

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

England & Wales · Charity number 1122689

Details

Other names THE COLLEGE OF EMERGENCY MEDICINE

Status Registered

Legal form Other

Registered 2008-02-07

Register [View on the Charity Commission register](#)

Contact

Address Royal College Of Emergency Medicine
54 Ayres Street
London
SE1 1EU

Phone 02074041999

Email rcem@rcem.ac.uk

Website www.rcem.ac.uk

Activities

Objects: A) ADVANCE EDUCATION AND RESEARCH IN EMERGENCY MEDICINE AND TO PUBLISH THE USEFUL RESULTS OF SUCH RESEARCH; AND2) PRESERVE AND PROTECT GOOD HEALTH AND TO RELIEVE SICKNESS BY IMPROVING STANDARDS AND PROVIDING EXPERT GUIDANCE AND ADVICE ON POLICY0 TO APPROPRIATE BODIES ON MATTERS RELATING TO EMERGENCY MEDICINEB0 PRESERVE AND PROTECT GOOD HEALTH AND TO RELIEVE SICKNESS BY IMPROVING STANDARDS OF HEALTH CARE AND PROVIDING EXPERT GUIDANCE AND ADVICE ON POLICY TO APPROPRIATE BODIES ON MATTERS RELATING TO EMERGENCY MEDICINE

Activities: The college is responsible for setting standards of training and administering examinations in emergency medicine. The college works to ensure high quality care by setting & monitoring standards of care, and providing expert guidance and advice on policy to relevant bodies on matters relating to emergency medicine.

Classification

- **How:** Makes Grants To Individuals, Makes Grants To Organisations, Provides Advocacy/advice/information, Sponsors Or Undertakes Research, Acts As An Umbrella Or Resource Body, Other Charitable Activities
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives, Other Charitable Purposes
- **Who:** The General Public/mankind

Geography

- **Area of benefit:** UNDEFINED IN PRACTICE - NATIONAL
- India
- Ireland
- Northern Ireland
- Scotland
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2024-12-31	£13,038,201	£13,399,681	£9,972,534	75
2023-12-31	£10,945,109	£11,196,310	£10,334,014	74
2022-12-31	£9,533,392	£9,810,466	£10,585,215	70
2021-12-31	£8,790,482	£8,055,877	£10,750,001	63
2020-12-31	£6,726,192	£6,232,555	£10,015,396	53

Trustees

Name	Role	Appointed
Catherine Louise Eardley		2025-07-08
Derek Prentice		2024-01-25
Dr Fiona Burton		2024-02-09
Dr Ian Higginson		2025-09-11
Dr James Gagg		2024-01-25
Dr Maya Naravi		2018-05-07
Dr Nida Suri		2024-12-12
Dr Salwa Malik		2022-10-04
Dr Simon Carley		2023-01-03
Dr Steve Jones		2021-08-01
Ian Ailles		2021-08-01
Palvi Shah		2021-08-01

Accounts



Our work in 2024

Annual Report

 Royal College of
Emergency Medicine





BUCKINGHAM PALACE

As the Patron of the Royal College of Emergency Medicine I welcome the 2024 Annual Report. This report demonstrates not only the tremendous breadth of work undertaken by the College, but also the resilience, innovation, and professionalism shown by those working across Emergency Medicine during what has been another challenging year.

The work of the College and dedication of emergency medicine professionals across the United Kingdom and beyond deserves recognition, as you deal with persistent challenges and support promising developments across the healthcare landscape.

Throughout 2024, our emergency departments continued to face immense pressure including with rising demand for services, staffing challenges, and the ongoing effects of the longer-term consequences of the COVID-19 pandemic. Yet, in the face of these difficulties, the response from clinicians and healthcare teams has been one of remarkable resilience, professionalism, and unwavering commitment to patient care.

The College has remained steadfast in its mission to support members, uphold standards, and advocate for meaningful change, playing a leading role in ensuring the voices of front-line clinicians are both heard and respected. Equally important has been the College's focus on education, research, and inclusion. The expansion of training opportunities, support for international colleagues, and prioritisation of equity in healthcare reflect a forward-thinking approach that acknowledges the diverse needs of both patients and professionals.

This report offers an assessment of the year's challenges while highlighting the achievements and innovations which have emerged despite them. It stands as testament to the leadership of the College and the dedication and compassion of those who deliver emergency care, day and night, to all who need it. I was delighted to be able to extend my deepest thanks personally to some of those who work in emergency care when I attended both an award ceremony and conference recently.

Your efforts are profoundly valued.

Who we are

The Royal College of Emergency Medicine works to ensure high quality patient care by setting and monitoring standards; by providing education and training; by giving expert guidance and advice on health policy matters relating to Emergency Medicine and by advocating and influencing policy makers and politicians on behalf of our members and the wider specialty.

Representing more than 13,000 Emergency Medicine clinicians in the UK and across the world, we work to support them to have sustainable and satisfying careers and are proud to be supported by our Royal Patron, Her Royal Highness the Princess Royal.

During 2024, the Royal College of Emergency Medicine continued to promote excellence in emergency care and our activities were focused in five key areas, as outlined in our [Corporate Plan](#):



This report for 2024 highlights just some of the key activities and impact we have had on emergency medicine, on the clinicians we represent and the patients they support. Our financial report can be viewed separately.

Some images within this report are generated by AI



Our committees

We have a range of committees led by clinicians and other non-medical professionals who volunteer their time to deliver a breadth of activity.

Our **Board of Trustees** is the governing body for the College and ensures the College operates within the rules and regulations that govern it, such as compliance with the charity's objects, our Royal Charter, ordinances, by-laws, regulations and Terms of Reference (its constitution). It sets the vision, mission, values and strategic direction and ensures we are managing our assets, risks and finances, ensuring our obligations are met. Our financial report gives more information.

The **Executive Committee**, which met four times in 2024, supports the development and implementation of our emergency medicine policy work and associated media and lobbying activities.

Site-specific reporting and ambulance off loads, raising the profile of the speciality with a new Government, reviewing our Advanced Clinical Practitioner (ACP) post credentialing strategy, supporting our Emergency Medicine Specialty and Specialist (EMSAS) doctors in the development of its handbook and delivering a significant survey with our members to get their feedback on what they want from their College were key areas of focus during 2024.

The committee also scrutinises clinical guidance and position statements that are in development, responds to consultations, and this year ensured a comprehensive response was given to the Covid public enquiry on behalf of its members. Significant effort was made to contribute fully to the review and although the College was not called to give oral evidence, it did submit considerable written evidence thanks to its previous past President Dr Katherine Henderson, who was President of the College during the Covid pandemic.

Careful consideration was also given to develop a position regarding plans for the expansion of Physicians Associates (PAs), resulting in updated tier of working guidance as well as a position statement.





Council met five times during 2024, and considered reports from the National Boards for Scotland, Wales and Northern Ireland and from the 11 Regional Boards in England, as well as reports of various Committees reporting into Council. It considers College performance, reviews clinical publications and discusses challenging subjects which this year included our position on PAs and getting the balance right in the College's public response to the conflict in Gaza, acknowledging the impact that has had.

Reporting into Council are a wide range of other committees, working groups, professional advisory and special interest groups, reporting in clusters. Our Governance work includes our audit and risk committees to ensure we are managing our finances and our risks appropriately. The Quality Cluster has responsibility for areas such as best practice, major trauma, toxicology, environmental and mental health service design and is all about driving higher standards of care for patients.

Our **Academic Cluster** leads on our research, training standards, educational, examinations, curriculum and skills work and our international work also reports into here.

Our Membership and Professional Matters Cluster supports our Emergency Medicine Trainee Association (EMTA), Emergency Medicine Specialty and Specialist Doctors (EMSAS) and our Advanced Clinical Practitioners (ACP) members.

We also have committees covering Gender Equity, Honours and Equality, Diversity and Inclusion.

Our **Lay Advisory Group** provides critical support and oversight across all areas, providing the important patient voice and lay perspective, ensuring that the College takes into account the patient, carer and public perspective in all appropriate activities.

This is not an exhaustive list of all our committees as there are more than 60 but it gives a flavour of the breadth of activity the College undertakes to support its members and all these committees could not operate without our volunteers who give generously of their time.

The remit of each committee can be seen [here](#) and you can read more about the outputs from some of these different committees elsewhere in this report.

College Leadership Team 2024



Gordon Miles
Chief Executive



Adrian Boyle
President



JP Loughrey
Vice President,
RCES Scotland



Rob Perry
Vice President,
RCES Wales



Russell McLaughlin
Vice President,
RCES Northern
Ireland



Salwa Malik
Vice President
Membership, and
Membership and
Professional Matters
Cluster lead



Ian 'Higgi' Higginson
Vice President and
President Elect



Jason Long
Vice President



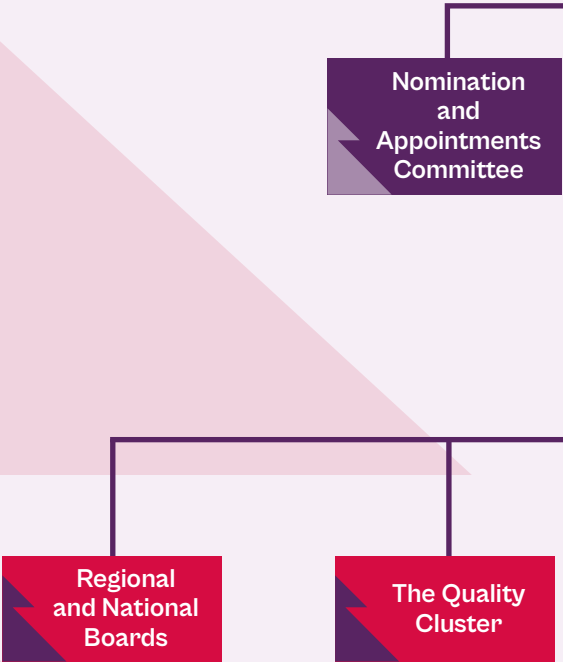
James France
Quality Cluster Lead



Simon Carley
Dean and Academic
Cluster Lead



Committee structure





James Gagg
Vice President
Treasurer



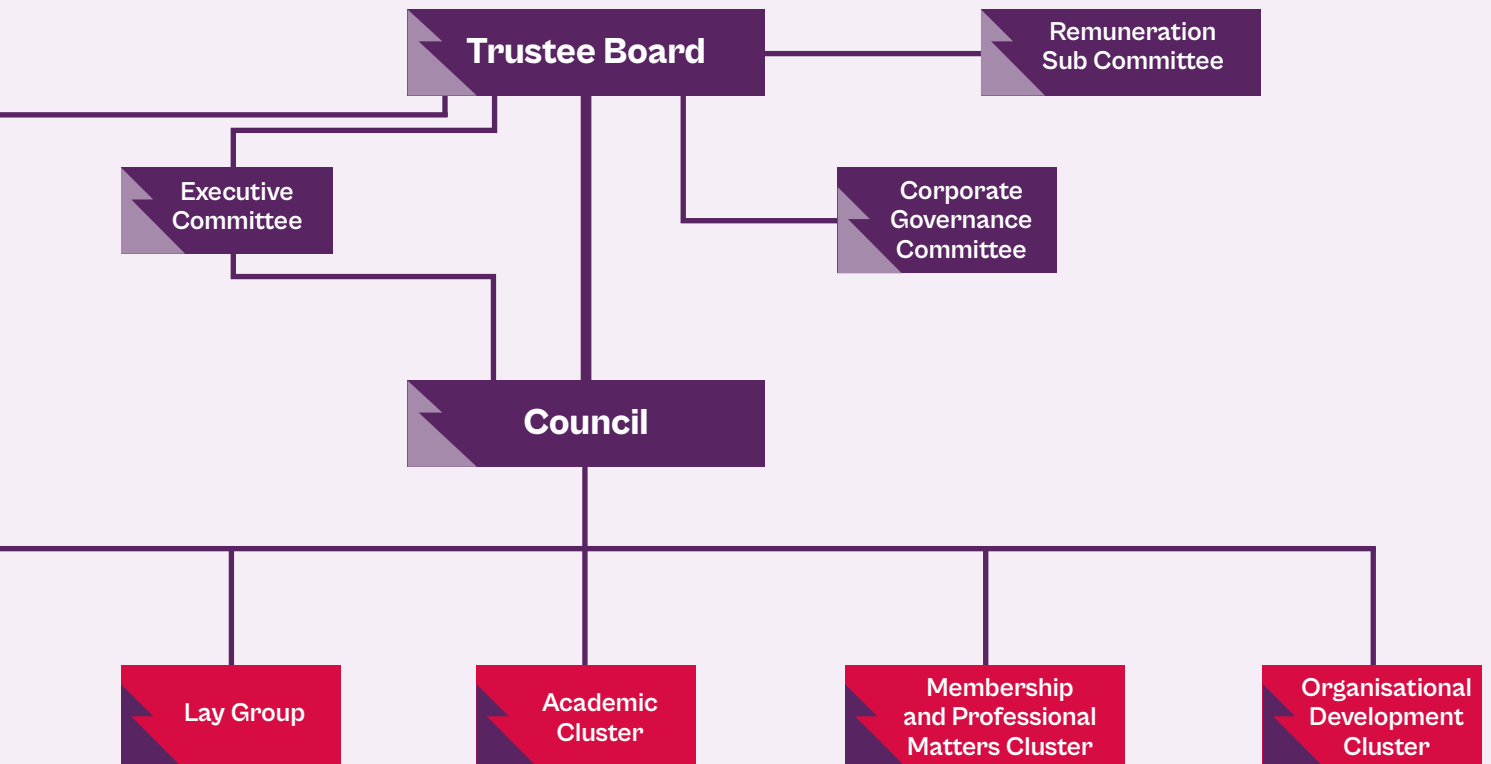
Maya Navari
Vice President
Education



Gordon Mlles
Organisational
Development
Cluster Lead



Derek Prentice
Lay Group Chair



The landscape - Emergency Medicine Performance 2024

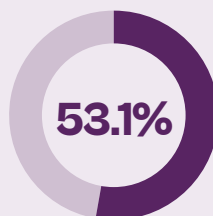
Our work is set against the backdrop of a challenging national picture.

UK nationally



Total number of people attending an ED:
19,587,998

% of patients seen within the four-hour waiting time target:



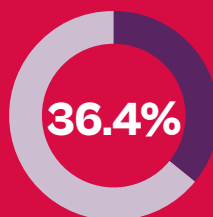
Total number of patients who experienced a 12-hour wait (measured from their time of arrival in A&E):
2,050,044

Northern Ireland



Total number of people attending an ED:
611,694

% of patients seen within the four-hour waiting time target:



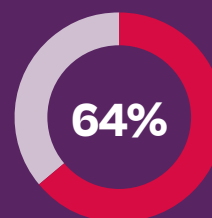
Total number of patients who experienced a 12-hour wait (measured from their time of arrival in A&E):
127,310

Scotland



Total number
of people
attending an ED:
1,363,217

% of patients
seen within
the four-hour
waiting time
target:



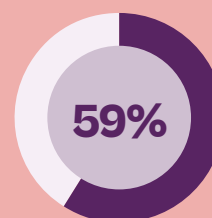
Total number of patients who
experienced a 12-hour wait (measured
from their time of arrival in A&E):
76,346

England



Total number
of people
attending an ED:
16,889,568

% of patients
seen within
the four-hour
waiting time
target:



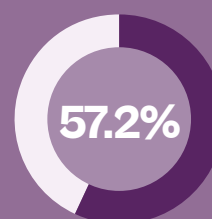
Total number of patients who
experienced a 12-hour wait (measured
from their time of arrival in A&E):
1,727,455

Wales



Total number
of people
attending an ED:
723,519

% of patients
seen within
the four-hour
waiting time
target:



Total number of patients who
experienced a 12-hour wait (measured
from their time of arrival in A&E):
118,933

Our nations

All four UK nations reported prolonged ambulance handover delays, profound and extreme exit block, staffing shortages and dangerous overcrowding. These remained themes throughout 2024.

Scotland held monthly meetings with its Cabinet Secretary for Health and their team from Scottish Government; Dundee hosted a successful Scotland Conference in May 2024 with a varied and wide-ranging programme of a mixture of clinical and policy; it published a late night snapshot audit on trolley waits and occupancy; welcomed a modest expansion of training places to recruit in 2024 (increase of around 10); had its first ACP credentialed in Scotland, while Glasgow also welcomed the ACP conference in June. The census was re-run in order to update Scotland data on workforce needs.



JP Loughrey
Vice President,
RCEM Scotland

Northern Ireland began a bimonthly catch up with civil servants from the Northern Ireland Executive to work with them on urgent and emergency care improvements and met with the Minister who was very receptive to suggestions. Northern Ireland hosted its first census event in March and that, along with meetings with the minister, led to an instruction to formulate plans that convert agency spend into substantive EM consultant posts, including making sure that current ST6 trainees will have consultant jobs in Northern Ireland – the Board was given strong assurance that consultant post expansion would take place as matter of urgency. A study day in Belfast was delivered and lobbying continues on other issues such as specialty-led Same Day Emergency Care (SDEC) and crowding.



Russell McLaughlin
Vice President,
RCEM Northern
Ireland

In **Wales** we engaged with a working group and a clinical review group reviewing ED metrics in Wales, and whether these should change. We continued to challenge Welsh Government's policy of 'breach exemptions' - one month of unadjusted data was published, but not been continued since and we continued to push for this, and for the publication of bed occupancy statistics. RCEM Wales also endorsed a new initiative - Welsh Royal College Child Health Cymru (WRCCHC) - a collaborative of Royal Colleges and other professional bodies, created to lobby the Welsh Government and to ask them how they will address health outcomes for babies, children and young people in Wales. The RCEM Spring Conference was held in Newport in April, with strong RCEM Wales representation on the organising committee, and a majority of speakers drawn from NHS Wales. GIRFT data collection began in Wales, and we have now been given access to the SEDIT (Summary Emergency Department Indicator Table) dashboards for individual departments, as a guide to performance by site, as has been the case in England for some years.



Rob Perry
Vice President,
RCEM Wales



Our regions

As well as our National Boards, we have a number of other boards representing our different regions. Some boards are more active than others, due to the many constraints and pressures upon the volunteer clinicians who run them on our behalf.

Concerns for our Emergency Departments in the regions followed the same themes as the national picture namely: overcrowding, exit block, burnout and sickness levels of staff, concern about mental health provision in overcrowded departments, safety of staff and patients with an increase in violence and aggression, and planning for winter.

Here's a snapshot of some of the local concerns or activity across our regions.

A In **London** mental health provision and a change of service by the Metropolitan Police was of concern; Greener EDs, injuries as a result of violence, ill health, climate breakdown and the case for joint action across London's healthcare system were all on the agenda.

B In the **North West** highlights of the year included EM trainee generally going well with Whiston and Blackburn delivering an excellent teaching and simulation programme. The non-medical workforce expanded throughout the region – all helping to address the shortage in medical workforce, especially during strikes. A regional meeting held virtually in March 2024 with an external speaker talking on headaches presenting in ED was well received. Challenges remained senior consultant support for the area, with some SDECs open for limited hours resulting high number of patients in ED at night which the staff are struggling to cope with.

C In the **North East**, the Chair and Vice-chair led the work in the absence of a formal Board and hosted a regional conference in January in Newcastle. This event has been occurring every January for over twenty years and saw almost 200 delegates (a new record) and for the second year running the RCEM president was a keynote speaker. The region also welcomed the College's Annual Scientific Conference in Gateshead in October, which saw our Patron HRH The Princess Royal attend. Guest speakers at regular meetings covered neurology and stroke management.

D In the **West Midlands**, the board expanded its membership to include representation from most of the hospitals in region, trainees covering North and South regional rotation areas, and a core training representative as well as ACP and SAS representatives. The board supported the second annual conference on diversity and inclusion in EM looking at a wide range of workforce and

patient related topics – this was supported this year by the RCEM chair and Gender Equity Committee lead. The board hosted its first virtual study day on minor injury in October.

E In the **South East Coast** key themes were corridor medicine getting worse; flow not improving; increasingly complex workload (frailty, comorbidity); increasing Same Day Emergency Care (SDEC) work being carried out (chest pain workups, CT scanning) and the all impossible four hour target. Staff 'burnout' and sickness was also a huge issue which the region kept high on the agenda.

F **Yorkshire & Humber** Regional Board supported the work of the census and started to plan ahead to host a joint learning and ISTV event for February 2025. Engaging with regional trainees and focusing on culture and civility was also a priority in 2024.

G In the **South West** the SWEAT Conference was held in April and the region continued to deliver a very active research portfolio, with nearly all Type 1 EDs actively recruiting to NIHR trials and leading on a number of high-profile EM studies. Regional Trainee engagement in the region was reported as outstanding; with trainees hosting TERN, active engagement with the NIHR Associate PI scheme and recent appointments to the Specialised Foundation Programme and Clinical Lecturer posts (Bristol).

H In the **East of England** there were successes regarding recruitment into the specialty. There is, however, concern about a bottleneck developing in the region and more EM colleagues are likely to be completing their training in the region than consultant posts available. This is a cause for disquiet amongst both trainees and trainers, especially as the need for more consultant colleagues is clear given the increasing workload in EM and it is pleased that RCEM is looking at the issue more widely in 2025.

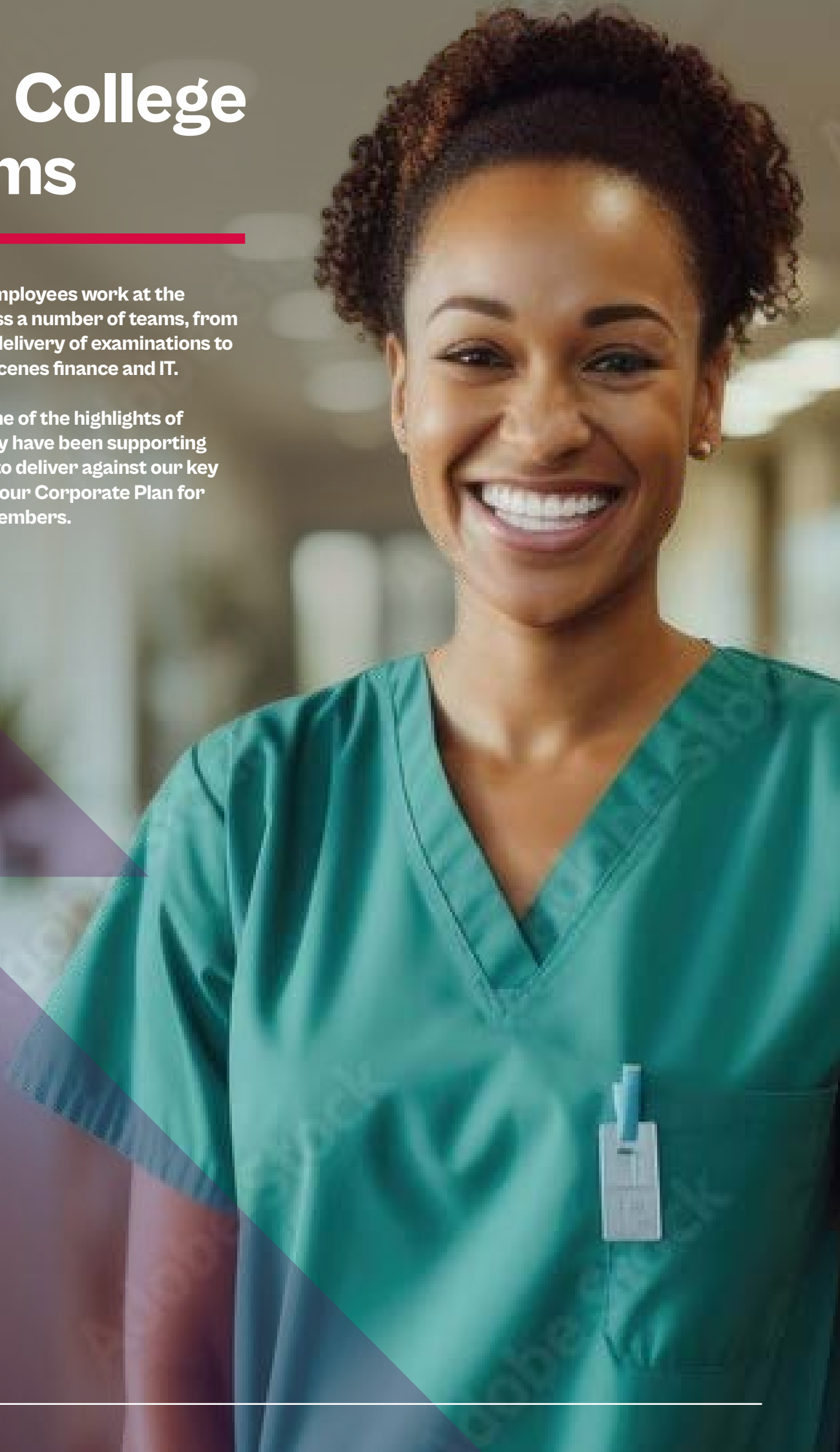
If you would like to be a part of your local Board and help shape and direct the work of the College please do get in touch as there are frequently roles available. You can [see our volunteer vacancies here](#) or [you can contact your regional chair direct](#).



The College teams

Around 75 employees work at the College across a number of teams, from front facing delivery of examinations to behind-the-scenes finance and IT.

Here are some of the highlights of the work they have been supporting committees to deliver against our key objectives in our Corporate Plan for our 13,587 members.



Supporting our Membership and Emergency Medicine Clinicians to achieve sustainable satisfying careers.

- Piloted **'Back to Basics'** aimed at improving the working environment for our members, and supporting sustainable practices, with 11 sites engaged.
- Published the **Impact of Staff Burnout** and **How to Improve Retention**.
- Held **two flagship conferences** with **18 hours of learning content** and **1,958 attendees**, including Low and Middle Income Countries sponsor places.
- Launched a new exam preparation section to **RCEMLearning website**, with four new areas - **Exam Info** for comprehensive information about various exams administered by (RCEM); **MRCEM Practice** for candidates preparing for the MRCEM exams, with practice questions; **SBA Revise** focused on revising and practicing Single Best Answer (SBA) questions and **SBA Explained** providing explanations and strategies for approaching SBA questions effectively. It includes tips on how to analyse questions, eliminate incorrect answers, and select the best possible answer based on clinical scenarios.
- Delivered **10 regional learning and networking events**.



18
hours of learning
content



1,958
attendees

- Received more than **580 abstracts to showcase**.



580
abstracts to
showcase



10
regional learning
and networking
events

- Delivered specific conferences for **EMTA, ACP** and **EMSAS** clinicians.
- Reached **one million podcast downloads**.



One million
podcast
downloads

- Updated our **ePortfolio**.

Delivering Education and Professional Development

- Launched our three-year academic strategy.

- Processed more than **15,000** exam applications.



15,000
exam applications

- Delivered exams to almost **11,000** candidates.
- Generated **80 new scenarios** for our Objective Structured Clinical Examination (OSCE) exams.
- **Reduced application time processing** for candidates.
- Saw **4.9 million page views** on our learning content on our Elearning website.



4.9 million
page views on our
learning content

- Delivered learning in person and virtually to **9,000 delegates** at **46 events**, **33 study days** and **six conferences**.
- Celebrated **400 graduands** at two diploma ceremonies.



400
graduands

- Credentialed **43 ACPs**.
- Processed **83 CESR applications** and **285 CCT applications**.
- Made it easier to add CPD time to the CPD diary for listening to an RCEMLearning podcast - **over 1,500 hours of CPD time** has been logged since this function was introduced in June 2024.



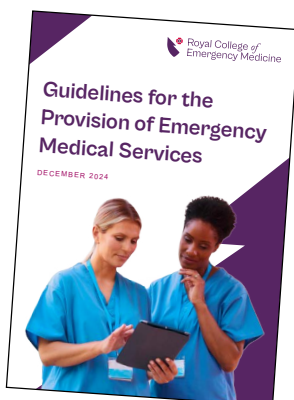
Over 1,500
hours
of CPD time

- Delivered **substantial and impactful programmes** across NW Syria, Ghana, Uganda, India and Pakistan and the Medical Training Initiative (MTI) scheme.

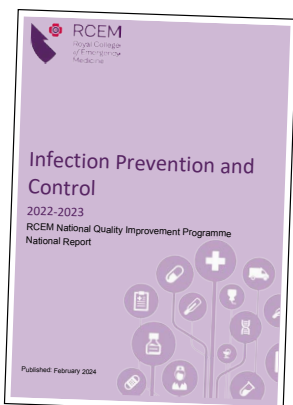


Setting and monitoring Quality and Clinical Standards in Emergency Medicine

- Published the [Guidelines for the Provision of Emergency Services](#), outlining the best practices within EM, establishing standards for service delivery, and providing practical, and patient-centred recommendations.
- Issued position statements and clinical guidelines across a range of issues such as [measles](#), [spiking](#), [seizures](#), [Cauda Equina Syndrome](#), [the absconding patient](#), [opioid toxicity](#) and [Cannabis-Induced Hyperemesis](#).
- Published seven safety flashes on [Pabrinex Shortage](#); [Glycerol Toxicity from Slushies](#); [MPox Outbreak](#); [Handlebar Injuries in Children](#); [Water Beads and Bowel Obstruction](#); [Ingestion of super strong magnets in children](#); [Undetected button and coin cell battery ingestion in children](#).
- Delivered our **first Safer Care Committee** study day 'First do no harm'.
- Introduced a **Clinical Guidelines section** on our learning website.
- Published [Frequent Attenders in the Emergency Department](#), [Right Care, Right Person](#) and [Paediatric Early Warning Scores](#).



- As part of our **Quality Improvement Programmes (QIPs)** delivered the initial reports for the Care of Older People and Mental Health (Self Harm), and the final report for **Infection Prevention Control**. National media coverage was secured for both Infection Control and the Mental Health Self Harm QIPs.
- Extended and increased support for the national **QIP programmes** by delivering FAQs, videos and drop-in sessions.
- Reviewed, updated and published the revised **Management of Pain in Adults**; the **Management of Sickle Cell Disease in ED** and



collaborated on Guidance on Non-Fatal Strangulation (NFS) in acute and emergency care settings

- Began work on a **risk-stratified algorithm for immobilisation of suspected C-spine injuries** (in collaboration with SELKAM – the South East London, Kent and Medway Trauma network)
- The **Emergency Preparedness, Resilience Response Professional Advisory Group** met for the first time as did the **Older Emergency Clinicians Special Interest Group** working group which focused on workload, job planning, and ergonomics.
- The **Environmental Special Interest Group (EISG)** ran its third emergency medicine and environmental sustainability training day and hosted a short webinar with the leaders of emergency medicine day 2024.



- Delivered the **GreenED programme to 26 UK-based EDs**, including all Welsh EDs.

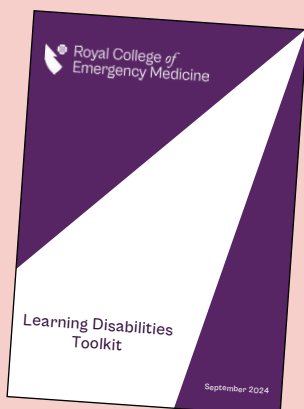


- Initiated an **Australian Pilot of GreenED** in New South Wales in July 2024, with **13 EDs participating** and began discussions with the **Scottish Government for signing up all Scottish EDs**.



- Accredited five Bronze and two Silver GreenED Accreditations.**

- Published the **Same Day Emergency Care Frailty toolkit** and the **Learning Disabilities toolkit**.



- Contributed to the **government consultation process and call for evidence submission on the mandatory reporting of child sexual abuse**; report published May 2024.

- Contributed to the scoping process, including local engagement regarding the **implementation of Martha's Rule in the ED**.



- Engaged with the GMC and medical indemnity organisations to produce guidance on **reporting of dog bites to police**, in response to a member enquiry.

- Collaborated with the **National Poisons Information Service (NPIS)** to strengthen our guidelines.



- Delivered a series of **successful toxicology study days** with international presenters.



- Co-wrote **Strong links with Alcohol Concern Saving Lives**.
- Published **Safety Learning Bites** on **Ammonia testing in adults** and **hydrofluoric acid burns**.

Delivering Research, Advocacy, and Influence

- Welcomed our **Patron HRH the Princess Royal** at two key events.
- Allocated over **£200,000** to different research projects to support and advance EM.
- Achieved **more than 60 mentions of RCEM in parliament** on our policy issues (crowding, beds, resourcing).



£200,000
to research
projects



**More than
60**
mentions of RCEM
in parliament

- Secured more than **8,000 pieces of media coverage** in the press, print online and broadcast to keep us high profile.
- Launched the **EDI award in memory of Salma Hussain**.
- Completed **RCEM Training for Research in Emergency Care (TREC)** training modules one and two with four more in progress.
- Delivered our **Trainee Emergency Research Network ACS-ED** study and practice changing **SHED** study, recruiting over **3,000 patients from 88 EDs** across the UK, published in EMJ (<https://emj.bmj.com/content/41/12/719>).
- Contributed to the **COVID public enquiry**, submitting reams of evidence about the work of the College during that time and the impact on its members.
- Contributed evidence to **Lord Darzi's independent investigation on the state of the National Health Service in England**, being one of only two Royal Colleges referenced specifically in the final report.
- Published the **Safety Flash on Water Beads at Christmas** to ensure high visibility for parents who may have been considering gifting them to their children.
- Worked with the Home Office to promote the benefits of **Information Sharing to Tackle Violence (ISTV)**.

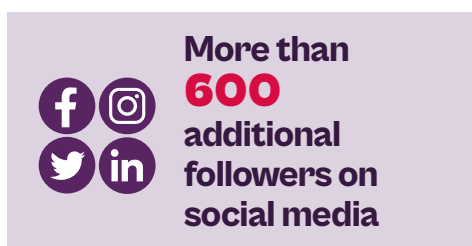


8,000
pieces of media
coverage



**SHED study
recruited over
3,000
patients
from
88 EDs
across the UK**

- Undertook a huge **survey with our members** to better understand what they want from their College.
- Published the **England Census report** and **launched the second Scottish Census**.
- Published **168 news stories** on our website.
- Increased engagement through our social media by more than **600 additional followers**.



- Saw more than **three million pages** on our website viewed.



- Held **more than 70 meetings with policymakers** and had **32 parliamentary questions** tabled.



- Regularly **submitted Freedom of Information Act** requests to obtain **essential data from NHS England** that is not routinely published, **using the information to lobby for change**.
- Sent personalised 'Christmas' Cards in August to all MPs highlighting our concerns and offering them a bespoke briefing, taken up by more than a dozen MPs.
- Hosted a **Policy Day roundtable**, bringing together key stakeholders in healthcare and from Think Tanks. **The outcomes of these discussions help shape our policy priorities and inform our engagement with policymakers** moving forward.
- **Delivered a breakfast briefing with the British Geriatric Society and The Royal College of Psychiatrists at the Labour Party Conference** which was attended by the Health Minister Zubir Ahmed MP, helping to establish an ongoing relationship.

- Agreed to support an **All-Party Parliamentary Group on Emergency Care** which will start in 2025.



- Lobbied the Government which led to the **Health Secretary committing to ending 'corridor care'**.
- **Featured in Channel Four's Dispatches programme – Undercover A&E** – and joined a live panel event afterwards, timed just before the general election.

Continuing to develop and transform our College

- Ended the year with **six consecutive clean audits** – more information about which can be read in our financial report.
- **Improved accessibility** at our main offices.



- Delivered **structured training** for our People Managers.
- Enhanced our **cybersecurity measures**.
- **Expanded our GreenED programme**, with pilots in Wales and Australia.
- Had more than **170 EDs participate in our Quality Improvement Programmes (QIPs)**.
- Launched our **Friends of RCEM** programme and held our first industry day to forge relationships with industry which will better support emergency medicine.

- Hosted a **celebration and networking event for our retired fellows**.



- **Audited our website** to help make continuous improvements.
- **Developed an in-house database** to manage our Quality Improvement Programme.
- **Responded to the climate health scorecard, coming fifth overall** – a good position for a relatively small College.





Acknowledgements

So many people invest time, energy and commitment to make the College what it is today and for that we are extremely grateful. Volunteers give their time, juggling demanding roles in emergency departments throughout the UK and internationally. To those who do so, we are in awe. We understand the relentless pressures you are under which makes your commitment to the speciality even more remarkable.

Collectively we strive to make the lives of those who work in emergency medicine as fulfilled as possible, with patient care front and centre.

We rely on numerous emergency medicine doctors and consultants and many other professionals to ensure the College delivers for our membership and are also fortunate to have the support and input from a number of external stakeholders, including organisations from across the healthcare sector and NHS, fellow Colleges, partners, patient groups and sponsors to name a few.

Our gracious thanks are extended to all of those who have supported our work to help us achieve what we have over 2024.

For information about our finances and accounting, structure, governance and management, please see our **audited Financial report**.

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Royal College *of*
Emergency Medicine



Annual Financial Report and Accounts **2024**

 Royal College of
Emergency Medicine

 **RCEM**
Royal College
of Emergency
Medicine



Report of Trustees

Trustees submit their annual report together with financial statements of the College for the year ended 31 December 2024.

Reference and administrative details of the charity, its trustees and advisors

Status	The College is a charitable body incorporated by Royal Charter on 12 December 2007. The College is registered with the Charity's Commission (charity no. 1122689) and the Scottish Charity Regulator (number SC044373).	
Registered office	Octavia House, 54 Ayres Street, London, SE1 1EU	
Bankers	Handelsbanken 1 Kingsway, London WC2B 6AN	
Solicitors	Hempsons Hempsons House, 100 Wood Street, Barbican, London EC2V 7AN	
	BDP Pitmans One Bartholomew Close, London EC1A 7BL	
Auditors	Moore Kingston Smith LLP 9 Appold Street, London, EC2A 2AP	
Investment Managers	Flagstone Investment Management Ltd 1st Floor, Clareville House , 26-27 Oxendon Street London SW1Y 4EL	

Senior Leadership Team

Chief Executive Officer	Gordon Miles
Director of Corporate Services	Nigel Pinamang
Director of Education	Romana Moss
Director of Engagement & External Affairs	Catherine Feast

Board of Trustees

		From	To
President	Dr Adrian Boyle	2022	2025
Dean	Dr Simon Carley	2023	2026
VP Treasurer	Dr James Gagg	2024	2027
VP Treasurer	Dr Scott Hepburn	2021	2024
VP Membership	Dr Salwa Malik	2022	2025
Council Trustee	Dr Maya Naravi	2021	2027
Council Trustee	Dr Nida Y Suri	2024	2027
Council Trustee	Dr Immad Qureshi	2024	2024
Member Trustee	Dr Fiona Burton	2024	2027
Member Trustee	Dr Stephen Jones	2023	2026
Lay Trustee	Ian Ailles	2021	2027
Lay Trustee	Mary Hockaday	2021	2025
Lay Trustee	Palvi Shah	2023	2026
Lay Group Chair	Derek Prentice	2024	2026

Objectives

The objectives for the Royal College of Emergency Medicine are described in our Royal Charter. To Implement these our Corporate Plan sets out our corporate strategy. The strategy document is available on our website.

During 2024, the Royal College of Emergency Medicine continued to promote excellence in emergency care. Our activities were focused in five key areas:

1. Support our Membership and Emergency Medicine Clinicians to achieve sustainable satisfying careers.
2. Delivering Education and Professional Development
3. Setting and monitoring Quality and Clinical Standards in Emergency Medicine
4. Delivering Research, Advocacy, and Influence
5. Continuing to develop and transform our College

To achieve our objectives, we undertake a range of activities including:

- setting the curriculum and standard of training for doctors in Emergency Medicine;
- providing Continuing Professional Development (CPD) including through an eLearning hub, known as RCEMLearning;
- delivering the specialty examinations for doctors pursuing a career in Emergency Medicine and making recommendations relating to the completion of specialist training to the General Medical Council;
- working with the General Medical Council and the NHS to deliver the training pathway for those developing a career in Emergency Medicine; supporting our Members and Fellows including supporting Trainees, Specialty and Specialist doctors in Emergency Medicine.
- providing a credentialing process for Advanced Clinical Practitioners and commenced work during 2023 to form a Working Group to establish what the role of Emergency Medicine Physician Associates, as well as any necessary training and training pathways, could be;
- supporting and giving advice on research within the specialty;
- working with other healthcare organisations and governments to implement the College's campaign improve the provision of Emergency Medicine for the benefit of patients, centering this on our Resuscitate Emergency Care campaign. This campaign provides solutions to address the pressing issues in Emergency Medicine in the UK and forms the general election manifesto set out by the College. A full description of this campaign is available on our website.
- Setting, monitoring and improving clinical standards, and preparing and disseminating guidelines for Emergency Department patient care and safety;
- improving data quality and the ensuring the effective integration of information technology within Emergency Medicine;
- providing advice to other bodies relating to Emergency Medicine, including accident prevention. These bodies include the Departments of Health, other Royal Colleges and Faculties, the Royal Society for the Prevention of Accidents and many other organisations;
- encouraging new roles in Emergency Medicine as additions to the medical team;
- dealing with enquiries from the general public concerning Emergency Medicine and acting as an advocate for Emergency Medicine patients.
- developing the employee structure to deliver our operations;
- improving our information systems to reduce risk and enhance our service performance;
- continuing to develop our risk management systems, budgeting and business planning.

Achievements and Performance

In 2024, we continued to experience increasing demand for our examinations, Portfolio Pathway assessments, events, and membership services. Our commitment to maintaining the reliability and integrity of our examinations remained steadfast, with the second phase of the Examinations Transformation Plan delivered on schedule. We consistently ensured the effective delivery of examination results, reinforcing our reputation for reliability.

We successfully delivered a comprehensive programme of online study days and conferences, including hybrid Scientific and CPD conferences, catering to both in-person and online delegates. Significant efforts were made to enhance the communication of RCEM Learning content. Through our Emergency Medicine Journal, study days, scientific conferences, research programme, and Continuing Professional Development initiatives, we continued to support the professional growth of the emergency medicine community.

Our commitment to clinical quality improvement remained strong. In response to challenges with an external supplier, we decided to insource the Quality Improvement Programme, culminating in the relaunch of our online portal in the final weeks of 2024. Initial feedback indicates this has been well received by users. Our Green ED initiative, which supports emergency departments in improving their environmental performance, continued to expand internationally as demand grew for this world-leading programme. Additionally, our Research Programme gained momentum, fostering a vibrant research community within the emergency medicine specialty.

A significant milestone was achieved with the publication of our Guidelines for the Provision of Emergency Medical Services (GPMS). Emergency Medicine Services have undergone significant expansion to meet the needs of a changing healthcare system. As services have adapted organically to the demands placed on them, they have been subjected to increased strain, which in many cases has compromised the primary function of Emergency Medicine – the initial assessment and stabilisation of emergency patients. GPMS addresses this challenge by outlining best practices within Emergency Medical Services, establishing standards for service delivery, and providing practical, patient-centred recommendations. This comprehensive guide will be regularly updated to ensure it remains relevant and effective.

We continued to advocate for emergency medicine and engaged actively in the political arena, achieving strong media coverage to amplify our messages. Our advocacy efforts focused on securing increased support for the specialty, presenting solutions to enable Emergency Department staff to deliver safe and timely patient care.

Our Five Priorities to Resuscitate Emergency Care outlined key changes required from UK Governments, forming the foundation of our policy work over the next three years:

- Eradicate overcrowding and corridor care for patients
- Provide the UK with the Emergency Medicine workforce it needs to deliver safe care
- Ensure our NHS can provide equitable care to emergency patients
- Focus on evidence-based interventions to tackle overcrowding
- Introduce meaningful and transparent metrics to facilitate performance and better outcomes for patients.

We made significant progress in automating and streamlining membership processes to enhance the experience for our members. A pilot of AI-supported Web Chat demonstrated great potential, and further development is ongoing to optimise its effectiveness. Our focus on developing our Membership Proposition resulted in increased engagement following the successful implementation of Phase 1, with further enhancements anticipated.

Internationally, the MTI programme continued its progress, while the Emergency Medicine Foundation

Programme built on its previous successes. We are currently at capacity for overseas examinations unless supported by grant funding. Consequently, we are reviewing our International Strategy, which the Board will further discuss in 2025.

During this review, we will maintain our existing international commitments but will not expand examination centres overseas until we implement the necessary process and systems improvements to support our examinations.

A significant shift occurred during the pandemic when we transitioned our theory examinations from paper-based to online sittings, enabling wider international accessibility. However, this change resulted in unforeseen sales tax implications in certain overseas markets, affecting several medical Royal Colleges, including ourselves. Initial investigations identified significant sales tax liabilities in relation to our examinations offerings to overseas candidates.

We reviewed our pricing structure in 2024, introducing differential pricing to provide significantly discounted rates for members compared to non-members. This strategic adjustment positively impacted the College's financial performance.

Internally, we continued to strengthen our functions to enhance financial management, business planning, digital, cybersecurity, cyber essentials, staff recruitment, retention, development, engagement, wellbeing and environmental sustainability despite most employees working remotely throughout the year. Our operations remained centred at Octavia House as a hot-desking and examinations centre, with additional space at Brems Buildings offered for short-term rental.

During the year, the Board commissioned a Governance Review to assess the effectiveness of our College structure. The review concluded that our governance arrangements were well-managed, with recommendations for further improvement integrated into our work programme. As part of these changes, the Governance Committee was retired and replaced with an Audit & Risk Committee, reflecting the Board's focus on governance while reducing duplication of effort.

Throughout 2024, the College's achievements were underpinned by the collaborative efforts of our dedicated employees, united by our commitment to putting the College First as we work together to deliver for emergency medicine professionals. Our motto is "We help those who help the sick and injured." By providing information, guidance, and continuously improving our operations, we ensure that our services remain responsive to the evolving needs of emergency medicine.

Financial Review

The Trustees are pleased to report that total incoming resources for 2024 were £13.038m (2023 £10.945m).

Incoming Resources	2024	%	2023	%
Donations & Grants	460,956	4%	220,910	2%
Other Income	370,283	3%	214,453	2%
Investment Income	220,285	2%	118,649	1%
Emergency Medicine Journal	506,710	4%	462,500	4%
Subscriptions	5,096,054	39%	4,296,859	39%
Conferences & CPD	1,271,388	10%	1,043,680	10%
Examinations	4,660,521	36%	4,113,953	38%
Training	161,958	1%	229,021	2%
Clinical Audit (Quality Improvement Program)	290,046	2%	245,083	2%
Total	13,038,201	100%	10,945,108	100%

The principal funding sources for the College remain membership subscriptions and examinations income. These funding sources are in line with the main educational activities and charitable aims of the College.

2024 saw an increase in membership of 11.5% with growth across many membership categories with significant increases in overseas memberships. The areas with the largest increase being associate member overseas (207%), associate member (training/portfolio) overseas 47% and member by exam (UK) 32%.

Total resources expended during 2024 were £13.400m (2023: £11.196m). An increase of 20% and includes key expenditure outlined on page 11 in this report.

Major areas of expenditure were as follows:

Resources Expended	2024	%	2023	%
Raising funds	1,644	0%	5,099	0%
Emergency Medicine Journal	765,263	6%	666,910	6%
Research & Publications	180,785	1%	343,270	3%
Education & Examinations	7,051,763	53%	4,867,308	43%
Training Standards Committee and general training	1,411,885	11%	1,622,701	14%
Conferences & CPD	1,283,608	10%	1,385,668	12%
Membership Services	875,232	7%	711,839	6%
Quality In Emergency Care	523,777	4%	655,056	6%
Policy & Professional Affairs	929,010	7%	803,323	7%
NHS Project Expenditure	-	0%	14,250	0%
RCEM Foundation	2,124	0%	9,401	0%
International Restricted Projects	316,065	2%	96,636	1%
Home Office	58,525	0%	12,850	0%
Total	13,399,681	100%	11,196,310	100%

Reserves policy

As of 31 December 2024, the total funds of the College amounted to £9,972,534, compared to £10,334,014 in 2023. Of this total, £435,295 (2023: £456,650) is restricted and not available for the general purpose of the College. Unrestricted funds totaled £9,537,239 (2023: £9,877,364), of which £8,698,606 (2023: £8,595,550) is designated funds.

Designated Funds

Designated funds are amounts set aside by the Trustees from unrestricted funds for specific purposes to support the College's strategic objectives. As of 31 December 2024, the College has two designated funds:

- **Tangible Fixed Assets Fund:** Primarily representing the net book value of tangible fixed assets, net of a related bank loan. These funds are not readily realisable without the disposal of the assets.

- Organisational Development Fund: Allocated to support restructuring, digital transformation, operational enhancements, and process reengineering initiatives over the next two years.

Reserve Target

The Trustees have determined that the College should maintain a minimum reserve equivalent to six months' overhead costs for the following financial year. For the year ending 31 December 2024, this target is £3 million. This level of reserves is considered prudent to safeguard the College's financial stability and operational continuity.

Current Reserves Position

As at 31 December 2024, the College held free reserves of £838,632 (2023: £1,281,814), which is below the targeted level. The Trustees recognise the importance of rebuilding the reserves and have agreed on a plan to strengthen reserve levels in the coming years.

The Treasurer will be responsible for deciding how to hold the reserves, whether in interest-bearing accounts or investments, considering the overall financial position of the College. The reserves policy will be subject to review in the coming year to ensure its continued effectiveness and alignment with the College's financial goals and strategic objectives.

Risk Statement

The Trustees of the College are responsible for ensuring that procedures are in place to identify risks that the organisation may be exposed to. Trustees ensure risks are considered as an integral element of all decision making and identify appropriate procedures to ensure that risk levels are acceptable in each case.

The College's Risk Register sets out the most significant risks classified by governance, operation (business continuity), finance, environment, regulatory compliance and reputation. Each risk is scored against a matrix of impact and likelihood. The College then puts in place steps that monitor, manage and mitigate these risks.

The risk register maintained by the Director of Corporate Services on behalf of Trustees. The register is reviewed on a regular basis at the meetings of the Audit and Risk Committee and the Board. The key risks are reviewed by the Board regularly.

Our risk management process complies with the best practice as set out in the latest guidance from the Charity Commission.

Significant risks for the College include:

- Business Continuity – Cyber incidents: With the increasing prevalence of cyber-attacks and cyber-enabled crime, the risk of data security breaches, IT failures, and potential fines or penalties remains significant. To mitigate this risk, the College has achieved Cyber Essentials accreditation and is actively working towards Cyber Essentials Plus certification. Additionally, a dedicated section of our business continuity plan addresses IT outages and security breaches. We have implemented robust physical and virtual infrastructure measures to minimise the likelihood and impact of such events.
- Operational, Reputational, Financial and Governance - Examinations: The College is currently in the second year of a three-year change programme aimed at enhancing the operational performance of our examination operations. Significant improvements were achieved in 2024, with no issues identified in the accuracy of examination results. As a result of this progress, the Board downgraded the associated risk at the year end, reflecting increased confidence in the robustness of our examination delivery processes.
- Reputational – Quality Improvement Programme: There is an inherent reputational risk associated with the decision to bring our OIP portal in-house, following challenges with data accuracy

management by our previous third-party provider. To mitigate this risk and enhance the integrity of our clinical quality programme, we developed and successfully launched our own portal in January 2025. Further enhancements are planned for release in Q2 of 2025 to ensure continued improvement and alignment with our strategic objectives.

Future Plans

Our Corporate Plan 2024 – 2026 sets our current strategic aims as follows:

1. Support our Membership and Emergency Medicine Clinicians to achieve sustainable satisfying careers.
2. Delivering Education and Professional Development
3. Setting and monitoring Quality and Clinical Standards in Emergency Medicine
4. Delivering Research, Advocacy, and Influence
5. Continuing to develop and transform our College

Appreciation

The trustees wish to thank the College employees for their unstinting hard work during 2024 and their on-going efforts in the daily administration of numerous areas of College activity.

The trustees wish to acknowledge the immense quantity of high quality work undertaken by College staff, Officers, Committee members and College members to deliver the charitable objectives of the College.

Structure, governance and management

Royal College of Emergency Medicine was constituted by Royal Charter in 2008. The registered Charity Number is 1122689. The College is also registered with the Office of the Scottish Charity Regulator. The registered Charity Number is SC044373.

The charity is governed by its trustees. The Trustee Board comprises the President, Dean, Vice President Membership, and the Vice President Treasurer who are Fellows of the College. In addition, two Members of Council, two Membership Trustees and three independent Lay Members are appointed in accordance with the College's Charter and Ordinances.

The Board has additional support in undertaking its functions from the College Council and those involved in the standing committees. The Council and Board aim to make decisions by developing a consensus but voting by members (simple majority) is the final decision-making process. The Council is constituted by the College Role Holders (formerly known as Officers), elected members, Co-Chairs of the Emergency Medicine Trainees Association (EMTA), and Chairs of some standing committees, Chair of the College Lay Group, Chair of the Forum for Emergency Medicine Specialty and Specialist Doctors (EMSAS), Chair of Advanced Clinical Practitioners Forum and representatives from other Royal Colleges.

The Executive Committee of the College meet regularly during the periods between each Board and Council meeting.

The College has standing committees relating to Education and Examinations, Training Standards, Professional Standards, Audit and Risk, International aspects of College work, Research, Clinical Effectiveness and Standards, Fellowship and Membership.

The day to day running of the College is undertaken by the Chief Executive and a team of staff supported by the College Role Holders.

The Trustees receive a training programme to ensure they can discharge their duties effectively. Further

training is available to meet individual needs. Arrangements are in place for the induction of all newly appointed trustees who receive a formal induction from the President and CEO of the College relating to their role and responsibilities as a trustee, prior to their first meeting. The Trustees additionally receive information about their role and responsibilities from a range of sources, including the Charity Commission and professional advisors to the College.

The election of Role Holders and other elected members of the Council are undertaken in accordance with the governing documents of the College. The Board and Council is chaired by the President, Dr Adrian Boyle. The Role Holders of the College have been involved in many national and international initiatives relating to the functions of the College and do so with no remuneration for their roles, they are also leading groups of College Committees helping deliver the objectives of the College. They are released by their employers to undertake this work in the wider interests of the NHS and use their own time to assist the College.

We and our membership are honoured that The Princess Royal is our Royal Patron.

Employee policy and remuneration of senior staff

In relation to its employees, it is the policy of the College to observe equity of opportunity in their recruitment, development, treatment and promotion, to provide benefits superior to the statutory minimum entitlement, to recognise meritorious performance and to encourage development of individual potential by the provision of formal training. The College consults its employees on significant employment matters via our Employee Forum.

With regards to senior staff, the Board has a Remuneration Committee which reviews their remuneration arrangements periodically. In determining staff remuneration, the College has introduced a new pay framework in 2024. The framework provides a structured and transparent mechanism to link employee pay progression directly to performance, rewarding excellence and fostering a culture of accountability.

Public Benefit

The College provides public benefit under the Charities Act in two main ways:

1. for the Advancement of Education for the Public Benefit to a section of the public and
2. a wider benefit to the public.

In terms of public benefit our Royal Charter empowers us to:

- a. advance education and research in Emergency Medicine and to publish the useful results of such research; and
- b. preserve and protect good health and to relieve sickness by improving standards of health care and providing expert guidance and advice on policy to appropriate bodies on matters relating to Emergency Medicine

It also defines what constitutes Emergency Medicine as follows:

“Emergency Medicine: means the branch of medical science which is based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It further encompasses an understanding of the development of pre- hospital and in-hospital emergency medical systems and the skills necessary for this development. Within such definition, the day to day practice of Emergency Medicine in the United Kingdom encompasses the reception, resuscitation, initial assessment and management of undifferentiated urgent and emergency cases and the timely onward referral of those patients who are considered to require admission under the in-patient specialist teams or further specialist

assessment and/or follow up.”

As can be seen from the preceding explanation of our activities a significant amount of our resources are directed for the advancement of education and research in Emergency Medicine and to publish the useful results of such research.

In terms of a wider public benefit, taking from our Charter again: we “preserve and protect good health and to relieve sickness by improving standards of health care and providing expert guidance and advice on policy to appropriate bodies on matters relating to Emergency Medicine”.

Our Members and Fellows working with their NHS colleagues provide a clear benefit to over well over 16.7 million people through Major Emergency Departments in the UK, we also take part in a wide range of other initiatives to support the public; for example, our work on the effects of alcohol amongst others. The College also deals with enquiries from the general public concerning Emergency Medicine and acts as an advocate for Emergency Medicine patients.

The Trustees confirm in accordance with section 17 of the Charities Act 2011 that they have had due regard to guidance issued by the Charity Commission in determining the activities of the charity.

Fundraising

[Our Support RCEM page](#) sets out the aims and approach for fundraising by RCEM.

We continue to comply with the requirements of the Charities (Protection and Social Investment) Act 2016 and no complaints were received in respect of fundraising activity. Furthermore, the College does not fundraise in any way that could be expected to unreasonably intrude or place undue pressure on vulnerable people and other members of the public to give money or other property to the College. Our approach to fundraising is to approach contacts, stakeholders and our membership for specific appeals, and we also have a Just Giving page. We are registered with the Fundraising Regulator.

Investment policies and returns:

The Trustees have the power to invest funds and can use this power to invest in a range of ethical areas where reasonably possible.

The College has £1,165,648 on deposit with Flagstone Investment Management Limited on their cash Investment platform. The Trustees keep this investment under review periodically.

Statement of Trustees’ responsibilities

The Trustees are responsible for preparing the Trustee Report and the financial statements in accordance with applicable law and regulations.

Charity law requires the Trustees to prepare financial statements for each financial year in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards) and applicable law.

Under charity law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and the group and of the charity’s net incoming/outgoing resources for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;

- make judgments and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue to operate.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008, the Charities and Trustee Investment (Scotland) Act 2005 and Charities Accounts (Scotland) Regulations 2006 (as amended) and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Approved by the Board of Trustees on 26th June 2025 and signed on their behalf by:

A handwritten signature in blue ink, appearing to read 'A Boyle', with a long horizontal stroke extending to the right.

Dr Adrian Boyle
President

Independent Auditor's Report to the Trustees of The Royal College of Emergency Medicine

Opinion

We have audited the financial statements of The Royal College of Emergency Medicine for the year ended 31 December 2024 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2024, and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we required for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 13, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and Section 144 and 154 of the Charities Act 2011 and report in accordance with those regulations.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our Report

This report is made solely to the charity's trustees, as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.

Moore Kingston Smith LLP

.....

Date: 11 July 2025

Moore Kingston Smith LLP, Statutory auditor

9 Appold Street
London
EC2A 2AP

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

Statement of Financial Activities

(Incorporating Income and Expenditure Account) for the Year Ended 31 December 2024

	Notes	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total 2024 £	Total 2023 £
INCOME FROM					
Grants and donations	2	3,672	457,284	460,956	220,910
Income from charitable activities	3	11,986,677		11,986,677	10,391,096
Investment Income	4	220,285	-	220,285	118,649
Other income	5	370,283		370,283	214,453
		-----	-----	-----	-----
Total income		12,580,917	457,284	13,038,201	10,945,109
EXPENDITURE ON					
Raising Funds		1,644	-	1,644	5,099
Charitable activities		12,919,398	478,639	13,398,037	11,191,211
		-----	-----	-----	-----
Total resources expended	6	12,921,042	478,639	13,399,681	11,196,310
		-----	-----	-----	-----
Net deficit for the year		(340,125)	(21,355)	(361,480)	(251,201)
		-----	-----	-----	-----
Net movement on funds		(340,125)	(21,355)	(361,480)	(251,201)
Fund balances brought forward		9,877,364	456,650	10,334,014	10,585,215
		-----	-----	-----	-----
Total funds carried forward	13,14	<u><u>9,537,240</u></u>	<u><u>435,295</u></u>	<u><u>9,972,534</u></u>	<u><u>10,334,014</u></u>

All incoming and outgoing resources are attributable to continuing activities. The accompanying notes form part of these financial statements.

Balance Sheet as at 31 December 2024

	Notes	2024 £	£	2023 £	£
Fixed assets	9		13,263,865		13,360,808
Tangible assets			13,263,865		13,360,808
Current assets					
Debtors	10	1,150,238		1,047,923	
Investment (Under 90 Days)		1,165,648		968,508	
Investment (Over 90 Days)				172,991	
Cash at bank and in hand		4,367,602		2,303,364	
		6,683,489		4,492,787	
Creditors: amounts falling due within one year	11	(5,074,820)		(2,419,580)	
Net current assets			1,608,669		2,073,206
Total assets less current liabilities			14,872,534		15,434,014
Creditors: amounts falling due after one year	12		(4,900,000)		(5,100,000)
NET ASSETS			9,972,534		10,334,014
Represented by:					
Unrestricted funds	13				
Designated funds		8,698,606		8,595,550	
General funds		838,634		1,281,814	
			9,537,240		9,877,364
Restricted funds	14		435,295		456,650
TOTAL FUNDS			9,972,534		10,334,014

These financial statements were approved by the Trustees and authorised for issue on 26th June 2025 and are signed on their behalf by:



Dr Adrian Boyle, President



Dr James Gagg, Vice President (Treasurer)

The accompanying notes form part of these financial statements.

Statement of Cash Flows for the Year Ended 31 December 2024

	Notes	2024 £	£	2023 £	£
Cash flows from operating activities					
Net cash provided by operating activities	17		2,109,749		861,795
Cash flows from investing activities					
Investment income		220,285		114,560	
Purchase of tangible fixed asset		(41,644)		(28,313)	
Movement on over-90 days current asset investment		172,990		(4,089)	
Net cash used by investing activities			351,631		82,158
Cash flow from financing activities					
Repayment of bank loan		(200,000)		(690,000)	
Net cash used by financing activities			(200,000)		(690,000)
Change in cash and cash equivalents in the year			2,261,378		253,954
Cash and cash equivalents at the beginning of the year			3,271,872		3,017,919
Cash and cash equivalents at the end of the year			5,533,250		3,271,872
Analysis of cash and cash equivalents					
Current asset investment (Under 90 days)			1,165,648		968,508
Cash at bank and in hand			4,367,602		2,303,364
			5,533,250		3,271,871

The accompanying notes form part of these financial statements.

Cash Flow Statement for the Year Ended 31 December 2024

Analysis of changes in net debt 2024

	At start of year £	Cash-flows	Other non-cash changes	At end of year £
Cash	3,271,872	2,261,378		5,533,250

		2,261,378		
Loans falling within one year	(200,000)	200,000	(200,000)	(200,000)
Loans falling due after more than one year	(5,100,000)		200,000	(4,900,000)
	=====	=====	=====	=====
TOTAL	(2,028,128)	2,461,378	-	433,250
	=====	=====	=====	=====

Analysis of changes in net debt 2023

	At start of year	Cash-flows	Other non-cash changes	At end of year
	£			
Cash	3,017,989	253,883	-	3,271,872

		253,883		
Loans falling within one year	(200,000)	200,000	(200,000)	(200,000)
Loans falling due after more than one year	(5,790,000)	490,000	200,000	(5,100,000)
	=====	=====	=====	=====
TOTAL	(2,972,011)	943,883		(2,028,128)
	=====	=====	=====	=====

The accompanying notes form part of these financial statements.

The Royal College of Emergency Medicine Notes to the Financial Statements for the Year Ended 31 December 2024

1. Accounting Policies

Basis of accounting

The financial statements are prepared in sterling which is the functional currency of the charity, and rounded to the nearest pound in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) - (Charities SORP (FRS 102) second edition - October 2019)), and with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

The Royal College of Emergency Medicine meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

Going concern

The trustees undertook their annual review of going concern in December 2024 and considered several factors in concluding that the adoption of a going concern basis in the preparation of these financial statements is appropriate. They have reviewed reserves, cashflow projections and business plans, for a period of 36 months from the date of approval of these financial statements which demonstrates that the College has enough resources to meet its obligations as they fall due. Furthermore, having developed digital solutions for our examinations and conferences, trustees are content that the College has robust income streams in these areas as well as subscriptions. Our Medium-Term Financial Strategy (MTFS) 2025 – 2027 has been developed in line with our corporate aims and continues to focus on balancing our commitment to invest in improved service delivery, operational delivery and member value whilst managing our financial sustainability with respect to income generation and costs. The plan is to ensure the College exceeds breakeven budgets in each of the next 3 financial years following two deficit years in 2022 and 2023. Furthermore, the College has free reserves of approximately £1.5m at the balance sheet date, and this further affirms the conclusion to adopt the going concern basis in the preparation of the financial statements.

Judgements and estimates

Judgments made in the preparation of the financial statements are based on a combination of historical experience, and considered assumptions that are believed to be reasonable under the circumstances. These estimates serve as the foundation for making informed judgments regarding the carrying values of assets and liabilities that may not be readily apparent from other sources. Trustees recognise that actual results may differ from these estimates. Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised.

1. Accounting Policies (continued)

Income

All income is recognised once the College has entitlement to the income, it is probable that the income will be received, and the amount of income receivable can be measured reliably. Income comprises amounts receivable during the year except for investment income which is accounted for in the period in which it is received on the basis that this is not materially different to a receivable basis. Grants are recognised when receivable and subscriptions for life membership are recognised when received. Payments received in advance of the related income being receivable are treated as deferred income within creditors.

Expenditure

Expenditure is recognised on an accruals basis in the period in which the College receives the benefit from the supplies or services. Raising funds are costs of investment management, costs of merchandise and costs incurred in publicising the name of the charity. Charitable activities comprise all expenditure directly relating to the objects of the charity and, in addition, support costs which are costs which are common to a number of activities and are charged to those activities on the basis of office space used by respective members of staff. Support costs include governance costs which are the costs of compliance with constitutional and statutory requirements and costs related to the strategic management of the organisation.

Tangible fixed assets and depreciation

Tangible and Intangible fixed assets are recorded at cost or, in cases where fixed assets have been donated to the College, at valuation at the time of donation. All items of expenditure over £1,000 regarded as fixed assets are capitalised. Depreciation and amortisation are charged at the following rates in order to write down the cost or valuation, less estimated residual value, of all fixed assets, over their expected useful lives:

Freehold land	nil
Freehold building	2%
Fixtures and fittings	25%
Computer equipment	25%
Database systems	50%

The Coat of Arms and Presidential Chain of Office have not been depreciated in view of their nature. The Council believe that their current value is at least equal to their book values.

Investments and investment gains and losses

Current short term Investments are stated at nominal value at the close of business at the year end. Any changes in nominal value are recognised in the statement of financial activities.

1. Accounting Policies (continued)

Pension costs

The charity makes contributions towards employees' personal pension schemes which are accounted for as the payments fall due.

Employee benefits

- Short term benefits
Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.
- Employee termination benefits
Termination benefits are accounted for on an accrual basis and in line with FRS 102.

Operating leases

Rentals applicable to operating leases are charged to the SOFA over the period in which the cost is incurred.

Taxation

No provision has been made for corporation tax or deferred tax as the charity is exempt.

Funds

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objects of the charity and which have not been designated for other purposes.

Designated funds comprise funds which have been set aside by the trustees for specific purposes. The purpose of each designated fund is set out in note 13.

Restricted funds relate to non-contractual income which is to be used in accordance with restrictions imposed by the donors or which have been raised by the charity for specific purposes. The purpose of each restricted fund is set out in note 14.

Financial instruments

Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised except for investments which are held at fair value. Financial assets held at amortised cost comprise cash at bank and in hand, together with trade and other debtors. A specific provision is made for debts for which recoverability is in doubt. Cash at bank and in hand is defined as all cash held in instant access bank accounts and used as working capital. Financial liabilities held at amortised cost comprise all creditors except social security and other taxes and provisions.

Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

1. Accounting Policies (continued)

Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks and other short-term liquid investments with original maturities of 100 days or less.

Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due

2. Grants and Donations

	2024	2023
	£	£
RESTRICTED FUNDS		
Beth Christian Memorial Fund	-	5,000
International Restricted Projects	332,056	94,841
Grants	125,228	31,067
UNRESTRICTED FUNDS		
Grants	-	86,290
RCEM Fundraising	3,672	3,712
	460,956	220,910
	=====	=====

3. Income from Charitable Activities

	2024	2023
	£	£
UNRESTRICTED FUNDS		
Emergency Medicine Journal	506,710	462,500
Conferences & CPD	1,271,388	1,043,680
Subscriptions	5,096,054	4,296,859
Examination fees	4,660,521	4,113,953
Training	161,958	229,021
Clinical Quality Improvement Programmes	290,046	245,083
	11,986,677	10,391,096
	=====	=====

4. Investment Income

	2024	2023
	£	£
UNRESTRICTED FUNDS		
Interest received on short term Deposit	25,723	23,410
Interest received	194,562	95,240
	-----	-----
	220,285	118,650
	=====	=====

Interest received in both years was from unrestricted sources.

5. Other Income

	2024	2023
	£	£
UNRESTRICTED FUNDS		
Sale of Merchandise	324	2,989
Rental and Room Hire Income	369,960	211,465
	-----	-----
	370,283	214,453
	=====	=====

6. Expenditure

	Direct Costs £	Support Costs £	Total 2024 £
Raising Funds			
Website costs	378	-	378
Investment broker charges	1,266	-	1,266
	-----	-----	-----
	1,644	-	1,644
Charitable Activities			
Emergency Medicine Journal	765,263	-	765,263
Research & publications	130,537	50,248	180,785
Education and examinations	5,399,875	1,259,909	6,659,784
RCEM learning	247,148	144,831	391,979
Training	745,520	666,365	1,411,885
Conferences & CPD	940,016	343,592	1,283,608
Membership services	522,803	352,429	875,232
Quality in emergency care	281,503	242,274	523,777
Policy and professional affairs	595,011	333,999	929,010
RCEM Fundraising	2,124	-	2,124
International Projects (Restricted)	316,065	-	316,065
Home Office (Restricted)	58,525	-	58,525
	-----	-----	-----
	10,004,390	3,393,647	13,398,037
	-----	-----	-----
	10,006,034	3,393,647	13,399,681
	=====	=====	=====

	Direct Costs £	Support Costs £	Total 2023 £
Raising Funds			
Website costs	3,420	-	3,420
Investment broker charges	1,679	-	1,679
	-----	-----	-----
	5,099	-	5,099
Charitable Activities			
Emergency Medicine Journal	666,910	-	666,910
Research & publications	292,807	50,463	343,270
Education and examinations	3,272,890	1,143,647	4,416,537
RCEM learning	307,319	145,452	452,771
Training	950,510	672,191	1,622,701
Conferences & CPD	1,062,151	323,517	1,385,668
Membership services	360,194	351,645	711,839
Quality in emergency care	412,101	242,955	655,056
Policy and professional affairs	467,892	335,431	803,323
RCEM Fundraising	9,401	-	9,401
International Projects (Restricted)	96,636	-	96,636
NHS project expenditure (Restricted)	14,250	-	14,250
Home Office (Restricted)	12,850	-	12,850
	-----	-----	-----
	7,925,911	3,265,301	11,191,211
	-----	-----	-----
	7,931,010	3,265,301	11,196,310
	=====	=====	=====

During the financial period we spent in total £13,399,681 (2023: £11,196,310) broken into restricted funds £478,639 (2023: £126,236), designated funds £nil (2023: £6,901) and general funds £12,921,041 (2023: £11,063,173).

	2024 £	2023 £
Staff costs comprise:		
Wages and salaries	3,343,136	3,101,581
Social security costs	356,175	328,170
Other pension costs	311,868	306,754
Total Employee costs	4,011,179	3,736,505
Casual staff	82,480	141,585
	4,093,658	3,878,090

Wages and salaries reported above includes termination payments for 4 individuals totaling £58,166 (2023: £69,912).

The average number of permanent employees during the period was 75 (2023: 74). These were supplemented by several casual staff who assisted primarily with examinations and training.

	2024 No.	2023 No.
Staff numbers as analyzed by category:		
Exams & Education	19	18
Training	13	14
Policy & Professional Affairs and Quality in Emergency Care	14	13
Membership	7	6
Research & Publications and Events	5	5
Other	17	18
	75	74

During the period the numbers of employees whose emoluments (defined as salary and taxable benefits) exceeded £60,000 were:

	2024 No.	2023 No.
£60,000 to £70,000	4	1
£70,001 to £80,000	-	1
£90,001 to £100,000	1	2
£150,001 to £160,000	2	-
£160,001 to £170,000	1	1

The aggregate emoluments of the key management personnel which comprises of Trustees, Chief Executive Officer, Director of Corporate Services, Director of Education and Director of Engagement and External Affairs amounted to £590,076 (2023: £543,488).

The pension amounts paid to the above employees amounted to £48,039

6A. Support and Governance Costs

	2024	2023
	£	£
Staff costs	1,238,353	1,304,733
Rates, service charges and electricity	462,117	272,818
Office expenses	184,059	182,415
Printing, postage, stationery & telephone	47,527	63,857
Website & information technology	329,435	383,779
Insurance	85,546	68,095
Depreciation & loss on disposal of assets	138,588	205,567
Irrecoverable VAT	299,403	218,994
Sundry expenses	41,447	32,715
Bank interest on loan	349,684	348,820
Bank & credit card charges		138,943
	138,511	
Governance		
Audit remuneration	31,160	24,450
Board meeting and travel costs	47,816	20,115
	3,393,647	3,265,301
	=====	=====

Support costs are allocated to activities on a basis consistent with the use of these resources. The allocation method of apportionment adopted by The Royal College of Emergency Medicine is as follows, headcount, i.e. based on the number of people employed within an activity, square foot, i.e. based on floor area occupied by an activity and time, i.e. where staff duties span more than one activity.

7. Charitable Activities – Grant Payable

Research grants awarded by the Royal College of Emergency Medicine in the year to 31 December 2024 were granted to 17 individuals totaling £152,584 (2023: 23 individuals £204,120).

8. Trustees

The trustees received no remuneration from the charity in respect of acting as Trustees. No trustee provided services to the charity for which they were paid.

During the year, we had 12 Trustees, 7 trustees received reimbursement for costs for attending meetings and for travelling expenses, amounting to £4,116 (2023: 7 trustees, £2,042). In addition, expenses paid directly by the College, mainly in the form of hotel bills, amounted to £5,683 (2023: £3,359).

9. Tangible Fixed Assets

	Building Costs £	Office Equipment £	College Database £	Coat of Arms £	Chain of Office £	Total £
Cost or valuation						
At 1 January 2024	14,429,962	775,512	528,864	6,534	428	15,741,300
Additions	16,206	25,438	-	-	-	41,644
Disposals	-	-	-	-	-	-
At 31 December 2024	14,446,168	800,950	528,864	6,534	428	15,782,944
Depreciation						
At 1 January 2024	1,104,977	746,650	528,864	-	-	2,380,491
Charge for the year	125,209	13,379	-	-	-	138,588
Disposals	-	-	-	-	-	-
At 31 December 2024	1,230,186	760,029	528,864	-	-	2,519,079
Net Book Value						
At 31 December 2024	13,215,982	40,921	0	6,534	428	13,263,865
At 31 December 2024	13,324,985	28,861	-	6,534	428	13,360,808

10. Debtors

	2024 £	2023 £
Trade debtors	155,805	146,638
Prepayments	474,013	382,870
Accrued income	520,420	511,775
Other Debtors	-	6,640
	-----	-----
	1,150,238	1,047,923
	=====	=====

11. Creditors: amounts falling due within one year

	2024 £	2023 £
Bank loan (see note 12)	200,000	200,000
Trade creditors	750,648	555,258
Taxes and social security	13,022	-
Accruals	402,785	376,183
Deferred income	1,676,946	1,120,577
Other Creditors	2,031,419	167,562
	-----	-----
	5,074,820	2,419,580
	=====	=====

Included within Other Creditors is an amount of £29,910 (2023: £29,981) in respect of pension contributions.

12. Creditors: amounts falling due after more than one year

	2024 £	2023 £
Bank loan	4,900,000	5,100,000
	4,900,000	5,100,000
	=====	=====
Bank loan maturity analysis		
Due less than 1 year	200,000	200,000
Due 1 – 2 years	200,000	200,000
Due 2 – 5 years	4,700,000	4,900,000
Total loan value	5,100,000	5,300,000
Included in current liabilities (see note 11)	(200,000)	(200,000)
Included in long term liabilities	4,900,000	5,100,000
	=====	=====

The bank loan is secured by a first legal charge over the land and buildings owned by the charity. Interest is calculated at LIBOR plus 1.60%.

13. Unrestricted Funds

Movement in Year

	At 1 January 2024 £	Incoming £	Expenditure £	Transfers £	At 31 December 2024 £
Designated fund					
Tangible fixed assets	8,060,808	-	-	103,056	8,163,865
Organisational Development	534,742	-	-	-	534,742
General fund	1,281,814	12,580,917	(12,921,041)	(103,056)	838,634
	9,877,364	12,580,917	(12,921,041)	-	9,537,240

Movement in Year

	At 1 January 2023 £	Incoming £	Expenditure £	Transfers £	At 31 December 2023 £
Designated fund					
Tangible fixed assets	7,548,062	-	-	512,746	8,060,808
Organisational Development	541,643	-	(6,901)	-	534,742
General fund	2,029,027	10,810,489	(11,063,173)	(494,529)	1,281,814
	10,118,732	10,810,489	(11,070,074)	18,217	9,877,364

The Tangible Fixed Assets fund represents the value of these assets less a related loan and are not free reserves. The Organisational development fund has been designated to support our plans for restructuring, digital transformation, operational and service delivery improvements, and process reengineering over the next 2 years.

14. Restricted Funds

	At 1 January 2024 £	Incoming £	Resources £	At 31 December 2024 £
Alison Gourdie Memorial Fund	43,832	-	-	43,832
E-learning for Health Fund	157,622	-	-	157,622
ENACT	3,348	-	-	3,348
Beth Christian Memorial Fund	11,050	-	-	11,050
Emergency Care Data Set Project	12,273	-	-	12,273
Health Education England Projects	180,478	-	-	180,478
RCEM Fundraising	37,346	-	(37,346)	-
International Restricted Projects (split from RCEM Fundraising)	10,701	332,056	(316,065)	26,692
Home Office	-	125,228	(125,228)	-
	-----	-----	-----	-----
	456,650	457,284	(478,639)	435,295
	=====	=====	=====	=====

	At 1 January 2023 £	Incoming £	Resources £	Transfers £	At 31 December 2023 £
Alison Gourdie Memorial Fund	43,832	-	-	-	43,832
E-learning for Health Fund	157,622	-	-	-	157,622
ENACT	3,348	-	-	-	3,348
Beth Christian Memorial Fund	6,050	5,000.00	-	-	11,050
Emergency Care Data Set Project	12,273	-	-	-	12,273
Health Education England Projects	194,728	-	(14,250)	-	180,478
RCEM Fundraising	48,630	98,553	(99,136)	-	48,047
Home Office	-	31,067	(12,850)	(18,217)	-
	-----	-----	-----	-----	-----
	466,483	134,620	(126,236)	(18,217)	456,650
	=====	=====	=====	=====	=====

The Alison Gourdie Memorial Fund was established to award prizes to doctors and nurses for projects that benefit the provision of high quality care in the field of Accident and Emergency Medicine.

The Beth Christian Memorial Fund was established in her memory.

Elearning for Health Fund (previously known as the EnlightenMe Grant) is a project funded by the Department of Health to improve e-learning for Healthcare by covering the costs of Content Authors, Module Editors and Clinical Leads.

ENACT is a fund set up to help develop emergency medicine learning overseas.

The Emergency Care Data Set Project is a funded by the Department of Health to change the data set collected by the NHS relating to emergency medicine.

The Health Education Projects fund is to fund a series of joint projects focused on the development of the emergency medicine workforce with NHS Health Education England.

RCEM Fundraising is to support further improvements in patient care, to support groundbreaking research and help low-income countries establish emergency care and clinical training.

Home Office Information Sharing to Tackle Violence Project is a funded project to help establish a Standard Operating Procedure to assist Emergency Departments in improving their recording and sharing of information, which in turn will help tackle violence.

15. Analysis of Net Assets Between Funds

Fund balances at 31 December 2024 represented by:

	General Funds £	Designated Funds £	Restricted Funds £	Total Funds £
Tangible fixed assets	-	13,263,865	-	13,263,865
Current assets	-	13,263,865	-	13,263,865
Creditors falling due within one year	5,713,452	534,741	435,295	6,683,488
Creditors falling due after one year	(4,874,819)	(200,000)		(5,074,819)
	-	(4,900,000)	-	(4,900,000)
Total net assets	----- 838,633 =====	----- 8,698,606 =====	----- 435,295 =====	----- 9,972,534 =====

Fund balances at 31 December 2023 represented by:

	General Funds £	Designated Funds £	Restricted Funds £	Total Funds £
Tangible fixed assets	-	13,360,808	-	13,360,808
Current assets	3,501,395	534,741	456,650	4,492,787
Creditors falling due within one year	(2,219,580)	(200,000) -		(2,419,580)
Creditors falling due after one year	-	(5,100,000) -		(5,100,000)
	-			
Total net assets	----- 1,281,815 =====	----- 8,595,549 =====	----- 456,650 =====	----- 10,334,014 =====

16. Operating Lease Commitments

	2024	2023
Lessee	Equipment	Equipment
<i>Operating leases which expire within:</i>	£	£
Less than one year	20,215	20,215
Between one and two years	11,729	20,215
Between two and five years	22,250	29,529
Over five years	-	4,450
	-----	-----
	54,194	74,409
	=====	=====

As at 31 December 2024, the future minimum lease receipts due from lessees in respect of office space under non-cancellable operating leases are as follows:

Lessor	Rental £	Rental £
Not later than one year.	94,245	92,805
	-----	-----
	94,245	92,805
	=====	=====

17. Reconciliation of Net (Expenditure) to Net Cash Flows Provided by Operations

	2024 £	2023 £
Net deficit before other gains and losses	(361,480)	(251,201)
Depreciation charges	138,588	205,567
Investment income	(220,285)	(118,649)
(Increase)/decrease in debtors	(102,315)	17,658
Increase in creditors	2,655,240	1,008,421
Net cash used in operating activities	2,109,749	861,796
	=====	=====

18. Related Party Transactions

Dr Maya Naravi, a Trustee, serves as a member of the Advisory Panel Laboratories, a sponsor of the College. Abbott Laboratories has sponsored several of our events, including the Annual Scientific and CPD Conferences. Sponsorship income received from Abbott Laboratories totaled £33,000 in 2023 (2022: £0).

**This report covers activity of the year to
31 December 2024**



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Incorporated by Royal Charter, 2008
Registered Charity number 1122689



Royal College *of*
Emergency Medicine

Accounts

Annual
Report
and
Accounts
2023

About the Royal College of Emergency Medicine

The Royal College of Emergency Medicine's objective is to promote excellence in emergency care. Our activities are focused in three key areas:

- Delivery of safe high quality emergency care, promotion of best practice and ensuring emergency medicine training is of the highest standard. To achieve these aims we strive to ensure that patient centred care is led and delivered by fully trained Emergency Medicine clinicians, working in and with the wider Emergency Medicine team.
- Secondly, we advance safe and effective Emergency Medicine by providing expert guidance and advice on Emergency Medicine policy.
- Thirdly through the development of training, the funding of research and the setting of professional postgraduate examinations we work to educate, train and assess Emergency Medicine doctors to deliver the highest standards of professional competence and practice for the protection and benefit of all the public.



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Foreword by Her Royal Highness The Princess Royal



**BUCKINGHAM PALACE**

Emergency Medicine is one of the most demanding specialties in health care. Those who choose this career path deserve to be looked after and have the finest representation.

During my time as Patron, I have seen The Royal College of Emergency Medicine evolve to become the established, authoritative body that it is today: not only does the College advocate for its members, but for all those who work in Emergency Medicine and for all those patients who may require urgent medical attention. No-one ever knows when they may be calling on your expertise for help, as I am all too well aware!

Challenges in emergency care are vast and ever present. The College continues to be a clear voice for all, striving for fairness and equity. It is essential that those working in clinical practice have the right support and resources to advance their professional development. With the highest number of people joining this year, the College now has 12,000 members, which is testament to its excellent reputation.

The last few years have been particularly challenging as consultants and trainees continue to shoulder the heavy burden of high workloads with the pressures of day-to-day life. Patients place immense confidence and trust in the care provided by those working in Emergency Departments and I extend my gratitude to all emergency service workers for your enduring commitment.

My best wishes to all members and staff at the College.

President's Report



Dr Adrian Boyle
President, The Royal College
of Emergency Medicine

In 2023 Emergency Departments (EDs) endured some of the most difficult periods ever recorded in emergency medicine.

Clinicians and staff continued to work tirelessly to cope with the challenges that come when faced with record levels of admissions, long waits, delayed ambulance handovers, corridor care and exit block. Working conditions have been appalling and burn-out a reality with many departments reporting a shortfall of emergency medicine clinicians. The impact on patients and staff cannot be underestimated and it is fair to say that in 2023 we dealt with an emergency admission crisis.

Patients deserve to be seen quickly, treated with care and in the right place – not in a hospital corridor. Staff should not bear the consequences of having to make things work in a system that is broken. Despite this, ED teams throughout the country have shown remarkable resilience.

But patients and our members deserve much better and we continued to advocate for an emergency care system that is fit for purpose. We are campaigning at the highest levels to press policy makers and those with the power to effect change and we launched our campaign to #ResuscitateEmergencyCare.

Implementing our asks will help the transformation that Emergency Department patients and staff so desperately need. We want:

- An end to ambulance queues and overcrowded Emergency Departments.
- Enough emergency medicine staff to deliver safe and sustainable care.
- A resourced NHS to ensure the emergency care system can provide equitable care to all.
- Transparent ways of measuring how hospitals are performing so we know which ones need to improve.

As a Royal College we will continue to fight for these improvements, while at the same time be agile enough to adapt to serve the best interests of our membership - which during 2023 reached more than 12,000.

In 2023 we also:

- Agreed that from 2024 members on maternity leave could get one year's membership subscription for free.
- Delivered almost 11,000 exams across the UK last year.
- Worked with 54 countries around the world to support emergency medicine care.
- Issued a range of grants to fund research in to key areas of emergency medicine.

The increased number of global conflicts as well as economic challenges with inflation and a reduction of international funding led to uncertainty across the international health sector. However, we continued to strive to be a world-leader in the

development of global emergency medicine that is clinically excellent, evidence-based, compassionate, and equitable.

We know that 2024 will continue to be a challenging year – with an expected general election meaning that we will be looking at a new Government and new health policies.

I am proud to represent you and work with some incredibly inspiring, dedicated teams and individuals who are committed to keeping emergency medicine alive.

I look forward to continue working with you all towards the vision of being a catalyst for change, ensuring emergency medicine is an inclusive, fair, and equitable speciality for everyone.



Dr Adrian Boyle

President, The Royal College of
Emergency Medicine
President@rcem.ac.uk

“

In 2023 Emergency
Departments (EDs) endured
some of the most difficult
periods ever recorded in
emergency medicine.

”

Dr Adrian Boyle

Chief Executive Officer's Report



Mr Gordon Miles
FRCEM (Hons) MBA
Chief Executive,
The Royal College of
Emergency Medicine

I am pleased to be able to present to you our annual report detailing the work of the College in 2023.

We commit to producing a report every year as it gives us the opportunity to summarise and demonstrate the extent of work the College undertakes on your behalf.

Significantly, it allows us to reflect on the progress we are all making collectively as well as marking the year officially for future reference.

More than 70 employees of the College are aided by countless volunteers from across the UK, and internationally, working collectively to provide support to you to advance the specialty.

We are proud of our achievements in what has been another difficult year for emergency medicine, and we are proud to support you. The pressures in emergency medicine continued unabated, but our hope is that this report provides some reassurance of what we have done, what we are doing and what we are putting in place for the future via our departments and committees with clear remits – all working for you. The report provides a snapshot of national, regional, departmental and committee performance in 2023 as well as aspirations for the year ahead.

I have been Chief Executive for the College since 2010 and as each year passes, I have seen our work become more and more complex and the demands on the specialty continue to grow. With it our membership and expertise has also grown.

In January 2023 NHS England published its delivery plan for recovering Urgent and Emergency Care, post COVID and we see ourselves as at the forefront of influencing change in a positive way and continue to offer our advice on the solutions that we can offer to support any recovery. Our own manifesto to Resuscitate Emergency Care was launched during the year and will remain the blueprint for us for the foreseeable future and will continue to be used to influence any new Government in 2024.

As I hope this report demonstrates, we always endeavour to be responsive and adaptable to change, ensuring the College is at the forefront of emergency medicine - in matters such as research, training and professional development. The College needs to be match fit to meet your needs, which relies on a capable team and robust infrastructure. We continue to make investments across the College, setting challenging financial requirements in a wider landscape of a cost-of-living crisis, impacted by international events.

There is no immediate respite in sight for the challenges the specialty is facing, and we will remain relentless in representing you and emergency medicine at the highest levels.

In closing I want to thank all our volunteers, those from the specialty and those outside of it, without whom we couldn't function and to our employees whose extraordinary hard work is much appreciated. One of the most amazing things about the College is that hundreds of you working in emergency medicine and beyond give freely of your time, energy and passion and without your assistance, we would not be able to function as effectively as we do. Thank you.

“

There is no immediate respite in sight for the challenges the specialty is facing, and we will remain relentless in representing you and emergency medicine at the highest levels.

”

Mr Gordon Miles

Trustee Board

The Trustee Board was formed in 2021 to focus on the strategic agenda for the College, specifically concerned with the delivery of the College's remit given to us under our Royal Charter. The Board creation allowed the Council to concentrate on specialty matters, whilst the Board is focused on the College delivery of its mandate.

During 2023 the Board, at its quarterly meetings, has continued its focus on the examinations transformation plan which the College is part way through, delivering service and process enhancements to our examinations operations. It has closely reviewed the examinations risk management approach and has supported the management in delivering consistently reliable examinations results throughout the year.

Ensuring that the College budget is well managed is part of the Board's work. To achieve this it has received and scrutinised regular updates on the financial performance. The Board agreed to run a deficit budget to allow for investment in extra resources for our examinations to support the transformation programme and plans to see the College return to generating more money than it spends in 2025. Reserves have been used to support the examinations development and rebuilding these over time, to ensure the ongoing financial sustainability of your College, remains a goal for the Board in the medium term. The Board considers the pricing strategy of the College regularly and set the subscription framework as part of the College budget setting process.

Part of the financial review has been to consider the opportunity to divest of the freehold of 7-9 Breams Buildings in London. This property has not been fully used since the pandemic because the College staff are working at home, attending the office for a minimum of five days a month, or more frequently when the operations demand it. This means that our Octavia House property in Southwark remains sufficient for our needs. Efforts to rent surplus space have been partly successful and a sale is sought. The market in London for commercial property remains difficult however as many organisations are reducing their physical space and so like many others we are trying to divest at a time when the market is over supplied with property.

The Board has reviewed the financial audit performance and was reassured that the financial management of the College remains sound as evidenced by our audit reports.

Risk management has been a continued area of close consideration as the changing landscape has brought new risks to manage.

At a time when the College has had to navigate a period of high inflation retaining and attracting talented employees has been a concern. The Board undertook a review of employee remuneration during the year and agreed a new framework for this, to be implemented in 2024.

To help track progress against our strategic goals the Board agreed to the development of a corporate dashboard which was under development as the year ended, with implementation planned for 2024.

As the year closed, the Board commissioned a governance review of its own performance to ensure it was achieving the goals that were set when it was created: this review reports back to the Board in 2024.

Throughout the year the Board was kept updated by the President on the wider challenges facing the specialty, endorsed the lobbying and manifesto work undertaken to keep emergency medicine a key priority for the NHS during a time of some political turbulence as the country headed towards a general election.

Executive Committee

The Executive Committee met six times during the year. A core function of this Committee is to support the development and implementation of our emergency medicine policy work and the supporting media and lobbying activities. The Committee were concerned about ambulance off loads, exit block, crowded Emergency Departments and staff wellbeing and worked throughout the year to tackle these issues by lobbying the NHS and MPs for action as you will read elsewhere in this Annual Review. This work included reviewing plans for workforce census projects to establish a clear picture of the resource challenge facing Emergency Departments, holding an emergency care crisis summit in Westminster, and launching its Resuscitate Emergency Care campaign. In addition, the College reviewed and updated guidance and explainers on crowding, workforce and acute care and began work on developing Guidelines for the Provision of Emergency Services.

Other Committee work involved scrutinising clinical guidance and position statements that were in development, responding to consultations, advising on plans for College fundraising activities, considering the progress of our examinations, and ensuring a comprehensive response to the Covid public enquiry. The developing situation with the NHS England plans for expansion of Physicians Associates was a theme of discussion during the year; and a working group was set up to consider this in more detail. Monitoring and reviewing the NHS Urgent and Emergency Care recovery plan, which was published in January, was also a regular topic of discussion.

Council

The College's governing body met five times during 2023, and considered reports from the National Boards for Scotland, Wales and Northern Ireland and from the 11 Regional Boards in England. It considered carefully the reports of various Committees reporting to Council - these included the quality of emergency medicine practice, new clinical guidance, and the development of the Green ED initiative. We kept costs down by mainly meeting online and only coming together to discuss particularly vexing problems.

Council continued to oversee the performance of College examinations, fundraising and ethical giving guidance, a number of clinical publications, the Emergency Medicine Specialty Forum reports, specialist Doctors Forum and the EMTA trainee survey results. Council debated some difficult problems, conducted with grace and professionalism.

It also reviewed the work of the College, outlined elsewhere in this review, offering guidance to streamline process and ways of working so the College can continue to evolve fit for purpose for the clinicians it represents.



Dr Adrian Boyle
President, The Royal College of
Emergency Medicine
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National Board Reports

National Board for Northern Ireland

In 2023 EDs in Northern Ireland faced some of the most difficult periods ever recorded. Emergency admission numbers increased in all departments to record levels putting unreasonable strain on employees and risking patients' safety with unacceptable waiting times.

Ambulance waiting times for response and handovers to EDs by the Northern Ireland Ambulance Service (NIAS) caused serious concern and a plan to enforce a 'backstop' of three hours was implemented at a very difficult time without consultation. This was intended to enforce offloading once three hours were reached, regardless of the situation within the EDs.

Associated with a discussion of improving flow from EDs, there were no plans to enforce that, with a typical backstop for ED patients to prevent deterioration in the next stage of the patient journey. Many felt this added unreasonable pressure without firm commitment to improve the number of emergency admissions waiting to leave the department. More corridors were recruited for use, with increased employees in some departments to accommodate the surges caused by this edict.

Widespread media coverage on the emergency admission crisis helped focus minds, but the absence of an Assembly post Brexit prevented a functioning devolved Government from being reformed so there was no Health Minister. We did however successfully engage with health committee members in most parties, who helped relay our concerns independently to the public and health service officials, mostly via media.

With the limited decision-making ability of unelected officials, the Department of Health could not resolve the problems we were facing. This contributed to an ever-deteriorating situation urgently needing systemic reform and budgetary stability.

All Royal Colleges therefore co-signed a letter requesting a discussion on the crisis with the Secretary of State for Northern Ireland, to brief him and make appropriate College recommendations.

RCEM published a document on bed occupancy data across the UK, and we shared data for Northern Ireland with all major political parties - some acknowledged the relentless issue of bed capacity, and this is being progressed further.

With employees under substantial pressure, work started on a workforce census for Northern Ireland, replicating that performed in Scotland and Wales - the aim being to look at the current workforce and consider sustainability to identify what will be required over the next decade, considering current vacancies, unit expansions and the expected attrition of employees due to retirement.

We understand emergency medicine in Northern Ireland will face massive technological changes over the next few years with the introduction of Encompass and we have invited stakeholders in this project to update the Northern Ireland board on its introduction, implementation, and anticipated challenges.

Finally, we were delighted to welcome Dr David Purdy and Dr Lauren Pedlow as our emergency medicine trainee representatives on the Board. Dr Brendan Lavery stepped down and we thank him for his contribution. We welcomed his successor Dr Paul Baylis from Altnagelvin Hospital.

Looking ahead to 2024 we are planning an Emergency Care Crisis Summit and there will be a focus on Getting It Right First Time (GIRFT): Improving data collection, ensuring that it is live, accurate and reliable.

We will continue to represent our specialty at the highest levels in Northern Ireland, consistently engaging with representatives of all political parties, healthcare leadership and other royal colleges.



Dr Russell McLaughlin
Vice President,
RCEM Northern Ireland
VPNorthernIreland@rcem.ac.uk

National Board for Scotland

Advocacy on behalf of patients and those working in EDs has continued to be the core priority for Scotland's National Board. This has involved engaging with the Scottish Government, opposition parties and influential stakeholders to keep public health on the agenda, with regular meetings with the Cabinet Secretary for Health and Scottish Government Health teams, attendance at Holyrood's 'Health Roundtable', hosted by the Scottish Conservatives and similar, and ensuring RCEM Scotland is a constant presence, working hard on behalf of members to lobby senior policy decision makers.

We gave evidence to the Scottish Health, Social Care and Sport Select Committee, examining winter planning and resilience issues in September 2023 and a joint visit with Scottish Government representatives to NHS Grampian to review several issues across the health board's emergency medicines resulted in recommendations being presented to the board, supported with an action plan to improve efficiency and sustainability.

Engagement with NHS Education Scotland has continued, specifically on issues facing trainees, lobbying the Scottish Government to increase funded training posts in emergency medicine in Scotland.

RCEM Scotland was represented at the Scottish Academy of Medical Royal Colleges (AOMRC), and at the Scottish Government's Operational Performance and Delivery Board, giving an insight into reality and providing compelling evidence on current challenges. With that we discussed what could be achieved by improving ambulance handover delays and integrating 'attendance alternatives', such as Flow Navigation Centres.

Quarterly board meetings have been enhanced with input from external speakers and experts with an active interest in our specialty, such as 'EM at the Deep End' group.

A programme of visits to EDs across the country was undertaken to review differing models of service delivery, and to engage with fellows and members working there.

RCEM Scotland's Conference, held in May 2023 was considered a success, with high quality attendance and abstract submissions.

Media presence has continued to be a priority across print, online, broadcast, and social media: Both the Vice President and Vice Chair for Scotland have been interviewed and quoted extensively in mainstream media.

Looking ahead to 2024 we will continue to campaign for improvements in patient safety, better working conditions and quality of care by using performance figures and evidence-based data to maximise media coverage and raise public awareness and support.

This will involve working with professional teams in RCEM to revisit the Scottish census and how we can maximise the data to effect change.

We will continue to develop cases to enhance training experience, increase trainee numbers, and the Less Than Full Time (LTFT) workforce as whole time equivalent rather than based on headcount.

Recognition is a key focus going forward – on the role and number of lead examiners in Scotland, and for our members and fellows who perform crucial College roles on councils, executives, and committees.

Preparations are well underway for RCEM Scotland's Conference in May 2024, which will take place in Dundee.

[More on evidence given to the Scottish Health, Social Care and Sport Select Committee.](#)



Dr JP Loughrey
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RCEM Scotland
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National Board for Wales

In January 2023, RCEM Wales revealed its workforce census at the Senedd in Cardiff to a large gathering of stakeholders in emergency care, and senior politicians, including then Health Minister, Eluned Morgan.

A major finding in the data was that Wales has a major shortfall of emergency medicine consultants - one consultant per 6,800 attendances, with RCEM's recommendation being one per 4,000 attendances. We called upon the Welsh Government to fund the appointment of 100 additional emergency medicine consultants in Wales, along with the expansion of training numbers to fill these posts. This resulted in some expansion of emergency medicine training posts, although less than requested.

Junior doctors in Wales held their first strike over a 72-hour period (15-17 January 2023). It is understood that all type-one EDs remained open, with cover provided by senior employees. No serious issues relating to the strike were reported. Attendance numbers were not significantly impacted.

Throughout the year we engaged with the Welsh Government's 'Six Goals for Emergency Care' project, including working with the Project Board and Working Group for the Welsh Emergency Care Data Set. We also worked with Welsh Government officials to produce a Quality Statement for Care in Emergency Departments in Wales, as a part of the six goals project.

We challenged, and will continue to challenge, the Welsh Government's policy of 'breach exemptions', on the grounds that this is not a true reflection of the situation in EDs across Wales. Current breach exemptions and lack of transparent reporting is misleading to the public and demoralising for our hardworking employees. Media coverage on this in October 2023 led to meetings with members of the Senedd. Although the Welsh Government initially insisted that all patients were counted in the data and none excluded, they later released a tranche of unadjusted data. Unfortunately, they have not yet acceded to our request to publish this data every month, including bed occupancy numbers, which are also not routinely included as part of the monthly data.

Pressures on the emergency care system led to several incidents reported in the media. Swansea Bay Health

Board issued a statement on 29 December 2023 advising patients to stay away from the ED if they did not have life-threatening conditions - they had also declared a business continuity incident the previous month. Examples like these reflect the gravity of the current state of urgent and emergency care.

We have been engaging with representatives of the Welsh Ambulance Services Trust (WAST) to discuss the controversial issue of 'portering'. This followed WAST introducing a policy stating that crews held outside EDs were not permitted to take their patients to X-ray or CT, on the grounds that this encouraged delayed handovers. Although the policy has not yet been fully rescinded, there has been a degree of local relaxation at the discretion of the senior ambulance officer.

In 2024 we endeavour to continue lobbying for Wales to have the Urgent and Emergency Care system healthcare professionals want, and patients deserve.

It is our hope that the Welsh Government will be reinvigorated under new leadership.



Dr Rob Perry
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Corporate Governance Committee

The Corporate Governance Committee undertakes a fundamental role within the College in ensuring that there is appropriate oversight and scrutiny of the financial reporting process, the audit process, the College's system of internal controls, the management of risks and compliance with laws and regulations. It monitors the College HR operations and has a sub committee that deals with staff remuneration.

In undertaking its role, the Committee regularly reviews key aspects of the above areas of business, as well as overall administration and IT and at each meeting the Chief Executive provides a review of organisational wide matters. Often issues arising out of our considerations of these matters triggers in-depth reviews or reports on matters of concern.

The Committee also acts a reviewer of some issues prior to their consideration by the Trustee Board; this is particularly so in relation to budget preparation and other financial issues as well as any matters of concern identified on the risk register.

2023 was a busy year for the Corporate Governance Committee with particular concerns relating to a number of budgetary issues. Early in the New Year it was clear that that the College faced an unprecedented combination of factors impacting on its finances. Given the deficit budget and the asset position it decided to establish a working party, The Property and Income Strategy Working Group (PISWG), to review the situation and provide recommendations for tackling the challenges faced. Importantly the Group would aim to settle the question of our property strategy and approach to pricing our services and our subscriptions in a financial environment that has changed considerably in the past year.

The PISWG quickly got to work and amongst its early recommendations was a tranche of increases to fees for membership, examinations, events and our Quality Improvement Programme (QIPs).

A key role of the Committee is liaison with the College Auditors who in April reported to us that they had successfully completed the audit of the College accounts for the year ended 31 December 2022 and issued an unqualified audit opinion. They commented that of all their clients we were in the top ten from the perspective of how well organised, managed and run our financial systems and processes are.

The year also marked the final year of the current corporate plan 2021 - 2023 and plans for its revision

began early in the year. The College remains ambitious in its objectives and is keen to make a step change in operational delivery, customer service and member engagement. A key aspect of the new plan will be how we monitor effectiveness, efficiency and measure success.

To underpin these objectives the committee also recommended to the Board the establishment of an Internal Audit team.

Giving due attention to the risks facing the organisation is an important feature of our work and during the year we introduced a new format for the risk register which was designed to present the risks in a clearer manner. The committee has access to all of our identified risks and the top ten of these are reviewed at each of our meetings.

Examinations continue to be high on the register and we carefully monitor the implementation of the transformation plan introduced following the recommendations of the internal and external reviews arising out of the problems of the FRCEM SBA examinations in March 2022. Good progress continues to be made in a process that is likely to take a number of years to complete. An on-going concern is when problems occurred as a result of supplier service failure, however, we are able to report that the College has developed systems that have dealt with these in a manner that puts the interests of the candidate above all else.

The year also included major review of a staff salary structure, an external consultancy with considerable experience of working with other Royal Medical Colleges was appointed to undertake this work. In addition the committee received regular reports and a wide range were HR related.

Throughout the year the Committee kept under review the Terms of Reference for all of the College's committees.

My thanks are due to my fellow committee members and to the Chief Executive and his Directors for all their help and support.



Derek Prentice

Chair
Corporate Governance
Committee

Emergency Medicine Performance 2023





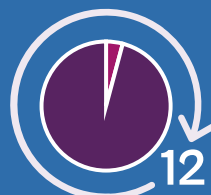
SCOTLAND



Total number of people
attending an ED:
1,310,874



% of patients seen within the
four-hour waiting time target:
66.10%



Total number of patients who
experienced a 12-hour wait
(measured from their time of arrival in A&E):
56,268



NORTHERN IRELAND



Total number of people
attending an ED:
647,185



% of patients seen within the
four-hour waiting time target:
56.70%



Total number of patients who
experienced a 12-hour wait
(measured from their time of arrival in A&E):
109,084



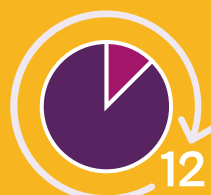
WALES



Total number of people
attending an ED:
775,571



% of patients seen within the
four-hour waiting time target:
59.90%



Total number of patients who
experienced a 12-hour wait
(measured from their time of arrival in A&E):
109,557



ENGLAND



Total number of people
attending an ED:
16,142,484



% of patients seen within the
four-hour waiting time target:
58.10%



Total number of patients who
experienced a 12-hour wait
(measured from their time of arrival in A&E):
1,520,578

Our regions

As well as our National Boards, we have a number of other boards representing our different regions. Some boards are more active than others, due to the many constraints and pressures upon the volunteers who run them on our behalf, and many face common issues.



East of England Regional Board

It has been another challenging year in the East of England, with increasing concerns mentioned by trainees about the availability of consultant posts in the region.

More than the year before, the region has been less connected, with increasing service pressures and world-pressures leaving less time for both RCEM work and for connecting with colleagues.

There have been pressures in every area- financial, patient attendance, acuity, training posts, consultant posts and also generally in the NHS, with the effects of long running strikes taking their toll on all parts of the East of England region. And yet, we persist.

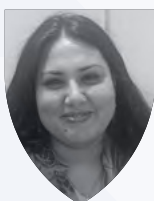
The East of England is delivering more care to more patients on a daily basis, with increased ambulance attendances in almost all trusts.

Patients are more complex than ever before, but we continue to adapt and accommodate the changing needs of our patient population.

Over the year to come, we will adapt again to accommodate the dispute between GPs and the NHS; we have shown that we can manage the burdens that industrial action place on Emergency Medicine departments, but there is certainly trepidation about what is to come.

The Regional Board has struggled to meet over 2023; the effects of industrial action and increased service pressures have taken their toll.

We hope, in 2024, to regroup as a region, with a clear plan to re-energise RCEM's presence and activities.



Dr Nida Yasin Suri
Chair
East of England
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North West Regional Board

EDs in the region reported common themes, with exit block, poor flow and crowding seriously affecting efficiency. There was no improvement in the summer months.

Not enough beds were available, and ambulances waited outside to transfer patients. As a result, patients took longer to be processed and overall productivity declined.

Some EDs reported 45-50 patients waiting for a bed at any one time. To address the flow Lancaster and Blackburn started urgent treatment centres (UTCs) with appropriate patients given appointments based on a streaming tool.

North Cumbria reported that they still regularly experienced 24 hour waits for admission.

Workload remained the same without any major spikes for some. Lancaster however saw a 5% increase. Complexity and intensity remained high.

West Cumberland attendances continued to increase with GP provision locally struggling.

Same Day Emergency Care (SDEC) was started in some departments, with positive reports at time of writing.

Senior consultant support for the area remained an issue. Whiston started a reverse boarding approach. Some SDECs opened for limited hours resulting in a high number of patients in ED at night which staff struggled to cope with.

Smaller units had difficulty recruiting CCT consultants and started to recruit non CCT/CESR consultants, supporting them to gain CESR. Lancaster and Blackburn successfully recruited consultants and regional CER leads working with the EDs to support CESR.

Whiston faced a substantial staffing challenge and relied on locums, resulting in staffing overspend. Staffing at nights was occasionally low, resulting in consultants working night shifts by acting down. Overseas nurses were recruited in Lancaster and Blackburn to address staffing numbers and sickness.

North Cumbria reported improvements in staffing, being fully established for nursing staff and having recruited two more substantive ED consultants. The ACP programme remains a success and they now have six credentialed ACPs.

South East Coast Regional Board

EM trainees were lacking on some sites but generally there were no concerns with training. Whiston and Blackburn now delivers an excellent teaching and simulation programme.

The non-medical workforce expanded throughout the region - all helping to address the shortage in medical workforce, especially during strikes.

Some site developments took place with new equipment, expansion plans to increase footfall and the implementation of a hub for local GPs to have a single point of contact with a clinician when referring patients to the Trust, an initiative that was nominated for a National Parliamentary award.

North Cumbria reported that they needed investment as they see twice the number of annual attendances per year than was designed for. They also reported that they are in the design process of a new building, which will initially function as a minor injury unit.

Overall morale remains low, making EDs a challenge to staff.

Looking ahead we plan to increase regional collaboration by holding regular regional meetings virtually, inviting external speakers.

We will elect a Deputy Chair for the region, before establishing a NW Regional Board.

EDs in the South East Coast reported increased challenges due to Junior Doctors' Industrial Action. Poor primary care provision impacted hugely on departments with access to healthcare very challenging for patients, often with complex and time-consuming pathways.

Mental Health provision in the ED was a serious concern, with a clear need to address the increasingly long stays that these patients have to endure. There continues to be very little appreciation of the risk involved with patients who need to be seen in appropriate environments.

Patient flow throughout EDs in the South East was poor, Minimal Residual Diseases (MRDs) remained high resulting in backlog and bottlenecks in EDs. Lack of social care seriously affected patient flow, particularly in relation to frailty.

Four-hour performance targets proved to be inadequate with most centres, except Minor Injury Units, well below target.



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South East Coast Regional
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Professor Sanjoy Bhattacharyya
Chair
North West Regional Board
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North East Regional Board

The region has 11 EDs (two MTCs and nine Trauma Units) in seven Trusts. We have 150 consultants, and approximately 118 are under the age of 50.

Over the course of the year, attendances in North East EDs continued to rise. One hospital reported its busiest ever day in July and this was matched by record ambulance delays, with four-hour and 12-hour waits.

A short survey of all clinical leads in the region reported increased footfall, ambulance delays, ambulance waits, four-hour and 12-hour waits - reflecting the picture nationwide.

Recruitment of locally trained colleagues remains high at over 90%, something that has changed little over the years.

The number of substantive consultants per department varies from three-28. A new and increasing trend in this region is cross site working. As Trusts merge and the overall number of Trusts decrease, more consultants are working in more than one department.

The number of consultants working less-than-full-time hours (LTFT) is increasing.

We currently have 71 Higher Specialist Training (HSTs), almost half of whom work LTFT (most commonly at 80%).

Our regional conference took place in January at Spanish City in Whitley Bay - this event has been occurring every January for about twenty years. Originally a small local event attended by Registrars and Consultants from the North East, the event has grown over the years. 18 years ago, there were 35 delegates - organised by four trainees, now more than 100 delegates attend. National and international speakers attend when originally it was considered a forum for local trainees and sometimes consultants to present their work.

Looking ahead I plan to conduct a regional census for activity, workforce structure and workforce planning.



Dr Alex Johnston
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North East Regional Board
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Yorkshire and Humber Regional Board

The Yorkshire and Humber Regional Board has been busy engaging with board members and departmental clinical leads from across the region.

Regional Higher Specialist Training (HST) took place in February 2023 to increase awareness of some of the non-exam activities of the College. We discussed the region's 87% RCEM Wellbeing Report, regional EMTA results, and Jayne Hilderley (Lay chair) presented the RespectED campaign.

Some attendees shared insight and personal experience of incivility and bullying in our regional EDs. A pattern appeared that suggested that two Trusts were causing many of the reported incidents. The regional chair met with leads of both departments and has been very encouraged by how open they were to meet, discuss and admit that problems exist.

For the RCEM regional board's study day in June 2023, we partnered with the Faculty of Emergency Nursing (FEN) to deliver a regional sharing and learning day, with a minor injury and wellness focus. It was open to all ED clinical employees and attended by sixty delegates at the Yorkshire Wildlife Park - the overall feedback was positive.

Looking ahead we will endeavour to recruit new members to the board and continue to link in with local clinical leads.

As the conduit to share information from the College across Yorkshire and Humber, we will continue to ensure the region's views and experiences are represented and relayed back to RCEM.

For 2024 we aim to increase interaction with local politicians, especially with the General Election approaching and another HST session will be provided to the region, and we plan to host further events, with the first one focusing on Information Sharing to Tackle Violence (ISTV).



Dr Sally-Anne Wilson
Chair
Yorkshire and Humber
YHChair@rcem.ac.uk

West Midlands Regional Board

In 2023 West Midlands Regional Board undertook work to increase visibility and engagement with RCEM with members and fellows from the regions participating in RCEM activities and increasing awareness of RCEM's role and activities.

The board supported the RCEM England Workforce census by liaising with all departments and clinical leads and have hosted a further RCEM supported event in March on Inclusion and Diversity with excellent feedback.

The board are now working on hosting the first regional organised RCEM virtual study day in October 2024 on Minor Injuries and look forward to the Spring 2025 CPD event being hosted in the region also.



Dr Susan Dorrian
Chair
West Midlands
WMChair@rcem.ac.uk



South West Regional Board

2023 was a challenging year, with some departments showing an improvement in flow and others continuing to face extreme challenges with ambulance handover delays, crowding and exit block.

These pressures are impacting the delivery of research, but the South West continues to have a strong position in the development and leadership of large clinical trials.

Type one ED performance continued to be challenged, masked by the reporting of organisational performance combining type one and type three data. Type one performance remained much the same as the previous winter.

Waits of one or two days for a bed were the norm in some departments for admitted patients. The South West unfortunately continues to dominate with ambulance handover delays compared to other regions across England. A reduction in bed-base impacted flow out of EDs, providing no respite after the winter period.

Industrial action put significant pressure on consultants to fill strike rotas. Sustainability of this was a huge concern, as was the cost - accumulation of time off in lieu (TOIL) and impact on future rota management.

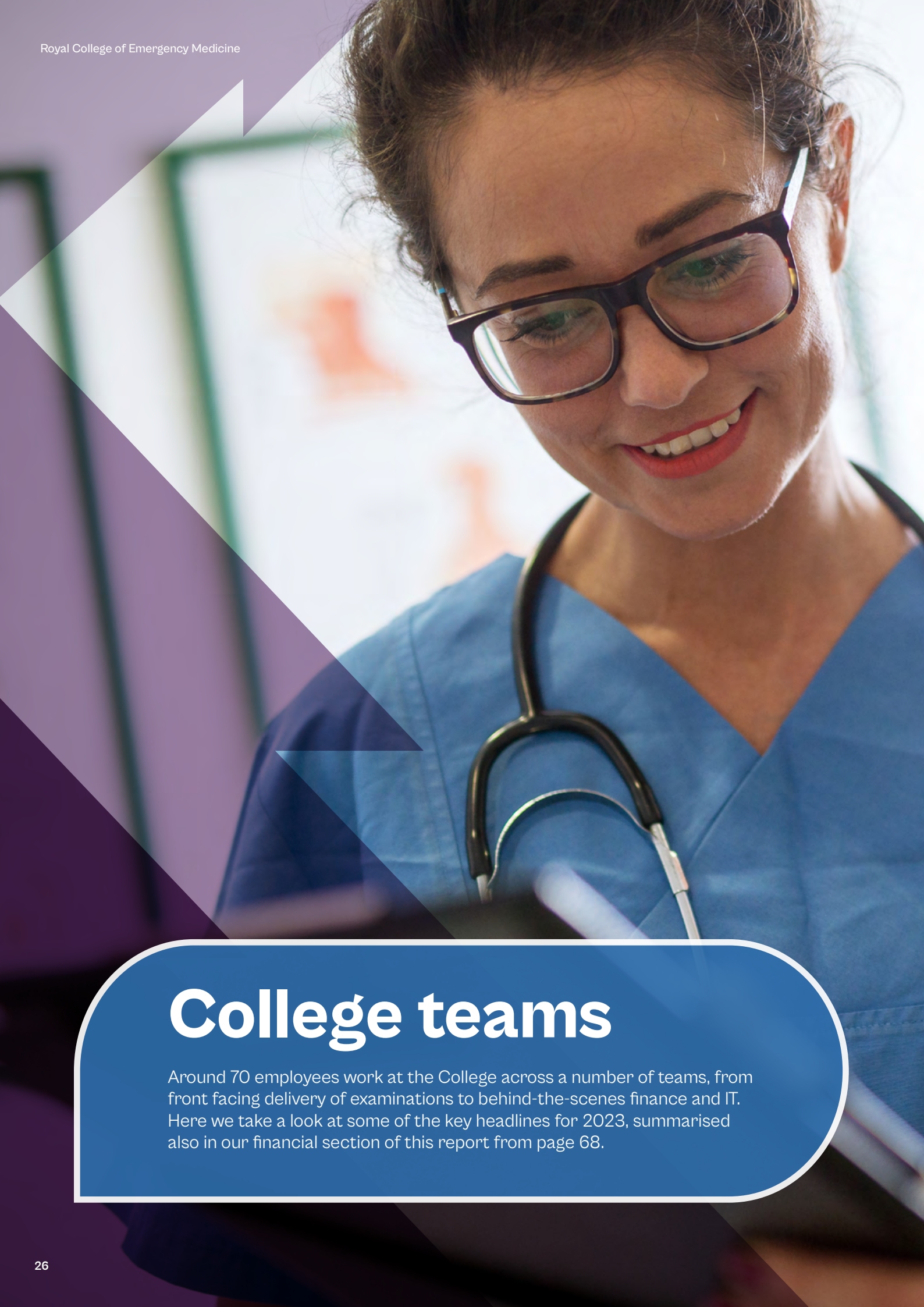
More Physician Associates (PAs) have been joining ED teams across the South West. A regional survey, to which 16 departments responded, revealed that nine employ PAs and seven do not. PAs not being regulated and unable to prescribe or order radiological investigations continues to be a barrier, but some have reported PAs having a positive impact. We await the RCEM official position on PAs, expected in 2024.

Across the entire workforce, the burden of supervision is growing rapidly – for trainees, ACPs, PAs, and international recruits. Luke Ball took over as chair of the board in January 2024, having previously held the position of deputy chair.

Looking ahead to 2024, the board is looking to develop visibility across the region.



Dr James Gagg
Chair
South West Board
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College teams

Around 70 employees work at the College across a number of teams, from front facing delivery of examinations to behind-the-scenes finance and IT. Here we take a look at some of the key headlines for 2023, summarised also in our financial section of this report from page 68.



International

Our international team works globally to improve the standards and delivery of Emergency Care. In 2023 it:

- Secured £126,000 funding from Health Education England to develop a two-year Emergency Medicine core programme to follow the Emergency Medicine Foundation Programme (EMFP) to support the development of EM in India and began developing plans to create two updated curricula for the programme.
- Secured a £40,000 programme from the European Union/Tropical Health and Education Trust (THET) to support the development of post graduate training of Emergency Medicine in the Northwest of Syria. This initiative aims to address the healthcare challenges in an area still grappling with significant conflict.
- Continued a small-scale £10,000 Departmental of Health and Social Care (DHSC)/THET partnership with the Ghana College of Physicians and Surgeons which also saw RCEM sponsor the African Conference of Emergency Medicine in Accra, Ghana.
- In December 2023 RCEM secured £155,000 from the DHSC/UK AID/THET. This funding was for a programme to be delivered in 2024 to play a pivotal role in advancing post-graduate medical education in Ghana through our collaboration with the Ghana College of Physicians and Surgeons. www.thet.org/announcements/2023/12/15/155000-uk-aid-for-emergency-medicine-training-in-ghana/
- Helped to ensure generous donations from the College's Syria appeal fund reach selected hospitals impacted by the earthquake in February 2023, making a tangible impact on healthcare facilities in need.
- Continued the delivery of the EMFP programme in India and Pakistan into its fifth year and saw the Kerala Institute of Medical Sciences sign up as a new site.



RCEMLearning

Our RCEMLearning team manages RCEM's online educational platform and resource for the Emergency Medicine community. Providing a wide range of educational materials, which are all mapped to the RCEM curriculum, learning content includes blogs, clinical cases, EM quizzes, iBooks, learning sessions, Podcasts, references, short answer questions (SAQs), and single best answer questions (SBAs). The CPD diary is also a feature of RCEMLearning so that members can record CPD activity.

Number of items published

320

Podcast Downloads

58,324

New pieces of content

149

RCEMLearning
website page views

3,917,700

Reviewed pieces of content

171



Events

Our events team delivers conferences, study days and diploma ceremonies across the UK, supporting the education curriculum and beyond. With changes in audience behaviours post COVID, we continued to adapt the way we delivered our activity, but very pleased to be able to return to face-to-face events. We were delighted to welcome our Patron HRH The Princess Royal to three of our events in 2023.

Attendees:

Total number of people registered to attend an event

5,715

Those registered for live events

5,598

Those registered for content on-demand

117

Event stats:

Events overall

39

Face-to-face events

19

In London

11

In the regions

8

Types of event:

Flagship conferences

2

Pre-conference workshops

3

Multi-disciplinary group conferences

2

Number of study days

27

On demand only study days

1

Practical workshops

2

Diploma ceremonies

2

Hybrid events

3

Virtual events

17

Abstracts received across eight events

427

Membership

Our membership continues to grow with the highest number of members joining in a year – 1,949 – reaching 12,000 members.

We also:

- Launched no cost membership for members on new parents leave.
- Implemented new subscription members completing FRCM but who are pre CCT.
- Launched more items in our merchandise range and increased sales to over £6,000.
- Launched our customer service standards project and vision, to help be more responsive to our members, launching LiveChat across every page on the website.
- Answered on average 253 LiveChats a month with an average satisfaction survey of 95% and dealt with on average 782 calls a month.
- Started working with Medics Money to communicate with members the tax relief available and how to easily claim this.
- Revamped our wellbeing newsletter, increasing our open rates to 58%.
- Relaunched our partnership with Royal Society of Medicine (RSM) providing discounted RSM membership to RCEM members.

We were also delighted to support fundraisers to take part in two national events – the London Landmarks Half Marathon and The Royal Parks Half Marathon – raising £2,300; and supported the 'Together for Northwest Syria Medical Aid' appeal which raised over £8,000. Our legacy campaign – to encourage members to consider donating to us in their will was also launched.



Exams and Training

Providing examinations and training is at the heart of the College and we increased our numbers again in 2023. We:

- Facilitated 11,976 exams candidates across 14 exams and 71 exam days across 54 countries, supported by 627 examiners using 400 OSCE scenarios and 1,080 theory exam questions.
- Awarded 220+ CCT, over 100 CESR registrations and 123 ACPs credentials since the pilot in 2016.
- Reduced the risk rating attributed to exams from red to amber for the first time in recent years.

The second diet of the MRCEM Primary exam, and both diets of the MRCEM SBA exam are three of the largest exams that RCEM has ever delivered and an additional 200 OSCE spaces were added in the UK in 2023. The 1,548 additional exam sittings in 2023 represent a 16.5% increase compared with 2022.

In response to growing demand for our exams, we are hugely grateful to all our examiners who volunteered their time to support these exams, including more than 300 new examiners that have been recruited and trained in the last two years.

Exam	2020	2021	2022	2023	2022 - 2023 Difference
MRCEM Primary	2,629	3,272	3,515	3,997	482
MRCEM SBA	2,083	2,559	3,193	4,048	855
MRCEM OSCE	104	667	979	1,156	177
FRCEM SBA	574	1,025	1,190	1,102	-88
FRCEM OSCE	370	538	501	623	122
Intermediate SJP*	894	497			
Critical Appraisal*	440	199			
QIP*	393	277			
Total	7,487	9,034	9,378	10,926	1,548

*Withdrawn from the programme of assessment following the introduction of the current RCEM Curriculum in August 2021.

Alongside our business-as-usual activity, the department continued to deliver its extensive and complex Exams Transformation Plan, completing phase one of this plan a month ahead of schedule. This transformation plan spans the full exam cycle and has identified 500 process improvements across four phases, with phase two to be completed in September 2024. The Exams department completed 35% of this project by the end of 2023.



Policy and Communications

Our Policy and Communications teams provide insights and analysis to the issues facing the specialty of emergency medicine, generating evidence to help illustrate the issues and influence policymakers by raising the profile externally.

The teams develop briefings and reports with which to lobby Governments, NHS England and devolved equivalents, and other stakeholders, to ensure the pressures facing urgent and emergency care remain top of the health policy agenda.

Members' views are gathered through census work, surveys, and projects jointly undertaken with Regional Boards and Committees.

Freedom of Information Requests (FOIs) are undertaken on a regular basis throughout England, Northern Ireland, Scotland and Wales. More than 50 FOI requests were sent to NHS England and individual Trusts throughout 2023 to gather vital information such as waiting times in A&E based on age, and primary diagnosis, excess deaths, virtual beds and corridor care.

Impact monitoring allows us to help track where, when and how often our work is gaining traction. This includes references to RCEM and our work in reports/briefings, research, policy, campaigns, and press/media. We also closely monitor what key stakeholders are taking note of – specifically if we are being listened to and supported by Members of Parliament in the House of Commons and/or House of Lords.

Working with Ministers in the UK and devolved governments, questions of impact are tabled via the main political parties. In 2023, we tabled more than 20 questions on various issues that need addressed to improve Urgent and Emergency Care.

In addition to this, we ensure members' voices and that of RCEM are heard by submitting evidence on a range of consultations. In 2023, RCEM President Dr Adrian Boyle gave evidence to the Health and Social Care Select Committee as part of their A&E Departments Enquiry.

We started 2023 with a bang with high profile media coverage swiftly followed by a visit to Downing Street.

We were able to land our key points to an influential audience which set the tone for the year, and we continued with lots of discussions with Ministers and the Department of Health and Social Care, urging for attention on key areas.

As a result, NHS England agreed to publish 12-hour (from arrival) length of stay data routinely alongside all performance statistics – this was a great step forward.

NHS England and the Government's Urgent and Emergency Care Recovery Plan was published and we have been watching with close interest the impact of this, urging that it must be reviewed and assessed.

We held a crisis summit at the House of Lords to discuss the crisis facing the emergency care system. The aim of the event was to build political will to address problems that will take more than an election cycle to fix, and the panel included Wes Streeting MP, Shadow Secretary of State for Health and Social Care, Lord Allan of Hallam, Liberal Democrat Lords Spokesperson (Health), Anita Charlesworth, Director of Research and the REAL Centre, Health Foundation and colleagues from other Royal Colleges.

We also set out our manifesto in anticipation of a new Government in 2024 and promoted our key policy asks:



End overcrowding in Emergency Departments and ambulance queues outside hospitals



Resource the NHS to ensure the emergency care system can provide equitable care to all



Provide the UK with enough emergency medicine staff to deliver safe and sustainable care



Introduce transparent ways of measuring how hospitals are performing so we know which ones to improve

Key statistics



101 news pieces
issued, which included press releases, member newsletters (College News) and blogs



Increase of 2,825 followers
on our main social media account X, formerly Twitter



15,142 mentions
of the Royal College of Emergency Medicine in print, online and broadcast media



59 meetings
with stakeholders / policymakers



65%+ Email Open Rate
in line with our strategy to increase engagement streamlined our member newsletters with an average 65.78% open rate on our email communications



Cited 34 times
in Parliament



4,348,662 page views
of www.rcem.ac.uk with a total of 506,142 unique users



11 reports
briefings, and consultation responses

Quality

Our Quality Improvement Programmes (QIPs) enhance and promote quality in EDs across the UK, ultimately leading to improved patient care.

In 2023, data was gathered on three QIP topics: Mental Health, Infection Prevention & Control, and Care of Older People.



Total patient records submitted for the QIPs:

51,972



Number of ED sites which registered for the QIPs:

176



Number of consultant posts supported:

47

Support was given to the 17 specialist clinical committees which help to shape RCEM quality and service delivery work, 14 toolkits and guidance documents were developed and published, and three national safety alerts were issued and promoted.



GreenED Accreditation Programme

Following the successful pilot of the GreenED sustainability accreditation programme in 2021-22, the College made significant strides in advancing its sustainability efforts. In March 2023, a comprehensive pilot report was published, marking the conclusion of the trial phase. By August 2023, GreenED was officially launched as a fully accredited programme.

Between August and December 2023, 12 UK-based Emergency Departments (EDs) registered to participate, beginning their journey towards accreditation, with the goal of completing the process by August 2024. The programme also expanded its international presence, presenting at the ACEM Scientific Conference in Australia in November 2023, where discussions began on a potential pilot programme for Australasia.

The GreenED initiative was made possible through the support of the Environmental Specialist Interest Group (ESIG) and the RCEM Quality team. Together, they promoted the programme's sustainability framework, collaborated with other medical institutions to develop similar frameworks for other specialties, and championed the integration of sustainable practices as a means to enhance both patient care and planetary health.

Environmental Specialist Interest Group (ESIG)

The environmental specialist interest group has had a busy year in 2023. Along with the quality team our members have helped to create and launch the GreenED accreditation programme.

We held our second RCEM study day on environmental sustainability and the health effects of climate change with expert speakers from around the world. We were honoured to have our patron HRH The Princess Royal attend the study day and address our audience.

Throughout 2023 we ran free evening webinars on various topics related to the climate crisis and sustainability in partnership with the centre for sustainable healthcare network.

Our team helped RCEM to respond to the Climate and Health scorecard initiative, with RCEM scoring well on advocacy and education. We have continued to work closely with the UK health alliance on climate change, to raise awareness of the health effects of climate change.

Our team have presented our work at the ICEM conference in Amsterdam, the spring CPD conference and the EMTA conference.

Thanks to everyone at the college for their ongoing support of our work.





Committees



Committee Structure





Membership & Professional Matters Cluster

Our membership and professional matters group of committees has responsibility for everything we do to support membership, including our EMTA, EMSAS and ACP specialist groups.

This year (2023) was an opportunity for the team to continue to build on improving membership engagement to focus on transparency and fairness for all. There was ongoing work to address historical anomalies in the membership fee structure – prompted by some members, particularly post graduate doctors in training, who pointed out the relative fairness of fees compared to the earnings of members concerned in a category. We therefore wanted to ensure a fair and transparent fee structure across different cohorts, categories and professions.

We created a Membership Decision Tree, to map out each category and found some anomalies and considerations that had not been accounted for before, such as subspecialty trainees or dual trainees, those not working towards a CCT but had passed FRCM, those LTFT etc and set about making changes.

Difficult decisions were taken, including making reductions in some areas and increases in others – specifically in ACP and PA associate member categories. The first change to the ACP fee was met with serious concerns from our ACPs and resulted in some of our ACP community leaving RCEM altogether. Even though we know the change was the fairest thing to do, we absolutely appreciate and recognise that the increase could have been established in a better way. Learning from this, for the PA fee increase, we have asked that any new PAs joining now pay the new membership fee, and current PA members have been given notice that their subscription will increase from next year.

Following feedback from members and from EMTA we reconsidered the current fee structure for members going on maternity leave and in 2023 agreed that from 2024, there would be no cost for a year when someone was on maternity leave. This will be the year in which their maternity leave falls or members can select which year they would like to have this applied to if their maternity leave spans across years. This approach allows us to accommodate members during what can be a challenging time and brings us in line with practices from other Royal Colleges.

For those members already on maternity leave during 2023 when the decision was made, we retrospectively honoured this arrangement for that year and refunded or credited the fee. We are proud to advocate for this change, demonstrating RCEM's progression in development and transformation.

Trainee membership reported frustrations of not knowing their CCT date or having to constantly call us to find this out for their Annual Review of Competency Progression (ARCP). We listened and uploaded a CCT calculator on our website – it still requires some fine tuning, but trainees are finding this useful.

We are seeing some great work and projects ongoing in the different membership committees – Emergency Medicine Trainee Association (EMTA), Emergency Medicine Specialty and Specialist Doctors (EMSAS), Advance Clinical Practitioner (ACP) Forum, Equality Diversity and Inclusion Committee, Gender Equity Committee and our Sustainable Working Practices Committee.

We continue to look at ways to improve membership engagement and add value, particularly for Fellows, which will be the focus of 2024.

Work will continue on the Membership Decision Tree, and we are looking to improve services to overseas members and create a simpler e-portfolio package for our Registered Healthcare Practitioners (RHP) category.

Watch out for the new EMSAS handbook, Back to Basics guidance, and specific membership conferences and study days throughout 2024.



Dr Salma Malik
Vice President Membership
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Emergency Medicine Trainee Association (EMTA)

EMTA representatives each contribute to the work of various committees across the College, representing trainees at all levels. Their work is reported in each committee's section and will not be repeated here.

Committee and Members

There are 40 members of the committee covering most regions in England, Wales, and Scotland. We do not currently have a representative in Northern Ireland and are actively trying to resolve this.

We have an even split between those in earlier stages of training and HST, and a diverse team in respect to gender, race, sexuality, and FT vs LTFT status. A new role of EM-ICM dual training representative has been established on the committee.

Quarterly recruitment rounds will continue and will include RCEMLearning, Research and ACCS representative posts.

Active dialogue and feedback with local regional reps - appointed through regional school processes is proving beneficial in highlighting and resolving issues.

Engagement from committee members is often difficult, and members of council have reported similar. We recognise that trainees on the panel undertake this work in their own time and that EM is becoming increasingly demanding. By continuing to demonstrate the improvements EMTA is capable of instigating, we are hopeful to reinvigorate interest and participation.

Meetings

We have had a total of four meetings, one of which was in person at Octavia House and involved several members of the RCEM team. This was gratefully received by the committee and is something we wish to replicate in future.

Social Media/Website

Tom Ludlow stepped down as social media representative after 18 months of fantastic work. His successor is Ashna Aggarwal and we continue to see positive levels engagement.

EMTA's website remains a solid resource and will continue to be updated with fresh content.

Survey

Results were discussed at council in November; presented to individual committees on request; and findings specific to each subcommittee were shared directly.

This is a valuable, yet intense piece of work and we must safeguard its future by expanding the team responsible and believe turnaround time for data analysis may also be reduced with this intervention.

Key Objectives for 2024

- Continue to work collaboratively with RCEM.
- Develop the website with examples of good practice.
- Continue to assist with improving trainee trust and confidence in exam processes.
- Work with RCEM on the PA working group.
- Continue to work on promoting a reduction in incivility in departments and taking part in the 'Improving culture in Emergency Departments working group'.
- Plan 2025 conference and improve accessibility for all.
- Succession plan for when we step down as co-chairs in summer 2024.



Dr Hannah Baird

Co-Chair, Emergency Medicine Trainees' Association



Dr Lara Somerset

Co-Chair, Emergency Medicine Trainees' Association

Emergency Medicine Specialty and Specialist Doctors (EMSAS)

Our Spring meeting in May 2023 was held virtually due to industrial action on the railways but we were able to meet in person at Glasgow at the Annual Scientific Conference where our sessions with varied topics were well received.

Our November 2023 conference took place on the Isle of Man, with a huge amount of valuable continuous professional development.

Our network continues to grow, with new members in London, Northern Ireland, Wales, the South West and the South East. Our WhatsApp groups for EMSAS Executive and representatives - generic EMSAS (275 members) and EMSAS CESR groups - allow us to share resources including courses, clinical updates, and other issues pertinent to our members.

Going forward it was agreed to meet face-face twice a year to improve communication and productivity and agreed that it would be better to stagger any changes so that not all our representatives and executives change at the same time, so a staggered transition will be implemented to help retain institutional memory which should also have a less disruptive effect on our function.

Regular executive and representative meetings take place prior to each Council meeting and allow us to keep up to date and present EMSAS issues in a timely fashion. We plan to improve communication with our CEO, President, and other members of Council by inviting them to join us.

We have continued to have an excellent relationship with the exams team, allowing us to assist CESR applicants with exam issues.

Immad and I were part of the College task force that developed and published the revised speciality specific guidance for the new portfolio pathway (previously CESR) to ensure that it remained fair to SAS doctors of all grades including those applying for registration from outside the UK.

It has been a productive three years as chair of EMSAS. I stepped down in November at our Annual Conference 2023 but look forward to remaining involved with the executive team.



Dr Steve Black

Immediate Past Chair
Emergency Medicine Specialty
and Specialist Doctors Forum

Update from current Chair, Dr Immad Qureshi

I started as chair on 17 November 2023 and have already attended one diploma ceremony, three council meetings, been part of an exam supplier process representing EMSAS and examiners, and appointed as RCEM Trustee.

Looking ahead, EMSAS will produce a handbook for SAS Doctors, taking inspiration from the Anaesthetists Association SAS handbook.

There are plans to engage with the EMSAS membership via surveys, questionnaires, and direct mail.

We plan to start an email forum, hosted by the College and new EMSAS pins are being planned to reflect the new logo.

A dedicated EMSAS social media account will increase visibility and engagement, and we will be continuing our work on the Adel Aziz legacy project.

The 2024 EMSAS conference will take place in Scarborough in November, and planning for this will be a key priority, with our Spring Meeting due to be held in May as a hybrid event.

[More on EMSAS.](#)



Dr Immad Qureshi

Chair

Emergency Medicine Specialty
and Specialist Doctors Forum
EMSAS@rcem.ac.uk

ACP Forum

The last 12 months have been a challenge for Advanced Clinical Practitioner (ACP) members of the College in similar ways to other college members but there have also been some unique challenges to this group.

The UK has seen an unprecedented amount of industrial action affecting all employee groups in healthcare, one of the themes emerging from BMA actions has been centered around Medical Associate Professional (MAP) roles which is an umbrella term thought to encompass AAs/PAs/ANPs/ACPs/ENPs. This has had a national effect on ACPs working in all specialties. Positively, RCEM remains one of the few organisations to have created a specific pathway for EM ACPs which is extremely helpful in justifying the scope of clinical practice. However, this is a real threat to the role and looking forward will continue to be one of the biggest challenges. RCEM does not view ACPs in the MAP category and there was discussion with RCEM council that this term is used to describe AA/PAs only.

RCEM's ACP forum has grown to mirror the RCEM regional boards, however there is some work to do to integrate ACPs in each regional board.

We are almost in a position of having an ACP on every committee within RCEM where the voice of the EM ACP is of value - this has been powerful in highlighting membership benefits. There are now 122 RCEM credentialed ACPs in practice.

Some of the most important ongoing projects for the ACP workforce is around 'Post Credentialing' work - the Dean and some of the ACP Forum are working on this which has the potential to be a particularly important offering to credentialed ACPs who are questioning the benefits to post credentialing membership.

Looking ahead:

- The next 18 months will be the final 18 months of my tenure and in 18 months the other forum members will come to the end of their tenures. Staggering the change of ACP forum representatives may avoid any loss of corporate knowledge and allow important ongoing work to continue at pace, we have some ideas of what the next ACP forum might look like, and this is work in progress.
- The 2017 curriculum will be permanently replaced by the 2022 curriculum, and the new curriculum will be reviewed.
- We hope to finalise and start processing the initial phase of the post credentialing portfolio work.



Ashleigh Lowther

Chair
Advanced Clinical Practitioners'
Forum
ACPChair@rcem.ac.uk

Sustainable Working Practices Committee

Our main aim as a committee during 2023 has been developing a document called Back-to-Basics, which includes suggestions and recommendations on how to improve the working environment, employee experience and wellbeing within Emergency Departments. We reviewed the current guidelines and collated evidence based on our wellbeing assessment tools and 87% reports.

We are currently working on writing a business case for the next year on creating a mentoring programme for the College, which would include recruiting a team of mentors, training them using the existing resources and then matching them with mentees. Nancy Redfern from the Royal College of Physicians (RCP), who currently runs mentorship programmes and training, has kindly agreed to support this project.

As a committee, we managed to successfully secure a study day entitled 'Are you Thriving or Surviving' to be delivered next year with the aim to talk about the current evidence on wellbeing and what are the current support programmes and guidelines provided by the College, including examples of good practice.

We created a new special interest group - Older EM Clinicians Working Group - to create guidance and recommendations for older EM Physicians and employees. VP Ian Higginson, will be chairing the group, supported by the Sustainable Working Practices Committee.

I submitted the draft for GPEMS - Wellbeing last year and awaiting further correspondence.

There is ongoing work to update the committee page and resources on our website.

Looking ahead:

Our key projects for the year ahead are:

- To launch the Back-to-Basics campaign, recruit sites to test the efficacy with the aim of releasing the final document in September/October 2024.
- To finalise and submit the business case for the Mentoring program.
- To deliver the Study Day on the 5 September 2024.
- To share recommendations from the Older EM Clinicians working group.
- To stay up to date with our webpage and fill current vacancies for Welsh and Scottish representatives.



Dr Saurav Bhardwaj
Chair, Sustainable Working
Practices Committee SWPC
SWPC.Chair@rcem.ac.uk

Gender Equity Committee

Last year marked the end of the first term of the inaugural committee members whose commitment and energy helped make considerable progress in addressing gender equity, changing culture and behaviours.

In line with our goals of defining the issues of gender equity and changing the culture in RCEM and the wider emergency medicine community we have:

- Co-developed with the EDI committee a minimum set of metrics for RCEM to maintain focus on gender equity; this information is beginning to flow.
- Contributed to the RCEM 'Improving culture in EDs' work programme.
- Contributed to local and regional events.
- Represented RCEM at national events on ending sexism in medicine.
- Continued to work with the LeadersPlus Fellowship to offer RCEM part-sponsored places; supported the development of the first NHS-specific fellowships.
- Championed and welcomed the RCEM policy change of offering reduced fees to those on parental leave.

Looking ahead we will:

- Recruit to vacant committee posts, with specific representation from Emergency Medicine Specialty and Specialist Doctors (EMSAS), the devolved nations and non-female College members.
- Publish first analysis of RCEM metrics.
- Support the EDI committee in delivering 'Change begins with me' study day in May 2024.
- Provide gender equity input into the Guidelines for Provision of Emergency Medicine Services (GPMS) project.
- Develop the 'Improving culture in EDs' project with the EDI committee and wider RCEM stakeholders.

Useful links - [LeadersPlus](#), [Emergency Medicine Continuing Education Forum](#)



Dr Kirsty Challen

Chair
Gender Equity Committee
GECChair@rcem.ac.uk







Quality Cluster

Our quality cluster of committees has responsibility for standards of quality and care, best practice and advice, providing clinical guidance on a range of issues relating to emergency care and patient wellbeing.

Quality Cluster

One of the most important things RCEM does is set standards for the practice of Emergency Medicine within the UK. This is also one of the areas of our activity that our members value most.

Behind the scenes we've been quietly reorganising ourselves, to try and bring together the committees, and more importantly the people, who are actively contributing to this field within our College. We hope this will pay dividends down the line.

The chairs of the committees, the colleagues who sit on those committees, and the college staff who support them, work really hard to produce meaningful output that can be used in practice. They are also involved in a lot of activity that is never visible, such as contributing to the work of other organisations, and influencing policies and guidelines that are being developed elsewhere. Keeping everything up to date is a real challenge. There's been so much good work in the past, but we all know how quickly, and frequently, things change. Finally we know it can be hard to find the information we need to, and our College team are looking at how we can improve the website so that our work can be found easily.

RCEM work is voluntary, and unpaid. Many colleagues are not given time to support their participation by their host Trusts. We want to ensure that RCEM is the voice of quality in EM, and that we have the capability and capacity to deliver on that aspiration. One of our

challenges is convincing busy people, leading busy lives, to make themselves even busier by choosing to support the work of College. Their expertise is in demand, including from organisations who can pay for their time and brain power. There's not an easy answer to this complex dynamic.

We get many requests to lend our support to work from other organisations. I like to think this is because RCEM is respected, and its support is valued. This year we've started being more forceful around what we will put our badge to, and what we won't. We aim to continue in this vein, even though it can be difficult at times.

For all these reasons I am grateful to the talented people who are working within the sphere of quality within RCEM. If you want to get involved, I am sure we can find a place for you. Keep an eye out for opportunities. You are the experts in EM. Quality at RCEM can only ever be the result of your expertise being applied.



Dr Ian Higginson
Vice-President, RCEM



Quality in Emergency Care Committee (QECC)

In 2023 our QECC developed and reviewed several new clinical guidelines for the speciality of emergency medicine. Notably these included, 'Suspected nitrous oxide toxicity in the ED', 'Acute Behavioural Disturbance in Emergency Departments', and 'Invasive Procedures in the Emergency Department'. These guidelines are now integral in clinical settings and serve as resources for various professional bodies ensuring best practices are widely adopted.

QECC continued to monitor and promote high standards of clinical care throughout the UK, including keeping clinicians and patient safety leads updated on important time sensitive information. This includes publishing safety flashes for Time Critical Medications, and Cortico Steroid Dependency as well as promoting World Patient Safety Day.

The committee continues to work closely with other medical organisations including other royal colleges and NHS England. It provides RCEM representation across a variety of external committees focusing on a breadth of work from guideline development groups to providing an emergency medicine perspective on training materials.

QECC reviews and endorses work of other professional bodies as a leading voice in the emergency medicine speciality. In 2023 the committee was asked to consider endorsement of 14 items with only four of these gaining endorsement, highlighting the rigorous standards the committee upholds.

The committee has continued its work on RCEM's Quality Improvement Projects (QIPs) encouraging Emergency Departments to improve clinical practice in 149 EDs across the UK. The national reports for 'Pain in Children', 'Infection Prevention and Control', and 'Consultant Sign Off' were published and presented at RCEM's Annual Scientific Conference in Glasgow.

Looking ahead to 2024 we will:

- Review previously published RCEM guidelines to continue to uphold the rigorous standards expected from our clinical guidance, expecting all current guidance published by the College to be up to date, accurate, and at the forefront of new research and evidence. This includes reviewing the current pain management guidance in the ED and guidance on patients who abscond.
- Develop various new guidelines and toolkits for clinical use including a Learning Disability in the ED toolkit as well as Frequent Attendance in the ED, and Screening in the ED guidance.
- Continue to develop consensus-based position statements for the speciality of emergency medicine on behalf of RCEM including positions on the PEWS, the increase in measles and vaccinations for ED employees, and the National Cauda Equina Syndrome pathway.
- Continue to collect data and monitor standards of clinical care using RCEM QIPs, publishing both local and national reports on Care of Older People, Mental Health: Self Harm, and Infection, Prevention, and Control for 2022/23.
- Continue the development and dissemination of patient safety strategies for the speciality of emergency medicine to safety leads nationwide by publishing safety flashes.
- Provide input into RCEM's Guidelines for the Provision of Emergency Medical Services (GPEMS).
- Consider requests for RCEM endorsement from other organisations.
- Continue to represent RCEM on various external bodies and committees including those hosted by NHS England, National Confidential Enquiry into Patient Outcome and Death (NCEPOD), and the Faculty of Intensive Care Medicine (FICM).

Useful links – [RCEM Clinical Guidance](#), [Safety Resource Centre](#), [Quality Improvement](#)



Dr James France
Chair
Quality in Emergency Care
Committee
QECCChair@rcem.ac.uk





Organisational Development Cluster

Our organisational development group of committees is aimed at improving and developing the cultures and environments within which emergency medics work, and for rewarding and honouring innovation and contribution to the sector.

Equity, Diversity and Inclusion (EDI) Committee

The EDI Committee's focus is to identify and address EDI issues that align with our vision and strategy for 2023-2025: to be a catalyst for change and to ensure emergency medicine is an inclusive, fair, and equitable speciality for everyone.

The year started with an enthusiastic in-person strategy planning event in March, where we reinvigorated our vision and workplan. This has reaped the rewards of an industrious year for the committee during which we have significantly accelerated several work streams.

We successfully created and publicised our first EDI Calendar, supported with educational blogs to raise awareness of specific events, and shared a link to an electronic version that enables these events to pop up as reminders on members' personal calendars. In due course we hope to add some 'inclusion tips' to these celebration and awareness days, so members can take immediate action to become more inclusive in their day-to-day interactions with minoritised colleagues and patients. We have also shared a series of blogs written by committee and RCEM members.

We continue to publicise and collect 'Count Me In' data and are reviewing the survey questionnaire to improve the interface with respondents.

We are striving to make EDI a core clinical competency for emergency medicine training by improving EDI knowledge and stamina of our educators and trainers. We presented virtually and in person to national emergency medicine leaders, regional training boards at the Training Standards Committee's educators' day, where our session received the highest scores across all three areas (content, usefulness, speakers).

We have continued to raise awareness about Differential Attainment (DA) and are confident that many of our trainers have now gained a much better understanding of the issues.

To reduce blind spots and mitigate bias within the College we have been signposting employees, leadership, and volunteers to training - such as Active Bystander Training, which we hope to lobby the NHS to roll out nationally. We have continued to contribute in an advisory capacity to several College committees.

Looking ahead we will continue to deliver actions from the 2023-2025 workplan. This includes sustaining workstreams started in 2023.

In 2024 we plan to do more work on improving the culture of emergency medicine, creating a working group focused on this to support our membership in their working life deal with the pressures of inappropriate behaviour they can experience from colleagues in the workplace, as evidenced by a range of survey data.



Dr David Chung
Co-Chair, Equity, Diversity and
Inclusion Committee
edichairs@rcem.ac.uk



Dr Sivanthi Sivanadarajah
Co-Chair, Equity, Diversity and
Inclusion Committee
edichairs@rcem.ac.uk

Honours Committee

The Honours Committee reviews nominations for College and National Honours. It is a privilege to have the opportunity to ensure that those who have made an outstanding commitment to the specialty and the College have their work recognised.

This report reflects the work of the Honours Committee during 2023 under the chairmanship of Derek Prentice who concluded his term as Chair in December 2023 and was succeeded by John Heyworth. The Honours Committee wishes to acknowledge Derek's great work as Chair and thank Derek for his excellent contribution.

We know that RCEM colleagues are undertaking incredible work but this is often under the radar and therefore not widely known, so our work can sometimes be hampered by a lack of nominations. Among the highest honours the College can bestow is the Dr Cliff Mann President's Medal, an honour in the gift of the President. In 2023 it was awarded to Dr Chris Moulton, a former Vice President of the College, who has made an outstanding contribution to emergency medicine, including in recent years his important work on GIRFT.

The Honours Committee welcomes nominations for future honours to be sent to honours@rcem.ac.uk.

In 2023 RCEM medals were also bestowed upon the following members.

Hoddon Abi	Equity, Diversity, and Inclusion Committee Chair
Mark Buchanan	For outstanding contribution to the RCEM
Simon Carley	CPD and Conference Committee Chair
Daniel Darbyshire	EMTA Chair
Sarah J Evans	East of England Regional Chair
Jayne Hilderley	Chair Lay Advisory Group
Ian Higginson	Pre-Hospital Care Committee Chair
Jason Long	International Education Sub Committee Chair
Sohom Maitra	North East Chair (Council & AAC)
Shashank Patil	London Regional Chair
Gillian Park	In recognition of her service to emergency medicine and in particular her international work for the specialty and the College
Emma Redfern	Safer Care Chair
Alexander Robertson	Environment SIG Chair
Emma Rowland	London Regional Chair
Timothy Spruell	Environment SIG Vice Chair

The Committee also had the pleasure of recommending to the College Council the award of an Honorary Fellowship to Professor Jonathan Benger.



Dr John Heyworth
Chair
Fundraising Advisory Board
FoundationChair@rcem.ac.uk

Fundraising Advisory Board

RCEM's fundraising group continued to explore all opportunities to build on successes from previous years and to support activities contributing to our fundraising aims.

Key areas of work included:

- Inviting senior Fellows and Members to consider leaving a legacy gift in their will
- Developing a strategy to attract high net worth individuals and businesses to partner with RCEM
- Highlighting donation opportunities at RCEM diploma ceremonies
- Encouraging individual fundraising events
- Reviewing the annual appeal to ensure awareness amongst the public by inviting household names with an association to emergency medicine to be the face of the campaign

The current priorities for fundraising initiatives are:

- Wellbeing projects for emergency medicine clinicians
- International work to support training and education initiatives

In early 2023 we were pleased to support RCEM member Dr Tirej Brimo in his fundraising efforts, alongside the Cambridge Global Health Partnership (CGHP), to provide direct support to healthcare workers and hospitals based in Northwest Syria following the catastrophic earthquake. As well as providing administrative support, we were able to donate to this campaign, with over £8,000 raised.

In April, three RCEM runners took part in the London Landmarks Half Marathon, raising over £2,300.

We renewed efforts to engage members with legacy giving which started with a well-received message to relevant RCEM members in the summer.

In late 2023 the decision was made to disband the Fundraising Advisory Board as part of the College's restructuring of committees. However, the fundraising work will continue and will now be taken forward by a core group within the Engagement and External Affairs directorate.

RCEM now has an infrastructure which will optimise future fundraising opportunities. We will continue to work hard to drive the fundraising agenda and would welcome all suggestions from colleagues.

My sincere thanks to all our members who have supported our work and to the Fundraising Advisory Board for their outstanding contributions over the years.



Dr John Heyworth

Chair
Fundraising Advisory Board
fundraising.chair@rcem.ac.uk



Academic Cluster

Our academic committees ensure our training, education, credentialling and examinations programmes align with a structured curriculum and are delivered to a high standard and that we fund relevant research to benefit our emergency medicine sector.

During the past year we have redesigned the academic cluster to deliver strategic and operational roles to facilitate much better communication between the committees within the cluster. There has been a focus on developing strategic collaborative thinking across the cluster and we are already seeing benefits from this through better coordination and communication between the various elements.

Academic Committee

The academic strategy for the next three years was devised and will focus academic activities across the college. There are five themes:

1. Ensure that RCEM has a robust governance model across the academic cluster.
2. Ensure all educational activities and services do not perpetuate unnecessary barriers for success leading to differential attainment and strive towards fairer training for all.
3. Engage constructively with advances in technology to ensure educational products and services remain innovative and are sector-leading.
4. Ensure that RCEM delivers a workforce that is educationally fit for purpose, both now and in the future.
5. Advance emergency medicine globally.

The new portfolio (Kaizen/RIRS: Advance) has been a step forward in functionality but required a period of embedding and review/revision which the academic cluster has been overseeing. It is now embedding into practice.

We worked with the General Medical Council (GMC) to develop and revise the CESR route to CCT, to make it more streamlined whilst maintaining a high standard approach (now known as the portfolio pathway).

Developing close working relationships with key partners has remained a key strategic priority throughout the year and includes relations with the General Medical Council (GMC), Royal College of Paediatrics and Child Health (RCPCH) - for Paediatric Emergency Medicine (PEM) training and the Intercollegiate Board for Training in Pre-Hospital Emergency Medicine (IBTPHEM).

Looking ahead to 2024 we will embed the academic strategy into all areas of work within the cluster. This will mean aligning current workstreams to the strategy and ensuring that new projects support our medium- and long-term goals.

We will select and deliver a new exams management system (EMS) for the College theory exams. This will be a bold project that will embrace new technologies in exam delivery and quality control.

In addition, we will:

- Ensure that exam capacity meets demand.
- Further develop learning opportunities for trainees and trainers. We will also work with all relevant parties to ensure that education is prioritised within the clinical environment and that we continue to produce highly qualified and effective doctors in practice.
- Complete the next phase of the Exams Transformation Plan that will ensure that RCEM maintains the high standards expected by trainers, trainees and the public.
- Begin work to transform the operations across the Training and International Team in line with improvements and enhancements being made in the Exams Team.
- Continue to work with partners across RCEM and the wider learning environment to promote fairer cultures for all.



Professor Simon Carley

Dean, RCEM

Dean@rcem.ac.uk

Research Committee

The Research Committee aims to increase research capacity and activity in the specialty and 2023 was another very successful year. We saw the launch of further high-profile emergency care funded studies to answer some of the most pressing research questions in emergency medicine and the highlight of the year was the Annual Scientific Conference, held in Glasgow in September 2023.

Other key activities in 2023 included:

- The award of six college research grants in Spring 2023 and two in Autumn 2023.
- The award of two Low and Middle-Income Country (LMIC) grants to support research internationally.
- The appointment of Dr Virginia Newcombe as one of the two RCEM professors. Dr Ed Carlton will continue in post as the other RCEM professor until April 2025.
- The appointment of Dr Edward Barnard and Dr Alex Novak in April 2023 as RCEM Associate Professors with Dr Sarah Wilson and Dr Darryl Wood to take up their appointments in January 2024.
- The award of two RCEM Pre-Doctoral Research Fellowships to Dr Cieran McKiernan and Dr Dale Kirkwood.
- The award of two RCEM Undergraduate prizes to Cellan Liiv (QI prize) and Jacob Wilks (Research prize).
- The work of the Trainee Emergency Research Network (TERN), which continued to deliver high-quality multi-centre research studies under the leadership of Dr Fraser Birse and presented some of its work at a dedicated session at the Annual Scientific Conference.
- The work of the National Institute for Health and Care Research (NIHR) Emergency Care Incubator, which continued to flourish under the leadership of Professors Heather Jarman and Edd Carlton, with funding secured from the NIHR until 2025. The incubator has continued annual awards co-badged with the NIHR which highlight success and excellence in emergency medicine research and continues to focus on the development of academic careers in emergency care. Another excellent two-day event was held in Bristol in November 2023. Further details, including a list of research mentors, can be found at <https://www.rcemlearning.co.uk/ec-incubator-new-menu>
- The Clinical Studies Group hosted popular Research Engagement Days in January and June 2023, the latter building on the successful James Lind Alliance research priority setting partnership refresh in 2022, taking forwards the delivery of the selected research priorities for emergency medicine.

Looking ahead:

The Research Committee will continue to increase research capacity and activity in emergency medicine and aim to improve the quality and relevance of our research. In 2024 we will:

- Continue to be guided by the James Lind Alliance research Priority Setting Partnership refresh in 2022.
- Continue to strive to integrate research into clinical care and address the questions that are most important to patients and clinicians daily.
- Aim to make research and research opportunities accessible to all RCEM members and continue to promote and celebrate emergency medicine research at all levels, with the aim to make research part of usual clinical care.
- See the awarding of the RCEM three-year funded PhD fellowships which will thereafter be an annual award.
- Continue to support TERN, now an integral part of the emergency medicine research landscape, in the form of 50% of the TERN fellow's salary costs, and a part-time TERN administrator to facilitate the set up and running of complex multi-centre TERN studies.
- Continue to refresh the committee. In 2023, Dr Etimbuk Edet Umana joined as the RCEM PhD representative and Dr Ed Barnard as lead for the Academic Department of Military Emergency Medicine (ADMED).

Useful links - [RCEM Research Committee research priorities](#), [RCEM Research Grants](#), [Trainee Emergency Research Network \(TERN\)](#)



Professor Matt Reed
Chair
RCEM Research Committee
Research@rcem.ac.uk

Training Standards Committee (TSC)

During 2023 the RCEM curriculum continued its work to ensure fair and consistent training, assessment and recruitment standards are maintained across the UK. This is enabled by an enthusiastic team of leaders in medical education and EM training including heads of school, trainee representatives, college professionals and lay members. Examples include the following.

Setting standards for EM training and assessment within the GMC framework

- Work with exam committee to ensure transparency, consistency, fairness and quality of exam questions and marking.
- Work with curriculum committee to develop ARCP decision aids for intermediate and higher training.
- Development of Portfolio Pathway to specialist registration which replaced the longstanding CESR route.

Providing advice to trainees and trainers in the UK on training and assessment

- Responsive approach to direct queries from trainees and trainers to the TSC.
- RCEM Trainers study day in Manchester to share information, guidance and receive feedback.
- Development of TSC guidance on PHEM, PEM, early CCT and LTFT working.

Working with the UK medical education bodies to set standards for entry to training and recruitment to training posts

- Continuous development and improvement of the ACCS EM, DREEM and HST recruitment process.

Quality management and survey of training programmes

- Survey and data analysis then production and publication of TSC Quality Review
- Working with EMTA and trainee reps to understand the trainee perspective of EM training quality across the UK

Some of these activities require a significant voluntary time commitment from TSC committee members and leads, for this we are extremely grateful.



Dr Russell A Duncan

Chair
Training Standards Committee

A photograph of two healthcare professionals in a clinical setting. On the left, a woman with dark curly hair tied back, wearing a light blue scrub top, is looking down with a gentle smile. On the right, another woman with dark hair, wearing a white scrub top and a colorful patterned wristband, is also looking down. They appear to be working together on a patient. The background is a blurred clinical environment with various medical supplies. A large, semi-transparent blue banner with a white border is positioned across the lower half of the image, containing the text 'International Cluster'.

International Cluster

Our international cluster supports the development of emergency medicine education for our international members. We continue to strive to be a world-leader in the development of global emergency medicine that is clinically excellent, evidence-based, compassionate, and equitable.

In 2023 we:

- Secured £155,000 from the Tropical Health Education Trust, Department for Health, and Social Care/UK AID. This funding will play a pivotal role in advancing post graduate medical education in Ghana through our collaboration with the Ghana College of Physicians and Surgeons. www.thet.org/announcement/
- A four-year extension from the EU to support the development of emergency medicine in the Northwest of Syria. This initiative aims to address the healthcare challenges in an area still grappling with significant conflict.
- A £10,000 grant from the Tropical Health and Education Trust (THET), NHS England, is dedicated to supporting the development of Gulu Regional Referral Hospital in Uganda.
- Generous donations of over £12,000 from the RCEM Syria appeal fund, which have now reached selected hospitals following the earthquake to support identified healthcare facilities in need.
- Sponsored part of the African Conference of Emergency Medicine in Accra, Ghana
- Hosted three visiting observer fellows from Ethiopia, Ghana, and Uganda who spent a month's placement at Northwick Park Hospital and Chelsea and Westminster Hospital
- Held our first Medical Training Initiative Day which brought together 26 of our current applicants from the Caribbean, Africa, and Asia to help guide them through the process, and prepare them for life and work in the UK.
- Secured funding to develop a two-year EM core programme to follow the Emergency Medicine Foundation Programme (EMFP) to support the development of EM in India

- Continued the delivery of the EMFP programme in India and Pakistan into its fifth year and saw the Kerala Institute of Medical Sciences sign up as a new site.

There continues to be challenges regarding capacity in delivering the wide breadth of international work with an extremely small team and meeting the demand and requests from various international partners. The increased number of global conflicts as well as the economic challenges with inflation and a reduction of international funding has led to uncertainty across the international health sector.

Looking ahead, RCEM's International Cluster will continue to support the development of emergency medicine globally. There has been an increase in programmatic work in countries who are at the early stages of developing emergency medicine and who have developed a small cohort of EM Consultants and are now looking to scale up and expand their post graduate training.

RCEM has helped forge strong health partnerships by using the skill set of our membership to support developments in the education and training in emergency medicine to ensure high standard quality health care is delivered to patients in these settings.



Dr Jason Long
Vice President International
VPresident@rcem.ac.uk



Lay Advisory Group

Members of the Lay Group provide an all-important lay/patient perspective to the work of the College, and in this role can ensure that this key aspect is taken account of in the development of College policies.

During 2023, 10 members of the Lay Advisory Group sat on approximately 36 College Committees, Special Interest Groups, and regional boards, as well as examinations appeals. Lay members were also represented on the Scottish and Welsh Boards. In addition, several of the Group held related committee and board roles at the Academy of Medical Royal Colleges and the NHS.

Lay members have made a particular contribution to the work of the Research, Training Standards, Academic, Quality in Emergency Care, Mental Health and Governance Committees. We are also actively engaged in the Guidelines for the Provision of Emergency Medical Services (GPEMS) project. The work of our colleagues on the Scottish and Welsh Boards is also worthy of note.

Despite our limited numbers we have also started to attend regional board meetings and we have benefited from several visits to EM departments.

The latter half of the year was particularly challenging with members leaving the Lay Group or coming to the end of their term of office and recruitment is underway so in 2024 we expect to welcome new members.

Former Chair Jayne Hilderley left office in January at the end of her term and our thanks to Jayne for her work in what has been a difficult period. Dennis Franklin, who has served on the Lay Group since its inception and was also Chair of the Governance Committee until 2020 also left the Committee, as did Joan Aitken and Martin Rolf who represented the Lay Group on the Scottish and Welsh Boards - all have made notable contributions to the work of the College.



Derek Prentice
Chair
Lay Advisory Group
LayChair@rcem.ac.uk



Financial Report



Report of Trustees

Trustees submit their annual report together with financial statements of the College for the year ended 31 December 2023.

Reference and administrative details of the charity, its trustees and advisors

Status	The College is a charitable body incorporated by Royal Charter on 12 December 2007. The College is registered with the Charity's Commission (charity no. 1122689) and the Scottish Charity Regulator (number SC044373).
Registered office	Octavia House, 54 Ayres Street, London, SE1 1EU
Bankers	Handelsbanken 1 Kingsway, London, WC2B 6AN
Solicitors	Hempsons Hempsons House, 100 Wood Street, Barbican, London, EC2V 7AN
Auditors	Moore Kingston Smith LLP 9 Appold Street, London, EC2A 2AP
Investment Managers	Flagstone Investment Management Ltd, 1st Floor, Clareville House, 26-27 Oxendon, London, SW1Y 4EL

Senior Leadership Team

Chief Executive	Gordon Miles
Director of Corporate Services	Nigel Pinamang
Director of Education	Romana Moss
Director of Engagement & External Affairs	Catherine Feast

Board of Trustees		From	To
President	Dr Adrian Boyle	2022	2025
Dean	Professor Simon Carley	04/01/2023	2026
Treasurer	Dr Scott Hepburn	2021	2024
Vice President (Treasurer)	Dr James Gagg	2024	2027
Vice President for Memberships	Dr Salwa Malik	2022	2025
Council Trustee	Dr Maya Naravi	2021	2024
Council Trustee	Dr Anne E Weaver	2021	2026
Member Trustee	Dr Mahamed Javid Abdelmoneim	2021	01/08/2023
Member Trustee	Dr Fiona Burton	2024	2027
Member Trustee	Dr Stephen Jones	2021	2026
Lay Trustee	Ian Ailes	2021	2024
Lay Trustee	Mary Hockaday	2021	2024
Lay Trustee	Palvi Shah	2021	2026
Lay Group Chair	Miss Karen Jayne Hilderley	2021	09/12/2023
Lay Group Chair	Mr Derek Prentice	2024	2025

Structure, governance and management

The Royal College of Emergency Medicine was constituted by Royal Charter in 2008. The registered Charity Number is 1122689. The College is also registered with the Office of the Scottish Charity Regulator. The registered Charity Number is SC044373.

The charity is governed by its trustees. The Trustee Board comprises the President, Dean, Vice President Membership, and the Vice President Treasurer who are Fellows of the College. In addition, two Members of Council, two Membership Trustees and three independent Lay Members are appointed in accordance with the College's Charter and Ordinances.

The Board has additional support in undertaking its functions from the College Council and those involved in the standing committees. The Council and Board aims to make decisions by developing a consensus but voting by members (simple majority) is the final decision-making process. The Council is constituted by the College Role Holders (formerly known as Officers), elected members, Co-Chairs of the Emergency Medicine Trainees Association (EMTA), and Chairs of some standing committees, Chair of the College Lay Group, Chair of the Forum for Emergency Medicine Specialty and Specialist Doctors (EMSAS), Chair of Advanced Clinical Practitioners Forum and representatives from other Royal Colleges.

The Executive Committee of the College meet regularly during the periods between each Board and Council meeting.

The College has standing committees relating to Education and Examinations, Training Standards, Professional Standards, Corporate Governance, International aspects of College work, Research, Clinical Effectiveness and Standards, Fellowship and Membership.

The day to day running of the College is undertaken by the Chief Executive and a team of employees supported by the College Role Holders.

The Trustees receive a training programme to ensure they can discharge their duties effectively. Further training is available to meet individual needs. Arrangements are in place for the induction of all newly appointed trustees who receive a formal induction from the President and CEO of the College relating to their role and responsibilities as a trustee, prior to their first meeting. The Trustees additionally receive information about their role and responsibilities from a range of sources, including the Charity Commission and professional advisors to the College.

The election of Role Holders and other elected members of the Council are undertaken in accordance with the governing documents of the College. The Board and Council is chaired by the President, Dr Adrian Boyle. The Role Holders of the College have been involved in many national and international initiatives relating to the functions of the College and do so with no remuneration for their roles, they are also leading groups of College Committees helping deliver the objectives of the College. They are released by their employers to undertake this work in the wider interests of the NHS and use their own time to assist the College.

We and our membership are honoured that The Princess Royal is our Royal Patron.

Report of Trustees (continued)

Employee policy & remuneration of senior employees

In relation to its employees, it is the policy of the College to observe equality of opportunity in their recruitment, development, treatment and promotion, to provide benefits superior to the statutory minimum entitlement, to recognise meritorious performance and to encourage development of individual potential by the provision of formal training. The College consults its employees on significant employment matters via our Employee Forum.

With regards to senior employees, the Board has a Remuneration Committee which reviews their remuneration arrangements periodically. In determining employee remuneration, the College undertook a review of its grading and remuneration arrangements during the year with the assistance of an expert in employee remuneration arrangements. This has resulted in some minor changes made to the pay policy.

Objectives

The objectives for the Royal College of Emergency Medicine are described in our Royal Charter. To implement these our Corporate Plan sets out our corporate strategy. The strategy document is available on our website. The Corporate Plan was reviewed during 2023. The latest iteration covers the period 2024-2027.

During 2023, the Royal College of Emergency Medicine continued to promote excellence in emergency care. Our activities were focused in four key areas:

- i. Improving patient care
- ii. Support our membership to achieve sustainable satisfying careers
- iii. Advancing the practice of Emergency Medicine through research and engagement in Global Health
- iv. Support our membership with the delivery of high-quality day to day care in Emergency Departments

To achieve our objectives, we undertake a range of activities including:

- setting the curriculum and standard of training for doctors in Emergency Medicine;
- providing Continuing Professional Development (CPD) including through an eLearning hub, known as RCEMLearning;
- delivering the specialty examinations for doctors pursuing a career in Emergency Medicine and making recommendations relating to the completion of specialist training to the General Medical Council;
- working with the General Medical Council and the NHS to deliver training pathway for those developing a career in Emergency Medicine;
- supporting our Members and Fellows including supporting Trainees, Staff Grade and Associate Specialist (SAS) doctors in Emergency Medicine.
- providing a credentialing process for Advanced Clinical Practitioners and commenced work during 2023 to form a Working Group to establish what the role of Emergency Medicine Physician Associates, as well as any necessary training and training pathways, could be;
- supporting and giving advice on research within the specialty;
- working with other healthcare organisations and governments to implement the College's campaign improve the provision of Emergency Medicine for the benefit of patients, centring this on our Resuscitate Emergency Care campaign. This campaign provides solutions to address the pressing issues in Emergency Medicine in the UK and forms the general election manifesto set out by the College. A full description of this campaign is available on our website.
- setting, monitoring and auditing clinical standards, and preparing and disseminating guidelines for Emergency Department patient care and safety;

- improving data quality and the ensuring the effective integration of information technology within Emergency Medicine;
- providing advice to other bodies relating to Emergency Medicine, including accident prevention. These bodies include the Departments of Health, other Royal Colleges and Faculties, the Royal Society for the Prevention of Accidents and many other organisations;
- encouraging new roles in Emergency Medicine as additions to the medical team;
- dealing with enquiries from the general public concerning Emergency Medicine and acting as an advocate for Emergency Medicine patients;
- developing the employee structure to deliver our operations;
- improving our information systems to reduce risk and enhance our service performance;
- continuing to develop our risk management systems, budgeting and business planning.

Public Benefit

The College provides public benefit under the Charities Act in two main ways:

- 1) for the Advancement of Education for the Public Benefit to a section of the public and
- 2) a wider benefit to the public.

In terms of public benefit our Royal Charter empowers us to:

- advance education and research in Emergency Medicine and to publish the useful results of such research; and
- preserve and protect good health and to relieve sickness by improving standards of health care and providing expert guidance and advice on policy to appropriate bodies on matters relating to Emergency Medicine

It also defines what constitutes Emergency Medicine as follows:

"Emergency Medicine: means the branch of medical science which is based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It further encompasses an understanding of the development of pre-hospital and in-hospital emergency medical systems and the skills necessary for this development. Within such definition, the day-to-day practice of Emergency Medicine in the United Kingdom encompasses the reception, resuscitation, initial assessment and management of undifferentiated urgent and emergency cases and the timely onward referral of those patients who are considered to require admission under the in-patient specialist teams or further specialist assessment and/or follow up."

Report of Trustees (continued)

Public Benefit (continued)

As can be seen from the preceding explanation of our activities a significant amount of our resources are directed for the advancement of education and research in Emergency Medicine and to publish the useful results of such research.

In terms of a wider public benefit, taking from our Charter again: we “preserve and protect good health and to relieve sickness by improving standards of health care and providing expert guidance and advice on policy to appropriate bodies on matters relating to Emergency Medicine”.

Our Members and Fellows working with their NHS colleagues provide a clear benefit to well over 16.7 million people through Major Emergency Departments in the UK1, we also take part in a wide range of other initiatives to support the public; for example, our work on the effects of alcohol amongst others. The College also deals with enquiries from the general public concerning Emergency Medicine and acts as an advocate for Emergency Medicine patients.

The Trustees confirm in accordance with section 17 of the Charities Act 2011 that they have had due regard to guidance issued by the Charity Commission in determining the activities of the charity.

Fundraising

During 2023 the College continued to develop its fundraising capabilities. Our engagement with a firm of professional fundraising consultants working alongside a dedicated employee focused on the implementation of our fundraising strategy. Our fundraising was overseen by a Fundraising Advisory Board who ensure that we adhere to the tenets of the Charity Commission guidance. We continue to comply with the requirements of the Charities (Protection and Social Investment) Act 2016 and no complaints were received in respect of fundraising activity. Furthermore, the College does not fundraise in any way that could be expected to unreasonably intrude or place undue pressure on vulnerable people and other members of the public to give money or other property to the College. Our approach to fundraising is to approach contacts, stakeholders and our membership for specific appeals, and we also have a Just Giving page. We are registered with the Fundraising Regulator.

Achievements and Performance

During 2023 our work to enhance the reliability of our examinations continued with the first phase of the Examinations Transformation Plan being delivered ahead of target. We continued to deliver our examination results effectively.

Our events team successfully delivered a programme of online study days and conferences, including a hybrid Scientific Conference and CPD conferences where delegates were present in person and online. Significant work has been undertaken communicating RCEM Learning content. We continued to provide clinical guidance and through our Emergency Medicine Journal, study days, scientific conference, research programme and Continuing Professional Development programme support the development of the emergency medicine profession.

Our Clinical Quality Audits have continued. We launched our Green ED initiative which helps emergency departments work on their environmental performance. Our Research programme continues to gain strength and we have a vibrant research community growing in the specialty.

The Policy Team launched our Resuscitate Emergency Care campaign and undertook associated engagement in the political arena to set out our case for more support for the specialty. This campaign provides solutions to address these pressing issues so that Emergency Department employees can deliver safe and timely care for patients.

The campaign focuses on the following key areas to:

- End ambulance queues and overcrowded Emergency Departments
- Provide the UK with enough Emergency Medicine employees to deliver safe and sustainable care
- Resource the NHS to ensure the emergency care system can provide equitable care to all
- Introduce transparent ways of measuring how hospitals are performing so we know which ones need to improve

Our Membership team continued to make significant progress on automating and streamlining membership processes to make it easier for our membership. They are also developing our approach to adding more member value to our services.

Internationally the MTI programme continued. The Emergency Medicine Foundation Programme continued to build on its earlier successes. We have no capacity for further expansion of our examinations overseas at this time. However, we will continue to work with our partners abroad to deliver existing commitments but for the foreseeable future we shall not be in a position to offer further examination centres overseas as we work to implement the process and systems improvements that support our examinations.

Our internal support arrangements were consolidated as our Corporate Services function developed. Our HR team have continued to work to improve employee recruitment, retention, development, engagement and wellbeing notwithstanding the fact that for most of the year our employees were working from home.

Our operations remain concentrated on our building at Octavia House as a hot desking and examinations centre. Our Breams Buildings property is partly let with additional space there being offered for rent on a short-term basis the space which we are not using.

The work of the College is a collaborative team effort from our employees and emergency medicine professionals, to our membership: "We help those who help the sick and injured." We continue to provide information, guidance, re-engineer our operations and make sure our services continue.

Financial Review

The Trustees are pleased to report that total incoming resources for 2023 were £10.945m (2022: £9.646m).

Incoming resources	2023	%	2022	%
Donations & Grants	220,910	2%	111,434	1%
Other Income	214,453	2%	185,949	2%
Investment Income	118,649	1%	20,108	0.2%
Emergency Medicine Journal	462,500	4%	395,217	4%
Subscriptions	4,296,859	39%	4,048,288	42%
Conferences & CPD	1,043,680	10%	981,498	10%
Examinations	4,113,953	38%	3,571,117	37%
Training	229,021	2%	203,364	2%
Clinical Audit (Quality Improvement Program)	245,083	2%	128,706	1.3%
Total	10,945,109	100%	9,645,680	100%

The principal funding sources for the College remain membership subscriptions and examinations income. These funding sources are in line with the main educational activities and charitable aims of the College.

At the end of 2023 the total membership rose to 12,177 (11,507), an increase of 5.8% from 2022. For 2023 the numbers of Fellows and Members both increased by 15% reflecting the increase take up in examinations.

Total resources expended during 2023 were £11.196m (2022: £9.810m). An increase of 14% and includes key expenditure outlined on page 73 in this report.

Financial Review (continued)

Major areas of expenditure were as follows:

Resources Expended	2023	%	2022	%
Raising funds	5,099	0%	3,851	0%
Emergency Medicine Journal	666,910	6%	643,178	7%
Research & Publications	343,270	3%	408,690	4%
Education & Examinations	4,867,308	43%	4,403,933	45%
Training Standards Committee and general training	1,622,701	14%	1,285,720	13%
Conferences & CPD	1,385,668	12%	1,156,600	12%
Membership Services	711,839	6%	635,309	6%
Quality In Emergency Care	655,056	6%	510,732	5%
Policy & Professional Affairs	803,323	7%	663,094	7%
NHS Project Expenditure	14,250	0%	40,345	0.4%
RCEM Foundation	106,037	1%	59,014	0.6%
Home Office	12,850	0%	0	0%
Total	11,196,310	100%	9,810,466	100%

Investment policies and returns:

The Trustees have the power to invest funds and can use this power to invest in a range of ethical areas where reasonably possible.

The College has £1,141,499 on deposit with Flagstone Investment Management Limited on their cash Investment platform. The Trustees keep this investment under review periodically.

Risk Statement

The trustees of the College are responsible for ensuring that procedures are in place to identify risks that the organisation may be exposed to. Trustees ensure risks are considered as an integral element of all decision making and identify appropriate procedures to ensure that risk levels are acceptable in each case.

The College's Risk Register sets out the most significant risks classified by governance, operation (business continuity), finance, environment, regulatory compliance and reputation. Each risk is scored against a matrix of impact and likelihood. The College then puts in place steps that monitor, manage and mitigate these risks.

The risk register maintained by the Director of Corporate Services on behalf of trustees. The register is reviewed on a regular basis at the meetings of the Corporate Governance Committee and the Board. The key risks are reviewed by the Board regularly.

Our risk management process complies with the best practice as set out in the latest guidance from the Charity Commission.

Financial Review (continued)

Significant risks for the College include:

- Operational, Reputational, Financial and Governance - Examinations: The College is one year into a three year change programme for our examinations operations. It is anticipated that this will improve operational performance in this area. The examinations delivery has significantly improved during 2023 and no issues were identified in the accuracy of our results. This improvement led to the Board downgrading of the risk in this area at the year end recognising the progress made.
- Operational and Reputational – Training: We experienced some unexpected costs in relation to our ePortfolio platform during the year. We have worked closely with our suppliers to establish a system to ensure that billing is done accurately in future.
- Financial – Inflation and interest rates: Description: The prevailing macroeconomic uncertainty continues to pose financial challenges for the College. This raises the potential risk of the College facing a budget deficit exceeding the initially projected estimate and timeline. This risk is influenced by both external and internal factors that may hinder our ability to increase income while witnessing escalating costs. To recognise the increasing inflation impact on our operations we have introduced price increases to return our budget to breakeven in 2024 with surpluses projected in 2025 and 2026.
- Business Continuity – Cyber incidents: Cyber-attacks, cyber enabled crime, IT failure/ outage, data breaches, fines and penalties. With cyber-attacks and cyber enabled crime on the rise there is a risk of cyber and data security breach. The College is now a cyber essentials accredited organisation, and we are working to achieve the cyber essentials plus accreditation. Furthermore, we dedicate a section of our business continuity plan to managing IT outages, security breaches and have physical and virtual infrastructure in place to minimise the possibility of this.

Reserves policy

As of 31 December 2023, the total funds of the College amounted to £10,334,014, compared to £10,585,215 in 2022. Of this total, £456,650 (2022: £466,483) is restricted and not available for the general purpose of the College. Unrestricted funds totalled £9,877,364 (2022: £10,118,732), of which £8,595,550 (2022: £8,089,705) is designated funds. Designated funds represent amounts 'ring fenced' by the trustees from unrestricted funds for particular use by the College. As at 31 December 2023, there are two designated funds, tangible fixed assets fund and organisational development fund. Most of the designated amount pertains to tangible fixed assets of the College, net of a related bank loan, reflecting that these funds cannot be realised without disposing of the assets. The organisational development fund is designated to support restructuring, digital transformation, operational and service delivery improvements, and process reengineering over the next 2 years. The Trustees, considering the College's risk position, have determined that the College should maintain a minimum reserve target equivalent of six months' overhead cost for the following financial year, thus this target is £2.9m for the year ending 31 December 2023. Despite efforts to maintain adequate reserves, the College was unable to meet this target during the year as it focused on reducing the bank loan and made significant investments in operations. The free reserve held at 31 December 2023 is £1,281,814 (2022: £2,029,027). The Trustees have agreed on plans to strengthen reserve levels in the future. The Treasurer will be responsible for deciding how to hold the reserves, whether in interest-bearing accounts or investments, considering the overall financial position of the College. The reserves policy will be subject to review in the coming year to ensure its continued effectiveness and alignment with the College's financial goals and strategic objectives.

Future Plans

Our Corporate Plan 2020 – 2023 sets our current strategic aims, this plan is currently under review. Subject to that review our strategic aims remain as follows:

1. Improving patient care
2. Support our membership to achieve sustainable satisfying careers
3. Advancing the practice of Emergency Medicine through research and engagement in Global Health
4. Support our membership with the delivery of high quality day to day care in Emergency Departments

The Trustees are developing a new Corporate Plan to take effect in 2024.

Statement of Trustees' responsibilities

The Trustees are responsible for preparing the Trustee Report and the financial statements in accordance with applicable law and regulations. Charity law requires the Trustees to prepare financial statements for each financial year in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards) and applicable law. Under charity law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and the group and of the charity's net incoming/outgoing resources for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue to operate.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008, the Charities and Trustee Investment (Scotland) Act 2005 and Charities Accounts (Scotland) Regulations 2006 (as amended) and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Appreciation

The trustees wish to thank the College employees for their unstinting hard work during 2023 and their on-going efforts in the daily administration of numerous areas of College activity.

The trustees wish to acknowledge the immense quantity of high quality work undertaken by College employees, Officers, Committee members and College members to deliver the charitable objectives of the College.

Approved by the Board of Trustees on 27/06/2024 and signed on their behalf by:



Dr Adrian Boyle
President

Independent Auditor's Report to the Trustees of The Royal College of Emergency Medicine

Opinion

We have audited the financial statements of The Royal College of Emergency Medicine for the year ended 31 December 2023 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2023, and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report

Independent Auditor's Report to the Trustees of The Royal College of Emergency Medicine

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we required for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 13, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Independent Auditor's Report to the Trustees of The Royal College of Emergency Medicine (continued)

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and Section 144 and 154 of the Charities Act 2011 and report in accordance with those regulations.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of

expressing an opinion on the effectiveness of the charity's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

Our approach was as follows

- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.

- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Independent Auditor's Report to the Trustees of The Royal College of Emergency Medicine (continued)

Use of our Report

This report is made solely to the charity's trustees, as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.

Moore Kingston Smith LLP

Date: 18/07/2024

Moore Kingston Smith LLP, Statutory auditor

9 Appold Street
London
EC2A 2AP

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.



Statement Of Financial Activities

(Incorporating Income And Expenditure Account) For The Year Ended 31 December 2023

	Notes	Unrestricted Funds 2023 £	Restricted Funds 2023 £	Total 2023 £	Total 2022 £
INCOME FROM					
Donations and grants	2	86,290	134,620	220,910	111,434
Income from charitable activities	3	10,391,096	-	10,391,096	9,328,189
Investment income	4	118,649	-	118,649	20,108
Other Income	5	214,453	-	214,453	185,949
Total Income		10,810,489	134,620	10,945,109	9,645,680
EXPENDITURE ON					
Raising funds		5,099	-	5,099	3,851
Charitable activities	6	11,064,975	126,236	11,191,211	9,806,615
Total resources expended		11,070,074	126,236	11,196,310	9,810,466
Net (Expenditure)/ income for the year		(259,585)	8,384	(251,201)	(164,786)
Transfer between funds	13,14	18,217	(18,217)	-	-
Net movement of funds		(241,369)	(9,833)	(251,201)	(164,786)
Total funds brought forward		10,118,732	466,483	10,585,215	10,750,001
Total funds carried forward	13,14	9,877,364	456,650	10,334,014	10,585,215

All incoming and outgoing resources are attributable to continuing activities.
The accompanying notes form part of these financial statements.

Balance Sheet as at 31 December 2023

		2023		2022 Re-stated	
	Notes	£	£	£	£
Fixed assets					
Tangible assets	9		13,360,808		13,538,062
			13,360,808		13,538,062
Current assets					
Debtors	10	1,047,923		1,061,492	
Current asset Investment (90 days and under)		968,508		950,866	
Current asset Investment (Over 90 days)		172,991		168,902	
Cash at bank and in hand		2,303,364		2,067,053	
		4,492,787		4,248,312	
Creditors: amounts falling due within one year	11	(2,419,580)		(1,411,159)	
Net current assets			2,073,206		2,837,153
Total assets less current liabilities			15,434,014		16,375,215
Creditors: amounts falling due after one year	12		(5,100,000)		(5,790,000)
NET ASSETS			10,334,014		10,585,215
Represented by:					
Unrestricted funds:	13				
Designated funds		8,595,550		8,089,705	
General funds		1,281,814		2,029,027	
			9,877,364		10,118,732
Restricted funds	14		456,650		466,483
TOTAL FUNDS			10,334,014		10,585,215

These financial statements were approved by the Trustees and authorised for issue on 27/06/2024 and signed on their behalf by:




Dr Adrian Boyle (President)

Dr James Gagg, Vice President (Treasurer)

The accompanying notes form part of these financial statements.

Statement of Cash Flows for the Year Ended 31 December 2023

		2023		2022 Re-stated	
	Notes	£	£	£	£
Cash flows from operating activities					
Net cash generated by operating activities	17		861,795		(1,077,714)
Cash flows from investing activities					
Investment income		114,560		191,206	
Purchase of tangible fixed asset		(28,313)		(5,652)	
Movement on over – 90 days current asset investment		(4,089)		171,098	
Net cash provided by investing activities			82,159		356,652
Cash flow from financing activities					
Repayment of bank loan		(690,000)		(1,210,000)	
Net cash used in financing activities			(690,000)		(1,210,000)
Change in cash and cash equivalents in the year			253,954		(1,931,062)
Cash and cash equivalents at the beginning of the year			3,017,919		4,948,981
Cash and cash equivalents at the end of the year			3,271,872		3,017,919
Analysis of cash and cash equivalents					
Current asset investment (Under 90 Days)		879,429		950,866	
Cash at bank and in hand		2,303,364		2,067,053	
		3,271,872		3,017,919	

The accompanying notes form part of these financial statements.

	At start of year	Cash-flows	Other non-cash changes	At end of year
Analysis of changes in net debt 2023	£	£	£	£
Cash	3,017,989	253,883	-	3,271,872
		253,883		
Loans falling within one year	(200,000)	200,000	(200,000)	(200,000)
Loans falling due after more than one year	(5,790,000)	490,000	200,000	(5,100,000)
Total	(2,972,011)	943,883	-	(2,028,128)
Analysis of changes in net debt 2022				
Cash	5,033,981	(2,015,992)	-	3,017,989
		(2,015,992)		
Loans falling within one year	(200,000)	200,000	(200,000)	(200,000)
Loans falling due after more than one year	(7,000,000)	1,010,000	200,000	(5,790,000)
Total	(2,166,019)	(807,992)	-	(2,972,011)

The accompanying notes form part of these financial statements.





Notes To The Financial Statements for the year ended 31 December 2023

1. Accounting Policies

Basis of accounting

The financial statements are prepared in sterling which is the functional currency of the charity, and rounded to the nearest pound in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) - (Charities SORP (FRS 102) second edition - October 2019)), and with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

The Royal College of Emergency Medicine meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

Initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

Going concern

The trustees undertook their annual review of going concern in December 2023 and considered several factors in concluding that the adoption of a going concern basis in the preparation of these financial statements is appropriate. They have reviewed reserves, cashflow projections and business plans, for a period of 36 months from the date of approval of these financial statements which demonstrates that the College has enough resources to meet its obligations as they fall due. Furthermore, having developed digital solutions for our examinations and conferences, trustees are content that the College has robust income streams in these areas as well as subscriptions. Our Medium-Term Financial Strategy (MTFS) 2024 – 2026 has been developed in line with our corporate aims and continues to focus on balancing our commitment to invest in improved service delivery, operational delivery and member value whilst managing our financial sustainability with respect to income generation and costs. The plan is to ensure the College exceeds breakeven budgets in each of the next 3 financial years following two deficit years in 2022 and 2023. Furthermore, the College has free reserves of approximately £1.3m at the balance sheet date, and this further affirms the conclusion to adopt the going concern basis in the preparation of the financial statements.

Judgements and estimates

Judgments made in the preparation of the financial statements are based on a combination of historical experience, and considered assumptions that are believed to be reasonable under the circumstances. These estimates serve as the foundation for making informed judgments regarding the

carrying values of assets and liabilities that may not be readily apparent from other sources. Trustees recognise that actual results may differ from these estimates. Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised.

Income

All income is recognised once the College has entitlement to the income, it is probable that the income will be received, and the amount of income receivable can be measured reliably. Income comprises amounts receivable during the year except for investment income which is accounted for in the period in which it is received on the basis that this is not materially different to a receivable basis. Grants are recognised when receivable and subscriptions for life membership are recognised when received. Payments received in advance of the related income being receivable are treated as deferred income within creditors.

Expenditure

Expenditure is recognised on an accruals basis in the period in which the College receives the benefit from the supplies or services. Raising funds are costs of investment management, costs of merchandise and costs incurred in publicising the name of the charity. Charitable activities comprise all expenditure directly relating to the objects of the charity and, in addition, support costs which are costs which are common to a number of activities and are charged to those activities on the basis of office space used by respective employees. Support costs include governance costs which are the costs of compliance with constitutional and statutory requirements and costs related to the strategic management of the organisation.

Tangible fixed assets and depreciation

Tangible and Intangible fixed assets are recorded at cost or, in cases where fixed assets have been donated to the College, at valuation at the time of donation. All items of expenditure over £1,000 regarded as fixed assets are capitalised. Depreciation and amortisation are charged at the following rates in order to write down the cost or valuation, less estimated residual value, of all fixed assets, over their expected useful lives:

Freehold land	nil
Freehold building	2%
Fixtures and fittings	25%
Computer equipment	25%
Database systems	50%

Notes To The Financial Statements for the year ended 31 December 2023 (continued)

The Coat of Arms and Presidential Chain of Office have not been depreciated in view of their nature. The Council believe that their current value is at least equal to their book values.

Investments and investment gains and losses

Current short term Investments are stated at nominal value at the close of business at the year end. Any changes in nominal value are recognised in the statement of financial activities.

Pension costs

The charity makes contributions towards employees' personal pension schemes which are accounted for as the payments fall due.

Employee benefits

- Short term benefits
Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.
- Employee termination benefits
Termination benefits are accounted for on an accrual basis and in line with FRS 102.

Operating leases

Rentals applicable to operating leases are charged to the SOFA over the period in which the cost is incurred.

Taxation

No provision has been made for corporation tax or deferred tax as the charity is exempt.

Funds

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objects of the charity and which have not been designated for other purposes.

Designated funds comprise funds which have been set aside by the trustees for specific purposes. The purpose of each designated fund is set out in note 14.

Restricted funds relate to non-contractual income which is to be used in accordance with restrictions imposed by the donors or which have been raised by the charity for specific purposes. The purpose of each restricted fund is set out in note 15.

Financial instruments

Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised except for investments which are held at fair value. Financial assets held at amortised cost comprise cash at bank and in hand, together with trade and other debtors. A specific provision is made for debts for which recoverability is in doubt. Cash at bank and in hand is defined as all cash held in instant access bank accounts and used as working capital. Financial liabilities held at amortised cost comprise all creditors except social security and other taxes and provisions.

Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks and other short-term liquid investments with original maturities of 90 days or less.

Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

Prior Year Adjustment

£89,079 was removed from prior year long term current asset investments to short term, to align with the charity's accounting policy for cash and cash equivalents. There is no impact to reserves in the previous financial year. Brought forward cash in the cash flow statement has therefore increased by this same amount.

2. Grants and Donations

	Total 2023	Total 2022
Restricted Funds	£	£
NHS Health Education England Projects	-	59,626
Beth Christian Memorial Fund	5,000	-
ROEM Fundraising	98,553	51,808
Unrestricted Funds	£	£
Grants and Donations	117,357	-
	220,910	111,434

3. Income from Charitable Activities

	Total 2023	Total 2022
Unrestricted Funds	£	£
Emergency Medicine Journal	462,500	395,217
Conferences & CPD	1,043,680	981,498
Subscription	4,296,859	4,048,288
Examination fees	4,113,953	3,571,117
Training	229,021	203,364
Clinical Audit (Quality Improvement Programme)	245,083	128,706
	10,391,096	9,328,190

Notes To The Financial Statements for the year ended 31 December 2023 (continued)

4. Investment Income

	Total 2023	Total 2022
Unrestricted Funds	£	£
Interest received on short term deposit	23,410	-
Interest received	95,240	20,108
	118,649	20,108

Interest received in both years were from unrestricted sources.

5. Other Income

	Total 2023	Total 2022
Unrestricted Funds	£	£
Sale of Merchandise	2,989	2,855
Rental and Room Hire Income	211,465	183,094
	214,453	185,949

6.Expenditure

	Direct Costs	Support Costs	Total 2023
Raising Funds	£	£	£
Website costs	3,420	-	3,420
RCEM Merchandise	-	-	-
Investment broker charges	1,679	-	1,679
	5,099	-	5,099
Charitable Activities	£	£	£
Emergency Medicine Journal	666,910	-	666,910
Research & publications	292,807	50,463	343,270
Education and examinations	3,272,890	1,143,647	4,416,537
RCEM learning	307,319	145,452	452,771
Training	950,510	672,191	1,622,701
Conferences & CPD	1,062,151	323,517	1,385,668
Membership services	360,194	351,645	711,839
Quality in emergency care	412,101	242,955	655,056
Policy and professional affairs	467,892	335,431	803,323
RCEM Fundraising	106,037	-	106,037
NHS project expenditure (Restricted)	14,250	-	14,250
Home Office (Restricted)	12,850	-	12,850
	7,925,911	3,265,301	11,191,211
	7,931,010	3,265,301	11,196,310

Notes To The Financial Statements for the year ended 31 December 2023 (continued)

6. Expenditure (continued)

	Direct Costs	Support Costs	Total 2022
Raising Funds	£	£	£
Website costs	2,170	-	2,170
RCEM Merchandise		-	-
Investment broker charges	1,681	-	1,681
	3,851	-	3,851
Charitable Activities	£	£	£
Emergency Medicine Journal	643,178	-	643,178
Research & publications	312,520	96,170	408,690
Education and examinations	3,098,568	960,299	4,058,867
RCEM learning	202,269	142,797	345,066
Training	721,141	564,579	1,285,720
Conferences & CPD	814,315	342,285	1,156,600
Membership services	356,771	278,538	635,309
Quality in emergency care	273,500	237,232	510,732
Policy and professional affairs	380,102	282,992	663,094
RCEM Fundraising	59,014	-	59,014
NHS project expenditure (Restricted)	40,345	-	40,345
	6,901,723	2,904,892	9,806,615
	6,905,574	2,904,892	9,810,466

During the financial period we spent in total £ 11,196,310 (2022: £9,810,466) broken into restricted funds £144,453 (2022: £76,888), designated funds £6,901 (2022: £22,471) and general funds £11,063,173 (2022: £9,711,108).

	Total 2023	Total 2022
Employee costs comprise:	£	£
Wages and salaries	3,101,581	2,882,892
Social security costs	328,170	323,227
Other pension costs	306,754	269,183
Total Employee costs	3,736,505	3,475,302
Casual employees	141,585	56,321
	3,878,090	3,531,624

Wages and salaries reported above includes termination payments for 3 individuals totalling £69,912 (2022: £63,082).

The average number of permanent employees during the period was 74 (2022: 70). These were supplemented by several casual employees who assisted primarily with examinations and training.

	Total 2023	Total 2022
Employee numbers as analysed by category:	No.	No.
Exams & Education	18	17
Training	14	12
Policy & Professional Affairs and Quality in Emergency Care	13	13
Membership	6	5
Research & Publications and Events	5	6
Other	18	17
	74	70

Notes To The Financial Statements for the year ended 31 December 2023 (continued)

6. Expenditure (continued)

During the period the numbers of employees whose emoluments (defined as salary and taxable benefits) exceeded £60,000 were:

	Total 2023	Total 2022
£60,000 to £70,000	1	1
£70,001 to £80,000	1	1
£80,001 to £90,000	-	1
£90,001 to £100,000	2	1
£150,001 to £160,000	-	1
£160,001 to £170,000	1	0

The aggregate emoluments of the key management personnel which comprises of Trustees, Chief Executive Officer, Director of Corporate Services, Director of Education and Director of Engagement and External Affairs amounted to £543,488 (2022: £411,090).

The pension amounts paid to the above employees amounted to £60,825

6A. Support and Governance Costs

	Total 2023	Total 2022
Employee costs	1,304,733	1,135,623
Rates, service charges and electricity	272,818	296,781
Office expenses	182,415	218,861
Printing, postage, stationery & telephone	63,857	78,899
Website & information technology	383,779	332,172
Insurance	68,095	50,617
Depreciation & loss on disposal of assets	205,567	214,857
Irrecoverable VAT	218,994	217,069
Sundry expenses	32,715	21,355
Bank interest on loan	348,820	181,518
Bank & credit card charges	138,943	88,540
Governance		
Audit remuneration	24,450	22,450
Board meeting and travel costs	20,115	46,149
	3,265,301	2,904,892

Support costs are allocated to activities on a basis consistent with the use of these resources. The allocation method of apportionment adopted by The Royal College of Emergency Medicine is as follows, headcount, i.e. based on the number of people employed within an activity, square foot, i.e. based on floor area occupied by an activity and time, i.e. where employee duties span more than one activity.

Notes To The Financial Statements for the year ended 31 December 2023 (continued)

7. Charitable Activities – Grant Payable

Research grants awarded by the Royal College of Emergency Medicine in the year to 31 December 2023 were paid to 23 individuals totalling £204,120 (2022: 16 individuals £181,664).

8. Trustees

The trustees received no remuneration from the charity in respect of acting as Trustees. No trustee provided services to the charity for which they were paid.

During the year, we had 12 trustees, 7 trustees received reimbursement for costs for attending meetings and for travelling expenses, amounting to £2,416 (2022: 10 trustees, £1,012). In addition, expenses paid directly by the College, mainly in the form of hotel bills, amounted to £3,359 (2022: £4,766).

9. Tangible Fixed Assets

	Building Costs	Office Equipment	College Database	Coat of Arms	Chain of office	Total
	£	£	£	£	£	£
Cost or valuation						
At 1 January 2023	14,418,138	759,022	528,864	6,534	428	15,712,987
Additions	11,823	16,490	-	-	-	28,313
At 31 December 2023	14,429,961	775,512	528,864	6,534	428	15,741,299
Depreciation						
At 1 January 2023	980,256	723,500	471,168	-	-	2,174,924
Charge for the year	124,721	23,150	57,696	-	-	205,567
At 31 December 2023	1,104,977	746,650	528,864	-	-	2,380,491
Net Book Value						
At 31 December 2023	13,324,984	28,862	-	6,534	428	13,360,808
At 31 December 2022	13,437,882	35,522	57,696	6,534	428	13,538,062

10. Debtors

	Total 2023	Total 2022
	£.	£.
Trade debtors	146,638	141,145
Prepayments	382,870	515,828
Accrued income	511,775	402,436
Other Debtors	6,640	83
	1,047,923	1,061,492

11. Creditors: amounts falling due within one year

	Total 2023	Total 2022
	£.	£.
Bank loan (see note 12)	200,000	200,000
Trade creditors	555,258	111,532
Taxes and social security	-	92,208
Accruals	376,183	283,293
Deferred income	1,120,577	465,100
Other Creditors	167,562	259,026
	2,419,580	1,411,159

Included within Other Creditors is an amount of £29,981 (2022: £28,854) in respect of pension contributions.

Deferred income at 31 December 2023 reported above relates to income for exams, events and course fees as all previously held deferred income at 31 December 2022 has been released and recognised in the year.

Notes To The Financial Statements for the year ended 31 December 2023 (continued)

12. CREDITORS: amounts falling due after more than one year

	Total 2023	Total 2022
	£.	£.
Bank loan	5,100,000	5,790,000
	5,100,000	5,790,000
Bank loan maturity analysis		
Due less than 1 year	200,000	200,000
Due 1 – 2 years	200,000	200,000
Due 2 – 5 years	4,900,000	5,590,000
Total loan value	5,300,000	5,990,000
Included in current liabilities (see note 11)	(200,000)	(200,000)
Included in long term liabilities	5,100,000	5,790,000

The bank loan is secured by a first legal charge over the land and buildings owned by the charity. Interest is calculated at Bank of England Base Rate plus 1.60%.

13. Unrestricted Funds

	At 1 January 2023	Income	Expenditure	Transfers	At 31 December 2023
	£	£	£	£	£
Designated Fund					
Tangible fixed Assets	7,548,062	-	-	512,746	8,060,808
Organisational Development	541,643	-	(6,901)	-	534,741
General fund	2,029,027	10,810,489	(11,063,173)	(494,529)	1,281,814
	10,118,732	10,810,489	(11,070,074)	18,217	9,877,364

	At 1 January 2022	Income	Expenditure	Transfers	At 31 December 2022
	£	£	£	£	£
Designated Fund					
Tangible fixed Assets	6,547,266	-	-	1,000,796	7,548,062
Organisational Development	564,113	-	(22,471)	-	541,643
General fund	3,206,685	9,534,247	(9711,108)	(1,000,796)	2,029,027
	10,318,064	9,534,247	(9,733,579)	-	10,118,732

The Tangible Fixed Assets fund represents the value of these assets less a related loan and are not free reserves. The Organisational development fund has been designated to support our plans for restructuring, digital transformation, operational and service delivery improvements, and process reengineering over the next 3 years.

Notes To The Financial Statements for the year ended 31 December 2023 (continued)

14. Restricted Funds

	At 1 January 2023	Income	Expenditure	Transfer 2023	At 31 December 2023
	£	£	£	£	£
Alison Gourdie Memorial Fund	43,832	-	-	-	43,832
E-learning for Health Fund	157,622				157,622
ENACT	3,348	-	-	-	3,348
Beth Christian Memorial Fund	6,050	5,000	-	-	11,050
Emergency Care Data Set Project	12,273	-	-	-	12,273
Health Education England Projects	194,728	-	(14,250)	-	180,477
RCEM Fundraising	48,630	98,553	(99,136)	-	48,047
Home Office	-	31,067	(12,850)	(18,217)	-
	466,483	134,620	(126,236)	(18,217)	456,650

	At 1 January 2022	Income	Expenditure	Transfer 2022	At 31 December 2022
	£	£	£	£	£
Alison Gourdie Memorial Fund	43,832	-	-	-	43,832
E-learning for Health Fund	157,622				157,622
ENACT	3,348	-	-	-	3,348
Beth Christian Memorial Fund	6,050	-	-	-	6,050
Emergency Care Data Set Project	12,273	-	-	-	12,273
Health Education England Projects	175,447	59,626	(40,345)	-	194,728
RCEM Fundraising	33,365	51,808	(36,543)	-	48,630
	431,937	111,434	(76,888)	-	466,483

The Alison Gourdie Memorial Fund was established to award prizes to doctors and nurses for projects that benefit the provision of high quality care in the field of Accident and Emergency Medicine.

The Beth Christian Memorial Fund was established in her memory.

Elearning for Health Fund (previously known as the EnlightenMe Grant) is a project funded by the Department of Health to improve e-learning for Healthcare by covering the costs of Content Authors, Module Editors and Clinical Leads.

ENACT is a fund set up to help develop emergency medicine learning overseas.

The Emergency Care Data Set Project is a funded by the Department of Health to change the data set collected by the NHS relating to emergency medicine.

The Health Education Projects fund is to fund a series of joint projects focused on the development of the emergency medicine workforce with NHS Health Education England.

RCEM Fundraising is to support further improvements in patient care, to support groundbreaking research and help low-income countries establish emergency care and clinical training.

Home Office Information Sharing to Tackle Violence Project is a funded project to help establish a Standard Operating Procedure to assist Emergency Departments in improving their recording and sharing of information, which in turn will help tackle violence.

Notes To The Financial Statements for the year ended 31 December 2023 (continued)

15. Analysis of net assets between funds

Fund balances at 31 December 2023 represented by:

	General Funds	Designated Funds	Restricted Funds	Total Funds
	£	£	£	£
Tangible fixed assets	-	13,360,808	-	13,360,808
Current assets	3,501,395	534,741	456,650	4,492,787
Creditors falling due within one year	(2,219,580)	(200,000)	-	(2,419,580)
Creditors falling due after one year	-	(5,100,000)	-	(5,100,000)
Total net assets	1,281,815	8,595,549	456,650	10,334,014

Fund balances at 31 December 2022 represented by:

	General Funds	Designated Funds	Restricted Funds	Total Funds
	£	£	£	£
Tangible fixed assets	-	13,538,062	-	13,538,062
Current assets	3,240,186	541,643	466,483	4,248,312
Creditors falling due within one year	(1,211,159)	(200,000)	-	(1,411,159)
Creditors falling due after one year	-	(5,790,000)	-	(5,790,000)
Total net assets	2,029,027	8,089,705	466,483	10,585,215

16. Operating lease commitments

	Total 2023	Total 2022
Lessee	Equipment	Equipment
Operating leases which expire within:	£	£
Less than one year	20,215	29,572
Between one and two years	20,215	6,124
Between two and five years	29,529	15,310
Over five years	4,450	-
	74,409	51,006

As at 31 December 2023, the future minimum lease receipts due from lessees in respect of office space under non-cancellable operating leases are as follow

	Total 2023	Total 2022
Lessor	Rental	Rental
Operating leases which expire within:	£	£
Not later than one year	92,805	90,495
	92,805	90,495

Notes To The Financial Statements for the year ended 31 December 2023 (continued)

17. Reconciliation Of Net (Expenditure) to Net Cash Flows Provided by Operations

	Total 2023	Total 2022
	£	£
Net income before other gains and losses	(251,201)	(164,786)
Depreciation charges	205,567	214,856
Investment income	(118,649)	(20,108)-
Movement in investment portfolio cash	-	170,000
Decrease/(increase) in debtors	20,639	(38,971)
Increase/(decrease) in creditors	1,008,421	(982,608)
Net cash used in operating activities	864,777	(821,617)

18. Related Party Transactions

There are no related party transactions

"The Royal College of Emergency Medicine objective is to promote excellence in emergency care. Our activities are focused in three key areas:

Delivery of safe high quality emergency care, promotion of best practice and ensuring emergency medicine training is of the highest standard. To achieve these aims we strive to ensure that patient centred care is led and delivered by fully trained Emergency Medicine Consultants, working in and with the wider Emergency Medicine team.

Secondly, we advance safe and effective Emergency Medicine by providing expert guidance and advice on Emergency Medicine policy.

Thirdly through the development of training, the funding of research and the setting of professional postgraduate examinations we work to educate, train and assess Emergency Medicine doctors to deliver the highest standards of professional competence and practice for the protection and benefit of all the public."

This report covers activity of the year to 31 December 2023

Acknowledgements

So many people invest time, energy and commitment to make the College what it is today and for that we are extremely grateful. Many give their time, often on a voluntary basis, juggling demanding roles in emergency departments throughout the UK and internationally. To those who do, we are in awe. We understand the relentless pressures you are under which makes your commitment to the speciality even more remarkable.

Collectively we strive to make the lives of those who work in emergency medicine as fulfilled as possible, with patient care front and centre.

We rely on numerous emergency medicine doctors and consultants, academic, quality, research, policy, communications and many other professionals to ensure the College delivers for the membership.

We are also fortunate to have the support and input from a number of external stakeholders, including organisations from across the healthcare sector and NHS, fellow Colleges, partners, patient groups and sponsors to name a few.

To everyone who has contributed to what we have achieved in the past year, thank you.



Annex

College representatives work with several organisations, including:

- Academy of Medical Royal Colleges
- Academy of Medical Royal Colleges and Faculties in Scotland
- Australasian College for Emergency Medic (ACEM)
- All Party Parliamentary Group – Tobacco
- All Party Parliamentary Group – Coronavirus
- Apollo Hospitals, India
- Aster Medicity, India
- British Medical Association Scotland
- British Medical Journal
- British Orthopaedic Association
- British Red Cross
- Cambridge Global Health Partnership
- Care Quality Commission
- College of Emergency Physicians, Malaysia
- College of Paramedics
- Committee for Health, NI assembly
- Compassion in Dying
- Department of Health and Social Care
- Department of Health Northern Ireland
- Devices Expert Advisory Committee
- Edith Murphy Foundation
- Egyptian Ministry of Health and Population
- Emergency Care Society of Uganda
- Emergency Medicine Specialist And Staff (EMSAS) - old name of the Forum of Associate & Staff Grade Emergency Medicine (FASSGEM)
- Emergency Medicine Trainees' Association (EMTA)
- European Society For Emergency Medicine (EuSEM)
- Faculty of Forensic and Legal Medicine (FFLM)
- Faculty of Intensive Care Medicine (FICM)
- Faculty of Sport and Exercise Medicine (UK)
- General Practitioners at the Deep End (Scotland)
- Getting It Right First Time (GIRFT)
- Hospital Saturday Fund
- HCA Healthcare UK
- Healthcare Safety Investigation Branch (HSIB)
- Health and Social Care Committee, Welsh Parliament
- Health Select Committee - Children and young people's mental health inquiry
- Health Select Committee – White paper
- Health and Sport Committee, Scottish Parliament
- Health Education and Improvement Wales (HEIW)
- Health Education England (HEE)
- Health Research Authority (HRA) – Confidentiality Advisory Group (CAG)
- Healthcare Improvement Scotland
- Healthcare Inspectorate Wales (HIW) - Patient Discharge Thematic Review Stakeholder Group
- Home Affairs Committee's inquiry into Spiking
- Home Office – Modern Slavery Campaign
- House of Commons - Health and Care Bill
- HSC Public Health Agency (Northern Ireland)
- Independent Inquiry into Child Sexual Abuse - Prevention of child sexual abuse in healthcare settings
- Institute of Hepatology - Lancet Commission for Liver Disease
- Intercollegiate Board for Training in Intensive Care Medicine
- Intercollegiate Board for Training in Pre-Hospital Emergency Medicine (IBTPHEM)
- Intercollegiate Committee for Acute Care Common Stem Training (ICACCST)
- Inter- Collegiate and national Agency Domestic Violence and Abuse forum (INCADVA)
- Inclusive Health
- Infected Blood Inquiry
- Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings
- International Federation for Emergency Medicine (IFEM)
- James Lind Alliance
- Joint Colleges Hospital Visiting Committee
- Joint Royal College Ambulance Service Liaison Committee
- Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute, India
- Landspítali – The National University Hospital of Iceland, Iceland
- Law commission
- Leeds Comprehensive Care Haemophilia Centre
- Manchester University NHSFT
- Max Healthcare, India
- MBRRACE
- Medicines and Healthcare products Regulatory Agency
- Medical Council on Alcohol – Advisory Committee
- Myanmar Emergency Medicine Society
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
- National Co-ordinating Centre for Health Technology Assessment (NHS R&D)
- National Electronic Library for Health – Emergency Care branch
- National Horizon Scanning Centre expert database

- National Institute for Health and Clinical Excellence (NICE) – Rapid guideline for the 'management of the long-term effects of COVID-19
- National Institute for Health and Clinical Excellence (NICE) – Medical technology evaluation of: GID-MT554 KardiaMobile for the ambulatory detection of atrial fibrillation
- National Police Chiefs Council (NPCC)
- National Safeguarding Delivery Unit – Partnership Network
- National Workforce Skills Development Unit - Enhancing the management of psychological trauma and resilience experienced by staff working in the NHS
- NHS Blood and Transplant (NHSBT) - National Organ Donation Committee
- NHS Commissioning Board Special Health Authority
- NHS Education for Scotland
- NHS England & NHS Improvement
- NHS England - Clinical Review of Standards Consultation
- NHS England North Regional team - Liaison Mental Health Task & Finish Group
- NHS Health Education England
- NHS Infrastructure
- NHS National Services Scotland
- NHS Pathways - National Clinical Governance Group of NHS Pathways
- National Institute for Health and Care Excellence (NICE)
- National Institute for Health Research (NIHR)
- Nuffield
- Northern Ireland Ambulance Service
- Office for Health Improvement and Disparities
- Oman Medical Specialty Board, Oman
- Paediatric Intensive Care Society (PICS)
- Pakistan Institute of Medical Sciences
- Patient and Client Council (Northern Ireland)
- Psychiatric Liaison Accreditation Network (PLAN)
- Professional Record Standards Body (PRSB)
- Public Accounts Committee inquiry on NHS Backlogs and Waiting Times
- Public Health England (PHE)
- Public Health Wales (PHW)
- Qimet International
- Rawalpindi Medical University, Pakistan
- Regulation and Quality Improvement Authority (RQIA) Northern Ireland
- Royal College of Anaesthetists
- Royal College of General Practitioners
- Royal College of Paediatrics and Child Health
- Royal College of Pathologists
- Royal College of Physicians and Surgeons of Glasgow
- Royal College of Physicians of Edinburgh
- Royal College of Physicians of London
- Royal College of Psychiatrists
- Royal College of Radiologists
- Health Innovation Network
- Royal College of Surgeons of Edinburgh
- Royal College of Surgeons of England
- Safe Lives
- Scottish Ambulance Service
- Scottish Government's 6 Essential Actions for Unscheduled Care National Programme
- Scottish Government's Ministerial Strategic Group for Health and Community Care
- Scottish Government's Unscheduled Care Advisory Group
- Scottish Health Action for Alcohol Problems (SHAAP)
- Senedd Health Select Committee - Priorities for Sixth Senedd
- Serious Hazards of Transfusion Steering Group (SHOT)
- Sickle Cell society
- Scottish Health and Sport Committee
- Scottish Intercollegiate Guidelines Network (SIGN)
- Society for Acute Medicine
- St John Ambulance
- The Emergency Medical Retrieval and Transfer Service Cymru (EMRTS) Wales
- Uganda UK Health Alliance
- UK Advisory Panel for Healthcare Workers Infected with Blood borne Viruses
- UK Clinical Research Collaboration (UKCRC) – Clinical Research Collaboration (NRES –
- UK Clinical Research Network (UKCRN) – National Institute for Health Research – specialty groups
- UK Government - Women's Health Strategy
- UK Health Alliance on Climate Change (UKHACC)
- UK Health Security Agency (UKHSA)
- UK Treasury – Spending Review
- University of Medicine 1, Yangon
- University of Medicine 2, Yangon
- University of Medicine, Mandalay
- Warwick Advisory Group
- Welsh Ambulance Service
- Welsh NHS Confederation
- Welsh Parliament



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Accounts



Financial Report

Report of Trustees

Trustees submit their annual report together with financial statements of the College for the year ended 31 December 2022.

Reference and administrative details of the charity, its trustees and advisors	
Status	The College is a charitable body incorporated by Royal Charter on 12 December 2007. The College is registered with the Charity's Commission (charity no. 1122689) and the Scottish Charity Regulator (number SC044373).
Registered office	Octavia House, 54 Ayres Street, London, SE1 1EU
Bankers	Handelsbanken 1 Kingsway, London, WC2B 6AN
Solicitors	Hempsons Hempsons House, 100 Wood Street, Barbican, London, EC2V 7AN
Auditors	Moore Kingston Smith LLP 9 Appold Street, London, EC2A 2AP
Investment Managers	Flagstone Investment Management Ltd, 26-27 Oxendon, London, SW1Y 4EL
Chief Executive	Gordon Miles
Director of Corporate Services	Nigel Pinamang
Director of Education	Romana Moss

Board of Trustees

		From	To
President	Dr. Adrian Boyle	2022	2025
	Dr Katherine Henderson	2021	2022
Dean	Will Townend	2021	2023
Vice President - Membership	Dr. Salwa Malik	2022	2025
	Dr Carole Gavin	2021	2022
Treasurer	Dr Scott Hepburn	2021	2024
Council Trustee	Dr Maya Naravi	2021	2024
Council Trustee	Anne E Weaver	2021	2023
Member Trustee	Dr Mahamed Javid Abdelmoneim	2021	2024
Member Trustee	Dr Stephen Jones	2021	2023
Lay Trustee	Ian Ailes	2021	2024
Lay Trustee	Mary Hockaday	2021	2024
Lay Trustee	Palvi Shah	2021	2023
Lay Group Chair	Miss Karen Jayne Hilderley	2021	2023

Structure, governance and management

The Royal College of Emergency Medicine was constituted by Royal Charter in 2008. The registered Charity Number is 1122689. The College is also registered with the Office of the Scottish Charity Regulator. The registered Charity Number is SC044373.

The charity is governed by its trustees. The Trustee Board comprises the President, Dean, Vice President Membership, and the Treasurer who are Fellows of the College. In addition, two Members of Council, two Membership Trustees and three independent Lay Members are appointed in accordance with the College's Charter and Ordinances.

The Board has additional support in undertaking its functions from the College Council and those involved in the standing committees. The Council and Board aim to make decisions by developing a consensus but voting by members (simple majority) is the final decision-making process. The Council is constituted by the College Role Holders (formerly known as Officers), elected members, Co-Chairs of the Emergency Medicine Trainees Association (EMTA), and Chairs of standing committees, Chair of the College Lay Group, Chair of the Forum for Emergency Medicine Specialty and Specialist Doctors (EMSAS), Chair of Advanced Clinical Practitioners Forum and representatives from other Royal Colleges.

The Executive Committee of the College meet regularly during the periods between each Board and Council meeting.

The College has standing committees relating to Education and Examinations, Training Standards, Professional Standards, Corporate Governance, International aspects of College work, Research, Clinical Effectiveness and Standards, Fellowship and Membership.

The day to day running of the College is undertaken by the Chief Executive and a team of staff supported by the College Role Holders.

The Trustees receive a training programme to ensure they can discharge their duties effectively. Further training is available to meet individual needs. Arrangements are in place for the induction of all newly appointed trustees who receive a formal induction from the President and CEO of the College relating to their role and responsibilities as a trustee, prior to their first meeting. The Trustees additionally receive information about their role and responsibilities from a range of sources, including the Charity Commission and professional advisors to the College.

The election of Role Holders and other elected members of the Council are undertaken in accordance with the governing documents of the College. The Board and Council is chaired by the President, Dr Adrian Boyle who succeeded Dr Katherine Henderson into the role at the Annual General Meeting in October 2022. The Role Holders of the College have been involved in many national and international initiatives relating to the functions of the College and do so with no remuneration for their roles, they are also leading groups of College Committees helping deliver the objectives of the College. They are released by their employers to undertake this work in the wider interests of the NHS and use their own time to assist the College.

We, and our membership, are honoured that Her Royal Highness, The Princess Royal is our Royal Patron.

Report of Trustees (continued)

Employee policy and remuneration of senior staff

In relation to its employees, it is the policy of the College to observe equality of opportunity in its recruitment, development, treatment and promotion, to provide benefits superior to the statutory minimum entitlement, to recognise meritorious performance and to encourage development of individual potential by the provision of formal training. The College consults its employees on significant employment matters via our Employee Forum.

With regards to senior staff, the College has a Remuneration Sub-Committee which reviews their remuneration arrangements periodically and reports to the Corporate Governance Committee. In determining staff remuneration, the College undertook a review of its grading and remuneration arrangements in 2018 with the assistance of an expert in employee remuneration arrangements. Since then annual reviews of progress have been undertaken and minor changes made to the pay policy have been made.

Objectives

The objectives for the Royal College of Emergency Medicine are described in our Royal Charter. To implement these our Corporate Plan sets out our corporate strategy. The strategy document is available on our website. The Corporate Plan is under review at the year end of 2022 and it is anticipated that a new Corporate Plan will be put in place in 2023 to cover the next three years.

During 2022, the Royal College of Emergency Medicine had to adjust as the Covid-19 pandemic evolved into an endemic whilst at the same time as continuing to promote excellence in emergency care. Our activities are focused in four key areas:

i. Improving patient care

- ii. Support our membership to achieve sustainable satisfying careers
- iii. Advancing the practice of Emergency Medicine through research and engagement in Global Health
- iv. Support our membership with the delivery of high-quality day to day care in Emergency Departments

To achieve our objectives, we undertake a range of activities including:

- Setting the curriculum and standard of training for doctors in Emergency Medicine;
- Providing Continuing Professional Development (CPD) including through an eLearning hub, known as RCEMlearning;
- Delivering the specialty examinations for doctors pursuing a career in Emergency Medicine and making recommendations relating to the completion of specialist training to the General Medical Council;
- Working with the General Medical Council and Health Education England to deliver training pathway for those developing a career in Emergency Medicine;
- Supporting our Members and Fellows including supporting Trainees, Staff Grade and Associate Specialist (SAS) doctors in Emergency Medicine.
- Providing a credentialing process for Advanced Clinical Practitioners and developing plans to support the development of Physicians Associates;
- Supporting and giving advice on research within the specialty;

- Working with other healthcare organizations and governments to implement the College's campaign improve the provision of Emergency Medicine for the benefit of patients, centring this on our RCEM Cares policy - (which has developed in to #ResuscitateEmergencyCare). The campaign provides solutions to address the pressing issues in Emergency Medicine in the UK. A full description of this campaign is available on our website.
- Setting, monitoring and auditing clinical standards, and preparing and disseminating guidelines for Emergency Department patient care and safety;
- Improving data quality and the ensuring the effective integration of information technology within Emergency Medicine;
- Providing advice to other bodies relating to Emergency Medicine, including accident prevention. These bodies include the Departments of Health, other Royal Colleges and Faculties, the Royal Society for the Prevention of Accidents and many other organisations;
- Encouraging new roles in Emergency Medicine as additions to the medical team;
- Dealing with enquiries from the general public concerning Emergency Medicine and acting as an advocate for Emergency Medicine patients.
- Developing the employee structure to deliver our operations;
- Improving our information systems to reduce risk and enhance our service performance;
- Continuing to develop our risk management systems, budgeting and business planning.

Public Benefit

The College provides public benefit under the Charities Act in two main ways:

- 1) for the Advancement of Education for the Public Benefit to a section of the public and
- 2) a wider benefit to the public.

In terms of public benefit our Royal Charter empowers us to:

- a) advance education and research in Emergency Medicine and to publish the useful results of such research; and
- b) preserve and protect good health and to relieve sickness by improving standards of health care and providing expert guidance and advice on policy to appropriate bodies on matters relating to Emergency Medicine

It also defines what constitutes Emergency Medicine as follows:

"Emergency Medicine: means the branch of medical science which is based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It further encompasses an understanding of the development of pre-hospital and in-hospital emergency medical systems and the skills necessary for this development. Within such definition, the day to day practice of Emergency Medicine in the United Kingdom encompasses the reception, resuscitation, initial assessment and management of undifferentiated urgent and emergency cases and the timely onward referral of those patients who are considered to require admission under the in-patient specialist teams or further specialist assessment and/or follow up."

Report of Trustees (continued)

Public Benefit (continued)

As can be seen from the preceding explanation of our activities a significant amount of our resources are directed for the advancement of education and research in Emergency Medicine and to publish the useful results of such research.

In terms of a wider public benefit, taking from our Charter again: we "preserve and protect good health and to relieve sickness by improving standards of health care and providing expert guidance and advice on policy to appropriate bodies on matters relating to Emergency Medicine".

Our Members and Fellows working with their NHS colleagues provide a clear benefit to over well over 16 million people through Emergency Departments in the UK¹. we also take part in a wide range of other initiatives to support the public; for example, our work on the effects of alcohol amongst others. The College also deals with enquiries from the general public concerning Emergency Medicine and acts as an advocate for Emergency Medicine patients.

The Trustees confirm in accordance with section 17 of the Charities Act 2011 that they have had due regard to guidance issued by the Charity Commission in determining the activities of the charity.

Fundraising

During 2022 the College continued to develop its fundraising capabilities. Our engagement with a firm of professional fundraising consultants working alongside a dedicated employee focussing on the implementation of our fundraising strategy. We have undertaken awareness raising and have had our second Christmas Appeal. Our fundraising is overseen by a Fundraising Advisory Board who ensure that we adhere to the tenets of the Charity Commission guidance. We continue to comply with the requirements of the Charities (Protection and Social Investment) Act 2016 and no complaints were received in respect of fundraising activity. Furthermore, the College does not fundraise in any way that could be expected to unreasonably intrude or place undue pressure on vulnerable people and other members of the public to give money or other property to the College. Our approach to fundraising is to approach contacts, stakeholders and our membership for specific appeals, and we also have a Just Giving page. We are registered with the Fundraising Regulator.

Achievements and Performance

Following the substantial adjustment to our operations caused by the Covid-19 pandemic we continued to implement change and enhancements in our service delivery to deliver our strategy.

During 2022 we continued to build on the successful implementation of the new curriculum. This was a substantial change and we worked to embed this change supporting our membership. We experienced a significant set back when issuing the results of our March diet of the Fellowship in Emergency Medicine Single Best Answer Examination. Due to a systems issue 50 candidates were initially advised that they had passed the examination whereas they had in fact failed. As soon as we became aware of the issue we invoked our Crisis Management plan and contacted each of the affected candidates to advise them of the situation and discuss their options. We also reported ourselves to the Charity Commission raising a Serious Incident Report and the General Medical Council who regulate our examinations. We worked closely with EMTA and EMSAS during this period.

We are deeply sorry for the significant distress and the impact of our error on those directly involved but also to the wider Emergency Medicine community who felt let down by this issue.

Since then, we have implemented a significant process and systems improvement programme, introduced substantial additional checking processes and system checks and as a result have issued subsequent results without errors. Our change programme to enhance the performance of our examinations will continue over the next two years as we work through process and system improvements. We have also increased resources in the teams working on examinations and made a number of key management changes to support the delivery of our examinations.

We provided support to our membership by commissioning a specialist service which gives them access to advice and counselling support as well as laying on addition training. We put in place a number of measures to support those directly impacted which included refunding fees, allowing a re-sit free of charge, discounting the attempt where they had failed as well as other support. We reported regularly to the entire membership on the issue through newsletters and at our AGM the CEO described in detail all that we had done to deal with the crisis and our plans for the future.

We were helped in dealing with this issue by an investigation led by members of our Corporate Governance Committee under the leadership of the Committee Chair Mr Derek Prentice, supported by Dr Chris Pickering EM Consultant and Ms Jasmin Booth Lay Member. This investigation identified 11 recommendations which we have either implemented or are actively working on at the year end. We also commissioned Professor John McLachlan to undertake an external review of our examinations and his report is expected in early 2023.

We are committed to restoring our reputation for effective delivery of the specialty examinations and working to deliver that. Our employees have worked very hard to respond to this crisis and the CEO and Board thanks them for this.

As the pandemic evolved in the UK into a situation where Covid-19 became endemic the College continued to provide significant input at the highest levels in each of the nations of the UK to support the subsequent challenges of dealing with Covid-19 and the rebound of patient attendances that accompanied release of restrictions on the public such as national 'lockdowns'.

¹ Source: Hospital Accident & Emergency Activity 2021-22 data for Major A&E Departments in England <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-accident--emergency-activity/2021-22>

Report of Trustees (continued)

During 2022, pressure was felt across the organisation. Our exams team and examiners have worked flat out to deliver the specialty examinations notwithstanding the difficulties of the FRC EM SBA error. Our events team successfully delivered a programme of online study days and conferences, including hybrid Scientific Conference and CPD conferences where delegates were present in person and on line. This approach was highly acclaimed. Significant work has been undertaken communicating RCEM Learning content. We continued to provide clinical guidance and through our Emergency Medicine Journal, study days, scientific conference, research programme and Continuing Professional Development programme support the development of the emergency medicine profession.

Our Clinical Quality Audits have continued. Our Research programme continues to gain strength and we have a vibrant research community growing in the specialty.

The Policy Team have continued to support our RCEM Cares campaign and associated engagement in the political arena to set out our case for more support for the specialty. The RCEM Cares campaign provides solutions to address these pressing issues so that Emergency Department staff can deliver safe and timely care for patients. The campaign focuses on five key areas: Crowding, Access, Retention, Experience, Safety. There is more information on our website. Media coverage continued as we were able to maintain a presence in the media to support our policy lobbying. As we entered 2023, we refocused the Cares campaign into the Five priorities for UK Governments to #ResuscitateEmergencyCare.

Our Membership team continued to make significant progress on automating and streamlining membership processes to make it easier for our membership. They are also developing our approach to adding more member value to our services.

Internationally, notwithstanding the travel restrictions, the MTI programme continued. The Emergency Medicine Foundation Programme project entered its second year. We have no capacity for further expansion of our examinations overseas at this time. We will continue to work with our partners abroad to deliver existing commitments but for the foreseeable future we shall not be in a position to offer further examination centres overseas as we work to implement the process and systems improvements that support our examinations.

Our internal support arrangements were consolidated as our Corporate Services function developed. Our HR team have worked to improve staff recruitment, retention, development, engagement and wellbeing notwithstanding the fact that for most of the year our employees were working from home.

Our operations are now concentrated on our building at Octavia House as a hot desking and examinations centre. Our Breems Buildings property is partly let with additional space there being offered for rent on a short-term basis the space which we are not using due to many of our employees working from home for 75% of their working time. The impact of the pandemic has changed the employment market and we have experienced strong demand for hybrid working and so our policy has evolved to allow employees to work at home but they must attend the office when their manager requires it and for a minimum of five days a month. We have found that when advertising roles when we have not mentioned home working options we have not attracted applicants. We are evolving our management approach to ensure that we are managing home working effectively.

The work of the College is a collaborative team effort from our employees and emergency medicine professionals, our membership: "We help those who help the sick and injured." We continue to provide information, guidance, re-engineer our operations and make sure our services continue.

Financial Review

The Trustees are pleased to report that total incoming resources for 2022 were £9.646m. (2021: £8.790m)

The income was as follows

Incoming resources	2022	%	2021	%
Donations & Grants	111,434	1%	171,074	2%
Other Income	185,949	2%	122,554	1.4%
Investment Income	20,108	0.2%	8,076	0.1%
Emergency Medicine Journal	395,217	4%	325,961	4%
Subscriptions	4,048,288	42%	3,749,301	43%
Conferences & CPD	981,498	10%	715,003	8%
Examinations	3,571,117	37%	3,370,325	38%
Training	203,364	2%	195,941	2%
Clinical Audit	128,706	1.3%	132,247	1.5%
Total	9,645,680	100%	8,790,482	100%

The principal funding sources for the College remain membership subscriptions and examinations income. These funding sources are in line with the main educational activities and charitable aims of the College.

At the end of 2022 the total membership rose to 11,507, an increase in 4.6% from 2021. The membership category with the largest increase was in Associate member (overseas) which increased by 44% demonstrating our demand internationally. Our numbers of Fellows by Examination also saw considerable increase by 11% with our overall number of Fellows increasing by 7%, with numbers of members increasing by 6%.

Total resources expended during 2022 were £9.810m (2021 £8.056m). This report has highlighted earlier the key activities that account for the expenditure.

Financial Review (continued)

Major areas of expenditure were as follows:

Resources expended	2022	%	2021	%
Raising funds	3,851	0%	48,254	0.6%
Emergency Medicine Journal	643,178	7%	630,227	8%
Research & Publications	408,690	4%	231,059	3%
Education & Examinations	4,403,933	45%	3,284,714	40%
Training Standards Committee and general training	1,285,720	13%	1,192,542	15%
Conferences & CPD	1,156,600	12%	628,058	8%
Membership Services	635,309	6%	639,111	8%
Quality In Emergency Care	510,732	5%	511,603	6%
Policy & Professional Affairs	663,094	7%	703,126	9%
NHS Project Expenditure	40,345	0.4%	134,152	1.7%
RCEM Foundation	59,014	0.6%	53,031	0.7%
Total	9,810,466	100%	8,055,877	100%

Investment policies and returns:

The Trustees have the power to invest funds and can use this power to invest in a range of ethical areas where reasonably possible.

However, in the immediate aftermath of the Covid-19 outbreak, trustees took the decision to liquidate all investment portfolios to reinforce the funds available to the College and to mitigate against further downside risk. These funds have remained on deposit with Flagstone Investment Management Limited on their cash Investment platform. In 2022, to further support our sustainability strategy, trustees undertook a market review of potential environmentally focused portfolios the College could invest in. Following the review, the decision was taken to reduce some of our long-term liabilities amidst rising interest rates.

Risk Statement

The trustees of the College are responsible for ensuring that procedures are in place to identify risks that the organisation may be exposed to. Trustees ensure risks are

considered as an integral element of all decision making and identify appropriate procedures to ensure that risk levels are acceptable in each case.

The College's Risk Register sets out the most significant risks classified by governance, operation (business continuity), finance, environment, regulatory compliance and reputation. Each risk is scored against a matrix of impact and likelihood. The College then puts in place steps that monitor, manage and mitigate these risks.

The risk register maintained by the Director of Corporate Services on behalf of trustees. The register is reviewed on a regular basis at the meetings of the Corporate Governance Committee and the Board.

Our risk management process complies with the best practice as set out in the latest guidance from the Charity Commission.

Significant risks for the College include:

- Operational, Reputational, Financial and Governance - Examinations: Following the incident relating to our Fellowship in Emergency Medicine Single Best Answer Examination early in the year, we launched a full review of our examination operations to understand how examination delivery can be improved further. This incident aside, there continues to be a number of risks associated with the running of our examinations, these challenges include capacity (e.g. examiners, OSCE), quality of service, processes, systems and regulatory breaches. The coronavirus pandemic saw the College pivot quickly into online delivery and this has created significant changes to how we facilitate and administer our examinations. Mitigation: These challenges are being managed by the College's SMT and the Dean. There has been recent investment (with further investment planned for in 2023) in staff resources and digital infrastructure. An Examinations Strategy Project has also commenced work to undertake a review into how we best provide a suite of RCEM examinations, with regard to quality, reliability, equity, scalability and sustainability and how we can support and sustain a community of expert RCEM examiners.
- Operational and Reputational – Training: We launched our new ePortfolio platform in the autumn of 2021. We have completed the first full academic year using the ePortfolio with our members. There is live risk that we have insufficient resources deployed in the Training Team to support the workload which includes UK trainees support, CESR process, ePortfolio product and process operations, ACP curriculum refresh and PA development. Mitigation: Trustees have sanctioned significant investment to bolster the team which now includes a dedicated ePortfolio Manager. We are also identifying ways improve the user experience and continue to work with our platform supplier on a root cause analyses exercise reviewing user error/

lack of understanding, bugs and the change requirements needed.

- Financial – Inflation and interest rates: The College has remained committed to not simply passing on rising rates of inflation and interest to its members, however, these rises are having a significant impact on our costs of delivering our charitable objectives. Mitigation: We have refined our Medium-Term Financial Strategy 2023 – 2025 to take into account these pressures. The result, a revised three-year business plan in line with our projected growth and known/ best estimates for inflation and interest rates. We have also reconsidered our investment approach with plans to reinvest in a Climate Asset investment portfolio being shelved in favour of making a further £500k payment to reduce our mortgage liability.
- Business Continuity – Cyber incidents: Cyber-attacks, cyber enabled crime, IT failure/outage, data breaches, fines and penalties. The Covid-19 Pandemic saw the College change some of our traditional working models. Most of our services are now being delivered digitally and many of our employees have moved to a hybrid working model. This has led to an increased use of home networks, personal devices and apps for organisational purposes. Access to IT essential to the ability of the College to function efficiently. However, with cyber-attacks and cyber enabled crime on the rise there is a risk of cyber and data security breach which could result in fines of up to £400,000 and/ or permanent loss of data. Mitigation: the College is now a cyber essentials accredited organisation, and we be looking to achieve the cyber essentials plus accreditation in spring 2023. Furthermore, we dedicate a section of our business continuity plan to managing IT outages, security breaches and have physical and virtual infrastructure in place to minimise the possibility of this.

Financial Review (continued)

Reserves policy

The total funds of the College at 31 December 2022 were £10.585m (2021: £10.750m) of which £0.467m (2021: £0.432m) were restricted and not available for the general purpose of the charity. The unrestricted funds of the charity totaled £10.119m (2021: £10.318m) of which £8.090m (2021: £7.111m) are designated funds.

A designated fund is a 'ring fencing' by the trustees of existing unrestricted funds for a particular project or use by the College. As at 31 December 2022, there are two designated funds, tangible fixed assets and Organisational development. Most of the designated amount relates to the tangible fixed assets of the College, net of a related bank loan and reflects the fact that these net funds could not be realised without disposing of the assets. The Organisational development fund has been designated to support our plans for restructuring, digital transformation, operational and service delivery improvements, and process reengineering over the next three years.

The free reserve balance is £2.029m (2021: £3.207m), and has been considered by Trustees, having regard for the risk position of the College and is to provide a cushion to cover up to six months core operating costs.

Furthermore, it has been determined that the College will, as a minimum, hold £1,000,000 as a general cash reserve and £200,000 as a reserve for property related expenditure. The Treasurer will decide how to hold the reserves as between interest bearing accounts or investments having regard for the overall financial position of the College. The reserves policy will be reviewed in the coming year.

Future Plans

Our Corporate Plan 2020 – 2023 sets our current strategic aims, this plan is currently under review. Subject to that review our strategic aims remain as follows:

- 1. Improving patient care.
- 2. Support our membership to achieve sustainable satisfying careers.
- 3. Advancing the practice of Emergency Medicine through research and engagement in Global Health.
- 4. Support our membership with the delivery of high quality day to day care in Emergency Departments.

Statement of Trustees' responsibilities

The Trustees are responsible for preparing the Trustee Report and the financial statements in accordance with applicable law and regulations.

Charity law requires the Trustees to prepare financial statements for each financial year in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards) and applicable law.

Under charity law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and the group and of the charity's net incoming/ outgoing resources for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the Charities SORP;
- Make judgments and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;

- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue to operate.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008, the Charities and Trustee Investment (Scotland) Act 2005 and Charities Accounts (Scotland) Regulations 2006 (as amended) and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Appreciation

The trustees wish to thank the College employees for their unstinting hard work during 2022 and their on-going efforts in the daily administration of numerous areas of College activity.

The trustees wish to acknowledge the immense quantity of high quality work undertaken by College staff, Officers, Committee members and College members to deliver the charitable objectives of the College.

Approved by the Board of Trustees on 29 June 2023 and signed on their behalf by:

Dr Adrian Boyle
President



Independent Auditor’s Report to the Trustees of The Royal College of Emergency Medicine

Opinion

We have audited the financial statements of The Royal College of Emergency Medicine for the year ended 31 December 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- Give a true and fair view of the state of the charity's affairs as at 31 December 2021, and of its incoming resources and application of resources, for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Independent Auditor’s Report to the Trustees of The Royal College of Emergency Medicine

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011 requires us to report to you if, in our opinion:

- The information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- The charity has not kept adequate accounting records; or
- The financial statements are not in agreement with the accounting records and returns; or
- We have not received all the information and explanations we required for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 16, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Independent Auditor's Report to the Trustees of The Royal College of Emergency Medicine (continued)

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and Section 144 and 154 of the Charities Act 2011 and report in accordance with those regulations.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.

Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.

Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.

Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.

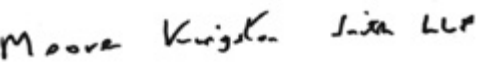
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Independent Auditor's Report to the Trustees of The Royal College of Emergency Medicine (continued)

Use of our Report

This report is made solely to the charity's trustees, as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.

	29/06/2023
Moore Kingston Smith LLP, Statutory auditor	Date
	9 Appold Street London EC2A 2AP

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.



Statement of Financial Activities for the year ended 31 December 2022

	Notes	Unrestricted Funds £	Restricted Funds £	Total 2022	Total 2021
Income from					
Donations and grants	2	-	111,434	111,434	171,074
Income from charitable activities	3	9,328,189	-	9,328,189	8,488,778
Investment income	4	20,108	-	20,108	8,076
Other income	5	185,949	-	185,949	122,554
Total Income		9,534,246	111,434	9,645,680	8,790,482
Expenditure on					
Raising funds		3,851	-	3,851	48,254
Charitable activities	6	9,729,727	76,888	9,806,615	8,007,623
Total resources expended		9,733,578	76,888	9,810,466	8,055,877
Net income for the year		(199,332)	34,546	(164,786)	734,605
Fund balances brought forward		10,318,064	431,937	10,750,001	10,015,396
Total funds carried forward	13,14	10,118,732	466,483	10,585,215	10,750,001

All activities in the year were attributable to continuing activities. The accompanying notes form part of these financial statements.

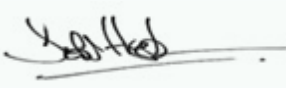
Balance Sheet as at 31 December 2022

		2022		2021	
	Notes	£	£	£	£
Fixed assets					
Tangible assets	9		13,538,062		13,747,266
			13,538,062		13,747,266
Current assets					
Debtors	10	1,061,492		1,022,521	
Investment (Under 90 Days)		864,768		696,319	
Investment (Over 90 Days)		255,000		425,000	
Cash at bank and in hand		2,067,053		4,252,662	
		4,248,312		6,396,502	
Creditors: amounts falling due within one year	11	(1,411,159)		(2,393,767)	
Net current assets			2,837,153		4,002,735
Total assets less current liabilities			16,375,215		17,750,001
Creditors: amounts falling due after one year	12		(5,790,000)		(7,000,000)
Net Assets			10,585,215		10,750,001
Represented by:					
Unrestricted funds:					
Designated funds	13	8,089,705		7,111,380	
General funds		2,029,027		3,206,684	
			10,118,732		10,318,064
Restricted funds	15		466,483		431,937
Total funds			10,585,215		10,750,001

These financial statements were approved by the Trustees and authorised for issue on and are signed on their behalf by:



Dr Adrian Boyle (President)



S Hepburn (Treasurer)

The accompanying notes form part of these financial statements.

Cash Flow Statement for the year ended 31 December 2022

		2022		2021	
Notes		£	£	£	£
Cash flows from operating activities					
Net cash provided by operating activities	17		(821,616)		987,570
Cash flows from investing activities					
Investment income		20,108		8,076	
Purchase of tangible fixed asset		(5,652)		(146,843)	
Net cash used by investing activities			14,456		(138,767)
Cash flow from financing activities					
Repayment of bank loan		(1,210,000)		(200,000)	
Net cash used by financing activities			(1,210,000)		(200,000)
Change in cash and cash equivalents in the year			(2,017,160)		648,803
Cash and cash equivalents at the beginning of the year			4,948,981		4,300,178
Cash and cash equivalents at the end of the year			2,931,821		4,948,981
Analysis of cash and cash equivalents					
Investment (Under 90 Days)			864,768		696,319
Cash at bank and in hand			2,067,053		4,252,662
			2,931,821		4,948,981

The accompanying notes form part of these financial statements.

	At start of year	Cash-flows	Other non-cash changes	At end of year
Analysis of changes in net debt 2022				
Cash	£ 4,948,981	£ (2,017,160)	£ -	£ 2,931,821
		(2,017,160)		
Loans falling within one year	(200,000)	200,000	(200,000)	(200,000)
Loans falling due after more than one year	(7,000,000)	-	200,000	(6,800,000)
Total	(2,251,019)	(1,817,160)	-	(4,068,179)
Analysis of changes in net debt 2021				
Cash	£ 4,300,178	£ 648,803	£ -	£ 4,948,981
		648,803		
Loans falling within one year	(200,000)	200,000	(200,000)	(200,000)
Loans falling due after more than one year	(7,200,000)	-	200,000	(7,000,000)
Total	(3,099,822)	848,803	-	(2,251,019)

The accompanying notes form part of these financial statements.





Notes to the Financial Statements for the year 31 December 2022

1. ACCOUNTING POLICIES

Basis of accounting

The financial statements are prepared in sterling which is the functional currency of the charity, and rounded to the nearest pond in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) - (Charities SORP (FRS 102) second edition - October 2019)), and with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

The Royal College of Emergency Medicine meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

Going concern

The trustees undertook their annual review of going concern in December 2022 and considered several factors in concluding that the adoption of a going concern basis in the preparation of these financial statements is appropriate. They have reviewed reserves, cashflow projections and business plans, for a period of 36 months from the date of approval of these financial statements which demonstrates that the College has enough resources to meet its obligations as they fall due. Furthermore, having developed digital solutions for our examinations and conferences, trustees are content that the College has robust income streams in these areas as well as subscriptions. The College is forecasting a deficit budget in 2023, with a likely deficit budget in 2024 as well, and both financial years will require use of our reserves. However, trustees are confident that planned investments in organisational development will create new income opportunities and better cost controls over the medium term that will allow the College to return to a balanced budget position by 2025.

Furthermore the College has free reserves of approximately £2.012m at the balance sheet date, and this further affirms the conclusion to adopt the going concern basis in the preparation of the financial statements

Judgements and estimates

Judgements made by the Trustees, in the application of these accounting policies that have significant effect on the financial statements and estimates with a significant risk of material

adjustment in the next year are deemed to be in relation to the valuation of investments and are discussed below.

Income

All income is recognised once the College has entitlement to the income, it is probable that the income will be received, and the amount of income receivable can be measured reliably. Income comprises amounts receivable during the year except for investment income which is accounted for in the period in which it is received on the basis that this is not materially different to a receivable basis. Grants are recognised when receivable and subscriptions for life membership are recognised when received. Payments received in advance of the related income being receivable are treated as deferred income within creditors.

Expenditure

Expenditure is recognised on an accruals basis in the period in which the College receives the benefit from the supplies or services. Raising funds are costs of investment management, costs of merchandise and costs incurred in publicising the name of the charity. Charitable activities comprise all expenditure directly relating to the objects of the charity and, in addition, support costs which are costs which are common to a number of activities and are charged to those activities on the basis of office space used by respective members of staff. Support costs include governance costs which are the costs of compliance with constitutional and statutory requirements and costs related to the strategic management of the organisation.

Tangible fixed assets and depreciation

Tangible and Intangible fixed assets are recorded at cost or, in cases where fixed assets have been donated to the College, at valuation at the time of donation. All items of expenditure over £1,000 regarded as fixed assets are capitalised. Depreciation and amortisation are charged at the following rates in order to write down the cost or valuation, less estimated residual value, of all fixed assets, over their expected useful lives:

Freehold land	nil
Freehold building	2%
Fixtures and fittings	25%
Computer equipment	25%
Database systems	50%

Notes to the Financial Statements for the year 31 December 2022 (continued)

The Coat of Arms and Presidential Chain of Office have not been depreciated in view of their nature. The Council believe that their current value is at least equal to their book values.

Investments and investment gains and losses

Quoted investments are valued at the bid price at the close of business at the year end. Realised and unrealised gains and losses on investments are included in the Statement of Financial Activities.

Pension costs

The charity makes contributions towards employees' personal pension schemes which are accounted for as the payments fall due.

Operating leases

Rentals applicable to operating leases are charged to the SOFA over the period in which the cost is incurred.

Taxation

No provision has been made for corporation tax or deferred tax as the charity is exempt.

Funds

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objects of the charity and which have not been designated for other purposes.

Designated funds comprise funds which have been set aside by the trustees for specific purposes. The purpose of each designated fund is set out in note 14.

Restricted funds relate to non-contractual income which is to be used in accordance with restrictions imposed by the donors or which have been raised by the charity for specific purposes. The purpose of each restricted fund is set out in note 15.

Financial instruments

Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised except for investments which are held at fair value. Financial assets held at amortised cost comprise cash at bank and in hand, together with trade and other debtors. A specific provision is made for debts for which recoverability is in doubt. Cash at bank and in hand is defined as all cash held in instant

access bank accounts and used as working capital. Financial liabilities held at amortised cost comprise all creditors except social security and other taxes and provisions.

Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks and other short-term liquid investments with original maturities of three months or less. Deposits with maturity greater than three months from the year end are classified within short term investments.

Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

Related Party Transactions

There are no related party transactions.

Employee benefits

- Short term benefits

Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.

- Employee termination benefits

Termination benefits are accounted for on an accrual basis and in line with FRS 102.

2. Grants and Donations

Basis of accounting

The College Council consists of the following members elected by Fellows and Members of the College, and co-opted members. These elected members of Council were the Trustees of the College up until 31st July 2021

	Total 2022	Total 2021
Restricted funds	£	£
NHS Health Education England Projects	59,626	132,760
RCEM Fundraising	51,808	15,500
Unrestricted funds		
Grants and Donations	-	22,814
	111,434	171,074

3. Income from Charitable Activities

	Total 2022 £	Total 2021 £
Unrestricted funds		
Emergency Medicine Journal	395,217	325,961
Conferences & CPD	981,498	715,003
Subscription	4,048,288	3,749,301
Examination fees	3,571,117	3,370,325
Training	203,364	195,941
Clinical Audit	128,706	132,247
	9,328,190	8,488,778

Notes to the Financial Statements for the year 31 December 2022 (continued)

4. Investment Income

	Total 2022	Total 2021
Unrestricted funds	£	£
Interest received	20,108	8,076
	20,108	8,076

Interest received in both years were from unrestricted sources.

5. Other Income

	Total 2022	Total 2021
Unrestricted funds	£	£
Sale of Merchandise	2,855	159
Room Hire	183,094	122,395
	185,949	122,554

6. Expenditure

	Direct Costs	Support Costs	Total 2022
Raising funds	£	£	£
Website costs	2,170	-	2,170
RCEM Merchandise	-	-	-
Investment broker charges	1,681	-	1,681
	3,851	-	3,851

Charitable activities	£	£	£
Emergency Medicine Journal	643,178	-	643,178
Research & publications	312,520	96,170	408,690
Education and examinations	3,098,568	960,299	4,058,867
RCEMLearning	202,269	142,797	345,066
Training	721,141	564,579	1,285,720
Conferences & CPD	814,315	342,285	1,156,600
Membership services	356,771	278,538	635,309
Quality in emergency care	273,500	237,232	510,732
Policy and professional affairs	380,102	282,992	663,094
RCEM Fundraising	59,014	-	59,014
NHS project expenditure (Restricted)	40,345	-	40,345
	6,901,723	2,904,892	9,806,615
	6,905,574	2,904,892	9,810,466

Raising funds	Direct Costs	Support Costs	Total 2021
Website costs	41,898	-	41,898
RCEM Merchandise	4,676	-	4,676
Investment broker charges	1,680	-	1,680
	48,254	-	48,254

Notes to the Financial Statements for the year 31 December 2022 (continued)

6. Expenditure (continued)

	Direct Costs	Support Costs	Total 2021
Charitable activities	£	£	£
Emergency Medicine Journal	630,227	-	630,227
Research & publications	180,508	50,551	231,059
Education and examinations	2,182,492	765,969	2,948,461
RCEMLearning	197,813	138,440	336,253
Training	621,520	571,022	1,192,542
Conferences & CPD	362,166	265,892	628,058
Membership services	297,349	341,762	639,111
Quality in emergency care	268,638	242,965	511,603
Policy and professional affairs	413,532	289,594	703,126
RCEM Fundraising	53,031	-	53,031
NHS project expenditure (Restricted)	134,152	-	134,152
	5,341,428	2,666,195	8,007,623
	5,389,682	2,666,195	8,055,877

	Year to December 2022	Year to December 2021
Staff costs comprise	£	£
Wages and salaries	2,882,892	2,737,932
Social security costs	323,227	285,748
Other pension costs	269,183	239,655
Total Employee costs	3,475,302	3,263,335
Casual staff	56,321	90,696
	3,531,624	3,354,031

Wages and salaries include termination payments totaling £63,082 (2021: £177,843).

The average number of permanent employees during the period was 70 (2021: 63). These were supplemented by several casual staff who assisted primarily with examinations and training.

	Year to December 2022	Year to December 2021
STAFF NUMBERS AS ANALYSED BY CATEGORY:	No.	No.
Exams & Education	17	13
Training	12	10
Policy & Professional Affairs and Quality in Emergency Care	13	12
Membership	5	6
Research & Publications and Events	6	7
Other	17	15
	70	63

During the period the numbers of employees whose emoluments (defined as salary and taxable benefits) exceeded £60,000 were:

	Year to December 2022	Year to December 2021
	No.	No.
£60,000 to £70,000	1	3
£70,001 to £80,000	1	-
£80,001 to £90,000	1	-
£90,001 to £100,000	1	1
£150,001 to £160,000	1	1
£170,001 to £180,000	0	1

The aggregate emoluments of the key management personnel which comprises of Trustees, Chief Executive Officer, Director of Corporate Services and Director of Education amounted to £411,090. (2021: £513,261).

The pension amounts paid to the above employees amounted to £33,472.

Notes to the Financial Statements
for the year 31 December 2022
(continued)

6A. Support and Government Costs

	Year to December 2022	Year to December 2021
	No.	No.
Staff costs	1,135,623	985,677
Rates, service charges and electricity	296,781	400,557
Office expenses	218,861	170,941
Printing, postage, stationery & telephone	78,899	68,347
Website & information technology	332,172	332,885
Insurance	50,617	49,767
Depreciation & loss on disposal of assets	214,857	172,774
Irrecoverable VAT	217,069	193,049
Sundry expenses	21,355	20,043
Bank interest on loan	181,518	121,729
Bank & credit card charges	88,540	91,792
Governance		
Audit remuneration	22,450	18,500
In respect of Non-audit services	-	-
Board meeting and travel costs	46,149	40,134
	2,904,892	2,666,195

Support costs are allocated to activities on a basis consistent with the use of these resources. The allocation method of apportionment adopted by The Royal College of Emergency Medicine is as follows, headcount, i.e. based on the number of people employed within an activity, square foot, i.e. based on floor area occupied by an activity and time, i.e. where staff duties span more than one activity.

7. Charitable Activities -
Grant Payable

Research grants awarded by the Royal College of Emergency Medicine in the year to 31 December 2022 was to 16 individuals totaled £181,664 (2021: 14 Individuals, £176,664).

8. Trustees

The trustees received no remuneration from the charity in respect of acting as Trustees. No trustee provided services to the charity for which they were paid.

During the year, we had 14 trustees, 10 trustees received reimbursement for costs for attending meetings and for travelling expenses, amounting to £1,012 (2021: 16 trustees, £2,475). In addition, expenses paid directly by the College, mainly in the form of hotel bills, amounted to £4,766 (2021: £2,960).

9. Tangible Fixed Assets

	Building Costs	Office Equipment	College Database	Coat of Arms	Chain of office	Total
	£	£	£	£	£	
Cost or valuation						
At 1 January 2022	14,418,138	753,370	528,864	6,534	428	15,707,334
Additions	-	5,652	-	-	-	5,652
Disposals	-	-	-	-	-	-
At 31 December 2022	14,418,138	759,022	528,864	6,534	428	15,712,987
Depreciation						
At 1 January 2022	855,608	696,234	408,226	-	-	1,960,068
Charge for the year	124,648	27,266	62,942	-	-	214,856
On Disposals	-	-	-	-	-	-
At 31 December 2022	980,256	723,500	471,168	-	-	2,174,924
Net Book Value						
At 31 December 2022	13,437,882	35,522	57,696	6,534	428	13,538,062
At 31 December 2021	13,562,530	57,136	120,638	6,534	428	13,747,266

Notes to the Financial Statements
for the year 31 December 2022
(continued)

10. Debtors

	2022	2021
	£	£
Trade debtors	143,145	110,195
Prepayments	515,828	560,127
Accrued income	402,436	352,199
Other Debtors	83	-
	1,061,492	1,022,521

11. Creditors: amounts falling due within one year

	2022	2021
	£	£
Bank loan (see note 12)	200,000	200,000
Trade creditors	111,532	427,829
Taxes and social security	92,208	2,714
Accruals	283,293	517,294
Deferred income	465,100	1,073,157
Other Creditors	259,026	172,773
	1,411,159	2,393,767

Included within Other Creditors is an amount of £28,854 (2021: £24,656) in respect of pension contributions.

Deferred income relates to exam, event and course fees received in advance. All the deferred income at 31 December 2022 relates to income received in 2022 and all deferred income at 31 December 2021 has been released.

12. Creditors: amounts falling due after more than one year

	2022	2021
	£	£
Bank loan	5,790,000	7,000,000
	5,790,000	7,000,000
Bank loan maturity analysis		
Due less than 1 year	200,000	200,000
Due 1 – 2 years	200,000	200,000
Due 2 – 5 years	5,590,000	6,800,000
Total loan value	5,990,000	7,200,000
Included in current liabilities	(200,000)	(200,000)
Included in long term liabilities	5,790,000	7,000,000

The bank loan is secured by a first legal charge over the land and buildings owned by the charity. Interest is calculated at Bank of England Base Rate plus 1.60%.

13. Unrestricted Funds

	At 1 January 2022	Income	Expenditure	Investment gains/losses and fair value	Transfers	At 31 December 2022
	£	£	£	£	£	£
Designated Fund						
Tangible fixed Assets	6,547,266	-	-	-	1,000,796	7,548,062
Organisational Development	564,113	-	(22,471)	-	-	541,643
General fund	3,206,685	9,534,247	(9,711,108)	-	(1,000,796)	2,029,027
	10,318,064	9,534,247	(9,733,579)	-	-	10,118,732

Notes to the Financial Statements for the year 31 December 2022 (continued)

13. Unrestricted Funds (continued)

	At 1 January 2021	Income	Expenditure	Investment gains/losses and fair value	Transfers	At 31 December 2021
	£	£	£	£	£	£
Designated Fund						
Tangible fixed Assets	6,373,197	-	-	-	174,069	6,547,266
IT Development RCEM	483,450	-	(57,666)	-	-	425,784
Fundraising	191,360	-	(53,031)	-	-	138,329
General fund	2,549,560	8,642,221	(7,811,028)	-	(174,069)	3,206,685
Net Book Value	9,597,567	8,642,221	(7,921,725)	-	0	10,318,064

The Tangible Fixed Assets fund represents the value of these assets less a related loan and are not free reserves. The Organisational development fund has been designated to support our plans for restructuring, digital transformation, operational and service delivery improvements, and process reengineering over the next 3 years.

14. Restricted Funds

	At 1 January 2022	Income	Expenditure	Transfers 2022	At 31 December 2022
	£	£	£	£	£
Alison Gourdie Memorial Fund	43,832	-	-	-	43,832
E-learning for Health Fund	157,622	-	-	-	157,622
ENACT	3,348	-	-	-	3,348
Beth Christian Memorial Fund	6,050	-	-	-	6,050
Emergency Care Data Set Project	12,273	-	-	-	12,273
Health Education England Projects	175,447	59,626	(40,345)	-	194,728
RCEM Fundraising	33,365	51,808	(36,543)	-	48,630
	431,937	111,434	(76,888)	-	466,483

14. Restricted Funds (continued)

	At 1 January 2021	Income	Expenditure	Transfers 2021	At 31 December 2021
	£	£	£	£	£
Alison Gourdie Memorial Fund	43,832	-	-	-	43,832
E-learning for Health Fund	157,622	-	-	-	157,622
ENACT	3,348	-	-	-	3,348
Beth Christian Memorial Fund	6,050	-	-	-	6,050
Emergency Care Data Set Project	12,273	-	-	-	12,273
Health Education England Projects	176,839	132,760	(134,152)	-	175,447
RCEM Fundraising	17,865	15,500	-	-	33,365
	417,829	148,260	(134,152)	-	431,937

The Alison Gourdie Memorial Fund was established to award prizes to doctors and nurses for projects that benefit the provision of high quality care in the field of Accident and Emergency Medicine.

The Beth Christian Memorial Fund was established in her memory.

Elearning for Health Fund (previously known as the EnlightenMe Grant) is a project funded by the Department of Health to improve e-learning for Healthcare by covering the costs of Content Authors, Module Editors and Clinical Leads.

ENACT is a fund set up to help develop emergency medicine learning overseas.

The Emergency Care Data Set Project is a funded by the Department of Health to change the data set collected by the NHS relating to emergency medicine.

The Health Education Projects fund is to fund a series of joint projects focused on the development of the emergency medicine workforce with NHS Health Education England.

RCEM Fundraising is to support further improvements in patient care, to support ground breaking research and help low income countries establish emergency care and clinical training.

Notes to the Financial Statements for the year 31 December 2022 (continued)

15. Analysis of net assets between funds

	General Funds	Designated Funds	Restricted Funds	Total Funds
Fund balances at 31 December 2022 represented by:				
Tangible fixed assets	-	13,538,062	-	13,538,062
Current assets	3,240,186	541,643	466,483	4,248,312
Creditors falling due within one year	(1,211,159)	(200,000)	-	(1,411,159)
Creditors falling due after one year	-	(5,790,000)	-	(5,790,000)
Total net assets	2,029,027	8,089,705	466,483	10,585,215

	General Funds	Designated Funds	Restricted Funds	Total Funds
Fund balances at 31 December 2021 represented by:				
Tangible fixed assets	-	13,747,266	-	13,747,266
Current assets	5,400,451	564,113	431,937	6,396,502
Creditors falling due within one year	(2,193,767)	(200,000)	-	(2,393,767)
Creditors falling due after one year	-	(7,000,000)	-	(7,000,000)
Total net assets	3,206,684	7,111,379	431,937	10,750,001

16. Operating lease commitments

	Equipment 2022	Equipment 2021
Operating leases which expire within:	£	£
Less than one year	29,572	53,020
Between one and two years	6,124	29,572
Between two and five years	15,310	18,372
Over five years	-	3,062
	51,006	104,026

17. Reconciliation of operating profit to net cash

	2022	2021
	£	£
Net income before other gains and losses	(164,786)	734,605
Depreciation charges	214,856	172,775
Investment income	(20,108)	(8,076)
Movement in investment portfolio cash	170,000	40,000
Decrease/(increase) in debtors	(38,971)	(19,837)
Increase/(decrease) in creditors	(982,608)	68,103
Net cash inflow from operating activities	(821,617)	987,570

18. Capital commitments

In the current year, no capital commitments were contracted for. (2021: £nil)

Annex

College representatives work with several organisations, including:

- Academy of Medical Royal Colleges
- Academy of Medical Royal Colleges and Faculties in Scotland
- Australasian College for Emergency Medic (ACEM)
- All Party Parliamentary Group – Tobacco
- All Party Parliamentary Group – Coronavirus
- Apollo Hospitals, India
- Aster Medicity, India
- British Medical Association Scotland
- British Medical Journal
- British Orthopaedic Association
- British Red Cross
- Cambridge Global Health Partnership
- Care Quality Commission
- College of Emergency Physicians, Malaysia
- College of Paramedics
- Committee for Health, NI assembly
- Compassion in Dying
- Department of Health and Social Care
- Department of Health Northern Ireland
- Devices Expert Advisory Committee
- Edith Murphy Foundation
- Egyptian Ministry of Health and Population
- Emergency Care Society of Uganda
- Emergency Medicine Specialist And Staff (EMSAS) - old name of the Forum of Associate & Staff Grade Emergency Medicine (FASSGEM)
- Emergency Medicine Trainees' Association (EMTA)
- European Society For Emergency Medicine (EuSEM)
- Faculty of Forensic and Legal Medicine (FFLM)
- Faculty of Intensive Care Medicine (FICM)
- Faculty of Sport and Exercise Medicine (UK)
- General Practitioners at the Deep End (Scotland)
- Getting It Right First Time (GIRFT)
- Hospital Saturday Fund
- HCA Healthcare UK
- Healthcare Safety Investigation Branch (HSIB)
- Health and Social Care Committee, Welsh Parliament
- Health Select Committee - Children and young people's mental health inquiry
- Health Select Committee – White paper
- Health and Sport Committee, Scottish Parliament
- Health Education and Improvement Wales (HEIW)
- Health Education England (HEE)
- Health Research Authority (HRA) – Confidentiality Advisory Group (CAG)
- Healthcare Improvement Scotland
- Healthcare Inspectorate Wales (HIW) - Patient Discharge Thematic Review Stakeholder Group
- Home Affairs Committee's inquiry into Spiking
- Home Office – Modern Slavery Campaign
- House of Commons - Health and Care Bill
- HSC Public Health Agency (Northern Ireland)
- Independent Inquiry into Child Sexual Abuse - Prevention of child sexual abuse in healthcare settings
- Institute of Hepatology - Lancet Commission for Liver Disease
- Intercollegiate Board for Training in Intensive Care Medicine
- Intercollegiate Board for Training in Pre-Hospital Emergency Medicine (IBTPHEM)
- Intercollegiate Committee for Acute Care Common Stem Training (ICACCST)
- Inter- Collegiate and national Agency Domestic Violence and Abuse forum (INCADVA)
- Inclusive Health
- Infected Blood Inquiry
- Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings
- International Federation for Emergency Medicine (IFEM)
- James Lind Alliance
- Joint Colleges Hospital Visiting Committee
- Joint Royal College Ambulance Service Liaison Committee
- Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute, India
- Landspítali – The National University Hospital of Iceland, Iceland
- Law commission
- Leeds Comprehensive Care Haemophilia Centre
- Manchester University NHSFT
- Max Healthcare, India
- MBRRACE
- Medicines and Healthcare products Regulatory Agency
- Medical Council on Alcohol – Advisory Committee
- Myanmar Emergency Medicine Society
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
- National Co-ordinating Centre for Health Technology Assessment (NHS R&D)
- National Electronic Library for Health – Emergency Care branch
- National Horizon Scanning Centre expert database
- National Institute for Health and Clinical Excellence (NICE) – Rapid guideline for the 'management of the long-term effects of COVID-19
- National Institute for Health and Clinical Excellence (NICE) – Medical technology evaluation of: GID-MT554 KardiaMobile for the ambulatory detection of atrial fibrillation
- National Police Chiefs Council (NPCC)
- National Safeguarding Delivery Unit – Partnership Network
- National Workforce Skills Development Unit - Enhancing the management of psychological trauma and resilience experienced by staff working in the NHS
- NHS Blood and Transplant (NHSBT) - National Organ Donation Committee
- NHS Commissioning Board Special Health Authority
- NHS Education for Scotland
- NHS England & NHS Improvement
- NHS England - Clinical Review of Standards Consultation
- NHS England North Regional team - Liaison Mental Health Task & Finish Group
- NHS Health Education England
- NHS Infrastructure
- NHS National Services Scotland
- NHS Pathways - National Clinical Governance Group of NHS Pathways
- National Institute for Health and Care Excellence (NICE)
- National Institute for Health Research (NIHR)
- Nuffield
- Northern Ireland Ambulance Service
- Office for Health Improvement and Disparities
- Oman Medical Specialty Board, Oman
- Paediatric Intensive Care Society (PICS)
- Pakistan Institute of Medical Sciences
- Patient and Client Council (Northern Ireland)
- Psychiatric Liaison Accreditation Network (PLAN)
- Professional Record Standards Body (PRSB)
- Public Accounts Committee inquiry on NHS Backlogs and Waiting Times
- Public Health England (PHE)
- Public Health Wales (PHW)
- Qimet International
- Rawalpindi Medical University, Pakistan
- Regulation and Quality Improvement Authority (RQIA) Northern Ireland
- Royal College of Anaesthetists
- Royal College of General Practitioners
- Royal College of Paediatrics and Child Health
- Royal College of Pathologists
- Royal College of Physicians and Surgeons of Glasgow
- Royal College of Physicians of Edinburgh
- Royal College of Physicians of London

Annex (continued)

College representatives work with several organisations, including:

- Royal College of Psychiatrists
- Royal College of Radiologists
- Health Innovation Network
- Royal College of Surgeons of Edinburgh
- Royal College of Surgeons of England
- Safe Lives
- Scottish Ambulance Service
- Scottish Government's 6 Essential Actions for Unscheduled Care National Programme
- Scottish Government's Ministerial Strategic Group for Health and Community Care
- Scottish Government's Unscheduled Care Advisory Group
- Scottish Health Action for Alcohol Problems (SHAAP)
- Senedd Health Select Committee - Priorities for Sixth Senedd
- Serious Hazards of Transfusion Steering Group (SHOT)
- Sickle Cell society
- Scottish Health and Sport Committee
- Scottish Intercollegiate Guidelines Network (SIGN)
- Society for Acute Medicine
- St John Ambulance
- The Emergency Medical Retrieval and Transfer Service Cymru (EMRTS) Wales
- Uganda UK Health Alliance
- UK Advisory Panel for Healthcare Workers Infected with Blood borne Viruses
- UK Clinical Research Collaboration (UKCRC) – Clinical Research Collaboration (NRES –
- UK Clinical Research Network (UKCRN) – National Institute for Health Research – specialty groups
- UK Government - Women's Health Strategy
- UK Health Alliance on Climate Change (UKHACC)
- UK Health Security Agency (UKHSA)
- UK Treasury – Spending Review
- University of Medicine 1, Yangon
- University of Medicine 2, Yangon
- University of Medicine, Mandalay
- Warwick Advisory Group
- Welsh Ambulance Service
- Welsh NHS Confederation
- Welsh Parliament

This report covers activity of the year to 31 December 2022



Accounts



Annual Report

2021

REPORT OF COUNCIL

Council submits its annual report together with financial statements of the College for the year ended 31 December 2021.

Reference and administrative details of the charity, its trustees and advisors

Status The College is a charitable body incorporated by Royal Charter on 12 December 2007. The College is registered with the Charity's Commission (charity no. 1122689) and the Scottish Charity Regulator (number SC044373).

Registered office Octavia House, 54 Ayres Street, London, SE1 1EU

Bankers Handelsbanken

1 Kingsway

London

WC2B 6AN

Solicitors Hempsons

Hempsons House, 100 Wood Street, Barbican

London

EC2V 7AN

Auditors Moore Kingston Smith LLP

Devonshire House, 60 Goswell Road

London, EC1M 7AD

Investment Managers Flagstone Investment

Management Ltd

126-27 Oxendon

Annual Report for year ended 31 December 2021

London

SW1Y 4 EL

Chief Executive

Gordon Miles

The College established a new Trustee Board in August 2021, and these individuals replaced the elected members of Council as Trustees of the College.

		From	To
President	Dr Katherine Henderson	2021	2022
Dean	Will Townend	2021	2023
Vice President - Membership	Dr Carole Gavin	2021	2022
Treasurer	Dr Scott Hepburn	2021	2024
Council Trustee	Dr Maya Naravi	2021	2024
Council Trustee	Anne E Weaver	2021	2023
Member Trustee	Mahamed Javid Abdelmoneim	2021	2024
Member Trustee	Dr Stephen Jones	2021	2023
Lay Trustee	Ian Ailes	2021	2024
Lay Trustee	Mary Hockaday	2021	2024
Lay Trustee	Palvi Shah	2021	2023
Lay Group Chair	Miss Karen Jayne Hilderley	2021	2023

The College Council consists of the following members elected by Fellows and Members of the College, and co-opted members. These elected members of Council were the Trustees of the College up until 31st July 2021.

		From	To
President	Dr Katherine Henderson	2019	2021
Vice President - Membership	Dr Carole Gavin	2019	2021
Vice President	Dr Ian Higginson	2019	2021
Vice President	Dr Lisa Munro - Davies	2016	2021
Vice President - Policy	Dr Adrian Boyle	2019	2021
CPD Director	Professor Simon D. Carley	2019	2021
Chair QECC	Dr Simon M Smith	2019	2021

Chair R&P	Dr Jason E Smith	2019	2021
Chair ACP	Mrs Olivia M Wilson	2019	2021
Chair - Emergency Medicine Trainees Association	Dr Daniel Darbyshire	2021	2021
President – Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine	Dr Stephen Richard Black	2020	2021
Northern Ireland – National Board	Mr Paul P Kerr	2020	2021
Scotland – National Board	Dr John Thomson	2020	2021
Wales – National Board	Dr Suresh K Gopala Pillai	2020	2021
East Midlands	Dr Richard Wright	2017	2021
East of England	Dr Sarah J Evans	2019	2021
London	Dr Shashank Patil	2019	2021
North East	Mr. Sohom Maitra	2019	2021
South East Coast	Dr Salwa Malik	2021	2021
South Central Region	Divyansh Gulati	2021	2021
South West	Dr Adam Rueben	2018	2021
West Midlands	Mr. Kalyana S Murali	2019	2021
Yorkshire & Humber	Dr Sundararaj J Manou	2019	2021
Lay Group Chair	Miss Karen Jayne Hilderley	2020	2021

Structure, governance and management

The Royal College of Emergency Medicine was constituted by Royal Charter in 2008. The registered Charity Number is 1122689. The College is also registered with the Office of the Scottish Charity Regulator. The registered Charity Number is SC044373.

The charity is governed by its trustees. Up until the new Trustee Board was formed in June 2021 the Trustees were elected members of the College Council and Officers of the College, supported by a system of Regional Boards in England and National Boards in the devolved nations.

At the Annual General Meeting in October 2020 the membership voted to agree to some changes in the structure of the College, creating a separate Trustee Board leaving Council to focus on specialty matters. These changes were approved by the Privy Council on 16 December 2020 and were implemented in 2021.

The new Trustee Board formed in June 2021 and comprises the President, Dean, Vice President Membership, and the Treasurer who are Fellows of the College. In addition, two Members of Council, two Membership Trustees and three independent Lay Members were appointed in accordance with the College's Charter and Ordinances.

The Board has additional support in undertaking its functions from the College Council and those involved in the standing committees. The Council meets at least four times per year. The Council is constituted by the College Role Holders (formerly known as Officers), elected members, Chair of Emergency Medicine Trainees Association, and Chairs of standing committees, Chair of the College Lay Group, President of Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine, Chair of Advanced Clinical Practitioners and representatives from other Royal Colleges.

The Executive Committee of the College meet regularly during the periods between each Board and Council meeting.

The College has standing committees relating to Education and Examinations, Training Standards, Professional Standards, Corporate Governance, International aspects of College work, Research, Clinical Effectiveness and Standards, Fellowship and Membership.

The day to day running of the College is undertaken by the Chief Executive and a team of staff supported by the College Role Holders.

The Trustees receive a training programme to ensure they can discharge their duties effectively. Further training is available to meet individual needs. Arrangements are in place for the induction of all newly appointed trustees who receive a formal induction from the President and CEO of the College relating to their role and responsibilities as a trustee, prior to their first meeting. The Trustees additionally receive information about their role and responsibilities from a range of sources, including the Charity Commission and professional advisors to the College.

The election of Role Holders and other elected members of the Council are undertaken in accordance with the governing documents of the College. The Board and Council is chaired by the President, Dr Katherine Henderson. The Council aims to make decisions by developing a consensus but voting by members (simple majority) is the final decision-making process.

The Role Holders of the College have been involved in many national and international initiatives relating to the functions of the College and do so with no remuneration for their roles. They are released by their employers to undertake this work in the wider interests of the NHS and use their own time to assist the College.

Employee policy and remuneration of senior staff

In relation to its employees, it is the policy of the College to observe equality of opportunity in their recruitment, development, treatment and promotion, to provide benefits superior to the statutory minimum entitlement, to recognise meritorious performance and to encourage development of individual potential by the provision of formal training. The College consults its employees on significant employment matters via our Employee Forum.

With regards to senior staff, the College has a Remuneration Sub-Committee which reviews their remuneration arrangements periodically and reports to the Corporate Governance Committee. In determining staff remuneration, the College undertook a review of its grading and remuneration arrangements in 2018 with the assistance of an expert in employee remuneration arrangements. Since then annual reviews of progress have been undertaken and minor changes made to the pay policy have been made.

Objectives

The objectives for the Royal College of Emergency Medicine are described in our Royal Charter. To implement these our Corporate Plan sets out our corporate strategy. The strategy document is available on our website.

During 2021, the Royal College of Emergency Medicine had to continue to adapt to the Covid-19 pandemic at the same time as continuing to promote excellence in emergency care. Our activities are focused in four key areas:

- i. Improving patient care
- ii. Support our membership to achieve sustainable satisfying careers
- iii. Advancing the practice of Emergency Medicine through research and engagement in Global Health

Support our membership with the delivery of high-quality day to day care in Emergency Departments

To achieve our objectives, we undertake a range of activities including:

- setting the curriculum and standard of training for doctors in Emergency Medicine;
- providing Continuing Professional Development (CPD) including through an eLearning hub, known as RCEMlearning;
- delivering the specialty examinations for doctors pursuing a career in Emergency Medicine and making recommendations relating to the completion of specialist training to the General Medical Council;
- working with the General Medical Council and Health Education England to deliver training pathway for those developing a career in Emergency Medicine;
- supporting our Members and Fellows including supporting Trainees, Staff grade and Associate Specialist (SAS) doctors in Emergency Medicine.
- providing a credentialing process for Advanced Clinical Practitioners and developing plans to support the development of Physicians Associates;
- supporting and giving advice on research within the specialty;

- working with other healthcare organizations and governments to implement the College's

campaign improve the provision of Emergency Medicine for the benefit of patients, centring this on our RCEM Cares policy. Our RCEM Cares campaign provides solutions to address the pressing issues in Emergency Medicine in the UK. A full description of this campaign is available on our website.

- Setting, monitoring and auditing clinical standards, and preparing and disseminating guidelines for Emergency Department patient care and safety;

- improving data quality and ensuring the effective integration of information technology within Emergency Medicine;
- providing advice to other bodies relating to Emergency Medicine, including accident prevention. These bodies include the Departments of Health, other Royal Colleges and Faculties, the Royal Society for the Prevention of Accidents and many other organisations;
- encouraging new roles in Emergency Medicine as additions to the medical team;
- dealing with enquiries from the general public concerning Emergency Medicine and acting as an advocate for Emergency Medicine patients.
- developing the employee structure to deliver our operations;
- improving our information systems to reduce risk and enhance our service performance;
- continuing to develop our risk management systems, budgeting and business planning.

Public Benefit

The College provides public benefit under the Charities Act in two main ways:

- 1) for the Advancement of Education for the Public Benefit to a section of the public and
- 2) a wider benefit to the public.

In terms of public benefit our Royal Charter empowers us to:

- a) advance education and research in Emergency Medicine and to publish the useful results of such research; and
- b) preserve and protect good health and to relieve sickness by improving standards of health care and providing expert guidance and advice on policy to appropriate bodies on matters relating to Emergency Medicine

It also defines what constitutes Emergency Medicine as follows:

“Emergency Medicine: means the branch of medical science which is based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It further encompasses an understanding of the development of pre- hospital and in-hospital emergency medical systems and the skills necessary for this development. Within such definition, the day to day practice of Emergency Medicine in the

United Kingdom encompasses the reception, resuscitation, initial assessment and management of undifferentiated urgent and emergency cases and the timely onward referral of those patients who are considered to require admission under the in-patient specialist teams or further specialist assessment and/or follow up.”

As can be seen from the preceding explanation of our activities a significant amount of our resources are directed for the advancement of education and research in Emergency Medicine and to publish the useful results of such research.

In terms of a wider public benefit, taking from our Charter again: we “preserve and protect good health and to relieve sickness by improving standards of health care and providing expert guidance and advice on policy to appropriate bodies on matters relating to Emergency Medicine”.

Our Members and Fellows working with their NHS colleagues provide a clear benefit to over 16 million people through Emergency Departments [1], we also take part in a wide range of other initiatives to support the public; for example, our work on the effects of alcohol amongst others. The College also deals with enquiries from the general public concerning Emergency Medicine and acts as an advocate for Emergency Medicine patients.

1 Source: Hospital Accident & Emergency Activity 2018-19 data for Major A&E Departments <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-accident--emergency-activity/2018-19>

The Trustees confirm in accordance with section 17 of the Charities Act 2011 that they have had due regard to guidance issued by the Charity Commission in determining the activities of the charity.

Fundraising

During 2021 the College continued to develop its fundraising capabilities. Our engagement with a firm of professional fundraising consultants working alongside a dedicated employee focussing on the implementation of our fundraising strategy. We have undertaken awareness raising and have had our first Christmas Appeal. Our fundraising is overseen by a Fundraising Advisory Board who ensure that we adhere to the tenets of the Charity Commission guidance. We continue to comply with the requirements of the Charities (Protection and Social Investment) Act 2016 and no complaints were received in respect of fundraising activity. Furthermore, the College does not fundraise in any way that could be expected to unreasonably intrude or place undue pressure on vulnerable people and other members of the public to give money or other property to the College. Our approach to fundraising is to approach contacts, stakeholders and our membership for specific appeals, and we also have a Just Giving page. We are registered with the Fundraising Regulator.

Achievements and Performance

Following the substantial adjustment to our operations caused by the Covid-19 pandemic in 2020 we continued to implement change and enhancements in our service delivery to deliver our strategy.

Notable amongst the achievements during 2021 was the successful implementation of the new curriculum. A long-term piece of work that was accompanied by changes in our examinations and the launch of a new ePortfolio for doctors and others training in Emergency Medicine.

As the pandemic evolved in the UK the College continued to provide significant input at the highest levels in each of the nations of the UK to support the subsequent challenges of dealing with Covid-19 and the rebound of patient attendances that accompanied release of restrictions on the public such as national 'lockdowns'.

As the situation evolved the pressure on front line emergency medicine services meant that there was continued significant dislocation to the training of NHS Emergency Medicine workforce, and this meant changes to the programme of training. Our Training Standards Committee undertook significant work to support the trainees. Our Sustainable Working Practices Committee continued to provide advice and help to the specialty including the provision of a wellbeing App, 87%.

For most of the year face-to-face meetings, events and examinations were replaced by online activities. The ongoing changes to the management of the pandemic as the vaccine roll out allowed the government to ease restrictions. This meant that we were able to restart our face-to-face Objective Structured Clinical Examinations (OSCEs) having run them online. The complexity of delivering online OSCEs is very significant and in future we will only contemplate this as a matter of last resort.

During 2021, pressure was felt across the organisation. Our exams team and examiners have worked flat out to deliver the specialty examinations notwithstanding the difficulties of the pandemic. Our events team successfully delivered a programme of online study days and conferences, including our second virtual Scientific Conference which was highly acclaimed. Significant work has been undertaken communicating RCEM Learning content. We continued to provide clinical guidance and through our Emergency Medicine Journal, study days, scientific conference, research programme and Continuing Professional Development programme support the development of the emergency medicine profession.

Our Clinical Quality Audits have continued. Our Research programme continues to gain strength and we have a vibrant research community growing in the specialty.

The Policy Team have continued to support our RCEM Cares campaign and associated engagement in the political arena to set out our case for more support for the specialty. The RCEM CARES campaign provides solutions to address these pressing issues so that Emergency Department staff can deliver safe and timely care for patients.

Annual Report for year ended 31 December 2021

The campaign focuses on five key areas: Crowding, Access, Retention, Experience, Safety. There is more information on our website. Media coverage continued as we were able to maintain a presence in the media to support our policy lobbying. We revised our branding and modernised this presenting the results to the Annual General Meeting.

Our Membership team continued to make significant progress on automating and streamlining membership processes to make it easier for our membership. They are also developing our approach to adding more member value to our services.

Internationally, notwithstanding the travel restrictions, the MTI programme continued. The Emergency Medicine Foundation Programme project entered its second year.

Our internal support arrangements were consolidated as our Corporate Services function developed. Our HR team have worked to improve staff recruitment, retention, development, engagement and wellbeing notwithstanding the fact that for most of the year our employees were working from home.

Our Facilities team equipped Octavia House as a hot desking and examinations centre. Our Brems Buildings property was mothballed as we developed a strategy to rent out on a short-term basis the space which we are not using due to many of our employees working from home.

The work of the College is a collaborative team effort from our employees and emergency medicine professionals, our membership: "We help those who help the sick and injured." Therefore despite the ongoing pandemic we continued to provide information, guidance, re-engineer our operations and make sure our services continued.

Financial Review

The Trustees are pleased to report that total incoming resources for 2021 were £8.790m. (2020: £6.891m)

The income was as follows

Incoming Resources	2021	%	2020	%
Donations & Grants	171,074	2%	167,907	2%
Other Income	122,554	1.4%	232,139	3%
Investment Income	8,076	0.1%	19,888	0.3%
Emergency Medicine Journal	325,961	4%	311,187	5%
Subscriptions	3,749,301	43%	3,329,049	48%
Conferences & CPD	715,003	8%	329,815	5%
Examinations	3,370,325	38%	2,242,692	33%
Training	195,941	2%	98,591	1.4%
Clinical Audit	132,247	1.5%	159,692	2.3%
Total	8,790,482	100%	6,890,961	100%

The principle funding sources for the College remain membership subscriptions and examinations income. These funding sources are in line with the main educational activities and charitable aims of the College.

At the end of 2021 the total membership rose to 10,996, an increase in 8.2% from 2020. The membership category with the largest increase was in Associate member (ACP) which increased by 19% with there also being an increases across all other Associate Member categories. Our numbers of Fellows by Examination also saw significant increase by 15% with our overall number of Fellows increasing by 13%.

Total resources expended during 2021 were £8.056m (2020 £6.233m). This report has highlighted earlier the key activities that account for the expenditure.

Major areas of expenditure were as follows:

Resources Expended	2021	%	2020	%
Raising funds	48,254	0.6%	11,292	0.2%
Emergency Medicine Journal	630,227	8%	580,163	9%
Research & Publications	231,059	3%	203,510	3%
Education & Examinations	3,284,714	40%	2,328,092	37%
Training Standards Committee and general training	1,192,542	15%	1,163,880	18.7%
Conferences & CPD	628,058	8%	614,492	10%
Membership Services	639,111	8%	308,751	5%
Quality In Emergency Care	511,603	6%	433,327	7%
Policy & Professional Affairs	703,126	9%	468,125	8%
NHS Project Expenditure	134,152	1.7%	112,283	2%
RCEM Foundation	53,031	0.7%	8,640	0.1%
Total	8,055,877	100%	6,232,555	100%

Investment policies and returns:

The Trustees have the power to invest funds and have used this power to invest in a range of investments (See note 10). The College invests in ethical areas only wherever reasonably possible.

The Trustees have engaged Quilter Cheviot Asset Management to provide them with professional investment management advice. However, in the immediate aftermath of the Covid-19 outbreak, our trustees took the decision to liquidate this investment portfolio to reinforce the funds available to the College and to mitigate against further downside risk. Fortunately, the College has not had to drawdown on these funds and they remain on deposit with Flagstone Investment Management Limited on their cash Investment platform.

Risk management, and principal risks and uncertainties

The College has a risk register maintained by the Director of Corporate Services on behalf of the Corporate Governance Committee. The register is reviewed on a regular basis at the meetings of the Corporate Governance Committee and the Board.

The College's risk register sets out the most significant risks classified by governance, operation (business continuity), finance, environment, regulatory compliance and reputation. Each risk within the classification is detailed and scored against a matrix of impact and likelihood. In 2021, we took the decision to archive our Covid-19 "issues list" and now manage all pandemic related risks as part of our corporate risk management process.

The College has put systems and procedures in place to monitor, manage and mitigate risks. Trustees ensure risks are considered as an integral element of all decision making and identify appropriate procedures to ensure that risk levels are acceptable in each case.

Our risk management process complies with the best practice as set out in the latest guidance from the Charity Commission.

Significant risks for the College include:

- 1) Operational, Reputational, Governance and Financial - Examinations: There are a number of risks associated with the running of our examinations, these challenges include capacity (e.g. examiners, OSCE), quality of service, processes, systems and regulatory breach. The coronavirus pandemic has seen us pivot quickly into online delivery and this has created significant changes to how we facilitate and administer our examinations. Mitigation: These challenges are being managed by the College's SMT and the Dean. There has been recent investment in staff resources and digital infrastructure. An Examinations Strategy Project has commenced work to undertake a strategic review into how we can best provide a suite of RCEM examinations, with regard to quality, reliability, sustainability and equity, establish the right approach to delivering the RCEM suite of examinations internationally, and how we can support and sustain a community of expert RCEM examiners.
- 2) Operational and Reputational – Training: We launched our new ePortfolio platform in the autumn of 2021. Subsequently, we have received feedback from users that the product provided by our 3rd party software provider, contains bugs and glitches which has resulted in data loss and functionality issues. There is now a live risk that should the platform deficiencies persist it will have an adverse impact on the professional progression of our members using the platform thus significantly damaging our reputation, credibility and quality of service. Mitigation: These challenges are being managed by the College's SMT, led by the CEO. We are working with the supplier on a root cause analyses exercise reviewing user error/lack of understanding, bugs and the change requirements needed.
- 3) Operational, Financial and Regulatory Compliance – Digital: Cyber Incidents e.g. Cybercrime, IT failure/outage, data breaches, fines and penalties. The COVID-19 Pandemic saw the College change some of our traditional working models. Some of our services are delivered digitally and many of our employees have moved to a hybrid working model. This has led to an increased use of home networks, personal devices and apps for organisational purposes. Therefore there is a risk of cyber and data security breach which could result in fines of up to £400,000 and/or permanent loss of data. Mitigation: We insure this risk with our cyber liability insurance and undertake testing periodically. This risk is regularly monitored in-house and via our as-a-service providers. All data is backed up daily and all data breaches are reported to Corporate Governance. The College is in the final stages of securing the government backed cyber essentials accreditation.

The Corporate Governance Committee keeps the corporate risk register under regular review and reports to the Board. It is satisfied with the level of risk and the management controls in place to reduce the risks. In financial terms the risks to the organisation are not significant and the future of the College is closely linked to the future development of the Emergency Medicine Specialty over time.

Reserves policy

The total funds of the College at 31 December 2021 were £10.750m (2020: £10.015m) of which £0.432m (2020: £0.418m) were restricted and not available for the general purpose of the charity. The unrestricted funds of the charity totalled £10.318m (2020: £9.598m) of which £7.111m (2020: £7.048m) are designated funds.

Designated funds are funds that the Trustees have earmarked for specific purposes. As at 31 December 2021, there are three designated funds, tangible fixed assets, IT development and RCEM Fundraising. Most of the designated amount relates to the tangible fixed assets of the College, net of a related bank loan and reflects the fact that these net funds could not be realised without disposing of the assets. The IT development fund has been designated to support our digital transformation agenda over the next 3 years. RCEM Fundraising fund has been designated to enable our foundation to develop its fundraising capabilities and strategy over the next 2 years.

The free reserve balance is £3.207m (2020: £2.550m), and has been considered by Trustees, having regard for the risk position of the College and is to provide a cushion to cover up to six months core operating costs.

Furthermore, it has been determined that the College will, as a minimum, hold £1,000,000 as a general cash reserve and £200,000 as a reserve for property related expenditure. The Treasurer will decide how to hold the reserves as between interest bearing accounts or investments having regard for the overall financial position of the College. The reserves policy will be reviewed in the coming year.

Future Plans

The current plan is now under review. Subject to that review our strategic aims are as follows:

1. Resolving the challenges facing Emergency Medicine in the UK and Ireland to improve the patient experience and outcomes by working with others to tackle the supply and demand issues facing Emergency Medicine.
2. Working with others to achieve safe and high-quality evidence based emergency care.

3. Improving the educational value of training and Continuing Professional Development in Emergency Medicine through our training, examinations, assessment and educational activities for those working in Emergency Medicine.
4. Continuing to support clinical and service development and research in Emergency Medicine.

Statement of Trustees' responsibilities

The Trustees are responsible for preparing the Report of Council and the financial statements in accordance with applicable law and regulations.

Charity law requires the Trustees to prepare financial statements for each financial year in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards) and applicable law.

Under charity law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and the group and of the charity's net incoming/outgoing resources for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue to operate.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity

Annual Report for year ended 31 December 2021

and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008, the Charities and Trustee Investment (Scotland) Act 2005 and Charities Accounts (Scotland) Regulations 2006 (as amended) and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Appreciation

The trustees wish to thank the College employees for their unstinting hard work during 2021 and their on-going efforts in the daily administration of numerous areas of College activity.

The trustees wish to acknowledge the immense quantity of high quality work undertaken by College staff, Officers, Committee members and College members to deliver the charitable objectives of the College.

Approved by the Board of Trustees on 23/06/2022 and signed on their behalf by:



Dr Katherine Henderson
President

Independent Auditor's Report to the Trustees of The Royal College of Emergency Medicine

Opinion

We have audited the financial statements of The Royal College of Emergency Medicine for the year ended 31 December 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2021, and of its incoming resources and application of resources, for the year then ended;

- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we required for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 14, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and Section 144 and 154 of the Charities Act 2011 and report in accordance with those regulations.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.

Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.

Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.

Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our Report

This report is made solely to the charity's trustees, as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any

party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.

Moore Kingston Smith LLP

.....

Moore Kingston Smith LLP, Statutory auditor

Date: ...6 July 2022...

Devonshire House

60 Goswell Road

London

EC1M 7AD

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 DECEMBER 2021

	Notes	Unrestricted Funds	Restricted Funds	Total	Total
		2021	2021	2021	2020
		£	£	£	£
INCOME FROM					
Donations and grants	2	22,814	148,260	171,074	167,907
Income from charitable activities	3	8,488,778	-	8,488,778	6,471,026
Investment income	4	8,076	-	8,076	19,888
Other Income	5	122,554	-	122,554	232,139
Total Income		<u>8,642,222</u>	<u>148,260</u>	<u>8,790,482</u>	<u>6,890,961</u>
EXPENDITURE ON					
Raising funds		48,254	-	48,254	11,292
Charitable activities	6	<u>7,873,471</u>	<u>134,152</u>	<u>8,007,623</u>	<u>6,221,263</u>
Total resources expended		<u>7,921,725</u>	<u>134,152</u>	<u>8,055,877</u>	<u>6,232,555</u>
Gains/(Losses) on investments	10	<u>-</u>	<u>-</u>	<u>-</u>	<u>(320,216)</u>
Net income for the year		<u>720,497</u>	<u>14,108</u>	<u>734,605</u>	<u>338,190</u>

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

Fund balances brought forward		9,597,567	417,829	10,015,396	9,677,206
Total funds carried forward	14,15	10,318,064	431,937	10,750,001	10,015,396

All activities in the year were attributable to continuing activities. The accompanying notes form part of these financial statements.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE**BALANCE SHEET AS AT 31 DECEMBER 2021**

		2021	2020
	Notes	£	£
Fixed assets			
Tangible assets	9	13,747,266	13,773,197
Investments	10	-	-
		13,747,266	13,773,197
Current assets			
Debtors	11	1,022,521	1,002,685
Investment (Under 90 Days)		696,319	655,185
Investment (Over 90 Days)		425,000	465,000
Cash at bank and in hand		4,252,662	3,644,993
		6,396,502	5,767,863
Creditors: amounts falling due within one year	12	(2,393,767)	(2,325,664)
Net current assets		4,002,735	3,442,199
Total assets less current liabilities		17,750,001	17,215,396
Creditors: amounts falling due after one year	13	(7,000,000)	(7,200,000)
NET ASSETS		10,750,001	10,015,396
Represented by:			
Unrestricted funds:	14		
Designated funds		7,111,380	7,048,007
General funds		3,206,684	2,549,560
		10,318,064	9,597,567
Restricted funds	15	431,937	417,829
TOTAL FUNDS		10,750,001	10,015,396

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

These financial statements were approved by the Trustees and authorised for issue on 23/06/2022

and are signed on their behalf by:



Dr K Henderson (President)



S Hepburn (Treasurer)

The accompanying notes form part of these financial statements.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE**CASH FLOW STATEMENT FOR THE YEAR ENDED
31 DECEMBER 2021**

		2021		2020
	Note	£	£	£
Cash flows from operating activities				
Net cash provided by operating activities	19		987,570	1,101,283
			_____	_____
Cash flows from investing activities				
Investment income		8,076		19,888
Purchase of tangible fixed asset		(146,843)		(38,103)
Purchase of investments		-		(14,385)
Proceeds from sale of investments		-		549,552
		-----		_____
Net cash used by investing activities			(138,767)	516,952
			_____	_____
Cash flow from financing activities				
Repayment of bank loan		(200,000)		(200,000)
		-----		_____
Net cash used by financing activities			(200,000)	(200,000)
			_____	_____
Change in cash and cash equivalents in the year			648,803	1,418,235
Cash and cash equivalents at the beginning of the year			4,300,178	2,881,943
			_____	_____
Cash and cash equivalents at the end of the year			4,948,981	4,330,178
			_____	_____

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

Analysis of cash and cash equivalents

Investment (Under 90 Days)	696,319	655,185
Cash at bank and in hand	4,252,662	3,644,993
	4,948,981	4,300,178
	=====	=====

The accompanying notes form part of these financial statements.

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2021

Analysis of changes in net debt

	At start of year	Cash-flows	Other non-cash changes	At end of year
	£			
Cash	4,330,178	648,803	-	4,948,981

		648,803		

Loans falling within one year	(200,000)	200,000	(200,000)	(200,000)
Loans falling due after more than one year	(7,200,000)	-	200,000	(7,000,000)
	=====	=====	=====	=====
TOTAL	(3,099,822)	848,803	-	(2,251,019)

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

=====

**Analysis of changes in net debt
2020**

	At start of year	Cash-flows	Other non-cash changes	At end of year
	£			
Cash	2,881,943	1,418,235	-	4,330,178

		1,418,235		

Loans falling within one year	(200,000)	200,000	(200,000)	(200,000)
Loans falling due after more than one year	(7,400,000)	-	200,000	(7,200,000)
	=====	=====	=====	=====
TOTAL	(4,718,057)	1,618,235	-	(3,099,822)
	=====	=====	=====	=====

The accompanying notes form part of these financial statements.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

1. ACCOUNTING POLICIES

Basis of accounting

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) - (Charities SORP (FRS 102) second edition - October 2019)), and with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

The Royal College of Emergency Medicine meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

Going concern

The Trustees have considered several factors in concluding that the adoption of a going concern basis in the preparation of these financial statements is appropriate. They have reviewed reserves, cashflow projections and business plans, for a period of 36 months from the date of approval of these financial statements which demonstrate that the College has enough resources to meet its obligations as they fall due. Furthermore, having developed digital solutions for our examinations and conferences, Trustees are content that the College has robust income streams in these areas as well as subscriptions. The College is forecasting a balanced budget in 2022 and therefore will not breach its loan covenant attached to the long-term loan with our bank, Handelsbanken. Furthermore the College has free reserves of approximately £3.225m and at the balance sheet date and consequently continues to adopt the going concern basis in the preparation of the financial statements.

Judgements and estimates

Judgements made by the Trustees, in the application of these accounting policies that have significant effect on the financial statements and estimates with a significant risk of material adjustment in the next year are deemed to be in relation to the valuation of investments and are discussed below.

Income

All income is recognised once the College has entitlement to the income, it is probable that the income will be received, and the amount of income receivable can be measured reliably. Income comprises amounts receivable during the year except for investment income which is accounted for in the period in which it is received on the basis that this is not materially different to a receivable basis. Grants are recognised when receivable and subscriptions for life membership are recognised when received. Payments received in advance of the related income being receivable are treated as deferred income within creditors.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

1. ACCOUNTING POLICIES (continued)

Expenditure

Expenditure is recognised on an accruals basis in the period in which the College receives the benefit from the supplies or services. *Raising funds* are costs of investment management, costs of merchandise and costs incurred in publicising the name of the charity. *Charitable activities* comprise all expenditure directly relating to the objects of the charity and, in addition, support costs which are costs which are common to a number of activities and are charged to those activities on the basis of office space used by respective members of staff. Support costs include governance costs which are the costs of compliance with constitutional and statutory requirements and costs related to the strategic management of the organisation.

Tangible fixed assets and depreciation

Tangible and Intangible fixed assets are recorded at cost or, in cases where fixed assets have been donated to the College, at valuation at the time of donation. All items of expenditure over £1,000 regarded as fixed assets are capitalised. Depreciation and amortisation are charged at the following rates in order to write down the cost or valuation, less estimated residual value, of all fixed assets, over their expected useful lives:

Freehold land	nil
Freehold building	2%
Fixtures and fittings	25%
Computer equipment	25%
Database systems	50%

The Coat of Arms and Presidential Chain of Office have not been depreciated in view of their nature. The Council believe that their current value is at least equal to their book values.

Investments and investment gains and losses

Quoted investments are valued at the bid price at the close of business at the year end. Realised and unrealised gains and losses on investments are included in the Statement of Financial Activities.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

Pension costs

The charity makes contributions towards employees' personal pension schemes which are accounted for as the payments fall due.

Operating leases

Rentals applicable to operating leases are charged to the SOFA over the period in which the cost is incurred.

Taxation

No provision has been made for corporation tax or deferred tax as the charity is exempt.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

1. ACCOUNTING POLICIES (continued)

Funds

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objects of the charity and which have not been designated for other purposes.

Designated funds comprise funds which have been set aside by the trustees for specific purposes. The purpose of each designated fund is set out in note 14.

Restricted funds relate to non-contractual income which is to be used in accordance with restrictions imposed by the donors or which have been raised by the charity for specific purposes. The purpose of each restricted fund is set out in note 15.

Financial instruments

Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised except for investments which are held at fair value. Financial assets held at amortised cost comprise cash at bank and in hand, together with trade and other debtors. A specific provision is made for debts for which recoverability is in doubt. Cash at bank and in hand is defined as all cash held in instant access bank accounts and used as working capital. Financial liabilities held at amortised cost comprise all creditors except social security and other taxes and provisions.

Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks and other short-term liquid investments with original maturities of three months or less. Deposits with maturity greater than three months from the year end are classified within short term investments.

Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the

THE ROYAL COLLEGE OF EMERGENCY MEDICINE NOTES TO THE FINANCIAL STATEMENTS

obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

Related Party Transactions

There are no related party transactions.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

1. ACCOUNTING POLICIES (continued)

Employee benefits

- Short term benefits

Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.

- Employee termination benefits

Termination benefits are accounted for on an accrual basis and in line with FRS 102.

2. GRANTS AND DONATIONS

	Total 2021	Total 2020
	£	£
RESTRICTED FUNDS		
NHS Health Education England Projects	132,760	100,658
RCEM Fundraising	15,500	3,139
UNRESTRICTED FUNDS	22,814	64,110
Grants and Donations		
	-----	-----
	171,074	167,907
	=====	=====

3. INCOME FROM CHARITABLE ACTIVITIES

Total **Total**

THE ROYAL COLLEGE OF EMERGENCY MEDICINE NOTES TO THE FINANCIAL STATEMENTS

	2021	2020
UNRESTRICTED FUNDS	£	£
Emergency Medicine Journal	325,961	311,187
Conferences & CPD	715,003	329,815
Subscription	3,749,301	3,329,049
Examination fees	3,370,325	2,242,692
Training	195,941	98,591
Clinical Audit	132,247	159,692
	-----	-----
	8,488,778	6,471,026
	=====	=====

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2021 (continued)

4. INVESTMENT INCOME

	Total 2021	Total 2020
UNRESTRICTED FUNDS	£	£
Dividends and interest on investments listed on a UK stock exchange	-	7,154
Interest received	8,076	12,735
	-----	-----
	8,076	19,888
	=====	=====

Investment income received in both years were from unrestricted sources.

5. OTHER INCOME

	Total 2021	Total 2020
UNRESTRICTED FUNDS	£	£
Sale of Merchandise	159	22
Room Hire	122,395	232,118
	-----	-----

***THE ROYAL COLLEGE OF EMERGENCY MEDICINE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021 (continued)***

122,554	232,139
=====	=====

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

6. EXPENDITURE

	Direct Costs	Support Costs	Total 2021
	£	£	£
Raising Funds			
Website costs	41,898	-	41,898
RCEM Merchandise	4,676	-	4,676
Investment broker charges	1,680	-	1,680
	-----	-----	-----
	48,254	-	48,254
Charitable Activities			
Emergency Medicine Journal	630,227	-	630,227
Research & publications	180,508	50,551	231,059
Education and examinations	2,182,492	765,969	2,948,461
RCEMlearning	197,813	138,440	336,253
Training	621,520	571,022	1,192,542
Conferences & CPD	362,166	265,892	628,058
Membership services	297,349	341,762	639,111
Quality in emergency care	268,638	242,965	511,603
Policy and professional affairs	413,532	289,594	703,126
RCEM Fundraising	53,031	-	53,031
NHS project expenditure (Restricted)	134,152	-	134,152
	-----	-----	-----
	5,341,428	2,666,195	8,007,623
	-----	-----	-----
	5,389,682	2,666,195	8,055,877

THE ROYAL COLLEGE OF EMERGENCY MEDICINE
NOTES TO THE FINANCIAL STATEMENTS

=====	=====	=====
=====	=====	=====

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

	Direct Costs	Support Costs	Total 2020
	£	£	£
Raising Funds			
Website costs	2,160	-	2,160
RCEM Merchandise	3,816	-	3,816
Investment broker charges	5,316	-	5,316
	-----	-----	-----
	11,292	-	11,292
Charitable Activities			
Emergency Medicine Journal	580,163	-	580,163
Research & publications	154,559	48,951	203,510
Education and examinations	1,245,715	748,159	1,993,874
RCEMlearning	199,244	134,974	334,218
Training	696,627	467,253	1,163,880
Conferences & CPD	267,047	347,445	614,492
Membership services	132,862	175,889	308,751
Quality in emergency care	244,234	189,093	433,327
Policy and professional affairs	323,454	144,671	468,125
RCEM Foundation Fund (Designated Fund)		-	
NHS project expenditure (Restricted)	8,640		8,640
	112,283	-	112,283
	-----	-----	-----
	3,964,828	2,256,435	6,221,263

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

-----	-----	-----
3,976,120	2,256,435	6,232,555
=====	=====	=====
=====	=====	=====

	Year to December	Year to December
	2021	2020
	£	£
Staff costs comprise:		
Wages and salaries	2,737,932	2,183,646
Social security costs	285,748	233,877
Other pension costs	239,655	188,480
	-----	-----
Total Employee costs	3,263,335	2,606,003
Casual staff	90,696	71,802
	-----	-----
	3,354,031	2,677,805
	=====	=====

Wages and salaries include termination payments totalling £177,843 (2020: £0).

The average number of permanent employees during the period was 63 (2020: 53). These were supplemented by several casual staff who assisted primarily with examinations and training.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

	Year to December 2021	Year to December 2020
	No.	No.
Staff numbers as analysed by category:		
Exams & Education	13	12
Training	10	8
Policy & Professional Affairs and Quality in Emergency Care	12	9
Membership	6	3
Research & Publications and Events	7	7
Other	15	14
	-----	-----
	63	53
	=====	=====

During the period the numbers of employees whose emoluments (defined as salary and taxable benefits) exceeded £60,000 were:

	Year To December 2021	Year To December 2020
	No.	No.
£60,000 to £70,000	3	3
£70,001 to £80,000	-	1
£90,001 to £100,000	1	1
£150,001 to £160,000	1	1
£170,001 to £180,000	1	-

THE ROYAL COLLEGE OF EMERGENCY MEDICINE NOTES TO THE FINANCIAL STATEMENTS

The aggregate emoluments of the key management personnel which comprises of Trustees, Chief Executive Officer, Deputy Chief Executive Officer (who holds the role Director of Education) and Director of Corporate Services amounted to £513,261. (2020: £395,326).

The pension amounts paid to the above employees amounted to £39,890

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

6A. SUPPORT AND GOVERNANCE COSTS

	Year To December	Year To December
	2021	2020
	£	£
Staff costs	985,677	851,946
Rates, service charges and electricity	400,557	237,885
Office expenses	170,941	116,943
Printing, postage, stationery & telephone	68,347	92,221
Website & information technology	332,885	254,703
Insurance	49,767	50,697
Depreciation & loss on disposal of assets	172,774	201,562
Irrecoverable VAT	193,049	165,468
Sundry expenses	20,043	14,334
Bank interest on loan	121,729	151,521
Bank & credit card charges	91,792	60,531
 Governance		
Audit remuneration	18,500	15,045
In respect of Non-audit services	-	3,385
Board meeting and travel costs	40,134	40,193
	-----	-----
	2,666,195	2,256,435
	=====	=====

Support costs are allocated to activities on a basis consistent with the use of these resources. The allocation method of apportionment adopted by The Royal College of Emergency Medicine is as follows, headcount, i.e.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

based on the number of people employed within an activity, square foot, i.e. based on floor area occupied by an activity and time, i.e. where staff duties span more than one activity.

7. CHARITABLE ACTIVITIES – GRANT PAYABLE

Research grants awarded by the Royal College of Emergency Medicine in the year to 31 December 2021 totalled £176,664 (2020: £112,263).

8. TRUSTEES

The trustees received no remuneration from the charity in respect of acting as Trustees. No trustee provided services to the charity for which they were paid.

During the year, we had 31 trustees, 16 trustees received reimbursement for costs for attending meetings and for travelling expenses, amounting to £2,475 (2020: 22 trustees, £4,978). In addition, expenses paid directly by the College, mainly in the form of hotel bills, amounted to £2,960 (2020: £5,227).

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

9. TANGIBLE FIXED ASSETS

	Building Costs £	Office Equipme nt£	College Database £	Coat of Arms £	Chain of office £	Total £
Cost or valuation						
At 1 January 2021	14,418,138	732,410	402,981	6,534	428	15,560,490
Additions	-	20,960	125,883	-	-	146,843
Disposals	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
At 31 December 2021	14,418,138	753,370	528,864	6,534	428	15,707,334
	-----	-----	-----	-----	-----	-----
Depreciation						
At 1 January 2021	730,963	653,349	402,981	-	-	1,787,293
Charge for the year	124,645	42,885	5,245	-	-	172,775
On Disposals	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
At 31 December 2021	855,608	696,234	408,226	-	-	1,960,068
	-----	-----	-----	-----	-----	-----
Net Book Value						
At 31 December 2021	13,562,530	57,136	120,638	6,534	428	13,747,266
	=====	=====	=====	=====	=====	=====
At 31 December 2020	13,687,175	79,061	(0)	6,534	428	13,773,197
	=====	=====	=====	=====	=====	=====

10. INVESTMENTS

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

	2021	2020
	£	£
Analysis of change in investments during the year		
At 1 January	-	1,436,612
Additions at cost	-	14,385
Disposals	-	(1,014,552)
Net gain on revaluation	-	(320,216)
Movement in investment cash	-	(116,229)
	-----	-----
Market value at 31 December	-	-
	=====	=====
Represented by:		
Fixed interest	-	-
Equities	-	-
Alternative investments	-	-
Cash	-	-
	-----	-----
	-	-
	=====	=====
Cost at 31 December	-	-
	=====	=====

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2021 (continued)

11. DEBTORS

	2021	2020
	£	£
Trade debtors	110,195	64,934
Prepayments	560,127	615,205
Accrued income	352,199	322,546
	-----	-----
	1,022,521	1,002,685
	=====	=====

12. CREDITORS: amounts falling due within one year

	2021	2020
	£	£
Bank loan (see note 13)	200,000	200,000
Trade creditors	427,829	95,293
Taxes and social security	2,714	70,945
Accruals	517,294	672,983
Deferred income	1,073,157	1,036,095
Other Creditors	172,773	250,348
	-----	-----
	2,393,767	2,325,664
	=====	=====

Included within Other Creditors is an amount of £24,656 (2020: £0) in respect of pension contributions.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2021 (continued)

Deferred income relates to exam, event and coursefees received in advance. All the deferred income at 31 December 2021 relates to income received in 2021 and all deferred income at 31 December 2020 has been released.

13. CREDITORS: amounts falling due after more than one year

	2021	2020
	£	£
	7,000,000	7,200,000
Bank loan	-----	-----
	7,000,000	7,200,000
	=====	=====
Bank loan maturity analysis		
Due less than 1 year	200,000	200,000
Due 1 – 2 years	200,000	200,000
Due 2 – 5 years	6,800,000	7,000,000
	-----	-----
Total loan value	7,200,000	7,400,000
Included in current liabilities	(200,000)	(200,000)
	-----	-----
Included in long term liabilities	7,000,000	7,200,000
	=====	=====

The bank loan is secured by a first legal charge over the land and buildings owned by the charity. Interest is calculated at LIBOR plus 1.60%.

14. UNRESTRICTED FUNDS

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2021 (continued)

	At 1 January 2021	Income	Expenditure	Investment gains/losses and fair value £	Transfer s £	At 31 December 2021 £
Designated Fund						
Tangible fixed Assets	6,373,197	-	-	-	174,069	6,547,266
IT Development RCEM	483,450	-	(57,666)	-	-	425,784
Fundraising	191,360	-	(53,031)	-	-	138,329
General fund	2,549,560	8,642,221	(7,811,028)	-	(174,069)	3,206,685
	-----	-----	-----	-----	-----	-----
	9,597,567	8,642,221	(7,921,725)	-	0	10,318,064
	=====	=====	=====	=====	=====	=====

	At 1 January 2020	Income	Expenditure	Investment gains/losses and fair value £	Transfer s £	At 31 December 2020 £
Designated Fund						
Tangible fixed Assets	6,336,656	-	-	-	36,541	6,373,197
IT Development RCEM	500,000	-	-	-	(16,550)	483,450
Fundraising	200,000	-	-	-	(8,640)	191,360

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2021 (continued)

General fund	2,214,235	6,787,164	(6,120,272)	(320,216)	(11,351)	2,549,560
	-----	-----	-----	-----	-----	-----
	9,250,891	6,787,164	(6,120,272)	(320,216)	-	9,597,567
	=====	=====	=====	=====	=====	=====

The Tangible Fixed Assets fund represents the value of these assets less a related loan and are not free reserves. The IT development fund has been earmarked to support the College's Digital Transformation Strategy over the next 3 years. RCEM foundation fund is a 2 year designated fund designed to support the development and implementation of the RCEM Foundation's Fundraising Strategy.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2021 (continued)

15. RESTRICTED FUNDS

	At 1 January 2021	Income	Expenditure	Transfer 2021	At 31 December 2021
	£	£	£	£	£
Alison Gourdie Memorial Fund	43,832	-	-	-	43,832
E-learning for Health Fund	157,622	-	-	-	157,622
ENACT	3,348	-	-	-	3,348
Beth Christian Memorial Fund	6,050	-	-	-	6,050
Emergency Care Data Set Project	12,273	-	-	-	12,273
Health Education England Projects	176,839	132,760	(134,152)	-	175,447
RCEM Fundraising	17,865	15,500	-	-	33,365
	-----	-----	-----	-----	-----
	417,829	148,260	(134,152)	-	431,937
	=====	=====	=====	=====	=====

	At 1 January 2020	Income	Expenditure	Transfer 2020	At 31 December 2020
	£	£	£	£	£

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2021 (continued)

Alison Gourdie Memorial Fund	43,832	-	-	-	43,832
E-learning for Health Fund	157,622	-	-	-	157,622
ENACT	3,348	-	-	-	3,348
Beth Christian Memorial Fund	6,050	-	-	-	6,050
Emergency Care Data Set Project	12,273	-	-	-	12,273
Health Education England Projects	188,464	100,658	(112,283)	-	176,839
RCEM Fundraising	14,726	3,139	-	-	17,865
	-----	-----	-----	-----	-----
	426,315	103,797	(112,283)	-	417,829
	=====	=====	=====	=====	=====

The Alison Gourdie Memorial Fund was established to award prizes to doctors and nurses for projects that benefit the provision of high quality care in the field of Accident and Emergency Medicine.

The Beth Christian Memorial Fund was established in her memory.

Elearning for Health Fund (previously known as the EnlightenMe Grant) is a project funded by the Department of Health to improve e-learning for Healthcare by covering the costs of Content Authors, Module Editors and Clinical Leads.

ENACT is a fund set up to help develop emergency medicine learning overseas.

The Emergency Care Data Set Project is a funded by the Department of Health to change the data set collected by the NHS relating to emergency medicine.

The Health Education Projects fund is to fund a series of joint projects focused on the development of the emergency medicine workforce with NHS Health Education England.

RCEM Fundraising is to support further improvements in patient care, to support ground breaking research and help low income countries establish emergency care and clinical training.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2021 (continued)

16. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General Fund s	Designated Funds	Restricted Funds	Total Funds
	£	£	£	£

Fund balances at 31 December 2021 represented by:

Tangible fixed assets	-	13,747,266	-	13,747,266
Current assets	5,400,451	564,113	431,937	6,396,502
Creditors falling due within one year	(2,193,767)	(200,000)	-	(2,393,767)
Creditors falling due after one year	-	(7,000,000)	-	(7,000,000)
	-----	-----	-----	-----
Total net assets	3,206,684	7,111,379	431,937	10,750,001
	=====	=====	=====	=====

	General Fund s	Designated Funds	Restricted Funds	Total Funds
	£	£	£	£

Fund balances at 31 December 2020 represented by:

Tangible fixed assets	-	13,773,197	-	13,773,197
Current assets	4,675,224	674,810	417,829	5,767,863
Creditors falling due within one year	(2,125,664)	(200,000)	-	(2,325,664)

THE ROYAL COLLEGE OF EMERGENCY MEDICINE NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2021 (continued)

Creditors falling due after one year	-			
		(7,200,000)	-	(7,200,000)
	-----	-----	-----	-----
Total net assets	2,549,560	7,048,007	417,829	10,015,396
	=====	=====	=====	=====

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2021 (continued)

17. OPERATING LEASE COMMITMENTS

	2021	2020
	Equipment	Equipment
	£	£
Operating leases which expire within:		
Less than one year	53,020	50,808
Between one and two years	29,572	50,808
Between two and five years	18,372	30,450
Over five years	3,062	-
	-----	-----
	104,026	132,066
	=====	=====

18. RECONCILIATION OF OPERATING PROFIT TO NET CASH

	2021	2020
	£	£
Net income before other gains and losses	734,605	658,406
Depreciation charges	172,775	201,562
Investment income	(8,076)	(19,888)
Movement in investment portfolio cash	40,000	116,229
Decrease/(increase) in debtors	(19,837)	(269,320)
Increase/(decrease) in creditors	68,103	414,294
	-----	-----

***THE ROYAL COLLEGE OF EMERGENCY MEDICINE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021 (continued)***

Net cash inflow from operating activities	987,570	1,101,283
	=====	=====

19. CAPITAL COMMITMENTS

In the current year, no capital commitments were contracted for. (2020: £185,926)

Annex

College representatives work with several organisations, including:

- Academy of Medical Royal Colleges
- Academy of Medical Royal Colleges and Faculties in Scotland
- Australasian College for Emergency Medicine (ACEM)
- All Party Parliamentary Group – Tobacco
- All Party Parliamentary Group – Coronavirus
- Apollo Hospitals, India
- Aster Medcity, India
- British Medical Association Scotland
- British Medical Journal
- British Orthopaedic Association
- British Red Cross
- Cambridge Global Health Partnership
- Care Quality Commission
- College of Emergency Physicians, Malaysia
- College of Paramedics
- Committee for Health, NI assembly
- Compassion in Dying
- Department of Health and Social Care
- Department of Health Northern Ireland
- Devices Expert Advisory Committee
- Edith Murphy Foundation
- Egyptian Ministry of Health and Population
- Emergency Care Society of Uganda
- Emergency Medicine Specialist And Staff (EMSAS) - old name of the Forum of Associate & Staff Grade Emergency Medicine (FASSGEM)
- Emergency Medicine Trainees' Association (EMTA)
- European Society For Emergency Medicine (EuSEM)
- Faculty of Forensic and Legal Medicine (FFLM)
- Faculty of Intensive Care Medicine (FICM)
- Faculty of Sport and Exercise Medicine (UK)
- General Practitioners at the Deep End (Scotland)
- Getting It Right First Time (GIRFT)
- Hospital Saturday Fund
- HCA Healthcare UK
- Healthcare Safety Investigation Branch (HSIB)
- Health and Social Care Committee, Welsh Parliament
- Health Select Committee - Children and young people's mental health inquiry
- Health Select Committee – White paper
- Health and Sport Committee, Scottish Parliament
- Health Education and Improvement Wales (HEIW)

- Health Education England (HEE)
- Health Innovation Network

Annex (continued)

- Health Research Authority (HRA) – Confidentiality Advisory Group (CAG)
- Healthcare Improvement Scotland
- Healthcare Inspectorate Wales (HIW) - Patient Discharge Thematic Review Stakeholder Group
- Home Affairs Committee's inquiry into Spiking
- Home Office – Modern Slavery Campaign
- House of Commons - Health and Care Bill
- HSC Public Health Agency (Northern Ireland)
- Independent Inquiry into Child Sexual Abuse - Prevention of child sexual abuse in healthcare settings
- Institute of Hepatology - Lancet Commission for Liver Disease
- Intercollegiate Board for Training in Intensive Care Medicine
- Intercollegiate Board for Training in Pre-Hospital Emergency Medicine (IBTPHEM)
- Intercollegiate Committee for Acute Care Common Stem Training (ICACCST)
- Inter- Collegiate and national Agency Domestic Violence and Abuse forum (INCADVA)
- Inclusive Health
- Infected Blood Inquiry
- Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings
- International Federation for Emergency Medicine (IFEM)
- James Lind Alliance
- Joint Colleges Hospital Visiting Committee
- Joint Royal College Ambulance Service Liaison Committee
- Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute, India
- Landspítali – The National University Hospital of Iceland, Iceland
- Law commission
- Leeds Comprehensive Care Haemophilia Centre
- Manchester University NHSFT
- Max Healthcare, India
- MBRRACE
- Medicines and Healthcare products Regulatory Agency
- Medical Council on Alcohol – Advisory Committee
- Myanmar Emergency Medicine Society
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
- National Co-ordinating Centre for Health Technology Assessment (NHS R&D)
- National Electronic Library for Health – Emergency Care branch
- National Horizon Scanning Centre expert database
- National Institute for Health and Clinical Excellence (NICE) – Rapid guideline for the 'management of the long-term effects of COVID-19
- National Institute for Health and Clinical Excellence (NICE) – Medical technology evaluation of: GID-MT554 KardiaMobile for the ambulatory detection of atrial fibrillation
- National Police Chiefs Council (NPCC)

- National Safeguarding Delivery Unit – Partnership Network

Annex (continued)

- National Workforce Skills Development Unit - Enhancing the management of psychological trauma and resilience experienced by staff working in the NHS
- NHS Blood and Transplant (NHSBT) - National Organ Donation Committee
- NHS Commissioning Board Special Health Authority
- NHS Education for Scotland
- NHS England & NHS Improvement
- NHS England - Clinical Review of Standards Consultation
- NHS England North Regional team - Liaison Mental Health Task & Finish Group
- NHS Health Education England
- NHS Infrastructure
- NHS National Services Scotland
- NHS Pathways - National Clinical Governance Group of NHS Pathways
- National Institute for Health and Care Excellence (NICE)
- National Institute for Health Research (NIHR)
- Nuffield
- Northern Ireland Ambulance Service
- Office for Health Improvement and Disparities
- Oman Medical Specialty Board, Oman
- Paediatric Intensive Care Society (PICS)
- Pakistan Institute of Medical Sciences
- Patient and Client Council (Northern Ireland)
- Psychiatric Liaison Accreditation Network (PLAN)
- Professional Record Standards Body (PRSB)
- Public Accounts Committee inquiry on NHS Backlogs and Waiting Times
- Public Health England (PHE)
- Public Health Wales (PHW)
- Qimet International
- Rawalpindi Medical University, Pakistan
- Regulation and Quality Improvement Authority (RQIA) Northern Ireland
- Royal College of Anaesthetists
- Royal College of General Practitioners
- Royal College of Paediatrics and Child Health
- Royal College of Pathologists
- Royal College of Physicians and Surgeons of Glasgow
- Royal College of Physicians of Edinburgh
- Royal College of Physicians of London
- Royal College of Psychiatrists
- Royal College of Radiologists
- Royal College of Surgeons of Edinburgh
- Royal College of Surgeons of England
- Safe Lives

- Scottish Ambulance Service
- Scottish Government's 6 Essential Actions for Unscheduled Care National Programme

Annex (continued)

- Scottish Government's Ministerial Strategic Group for Health and Community Care
- Scottish Government's Unscheduled Care Advisory Group
- Scottish Health Action for Alcohol Problems (SHAAP)
- Senedd Health Select Committee - Priorities for Sixth Senedd
- Serious Hazards of Transfusion Steering Group (SHOT)
- Sickle Cell society
- Scottish Health and Sport Committee
- Scottish Intercollegiate Guidelines Network (SIGN)
- Society for Acute Medicine
- St John Ambulance
- The Emergency Medical Retrieval and Transfer Service Cymru (EMRTS) Wales
- Uganda UK Health Alliance
- UK Advisory Panel for Healthcare Workers Infected with Blood borne Viruses
- UK Clinical Research Collaboration (UKCRC) – Clinical Research Collaboration (NRES –
- UK Clinical Research Network (UKCRN) – National Institute for Health Research – specialty groups
- UK Government - Women's Health Strategy
- UK Health Alliance on Climate Change (UKHACC)
- UK Health Security Agency (UKHSA)
- UK Treasury – Spending Review
- University of Medicine 1, Yangon
- University of Medicine 2, Yangon
- University of Medicine, Mandalay
- Warwick Advisory Group
- Welsh Ambulance Service
- Welsh NHS Confederation
- Welsh Parliament

“The Royal College of Emergency Medicine objective is to promote excellence in emergency care. Our activities are focused in three key areas:

Delivery of safe high quality emergency care, promotion of best practice and ensuring emergency medicine training is of the highest standard. To achieve these aims we strive to ensure that patient centred care is led and delivered by fully trained Emergency Medicine Consultants, working in and with the wider Emergency Medicine team.

Secondly, we advance safe and effective Emergency Medicine by providing expert guidance and advice on Emergency Medicine policy.

Thirdly through the development of training, the funding of research and the setting of professional postgraduate examinations we work to educate, train and assess Emergency Medicine doctors to deliver the highest standards of professional competence and practice for the protection and benefit of all the public.”

This report covers activity of the year to 31 December 2021

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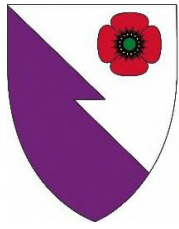
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www.rcem.ac.uk

Incorporated by Royal Charter, 2008

Registered Charity number 1122689

Accounts



**The Royal College of
Emergency Medicine**

Annual Report

2020

REPORT OF COUNCIL

Council submits its annual report together with financial statements of the College for the year ended 31 December 2020.

Reference and administrative details of the charity, its trustees and advisors

Status	The College is a charitable body incorporated by Royal Charter on 12 December 2007. The College is registered with the Charity's Commission (charity no. 1122689) and the Scottish Charity Regulator (number SC044373).	
Registered office	7 – 9 Bream's Buildings, London EC4A 1DT	
Bankers	Handelsbanken 1 Kingsway London WC2B 6AN	
Solicitors	Hempsons Hempsons House, 100 Wood Street, Barbican London EC2V 7AN	
Auditors	Moore Kingston Smith LLP Devonshire House, 60 Goswell Road London, EC1M 7AD	
Investment Managers	Quilter Cheviot Investment Management 1 Kingsway London WC2B 6AN	Flagstone Investment Management Ltd 26-27 Oxendon London SW1Y 4 EL
Chief Executive	Gordon Miles	

The College Council consists of the following members elected by Fellows and Members of the College, and co-opted members, as required. The elected members of Council are the Trustees of the College.

		From	To
President	Dr Katherine Henderson	2019	2022
Immediate Past President	Dr Tajek Hassan	2019	2020
Vice President	Dr Ian Higginson	2019	2022
Vice President	Dr Lisa Munro - Davies	2016	2022
Vice President - Policy	Dr Adrian Boyle	2019	2022
Vice President - Membership	Dr Carole Gavin	2019	2022
Treasurer	Dr Scott Hepburn	2018	2021
Dean	Dr Jason Long	2014	2020
CPD Director	Professor Simon D. Carley	2019	2022
Chair QECC	Dr Simon M Smith	2019	2022
Chair R&P	Dr Jason E Smith	2019	2022
Chair TSC	Dr Maya Naravi	2018	2021
Chair ACP	Mrs Olivia M Wilson	2019	2022
Chair - Emergency Medicine Trainees Association	Dr Amar Mashru Dr Daniel Darbyshire	2019 2021	2022 2023
President – Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine	Dr John Burns Dr Stephen Richard Black	2017 2020	2020 2023
Northern Ireland – National Board	Dr Ian Crawford Mr Paul P Kerr	2018 2020	2020 2023
Scotland – National Board	Dr David Chung Dr John Thomson	2017 2020	2020 2023
Wales – National Board	Dr Jo Mower Dr Suresh K Gopala Pillai	2018 2020	2021 2023
East Midlands	Dr Richard Wright	2017	2021
East of England	Dr Sarah J Evans	2019	2022
London	Miss Emma Rowland Dr Shashank Patil	2019 2019	2022 2022
North East	Mr. Sohom Maitra	2019	2022
North West	Dr Stephen Jones	2018	2021
South East Coast	Dr Julian Webb Dr Salwa Malik	2017 2021	2020 2024
South Central Region	Divyansh Gulati	2021	2024

South West	Dr Adam Rueben	2018	2021
West Midlands	Mr. Kalyana S Murali	2019	2022
Yorkshire & Humber	Dr Sundararaj J Manou	2019	2022
Lay Chair	Mr. Derek Prentice Miss Karen Jayne Hilderley	2017 2020	2020 2023

Structure, governance and management

The Royal College of Emergency Medicine was constituted by Royal Charter in 2008. The registered Charity Number is 1122689. The College is also registered with the Office of the Scottish Charity Regulator. The registered Charity Number is SC044373.

The charity is governed by its trustees, who are elected members of the College Council and Officers of the College, supported by a system of Regional Boards in England and National Boards in the devolved nations. Trustees are appointed in accordance with Ordinance 6 of the College's Charter and Ordinances. Any associated election processes are managed by the Electoral Reform Society.

At the Annual General Meeting in October 2020, subject to Privy Council approval the membership voted to agree to some changes in the structure of the College, creating a separate Trustee Board leaving Council to focus on specialty matters. These changes are planned to be implemented in 2021 and have since the end of 2020 been approved by the Privy Council approval.

The College Council has additional support in undertaking its functions from those involved in the standing committees. The Council meets at least four times per year. The Council is constituted by the Officers of the College, elected members, Chair of Emergency Medicine Trainees Association, and Chairs of standing committees, Chair of the College Lay Group, President of Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine, Chair of Advanced Clinical Practitioners and representatives from other Royal Colleges.

The Officers of the College meet regularly during the periods between each Council meeting.

The College has standing committees relating to Education and Examinations, Training Standards, Professional Standards, Corporate Governance, International aspects of College work, Research, Clinical Effectiveness and Standards, Fellowship and Membership.

The day to day running of the College is undertaken by the Chief Executive and a team of staff supported by the Officers of the College.

The Trustees receive a training programme to ensure they can discharge their duties effectively. Further training is available to meet individual needs. Arrangements are in place for the induction of all newly appointed trustees who receive a formal induction from the President of the College relating to their role and responsibilities as a trustee, prior to their first meeting of Council. The Trustees receive information about their role and responsibilities from a range of sources, including the Charity Commission and professional advisors to the College.

The election of officers and other elected members of the Council are undertaken in accordance with the Royal Charter governing the College, and our Council is chaired by the President, Dr Katherine Henderson. The Council aims to make decisions by developing a consensus but voting by members (simple majority) is the final decision making process. The Council has an Executive

Committee and Corporate Governance Committee that meets (monthly and quarterly respectively) to deal with operational issues and makes recommendations on strategic matters to Council for their consideration.

The Officers of the College have been involved in many national and international initiatives relating to the functions of the College and do so with no remuneration for their roles. They are released by their employers to undertake this work in the wider interests of the NHS and use their own time to assist the College.

We and our membership are honoured that The Princess Royal is our Royal Patron.

Staff policy and remuneration of senior staff

In relation to its staff, it is the policy of the College to observe equality of opportunity in their recruitment, development, treatment and promotion, to provide benefits superior to the statutory minimum entitlement, to recognise meritorious performance and to encourage development of individual potential by the provision of formal training. The College consults its Staff on significant employment matters via our Employee Forum.

With regards to senior staff, the College has a Remuneration Sub-Committee which reviews their remuneration arrangements periodically and reports to the Corporate Governance Committee. In determining staff remuneration, the College undertook a review of its grading and remuneration arrangements in 2018 with the assistance of an expert in employee remuneration arrangements and its new pay policy has been in place now for 2 years.

Objectives

The objectives for the Royal College of Emergency Medicine are described in the RCEM Vision 2020 which sets out our corporate strategy. The strategy document is available on our website. As the year turned the strategy is being reviewed and in 2021 a revised strategy is to be published

During 2020, the Royal College of Emergency Medicine had to adapt to the Covid-19 pandemic at the same time as continuing to promote excellence in emergency care. Our activities are focused in four key areas:

- i. Improving patient care
- ii. Support our membership to achieve sustainable satisfying careers
- iii. Advancing the practice of Emergency Medicine through research and engagement in Global Health
- iv. Support our membership with the delivery of high-quality day to day care in Emergency Departments

To achieve our objectives, we undertake a range of activities including:

- working with other healthcare organizations and governments to implement the College's campaign improve the provision of Emergency Medicine for the benefit of patients;
- setting, monitoring and auditing clinical standards, and preparing and disseminating guidelines for Emergency Department patient care and safety;
- improving data quality and the ensuring the effective integration of information technology within Emergency Medicine;
- setting the curriculum and standard of training for doctors in Emergency Medicine;
- providing Continuing Professional Development (CPD) including through an eLearninghub,

known as RCEMlearning;

- working with the General Medical Council to deliver the requirements for revalidation;
- delivering the specialty examinations for doctors pursuing a career in Emergency Medicine and making recommendations relating to the completion of specialist training to the General Medical Council;
- providing a credentialing process for Advanced Clinical Practitioners
- supporting and giving advice on research within the specialty;
- providing advice to other bodies relating to Emergency Medicine, including accident prevention. These bodies include the Departments of Health, other Royal Colleges and Faculties, the Royal Society for the Prevention of Accidents and many other organisations;
- supporting our Members and Fellows including supporting Trainees, Staff grade and Associate Specialist (SAS) doctors in Emergency Medicine.
- encouraging new roles in Emergency Medicine as additions to the medical team;
- dealing with enquiries from the general public concerning Emergency Medicine and acting as an advocate for Emergency Medicine patients.
- developing the employee structure to deliver our operations;
- improving our information systems to reduce risk and enhance our service performance;
- continuing to develop our risk management systems, budgeting and business planning.

Public Benefit

The College provides public benefit under the Charities Act in two main ways:

- 1) for the Advancement of Education for the Public Benefit to a section of the public and
- 2) a wider benefit to the public.

In terms of public benefit our Royal Charter empowers us to:

- a) advance education and research in Emergency Medicine and to publish the useful results of such research; and
- b) preserve and protect good health and to relieve sickness by improving standards of health care and providing expert guidance and advice on policy to appropriate bodies on matters relating to Emergency Medicine

It also defines what constitutes Emergency Medicine as follows:

“Emergency Medicine: means the branch of medical science which is based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It further encompasses an understanding of the development of pre-hospital and in-hospital emergency medical systems and the skills necessary for this development. Within such definition, the day to day practice of Emergency Medicine in the United Kingdom encompasses the reception, resuscitation, initial assessment and management of undifferentiated urgent and emergency cases and the timely onward referral of those patients who are considered to require admission under the in-patient specialist teams or further specialist assessment and/or follow up.”

As can be seen from the preceding explanation of our activities a significant amount of our resources are directed for the advancement of education and research in Emergency Medicine and to publish the useful results of such research.

~~In terms of a wider public benefit, taking from our Charter again: we “preserve and protect good health and to relieve sickness by improving standards of health care and providing expert guidance~~

and advice on policy to appropriate bodies on matters relating to Emergency Medicine".

Our Members and Fellows working with their NHS colleagues provide a clear benefit to over 16 million people through Emergency Departments [1], we also take part in a wide range of other initiatives to support the public; for example, our work on the effects of alcohol amongst others. The College also deals with enquiries from the general public concerning Emergency Medicine and acts as an advocate for Emergency Medicine patients.

The Trustees confirm in accordance with section 17 of the Charities Act 2011 that they have had due regard to guidance issued by the Charity Commission in determining the activities of the charity.

¹ Source: Hospital Accident & Emergency Activity 2018-19 data for Major A&E Departments <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-accident--emergency-activity/2018-19>

Fundraising

During the latter part of 2020 the College engaged a firm of professional fundraising consultants to develop a fundraising strategy to assist it in developing fundraising as a source of income. To date, the College has not actively engaged in any significant fundraising as described in guidance from the Charity Commission "Charity fundraising: a guide to trustee duties (CC20)". We continue to comply with the requirements of the Charities (Protection and Social Investment) Act 2016 and no complaints were received in respect of fundraising activity. Furthermore, the College does not fundraise in any way that could be expected to unreasonably intrude or place undue pressure on vulnerable people and other members of the public to give money or other property to the College. Our approach to fundraising is to approach contacts, stakeholders and our membership for specific appeals, and we also have a Just Giving page. We are registered with the Fundraising Regulator.

Achievements and Performance

During 2020, the President and Council had to refocus the College efforts significantly to deal with the challenge that Covid-19 presented to the specialty and the College itself. This meant that in addition to the 'business as usual' activities significant new streams of work were tackled. Alongside our work to deal with the impact of the Covid pandemic, work also continued to develop our medium term strategy. The Council reviewed this strategy during the year, finalising it as the year turned ready for publication early in 2021.

As the pandemic arrived in the UK significant input was given at the highest levels in each of the nations of the UK to support the preparation for the pandemic and the subsequent challenges of dealing with Covid-19. This varied from the initial challenges of focusing on the availability and quality of Personal Protection Equipment available to the specialty workforce, to sharing knowledge about best treatment practice and processes. This work continued throughout the year as the specialty had to deal with the different waves of the pandemic. There was significant dislocation to the training of NHS Emergency Medicine workforce, and this meant changes to the programme of training. Our Sustainable Working Practices Committee provided advice and help to the specialty including the provision of a wellbeing App, 87%.

In late February we invoked the Crisis Management Team for the first time in our history, as we decided the threat was sufficient to reach for our Business Recovery Procedures. We upgraded our video conferencing arrangements, reviewed our IT to enable all staff to work from home if need be and started regularly risk assessing the situation. On 17 March the Crisis Management Team decided the COVID situation was such that to protect our employees and preserve our operational capacity to support the specialty they should work from home until further notice. We moved quickly to Pivot our services to deliver in a world where it was not possible to run face to face events, examinations and meetings.

All face-to-face meetings, events and examinations were cancelled for 2020 so we needed to quickly redesign the College services. After a number of years of careful financial management, we had sufficient resources to enable us to plan and budget for some very fast development projects.

The work of the College is a collaborative team effort from our employees and emergency medicine professionals, our membership: "We help those who help the sick and injured." Therefore, we moved quickly to provide information, guidance, re-engineer our operations and make sure our services continued.

Our exams team and examiners have worked flat out to switch the model to online examinations in a few weeks. In normal times such work would take 18 months plus, we have achieved it in a just a few weeks. Now we have created online capabilities successfully, capacity has been an issue and we are working to resource up to deal with that. More than 5,000 candidates successfully sat online examinations with us in 2020.

In the first quarter we ran 12 days of events. And then had cancelled the remaining 44 events we had planned. We organised our first virtual Scientific Conference which was highly acclaimed. We ran other study days online. Significant work has been one communicating RCEM Learning content, CPD conference content from the cancelled conference and CPD Director podcasts.

We acted very quickly to assemble Covid related content and make this available quickly on RCEMlearning. We have had 2.5m page views in the first 8 months of this year (up by 20%)

Trainees have been impacted by Covid and various actions have been taken to mitigate these including minimizing the number of trainees delayed by cancelled exams and the QIP to 34 and 23 respectively. To support trainees with their ACCS - IAC mandatory requirement, trainees have been redeployed in some cases. Our intercollegiate group has worked together to produce updated information, the most recent being IAC Position Statement. To support Recruitment, there have been virtual interviews as with ARCPs. We've also published general guidance for trainees.

In the first 6 months we had 15 doctors join the specialist register via the CESR route which is almost double the number in the same period last year.

We initially cancelled our clinical audits because of the Covid uncertainty and then allowed them to restart. We issued Clinical Guidance issued on Covid for example Infection Control and others Safety Guidance.

The Policy Team have had an exceptionally busy year with the launch of RCEM Cares and engagement in the political arena to set out our case for more support for the specialty. The RCEM CARES campaign provides solutions to address these pressing issues so that ED staff can deliver safe and timely care for patients. The campaign focuses on five key areas: Crowding, Access, Retention, Experience, Safety. There is more information on our website here: https://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/RCEM_CARES/RCEM/Quality-Policy/Policy/RCEM_CARES.aspx

Media coverage - in 2019 in the UK we featured in 3,721 articles. According to our media monitoring from, this is the equivalent of spending £117m on advertising with these websites. While this is not a perfect metric, it is a public relations standard and gives an indication of return on investment.

In our Membership team significant progress has been made on automating and streamline membership processes to make it easier for our membership.

Internationally, notwithstanding the travel bans, the MTI programme re-opened and is actively securing sponsorships. Other highlights included, the Emergency Medicine Foundation Programme project has proved a success and have successfully delivered ARCPs virtually with our Apollo partners across India and Pakistan. For 2021, we will enter Year 2, and trainees are currently being recruited

Guidance and support: We also provide clinical guidance and through our Emergency Medicine Journal, study days, scientific conference, research programme and Continuing Professional Development programme support the development of the emergency medicine profession.

Our internal support arrangements were redesigned as we implemented a new Corporate Services

function looking after our people, buildings, finances and our digital infrastructure. Our HR team have worked improved staff recruitment, retention, development, engagement and wellbeing. We rolled out a new HR App to keep Colleagues up to date, implemented a new HR information system and launched our employee forum. We have supported our employee wellbeing with the 87% App, mental health first aiders, virtual coffee mornings and lots of communication.

Our Facilities have been temporarily mothballed, with steps taken to check they are secure and employee efforts redirected to support our other teams. We allow teams access for essential tasks, for example when running an online examination it helps for our staff to be together but socially distanced.

Financial Review

The Trustees are pleased to report that total incoming resources for 2020 were £6.891 m. (2019: £7.920m)

The income was as follows

Incoming Resources	2020	%	2019	%
Donations & Grants	167,907	2%	259,825	3%
Other Income	232,139	3%	431,534	5%
Investment Income	19,888	0.3%	52,034	1%
Emergency Medicine Journal	311,187	5%	250,000	3%
Subscriptions	3,329,049	48%	3,049,861	39%
Conferences & CPD	329,815	5%	841,080	11%
Examinations	2,242,692	33%	2,702,996	34%
Training	98,591	1.4%	120,512	1.5%
Clinical Audit	159,692	2.3%	173,012	2%
Invited Service Reviews	-	0%	39,000	0.5%
Total	6,890,961	100%	7,919,854	100%

The principle funding sources for the College remain membership subscriptions and examinations income. These funding sources are in line with the main educational activities and charitable aims of the College.

At the end of 2020 the total membership rose to 10,163, an increase in 11.5% from 2019. The membership category with the largest increase was in Associate member (training/Eportfolio) which increased by 34% with there also being a large increase in Associate member (ACP) of 24%. Our numbers of Fellows by Examination also saw significant increase by 9.8% with our overall number of Fellows increasing by 8%.

Total resources expended during 2020 were £ 6.233m (2019 £7.107m). This report has highlighted earlier the key activities that account for the expenditure.

Major areas of expenditure were as follows:

Resources Expended	2020	%	2019	%
Raising funds	11,292	0.2%	19,247	0%

Emergency Medicine Journal	580,163	9%	532,522	7%
Research & Publications	203,510	3%	99,396	1%
Education & Examinations	2,328,092	37%	2,662,839	37%
Training Standards Committee and general training	1,163,880	18.7%	1,011,324	14%
Conferences & CPD	614,492	10%	1,241,723	17%
Membership Services	308,751	5%	324,868	5%
Quality In Emergency Care	433,327	7%	482,622	7%
Policy & Professional Affairs	468,125	8%	532,746	8%
NHS Project Expenditure	112,283	2%	198,914	3%
RCEM Foundation	8,640	0.1%	670	0%
Total	6,232,555	100%	7,106,871	100%

Investment policies and returns:

The Trustees have the power to invest funds and have used this power to invest in a range of investments (See note 10). The College invests in ethical areas only wherever reasonably possible.

The Trustees have engaged Quilter Cheviot Asset Management to provide them with professional investment management advice. However, in the immediate aftermath of the Covid-19 outbreak, our trustees took the decision to liquidate this investment portfolio to reinforce the funds available to the College and to mitigate against further downside risk. Fortunately, the College has not had to drawdown on these funds and they remain on deposit with Flagstone Investment Management Limited on their cash Investment platform.

Risk management, and principal risks and uncertainties

The College has a risk register maintained by the Vice President – Membership. The register is reviewed on a regular basis at the meetings of Officers and by the Corporate Governance Committee and Council.

The College's risk register sets out the most significant risks classified by governance, operation (business continuity), finance, environment, regulatory compliance and reputation. Each risk within the classification is detailed and scored against a matrix of impact and likelihood. In 2020, further analysis took place to identify risks that the organisation may be exposed to as a result of Covid-19, this led to the creation of an annex register, "issues list".

The College has put systems and procedures in place to monitor, manage and mitigate risks. Trustees ensure risks are considered as an integral element of all decision making and identify appropriate procedures to ensure that risk levels are acceptable in each case.

Our risk management process complies with the best practice as set out in the latest guidance from the Charity Commission.

Significant risks for the College include:

- 1) Operation/Finance: COVID-19 has had a significant impact on College's operational activity and finances since March 2020. The College has mitigated the impact of COVID-19 by continuing to deliver services to our membership and the specialty whilst working remotely. Mitigation: Having cancelled examinations and events earlier in the year we have

developed our digital offering and are hopeful a future blended mix of digital and face to face delivery will appeal to our membership. Governance and oversight by the trustees is being delivered remotely. This oversight has been enhanced by additional reporting on organisational performance.

- 2) Operation: There are several risks that are being run associated with our examinations, including that there is a real risk that there are sufficient examiners available to hold an examination. In part this reflects the pressure on the specialty and the difficulty of emergency physicians to be released from their duties to examine. Mitigation: The examinations risks are regularly monitored, and management action taken to mitigate them. We are continuing to work to expand the number of examiners and the education Committee is closely managing this area led by the Dean and the Deputy Chief Executive. The Corporate Governance Committee is receiving regular updates and monitoring this closely.
- 3) Operation: There is a risk that ongoing investment into our IT systems is unlikely to continue to deal with the level of change being experienced by the College. Mitigation: A revised digital transformation strategy (and an annual work programme) has been developed with defined deliverables aimed at keeping developments in line with trends.
- 4) Operation: Having access to an effective and secure digital infrastructure is crucial to enabling the College to function efficiently post the Covid-19 outbreak, especially with cyber-attacks and cyber enabled crime on the rise. Mitigation: Our digital transformation strategy provides a plan for managing any interruption or potential risks to our digital environment.
- 5) Reputation/Operation: There is a reputational and operational risk to the College that the required development of a new ePortfolio platform, will result in an inferior experience for users and/or loss of functionality/access to data. Mitigation: This project is being closely managed through a Project Board.

The Corporate Governance Committee keeps the corporate risk register under regular review. It is satisfied with the level of risk and the management controls in place to reduce the risks. In financial terms the risks to the organisation are not significant and the future of the College is closely linked to the future development of the Emergency Medicine Specialty over time. The Council has undertaken a review of the reserves policy having regard for the risk assessment.

Reserves policy

The total funds of the College at 31 December 2020 were £10.015m (2019: £9.677m) of which £0.418m (2019: £0.426m) were restricted and not available for the general purpose of the charity. The unrestricted funds of the charity totalled £9,598m (2019: £9.251m) of which £7.048m (2019: £7.037m) are designated funds.

Designated funds are funds that the Trustees have earmarked for specific purposes. As at 31 December 2020, there are three designated funds, tangible fixed assets, IT development and RCEM foundation. Most of the designated amount relates to the tangible fixed assets of the College, net of a related bank loan and reflects the fact that these net funds could not be realised without disposing of the assets. The IT development fund has been designated to support our digital transformation agenda over the next 3 years. RCEM foundation fund has been designated to enable our foundation to develop its fundraising capabilities and strategy over the next 2 years.

The free reserve balance is £2,550m (2019: £2.214m), and has been considered by Council, having regard for the risk position of the College and is to provide a cushion to cover up to six months core operating costs.

Furthermore, it has been determined that the College will, as a minimum, hold £800,000 as a general cash reserve and £200,000 as a reserve for property related expenditure. The Treasurer will decide how to hold the reserves as between interest bearing accounts or investments having regard for

Future Plans

The current plan is now under review. Subject to that review our strategic aims are as follows:

1. Resolving the challenges facing Emergency Medicine in the UK and Ireland to improve the patient experience and outcomes by working with others to tackle the supply and demand issues facing Emergency Medicine.
2. Working with others to achieve safe and high-quality evidence based emergency care.
3. Improving the educational value of training and Continuing Professional Development in Emergency Medicine through our training, examinations, assessment and educational activities for those working in Emergency Medicine.
4. Continuing to support clinical and service development and research in Emergency Medicine.

Statement of Trustees' responsibilities

The Trustees are responsible for preparing the Report of Council and the financial statements in accordance with applicable law and regulations.

Charity law requires the Trustees to prepare financial statements for each financial year in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards) and applicable law.

Under charity law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and the group and of the charity's net incoming/outgoing resources for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue to operate.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008, the Charities and Trustee Investment (Scotland) Act 2005 and Charities Accounts (Scotland) Regulations 2006 (as amended) and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Appreciation

The trustees wish to thank the College employees for their unstinting hard work during 2020 and their on-going efforts in the daily administration of numerous areas of College activity.

The trustees wish to acknowledge the immense quantity of high quality work undertaken by College staff, Officers, Committee members and College members to deliver the charitable objectives of the College.

Approved by the Council of Trustees on 13/05/2021 and signed on their behalf by:



Dr Katherine Henderson
President

Independent Auditor's Report to the Trustees of The Royal College of Emergency Medicine

Opinion

We have audited the financial statements of the Royal College of Emergency Medicine for the year ended 31 December 2020 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

give a true and fair view of the state of the charity's affairs as at 31 December 2020, and of its incoming resources and application of resources, for the year then ended;

- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs(UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

We have nothing to report in respect of the following matters in relation to which the ISAs (UK)

require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011 require us to report to you if, in our opinion:

the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
the charity has not kept adequate accounting records; or
the financial statements are not in agreement with the accounting records and returns; or
we have not received all the information and explanations we required for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page [x], the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's

ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005, section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions

with management and those charged with governance.

- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Section

44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and in accordance with Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.

Moore Kingston Smith LLP

.....
Moore Kingston Smith LLP (Statutory auditor)

Date: ...21 May 2021.....

Devonshire House
60 Goswell Road
London
EC1M 7AD

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE
STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31
DECEMBER 2020

	Notes	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total 2020 £	Total 2019 £
INCOME FROM					
Donations and grants	2	64,110	103,797	167,907	259,825
Income from charitable activities	3	6,471,026	-	6,471,026	7,176,461
Investment income	4	19,888	-	19,888	52,034
Other Income	5	232,139	-	232,139	431,534
Total Income		6,787,164	103,797	6,890,961	7,919,854
EXPENDITURE ON					
Raising funds		11,292	-	11,292	19,247
Charitable activities		6,108,980	112,283	6,221,263	7,087,624
Total resources expended	6	6,120,272	112,283	6,232,555	7,106,871
Gains/(Losses) on investments	10	(320,216)	-	(320,216)	189,262
Fair Value Adjustment		-	-	-	-
Net income for the year		346,676	(8,486)	338,190	1,002,246
Transfer between funds	14,15	-	-	-	-
Net movement on funds		346,676	(8,486)	338,190	1,002,246
Fund balances brought forward		9,250,891	426,315	9,677,206	8,674,960
Total funds carried forward	14,15	9,597,567	417,829	10,015,396	9,677,206

All activities in the year were attributable to continuing activities. The accompanying notes form part of these financial statements.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

BALANCE SHEET AS AT 31 DECEMBER 2020

		2020		2019	
	Notes	£	£	£	£
Fixed assets					
Tangible assets	9		13,773,197		13,936,656
Investments	10		-		1,436,612
			<u>13,773,197</u>		<u>15,373,268</u>
Current assets					
Debtors	11	1,002,685		733,365	
Investment (Under 90 Days)		655,185		-	
Investment (Over 90 Days)		465,000		-	
Cash at bank and in hand		3,644,993		2,881,944	
		<u>5,767,863</u>		<u>3,615,309</u>	
Creditors: amounts falling due within one year	12	<u>(2,325,664)</u>		<u>(1,911,370)</u>	
Net current assets			<u>3,442,199</u>		<u>1,703,939</u>
Total assets less current liabilities			<u>17,215,396</u>		<u>17,077,207</u>
Creditors: amounts falling due after one year	13		<u>(7,200,000)</u>		<u>(7,400,000)</u>
NET ASSETS			<u>10,015,396</u>		<u>9,677,207</u>
Represented by:					
Unrestricted funds:	14				
Designated funds		7,048,007		7,036,656	
General funds		2,549,560		2,214,235	
		<u>9,597,567</u>		<u>9,250,891</u>	
Restricted funds	15		<u>417,829</u>		<u>426,315</u>
TOTAL FUNDS			<u>10,015,396</u>		<u>9,677,207</u>

These financial statements were approved by the Trustees and authorised for issue on 13/05/2021 and are signed on their behalf by:



Dr K Henderson (President)



S Hepburn (Treasurer)

The accompanying notes form part of these financial statements.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE**CASH FLOW STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2020**

	Note	2020 £	£	2019 £	£
Cash flows from operating activities					
Net cash provided by operating activities	19		1,101,283		614,911
Cash flows from investing activities					
Investment income		19,888		52,034	
Purchase of tangible fixed asset		(38,103)		(97,442)	
Purchase of investments		(14,385)		(270,382)	
Proceeds from sale of investments		549,552		254,875	
Net cash used by investing activities			516,952		(60,915)
Cash flow from financing activities					
Repayment of bank loan		(200,000)		(200,000)	
Net cash used by financing activities			(200,000)		(200,000)
Change in cash and cash equivalents in the year			1,418,235		353,996
Cash and cash equivalents at the beginning of the year			2,881,943		2,527,947
Cash and cash equivalents at the end of the year			4,300,178		2,881,943
Analysis of cash and cash equivalents					
Investment (Under 90 Days)			655,185		-
Cash at bank and in hand			3,644,993		2,881,943
			4,300,178		2,881,943
			=====		=====

THE ROYAL COLLEGE OF EMERGENCY MEDICINE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

Analysis of changes in net debt

	At start of year	Cash-flows	Other non-cash changes	At end of year
	£			
Cash	2,881,943	1,418,235	-	4,300,178

		1,418,235		

Loans falling within one year	(200,000)	200,000	(200,000)	(200,000)
Loans falling due after more than one year	(7,400,000)	-	200,000	(7,200,000)
	=====	=====	=====	=====
TOTAL	(4,718,057)	1,618,235	-	(3,099,822)
	=====	=====	=====	=====

**Analysis of changes in net debt
2019**

	At start of year	Cash-flows	Other non-cash changes	At end of year
	£			
Cash	2,527,947	353,995	-	2,881,943

		353,935		

Loans falling within one year	(200,000)	200,000	(200,000)	(200,000)
Loans falling due after more than one year	(7,400,000)	-	200,000	(7,200,000)
	=====	=====	=====	=====
TOTAL	(5,272,053)	553,995	-	(4,718,058)
	=====	=====	=====	=====

The accompanying notes form part of these financial statements.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

1. ACCOUNTING POLICIES

Basis of accounting

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) - (Charities SORP (FRS 102)), and with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

The Royal College of Emergency Medicine meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

Going concern

The Trustees have considered several factors in concluding that the adoption of a going concern basis in the preparation of these financial statements is appropriate. They have reviewed reserves, business plans and a sensitivity analysis (adjusted to replicate some of the impact COVID-19 had in 2020), for a period of twelve months from the date of approval of these financial statements which demonstrate that the College has enough resources to meet its obligations as they fall due. Furthermore, having developed digital solutions for our examinations and conferences, Trustees are content that the College has robust income streams in these areas as well as subscriptions. The College is forecasting a deficit budget in 2021 which is likely to breach our Earnings Before Income Tax Depreciation and Amortisation (EBITDA) financial covenant attached to the long-term loan with our bank, Handelsbanken. The bank has indicated informally that given one off expenditure such as our new ePortfolio and our strong recovery in 2020 they would continue to support the organisation by waiving the covenant. Additionally, they have offered the College an overdraft facility if required. However, the College has free reserves of approximately £2.55m at the balance sheet date which will assist in mitigating the need for additional facilities. Accordingly, the charity continues to adopt the going concern basis in the preparation of the financial statements.

Judgements and estimates

Judgements made by the Trustees, in the application of these accounting policies that have significant effect on the financial statements and estimates with a significant risk of material adjustment in the next year are deemed to be in relation to the valuation of investments and are discussed below.

Income

All income is recognised once the College has entitlement to the income, it is probable that the income will be received, and the amount of income receivable can be measured reliably. Income comprises amounts receivable during the year except for investment income which is accounted for in the period in which it is received on the basis that this is not materially different to a receivable basis. Grants are recognised when receivable and subscriptions for life membership are recognised when received. Payments received in advance of the related income being receivable are treated as deferred income within creditors.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

1. ACCOUNTING POLICIES (continued)

Expenditure

Expenditure is recognised on an accruals basis in the period in which the College receives the benefit from the supplies or services. *Raising funds* are costs of investment management, costs of merchandise and costs incurred in publicising the name of the charity. *Charitable activities* comprise all expenditure directly relating to the objects of the charity and, in addition, support costs which are costs which are common to a number of activities and are charged to those activities on the basis of office space used by respective members of staff. Support costs include governance costs which are the costs of compliance with constitutional and statutory requirements and costs related to the strategic management of the organisation.

Tangible fixed assets and depreciation

Tangible and Intangible fixed assets are recorded at cost or, in cases where fixed assets have been donated to the College, at valuation at the time of donation. All items of expenditure over £1,000 regarded as fixed assets are capitalised. Depreciation and amortisation are charged at the following rates in order to write down the cost or valuation, less estimated residual value, of all fixed assets, over their expected useful lives:

Freehold land	nil
Freehold building	2%
Fixtures and fittings	25%
Computer equipment	25%
Database systems	50%

The Coat of Arms and Presidential Chain of Office have not been depreciated in view of their nature. The Council believe that their current value is at least equal to their book values.

Investments and investment gains and losses

Quoted investments are valued at the bid price at the close of business at the year end. Realised and unrealised gains and losses on investments are included in the Statement of Financial Activities.

Pension costs

The charity makes contributions towards employees' personal pension schemes which are accounted for as the payments fall due.

Operating leases

Rentals applicable to operating leases are charged to the SOFA over the period in which the cost is incurred.

Taxation

No provision has been made for corporation tax or deferred tax as the charity is exempt.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

1. ACCOUNTING POLICIES (continued)

Funds

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objects of the charity and which have not been designated for other purposes.

Designated funds comprise funds which have been set aside by the trustees for specific purposes. The purpose of each designated fund is set out in note 15.

Restricted funds relate to non-contractual income which is to be used in accordance with restrictions imposed by the donors or which have been raised by the charity for specific purposes. The purpose of each restricted fund is set out in note 16.

Financial instruments

Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised except for investments which are held at fair value. Financial assets held at amortised cost comprise cash at bank and in hand, together with trade and other debtors. A specific provision is made for debts for which recoverability is in doubt. Cash at bank and in hand is defined as all cash held in instant access bank accounts and used as working capital. Financial liabilities held at amortised cost comprise all creditors except social security and other taxes and provisions.

Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks and other short-term liquid investments with original maturities of three months or less. Deposits with maturity greater than three months from the year end are classified within short term investments.

Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

Related Party Transactions

There are no other related party transactions

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

1. ACCOUNTING POLICIES (continued)

Employee benefits

- Short term benefits
Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.
- Employee termination benefits
Termination benefits are accounted for on an accrual basis and in line with FRS 102.

2. GRANTS AND DONATIONS

	Total 2020 £	Total 2019 £
RESTRICTED FUNDS		
NHS Health Education England Projects	100,658	256,068
RCEM Foundation	3,139	3,757
UNRESTRICTED FUNDS		
Grants and Donations	64,110	-
	-----	-----
	167,907	259,825
	=====	=====

3. INCOME FROM CHARITABLE ACTIVITIES

	Total 2020 £	Total 2019 £
UNRESTRICTED FUNDS		
Emergency Medicine Journal	311,187	250,000
Conferences & CPD	329,815	841,080
Subscription	3,329,049	3,049,861
Examination fees	2,242,692	2,702,996
Training	98,591	120,512
Clinical Audit	159,692	173,012
Invited Service Reviews	-	39,000
	-----	-----
	6,471,026	7,176,461
	=====	=====

***THE ROYAL COLLEGE OF EMERGENCY MEDICINE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)***

4. INVESTMENT INCOME

	Total 2020 £	Total 2019 £
UNRESTRICTED FUNDS		
Dividends and interest on investments listed on a UK stock exchange	7,154	35,155
Interest received	12,735	16,879
	-----	-----
	19,888	52,034
	=====	=====

Investment income received in both years were from unrestricted sources.

5. OTHER INCOME

	Total 2020 £	Total 2019 £
UNRESTRICTED FUNDS		
Sale of Merchandise	22	2,172
Room Hire	232,118	429,362
	-----	-----
	232,139	431,534
	=====	=====

THE ROYAL COLLEGE OF EMERGENCY MEDICINE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

6. EXPENDITURE

	Direct Costs £	Support Costs £	Total 2020 £
Raising Funds			
Website costs	2,160	-	2,160
RCEM Merchandise	3,816	-	3,816
Investment broker charges	5,316	-	5,316
	-----	-----	-----
	11,292	-	11,292
Charitable Activities			
Emergency Medicine Journal	580,163	-	580,163
Research & publications	154,559	48,951	203,510
Education and examinations	1,245,715	748,159	1,993,874
RCEMlearning	199,244	134,974	334,218
Training	696,627	467,253	1,163,880
Conferences & CPD	267,047	347,445	614,492
Membership services	132,862	175,889	308,751
Quality in emergency care	244,234	189,093	433,327
Policy and professional affairs	323,454	144,671	468,125
RCEM Foundation Fund		-	
(Designated Fund)	8,640		8,640
NHS project expenditure			
(Restricted)	112,283	-	112,283
	-----	-----	-----
	3,964,828	2,256,435	6,221,263
	-----	-----	-----
	3,976,120	2,256,435	6,232,555
	=====	=====	=====
	=====	=====	=====

THE ROYAL COLLEGE OF EMERGENCY MEDICINE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

	Direct Costs £	Support Costs £	Total 2019 £
Raising Funds			
Website costs	2,357	-	2,357
RCEM Merchandise	8,672	-	8,672
Investment broker charges	8,218	-	8,218
	19,247	-	19,247
Charitable Activities			
Emergency Medicine Journal	532,522	-	532,522
Research & publications	80,769	18,627	99,396
Education and examinations	1,573,574	1,089,265	2,662,839
Training	570,232	441,092	1,011,324
Conferences & CPD	771,938	469,785	1,241,723
Membership services	107,312	217,556	324,868
Quality in emergency care	232,213	250,409	482,622
Policy and professional affairs	289,427	243,319	532,746
NHS project expenditure (Restricted)	198,914	-	198,914
RCEM Foundation Fund (Restricted)	670	-	670
	4,357,571	2,730,053	7,087,624
	4,376,818	2,730,053	7,106,871

	Year to December 2020 £	Year to December 2019 £
Staff costs comprise:		
Wages and salaries	2,183,646	2,027,753
Social security costs	233,877	208,190
Other pension costs	188,480	165,449
Total Employee costs	2,606,003	2,401,392
Casual staff	71,802	109,857
	2,677,805	2,511,249

There were no termination payments made in 2020 (2019: £83,717).

THE ROYAL COLLEGE OF EMERGENCY MEDICINE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

The average number of permanent employees during the period was 53 (2019: 52). These were supplemented by several casual staff who assisted primarily with examinations and training.

	Year to December 2020 No.	Year to December 2019 No.
Staff numbers as analysed by category:		
Exams & Education	12	12
Training	8	7
Policy & Professional Affairs and Quality in Emergency Care	9	8
Membership	3	3
Research & Publications and Events	7	7
Other	14	15
	-----	-----
	53	52
	=====	=====

During the period the numbers of employees whose emoluments (defined as salary and taxable benefits) exceeded £60,000 were:

	Year To December 2020 No.	Year To December 2019 No.
£60,000 to £70,000	3	2
£70,001 to £80,000	1	-
£80,001 to £90,000	-	2
£90,001 to £100,000	1	-
£140,001 to £150,000	-	1
£150,001 to £160,000	1	-

The aggregate emoluments of the key management personnel which comprises of Trustees, Chief Executive Officer, Deputy Chief Executive Officer (who holds the role Director of Education) and Director of Corporate Services amounted to £395,326. (2019: £364,641).

The pension amounts paid to the above employees amounted to £51,383.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

6A. SUPPORT AND GOVERNANCE COSTS

	Year To December 2020 £	Year To December 2019 £
Staff costs	851,946	972,776
Rates, service charges and electricity	237,885	278,206
Office expenses	116,943	211,777
Printing, postage, stationery & telephone	92,221	109,232
Website & information technology	254,703	236,987
Insurance	50,697	45,241
Depreciation & loss on disposal of assets	201,562	230,077
Irrecoverable VAT	165,468	195,486
Sundry expenses	14,334	67,271
Bank interest on loan	151,521	186,661
Bank & credit card charges	60,531	64,738
Governance		
Auditors' remuneration		
For audit	15,045	12,500
Non-audit services	3,385	-
Board meeting and travel costs	40,193	119,100
	2,256,435	2,730,053

Support costs are allocated to activities on a basis consistent with the use of these resources. The allocation method of apportionment adopted by The Royal College of Emergency Medicine is as follows, headcount, i.e. based on the number of people employed within an activity, square foot, i.e. based on floor area occupied by an activity and time, i.e. where staff duties span more than one activity.

7. CHARITABLE ACTIVITIES – GRANT PAYABLE

Research grants awarded by the Royal College of Emergency Medicine in the year to 31 December 2020 totalled £112,263 (2019: £73,011).

8. TRUSTEES

The trustees received no remuneration from the charity in respect of acting as Trustees. No trustee provided services to the charity for which they were paid.

During the year, 22 trustees received reimbursement for costs for attending meetings and for travelling expenses, amounting to £4,978 (2019: 24 trustees, £50,901). In addition, expenses paid directly by the College, mainly in the form of hotel bills, amounted to £5,227 (2019: £46,825).

THE ROYAL COLLEGE OF EMERGENCY MEDICINE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

9. TANGIBLE FIXED ASSETS

	Building Costs £	Office Equipme nt£	College Database £	Coat of Arms £	Chain of office £	Total £
Cost or valuation						
At 1 January 2020	14,416,875	695,570	402,981	6,534	428	15,522,387
Additions	1,263	36,840	-	-	-	38,103
Disposals	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
At 31 December 2020	14,418,138	732,410	402,981	6,534	428	15,560,490
	-----	-----	-----	-----	-----	-----
Depreciation						
At 1 January 2020	606,318	576,745	402,668	-	-	1,585,731
Charge for the year	124,645	76,604	313	-	-	201,562
On Disposals	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
At 31 December 2020	730,963	653,349	402,981	-	-	1,787,293
	-----	-----	-----	-----	-----	-----
Net Book Value						
At 31 December 2020	13,687,175	79,061	-	6,534	428	13,773,197
	=====	=====	=====	=====	=====	=====
At 31 December 2019	13,810,557	118,825	312	6,534	428	13,936,656
	=====	=====	=====	=====	=====	=====

10. INVESTMENTS

	2020 £	2019 £
Analysis of change in investments during the year		
At 1 January	1436,612	1,220,920
Additions at cost	14,385	270,382
Disposals	(1,014,552)	(254,875)
Net gain on revaluation	(320,216)	189,262
Movement in investment cash	(116,229)	10,924
	-----	-----
Market value at 31 December	-	1,436,612
	=====	=====
Represented by:		
Fixed interest	-	179,362
Equities	-	986,451
Alternative investments	-	154,570
Cash	-	116,229
	-----	-----
	-	1,436,612
	=====	=====
Cost at 31 December	-	866,747
	=====	=====

THE ROYAL COLLEGE OF EMERGENCY MEDICINE NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

11. DEBTORS

	2020 £	2019 £
Trade debtors	64,934	76,308
Prepayments	615,205	372,489
Accrued income	322,546	258,230
Other debtors	-	26,338
	-----	-----
	1,002,685	733,365
	=====	=====

12. CREDITORS: amounts falling due within one year

	2020 £	2019 £
Bank loan (see note 13)	200,000	200,000
Trade creditors	95,293	354,388
Taxes and social security	70,945	61,506
Accruals	672,983	245,347
Deferred income	1,036,095	837,199
Other Creditors	250,348	212,930
	-----	-----
	2,325,664	1,911,370
	=====	=====

Deferred income relates to exam, event and coursefees received in advance. All the deferred income at 31 December 2020 relates to income received in 2020 and all deferred income at 31 December 2019 has been released.

At the balance sheet date, no pension contributions were outstanding (2019: £15,975).

13. CREDITORS: amounts falling due after more than one year

	2020 £	2019 £
Bank loan	7,200,000	7,400,000
	-----	-----
	7,200,000	7,400,000
	=====	=====
Bank loan maturity analysis		
Due less than 1 year	200,000	200,000
Due 1 – 2 years	200,000	200,000
Due 2 – 5 years	7,000,000	7,200,000
	-----	-----
Total loan value	7,400,000	7,600,000
Included in current liabilities	(200,000)	(200,000)
	-----	-----
Included in long term liabilities	7,200,000	7,400,000
	=====	=====

***THE ROYAL COLLEGE OF EMERGENCY MEDICINE NOTES TO
THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)***

The bank loan is secured by a first legal charge over the land and buildings owned by the charity. Interest is calculated at LIBOR plus 1.60%.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

14. UNRESTRICTED FUNDS

	At 1 January 2020	Income	Expenditure	Investment gains/losses and fair value	Transfers	At 31 December 2020
	£	£	£	£	£	£
Designated Fund						
Tangible fixed Assets	6,336,656	-	-	-	36,541	6,373,197
IT Development	500,000	-	-	-	(16,550)	483,450
RCEM Foundation	200,000	-	-	-	(8,640)	191,360
General fund	2,214,235	6,787,164	(6,120,272)	(320,216)	(11,351)	2,549,560
	9,250,891	6,787,164	(6,120,272)	(320,216)	-	9,597,567

	At 1 January 2019	Income	Expenditure	Investment gains/losses and fair value	Transfers	At 31 December 2019
	£	£	£	£	£	£
Designated Fund						
Tangible fixed Assets	6,269,292	-	-	-	67,364	6,336,656
IT Development	500,000	-	-	-	-	500,000
RCEM Foundation	200,000	-	-	-	-	200,000
General fund	1,342,721	7,660,027	(6,907,286)	189,262	(70,491)	2,214,235
	8,312,013	7,660,027	(6,907,286)	189,262	(3,127)	9,250,891

The Tangible Fixed Assets fund represents the value of these assets less a related loan and are not free reserves. The IT development fund has been earmarked to support the College's Digital Transformation Strategy over the next 3 years. RCEM foundation fund is a 2 year designated fund designed to support the development and implementation of the RCEM Foundation's Fundraising Strategy.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

15. RESTRICTED FUNDS

	At 1 January 2020 £	Income £	Expenditure £	Transfer 2020 £	At 31 December 2020 £
Alison Gourdie Memorial Fund	43,832	-	-	-	43,832
E-learning for Health Fund	157,622	-	-	-	157,622
ENACT	3,348	-	-	-	3,348
Beth Christian Memorial Fund	6,050	-	-	-	6,050
Emergency Care Data Set Project	12,273	-	-	-	12,273
Health Education England Projects	188,464	100,658	(112,283)	-	176,839
RCEM Foundation	14,726	3,139	-	-	17,865
	426,315	103,797	(112,283)	-	417,829
	=====	=====	=====	=====	=====

	At 1 January 2019 £	Income £	Expenditure £	Transfer 2019 £	At 31 December 2019 £
Alison Gourdie Memorial Fund	43,832	-	-	-	43,832
E-learning for Health Fund	77,622	80,000	-	-	157,622
ENACT	3,348	-	-	-	3,348
Beth Christian Memorial Fund	6,050	-	-	-	6,050
Emergency Care Data Set Project	12,273	-	-	-	12,273
Health Education England Projects	208,183	176,068	(198,914)	3,126	188,464
RCEM Foundation	11,639	3,757	(670.00)	-	14,726
	362,947	259,825	(199,584)	3,126	426,315
	=====	=====	=====	=====	=====

The Alison Gourdie Memorial Fund was established to award prizes to doctors and nurses for projects that benefit the provision of high quality care in the field of Accident and Emergency Medicine.

The Beth Christian Memorial Fund was established in her memory.

Elearning for Health Fund (previously known as the EnlightenMe Grant) is a project funded by the Department of Health to improve e-learning for Healthcare by covering the costs of Content Authors, Module Editors and Clinical Leads.

THE ROYAL COLLEGE OF EMERGENCY MEDICINE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

ENACT is a fund set up to help develop emergency medicine learning overseas.

The Emergency Care Data Set Project is a funded by the Department of Health to change the data set collected by the NHS relating to emergency medicine.

The Health Education Projects fund is to fund a series of joint projects focused on the development of the emergency medicine workforce with NHS Health Education England.

RCEM Foundation fund is to support further improvements in patient care, to support ground breaking research and help low income countries establish emergency care and clinical training.

16. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General Funds £	Designated Funds £	Restricted Funds £	Total Funds £
Fund balances at 31 December 2020 represented by:				
Tangible fixed assets	-	13,773,197	-	13,773,197
Current assets	4,675,224	674,810	417,829	5,767,863
Creditors falling due within one year	(2,125,664)	(200,000)	-	(2,325,664)
Creditors falling due after one year	-	(7,200,000)	-	(7,200,000)
Total net assets	2,549,560	7,048,007	417,829	10,015,396

	General Funds £	Designated Funds £	Restricted Funds £	Total Funds £
Fund balances at 31 December 2019 represented by:				
Tangible fixed assets	-	13,936,656	-	13,936,656
Investments	1,436,612	-	-	1,436,612
Current assets	2,488,993	700,000	426,315	3,615,309
Creditors falling due within one year	(1,711,370)	(200,000)	-	(1,911,370)
Creditors falling due after one year	-	(7,400,000)	-	(7,400,000)
Total net assets	2,214,235	7,036,656	426,315	9,677,207

THE ROYAL COLLEGE OF EMERGENCY MEDICINE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

17. OPERATING LEASE COMMITMENTS

	2020 Equipment £	2019 Equipment £
Operating leases which expire within:		
Less than one year	50,808	51,931
Between one and two years	50,808	50,808
Between two and five years	30,450	80,505
Over five years	-	753
	132,066	183,997

18. RECONCILIATION OF OPERATING PROFIT TO NET CASH

	2020 £	2019 £
Net income before other gains and losses	658,406	724,727
Depreciation charges	201,562	230,078
Investment income	(19,888)	(52,034)
Movement in investment portfolio cash	116,229	(10,924)
Decrease/(increase) in debtors	(269,320)	(107,736)
Increase/(decrease) in creditors	414,294	(169,200)
Net cash inflow from operating activities	1,101,283	614,911

20. CAPITAL COMMITMENTS

Amounts contracted for but not provided in the financial statements amounted to £185,926 inc. VAT in respect of the College's development of a new ePortfolio platform. (2019: £0)

Annex

College representatives work with several organisations, including:

- Academy of Medical Royal Colleges
- Academy of Medical Royal Colleges and Faculties in Scotland
- ACEM
- Alcohol Health Alliance (AHA)
- All Party Parliamentary Group – Antimicrobial Resistance
- Apollo Hospitals, India
- Association of Anaesthetists of Great Britain & Ireland (AAGBI)
- Aster Medicity, India
- BMA Scotland
- British Association for Sexual Health and HIV (BASHH) / British HIV Association (BHIVA) - Testing Guidelines Group
- British Lung Foundation - Respiratory Taskforce Stakeholder Group
- British Medical Journal
- British Red Cross
- British Thoracic Society (BTS) - Quality Standards for non-invasive ventilation
- BTS - Guideline for the outpatient management of pulmonary embolism
- BTS/ Scottish Intercollegiate Guidelines Network (SIGN) asthma guideline
- Cambridge Global Health Partnership
- Care Quality Commission
- College of Emergency Physicians, Malaysia
- Department of Health and Social Care
- Department of Health Northern Ireland
- Devices Expert Advisory Committee
- Egyptian Ministry of Health and Population
- Emergency Care Society of Uganda
- Emergency Medicine Trainees' Association (EMTA)
- European Society For Emergency Medicine (EuSEM)
- Faculty of Forensic and Legal Medicine
- Faculty of Sport and Exercise Medicine (UK)
- Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine (FASSGEM)
- General Practitioners at the Deep End (Scotland)
- HCA Healthcare UK
- Health Education and Improvement Wales (HEIW)
- Health Innovation Network
- Health Research Authority (HRA) – Confidentiality Advisory Group (CAG)
- Healthcare Improvement Scotland
- Healthcare Inspectorate Wales (HIW) - Patient Discharge Thematic Review Stakeholder Group
- Home Office – Modern Slavery Campaign
- HSC Public Health Agency (Northern Ireland)

Annex (continued)

- Independent Inquiry into Child Sexual Abuse - Prevention of child sexual abuse in healthcare settings
- Institute of Hepatology - Lancet Commission for Liver Disease
- Intercollegiate Board for Training in Intensive Care Medicine
- Intercollegiate Board for Training in Pre-Hospital Emergency Medicine (IBTPHEM)
- Intercollegiate Committee for Acute Care Common Stem Training (ICACCST)
- Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings
- International Federation for Emergency Medicine (IFEM)
- Joint Colleges Hospital Visiting Committee
- Joint Royal College Ambulance Service Liaison Committee
- Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute, India
- Landspítali – The National University Hospital of Iceland, Iceland
- Max Healthcare, India
- MBRRACE
- Medical Council on Alcohol – Advisory Committee
- Myanmar Emergency Medicine Society
- National audit of seizure management in hospitals (NASH)
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
- National Co-ordinating Centre for Health Technology Assessment (NHS R&D)
- National Electronic Library for Health – Emergency Care branch
- National Horizon Scanning Centre expert database
- National Institute for Health and Clinical Excellence (NICE) – Quality Standards Programme Board
- National Police Chiefs Council (NPCC)
- National Research Ethics Service)
- National Safeguarding Delivery Unit – Partnership Network
- National Surviving Sepsis Campaign
- National Workforce Skills Development Unit - Enhancing the management of psychological trauma and resilience experienced by staff working in the NHS
- NHS Blood and Transplant (NHSBT) - National Organ Donation Committee
- NHS Commissioning Board Special Health Authority
- NHS Education for Scotland
- NHS England
- NHS England North Regional team - Liaison Mental Health Task & Finish Group
- NHS Health Education England
- NHS National Services Scotland
- NHS Pathways - National Clinical Governance Group of NHS Pathways
- NHS Right Care - Optimal pathway for the management of headache and migraine
- Northern Ireland Ambulance Service
- Oman Medical Specialty Board, Oman
- Paediatric Intensive Care Society (PICS) – National Standards
- Pakistan Institute of Medical Sciences

Annex (continued)

- Patient and Client Council (Northern Ireland)
-
- Professional Record Standards Body (PRSB)
- Public Health Wales (PHW)
- Qimet International
- Rawalpindi Medical University, Pakistan
- Regulation and Quality Improvement Authority (RQIA) Northern Ireland
- Royal College of Pathologists
- Royal College of Physicians and Surgeons of Glasgow
- Royal College of Physicians of Edinburgh
- Royal College of Physicians of London
- Royal College of Psychiatrists
- Royal College of Surgeons of Edinburgh
- Royal College of Surgeons of England
- Scottish Ambulance Service
- Scottish Government's 6 Essential Actions for Unscheduled Care National Programme
- Scottish Government's Ministerial Strategic Group for Health and Community Care
- Scottish Government's Unscheduled Care Advisory Group
- Scottish Health Action for Alcohol Problems (SHAAP)
- Serious Hazards of Transfusion Steering Group (SHOT)
- St John Ambulance
- The Emergency Medical Retrieval and Transfer Service Cymru (EMRTS) Wales
- Uganda UK Health Alliance
- UK Advisory Panel for Healthcare Workers Infected with Blood borne Viruses
- UK Clinical Research Collaboration (UKCRC) – Clinical Research Collaboration (NRES –
- UK Clinical Research Network (UKCRN) – National Institute for Health Research – specialty groups
- UK Health Alliance on Climate Change (UKHACC)
- University of Medicine 1, Yangon
- University of Medicine 2, Yangon
- University of Medicine, Mandalay
- Warwick Advisory Group
- Welsh Ambulance Service
- Welsh NHS Confederation

"The Royal College of Emergency Medicine objective is to promote excellence in emergency care. Our activities are focused in three key areas:

Delivery of safe high quality emergency care, promotion of best practice and ensuring emergency medicine training is of the highest standard. To achieve these aims we strive to ensure that patient centred care is led and delivered by fully trained Emergency Medicine Consultants, working in and with the wider Emergency Medicine team.

Secondly, we advance safe and effective Emergency Medicine by providing expert guidance and advice on Emergency Medicine policy.

Thirdly through the development of training, the funding of research and the setting of professional postgraduate examinations we work to educate, train and assess Emergency Medicine doctors to deliver the highest standards of professional competence and practice for the protection and benefit of all the public."

This report covers activity of the year to 31 December 2020



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