



Royal College *of* Emergency Medicine

The Terms of Reference for Committees, Sub-Committees, Special Interest Groups, and Working Groups in the Clinical Quality Cluster

Amendment Log

Issue	Issue Date	Additions/Alterations	Initials
1.0	July 2025	First version	HB
2.0	February 2026	Minor amendments to General Terms of Reference Conditions Precedent <ul style="list-style-type: none"> • CEO Delegated powers for minor amendments Inclusion of the following committees to this cluster <ul style="list-style-type: none"> • Research Committee • GPEMS Working Group • New Technologies in Emergency Medicine SIG 	
3.0	April 2026	Addition of Attendance section under Terms of Reference General Precedent.	ZM
4.0	June 2026	Addition of the following ToR's: <ul style="list-style-type: none"> • ACEi Angiodema Short Life Working Group (SLWG) • New Technologies in Emergency Medicine (AI) SIG • RCEM National QI Programme – Topic Team 	ZM

Contents

Amendment Log.....	2
Contents	3
About this document	4
General Terms of Reference Conditions Precedent	5
Clinical Leadership and Service Design Committee	13
Sustainable Working Practices Committee.....	15
Older Emergency Clinicians Professional Advisory Group	16
Emergency Preparedness, Resilience and Response Professional Advisory Group	17
Environmental Special Interest Group	18
GreenED Short-life Working Group	19
Extended Emergency Medicine Care SIG	20
Research Committee	21
Quality in Emergency Care Committee	24
Best Practice Sub-Committee	25
Public Health Special Interest Group.....	26
Toxicology Special Interest Group.....	27
ACEi Angioedema SLWG	28
New Technologies in Emergency Medicine SIG.....	29
Quality Assurance and Improvement Sub-Committee	30
NAP8 SLWG	31
RCEM National QI Programme – Topic Team Terms of Reference	32
Safer Care Sub-Committee	35
Mental Health in Emergency Medicine PAG.....	36
Paediatric Emergency Care Professional Advisory Group.....	37
Pre-Hospital Emergency Medicine Professional Advisory Group	39
Geriatric Emergency Medicine	41
Guidelines for Provision of Emergency Medicine Services (GPEMS) Working Group	42

About this document

This document contains the Terms of Reference (ToR) for the various Committees of the Royal College of Emergency Medicine.

Under our Ordinances¹, the Board of Trustees may:

“Establish such boards, standing and ad hoc committees or sub-committees for the purpose of dealing with any subject as it may from time to time determine.

The Board of Trustees shall have power to determine by Byelaws the constitution and procedures of such boards, committees or sub-committees.

The Board of Trustees may by resolution delegate all or any of its functions, powers, duties and discretions to any body, board, committee, sub-committee, Officer or individual upon terms and subject to such conditions as the Board may from time to time, by resolution, determine.”

Over time a range of Committees has been established, and each has had an individual terms of reference document created for it. Given that a number of these have similar content for good governance purposes and ease of reference this document draws all of them together into one place.

In future any new Committees or amendments to the content of this document shall usually be considered by the Corporate Governance Committee who will, if appropriate recommend that the Board approves the revised document.

This document shall be maintained by an employee of the Royal College as nominated by the Chief Executive.

Gordon Miles, Chief Executive
June 2025

¹ The Royal College of Emergency Medicine Ordinances Paragraph 8

General Terms of Reference Conditions Precedent

1. Each Committee, Sub-committee and Working Party shall have a Terms of Reference.
2. A Committee is a body of one or more persons that is subordinate to Council or the Board of Trustees. Usually, the Council or Board of Trustees sends matters into a committee to explore them more closely than would be possible if the Council/Board itself were considering them.
3. A Sub-committee is a committee that reports to another committee.
4. A Working Party/Group is a committee that is established for a limited time to develop and/or review areas of policy, procedure and practice and put forward suggestions for the Council to consider.
5. A Special Interest Group (SIG) or Professional Advisory Group (PAG) is a small community with a shared interest in advancing a specific area of knowledge, learning or technology where members cooperate to affect or to produce solutions within their field, and may communicate, meet, and organise conferences or study days. All SIG/PAGs shall operate under parent a Committee, which holds overall responsibility for SIG/PAG through its Chair.
6. References to a 'Cluster' reflects the structuring of committees into groups or clusters of Committees under a role holder or role holders led by a Cluster Responsible Officer who will be either a Vice President or other College Role Holder or the CEO or nominated deputy.
7. All College Committees and Working Parties shall have Terms of Reference conforming to our governing documents. Normally, requests for new Committees or Working Groups/Parties are considered by the Executive Committee, scrutinised by Corporate Governance Committee and a recommendation is made to Council or the Board of Trustees accordingly.
8. All Committees and Working Parties shall have a clear reporting structure, ultimately leading to Council or directly to the Trustee Board. They shall report their activity at least annually via their Cluster Responsible Officer to ensure appropriate oversight and alignment with College strategy.
9. The Composition of a Committee is determined as set out in each Terms of Reference.
10. In the remainder of this section, the term Committee shall relate to all Committees, Sub-Committees, SIGs, PAGs and Working Parties/Groups unless otherwise stated.
11. Any Committee has the power to co-opt additional Members to make up the required number of Committee Members that are described in that Committee's Terms of Reference.
12. For any minor amendments to individual committee terms of reference the CEO has delegated powers to approve these amendments in conjunction with the President.

13. For ease of reference and to avoid duplication the following shall apply to every Committee, unless otherwise stated in the specific Terms of Reference for an individual Committee.

Governing Documents

14. In relation to the terms of reference, the Governing Documents are the Charter, Ordinances, Bye Laws, Regulations and the Scheme of Delegation. These documents are senior to any Terms of Reference and so bind Committees to their contents.

Delegated Powers

15. No Committee has delegated powers to make decisions on behalf of the College unless expressly stated in the Terms of Reference for that Committee. The Scheme of Delegation sets out the powers the Trustee Board delegates to Council in relation to Committees and to role holders.
16. Committees shall prepare for Council or Trustee Board scrutiny annual Work Programmes detailing their planned activity. These must be submitted to the relevant Cluster Responsible Officer and Governance Manager annually for tracking and assurance purposes.
17. A budget (if required) shall be agreed through the College Treasurer under the standing financial procedures. The Chair of a Committee has budget responsibility for the activities of that Committee in accordance with the standing Financial Procedures of the Royal College. The Committee Secretary shall act as deputy budget holder. All expenditure must comply with College procurement procedures.

Committee Chair/Member appointment

18. Committee members and Chairs of Committees must be in good standing with the College, as defined in College Ordinances.

Appointing a Chair

19. Unless otherwise stated in the Charter, Ordinances, Bye Laws or Terms Of Reference for an individual Committee, Members and Chairs of Committees are appointed by a selection process involving open advertising.

The following applies to these Committees:

- Academic Committee
- Clinical Leadership & Service Design Committee
- EDI Committee
- Educational Resources Committee
- Gender Equity Committee
- Global Emergency Medicine Committee
- Informatics Committee
- Invited Services Review Committee
- Quality in Emergency Care Committee
- Research Committee
- Sustainable Working Practices Committee

20. Other Committees may wish to seek advice from the Nominations and Appointments Committee (NomCom) for help in recruiting and selecting their Chairs.
21. The Committee Secretary is responsible for ensuring that there is an appointed Chair in place, and the Chair and Committee Secretary together are responsible for ensuring that there are sufficient committee members, with suitable skills, to form the Committee.
22. When the Committee Secretary becomes aware that the term of the Chair is coming to an end (either because the Chair will have served the time appointed for, or because they are stepping down) the Committee Secretary will meet with the Chair of NomCom. (NomComChair@rcem.ac.uk)
23. The Secretary and the NomCom Chair together will propose the members of the Appointments Panel. The final decision on membership of the panel is with the NomCom and the NomCom Chair will be responsible for securing that decision. The decision will also include who will Chair the Appointments Panel. The retiring Chair of a committee shall not sit on the Appointments Panel for their successor, to avoid any conflict of interest, though they may provide a handover or speak with shortlisted candidates if appropriate.
24. The Secretary and the Chair of the Appointments Panel will produce a timetable to cover the following actions:
 - a. The creation of a job specification including role description and person specification.
 - b. A communications plan to ensure that the role is advertised widely and a job pack which includes at least the job specification but could also include more information on the background of the committee.
 - c. An agreement on who will administer the process (receive applications, communicate with candidates during the process etc) – this is usually the Committee Secretary.
 - d. The process for making an application (usually a CV and a two-page letter addressing the points on the person specification).
 - e. A date by which all applications must be received.
 - f. A date for the Appointments Panel to receive applications and a process for drawing up a short list. (This is usually a scoring against items on the person specification which should have been addressed in the two-page letter.)
 - g. A date for a short-listing meeting. The Panel may do their scoring and preparation beforehand, but they should meet to decide on the candidates.
 - h. A date or dates for interviews (these should be included in the Information Pack that goes out with the initial job pack). Except in the most exceptional circumstances panel members must attend all the interviews.
 - i. The creation of questions and the agreement of panel members to the questions.

- j. The date for the panel to convene to make a decision unless this is to be immediately after the last interview (which is preferable).
25. The Committee Secretary will:
- a. Prepare a letter of appointment for the CEO to sign.
 - b. Update the IMIS Committee Records.
 - c. Ask for a Conflicts of Interest declaration using this link:
http://account.rcem.ac.uk/RCEM/Webformz/Apply_WFZ_DeclarationofInterestsForm.aspx
 - d. Ask for the completion of confidential demographic information into the College database using this link: <https://bit.ly/RCEM-CountMeIn>
 - e. Arrange for induction and advise the Council of the appointment.
26. Once the role is accepted feedback may be offered to applicants who if they wish to receive it should be asked to schedule a call with the NomCom Chair.

Appointing a Committee Member

27. The Chair of the Committee is responsible for the process.
28. The Chair and the NomCom Chair (NomComChair@rcem.ac.uk) together will propose the members of the Appointments Panel. It would be usual for the Chair of the Committee to Chair the Appointments Panel. The Chair may wish to seek advice from the NomCom Chair on the process and the development of the role profile and person specification for the role.
29. The Chair of the Appointments Panel will produce a timetable to cover the following actions:
- a. The creation of a job specification including role description and person specification.
 - b. A communications plan to ensure that the role is advertised widely and a job pack which includes at least the job specification but could also include more information on the background of the committee.
 - c. An agreement on who will administer the process (receive applications, communicate with candidates during the process etc) – this is usually the Committee Secretary.
 - d. The process for making an application (usually a CV and a two-page letter addressing the points on the person specification).

- e. A date by which all applications must be received.
- f. A date for the Appointments Panel to receive applications and a process for drawing up a short list. (This is usually a scoring against items on the person specification which should have been addressed in the two-page letter.)
- g. A date for a short-listing meeting. The Panel may do their scoring and preparation beforehand, but they should meet to decide on the candidates.
- h. A date or dates for interviews (these should be included in the Information Pack that goes out with the initial job pack). Except in the most exceptional circumstances panel members must attend all the interviews.
- i. The creation of questions and the agreement of panel members to the questions.
- j. The date for the panel to convene to make a decision unless this is to be immediately after the last interview (which is preferable).

30. The Committee Secretary will:

- a. Prepare a letter of appointment for the CEO to sign.
- b. Update the IMIS Committee Records.
- c. Ask for a Conflicts of Interest declaration using this link:
https://account.rcem.ac.uk/RCEMPortal/Sign_In.aspx?LoginRedirect=true&returnurl=%2fRCEMPortal%2fDeclaration-of-Interests-form.aspx
- d. Ask for the completion of confidential demographic information into the College database using this link: <https://bit.ly/RCEM-CountMeIn>
- e. Arrange for induction and advise the Council of the appointment.

31. Once the role is accepted feedback may be offered to applicants who if they wish to receive it should be asked to schedule a call with the Committee Chair.

32. If advertising for members or Chairs proves unsuccessful the Committee may co-opt members into these positions subject to approval by the Executive Committee as stated in the bye laws.

33. For new Committees, the terms of reference will then be developed through the Committee and in the case of Committees reporting to Council come to Council for approval, and the Board for ratification. For Committees reporting to the Board the Board will decide the terms of reference.

34. For Committees in existence at the point where these Terms of Reference are approved, the existing Committee Members and Chairs may continue for the remainder of their existing term of office.

Committee Secretary

35. The Committee Secretary will normally be an employee of the College who is assigned the role by the Chief Executive. Where there is no staff member available for this role then the Committee may appoint one of its number to be secretary for the meeting in question or approach the Chief Executive to seek out-sourced Committee support for minute taking or other administrative help (subject to budget availability).
36. The Committee Secretary will arrange meetings, take minutes, act as deputy budget holder and, working with the Committee Chair, prepare agendas, collate and distribute papers and advise on any governance arrangements including recruitment. The Secretary must ensure that meeting documentation is circulated no later than five working days before each meeting unless agreed otherwise.
37. Committee secretaries shall produce draft minutes of their meetings within 14 days of each meeting, and these will be circulated to all members, including ex-officio members, whether they attended the meeting or not. The draft minutes will then be sent to the Chair for approval before being circulated to the Committee.
38. The Committee Secretary is a non-voting role at the Committee. They may provide procedural advice during meetings but shall not influence decision-making.

Terms of Office

39. Terms of Office are for three years. A shorter term may be applied in exceptional circumstances, subject to approval by Council or the Trustee Board.
40. Suggested succession planning for committee Chairs is that appointment occurs 6-12 months prior to the expected handover date, with the chair elect acting as a deputy. As a chair steps down, it may be reasonable, at the discretion of the new chair, for them to act as a deputy for a further 6-12 months to facilitate continuity. This does not preclude formal appointment of another deputy should that be deemed required as part of the Terms of Reference. Succession planning discussions should be initiated by the Committee Secretary at least one year before the end of the Chair's term.
41. Where a new committee is formed consideration should be given to one of the College Executive Committee acting as a co-chair, should this be deemed beneficial. This should be reviewed after the Committee's first year to assess whether the co-chair arrangement remains appropriate.
42. Committee Members may serve up to two consecutive terms on a particular Committee, after which they shall step down unless as otherwise approved by Council, or in the case of the Audit and Risk or Executive Committee by the Trustee Board. Having stepped down for one term of office they may reapply after that. If during a term of office, a Committee Member becomes a Chair then the following paragraph applies and the rules under this paragraph are disregarded. Reappointments must be recorded formally by the Governance Manager.
43. Subject to the Bye Laws, Chairs of Committees shall normally serve for an initial term of office following their appointment, after which they may offer themselves for re-

appointment in competition with others. If re-appointed, they may serve for a further term, after which they will not be eligible to stand for the post in question but may sit on the Committee as a member for a further term subject to Council approval. Any extension beyond this period requires written approval from the Trustee Board, setting out the exceptional circumstances.

44. RCEM Role Holders are appointed to Committees for their term of office and on a change of office holder the position rotates with the office not the individual. Outgoing role holders must ensure a proper handover to their successor.

Committee Composition

45. The composition of a committee is determined by Council or the Board of Trustees, as set out in each Terms of Reference. Unless otherwise stated in the Terms of Reference the number of Committee Members shall not exceed 12 persons including the Chairperson. Where broader representation is required, this must be justified in writing to the Governance Manager and proved by Council or the Trustee Board.
46. In the absence of the Chair, a Deputy, either by appointment by the Chair or nominated from amongst the Committee Members present shall act as Chair for that meeting and may vote at that meeting.
47. Individuals standing on Committees have a personal responsibility to be present (either in person or through appropriate media) for two thirds of all meetings. Such individuals are expected to take on a stream of work such as preparing documents, gathering information, attend meetings, providing Royal College approved advice to individuals or organisations and to complete activities in a timely fashion. Council or the Trustee Board may remove Committee Members who fail to meet these requirements.
48. The following role holders may attend any Committee meeting of the College as an ex-officio member: President, Trustees, Vice Presidents, Dean, Treasurer and Chief Executive (or nominated deputy) and by agreement with the Chief Executive the Directors of Corporate Services, Education and Engagement & External Affairs. Ex-officio members have full speaking rights but do not count towards quorum unless explicitly stated in the individual Terms of Reference.
49. Consideration should be given, upon formation of a new committee, as to whether specific representation from EMTA, EMSAS, ACP Forum or from EDI/GEC is required. This should be balanced against the practicalities of fielding such representatives in multiple forums and of narrowing opportunities for participation amongst the wider membership. Committees should periodically review representation to ensure diversity and balance.

Quorum

50. Unless otherwise stated in the terms of reference or elsewhere in the governing documents:
 - a. the quorum shall include the Chair or nominated Deputy and those present in person and those using an electronic communication method to join the meeting;

- b. for a Committee the quorum shall be at least half the number of Committee Members of that Committee, whether they are present or not. Where attendance drops below quorum during a meeting, decisions must be deferred until a quorate session can be reconvened.

Attendance

51. Chairs and Members of Regional & National Boards, Committees, SIGs, PAGs and Working Groups are expected to participate in meetings. Should they fail to attend three consecutive meetings of their Board, Committee, SIG, PAG or Working Group, without good reason, then the Council may decide to require them to demit office.

Conducting Business

52. To conduct business and make decisions Committee members will either be present in person or using electronic conferencing facilities, or where this is not practical decisions may be made by email or other electronic media. Any decision made outside of a committee meeting for example by email, should be reported at the next meeting for record keeping purposes. All such decisions must be clearly documented by the Secretary with confirmation from the Chair.
53. Decisions will normally be made by agreement, but where a vote is necessary this will be indicated by a show of hands or a suitable electronic equivalent. In the event of a tie the Chair has a deciding vote. In the absence of the Chair, a Deputy nominated either by the Chair or from amongst the Committee Members shall act as Chair for that meeting and may vote at that meeting. The outcome of any vote must be minuted clearly, including the number for, against, and abstaining.
54. Individuals standing on Committees have a personal responsibility to take on a stream of work such as preparing documents, gathering information, providing Royal College approved advice to individuals or organisations and to complete activities in a timely fashion. Progress against agreed actions should be reviewed at each meeting and recorded in the action log.
55. Chairs action can be used for routine decisions where there is no monetary impact, and a delay would be detrimental to the interest of the committee. All Chair's actions must be documented and reported to the next meeting for ratification.

Risk Management

56. All Committees and Working Groups shall advise the CEO via Governance Manager and Chair of Audit & Risk Committee of their assessment of the risks that they are running for the College including details of what action is being taken to mitigate the risks. This enables the Audit & Risk Committee to add relevant items to the College Risk Register. Committees must review their risks at least annually and update the Governance Manager following any changes.
57. Committees should ensure that key risks, mitigating actions and dependencies are recorded in their annual work programme and reported upwards through their Cluster Responsible Officer.

Clinical Leadership and Service Design Committee

This Clinical Leadership and Service Design Committee reports directly to Council and sits in the Clinical Quality Cluster of College Committees. It has the following terms of reference.

Remit

The Clinical Leadership and Service Design Committee, situated within the Clinical Quality Cluster of Committees, plays a pivotal role in advising the College on clinical leadership and Emergency Department service design and delivery. The Committee aims to collaborate with other relevant College Committees (including the Sustainable Working Practices Committee and the Quality in Emergency Care Committee) and formulate College guidance on these subjects for broader dissemination and Council approval.

The remit includes:

1. **Emergency Department Workforce Planning and Management:** Providing expert advice around the workforce, including consultants, SAS doctors, postgraduate doctors in training, Advanced Clinical Practitioners, Physician Associates, and nurses. This encompasses, for example, job planning, job design, team design, rota design, defining competence and capability requirements, people development, recruitment, and retention. Issues around sustainable working will be picked up by, or with, the Sustainable Working Practices Committee.
2. **Emergency Department Design:** Developing recommendations and offering expertise to optimise the physical design, equipment requirements, and functionality of Emergency Departments, taking into account current NHS design standards and sustainability guidance.
3. **Service Design and Delivery:** Evaluating and enhancing processes within Emergency Departments to deliver quality standards throughout the patient journey, including interfaces with other specialties and community services.
4. **Emergency Medicine System Design and Integration:** Contributing to the enhancement of the wider Urgent and Emergency Care System through strategic planning of the emergency medicine service and provision of practical guidance, acknowledging regional variations in service provision.
5. **Policy and Guidance Development:** Supporting the creation of College-endorsed guidance and standards relating to service design and clinical leadership.

The Committee's output will be geared towards members and those involved in designing, commissioning, leading, and delivering emergency medicine systems at strategic, operational, and tactical levels.

Membership

To include no more than 14 people in total:

- Chair: RCEM Fellow
- Cluster Responsible Officer (Vice President) – ex-officio
- Experienced clinical leaders with relevant expertise drawn from across the UK and Northern Ireland
- Nursing representative
- ACP representative (nominated by ACP Forum)
- Trainee representative (nominated by EMTA)
- SAS representative (nominated by EMSAS)
- Lay representative
- Quality Manager or nominee – ex-officio, to provide governance support

The Committee may co-opt other members as required, subject to budget, and with approval from the Cluster Responsible Officer.

Meetings

The Committee intends to meet three to four times per year, normally by video conference call. At least one meeting per year should be face to face, where possible, to support planning and collaboration. Extraordinary meetings may be arranged at the request of the Chair or Cluster Responsible Officer.

Individual Responsibilities

Individuals who are appointed to the Committee have a personal responsibility to act as ambassadors for the service design and configuration work of the Royal College, supporting, explaining, and reinforcing the College strategy. Members are expected to contribute actively to workstreams between meetings and report progress at each scheduled meeting.

All Fellows and Members of the College may apply to join the Committee through an open and transparent process.

Sustainable Working Practices Committee

Remit

1. Devise a strategy and work programme for approval by Council focused on improving sustainability of working life and workforce wellbeing in Emergency Medicine.
2. Develop a strategy for assisting with revalidation and remediation.
3. Advise on flexible working, workload management, and retention strategies.

Membership

- Chair by appointment (term: three years, renewable once).
- In the absence of the Chair, a nominated Deputy shall chair the meeting.
- Members (4–12) by appointment, including:
 - Consultant representatives from across the UK and Ireland
 - Nursing representative
 - Trainee representative (nominated by EMTA)
 - SAS representative (nominated by EMSAS)
 - Lay representative (nominated by LAG)
 - ACP representative
 - Administrator (Ex-Officio): attends to record minutes, no voting rights.
 - Quality Manager or Governance Manager (ex-officio) to support reporting.

Meetings

The Committee shall meet at least twice per year, either in person or by video/telephone conference, subject to budget constraints. One meeting annually should review progress against the agreed work programme and identify strategic priorities.

Older Emergency Clinicians Professional Advisory Group

Remit

1. The PAG produce guidance relating to this topic, based on evidence, experience and opinion. Work is distributed amongst interested colleagues and the group meets 3-4 times per year to guide this workstream.
2. Guidance currently being produced by the PAG covers topics such as gender related issues, specific workforce groups, succession planning, winding down and post-retirement. The Working Group are also preparing to host RCEM Study Day next year.

Membership

- Chair by appointment (term: three years, renewable once).
- In the absence of the Chair, a nominated Deputy shall chair the meeting.
- Members (up to 15) by appointment, including:
 - Consultant representatives from across the UK and Ireland
 - Sustainable Working Practices Committee Representative
 - ACP representative
 - BMA Representative
 - EDI Committee Representative
 - Emergency Nursing Representative
 - Faculty of Occupational Medicine Representative
 - Gender Equity Representative
 - SAS Representative
 - RCEM Human Resources Representative

Meetings

The PAG shall meet four times per year by video/telephone conference, subject to budget constraints. One meeting annually should review progress against the agreed work programme and identify strategic priorities.

Emergency Preparedness, Resilience and Response Professional Advisory Group

This Emergency Preparedness, Resilience and Response Professional Advisory Group (EPRR PAG) reports to the Clinical Leadership & Service Design Committee.

Remit

To provide expert advice to the College on emergency preparedness, resilience, and response (EPRR), and to:

1. Prepare specialty input for Council approval on the development of national EPRR guidance being developed by NHSE, UKHSA, or other national bodies for use by Emergency Departments, including for major incidents, CBRNE (Chemical, Biological, Radiological, Nuclear, and high-yield Explosives) incidents, and other EPRR specialist incidents.
2. Create, implement, and maintain a system to link Emergency Department EPRR leads (multi-professional group) to share information as early as possible, including links to the National Ambulance Resilience Unit (NARU) and NHS bodies.
3. Ensure that learning and best practice from major incident reviews are shared across the specialty and embedded into College guidance.
4. Provide advice to other College Committees on preparedness aspects of their work, where relevant

Membership

- Chair: RCEM Fellow (who will also represent the College at the NHSE EPRR Clinical Reference Group)
- Major Trauma Centre and District General Hospital representatives (to include both large and small Emergency Departments)
- One member nominated by each of the national boards for Northern Ireland Scotland and Wales
- Pre-Hospital EM PAG representative
- Paediatric EM PAG representative
- Military representatives (1 Fellow and 1 trainee)
- Academic EPRR representative
- ED EPRR Lead Nurse representative
- NARU Medical Lead
- Other individuals with specific expertise can be co-opted onto the PAG, subject to budget. If there is interest from ACPs, trainees, and EMSAS clinicians, one seat each will be made available.
- NHSE EPRR representative to have a standing invitation to join the PAG in an advisory non-voting capacity.

Membership will be reviewed annually to ensure appropriate multidisciplinary representation and coverage across UK nations.

Meetings

The group intends to meet quarterly by video conference call, or more often when appropriate. At least one meeting per year should focus on reviewing lessons learned and updating guidance accordingly.

Environmental Special Interest Group

The Environmental SIG is a Sub-Committee of and reports to the Clinical Leadership and Service Design Committee. It has the following terms of reference.

Remit

1. To devise an environmental policy and work programme for the specialty for approval by the Executive Committee, focused on reducing the environmental impact of the specialty of emergency medicine.
2. To advise the CEO on environmental performance and progress towards achieving the College's net-zero goals. This includes identifying opportunities for collaboration across the College to embed sustainability principles into education, operations, and clinical guidance.

Membership

The first Chair will be appointed by a process of interview as described in the standing instructions governing Committees of the College. There will be up to 10 other members appointed or co-opted as required, subject to budget constraints. Members should represent a mix of clinical, operational, and environmental expertise. Membership may include representatives from EMTA, EMSAS, and the Lay Group as required.

The Quality Manager or Governance Officer may attend ex-officio to provide oversight and administrative support.

Meetings

To reduce its environmental impact, the SIG shall meet by email or video/telephone conference when appropriate, subject to budget constraints. A minimum of two formal meetings per year will be held, and updates will be provided to the parent Committee following each meeting.

Responsibilities

Co-opted Members:

- Contribute to one assessment window as an assessor, or to provide two articles for the portal/website, within a 12-month period.

GreenED Short-life Working Group

The GreenED Subcommittee reports to the Environmental Special Interest Group (ESIG).

Remit

To develop and deliver, subject to the approval of the ESIG, the concept of the 'GreenED' so that

it can be rolled out initially across UK Emergency Departments. This includes:

1. Reviewing the progress of the GreenED pilot sites and using this to develop a body of knowledge that can be moulded into a GreenED framework.
2. Implementing and evaluating the pilot sites.
3. Creating and delivering the GreenED framework and associated tools/materials.
4. Identifying opportunities to develop wider engagement of the specialty in the GreenED concept.
5. Marketing and promoting the GreenED framework once created.
6. Developing and seeking approval for the project budget
7. Identifying any fundraising or collaboration opportunities to support the project.
8. Monitoring impact and reporting outcomes annually to the ESIG and Clinical Leadership and Service Design Committee.

Membership

To include members of the ESIG. The membership will comprise 10–12 members from ESIG, who shall be:

- Working Group Chair
- ESIG Chair
- ESIG Vice-Chair
- One other ESIG member
- RCEM CEO or nominated deputy
- ACP representative
- Pilot site leads (up to three)
- Up to two additional co-opted members

The founding ESIG members shall be: James Chan, Lindsay Merry, Gordon Miles (CEO), Sandy Robertson (ESIG Chair), Tim Spruell (ESIG Vice-Chair), Zoe Steley (GreenED SC Chair and Royal Free pilot site lead), and Hannah Webb (Brighton pilot site lead). Representatives from EMTA, ACP Forum, and EMSAS will be confirmed.

Representatives from other pilot sites may be appointed as required.

Extended Emergency Medicine Care SIG

Research Committee

Aim

To promote the development of academic emergency medicine through research.

Responsibilities

- a. To develop an evidence-based foundation for the Royal College's curriculum, training, examinations and educational resources
- b. Actively participate in and directing the development of Academic Emergency Medicine
- c. Engage with UK academic structures on behalf of the Royal College (e.g. Academy of Medical Royal Colleges Academic Leads)
- d. Administrator the Royal College Research Fellowships and Grants
- e. Organise the Royal College Scientific Meetings and for advise the Royal College Council
- f. Update the College Council and committees within the Clinical Quality and Academic Clusters on matters related to Academic Emergency Medicine research
- g. Liaise the QEC on matters of mutual interest
- h. Manage the process and systems for the approval, presentation, standardisation and publication of RCEM publications, which are to be approved by Council
- i. Provide guidance to careers committee to promote, support and develop a sustainable academic Emergency Medicine workforce

Membership

Membership of the Committee comprises:

- Chair of the Research Committee
- Vice-Chair of the Research Committee
- President
- College Officers
- RCEM Members x 7
- EMJ Editor
- RCEM Professors x 2
- RCEM Associate Professors x 4
- Lead of Academic Department of Military Emergency Medicine (ADMEM)
- RCEM PhD Fellows and academic training representatives at different stages x 3
- EMTA Representative
- GEC Representative
- Nursing Representative
- Trainee Emergency Research Network (TERN) Fellow
- EMSAS Research representative
- ACP Research representative
- GEM research representative
- Lay Member

Plus, up to three additional co-opted members if business requires.

In attendance:

- Dean
- Director of Education
- Director of Clinical Quality & Workforce Sustainability

- Committee Secretary
- VP Clinical Quality
- Immediate past appointed holders

Meetings

The committee meets four times a year. All members should endeavour to attend but deputies can be sent with the agreement of the Chairperson.

The quorum for this Committee shall be three members, plus the Chair of the Research Committee.

Membership Appointment Requirements

Position	Appointment Requirements	Term of Office
Chair	Elected from the membership of the Research Committee subject to ratification by the Royal College Council. The process of election will be for the out-going Chair to determine but will include inviting written applications and CVs in support and may include the appointment of a selection panel from within the Committee to make a short-list of candidates from which the Chair is elected by the Committee. In his/her absence a nominated member (e.g. one of the Royal College Professors) shall be Chair.	3 year term of office, with the possibility of an extension is agreed by Council. No more than two terms of office
Vice-Chair	Elected from the membership of the Research Committee subject to ratification by the Royal College Council.	3 year term of office, with the possibility of an extension is agreed by Council. No more than two terms of office
President	As per the Bye Laws	As per Council ToR
Vice-President(s)	As per the Bye Laws	As per Council ToR
College Members	Ordinary membership is advertised in open competition and applications are assessed by the senior members of the committee. Nominations will then be passed to the Royal College Council for approval.	Normal term of 3 years but extension possible if agreed by council
EMJ Editor	Current EMJ Editor	For duration of tenure as Editor
RCEM Professors	Invitations for application are every 2-4 years. Two RCEM Professors at any one time on a rolling 2 year appointment basis. Shortlisting and appointment through Research Committee with Council approval.	4 year term.
RCEM Associate Professors	RCEM Associate Professors are appointed following application and serve a term of 4 years. If not already members of the committee they will be invited to sit on the committee as additional members during	4 year term.

	their term.	
Lead of Academic Department of Military Emergency Medicine (ADMEM)	Current Defence Professor of Emergency Medicine (or head of ADMEM)	For duration of tenure
RCEM PhD Fellows and academic training representatives at different stages	Appointed for the duration of their doctoral studies or academic clinical fellowship / lecturer appointment. This may include RCEM PhD fellows plus additional academic trainee representatives	3 years (normally)
EMTA Representative	Nominated by EMTA	2 years
GEC Representative	Nominated by GEC	For duration of tenure on GEC
EMSAS Research representative	Nominated by Emergency Medicine Specialty and Specialist Doctors (EMSAS) committee	For duration of tenure on EMSAS committee.
ACP Research representative	Nominated by ACP Forum	For duration of tenure as ACP Research Rep on ACP Forum
Global EM research representative	Nominated by GEM committee	For duration of tenure as GEM committee research rep
Nursing Representative	Application by submission of interest, then appointed by the committee	3 years
Trainee Emergency Research Network (TERN) Fellow	Appointed by competitive application and interview. Invited to give TERN update at alternate meetings	2 years
Lay Member	To be selected/nominated from the Lay Advisory Group and approved by the Royal College	Co-terminus with Lay Group appointment
Dean	As per the Bye Laws	As per Council ToR
Director of Education	Current post holder	On-going
VP Clinical Quality	Current post holder	On-going
Committee Secretary	Current post holder	On-going
Immediate past appointment holders	Immediate past Chair and RCEM Professors will be invited to continue their contribution to the committee.	3 years

The Committee may, if needed, co-opt up to three additional members to support its business.

Quality in Emergency Care Committee

Remit

1. Develop and review guidelines for the specialty of Emergency Medicine.
2. Develop consensus-based best practice statements for the specialty.
3. Set and monitor standards of clinical care, best practice, and clinical procedures in Emergency Departments.
4. Produce quality improvement tools for Emergency Departments that encourage uniform data collection and enable QIPs to be conducted in a systematic way.
5. Develop and disseminate patient safety strategies for the specialty.
6. Develop and maintain the Quality section of the Royal College website.
7. Consider requests for RCEM endorsement from other organisations.
8. Consider requests regarding surveys of the membership from other organisations, along with the Research Committee.
9. Liaise with other organisations (including other medical royal colleges) regarding issues relevant to the practice of Emergency Medicine.
10. Oversee the work of its Sub-Committees, SIGs, and PAGs to ensure alignment with College strategy and consistent governance standards.

Membership

- Chair or two Co-Chairs, elected by the members of the QEC and appointed by the Royal College Council. They will have been a consultant for five years and a member of the Committee for at least two years prior to appointment. The Chair will sit on the Royal College Council and Executive Committee (sharing one vote) and be an ex-officio member of the Clinical Leadership and Service Design Committee.
- Chairs of Subcommittees – current consultants. Applications for these roles will be invited by the College, and the most suitable applicants will be recommended by QEC and appointed by Council.
- One representative of doctors in training, selected by EMTA.
- One representative of SAS doctors, selected by EMSAS.
- One or two representatives of the non-medical professions relevant to emergency care, co-opted representatives.
- Up to 36 co-opted members, selected for their specific expertise, with broad regional representation wherever possible.
- One lay representative, selected by LAG.
- Administrator – Quality Manager, or deputy nominated by the Quality Manager.
- Governance Manager or Cluster Responsible Officer may attend ex-officio to support oversight and reporting.

Meetings

- The Chairs of the Sub-Committees will provide verbal and written reports of their activities at each QEC meeting.
- The Committee will meet four times each year: two “full” meetings to which all members and Subcommittee members are invited (these also allow Subcommittees to meet in person), and two business meetings attended by the main Committee and Subcommittee Chairs only.
- Other business will be conducted via teleconferencing or email.
- An annual report summarising the work of all QEC Subcommittees and SIGs must be submitted to Council via the Cluster Responsible Officer.

Best Practice Sub-Committee

Remit

1. Develop consensus-based best practice statements and guidance for the specialty of Emergency Medicine.
2. Advise the NHS, DHSC, CQC, the Royal Colleges, and other national bodies interested in best clinical practice in Emergency Departments.
3. Develop and maintain the RCEM Guidance section of the Royal College website.
4. Ensure best practice statements are reviewed regularly and remain aligned with national policy, NICE guidance, and College standards.

Membership

- Chair – a current consultant in Emergency Medicine with a demonstrable interest in best clinical practice. Applications will be invited by the College, and the most suitable applicant will be recommended by QEC and appointed by Council. Term: three years, renewable once at QEC discretion.
- 4–10 co-opted members with relevant expertise. May include doctors in training, nursing or other representatives, and consultants in Emergency Medicine. Term: three years, renewable once at QEC discretion.
- One lay representative, nominated by the Lay Advisory Group (term: five years, renewable at QEC discretion).
- Six SIG Chairs (Toxicology, Older People in EM, and Public Health EM among them). Term: three years, renewable once at QEC discretion.
- Administrator – Quality Manager, or deputy nominated by Quality Manager (ex-officio).
- Cluster Responsible Officer and Governance Manager may attend ex-officio as required.

Responsibilities

Chair:

- Attend QEC meetings at least three times per year.
- Chair subcommittee teleconferences and coordinate communications.
- Oversee the development and revision of Best Practice Statements and guidance.
- Provide verbal and written reports to QEC.
- Maintain regular communication with the Chair of QEC and the QEC Administrator.
- Liaise with external bodies with relevant expertise in clinical best practice.

Members:

- Collaborate on the production of Best Practice Statements.
- Attend at least one full QEC meeting per year.
- Participate in one or more face-to-face meetings of the Subcommittee per year.
- Engage with QEC-approved consultation and feedback processes during document development.

Public Health Special Interest Group

Remit

Devise a strategy and work programme for approval by the Best Practice Sub-Committee, focused on improving public health within emergency care. This includes identifying opportunities for collaboration with public health agencies and embedding prevention strategies within ED practice.

Membership

- Chair nominated by the QEC Chair or Executive.
- Up to eight other members co-opted as required, subject to budget constraints.
- Term of office: three years, extendable for a further term at the discretion of the QEC Chair.

Meetings

The SIG shall meet by video or teleconference when appropriate, subject to budget constraints. Minutes and key updates must be shared with the Best Practice Sub-Committee.

Toxicology Special Interest Group

Remit

Devise a strategy and work programme for approval by the Best Practice Sub-Committee, focused on improving the care for toxicology patients presenting to the Emergency Department. This includes producing and maintaining toxicology-related guidance, contributing to RCEM educational content, and supporting national incident reviews.

Membership

- Chair nominated by the QEC Chair or Executive.
- Up to eight other members co-opted as required, subject to budget constraints.
- Term of office: three years, extendable for a further three years at the discretion of the QEC Chair.

Meetings

The SIG shall meet by video or telephone conference when appropriate, subject to budget constraints. Updates should be provided to the Best Practice Sub-Committee twice yearly.

ACEi Angioedema SLWG

Remit

To develop a focussed work programme reporting to the Toxicology Special Interest Group and aimed at improving the care of patients presenting with ACE inhibitor–related angioedema in the Emergency Department.

The SLWG will be directed towards producing a guideline, informed by current evidence and expert consensus, to support consistent, practical Emergency Department care across relevant specialties.

Membership

- The Chair will be nominated by the QEC Chair or Executive.
- Membership will be multidisciplinary, drawn from specialties involved in the assessment and management of ACEi angioedema, including but not limited to:
 - Emergency Medicine
 - Clinical Toxicology
 - Immunology/Allergy
 - Ear, Nose and Throat (ENT)
 - Additional relevant specialties as required based on expertise and project needs

The SLWG may invite additional contributors or observers for specific tasks or phases of the project.

Meetings

- The SLWG will meet via email, telephone, or virtual conference, depending on requirements and budget constraints.
- Meetings will be convened by the Chair at key decision points, major milestones, or when broader group input is required.
- Additional ad hoc meetings may be arranged as needed.

New Technologies in Emergency Medicine SIG

Remit

To devise a strategy and work programme submitted for approval by the Best Practice Sub-Committee focused on evaluating, guiding, and supporting the safe, effective, and evidence-based use of artificial intelligence and developing technologies applied to clinical practice in Emergency Medicine.

This will include identifying opportunities, risks, governance considerations, and areas requiring professional guidance or standards development.

Membership

- The Chair will be nominated by the QEC Co-Chair or Executive.
- Membership will comprise individuals with relevant subject matter expertise in Artificial Intelligence (AI), digital healthcare delivery, data science, clinical informatics, or the application of innovations and new technologies applied to clinical practice in Emergency Medicine.
- As this is a new SIG, the number of members may evolve; membership will be flexible during the group's establishment phase. There will be initial representation from QEC Chair and/or Executive to support and guide this.
- The expected membership will include representatives from:
 - Emergency Medicine
 - Clinical Informatics / Digital Healthcare delivery
 - Data Science / AI Ethics
 - Relevant clinical and non-clinical specialties as required
- Additional contributors, observers or technology representatives may be invited for specific workstreams, technical input or organisational support.

The initial term of office will be three years, extendable for a further three years at the discretion of the QEC Co-Chair.

Meetings

- The SIG will meet via email, telephone, or virtual conference, depending on the needs of the work programme and subject to budget constraints.
- Meetings will be convened by the Chair at key project milestones or when wider group input is required.
- Ad-hoc working groups may be formed to progress specific tasks or areas of focus.

Quality Assurance and Improvement Sub-Committee

Remit

1. Develop clinical standards and quality improvement (QIP) tools to measure and improve the quality of care delivered in Emergency Medicine.
2. Run the national audit programme of the College and produce individual and comparative reports for participating departments.
3. Develop and oversee the national Quality Improvement Programme.
4. Advise NHS, NICE, DHSC, CQC, and other national bodies on quality in Emergency Departments.
5. Develop and maintain the RCEM Standards, Clinical Audit, and Quality Improvement sections of the RCEM website.
6. Ensure audit findings inform policy, standards, and future audits.

Membership

- Chair or Co-Chairs (at least one must be a Consultant in EM with recognised QI/audit expertise).
- 4–10 co-opted members with relevant expertise (e.g. trainees, nurses, ACPs).
- One Lay representative (nominated by the Lay Advisory Group).
- Topic team members for each QIP project.
- Administrator – Quality Manager or deputy nominated by Quality Manager (ex-officio).
- Cluster Responsible Officer or Governance Manager may attend ex-officio.

Responsibilities

Chair:

- Attend QEC meetings at least three times per year.
- Chair subcommittee teleconferences and coordinate communications.
- Oversee development of clinical standards and audit tools.
- Supervise the national audit and QIP programmes.
- Provide verbal and written reports to QEC.
- Maintain regular communication with the QEC Chair and administrator.
- Liaise with national organisations on QI and audit activity.

Members:

- Support development of auditable standards.
- Assist in testing and evaluating audit tools.
- Promote and support QI work within their regions.
- Attend at least one QEC meeting per year.
- Participate in at least two meetings or teleconferences annually.
- Contribute to dissemination of learning from audit outcomes across the specialty.

NAP8 SLWG

Remit

To enable RCEM to co-ordinate NAP 8 promotion and enrolment for emergency department patients. Including, but not limited to:

- a. Committee recruitment
- b. Identifying national, regional and local leads
- c. Advising on data collection, data analysis and report writing for emergency departments
- d. Co-ordination of ED communications
- e. Ensuring RCEM has access to any emergency department data which is collected
- f. Liaison with the Royal College of Anaesthetics
- g. Publication of National report in relation to Emergency Departments

Other matters

The Short Life Working group will report to the RCEM Quality Assurance and Improvement Sub-committee, which is part of the Quality in Emergency Care committee (QECC) in the Quality Cluster.

Publication of the national EM report will first be approved by Council, unless Council wish to devolve this responsibility to QECC.

Membership

SLWG membership	Representative
Chair	Fiona Burton
RCEM secretariat support	Lucas Della Vecchia
England rep	
Northern Ireland rep	
Scotland rep	
Wales rep	
EMTA rep	
ACP rep	
EMSAS rep	
Vice Chair	
member	
member	

Meetings

Meetings are expected to be virtual, but in the case of a pre-authorised face-to-face meetings (QECC chair), expenses will be covered by RCEM QECC, budget for an in-person meeting will be included in the 2026 budgets.

Quorate: Chair or vice chair and at least two others.

RCEM National QI Programme – Topic Team Terms of Reference

Remit

The Topic Team operates under the Quality Assurance & Improvement (QA&I) Sub-Committee of the Quality in Emergency Care Committee (QECC). It provides subject-matter leadership, clinical expertise, and QI support for the delivery of the Topic workstream within the RCEM National Quality Improvement Programme.

Its purpose is to:

- Co-design, refine, and support delivery of the national QI intervention.
- Ensure alignment with evidence-based practice and national RCEM priorities.
- Provide expert advice and oversight to participating sites.
- Identify risks, challenges, and opportunities to enhance programme effectiveness.

The Topic Team will:

1. Define and review the clinical and organisational standards of the workstream.
2. Develop and refine QI tools, the change package, and the measurement strategy.
3. Support the development of learning materials, webinars, and guidance documents.
4. Advise on data requirements and meaningful metrics.
5. Review site-level feedback and early outcomes.
6. Champion the adoption of QI methodologies across EDs nationally.
7. Ensure patient safety, equity, and patient involvement.
8. Contribute to evaluation, reporting, and dissemination activities.

Membership

Core Members:

- Topic Team Clinical Lead (Chair)
- Deputy Topic Team Lead
- RCEM National QI Programme Lead / QA&I Subcommittee Member
- Topic-Specific Specialist
- Senior Clinician (EM Consultant)
- QI Specialists / Improvement Advisors (QI Fellow)
- Data Analyst / Measurement Lead
- Programme Manager / Coordinator
- Patient or Public Representative

Extended Members (as required):

- Representatives from relevant networks or national bodies
- Nursing, AHP, or operational leads
- Academic or research collaborators
- Digital / IT specialists

Roles & Responsibilities

Lead:

- Provide strategic direction and leadership.
- Ensure progress against agreed objectives.
- Facilitate meetings and approve agendas.

Members:

- Attend meetings and contribute expertise (including monthly meetings and induction).
- Review materials and provide timely feedback (standards, QI tool development, data interpretation, reports).
- Act as ambassadors for the QI programme and represent RCEM when required.

RCEM QI Programme Team:

- Provide administrative support and documentation.
- Maintain action logs and communication.
- Ensure alignment with overall programme strategy.

Meetings

- Frequency: Monthly or as required.
- Duration: 1 hour.
- Format: Virtual (preferred), with occasional in-person meetings.
- Quorum: Chair + at least 50% of core members.
- Actions and minutes will be circulated within one week.

Time Commitment

Members are expected to contribute approximately 1–2 days per month, including:

- Monthly Topic Team meeting (1 hour)
- Standards development, report writing, portal testing, QIP data feedback (up to half a day/month)
- Quarterly QA&I Steering Group meetings (approx. 3 hours)

Decision-Making

- Decisions will be made by consensus where possible.
- If consensus is not achieved, the Chair will make the final decision with the QA&I Subcommittee Chair.
- Major programme changes require approval from the QECC.

Reporting & Governance

The Topic Team reports to the RCEM QA&I Subcommittee Chair.

Responsibilities include:

- Providing progress updates at agreed intervals.
- Highlighting risks, issues, and resource needs.
- Ensuring alignment with RCEM governance and quality standards.

Deliverables

Expected outputs include:

- Topic-specific Information Pack
- QI measures and data framework
- Guidance documents, clinical resources, and QI training materials
- Contributions to webinars, learning sessions, and peer-learning events
- Evaluation inputs and dissemination materials

Duration

The Topic Team will operate for the duration of the workstream, typically three years, with the possibility of extension for a further three years.

Review of Terms of Reference

These Terms of Reference will be reviewed:

- At project launch (Induction meeting)
- After six months
- At completion (three years) or earlier if required

Revisions require agreement from the Chair, RCEM QI Programme Leadership, and RCEM Council.

Safer Care Sub-Committee

Remit

1. Develop and disseminate patient safety and risk management strategies for Emergency Medicine.
2. Monitor and act on NRLS safety incident data.
3. Maintain a database of Safety Leads in all Emergency Departments.
4. Commission or support safety-related research with the Research Committee.
5. Advise NHS, DHSC, CQC, and other national bodies on risk management and patient safety.
6. Ensure members are promptly informed of key safety publications and resources.
7. Maintain the Safety section of the RCEM website.
8. Promote safety culture improvement through QIPs and shared learning events.

Membership

- Chair – Consultant in EM with a demonstrable interest in safety and risk management.
- 4–10 co-opted members (including trainees, nurses, ACPs).
- One Lay representative (nominated by the Lay Advisory Group).
- Administrator – Quality Manager or deputy (ex-officio).
- Governance Manager may attend ex-officio.

Responsibilities

Chair:

- Attend QEC meetings at least three times per year.
- Lead subcommittee meetings and communications.
- Oversee development and dissemination of safety information.
- Report progress to QEC.
- Liaise with relevant patient safety bodies.

Co-opted Members:

- Support projects improving patient safety in Emergency Departments.
- Attend at least one QEC meeting per year.
- Participate in at least two meetings or teleconferences annually.
- Contribute to identification of emerging safety themes for escalation to QEC and Audit and Risk Committee.

Mental Health in Emergency Medicine PAG

Remit

1. Devise a strategy and work programme for approval by the Quality in Emergency Care Committee, focused on improving the care of patients presenting with mental health needs in the Emergency Department.
2. Provide advice to other national organisations and statutory bodies regarding policy development in relation to mental health and the Emergency Department.
3. Support RCEM guidance development, training, and advocacy on mental health in Emergency Medicine.

Membership

- Chair nominated by the QEC Chair or Executive.
- Up to 10 other members co-opted as required, subject to budget constraints.
- Term of office: three years, extendable for a further three years at the discretion of the QEC Chair.
- Membership should include multidisciplinary representation where possible, including clinical, academic, and lived experience perspectives.

Meetings

The Sub-Committee shall meet by video or telephone conference when appropriate, subject to budget constraints. At least two meetings per year should be held, with progress reported to QEC.

Paediatric Emergency Care Professional Advisory Group

The purpose of a Professional Advisory Group (PAG) for the care of children in EDs is to help co-ordinate College business and act as a resource for the College and its members.

There has historically been a firm commitment by the College to improve provision of services for children and to train emergency medicine doctors to look after children, who form around 25% of ED attendances. Consultants may train further in Paediatric Emergency Medicine (PEM), which has been recognised by the GMC as a subspecialty for both EM and Paediatric CCT-holders. However, most PEM care nationally is undertaken by generically trained EM clinicians in Emergency Departments seeing patients of all ages.

Remit

1. To ensure that children's interests are represented within all relevant aspects of College structure and business, and that PEM is recognised and developed as both a subspecialty and a normal part of practice in most Emergency Departments.
2. To provide advice and support on all aspects of paediatric emergency care, at both core and specialist levels, to the College and its members. To facilitate internal and external requests for representation on matters or documents relating to paediatric emergency care, ensuring that the College membership is fairly represented and engaged.
3. To support development of guidance, training, and audit resources relating to PEM, in collaboration with relevant RCEM committees.

Membership

The composition of the Paediatric Emergency Medicine Professional Advisory Group shall be:

- Chair by appointment (term of office three years, renewable once)
- Deputy Chair (to be selected from other members listed below)
- Two RCEM members or Fellows, of whom at least one must practise in a general (non-tertiary) Emergency Department
- Training Standards Committee PEM Lead
- QEC PEM Lead
- Curriculum Committee PEM Lead
- RCPCH PEM representative
- RCEM representative on the Intercollegiate Committee for Emergency Services to Children (may be combined with another role)
- EMTA representative (optional)
- Lay representative (optional, nominated by the RCEM Lay Group)
- College Vice President
- Governance or Quality Manager (ex-officio) for oversight and support
- Additional members may be co-opted subject to budget and approval of the Chair

Membership will aim for good regional representation across the UK and will be opened for expressions of interest against an agreed person specification.

Responsibilities

Chair:

- To deliver the responsibilities of the PAG within the Terms of Reference and ensure that the interests of paediatric patients and members with paediatric expertise are represented.

- The Chair shall ensure fairness in recruitment to the Committee and that College policy is represented.
- The Chair shall be the designated College Vice President for PEM or another nominated senior officeholder.

PAG Members:

The group will provide an expert review panel to support any area related to paediatric emergency medicine. Areas of work include (but are not limited to):

- Ad hoc requests for comments on documents or representation at events or meetings.
- Requests for PEM representatives from RCEM to contribute to specific time-limited projects (e.g. intercollegiate, national, or NHS programmes) or guideline development (e.g. NICE).
- Supporting relevant RCEM Committees on training, curriculum, and exams (both EM and subspecialty PEM), and contributing to the development of training resources, including RCEM Learning.
- Service design and delivery, including workforce issues.
- Supporting requests for PEM expertise during ISRs, where PEM-related concerns have been raised.
- Contributing to RCEM events and study days.
- Advising on strategy and policy documents relating to paediatric emergency care, ensuring PEM-specific issues are considered.
- Encouraging EM trainees to gain subspecialty PEM training.
- Ensuring that PEM content on the RCEM website is accurate and up to date.
- Strengthening cross-representation and collaboration with the RCPCH.
- Ensuring that PEM develops both as a subspecialty in centres of excellence and as part of daily practice in all Emergency Departments.
- Reporting progress to the Quality in Emergency Care Committee and Council via the Cluster Responsible Officer.

Meetings

Formal quarterly virtual meetings, with ad hoc additional meetings as required. One meeting per year should be face to face. Minutes and key actions must be recorded and shared with QEC and the Governance team.

The PAG sits within the Clinical Quality Cluster of the RCEM Committee structure, although its remit extends beyond Quality in Emergency Care.

Pre-Hospital Emergency Medicine Professional Advisory Group

The purpose of this Professional Advisory Group (PAG) is to help co-ordinate College business and act as a resource for the College and its members. It reports to the Quality in Emergency Care Committee.

PHEM is a recognised subspecialty within Emergency Medicine. The Intercollegiate Board for Training in Pre-Hospital Emergency Medicine oversees its curriculum and training standards. As a key stakeholder, RCEM aims to apply strong leadership to the PHEM agenda through this PAG.

Remit

1. To ensure that pre-hospital emergency medicine interests are represented within all relevant aspects of College structure and business, and that PHEM continues to be recognised and developed as a subspecialty.
2. To provide advice and support on all aspects of pre-hospital emergency care to the College and its members. To facilitate internal and external requests for representation on matters or documents relating to pre-hospital emergency care, ensuring fair representation of College members.
3. To support training, service design, and quality improvement within pre-hospital and retrieval medicine.

Membership

- Chair
- Deputy Chair (to be selected from members listed below)
- Two RCEM members or Fellows
- Training Standards Committee PHEM Lead
- Curriculum Committee PHEM Lead
- EMTA representative (optional)
- Lay representative (optional, nominated by the RCEM Lay Group)
- College Vice President
- Military representative (optional)
- Governance Manager or Quality Manager (ex-officio)
- Additional members may be co-opted subject to budget and approval of the Chair

Membership should include individuals with backgrounds in the ambulance service, HEMS, and BASICS to represent the full spectrum of PHEM practice. Membership will be opened for expressions of interest against an agreed person specification.

Responsibilities

Chair:

To deliver the responsibilities of the PAG within these Terms of Reference and ensure the interests of pre-hospital patients and members with PHEM expertise are represented. The Chair shall ensure fair recruitment and that College policy is represented. The Chair shall liaise with the Intercollegiate Board for Training in PHEM and represent RCEM's position on training and standards.

PAG Members:

The group will provide expert advice on any area related to pre-hospital emergency medicine. Typical areas include:

- Developing RCEM's strategy and position in relation to the Intercollegiate Board for Training in PHEM.

- Ad hoc requests for comment or representation at events and meetings.
- Requests for PHEM representatives from RCEM to contribute to projects or guideline development.
- Supporting relevant RCEM Committees on training, curriculum, and exams (EM and PHEM), and developing educational resources, including RCEM Learning.
- Service design and delivery, including workforce issues.
- Events and study days.
- Strategy and policy documents relating to pre-hospital emergency care, ensuring PHEM-specific issues are included.
- Encouraging EM trainees to gain subspecialty PHEM training.
- Ensuring PHEM content on the RCEM website is accurate and up to date.
- Reporting activity and key developments to the QEC and Council annually.

Meetings

Formal quarterly virtual meetings with ad hoc additional meetings as required. One of the quarterly meetings per year should be face to face. Action logs and attendance records must be maintained and submitted to QEC.

Geriatric Emergency Medicine

Remit

Devise a strategy and work programme for approval by the Best Practice Sub-Committee, focused on improving care for older and frail patients presenting to the Emergency Department. This includes advising on frailty pathways, assessment tools, and interface working with community and geriatric services.

Membership

- Chair nominated by the QEC Chair or Executive.
- Up to eight other members co-opted as required, subject to budget constraints.
- Term of office: three years, extendable for a further two years at the discretion of the QEC Chair.

Meetings

The SIG shall meet by video or telephone conference when appropriate, subject to budget constraints. At least one formal meeting per year must review progress against the work programme.

Guidelines for Provision of Emergency Medicine Services (GPEMS) Working Group

Remit

Subject to Council approval, to ensure that the design, development and maintenance of the guideline document for the Emergency Medicine Service is kept up to date.

The scope of this Guidance aimed at minimising heterogeneity between Emergency Departments. GPEMS will be the definitive reference source for planning and delivery of UK Type-1 Emergency Medicine Services.

It is expected that the document will assist healthcare managers with service design and delivery and give senior EM clinicians clarity about their roles and responsibilities.

Membership

The first Chair of the Working Group shall be the Past President. Thereafter, the role will be advertised in the usual way. The Working Group will additionally comprise:

- Vice-Presidents x2 as appointed by the President
- Quality in Emergency Care Committee representative
- Lay Group representative
- Service Design & Delivery Committee representative
- Committee Member (maximum of three) by appointed by open application
- EMTA, EMSAS and ACP Forum representatives.

The CEO will make arrangements for a Committee Secretary to be appointed from amongst the employees.

Meetings

The working group shall meet online as often as business dictates.