



# The Royal College of Emergency Medicine

## Royal College of Emergency Medicine Research Strategy 2020

### Position Statement

July 2019



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***Research active Emergency Departments have better clinical outcomes – everyone must play their part.***

### Background

Over 24 million patients visit our Emergency Departments each year in England alone. Emergency medicine is a large clinical specialty but it does not have the research capacity or infrastructure to match the clinical impact. Research (the academic discipline and body of knowledge) is a core component of all mature specialties, and a key part of good clinical care.

Emergency medicine is a massive pressure point for the NHS, with over 90% of Emergency Departments failing to achieve the 4-hour standard. Crowding has become the norm, with poor patient experience and clinical outcomes. With rising demand, our situation has been described as unsustainable. Many emergency medicine interventions and systems of care are not evidence based. Our patients are complex and increasingly elderly, which may necessitate new diagnostic and management strategies. The solutions require disruptive innovation with a robust evidence base for change, which can only be achieved through research.

In broader context, patient outcomes have been shown to be better in hospitals that are research active, where there is higher staff satisfaction, and the Care Quality Commission (CQC) has included clinical research activity within its remit for hospital inspections.

However, with the immense and growing clinical pressures, emergency medicine has become service and system focussed rather than patient focussed. As a specialty we have become increasingly reactive rather than proactive. Research is not deemed a priority in many emergency departments; indeed, it is often seen as the domain of the few. Emergency physicians are grossly under-represented in clinical academia nationally, and research is under-represented in the curriculum and assessment for our trainees. In addition, funding opportunities are limited and extremely competitive.

Compared to many established specialties, emergency medicine is young and dynamic, and is now finding its feet in academic terms. We no longer need to rely on the evidence base generated in other disciplines using different populations. Those working in emergency care are best placed to know what questions to ask. However, in order to achieve our aims, research needs to be embedded in everyday emergency care, all clinicians practising emergency medicine should be able to access and undertake research and the opportunity to take part in research should be available to all of our patients.

### What do we need to do?

We need a change in culture and philosophy, in particular the way that research is viewed by those in our specialty:

- The perception that emergency research is only for a few should change to one where all individual emergency clinicians should be involved in research – let’s make it “normal”.
- The emphasis of training and assessment programmes should change to better represent the position that research should hold within emergency medicine. It should be a core component of the curriculum and embedded at all levels of training from undergraduate to consultant.
- Research capacity should be built at all levels in all Emergency Departments.
- We should celebrate and promote research and academia in emergency medicine.

### **How will we make it happen?**

#### ***Royal College of Emergency Medicine***

The College will take a lead role in making this happen, by making emergency medicine research one of its top priorities, and ensuring the following:

- Increased research funding is made available via the EM Clinical Studies Group and RCEM Research Grant scheme.
- Increased opportunities for established consultants to have research sabbaticals or protected research time to gain skills and expertise.
- Embed and reinvigorate research and academic training at regional and national board level.
- Maximise opportunities arising from the recent James Lind Alliance EM research priority setting partnership and consider a rolling programme of targeted research proposals and grant applications.
- Support preliminary work looking at the specialty perceptions of research and academia and the reasons why trainees do not choose (or leave) academic training.
- In future, optimise RCEM Foundation funding opportunities.

#### ***The Emergency Care Incubator***

The National Institute for Health Research (NIHR), in collaboration with RCEM, have launched the Emergency Care Incubator, with the remit to support capacity building and multidisciplinary career development in priority areas where critical mass is low – ideal to support emergency medicine research. The initial aims are to define research activity, identify areas of strength, and offer support to those who may choose an academic career pathway in emergency medicine.

#### ***Sites and local clinical teams***

Site activity is supported by the NIHR Comprehensive Research Network and in particular through the Injuries and Emergencies Group, which has good emergency medicine representation. Through this network, it should be ensured that:

- All major trauma centres and university affiliated hospitals should have an EM research lead with job planned time and appropriate infrastructure support by 2020.
- All major trauma centres and university affiliated hospitals should be involved in research programmes and should be consistently recruiting to NIHR Portfolio research studies.

- 80% of level 1 Emergency Departments should have a designated research lead and should be actively recruiting to NIHR Portfolio research studies by 2020.

### **Collaborations**

Collaboration with key partner organisations will be vital to ensure the success of the strategy, and will include the following:

- Seek engagement with large funding bodies e.g. NIHR/MRC/Wellcome/Health Foundation to consider partnership academic training programmes fit for purpose for emergency medicine trainees.
- Work in partnership with the NIHR CRN Injuries & Emergencies group to increase research activity across emergency medicine to achieve our strategic objectives and strengthen our resources to achieve shared goals.
- Develop research collaborations with other stakeholders e.g. TARN, PERUKI, EUSEM

### **Training**

It will be our responsibility to ensure that all trainees in emergency medicine:

- Complete key research competencies including GCP training, research design and patient recruitment as essential elements of training for all EM trainees and assessed annually at ARCP.
- Have the opportunity for an OOPE research option in all regional higher training programmes.
- Participate in recruitment to NIHR Portfolio studies or equivalent during higher specialist training.
- Allow demonstration of significant research participation as an alternative to participation in audit as part of ARCP.
- Have the opportunity to publish Quality Improvement Projects (this concept is being developed by the editorial board of the *Emergency Medicine Journal*).
- Have the opportunity to be actively involved in the national trainee emergency research network (TERN).

For those trainees following an academic career pathway, we will:

- Improve Academic Clinical Fellow training programmes by allowing flexibility to undertake these over three or four years.
- Increase and improve opportunity for emergency medicine trainees to pursue higher research degrees by creating integrated clinical and PhD programmes.
- Minimise disadvantage to academic trainees by allowing clinical time undertaken during out of programme research periods to be counted towards CCT if equivalent in all other ways.
- Stop any financial penalty of being an academic trainee in relation to membership or fellowship fees.

### ***Engaging with patients***

We will develop a national emergency medicine patient and public involvement group to give advice and contribute to emergency medicine research.

### ***Promoting and celebrating research excellence in EM***

Emergency medicine research will be promoted at the RCEM Annual Scientific Conference by inviting Chief Investigators of nationally funded and multi-centre studies to present their work during the main conference programme. Emergency medicine research findings will be disseminated using RCEM media and web portals to aid knowledge translation where appropriate.

RCEM will celebrate research excellence at site and individual clinician level, by awarding the following annual awards:

- Principal Investigator of the year
- Young Investigator of the year
- RCEM Undergraduate Essay prize

### **Summary**

The Royal College of Emergency Medicine fully supports the concept that research is a core component of good clinical care. Research should be embedded in everyday emergency medicine; all clinicians should be able to access and undertake research, and the opportunity to take part in research should be available to all of our patients.