



The Royal College of Emergency Medicine

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COUNCIL MINUTES

The Minutes of the meeting of Council held in the Council Room at 7 - 9 Breams Buildings on 12th March 2020

The meeting was chaired by the President, Dr Katherine Henderson

In attendance:

Trustees

John Burns	<i>FASSGEM Chair</i>
Simon Carley	<i>CPD Director</i>
David Chung	<i>VP Scotland</i>
Jane Evans	<i>Regional chair, East of England</i>
Carole Gavin	<i>Vice President Membership</i>
Ian Higginson	<i>Vice President</i>
Steve Jones	<i>Regional Chair, North West</i>
Paul Kerr	<i>Vice President, Northern Ireland</i>
Jason Long	<i>Dean</i>
Manou Sundararaj	<i>Regional Chair, Yorkshire & Humber</i>
Sohom Maitra	<i>Regional Chair, North East</i>
Lisa Munro-Davies	<i>Vice President</i>
Maya Naravi	<i>Chair, TSC</i>
Shashank Patil	<i>Regional Co-chair, London</i>
Derek Prentice	<i>Lay Group Chair</i>
Emma Rowland	<i>Regional Co Chair, London</i>
Jason Smith	<i>Research Committee Chair</i>
Olivia Wilson	<i>ACP Forum Chair – by video link</i>

Present (representatives, co-opted members and employees)

Harriet Ambroziak	<i>Events Manager</i>
Jon Bailey	<i>EMTA representative – by phone/video link</i>
Gerardine Beckett	<i>Office Manager</i>
Emily Beet	<i>DCEO</i>
Theo Chiles	<i>Policy Research Manager</i>
Susannah Grant	<i>Head of Examinations</i>
Tom Hughes	<i>Fellow</i>
Helgi Johannsson	<i>RCoA representative</i>
Sam McIntyre	<i>Head of Quality and Policy</i>
Gordon Miles	<i>Chief Executive</i>
Emily O’Conor	<i>President, IAEM – by phone link</i>
Tamara Pinedo	<i>Policy & Communications Assistant English Regions</i>
Anne Weaver	<i>PHEM representative</i>

C20.19 Welcome and apologies

The President welcomed Paul Kerr, the incoming Vice President Northern Ireland to Council. Also welcomed was Jon Bailey, deputizing for Amar Mashru/EMTA

Apologies for absence were received from Ian Gurney (HM Forces representative); Taj Hassan, Immediate Past President, Amar Mashru, EMTA President; Donal O'Donoghue, RCP representative; Shamim Nassrally, SAM representative; Adam Reuben, South West Regional Chair; Simon Smith, QEC chair; Julian Webb, Regional Chair, South East Coast; Kalyana Murali, Regional Chair, West Midlands; Jo Mower, Vice President, Wales; Richard Wright, Regional Chair, East Midlands; Adrian Boyle, Vice President, Policy

C20.20 Conflicts of interest

No conflicts declared.

C20.21 Minutes

The Minutes of the meeting held on 23rd January were accepted as a correct record.

C20.22 Matters arising

1. Code of conduct – Dr Gavin confirmed that Council need to pass a resolution, which is not yet available and therefore Council agreed to vote on this by email.

C20.23 President's report

- i. COVID-19 – The President confirmed that the Corona virus is dominating the news, the healthcare system and all walks of life at the moment. She confirmed that Emergency Medicine is at the forefront of all the work being done. We are moving into the next phases, probably announced later today. We are linked into the work being done by the Academy of Medical Royal Colleges and the CMO with weekly and sometimes daily updated. The outbreak is not affecting children very much at the moment, or indeed pregnant women. The major impact on EDs will be on patients with respiratory issues versus the rest but we will be guided by directives. These are certainly unusual times. Running our Examinations was discussed and it was noted that overseas examinations, which are run our local representatives will proceed, dependent on local issues. Mr Miles advised Council on the huge financial hit the College may have to accept where initial estimates are of c£1m in 2020, maybe more. Dr Johannsson advised that at the RCoA Council yesterday all CPD activity was suspended and they are likely to cancel their exams happening in May and June and may allow career progress to extend by a year further than normally. Dr Henderson suggested that we may need a page on our website dedicated to the virus and updates on events and examinations. Professor Carley and Mr Miles discussed whether we make a decision now to cancel future CPD events. With regard to the Annual Scientific Meeting, 11th April, a six months out date, is a marker to consider cancelling as we will recoup some money from the venue. Ms Wilson agreed that the ACP Forum schedule for May will be postponed and the FASSGEM Spring meeting in May is at risk. Dr Chung advised that, along with the Events Team, they are looking at running webinars in place of the Scottish Clinical Event in May. Mr Miles, speaking of the financial impact on the College, confirmed that business cases will be more carefully scrutinised and we are freezing recruitment for the time being. Dr Henderson advised that Dr Alison Walker, Fellow, is our main liaison, along with Keith Willett and the CMO.
- ii. RCEM CARES – against the backdrop of the virus outbreak, RCEM CARES was soft-launched and Dr Henderson encouraged all to read it and use it when engaging with Trust management or MPs. We have had engagement and encouragement from MPs and hope to discuss this with Jeremy Hunt, who is now chairman of the Health Select Committee. We have released some media opportunities but our media profile will change given the current circumstances
- iii. Patterson enquiry – Dr Henderson raised this as the surgeon at the heart of the enquiry is now in prison but the fall out is that other clinicians are being referred to the GMC. Dr Henderson reiterated that it's all our responsibility to call out rogue behavior amongst colleagues and please be careful. This has recently been discussed at the AoMRC.

C20.24 Vice President Membership's report

- i. Applications for Fellowship and Membership – Dr Gavin requested approval of these applications and this was given.
- ii. Nominations and voting for Dean – Dr Gavin confirmed that we have received two nominations and their statements were circulated with the papers. The nominees are Dr Will Townend and Dr Simon Smith. Dr Gavin asked Council whether they would agree to the EMTA deputy at this Council, Jon Bailey, to cast the EMTA vote in Dr Mashru's absence and this was agreed. She also request Council to approve accepting postal votes from absentees at this meeting, should today's vote result in a tie. This was agreed. Votes were cast and counted by Dr Gavin and Mrs Beckett. Dr Gavin was delighted to announce that, with a clear mandate, Dr Will Townend was elected as the new Dean, commencing his term of office at the AGM in October 2020.

C20.25 Tariffs

Dr Tom Hughes was invited to Council to update on the tariff situation for England. Dr Hughes gave an extensive presentation and took questions and answers from members and also received some interest in joining him to take forward the proposed changes in tariffs. Dr Henderson thanked Dr Hughes for all this hard work at difficult times for the specialty and it's hoped that his work gives the specialty more support.

C20.26 CEO's report

Mr Miles' paper explained that the College Business Continuity Plan has been invoked due to the developing COVID-19 situation. The CPD Conference has been cancelled. Current estimates of the financial impact on the College is in the range of £0.3 - £1m+. This can be weathered financially.

Logistics are proving difficult and we are keeping our events, examinations and meetings under daily review. We have plans to work from home (as far as it practicable) in the event that the government advises employers to do this. We may need to make some adjustments temporarily to the Expenses Policy so Council discretion is sought to all for the CEO to take this decision if need be. Mr Miles asked Council whether they were content with the planning and agree with the risk assessment. Mr Miles's paper set out various measures proposed including delegation of management, finances, the insurance position and our events. Council were asked to note and to authorize the CEO to take temporary measures and this was agreed.

C20.27 VP report on the Corporate Governance Code project

Dr Higginson set out the progress so far. The major proposed changes are:

- We would create a board of trustees in line with Charity Governance Code regulations, supported by a professional advisory body (Council) who will be able to focus on profession matters rather than the detail of running of the College
- Changes to the senior College post holders titles and method of election/appointment
- Changes to the electorate designed to make elections for President and Regional Chairs a more inclusive process.

A discussion followed on various points including the need for an English Board or a VP Policy (which would be for England). A VP Policy was settled upon. Dr O'Connor highlighted her letter to the President regarding the issue of an Irish Board. There was a discussion about voting rights and the potential for some new categories to vote in Presidential elections. Ms Wilson said that the ACP Forum and ACP in general were honoured to be part of the College and as a young group, would follow advice and guidance from Council on these issues. Dr Henderson highlighted to Council that this is a major move for the College and a big deal generally. Dr Higginson informed that there is a risk around this work as we are attempting to move relatively quickly so that the proposal can be agreed at the AGM in October, following Privy Council approval. **Action: CEO to liaise with College Lawyers to progress matters and update Corporate Governance Committee**

C20.28 Dean's report

- i. ACP Forum – Ms Wilson requested a change of wording in the sedation policy, with Dr Bailey also providing a trainee perspective. Dr Long agreed it's a difficult area which will need further discussion and Dr Henderson felt the decision and discussion could take place outside of Council
- ii. Curriculum - this was submitted to the GMC on 24th February (the due date) and has been acknowledged. We expect to hear from them in the next month with a formal response at the CAG on 24th May.

C20.29 Clinical Review of Standards

The President updated Council on meetings which take place monthly and more recently, weekly to discuss changes to standards. The College is engaged with NHSE/I to look at a move from the 4 hour target to a aggregated mean. After running pilots this is unlikely to be the only measurement and it's more likely we will end up with a bundle of measures to improve the patient care pathway. Time to initial assessment, a measure of when a patient is ready to move through the system, clinical standards like MI and stroke, etc. At the moment these discussions are confidential and there is likely to be a period of transition.

Mr Prentice said that the request to change the 4 hour target/standard has not come from patients or from the College and it is imperative that we protect patients, who are unlikely to understand the bundle and the effect on their visit to the ED. Dr Kerr was anxious that the bundle should not be all about the ED but include other departments. Dr Henderson confirmed that the discussions do include other parties, the RCP, RCOG, psychiatry, and the meetings are chaired by Professor Steve Powis, National Medical Director of NHS England

C20.30 Director of Education report

- i. Health Education England – Victoria Brewer, Project Manager for the College on Clinical Educators and EM Leaders gave a presentation to Council setting out work on these initiatives and other priority workstreams and areas including SAS doctors, Physicians Associates, ED Workforce capacity and demand modelling as well as mental health. Work continues and Council acknowledged this. Mrs Beet thanked Mrs Brewer for her extensive presentation.
- ii. Progression survey for 2018 – 19 Dr Naravi reported that HOS were asked to complete a return to indicate the progression of trainees in post at August 2018 and their status at August 2019. There are some data inaccuracies probably reflecting the dynamic nature of the data. However the trend can be used. There is currently no data from Wales or Northern Ireland.

A summary of the data is below:

1857 = TOTAL number of trainees

Year to Year Progression rates have dropped 78% of all ST1-ST6 progressed to the next year (versus 82% in previous year)

Numbers of OOPs went up by 1.8x this year

17% of ST3 trainees take OOP, followed by 12% of ST4.

Outcome 3 (requires 6 months extension) = $68/1857 = 3.6\%$

Outcome 4 (exited from training programme) = $7/1857 = 0.3\%$

Post CCT: 45/100 could be identified as moving into Consultant posts. 9 into locum posts, 1 overseas.

DREEM progression data does not add up to total numbers of DREEM trainees.

None are on OOP, 3 trainees/50 have an OC3 due to examinations. This data requires discussion.

Resignation rates: ST1 remains static at 3%

ST2 is down from 6% three years ago to 4%

ST3 is down from 10.5% three years ago to 5.7%.

This averages out at Core resignation rates =4%; Higher =<1%.

The losses to emergency medicine represent a total of 51-4 IDT= 47 trainees this year versus 76 last year.

This year 2018/2019 TSC is trying to focus on where the resignations are occurring and if moving to another speciality which?

10 no data

5 awaiting exit interviews

3 missing data.

The most popular move is to general practise, followed by anaesthetics.

9 to GP/ MSK; 4 anaesthetics; 4 changed region – remain in EM.

Dr Naravi summarized Progression: There are improvements in progression at each individual stage of training for 2018/2019 compared to previous 3 years.

However the average progression rate of all trainees has dropped from 82% progressing last year to 78%. Overall the highest % of trainees on OC3 are at ST3 and ST6. There is almost an equal split between failure for examinations (68 trainees) and failure to progress for other reasons (62 trainees).

Examination failures ST3 : This year outcome 3 for examination failures at ST3 / CT3 is at 14%

Examination failures HST: Outcome 3 for examination failures at ST6 exit examinations was 9%. This is the first year TSC have looked at outcome 3s in more detail.

OOP: The percentage of OOPs is increasing over the last 3 years at all levels ST3 and above, with the maximum being (most likely) after ST3 year at 17% and at ST4 at 12.8%

Resignation: Resignation rates are dropping in core and higher grades. The most popular speciality was a move to general practise followed by anaesthetics. With 4 trainees moving out of the UK. 18 trainees do not have data recorded under this section

LTFT: LTFT numbers are increasing at all grades with an average of 26.8% of trainees in higher specialist training being LTFT.

Peninsula, Severn and North West showing numbers > 50% in certain years of higher training. This has workforce implications a) in terms of interpretation of the term “ raw fill rates” versus the reality when benchmarked against the fill rate in terms of WTE equivalent posts filled b) if the gaps created by LTFT cannot be filled either due to lack of funding/ authorisation to advertise as part of national recruitment, this will further impact on service pressures. Average category 3 as a % of all LTFT numbers is a 17% as of Jan 2020.

The College recognises the significant impact of workload intensity and rota patterns on the well-being of trainees. The LTFT category 3 pilot is an important element in the suite of options for trainees to retain flexibility & allow for a healthy sustainable work life balance. The Training Standards Committee would support the continuation of this pilot with an extension of the evaluation to allow for a comprehensive longitudinal assessment.

The impact to service provision given the increasing numbers of category 1 and 2 LTFT trainees in Emergency Medicine needs close monitoring. The Training Standards Committee note that some regions have estimated exceeding a 15% proportion LTFT to Full time trainees at Higher Specialist Training level. Workforce entry numbers should be urgently reviewed and increased to maintain with the pace of future service demands and training needs

We should now revisit the position on the pilot category 3 LTFT programme. The latest survey shows Emergency Medicine is now above the 15% cat 3 LTFT versus all LTFT threshold that was an original benchmark of limit beyond which service pressures are likely to come into play. The view of council and RCEM executive would be welcome. Commentary from TSC in the last 2 years has suggested if category 3 was not an option, trainees would potentially drop to LTFT on health grounds. I have written to the Lead Dean for Emergency Medicine to firstly progress with the discussion on a solution

for those regions who are unable to fill to gaps created by LTFTS, due to lack of funding. The reality of the current workforce demands is such that it will only be met by increased ACCS post numbers to address the worsening work intensity and rota pressures in Emergency Medicine.

C20.31 FASSGEM report

Dr Burns spoke on negotiation with the BMA and the NHS on the reinstatement of the Associate Specialist Grade although some doctors in England are being appointed to this grade.

Plans for the Spring FASSGEM conference are in place but it is expected that this will have to be cancelled or postponed given the COVID-19 situation. Plans for the autumn conference in November are underway but again, this situation is constantly under review.

Dr Burns was pleased to report on FASSGEM representation on almost all College committees.

C20.32 Spring CPD event

This was cancelled on 6th March and refunds to delegates are currently in process.

C20.33 Annual Scientific meeting in Manchester in October

The events team and the CPD Director and local organisers are currently reviewing the event

C20.34 Any other business

- i. Dr Bailey asked about Examinations and the Dean and the Director of Education both confirmed that the College is considering all options and are mindful of trainees' needs and concerns. The examinations planned for next week will go ahead.
- ii. Mr Miles reported that Mr Denis Franklin, chair of our Corporate Governance Committee has been taken seriously ill. We have sent best wishes to his family, who will keep us updated on his progress. In the meantime, Mr Prentice will step in to chair the Committee.

C20.35 Date of next meeting

The next meeting of Council is scheduled for 14th May and it is planned to meet virtually. Further details will follow.

Dr Henderson confirmed the cancellation of the summer reception on 24th June.