



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 Breems Buildings on 14th March 2019

The meeting was chaired by the President, Dr Taj Hassan

Present:

Trustees:

Dr Andy Ashton	<i>Vice Chair, North West Board</i>
Dr Adrian Boyle	<i>Chair, QEC</i>
Dr John Burns	<i>FASSGEM Chair</i>
Dr David Chung	<i>Vice President, Scotland – by phone</i>
Dr Ian Crawford	<i>Vice President, Northern Ireland</i>
Dr Jim Crawford	<i>Chair, East of England</i>
Dr Carole Gavin	<i>CPD Director</i>
Dr Katherine Henderson	<i>Regional chair, London</i>
Dr Scott Hepburn	<i>Treasurer</i>
Dr Ian Higginson	<i>Registrar</i>
Dr Jason Long	<i>Dean</i>
Mr Sohom Maitra	<i>Vice Chair, North East</i>
Dr Chris Moulton	<i>Vice President</i>
Dr Jo Mower	<i>Vice President, Wales</i>
Mrs Lisa Munro-Davies	<i>Vice President</i>
Dr Kalyana Murali	<i>Chair, West Midlands</i>
Mr Derek Prentice	<i>Chair, Lay Group</i>
Professor Jason Smith	<i>Chair, Research & Publications Committee</i>
Dr Manou Sundararaj	<i>Chair, Yorkshire & Humber</i>
Dr John Thomson	<i>Vice Chair, Scotland</i>
Dr Richard Wright	<i>Chair, East Midlands Board</i>

In attendance:

Employees:

Mrs Gerardine Beckett	<i>Office Manager</i>
Mrs Emily Beet	<i>Deputy CEO</i>
Dr Simon Howes	<i>Policy Research Manager</i>
Mr Gordon Miles	<i>CEO</i>
Mr Luke O'Reilly	<i>Policy & Communications Officer</i>

C19.18 Welcome and apologies for absence

The President welcomed Professor Jason Smith to Council as the incoming chair of the Research and Publications Committee, Dr Andy Ashton, Vice Chair, North West Board and Mr Sohom Maitra, Vice Chair, North East Board

Apologies for absence were received from Dr Nick Athey, Chair, North East Board; Dr Lorraine Greasley, HM Forces Representative; Dr Helgi Johannsson, RCoA representative; Dr Steve Jones, North West Chair; Dr Maya Naravi, Chair, TSC; Prof Donal O'Donoghue, RCP representative; Dr Adam Reuben, South West Chair and Dr Paul Stewart, EMTA President

C19.19 Conflicts of interest

None were declared.

C19.20 Minutes of the last meeting

The Minutes of the meeting of Council held on 17th January were accepted as a correct record.

C19.21 Matters arising

- i. Sustainable working strategy – this item is deferred till May Council, when the chair of the Sustainable Working Practices Committee, Dr Sunil Dasan, can attend. Mrs Munro-Davies advised that a first draft is ready and much work has been done and it's hoped to launch the initiative at the Belfast Conference in April.
- ii. Regulator day – it is hoped that we can run a similar event in the autumn and the President will be meeting the chair of CQC in the next few weeks.
- iii. Service Delivery cluster and ECDS – following some concerns expressed about ECDS, we will have a seat on the steering group in future. If Council members have any issues they should direct these to the Chair of the Informatics Committee (Dr David Gaunt). Dr Chung advised that he will liaise regarding a Scottish representative on this committee
- iv. Risk Register – Previously, Mr Miles had requested Council members to review the risk register and advise of any omissions to him.
- v. Winter planning – a short paper on “5 things we can do, 5 things your hospital can do” was circulated and all agreed to share good practice developed locally. Dr Maitra advised he and his trust have developed something which he will share.
Action: Dr Maitra.
- vi. Trustee training – Mr Miles is still considering how best to deliver this.

C19.22 President's report

- i. With Janet Youd representing the RCN Emergency Care Association, joining by phone, the 4 hour Emergency Care Standard position statement was discussed fully by Council. The President updated Council on the history of the 4 hour standard which came into being in 2004 and it actually transformed the lives of those working in the EDs in the UK. In 2009/2010, along with Professor Matthew Cooke, the College reviewed the standard and agreed Quality Indicators to reflect system performance and clinical care. The situation in EDs has deteriorated sharply in the last four or five years. In 2017 efforts were made to review the standard which never came to fruition although in Scotland they elected to retain the standard. The Long-Term Plan published in the summer and with a new Secretary of State hinting that he wanted to review these standards the College has made a clear, firm and strident defence stating that it's the best metric available. NHSE have been seeking engagement with RCEM and Dr Hassan, Dr Boyle and Mr Miles met with Prof Steve Powis, National Medical Director of NHS England the previous week. It appeared that NHSE had already made a decision on a set of proposals of what they wanted to deliver. There had been some engagement with the Presidents of the RCP and the RCS England as well as the Chair of the AoMRC. The conversation was honest and frank between NHSE

and the RCEM and the need to collaborate was discussed in detail. The outcome was that NHSE would like to test a new set of metrics but gave an assurance that any new metric must not compromise flow as compared to the 4-hour standard. On Monday 11th March NHSE launched an interim report and this co-incided with the College publishing its own paper on improving QIs, which we had shared with NHSE. There was a full discussion and Dr Hassan felt that NHSE had a strong view on testing and potentially launching in the autumn. The College would provide expert advice and hopefully influence discussions positively. Mr Prentice advised that he has written to the chair of the Healthwatch Committee but has not even had an acknowledgement of his letter. Dr Boyle felt that we should be pushing for an independent body to review and evaluate the testing and this should be overseen by the Academy Chair. Janet Youd expressed concerns about the way in which NHSE had behaved and the lack of triage categorization in the testing. Many views and concerns were expressed during the discussion and some members advised that their hospitals had been approached to be pilot sites. Dr Hassan has a further meeting with Professor Powis on 4th April. **Action: TH and others to continue to report to Council**

- ii. Long term plan discussions and workforce planning – in England, Dame Dido Harding, chair of NHSI is leading a workforce review co-lead by Julian Hartley, who is also CEO in Leeds. The review is to discover and produce a clear objective over the next 10 years and the interim report will be published in six weeks. Dr Hassan reminded Council of our own workforce strategy which contains three strands: workforce, reducing attrition and maximizing retention and all three areas are progressing. Dr Hassan advised that he still hopes to meet with the Scottish Cabinet Secretary and has visited the Department of Health team in Northern Ireland several times. Dr Hassan advised that our Policy Officer, Miss Zoe Moulton has sadly left the College and he wanted to record his thanks to her. In Wales, Dr Mower and Dr Hassan are due to meet the cabinet secretary soon. Dr Mower spoke about the need to keep those doctors who had trained in Wales to remain in Wales as consultants.
- iii. Maximising the Potential: essential measures to support SAS doctors – this document was published and its content is very positive. Dr Burns advised that he has contacted all FASSGEM members to alert them to the document but members of FASSGEM are a diverse group, with multiple needs and it's difficult to encompass all their requirements in one document. It is understood that HEE are conducting a census of SAS doctors.

C19.23 Vice President reports

The Vice Presidents' workstreams are covered elsewhere in the agenda.

C19.24 Report from the Registrar

- i. Ballot result – Presidential election – Dr Higginson read out the result from the Electoral Reform Services. He thanked the three candidates (Dr Carole Gavin, Dr Katherine Henderson and Dr Chris Moulton) for standing and he felt that the College was fortunate to have three such high-quality candidates. The result of the ballot, with a 48.3% turnout was that Dr Katherine Henderson was elected. This news was warmly received by Council. Dr Henderson will be in post as president-elect for six months, taking up the role of President at the AGM at the conference in Gateshead in early October 2019.
- ii. Applications for Fellowship and Membership were circulated and approved. Dr Higginson reported that we currently have 8,500 members and the largest group is Fellows by Examination, then Members by Examination, Associate Members, Associate Fellows. Dr Murali asked about the rights of non trainees and Mrs Beet advised that we allow access to the e-portfolio to them. Dr Higginson spoke

about requests for reduced rates for Less Than Full Time Working doctors and this is something that needs further discussion with the Treasurer to model what can be achieved.

- iii. Report from EMTA – Dr Paul Stewart submitted his report for Council and advised that EMTA has grown considerably in the last 12 months, adding new representatives to the Education Committee and the Examinations sub-committee, the curriculum sub-committee, the intercollegiate committee on ACCS training and the QEC. These posts have been open to all UK trainees and there has been considerable interest, 35 applications for the 2 available posts to the Education Committee alone. Dr Stewart's term as President ends in the summer of 2019 and he's hopeful that a volunteer will step forward to take over. The 2018 EMTA conference was held in Cardiff in November 2018 and was the most successful so far, tickets sold out despite opening an additional space and 170 delegates attended. They were joined by the President, the Dean, the Deputy CEO and the Curriculum chair amongst others. Plans for the conference in 2019 are underway. The EMTA survey ran from December 2018 through to February this year with 690 trainees responding on matters of training and working life in EM. Themes included supervision at work, scope of practice at present and expectations of first consultant job, perceptions of and access to workplace based assessments and bullying, harassment and undermining behaviours. A formal report will be disseminated to relevant committees. Dr Higginson reported on a more positive relationship with EMTA since our recent review.
- iv. Report from FASSGEM – Dr Burns reported on a busy year with the annual meeting and a spring meeting and enhanced links with the Events team, who have assisted with the organization and management of these events. The position statement regarding the reinstatement of the associate specialist grade is on the website and tabled at the AoMRC. The RCoA has since produced its own statement in support of the reinstatement of this grade. Dr Burns confirmed that negotiations are about to start between the NHS Employers and the BMA on this subject. Dr Burns advised of plans to increase representation on College committees from FASSGEM as well as plans for the spring meeting at Octavia House in May and the annual conference in Liverpool. Dr Burns took the opportunity to thank Council for its support for SAS doctors.
- v. Paediatric EM Professional Advisory Group – Dr Higginson updated Council on the initiative to establish a Paediatric EM group to support the work and needs of paediatric EM. The terms of reference for the group have been reviewed and we're mindful that the group should be inclusive and work within the College system. The remit of the group would be to ensure that children's interests are represented within all relevant aspects of the College business and structure as well as to provide advice and support on all aspects of paediatric emergency care. The group would help 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. PAG will sit within the Workforce Cluster of the RCEM committee structure and be chaired by a VP. Dr Hassan thanked Dr Higginson and others for their work on this, and with the amendment regarding chairing, the Terms of Reference were approved by Council.
- vi. Report of the Global EM Committee – Dr Cattermole's report was submitted to Council and he highlighted their achievements in the last year, which include establishing a media presence via Twitter and surveying the RCEM membership to learn about global involvement. A study day took place earlier in the month on Humanitarian Medicine and this was very well received and attended. In 2019 the committee hope to organize a study day with the RSM, have a track at the autumn scientific meeting and further develop the William Rutherford Prize to make this an annual award. The amended Terms of Reference were approved by Council.

- vii. Dr Higginson reported that it's come to light that when reviewing the criteria for Associate Fellowship we omitted including MRCP. This will be amended. **Action:** IH/Membership team

C19.25 Report from the Treasurer

Dr Hepburn reported that the Finance team were now fully staffed and performing well, The Year End accounts are being prepared and the Auditors are currently undertaking the annual audit. The College bank account is showing a healthy surplus and a re-forecast for 2019 shows a 300k surplus.

C19.26 Report from the Chief Executive

- i. General Fund for IT – Mr Miles spoke of the establishment of a general fund for IT of £500k last year which envisages the funding for a stream of IT improvements to improve accuracy, efficiency and member satisfaction. Work is underway defining and scoping a set of IT sprints to bring forward developments that will streamline our processes, reduce manual work, improve accuracy and efficiency. An initial “sprint” is underway to improve the examinations application process and this is currently being funded from the IT budget, rather than at this stage seek a drawdown from the new general reserve fund for IT investment. Council were asked to approve the process outlined in Mr Miles paper and this was approved.
- ii. Staffing – The recent review of the 2019 budget has revealed that initial projections were too pessimistic and as a result an additional £250k is expected to be achieved. This would allow scope to create some new posts which have been previously identified as much needed. Mr Miles proposal to recruit an HR Manager, a Policy Officer, an ePortfolio project manager, as well as an additional Quality officer was approved after a brief discussion
- iii. Governance Code project – this project brief to approve with a budget was approved by Council. The project is defined to develop and oversee the implementation of options to comply with the Governance Code. This will include considering the structure of our Trustee Board to reflect Corporate Governance Code guidance endorsed by the Charities Commission. This will involve considering the structure and governance of the College Council and inter alia the Executive and Corporate Governance Committees as well as the College Regional Board structure in England. The desired outcome of the project would be to create a structure that meets the needs of the Governance Code and those of our Council, Executive and Governance Committees, as well as is seen appropriate by our membership.
- iv. Updated conflicts of interest policy was approved
- v. Report from the RCEM Foundation Fund – Mr Heyworth updated Council on their work undertaken so far including the production of a general brochure and a legacy leaflet, there's a page on the website explaining the aims and objective of the Fund and a Just Giving page which is occasionally receiving donations and some fundraisers have already raised funds on our behalf. At College conferences there has been engagement with sponsors from pharma and industry but this has yet to bear fruit. A number of potential philanthropic contacts have been followed up seeking potential donations. We are currently in discussion with the UK Sepsis Trust to explore ways of working together. Our fund-raising so far has generated £11,638. Dr Heyworth proposed that, whilst it's clear that the aims and objectives of the Foundation cannot be solely reliant on the generosity of Members and Fellows work is underway on a business case to seek support for the employment of a professional fundraiser. This was noted by Council.

C19.27 Report from the Dean/Academic Cluster

The Dean, Dr Long and the DCEO, Mrs Beet, report on

- i. E-portfolio project, which sadly has stalled due our preferred provider withdrawing, therefore a new provider will need to be identified
- ii. The ACCS curricula will not be ready till August 2021, so delaying our curriculum. We plan to update the GMC as we continue with this work.
- iii. Mrs Beet advised Council that an examination candidate has applied for a judicial review, regarding the number of attempts. We have instructed counsel.
- iv. Chris Walsh, Head of e-Learning, has resigned and will be leaving the College in June to work for the Law Society. He's been integral to the e-learning development and has been an employee for 10 years. Council acknowledged Dr Walsh's contribution and wished him well in the future
- v. The College Careers Group sent their report and summarized their activities in the last year, which include producing a short EM film to be launched this month with shorter edits for social media. They are in the process of writing an overall strategy to include a digital strategy and will be submitted to Council for approval. Three career days will be run in London and in Liverpool. We will have a stand at the BMJ and RSM Careers fairs and a stand has been booked for next year's BMJ Live event.
- vi. TSC report – Dr Naravi's report was received and reviewed. Her report included information on the LTFT category 3 pilot proposal for 2019 which will go to HEE at the end of March for decision. The following statement was sent to the Deputy Dean Jon Hussain from the TSC: "The Training Standards Committee at RCEM supports the continuation of the LTFT pilot. However, we recommend that future workforce planning should take into account increasing numbers of LTFT trainees in the higher specialist training grade ST4-ST6 and the overall attrition rates seen.

RCEM data shows an average of 20.9% HST ST4-6 are less than full time, around 89% of all LTFT trainees from RCEM data are LTFT for reasons under category 1 and 2. The popularity of this pilot amongst certain trainees is recognised.

TSC would appreciate the final evaluation for review given some problems in collating overall category 3 data via the Heads of School. Retention of this subgroup under a category 3 will enable continued future data analysis / monitoring."

Dr Naravi reported on the results of the progression survey date 2017-18.

HOS were asked to complete a return to indicate the progression of trainees in post at August 2017 and their status at August 2018

A summary of the data is below:

1864 total trainees

1525 (82% overall ST1-St6) progressed to the next year.

339 (18%) did not progress for reasons of competence and other factors

101 (5%) trainees ST1-ST6 overall got an OC 3

3 trainees in ST3 and 5 trainees at ST6 were withdrawn with an outcome 4

Table 1

cohort	% out of all trainees	% out of trainees not progressing
illness	10/1864=0.5%	10/339= 2.9%
Maternity leave	58/1864= 3.1%	58/339= 17%
Out of programme	71/1864= 3.8%%	71/339= 20.9%
resigned	76/1864= 4.0%	76/339= 22.4%
OC3	101/1864= 5.4%	101/339 = 29.7%
OC4	8/1864= 0.4%	8/339=2.3%
Not classified	15/1864=0.8%	15/339=4.4%

Therefore there are some improvements in resignation rates at core compared to 2016/2017- see table 2. However resignation rates at HST have risen to 8.7%.

Total Less than full time trainees (LTFT)=254 (13.6%) of all trainees

Accurate data for Cat1/2 and 3 has been difficult . RCEM data suggests 11% are part of the category 3 pilot; data from Dr Mike Clancy suggests currently cat 3 represent around 35 new applicants (2017/2018) + 13 continuing (2016/2017) i.e. 18.9% of the total of all LTFTs.

The following figures are % of each training grade for 2017/2018.

All regions	% not progressing 2017/2018 (2016/2017)	%competence gaps (OC 3)	%OOP	%resigned	LTFT total %
ST1	10% (5.3%)	1% (0.5%)	0% (0.5%)	2% (3%)	6.4%
ST2	11% (11.9%)	1% (1%)	2% (2%)	5.9% (6%)	6.2%
ST3	19% (36.5%)	8.9% (10%)	5.9% (11%)	6.4% (10.5%)	12.6%
DREEM	39.6% (27.8%)	16.7% (5%)	2% (0%)	8.3% (5%)	18.7%
ST4	21% (0%)	1% (0%)	6% (9.9%)	2.7% (2.2%)	19.1%
ST5	22.17%(15.7%)	6% (1.5%)	8.3% (9%)	1.7% (2.5%)	19.6%
ST6	29.3% (25.5%)	16% (18.4%)	1.4%% (2%)	4.3% (0%)	24%

Summary

There are improvements with achieving competencies at CT/ST3 compared to 2016/2017; however 39.6% of the DREEM cohort, are not progressing at the expected rate- this may be in part due to the demands of fitting core competences into a 24 month programme &/or achieving the exam.

TSC has noted an increase in difficulties in achieving competences at ST6 levels. This may be exam related.

Resignations are still an issue in core training although have reduced at ST3/ CT3 to 6.4% versus 10.5% 2016/2017. An exploration of the 4.3% resignation at ST6 level needs to be looked at in greater detail.

TSC supports the continuation of the LTFT pilot, however recommends that future workforce planning should take into account increasing numbers of LTFT trainees in the higher specialist training grade and the overall attrition rates seen. RCEM data shows an average of 20.9% HST ST4-6 are less than full time, 89% of all LTFT trainees from RCEM data are LTFT for reasons under category 1 and 2. Data for category 3 via Heads of School has been difficult to obtain, however the popularity of this pilot amongst trainees is recognised.

- HEE YH will be setting up a **Recruitment 2020 steering Group** with RCEM TSC to include devolved nations, Leads for HST, DREEM and ST3 and EMTA. The rationale behind this is to ensure applicants who are not eligible for HST training route can be interviewed and placed within the DREEM applicant stream if eligible. In 2019 there were 37% not eligible for HST on the basis of the portfolio station that may have been suitable for DREEM.

The following will be considered by the steering group.

- A single advert for all 3 categories of posts (legal opinion will be required)
- A single application form
- A single interview process with a robust face to face portfolio section to ensure the separate 3 categories of applicants are clearly identified.
- Interview panel structure
- Early identification of international doctors to regional programme support teams so that these doctors can be given additional support as required (similar to EMIT group)
- Personal specifications
- Inclusion of comment on the recency of acute common core stem training
- Inclusion of the comment for "demonstration of 3/12 continuous posts in AN, AM, ICM"- this may have an impact on some international candidates who have 3/12 exposure in ACCS specialities but in 1/12 slots over a 3-year period e.g. in India.

Prior meetings discussing the personal specifications for 2020, MDRS will likely require RCEM to

- Remove reference to the following for CESR CP route:

"12 months must be in Emergency Medicine, with at least 6 months of this worked within an Emergency Medicine environment similar to that seen in the UK"

- **Clinical Educators Evaluation project 2019-2020:**

Wayne Hamer and Mike Clancy have been appointed as Evaluator Leads. Dr Brian Kennedy, Dr Muniswamy Hemavathi, Dr Sanjoy Bhattacharyya were appointed as clinical team evaluators last week. The evaluation will be jointly conducted with HEE and Aston University. A clinical evaluators study day is planned for 21st March 2019.

Dr Hassan thanked Dr Naravi for her comprehensive report. It was noted that the new lead dean is Sarah Kaufman.

C19.28 Report from the Chair, QEC/Quality Care Cluster

This report will be deferred to the May Council meeting.

C19.29 Report from the Service Delivery Cluster

The Workforce Overview Committee (WOC) meets biannually, jointly chaired by the two Vice Presidents. The WOC acts as a steering group, directing the work of the Informatics Committee (IC), the Remote and Rural Working Group (RRWG), the Service Design and Configuration Committee (SDCC) and the Sustainable Working Practices Committee (SWPC). The Consultant Contract Working Group no longer exists.

This is a relatively new cluster, which became fully operational with new chairs from the beginning of 2018. There have been several significant achievements, with individual chairs and members engaging as stakeholder representatives of RCEM with various bodies, such as AoMRC, GMC, NHS, HEE etc

IC, SWPC and SDCC have reviewed respective memberships to meet operational needs.

IC previously had over 50 members, which has now been rationalised to retain 12 core members.

SWPC has recruited new members, which now includes representation from EMTA and FASSGEM.

SDCC have followed suit and recruited a FASSGEM representative to increase engagement from across the home nations and to assist with the delivery of a full work plan.

SDCC have also held two joint meetings with the RRWG to advance the workplan as some of the members belonged to both groups. This was approved by the joint chairs at the WOC and agreed that joint meetings will continue to be held as there is a large and relevant overlap in current work.

Finally, the frequency of the SDCC meetings have increased. There is now an intention to meet four times per year, twice in person and twice as video/audio conference deemed as necessary to keep up momentum. This is now in keeping with that of the SWPC where both occur on the same day. The chairs then report directly to the WOC Vice Presidents in a separate meeting afterwards.

Details of completed, ongoing and planned work are outlined below:

Informatics Committee

- Representation at the Electronic Records in Ambulances (ERA) study knowledge exchange workshop - 3 July 2018.
- WaitLess – an app about ED waiting times, IC is conducting feasibility study.
- Drafting a specification, describing the minimum requirements of Emergency Department IT systems and reviewing the currently available systems.
- Representation on all steering group and implementation meetings of the ECDS programme.

Six potential priorities for the next three years were proposed:

- a. Big data.
- b. Branding of ED informatics.
- c. Clinical fellowship schemes.
- d. Showcasing good practice in EM informatics.
- e. Evaluation of EPR functionality.

- f. Interoperability with partners (including patients, other health partners and social care).

Additional potential areas were raised:

- g. Finance and tariffs.
- h. User satisfaction survey (see below).
- i. Patient access to information (including their own data and information about services).

It may prove too ambitious to cover all of the above areas, so some will be prioritised.

Remote and Rural Working Group

- The chair is working with the SDCC chair to prepare an RCEM position statement in response to the findings of two papers: *Rethinking Acute Medical Care in Smaller Hospitals*, by the Nuffield Trust and a recent report on *Rural Health Care*, by the Nuffield Trust. The group are to work with SDCC to produce a supporting piece of guidance.
- Group members have formed closer working relationships with SDCC by attending forthcoming SDCC meetings.

Study Days:

- Two study days were planned but both got cancelled.

Service Design and Configuration Committee

- The first of a series of workforce recommendation documents, *Consultant Staffing in Emergency Departments in the UK*, was published in September 2018.
- The RCEM position statement on *Service Reconfiguration* was published in January 2019 and an accompanying paper is currently being drafted. The intention is to produce workforce guidance on Remote, Rural, Smaller and Challenged Emergency Departments to sit alongside the previous workforce document from 2018.
- *New Breeds of EM Clinicians* document is currently being drafted. The paper seeks to assist colleagues in UK Emergency Departments who are considering whether, and how, to introduce different kinds of EM clinicians to their staffing model and refers to ACPs, PAs and other newer staff groups. The *Nurse Staffing in Emergency Departments* document is also being drafted. Both are to be published in 2019.
- The SDCC are still working to establish closer links with the other RCEM groups, such as the Ambulatory Emergency Care Special Interest Group, Frailty Special Interest Group along with the other constituent parts such as CDU/Mental Health/Palliative care services that link with our patients and services. Understanding the links between different parts of the service and defining what good looks like will help to encourage standardisation.
- Urgent Treatment Centres – a draft survey has been created on Survey Monkey for review. The aim of the survey is to build a picture of to what extent these UTCs have been established and their interaction with, and impact on, the ED.
- Discussions have taken place regarding the SDCC website content and reconfiguration. This is ongoing and members would like to see a more streamlined and interchangeable interface.

Sustainable Working Practices Committee

Ongoing work that is currently being drafted with the aim of being published and launched at the CPD Conference in Belfast, 2 – 4 April 2019:

- i. **EM-POWER**: The Wellness compendium.

- ii. **EM-POWER**: A Practical Guide for EM Clinical and Non-Clinical Managers.
- iii. **EM-POWER**: A Practical Guide to Flexible Working and Good EM Rota Design.
- iv. **EM-POWER**: Returning to EM Clinical Practice, Skills Maintenance and Future Professional and Personal Development.

The aforementioned documents are to be published on the SWPC internet page to further support the launch at the CPD Spring Conference.

- Other ongoing work that includes developing and drafting:
 - v. An anti-bullying paper outlining the RCEM position has been drafted and has been considered by the Executive with a view to establishing a Bullying Task and Finish Group.

The **EM-POWER**: A guide to engage and retain your established EM staff was published in September 2018.

Study Days:

- Study day delivered, May 2018 along with a course for EM doctors returning to clinical practice on 29 January 2019.

Future study days:

- Burnout to Brilliance, 4th June 2019 and Good EM Rota Design – 2020.

SDC will continue with the current workplans, which were approved by Council.

SWPC have suggested a revalidation workplans webpage and plan a RCEM campaign – I am **EM-POWERED**.

The constituent committees/working group will submit revised workplans for Council to consider and approve for 2020.

Council is asked to note the activities of this large cluster and consider if they wish to request a focus on particular priority areas for this cluster.

Dr Hassan thanked the Vice Presidents for another comprehensive overview of the work of this cluster.

C19.30 Report from the Honours Committee Chair

Mr Prentice reported that the Committee has met recently and has submitted nominations for national honours as well as reviewing nominations for college medals. He advised that there is a vacancy on the Committee for a Fellow and he encouraged Council members to let their constituents know this.

C19.31 Reports from the Regions

- i. East of England – Crowding and Exit Block
 - Like every other region, the last few weeks have been extremely challenging for our Emergency Departments and their staff. Exit block remains the biggest problem for the majority of our departments, with recruitment and retention of senior staff a close second for some departments. It would be fair to say that the earlier part of the winter was less problematic than last year, but since late January things have been very difficult for most trusts.

There is considerable variation in 4hr performance (as a surrogate for exit block) between trusts within the region, with one trust maintaining >95% even in February and others in the region down below 70%.

- Staffing

The overall picture for staffing is improving, although some of our smaller trusts are still struggling to recruit and retain sufficient senior decision makers. The previous expansion in ACCS numbers is beginning to bear fruit, DRE-EM also remains popular, and overseas recruitment is picking up. HEE have worked closely with our regional School of EM in recruiting 20 international fellows in a single regional recruitment programme, who will then be shared out around the region. Nonetheless there is still heavy reliance on locum middle grades in many departments. Consultant numbers are gradually increasing at most trusts, and it is great to see that the vast majority of trainees are choosing to take up consultant posts within the region post CCT.

Universities within the region have embraced the wider workforce strategy, with Physician Associates and ACPs now established members of the clinical workforce in a number of trusts.

- Positive Events

Regional training days for trainees of all levels remain well-attended and of a high quality. For ACCS trainees, the "dual site" training days have helped reduce travel time and increased attendance - being a large region geographically we hold these days in parallel - the same topics are covered on the same day at two different sites at opposite ends of the region, with trainees free to attend whichever is closest to them. Training days for ACPs have also been set up, and the annual Faculty Development Day continues to be an excellent event for consultants and more senior trainees. Individual departments and trusts are also delivering some excellent EM conferences, including the annual Trauma Conference in Cambridge in April and a cadaveric skills workshop at Norwich recently. It is good to see many East of England RCEM Fellows and Members actively involved on Twitter with FOAMed and staff wellbeing initiatives, and speaking at external conferences.

- Regional Board

As with several other regions, we do not have an established regional board meeting, and effectively use the regional Specialty Training Committee meetings as an informal surrogate for this, supplemented by emails. We are lucky to have the support of our excellent regional Training Programme administrator who helps me disseminate College messages.

- Finally, Dr Crawford advised that this is his last Annual Report as EoE Chair as he be handing over to Dr Jane Evans in November. He thanked Council for making him welcome over the last three years.

Dr Hassan thanked Dr Crawford for his commitment to the College during his term of office.

- ii. East Midlands – Dr Wright reported on his first year as East Midlands chair. It is an ongoing struggle to engage with the region in the context of regional lead for the College. We have a virtual board consisting of the regional Heads of Service, however engagement is patchy. All eight Heads of service were asked to provide an overview of 2018 for inclusion in this report. Sadly Dr Wright has yet to receive these from any of the Heads of service (Leicester, Lincoln, Kettering, Northampton, Chesterfield, Kings Mill, Nottingham or Derby).

Dr Wright therefore reported on what is already widely known. Clinical pressures across the region are unprecedented and increasing. Our departments are significantly hampered by out flow block. Patients waiting on and being cared for on ambulances is increasingly the norm. Morale amongst medical and nursing staff is low

when confronted by overcrowded departments and an inability under these circumstances to deliver quality emergency care. Additionally the EDs are assuming greater than our fair share of the distributed clinical risk of the hospitals. All these factors and more are contributing to clinician burn out and staff retention issues.

Whilst on the Macro level there is appreciation for the work the College is doing, on the shop floor many of his colleagues struggle to see the immediate relevance of the RCEM to the issues they face. With an increasingly young consultant body who feel no direct ownership of the College, this is a worrying trend.

East Midlands Emergency Medicine Conference (EM2C)

A regional success has been the annual EM2C. This is open to and attended by the full spectrum of health care practitioners involved in Emergency Care. It is an excellent example of multi professional Emergency Medicine education. It now takes place every year in May at a central venue near East Midlands Airport.

Of note the CPD accreditation is not supplied by the College and the primary organiser is vocally not a fee paying fellow of this College. A worrying example to Fellows and Members of the College in the region.

Succession Planning

Dr Wright has asked the Heads of Service round the region to identify individuals who may wish to take on the role of Regional Chair when his term expires. The hope being that any interested parties might wish to function in a deputy regional chair in the first instance. Thus far there has been no interest.

Dr Hassan thanked Dr Wright for this information and asked about attendances at Leicester, which is now 250 – 280k per year. Dr Hassan wanted further discussion with Dr Wright to help support work being carried out on workforce. **Action:** TH/RW

- iii. London – Dr Henderson reported that the London Regional Board meets after each Consultant CPD Day and the board benefits from being able to use the College facilities at Octavia House or Bream's Buildings. There are usually 10 – 20 attendees from a range of hospitals across London. The board meetings have standing items on College Council, the London Clinical Leaders Group for the Urgent and Emergency Care pathway, the London EM School and the Medical Director of the London Ambulance service. The recent meeting welcomed the London GIRFT representative, Dr Sue Robinson, and this was extremely useful for all to help understand where the GIRFT data fits into the plans for reviewing the 4 hour target.
- iv. North East - Mr Mitra attended in Dr Athey's absence. The region held a very successful and well attended CPD day at the Northern Emergency Medicine Trainee Conference in January. The keynote speaker was Dr Moulton, Vice President. The Annual Scientific Conference will take place at the Sage in Gateshead in October and it is in the planning phase. Dr Athey's report confirmed the well documented challenges in activity, acuity and flow in the region. Mr Mitra will take over as Regional Chair in July.
- v. North West – Dr Ashton updated Council in Dr Jones' absence. Training for trainers is going well, with two full OSCE and SAQ mocks being completed and good feedback on these. A survey was conducted on what members of the region would like in the way of format of meetings and 158 responded. The majority felt that once or twice a year would be preferable, and timings wise, late afternoon and evening were popular. It was felt that the venue should be in a variety of

locations as the region is large. Dr Ashton reported that trusts continue to struggle with performance with only paediatric centres regularly hitting 95%.

C19.32 Progress report on the Spring CPD Event in Belfast, 2nd – 4th April

Dr Crawford and Dr Gavin were pleased to report that the event was sold out for the first two days and we have attracted some good sponsors. Dr Gavin took the opportunity to report that her term of office ends this spring. Dr Hassan thanked Dr Gavin for all her hard work as CPD Director and chair of the Conference Committee over the last three years.

C19.33 Progress report on the Annual Scientific Meeting to be held at the Sage in Gateshead, 1st – 3rd October 2019

Professor Smith advised that the programme is under construction and he hopes to work with local organisers in the spring to deliver an integrated programme of scientific content along with CPD.

C19.34 Any other business

- i. Dr Hassan advised Council that we will be hosting a summer reception on Wednesday 26th June at the Museum of St John in Clerkenwell to which all Council is invited, together with their partners.
- ii. Dr Murali asked for some guidance about press enquiries he's receiving.

C19.35 Date of next meeting

The next meeting of Council will take place on Thursday 16th May 2019 starting at 10.00am. Further dates for the year are 27th June, 19th September and 21st November.