



Our work in 2025

Annual Report

 Royal College of
Emergency Medicine



BUCKINGHAM PALACE

As Patron of the Royal College of Emergency Medicine, I am pleased to introduce the College's Annual Report for 2025. This report reflects the breadth and significance of the College's work over the past year and its continued and resolute commitment to those working within the speciality of Emergency Medicine.

Throughout 2025, clinicians and healthcare staff have demonstrated remarkable resilience and dedication, continuing to deliver high-quality patient care while facing sustained pressures across Emergency Departments. Their professionalism and determination in such challenging circumstances deserves the highest recognition.

In response, the College has continued to play an important national role, raising awareness of these challenges and engaging with policymakers and health system leaders to advocate for meaningful and lasting improvement.

The College has further strengthened its focus on education, training and professional development opportunities and extended its reach to a global workforce. With the future of Emergency Medicine firmly in mind, the College continues to promote a more equitable and sustainable working environment for its members, which now number 15,967.

I was delighted to mark the tenth anniversary of the College receiving its Royal title at a Conference I attended in the spring, and later in the year to recognise the significant contribution of Senior Fellows at their meeting.

I send my thanks to all those working in Emergency Medicine, your continued service and commitment are deeply appreciated.

Foreword by the President



During 2025, the College continued to look at how to maintain and improve our core activities around training, examinations, research and quality. It is always humbling to see that activity detailed in this report.

On advocacy, we stood firmly by our mission to improve the lives of both patients and Emergency Medicine clinicians. Crowding and long waits continued to harm patients, and we spoke out with authority to ensure these risks were understood by policymakers. Our evidence – including detailed analytical work from our policy team – helped move the national conversation from whether there was a problem to what needed to be done about it.



Crowding and long waits continued to harm patients, and we spoke out with authority to ensure these risks were understood by policymakers.

We made significant progress in driving up clinical standards, publishing key updates to guidance and, importantly, the first iteration of the Guidelines for the Provision of Emergency Medicine Services. Our focus on sustainable working and environmental sustainability continued, and we intend to strengthen our work on sustainable careers during 2026.

The year also saw exceptional contributions from our international and research communities, reinforcing RCEM's impact both at home and abroad.

I am proud of the determination, integrity and resourcefulness shown by our members, and grateful for their unwavering dedication to patient care – often in the face of mounting challenges to delivering timely emergency care.

Adrian Boyle stepped down as President towards the end of 2025. His contribution to the College has been immense, and he continues to remain active in our work.

Ian Higginson
President



Foreword by the Chief Executive



2025 has been a year of momentum and modernisation for RCEM, marked by significant progress across education, global development, clinical quality, sustainability and corporate governance.

Our Education Directorate delivered scale and accuracy: over 12,000 examination applications processed, 45 sets of results issued, strong candidate and examiner satisfaction, and major advances in examination quality, assessment analytics and digital transformation. Training pathways accelerated, with portfolio turnaround times reduced from six weeks to one, increased Certificates of Completion of Training, and strengthened Advanced Clinical Practitioner credentialing.

Globally, we supported emergency medicine development and research across seven countries and secured substantial grant funding. Our policy and communications activity amplified

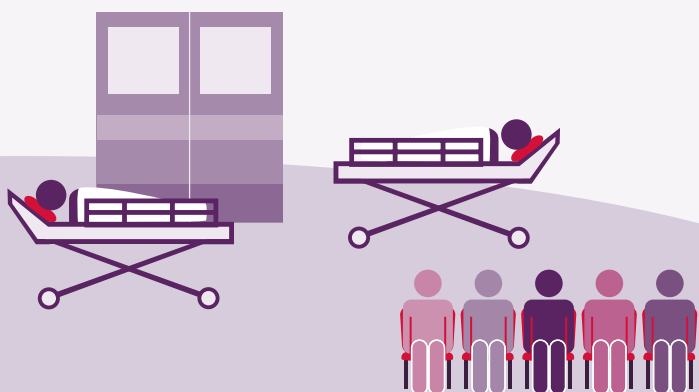
“ Globally, we supported emergency medicine development and research across seven countries and secured substantial grant funding.

our advocacy through high-impact parliamentary engagement and extensive media coverage. Our Research Committee advanced a wide range of projects, and more than 5,800 people attended College events during the year.

Clinical quality outputs increased, with 29 guidance documents published alongside continued expansion of our Quality Improvement Programmes and the Green Emergency Department programme.

Financially and operationally, RCEM achieved another unqualified audit, modernised core systems, and strengthened long-term sustainability.

Gordon Miles
Chief Executive



Who we are

The Royal College of Emergency Medicine (RCEM) is the professional body for emergency medicine in the United Kingdom and internationally. We support 15,967 doctors and advanced clinical practitioners who work in Emergency Departments, commonly known as A&Es.

We improve patient care by:




Setting national clinical standards



Delivering education, training and professional examinations



Supporting research



Influencing health policy and government decisions



Advocating for safe and sustainable Emergency Departments

We are proud to be supported by our Royal Patron, Her Royal Highness The Princess Royal.



Our committees

The College's work is delivered through a wide range of committees led by clinicians and other professionals who volunteer their time and expertise.

Board of Trustees

The Board of Trustees is the College's governing body responsible for the overall control, direction and stewardship of the charity. It ensures the College operates in line with its Royal Charter, charitable objectives and governance framework. It sets the strategic direction of the College and oversees financial management, risk and compliance.

Further information is available in the audited financial report.



Executive Committee

The Executive Committee met four times in 2025 and reviewed 55 papers. Its membership comprises the President, Vice Presidents, the Dean, National Vice Presidents, the CEO, Deputy CEO and RCEM Directors. The Committee led policy and strategy development for emergency medicine and ensured decisions of Council and the Trustee Board were enacted.

Across the year, the Committee considered a range of strategic issues, alongside ongoing RCEM operational matters.

The Committee maintained oversight of the structure of committees and provided Council with information to support informed strategic decision-making on specialty matters.

Council

Council is concerned with the development of the specialty of emergency medicine and met five times in 2025. It receives reports from the National Boards for Scotland, Wales and Northern Ireland, and from 11 Regional Boards in England, alongside reports from College committees.



Council oversees examinations, reviews clinical publications, debates major professional issues and supports our lobbying. In 2025, priorities included overcrowding and patient flow, safe staffing models, ambulance handovers and strengthening the member value proposition.

Work also progressed in quality improvement, training, equality, diversity and inclusion, and volunteer recognition.

Committees and Clusters

More than 60 committees, working groups and professional advisory groups report into Council through the following thematic clusters.

- The **Quality Cluster** leads work on best practice, major trauma, toxicology, environmental sustainability and mental health service design, driving improvements in patient care.
- The **Academic Cluster** oversees research, curriculum, examinations and training standards.
- The **Membership and Professional Matters Cluster** supports the Emergency Medicine Trainees' Association, the Emergency Medicine Specialty and Specialist Association, and Advanced Clinical Practitioner members.
- The **Organisational Development Cluster** leads equality, diversity and inclusion work and honours activity.
- The **Lay Advisory Group** which brings an independent view to the College work.

This structure reflects the breadth of the College's work and is sustained by the commitment of volunteer members.

College Leadership Team 2025



Ian Higginson
President



Gordon Miles
Chief Executive



Adrian Boyle
Immediate Past
President



Russell Duncan
Vice President



Jason Long
Vice President



Maya Navari
Vice President



Sally-Anne Wilson
Vice President



James Gagg
Vice President
Treasurer



Salwa Malik
Vice President
Past Membership



Fiona Hunter
Vice President
RCEM Scotland



Michael Perry
Vice President
RCEM Northern
Ireland



Russell McLaughlin
Immediate past
Vice President
RCEM Northern
Ireland



Rob Perry
Vice President
RCEM Wales



Simon Carley
Dean

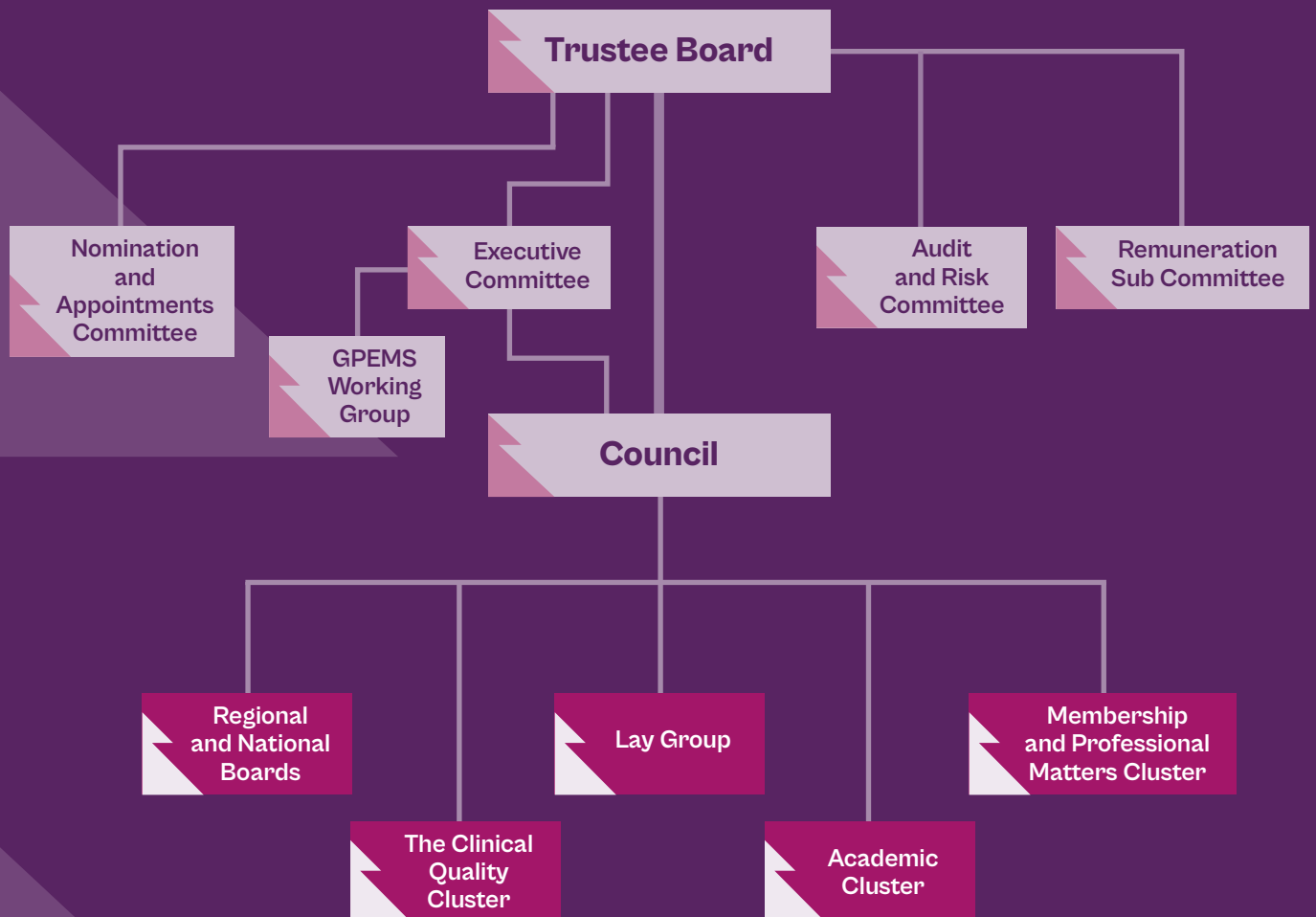


Derek Prentice
Lay Group Chair





Committee structure



The landscape - Emergency Medicine Performance 2025

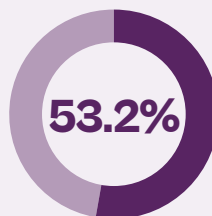
Our work continues against a challenging national backdrop. Emergency Departments across the United Kingdom are experiencing sustained pressure, rising attendances and long waits for care.

National overview



Total Emergency
Department
attendances:
19,827,970

% of patients
admitted,
transferred
or discharged
within **four hours**:



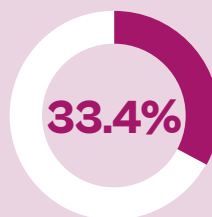
Number of patients waiting
12 hours or more from arrival:
2,017,579

Northern Ireland



Total Emergency
Department
attendances:
629,657

% of patients
admitted,
transferred
or discharged
within **four hours**:



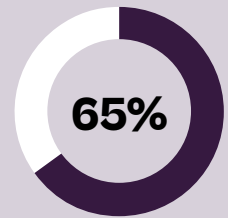
Number of patients waiting
12 hours or more from arrival:
132,805

Scotland



Total Emergency Department attendances:
1,407,474

% of patients admitted, transferred or discharged within **four hours**:



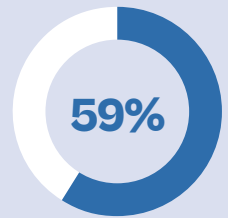
Number of patients waiting 12 hours or more from arrival:
74,052

England



Total Emergency Department attendances:
16,990,407

% of patients admitted, transferred or discharged within **four hours**:



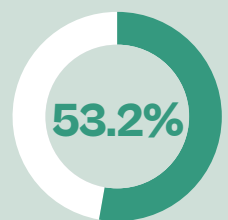
Number of patients waiting 12 hours or more from arrival:
1,727,455

Wales



Total Emergency Department attendances:
800,432

% of patients admitted, transferred or discharged within **four hours**:



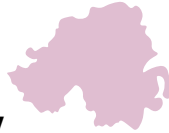
Number of patients waiting 12 hours or more from arrival:
122,166

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 2025.



Michael Perry
Vice President,
RCEM Northern Ireland



This year has again been dominated by overcrowding and corridor care.

In December, we published a snap survey of Emergency Departments across Northern Ireland, alongside the UNCORKED study, highlighting the scale of corridor care locally. This led to engagement with the media, Members of the Legislative Assembly Health Committee and the Minister for Health.

Following our previous advocacy, additional emergency medicine consultants are now in post. We continue to work with government to strengthen the workforce across all grades.

The Northern Ireland team remains involved in major regional initiatives, including implementation of the Right Care, Right Person framework and development of Same Day Emergency Care services.

We hosted our second annual Continuing Professional Development event in Belfast and are planning the 2026 event.



Fiona Hunter
Vice President,
RCEM Scotland



2025 has been a significant year for the Royal College of Emergency Medicine in Scotland, marked by strong engagement and continued influence.

We launched the latest workforce census results at the Future of Emergency Care event in Edinburgh, providing important evidence on service pressures.

Our national conference in Glasgow was opened by the Cabinet Secretary for Health, reflecting the importance of emergency medicine in Scotland's health agenda.

Engagement with government has remained constructive, with monthly meetings with officials and quarterly meetings with the Cabinet Secretary.

We also hosted a diploma ceremony in Edinburgh to celebrate doctors and Advanced Clinical Practitioners achieving Membership and Fellowship of the Royal College of Emergency Medicine.

A new forum for Emergency Medicine Clinical Leads was introduced this year, strengthening coordination on national priorities.



Rob Perry
Vice President,
RCEM Wales

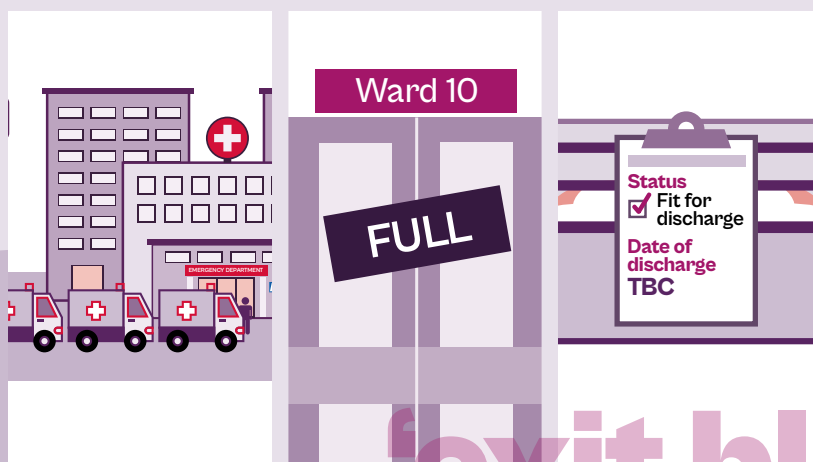


2025 has been a busy and high-profile year for emergency medicine in Wales.

We engaged extensively with Welsh Government regarding ambulance offload targets and Emergency Department performance measures. We have also continued to press for improvements in how performance data is reported.

Board engagement has increased, and we have proposed changes to ensure every Emergency Department in Wales can be represented.

Following discussion, we will establish an annual Wales Continuing Professional Development day from 2026.



'exit block'

Regional updates 2025

A London

Two regional Continuing Professional Development events were delivered this year with excellent attendance. Topics included violence in the Emergency Department, system crowding, acute functional neurology, major trauma and the national flu vaccination programme.

Emergency Departments across London continue to experience prolonged stays, overcrowding and care delivered in inappropriate environments. There are particular concerns around the prolonged boarding of patients requiring mental health beds.

Less Than Full-Time training has become the predominant model among higher trainees, reflecting changing workforce expectations.

Consultant recruitment is currently competitive, which reflects strong interest in the specialty but also highlights the need for workforce expansion.

B North East and North Cumbria

In recent months we have seen rising attendances and increasing acuity across the region, with longer waits and more corridor care, even in departments that previously maintained good flow.

Our annual Northern Emergency Medicine Conference welcomed over 200 delegates, the highest attendance to date.

There is growing anxiety among higher specialty trainees regarding consultant job availability. An increase in applications for post-Certificate of Completion of Training "grace period" extensions may reflect this uncertainty.

C West Midlands

The West Midlands Board has remained active in supporting members and raising concerns about overcrowding and ambulance delays.

Concerns regarding patients treated in ambulances outside Emergency Departments were escalated to Council and contributed to updates in national guidance.



The Board supported regional study days, contributed to national Continuing Professional Development conferences and continues to encourage member engagement with College projects and committees.

D South East

The region has experienced sustained winter pressures, with high attendances and increasing resource strain.

While walk-in attendances do not directly drive overcrowding, they add to workload pressures. Focus on performance targets can sometimes divert resources away from more complex patients.

Many sites contributed data to national corridor care work, which has stimulated local interest in research collaboration.

Some departments reported strong collaboration with Same Day Emergency Care services, while others expressed concern about feeling unsupported by local management structures. The South East Emergency Medicine Conference in Brighton was oversubscribed, reflecting strong regional engagement.

E Yorkshire and Humber

The region delivered a successful training event alongside Higher Specialty Training sessions, supporting trainee development.

The Yorkshire and Humber region remains well represented in national College roles, including Advanced Clinical Practitioner leadership and trainee representation.

Shared challenges include overcrowding, ambulance pressures and consultant workforce concerns. Plans are underway for a regional event focused on workplace culture and staff wellbeing.



F North West

Training quality remains resilient despite operational strain, with Type 1 Emergency Departments across North West England recording 2,221,567 attendances, a 1.4% increase on 2024 in 2025. During the same period, 305,770 patients (one in seven) waited 12 hours or more from arrival. Four-hour performance improved marginally to 56% but continues to reflect sustained system flow challenges.

Expansion of self-rostering and firm embedding of Educational Development Time have supported trainee autonomy and engagement, and regional teaching continues to receive strong feedback. The regional Balint group has been a particular strength, with our qualitative evaluation recently accepted for publication in the Emergency Medicine Journal.

Engagement with Clinical Leads and Clinical Directors is ongoing, with collective priorities centred on workforce sustainability, system improvement and protecting training standards within a challenging operational landscape.

G South West

The 2025 Regional Emergency Medicine Leaders' Day was well attended by both trainees and consultants, reflecting strong engagement across grades and a shared commitment to shaping the future of the specialty. The event provided a dedicated forum to review regional performance, workforce pressures and service innovation, enabling constructive dialogue between emerging and established leaders.

During the final quarter of 2025, the region recorded an average four-hour performance of 69% (range 65–73%). Across departments, enforced ambulance offloads have contributed to increased corridor care and the use of non-designated clinical spaces. This has intensified pressures on staff working within already stretched systems and raised ongoing concerns regarding the safe and dignified management of patients in constrained environments.

H East of England

Recruitment of volunteer representatives for the East of England remains a priority. Work is ongoing to strengthen board activity and increase member engagement.

You can find out more about our volunteering at rcem.ac.uk/volunteering-opportunities





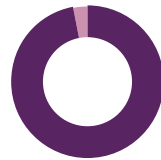
College teams

Around 96 employees work at the College across several teams, from front facing delivery of examinations to behind-the-scenes finance and IT. Here are some highlights of the work the College does to support committee delivery against the key objectives outlined in our Corporate Plan.

1 Supporting the Emergency Medicine Workforce and Wellbeing

We worked to deliver a new concept through testing an initiative known as **Better Basics Better Care**, which we piloted in 11 hospitals, focused on simple improvements to everyday working conditions in Emergency Departments which we hope will pave the way for a national accreditation programme in due course.

Achieved **97.2% overall membership retention.**



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overall
membership
retention

Surveyed **consultant vacancies** and advocated for substantive posts over agency dependence, particularly in Northern Ireland.

Welcomed **1,233 new members.**



1,233
new
members



**Surveyed
consultant
vacancies**

Supported members during international disruption, processing **142 refunds** and **650 exam transfers.**

Created a new role: **Clinical Quality & Workforce Sustainability Director** to strengthen the employee resources focussed in this area.

Continued development of the **Emergency Medicine Specialty and Specialist Association** and the **Emergency Medicine Trainees' Association.**

Introduced **enhanced volunteer recognition**, including one free online study day per volunteer from 2026.



2 Enhancing Education, Training and Professional Development

Reviewed **20,567 examination applications** across 14 examinations.

Progressed the **examinations transformation programme** in response to examiner and trainee feedback.

Examinations were supported by 572 examiners, **results were delivered to 6,261 candidates**.

Approved a **national Training Hours position statement**.

Recommended **301 doctors for completion of specialist training**.

Refined the **Tiers framework**, clarifying Tier 5 supervision expectations and agreeing Option 1 for Specialty and Associate Specialist doctors.



Recommended 301 doctors for completion of specialist training

Enrolled 364 new resident doctors into Emergency Medicine training programmes.

Adopted the **Emergency Medicine Trainees' Association National Journal Club** into the College portfolio with Continuing Professional Development accreditation.

Reduced Certificate of Completion of Training processing times **from six weeks to one week**.

Expanded Advanced Clinical Practitioner credentialing, **training 90 supervisors and credentialing 14 practitioners**.

Modernised examination systems, migrating over 5,000 questions into a new digital platform.

Progressed NHS England / College **digital badging for credentialling**.

Over **5,000**



questions migrated into a new digital platform



Digital badging for credentialling

Achieved **over 6.5-million-page views** on [RCEMLearning](#), with **137 new learning items** published.

Delivered **49 events**, welcoming **over 4,800 registrations** and **celebrating 400+ diplomates** at two ceremonies.

Hosted **two visits** from our **Royal Patron**.

Received **297 abstract submissions** showcasing research and innovation.

Advanced research aligned to the Royal College of Emergency Medicine and the James Lind Alliance emergency medicine **priorities**, strengthening the evidence base addressing the most pressing challenges in emergency care.



**James
Lind
Alliance**
Priority Setting Partnerships

Published the Trainee Emergency Research Network (TERN) led **UNCORKED study**, demonstrating that **nearly one in five Emergency Department patients received care in escalation areas such as corridors**, catalysing national media coverage and renewed policy focus on patient safety.

Expanded research capacity across the specialty by **awarding grants and fellowships**, launching the National Emergency Medicine Journal Club, and **strengthening academic career development** through the RCEM/ National Institute for Health and Care Research emergency care incubator.

Supported emergency medicine development in **seven countries**, including Ghana, Uganda and Ethiopia.

Secured **£280,000 in grant funding** for global emergency care programmes.



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care programmes

Facilitated **seven international professional exchanges**.

Contributed to **seven research papers** supporting global emergency care.

Joined the **World Health Organization Acute Care Action Network**.

3 Setting and Maintaining Clinical Standards and Quality of Care

Published 9 new or updated **clinical guidelines** on topics such as the [management of patients with unidentified poisoning](#), [dog bites reporting](#) and [section 136 of the mental health act](#).

Issued 5 advisory and position statements, and responded to the [Leng Review](#).

Updated the [Guidelines for the Provision of Emergency Medicine Services](#) (GPEMS), including strengthened ambulance handover guidance.

Reinforced that **treatment in ambulances and escalation spaces is sub-optimal and must not be normalised**.



Released updated patient information for [early pregnancy bleeding and pain](#).

Delivered national Quality Improvement Programmes covering older people, mental health and time-critical medications.

Collected over **20,000 patient records** in **Care of Older People audits** and over **18,000 records** in **Mental Health audits**.

20,000
patient
records
in Care of
Older People

18,000
records
in Mental
Health audits

Expanded the **Green Emergency Department (GreenED)** sustainability programme to **33 sites**, including pilots in Wales and Australia.



Streamlined reporting within the **Quality in Emergency Care Cluster** to strengthen oversight.

Approved a new **Emergency Department-focused research and guidelines endorsement policy**.

Appointed 10 new committee chairs and 21 committee members to strengthen clinical leadership.



4 Strengthening Policy, Advocacy and National Influence

Led **winter crisis advocacy** and called for an independent review of winter preparedness.

Contributed to the **Leng Review on physician and anaesthesia associates**.

Responded to major government consultations, including national urgent and emergency care planning and the **NHS 10-Year Plan**.

Held **22 senior meetings with government ministers and health leaders**.

Engaged regularly with NHS England on **Model Emergency Department and urgent care reform**.

Achieved **1,579 print and online media mentions** and **303 broadcast appearances**.

Advocated for **reduction of 12-hour waits** and **Board-level accountability for patient flow**.



1,579
print and
online media
mentions

303
broadcast
mentions



Continued **regular engagement with governments** in Scotland, Wales and Northern Ireland.

Published new national polling on **corridor care** and **Emergency Department overcrowding**.

Published national **census data highlighting workforce and system pressures**.

Supported the All-Party Parliamentary Group on Emergency Care and **published its first report on corridor care**.



5 Digital Transformation and Organisational Improvement

Achieved a sixth consecutive unqualified audit, **maintaining strong financial governance and full regulatory compliance.**

Strengthened long-term financial resilience, secured additional external funding and partnerships to support strategic priorities, and addressed a sector-wide sales tax compliance issue through independent review and strengthened audit oversight.

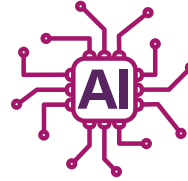
Applied over **4,500 improvements to the electronic training portfolio**, enhancing usability and efficiency for trainees and supervisors.



4,500 improvements to the electronic training portfolio

Strengthened cyber security, internal systems resilience and staff awareness to protect data and maintain operational continuity.

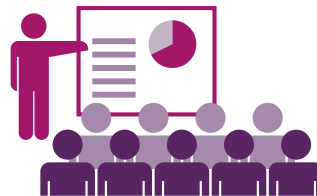
Embedded Artificial Intelligence discussions within existing committee clusters to ensure responsible consideration of emerging technologies.



Approved Bye-Law amendments and updated multiple committee Terms of Reference to strengthen governance and accountability.

Created an additional Vice President role to **broaden leadership pathways** within the College.

Delivered **structured management training** to strengthen organisational capability.



Improved environmental performance and accessibility across our premises, maintaining ISO 14001 accreditation and transitioning to 100% renewable electricity.

Continued **development of in-house data dashboards** to support quality improvement and performance monitoring.

Reached **over 3.3-million-page views on RCEM.ac.uk** and **nearly 5 million on RCEMLearning**, strengthening access to trusted emergency medicine resources.



Over **3.3 million** page views on RCEM.ac.uk

Launched a new main College website to improve accessibility, usability and clarity for members and the public.

Achieved **25,000 social media engagements**, extending the reach of our education and advocacy.



25,000 social media engagements

Introduced simplified **podcast Continuing Professional Development logging**, with more than 1,500 hours recorded.



More than **1,500** hours of **Continuing Professional Development** podcast recorded

Expanded digital learning with new research modules and continued development of online education content.

Refreshed the Equality, Diversity and Inclusion Operational Plan to support transparency and continuous organisational improvement.

Acknowledgements

The College's work in 2025 has only been possible because of the time, expertise and commitment of so many people. We are deeply grateful to the volunteers who lead and contribute to our committees, boards, examinations, research and education programmes.

Our members continue to serve patients in increasingly challenging circumstances. Many balance demanding clinical roles in Emergency Departments across the United Kingdom and internationally with voluntary work for the College. We recognise the relentless pressures you face, and your continued dedication to the specialty is both remarkable and deeply appreciated.

We are equally grateful to the emergency medicine doctors, Advanced Clinical Practitioners, educators, examiners, researchers and professional colleagues who ensure the College delivers for its membership.

Beyond our membership, we value the hard work and commitment of our employees who are motivated by supporting the specialty of emergency medicine. We also value the constructive engagement of partners across the healthcare sector – including National Health Service organisations, fellow Royal Colleges, government bodies, patient groups, academic collaborators and sponsors. Your support strengthens our work and amplifies our impact.

As we look ahead, we will deepen our work on supporting the United Kingdom emergency medicine workplace, expand international collaboration, and continue to elevate quality, sustainability and member experience. Our agenda remains anchored in listening – to members, trainees, patients and partners – and acting on what we hear.

If you are reading this as a member, examiner, educator, volunteer, researcher or Emergency Department clinician: thank you. Your contribution powers the College's mission. And if your department has not yet engaged with our Quality Improvement Programmes or the Green Emergency Department initiative, we encourage you to explore what is possible. The gains in quality, efficiency and sustainability are real and measurable.

Excellence is a collective endeavour – and together, we are making it happen.

Gordon Miles
Chief Executive
Officer
Royal College of
Emergency Medicine





RCEM
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#RCEMasc





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