



**More than
60**
mentions of RCEM
in parliament

- Secured more than **8,000 pieces of media coverage** in the press, print online and broadcast to keep us high profile.
- Launched the **EDI award in memory of Salma Hussain**.
- Completed **RCEM Training for Research in Emergency Care (TREC)** training modules one and two with four more in progress.
- Delivered our **Trainee Emergency Research Network ACS-ED** study and practice changing **SHED** study, recruiting over **3,000 patients from 88 EDs** across the UK, published in EMJ (<https://emj.bmj.com/content/41/12/719>).
- Contributed to the **COVID public enquiry**, submitting reams of evidence about the work of the College during that time and the impact on its members.
- Contributed evidence to **Lord Darzi's independent investigation on the state of the National Health Service in England**, being one of only two Royal Colleges referenced specifically in the final report.
- Published the **Safety Flash on Water Beads at Christmas** to ensure high visibility for parents who may have been considering gifting them to their children.
- Worked with the Home Office to promote the benefits of **Information Sharing to Tackle Violence (ISTV)**.



8,000
pieces of media
coverage



SHED study
recruited over
3,000
patients
from
88 EDs
across the UK

- Undertook a huge **survey with our members** to better understand what they want from their College.
- Published the **England Census report** and **launched the second Scottish Census**.
- Published **168 news stories** on our website.
- Increased engagement through our social media by more than **600 additional followers**.



- Saw more than **three million pages** on our website viewed.



- Held **more than 70 meetings with policymakers** and had **32 parliamentary questions tabled**.



- Regularly **submitted Freedom of Information Act requests to obtain essential data from NHS England** that is not routinely published, **using the information to lobby for change**.
- **Sent personalised 'Christmas' Cards in August to all MPs highlighting our concerns and offering them a bespoke briefing, taken up by more than a dozen MPs.**
- Hosted a **Policy Day roundtable**, bringing together key stakeholders in healthcare and from Think Tanks. **The outcomes of these discussions help shape our policy priorities and inform our engagement with policymakers moving forward.**
- **Delivered a breakfast briefing with the British Geriatric Society and The Royal College of Psychiatrists at the Labour Party Conference** which was attended by the Health Minister Zubir Ahmed MP, helping to establish an ongoing relationship.

- Agreed to support an **All-Party Parliamentary Group on Emergency Care** which will start in 2025.
- Lobbied the Government which led to the **Health Secretary committing to ending 'corridor care'**.
- **Featured in Channel Four's Dispatches programme – Undercover A&E** – and joined a live panel event afterwards, timed just before the general election.



Continuing to develop and transform our College

- Ended the year with **six consecutive clean audits** – more information about which can be read in our financial report.
- Hosted a **celebration and networking event for our retired fellows**.

- **Improved accessibility** at our main offices.



- Delivered **structured training** for our People Managers.
- Enhanced our **cybersecurity measures**.
- **Expanded our GreenED programme**, with pilots in Wales and Australia.
- Had more than **170 EDs participate in our Quality Improvement Programmes (QIPs)**.
- Launched our **Friends of RCEM** programme and held our first industry day to forge relationships with industry which will better support emergency medicine.
- **Audited our website** to help make continuous improvements.
- **Developed an in-house database** to manage our Quality Improvement Programme.
- **Responded to the climate health scorecard, coming fifth overall** – a good position for a relatively small College.





Acknowledgements

So many people invest time, energy and commitment to make the College what it is today and for that we are extremely grateful. Volunteers give their time, juggling demanding roles in emergency departments throughout the UK and internationally. To those who do so, we are in awe. We understand the relentless pressures you are under which makes your commitment to the speciality even more remarkable.

Collectively we strive to make the lives of those who work in emergency medicine as fulfilled as possible, with patient care front and centre.

We rely on numerous emergency medicine doctors and consultants and many other professionals to ensure the College delivers for our membership and are also fortunate to have the support and input from a number of external stakeholders, including organisations from across the healthcare sector and NHS, fellow Colleges, partners, patient groups and sponsors to name a few.

Our gracious thanks are extended to all of those who have supported our work to help us achieve what we have over 2024.

For information about our finances and accounting, structure, governance and management, please see our **audited Financial report**.

Patron: HRH Princess Royal
Octavia House
54 Ayres Street, London SE1 1EU
Tel +44 (0)20 7404 1999
rcem@rcem.ac.uk
www.rcem.ac.uk



Royal College *of*
Emergency Medicine