

Resolving the Emergency Crisis



5 things CEM are doing:

Working with patients, regulators, employers and government to improve emergency care and patient experience

Promoting careers in Emergency Medicine in partnership with the Health Education England task force

Encouraging and advocating sustainable, flexible and rewarding careers at every level

Establishing transferable competencies to encourage and enable more doctors to join Emergency Medicine

Implementing run through training - allowing trainees to plan for 6 years not 3



The College of
Emergency Medicine

www.collemergencymed.ac.uk

5 things we need others to do:

Provide effective alternatives to A&E for patients without acute severe illness or injury 7 days per week and at least 16 hours per day - *A&E cannot mean 'Anything and Everything', no other healthcare system works in this way*

Ensure 'exit block' does not occur - *Crowding increases mortality*

Amend the tariffs so acute trusts are not penalised by each and every non-elective admission - *Perverse incentives produce dysfunctional systems*

Revise the current employment contracts to better recognise evening, night and weekend work as well as the intensity of A&E work - *Conditions of service should be equitable not identical*

Ensure money is spent wisely and strategically. Last year £120 million was spent on EM locums - *Over reliance on locums is a feature of fragile systems*

Please note this document refers to NHS England