



The Royal College of Emergency Medicine

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COUNCIL MINUTES

The Minutes of the meeting of the Council held in the Council Room at 7 – 9 Bream’s Buildings on 23rd January 2020

The meeting was chaired by the President, Dr Katherine Henderson

In attendance:
Trustees

Adrian Boyle	<i>Vice President Policy</i>
John Burns	<i>FASSGEM Chair</i>
Simon Carley	<i>CPD Director</i>
David Chung	<i>VP Scotland</i>
Ian Crawford	<i>VP Northern Ireland</i>
Jane Evans	<i>Regional chair, East of England</i>
Carole Gavin	<i>Vice President Membership</i>
Ian Higginson	<i>Vice President – by phone</i>
Jason Long	<i>Dean</i>
Lisa Munro-Davies	<i>Vice President</i>
Kalyana Murali	<i>Regional Chair, West Midlands</i>
Maya Naravi	<i>Chair, TSC</i>
Shashank Patil	<i>Regional Co-chair, London</i>
Derek Prentice	<i>Lay Group Chair</i>
Adam Reuben	<i>Regional Chair, South West</i>
Emma Rowland	<i>Regional Co Chair, London</i>
Jason Smith	<i>Research Committee Chair</i>
Simon Smith	<i>QECC Chair</i>
Olivia Wilson	<i>ACP Forum Chair</i>
Richard Wright	<i>Regional Chair, East Midlands</i>

Present (representatives, co-opted members and employees)

Gerardine Beckett	<i>Office Manager</i>
Emily Beet	<i>DCEO</i>
Theo Chiles	<i>Policy Research Manager</i>
Sunil Dasan	<i>Chair, Sustainable Working Practices Committee</i>
Ian Gurney	<i>HM Forces representative</i>
Pooja Kumari	<i>Policy & Communications Adviser</i>
Gordon Miles	<i>Chief Executive</i>
Shamim Nasrally	<i>SAM representative</i>
Emily O’Conor	<i>President, IAEM</i>
Luke O’Reilly	<i>Policy & Communications Officer</i>
Nigel Pinamang	<i>Head of Corporate Services</i>
Suresh Kumar Gopala Pillai	<i>Vice Chair, Welsh Board</i>
Tamara Pinedo	<i>Policy & Communications Assistant English Regions</i>
Paul Stewart	<i>EMTA Representative</i>
Anne Weaver	<i>PHEM representative</i>

C20.01 Welcome and apologies

The President welcomed Suresh Pillai, the new Vice Chair for Wales, to his first meeting of Council, deputizing for Jo Mower.

Also welcome to Sunil Dasan, Chair, Sustainable Working Practices Committee and to Paul Stewart, representing EMTA in Amar Mashru's absence.

Apologies for absence were received from Taj Hassan (Immediate Past President), Scott Hepburn (Treasurer), Helgi Johannsson (RCoA representative), Amar Mashru (EMTA President), Jo Mower (Vice President, Wales), Donal O'Donoghue (RCP representative), Manou Sundararaj (Y&H regional chair), Julian Webb (South East Coast regional chair).

C20.02 Conflicts of interest

No new conflicts were declared.

C20.03 Minutes of the previous meeting

The Minutes of the previous meeting of Council on 21st November 2019 were accepted as a correct record.

C20.04 Matters arising not listed elsewhere in the agenda

- i. C19.98ii Trustee training – Mrs Beckett confirmed that some online courses are available and that a couple of volunteers were needed to try them out. – Professor Carley, Dr Gavin, Dr Long and Mrs Munro-Davies all agreed to take part. **Action:** GB to organize

C20.05 President's report

- i. Two recent press statements were highlighted to Council
- ii. Dr Henderson shared an article she and Dr Boyle have submitted to the EMJ supplement for publication in the February edition. The article provides information on the current state of discussions with NHSE and HEE on the four hour standard and options to replace it with other metrics and standards. In March 2019 NHS England initiated the Clinical Review of Standards to test alternatives on the way the performance is measured. There are four main streams, elective care, urgent and emergency care, cancer care and mental health. 14 EDs were selected to be centres evaluating different metrics. These departments are generally representative of EDs across England. The stated aims of this project were to reduce emergency admissions while also reducing crowding in EDs. There were concerns from outside the specialty that the four hour standard increases emergency admissions despite the research evidence suggesting otherwise. The content of the article was discussed with a couple of requests to amend slightly, to include "date written". The article has been submitted to the supplement and it may be slightly too late to change but Dr Boyle will make contact with the Supplement editors. **Action:** AB
- iii. The death of Dr Adel Abdel Aziz on 3rd January after a short illness was noted by Council and Dr Burns highlighted Dr Aziz's many areas of achievement including locally, where he was the first Training Programme Director of SAS doctors, the SAS clinical tutor and led the Associate Specialist Forum. Nationally, Adel was chair of FASSGEM from 2014 – 2017 and organized a series of highly successful FASSGEM conferences. Internationally, Adel led on the development of Emergency Medicine and trauma care in Egypt and organized the International Trauma Series conferences in Cairo, attracting celebrity EM speakers from around the world. In the autumn of 2019 Adel was awarded the College medal and Honorary Fellowship of the College. All agreed that he will be much missed.

C20.06 Vice Presidents' reports

- i. Updates from the devolved nations
 - a. Ian Crawford spoke about the fact that NI now has a government! The Emergency Medicine situation still very difficult. The new health minister is new to the healthcare arena but on a positive note, nurses have suspended their strike action having achieved pay parity with England and some assurance around safe staffing. Olivia Wilson appreciates the reduced rates at study days and conferences, but perhaps we do something targeted for nurses in NI. The number of acute beds in NI has been reduced 8200 to 5800.
 - b. Suresh Pillai updated on the situation in Wales where there are 13 type 1 depts and all are going through a hard time recently. Exit block is the big issue, offloading of ambulances, everyday spent fire-fighting. Trainees are unhappy and several consultant posts remain vacant and with no applicants. The Health Secretary came to Dr Pillai's hospital 2 weeks ago – they have heard that fines might be imposed on the Trust. Dr Pillai spoke about a meeting with the health education board with a view to establishing an MTI scheme in Wales. A major trauma centre is being built in Cardiff and new hospital in Newport.
 - c. David Chung advised that it's different in Scotland as they are working in a heightened political climate but he feels the Scottish Board are well connected but it will be interesting to see how it all develops.
 - d. Sustainable Working Practices Committee – Sunil Dasan attended Council to speak to his comprehensive report and workplan. Following the approval of the workplan in 2018 the inaugural meeting of the reconstituted committee met in May 2018. The report listed its activities in full and updated Council on its current projects which include developing a position statement on sustainable working practices in EM, anti-bullying task and finish group reporting in to the committee, continued engagement with the AoMRC professional development committee with particular emphasis on improving inter specialty collaboration, teamworking and professionalism. Dr Dasan asked Council to support the SWPC in its aim of working with 20 trusts with the most challenging retention problems. Richard Wright spoke of the elephant in the room as we are all working in an unsustainable environment and already encountering difficulty finding a work/life balance. Dr Henderson spoke about the In Fellowship programme where we can go and hear from colleagues and sense check. Ian Gurney felt there was no comment on the biggest risk factor which is poor leadership, we have a leadership programme mentioned in this guidance, we should therefor ensure linkage. Dr Gurney believes that good leadership has a massive impact on sustainability. Dr Henderson thanked the SWP for their continued work in these areas.
 - e. Service Design and Configuration Committee – Ed Smith, as chair of the group, submitted the report for consideration and approval of the approach from Council. He asked whether Council support the group in developing a focus on Fragile Emergency Departments. Mrs Munro-Davies also updated on the Nursing workforce document, which is being developed in conjunction with Janet Youd from the Emergency Nursing Association. The survey on UTCs came to Council in September . After some discussion the further developments will be taken offline and reported back to Council in due course.
 - f. RCEM CARES – Dr Boyle updated Council on this which we plan to soft launch on 2nd March. Lisa Munro-Davies has been responsible for “R” and Adrian Boyle for “C”. The document will have a place on the front/landing page of our website but the document will remain fluid as changes occur. Olivia Wilson advised that the ACP forum plan to use the RCEM CARES project as a title for their abstract call.

C20.07 Treasurer's report

In Dr Hepburn's absence, Nigel Pinamang updated Council on preparing the end of year accounts ready for the annual audit. We have a predicted surplus of £1m which can be attributed to very good management, overperformance in the membership and examination areas (but mostly examinations, over performing by £600k). Mr Miles remains cautious about budgeting and forecasting as the update of our examinations can be variable and reliant on a number of overseas candidates. Of the 1600 candidates sitting the Primary

exam recently, over half were international candidates. There is significant growth in membership too. We may come to a point soon where we have to rebalance, strategically looking at member value. We are also looking to move to one site, which may be difficult to plan. Paul Stewart noted that it was pleasing to have financial security but reducing membership and examination fees would be popular and there's a perception that the College is making money from trainees to subsidise consultants attending conferences. Dr Long said we must be clear where we are spending our money and so for example we are investing in new exams software, examination centres overseas etc and he confirmed that not all aspects of the examinations make a surplus, some run at a loss. Mrs Beet confirmed that if only UK trainees took our exams, the exams would always run at a loss.

C20.08 Vice President Membership's report

- Applications for Fellowship and Members – these were circulated and approved, as always, Dr Gavin requested Council members to review and feedback to her with any concerns.
- Code of Conduct – Dr Gavin reported on recent issues regarding complaints about the conduct of RCEM Members which has indicated the urgent need for a Code of Conduct and a clear disciplinary process which should be followed if the code is thought to have been breached. This has previously been discussed at Council last year and Dr Gavin has updated the documents for further consideration and approval. Dr Gavin asked whether Council prefer the Chair of the Corporate Governance Committee or another College Officer to deputise for the Vice President Membership with respect to the process. It was agreed that this should be another officer as it was felt inappropriate for the chair of the Corporate Governance Committee to take this on. There was a discussion about various points which Dr Gavin will amend before sending to the lawyers for checking. Dr Gavin also asked Council about the format in which the member should receive news that they are being investigated/accused. All agreed it should be a letter, which should also be sent by email. The question of whether we should offer support was discussed and Mr Miles will check whether the Employee Assistance Programme offered to our employees can be extended to our members, and what the cost would be for this. The fee to appeal was also discussed and it was agreed it should be £1,250, in line with the examinations appeals process. **Action:** CG/GM

C20.09 CEO's report

- i. Corporate Governance Committee report – Mr Miles' report covered the work areas of the committee which continue to be finance (budget and management accounts, annual accounts, investment management) human resources and governance (risk, capital spend, finance procedures and GDPR).
- ii. Governance Code project board – Dr Higginson updated Council on the board which is co-chaired with Dr Carole Gavin as VP Membership. Essentially we are looking to modernize our trustee board and Council to bring them in line with the Charity Commission guidance. The board has now met 3 times and has an ambitious programme in order to be ready to present to the AGM in October. We need to bring the proposal to Council in May and once agreed, needs to be sent for Privy Council approval. The key structure will comprise a Trustee Board, which will run the College as a charity and look after the business of running a charity. It will consist of 12 people, comprised of officers, current trustees/fellows and lay members. Council will remain similar to its current make-up but will be more of a specialty board to discuss EM matters and become a professional advisory body. The Executive will continue as it does now. The recent meeting looked in depth at Equality and Diversity issues and how to recruit members from diverse backgrounds to become trustees. Dr Higginson will continue to update as we progress.
- iii. Staffing update – Mr Miles was very pleased to advise Council that Ms Sam McIntyre has been appointed to the newly established role of Head of Quality & Policy. We can now proceed to interview and appoint to the roles within that team. A fundraiser was recently appointed but then withdrew so the process has had to begin again.
- iv. Mr Miles advised Council of the threat of legal action from a Fellow. He has informed our insurers who in turn have advised lawyers and the process is therefore being managed through that route. Because of the confidential nature of the action he is unable to share in more detail.

- v. The topic of supporting trainees was discussed and how they should be supported but this has a knock-on effect on service provision. Dr Naravi spoke about a window of opportunity to get HEE involved and she was unsure that HEE would agree to the equivalent of one PA per week for trainees.

C20.10 Dean's report

Dr Long highlighted that largest issue currently, which is the Curriculum 2020, which will be submitted to the GMC on 24th February. A last curriculum meeting took place the week before, there has been much consultation and communication and trainees have been fully involved. In December we held a mock examination for the MRCEM and FRCEM to test what we plan to run in the future, which is more of a face to face OSCE. This went well and received good feedback from candidates and examiners. Dr Long thanked the trainees who volunteered to take part.

TSC will be promoting their *Promoting Excellence in EM Training* document.

At the last meeting, Council discussed how to keep people in the specialty and there will be a shift as we stop doing examination and move to a workplace assessment schedule and the pressure on trainees to complete this during their working time may precipitate thinking about SPA activity. The amount of SPA time was again discussed, as well as the resulting impact on consultant time and service provision. Dr Naravi confirmed that, through TSC, a draft statement providing advice about how those hours can be used will be released. It will list events that trainees would be expected to attend such as handovers, department meetings, management portfolio, QIPs and so forth. Dr Boyle asked whether this has parity with other specialties and apparently it does.

C20.11 Reports from Regions

Adam Reuben sent an extensive report from the South West and said that he has changed his view of his role, now trying to canvas the views of members in his region in order to present Council with an overview of the feelings of members.

- Research programme remains very active in the region. This year to the latest data cut (beginning Dec 19) trauma and emergency care have recruited just shy of 700 participants across 23 portfolio studies in 7 trusts (including SWAST). Bucking the trend of reduced recruitment across other specialties and portfolio overall but increasing challenges with reduced funding beginning to bite. Will need to look at other ways to recruit / support recruitment at a time when nursing support is reducing. Eg Research fellows, research paramedics. Change of name of specialty group from Injuries and Emergencies to Trauma and Emergency Care. Highlights within the past 12 months are AIRWAYSII as largest pre hospital cardiac arrest study sponsored by SWAST, NoPAC, TERN studies led by SW trainees such as TIREM with really good engagement from SW trainees and TERN reps. Successful SW research residential with 3/8 research teams from Emergency Medicine hopefully leading to new NIHR studies in the pipeline. SW Collaboration with national sepsis studies HTA applications such as ABCS. Ongoing doctoral research in region. Plans for further SW applications in relation to recent cross NIHR funding scheme call for EM research (UDiReCT, blood product use) – a great opportunity for the South West.
- Recruitment to training programmes remains strong in both North and South of the region, with almost all posts taken up. Huge uptake for LTFT training, limited interest in full time posts. Recruitment at middle grade level outside of training programmes remains very difficult, in keeping with the national picture. Departments continue to try and create eye-catching posts. Most are offering 80:20 posts. Almost all departments encouraging / supporting CESR posts, although number who are pursuing this route is unknown. Novel post of EM / cardiac ACP in Bristol – dedicated to seeing appropriate patients (chest pain and SOB). Appears to be working well. GPs working as GPs in ED. Seeing primary care patients / supporting discharge of patients who might otherwise need admission. Challenges of delivering training and education. Clinical educator post – dedicated shopfloor time for teaching and training, but also ability to support

shopfloor colleagues (with procedures / sick patients). Drive for increase sustainability / increase shopfloor time. Important way of helping to ensure that trainees feel valued. Matching workforce with predicted demand, matching funding to workforce and then really aggressive, proactive recruiting with a minimal recruiting lag, its suggested, should be at the top of College priorities. New workforce planning is suggested for doctors to establish the numbers that represent safe and sustainable EM.

- The SW is facing all of the challenges that departments elsewhere in the UK are experiencing. All departments are under significant and increasing pressure, with no apparent end in sight. Departmental occupancy levels of over 200% are reported. There is very clear evidence of patient care being compromised and staff under extreme pressure and at risk of burnout. Recruitment has suffered as a result (as above). Departments are becoming more reliant on locums, who are often not of the quality of substantive doctors, compromising safety further and increasing the burden on senior doctors. 12 hour trolley waits are now common. 12 hour trolley waits in the corridor are occurring. There has been at least one identified incident of a patient having a cardiac arrest in a corridor. Departments are unsafe and there is no privacy for patients in many areas. Overcrowding due to poor (or no) flow is the recurrent theme. Numbers in terms of attendances are high GIRFT data suggesting an 8% increase in majors, static in minors. This may not be representative of all centres. None of these issues are hidden from the senior management within Trusts, but there is very limited capacity for meaningful action. Boarding (or one up on wards) is utilised infrequently. New doctor contract has been and continues to be challenging. Possible loopholes being explored. Further discussion about this is vital, including a Collegiate view. Very large number of consultants looking for escape routes and most are considering portfolio careers to minimise shopfloor sessions as a way of reducing burnout. Healthrota for self-rostering has proved very useful. Worth considering for junior rotas as well as senior. Can help to optimise work life balance. Well-being initiatives being utilised (to squeeze out extra). Greatix is utilised to good effect. Very strong teams throughout the region. Reports that escalation is ineffective. Consider having regional barometer with meaningful actions. Nurse practitioners are voting with their feet and moving to higher banded jobs in primary care, offering more money, more sociable hours and lower intensity. It seems likely that ANPs will follow. General nurses are leaving too – recruitment always seems to be possible, but leads to large cohorts of nice but inexperienced nurses without the clinical acumen and experience of those leaving. No positive feedback on the new operational standards. No evidence reported of any improvement of the situation. Challenges in primary care are defaulting to become problems in ED. OOH services are struggling to fill their shifts (increasing acuity of patients / increasing numbers / under resourced services). OOH using increasing numbers of ANPs and paramedics to fill their shifts (planned for 50% locally). Will lead to an inevitable reduction in the clinical acumen / skill set of call handlers / visiting clinicians. The upshot will almost certainly be larger numbers of patients being directed to the acute Trusts and this is being borne out already. 111 providers are struggling to cope with demand. Over the xmas period callers were directed straight to the ED. Reduction in daytime GP referrals to inpatient specialties – increase in patients attending ED following GP interactions. Reflect increase in GP telephone triage / their own pressures. General critique of current urgent care system which makes the ED the focus for too many referrals because of ease. Too many barriers to referral elsewhere. Suggestion that we should work more closely with colleagues in Urgent care. Numerous vacancies exist at consultant level / consultants who are leaving / retiring. Good trainees still accrediting and looking for jobs in the region.

C20.12 QECC report

Dr Smith reported on three areas of work:

- i. Guidance on whistle-blowing and highlighted the issues and safeguards has been updated and members should feedback to Dr Smith within 2 weeks please.
- ii. The use of MRI scanning out of hours

- iii. Sepsis – a new statement about the danger of overtreating. Again Dr Smith would like feedback on the content.

C20.13 Report from the Lay Group

Since our last report to Council in June 2019 the Lay Group has continued to take an active role in all College activities.

In October we were pleased to welcome Will Townend who took us through the key processes involved in reviewing the curriculum. The Lay Group discussed and questioned Will at length and in particular raised the issues of the importance of the role the new curriculum should play in changing cultures, including issues relating to bullying. The Lay Group recognised the importance of the work being led by Dr Townend and very much welcomed the opportunity for the involvement of the Group and indeed for the time given by him to attend the Committee and answer questions.

Members of the Group have visited EM departments at St Thomas's and Leicester and have taken part in the Scottish Policy Forum and meetings with the GMC to discuss work on patient experience. In addition, a number of the Group were present at the Academy of Medical Royal Colleges annual patient seminar.

The issue of looking for a workable model for measuring patient experience remains a key concern for the Group and we were therefore interested to hear of the work being undertaken by Blair Graham at Plymouth in developing what appears to be a really useful approach to the measurement of patient experience in the elderly. The Lay Group will again be promoting the importance of listening to the patient at its CPD event later this year.

We were delighted to welcome three new members to the Committee: Peter Rees brings considerable experience of representing the lay/patient interest having held amongst other appointments being Chair of the Lay Group at the Academy of Medical Royal Colleges. We have also been fortunate in having Joan Aitken join us as our representative to the Scottish Board. Joan too brings her experience as a highly respected former lay member of the General Dental Council and her professional background as a lawyer and the Prison Ombudsman for Scotland and most recently as a Traffic Commissioner for Scotland. We were also pleased to appoint Gillian Mawdsley, who too brings a great deal experience as a lay member.

C20.14 Report from the Honours Committee

The Honours Committee last met in November to review and consider nominations currently submitted as well as nominations for various awards for 2019

- The Honours Committee has discussed and supported nominations for Pam Bollen and David Greening for a College medals to mark the end of their employment as IT Manager and Training Manager, respectively. These medals were presented at the Diploma Ceremony in December 2019
- We received a nomination for Honorary Fellowship for Dr Adel Abdel Aziz, previously Chair of FASSGEM from 2014 – 2017; previous FASSGEM representative on South Central Board & International Emergency Medicine Committee and EM representative on the SAS Committee of the AoMRC; organiser of FASSGEM annual conference 2009 and numerous FASSGEM Spring meetings. This was presented to him in Southampton as he was too ill to travel. His son and daughter attended to receive the certificate.
- It should be noted that Tom Hughes was awarded the OBE in the New Year Honours list 2020 for services to Healthcare Technology and Information. Congratulations have been sent to him from the Honours Committee.
- The Committee considered and submitted nominations for National Honours – we await the outcomes

C20.15 Progress report on the Spring CPD event in Bournemouth in March

Professor Carley confirmed the programme has been published and includes several interactive sessions.

C20.16 Progress report on the Annual Scientific Meeting in Manchester in October

Professor Carley reported that the planning was well advanced.

C20.17 Any other business

- i. Dr Henderson asked colleagues whether they had encountered the corona virus in any admissions. She confirmed there were links on the government website from public health advisers
- ii. The junior doctor contract comes into force in August.

C20.18 Date of next meeting

The next meeting of Council will take place on Thursday 12th March.

Further dates for 2020 are: 14th May, 16th July, 17th September and 19th November.

In the afternoon the discussion was:

- What should the emergency department of the future look like?
- What should the emergency medicine service of the future look like?