

Case for Direct Award to the Royal College of Emergency Medicine [RCEM]

Health Education England [HEE] believe that RCEM is the only organisation capable of providing support such as to meet specific requirements of the HEE national Urgent and Emergency Care, Pharmacy and Paramedic workforce Programmes – individually and jointly. RCEM is the only supplier with the requisite expertise and experience to assist HEE in fulfilling Mandate deliverables and actions of UK government policy including the Long-Term Plan and People Plan. Specifically:

- Improvement of Emergency Department leadership culture, by working in partnership with the Medical Schools Council, the Council of Deans, Royal Colleges and the Faculty of Medical Leadership and Management to support the design and delivery of leadership curricula.
- Coordinating and working with employers in ensuring the provision of support for junior doctors at the start of their career and enhancing professional development and workplace-based experience throughout.
- Supporting non-training grade, staff grade, specialty and associate specialist (known collectively as 'SAS' doctors) by implementing relevant recommendations of the NHS Improvement and HEE 'Maximising the Potential' report (2019) for SAS doctors;
- Facilitating growth of the medical workforce through recruitment and retention interventions, with a focus on providing appropriate, accessible educational opportunities and support for junior doctors at a regional and national level.

HEE believes that it is highly unlikely for any other supplier to be able to provide the following skills/tools provided by RCEM as a current supplier for the following reasons:

1. RCEM, founded in 1967, is the only UK based professional membership organisation and registered charity representing emergency medicine doctors; RCEM is the sole authoritative body for Emergency Medicine in the UK and the Republic of Ireland. The organisation was granted Royal status in February 2015 and therefore carries a level of reputation and access to expertise that is not replicable across other suppliers.
2. RCEM has access to expertise in advancing education and research in Emergency Medicine and is responsible for setting standards of training and administering examinations in Emergency Medicine in England.
3. RCEM is experienced in setting and monitoring standards of care and in providing expert guidance and advice on policy to relevant bodies (including HEE, NHSI/E and GMC) on matters relating to the provision of Emergency Medicine services in England.
4. RCEM has access to over 9,000 RCEM Fellows and Members registered internationally, including all Emergency Medicine (EM) trainees in England and a large number of Emergency Medicine Consultant Doctors, Specialty and Associate Specialist (SAS) doctors. These groups make up the primary stakeholder networks for the HEE UEC programme.

5. RCEM operate a number of expert reference groups, forums and sub-committees including: Emergency Medicine, FASSGEM, Training Standards Committee and ACP forum.
6. The NHS Long Term Plan (2019) specifically outlines the requirement to work with the Royal Colleges of which RCEM is the only one with responsibility for the Emergency Department (ED) workforce. The multi-professional ED workforce is the primary focus of the UEC programme and also a stakeholder area for both Paramedic and Pharmacy workforce programmes at HEE.

The duration of the direct award is 3 years so as to:

- Provide HEE programmes with continuity and sustainability through and across NHS financial years.
- Achieve greater efficiency in HEE programme management by reducing delays in project implementation and delivery. This efficiency is achieved by having one procurement exercise and therefore reduces procurement timelines and associated costs.
- Improve NHS capability to rapidly respond to changing workforce and patient need, due to sudden environmental changes such as COVID-19 and future UK government mandate and policy.

In the event that RCEM are unable to provide dedicated services, there will be a detrimental impact on HEE service delivery for a number of reasons:

- Significant delay to the delivery of projects where RCEM is the only supplier, due to their positioning within the community and expertise. This might include the delivery of service improvement projects in emergency departments in relation to data gathered during COVID-19. This will result in the loss of important information which could contribute to improving both education and training and quality of care now and in the future.
- Loss of data as RCEM is the sole supplier of data gathered from their e-portfolio system regarding the education and training of EM Doctors in training, SAS doctors and Advanced Clinical Practitioners in Emergency Medicine.
- NHS organisations will be met by increased pressure as ED workforce numbers and quality of care will drop if recruitment and retention policies and education and training improvement cannot be devised by the supplier with their expertise of the workforce.
- Stakeholder engagement will be adversely impacted if HEE are unable to utilise the contacts and networks owned and facilitated by RCEM uniquely.

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