

ACEM

Membership and Trainee Diversity Survey Report



Australasian College
for Emergency Medicine



Who we are

The Australasian College for Emergency Medicine (ACEM) is the not-for-profit organisation responsible for training emergency physicians and advancement of professional standards in emergency medicine in Australia and Aotearoa New Zealand.

Our vision is to be the trusted authority for ensuring clinical, professional, and training standards in the provision of quality, evidence-based, patient-centred emergency care.

Our mission is to promote excellence in the delivery of quality emergency care to all communities through our committed and expert members.

Acknowledgement

ACEM acknowledges the Wurundjeri people of the Kulin Nation as the Traditional Custodians of the lands upon which our Australian office is located. We pay our respects to ancestors and Elders, past, present, and future, for they hold the memories, traditions, culture and hopes of Aboriginal and Torres Strait Islander peoples of Australia.

ACEM acknowledge Māori as tangata whenua and te Tiriti o Waitangi partners in Aotearoa New Zealand.



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Contents

Message from the President	4
Executive Summary	5
1. Why inclusion and diversity matter	6
2. How did we get this information?	6
3. What did we ask?	6
4. Respondents	7
5. Gender identity	8
6. Sexual orientation	8
7. Overall LGBTIQ+ affiliation	8
8. Geography	9
8.1 Where were respondents born?.....	9
8.2 What country do the respondents currently live in?.....	9
9. Cultural and language	10
9.1 Aboriginal and/or Torres Strait Islander peoples and identity.....	10
9.2 Māori whakapapa and identity.....	10
9.3 Cultures and ethnicities.....	10
9.4 Languages.....	11
9.5 Religion and spiritual beliefs.....	12
10. Disability	12
10.1 Experience of disability.....	12
10.2 Did respondents disclose their disability at their place of work?.....	12
11. Carer status	13
11.1 How many respondents have caring responsibilities?.....	13
12. Other diversity dimensions	14
13. Inclusion perspectives – workplace	15
13.1 How many respondents were satisfied with their role as an emergency medicine healthcare provider?.....	15
13.2 Positive and negative workplace experiences.....	15
13.3 How many respondents rated their most recent workplace as inclusive?.....	16
13.4 Do respondents hold a leadership position at their workplace?.....	17
14. Inclusion perspectives – ACEM	18
14.1 How do respondents rate ACEM's inclusivity?.....	18
14.2 Do respondents hold ACEM governance and leadership positions?.....	18
What are the next steps?	19
16. References	20



Message from the President

This report presents the findings of the inaugural ACEM Membership and Trainee Diversity Survey.

In 2023, the College celebrates 40 years since its establishment.

As we look backwards over the decades, we also look forward to the future and to who we will become – as a College, as a specialty, and as an emergency medicine workforce.

But before we know where we are going, we need to know who we are, and that includes all the ways that we differ, and all the strengths that we possess as a collective from this diversity.

What is diversity?

Diversity is used to describe the dimensions that differentiate groups of people or individuals from one another and can include different ages, cultural backgrounds, and ethnicity. Inclusion is achieved when the diversity of people is respected, connected, which in turn contributes to workforce success (Diversity Council Australia, 2017).

Approximately 15% of ACEM's membership contributed to this survey, so these results are not a measure of the full breadth and perspectives of our wide and diverse cohort.

However, it is a good start and one we will continue to build on as the College progresses.

The findings from this report will provide a baseline of diversity data of the College membership. It will inform the College's future work in promoting a fairer, more diverse, and more inclusive emergency medicine workforce.

To genuinely meet the emergency care needs of all people in Australia and Aotearoa New Zealand, and ensure representation, agency, dignity, and respect for all peoples, our specialty must reflect the diversity inherent in our two nations.

To do that, we must continue to strive to continue to find ways to diversify the voices in places of decision-making, and to listen to their perspectives on what is needed to ensure genuine inclusion.

The information in this report provides us with a map that will guide us on an important journey.

Dr Clare Skinner
ACEM President





Executive Summary

Background

The purpose of this report is to present the findings from the Australasian College for Emergency Medicine's (ACEM's) inaugural Membership and Trainee Diversity Survey. The survey covered age, gender, sexual orientation, cultural identity, languages, religious and spiritual beliefs, disability, carer responsibilities, and inclusion perspectives.

Summary of findings

Dimensions of Diversity

A total of 905 unique individuals responded to the survey, representing 15.7% of the current membership (FACEMs and FACEM trainees).

The majority of survey respondents identified as women (55.5%), followed by men (46.3%). A total of 15.4% of members and trainees that responded to the survey identified as LGBTIQ+.

Members and trainees who identified as Aboriginal and/or Torres Strait Islander origin represented 1.3% of survey respondents and 1.7% identified as Māori. Further, over 114 different cultures or ethnic groups were represented by ACEM members and trainees.

Almost 5% of respondents identified as a person with a disability, of those, over 70% did not disclose as a person with a disability in their workplace.

Over half (55%) of respondents reported having carer responsibilities, and almost 60% anticipate having carer responsibilities in the next three years.

Inclusion Perspectives

The majority of respondents (70.0%) reported being satisfied with their role.

Just over half of responding female members and trainees reported having the same opportunities as everyone else with the same abilities and experience (55.5%), compared to men (68.4%).

Over two-thirds of women (69.1%) indicated that people made false assumptions about their abilities.

One in three respondents who identified as LGBTIQ+ agreed they needed to hide or change who they are to fit in at work.

The majority of respondents (80.1%) rated their workplace as inclusive or somewhat inclusive. Just over half of respondents (55.5%) held a leadership position.

Nearly two thirds' respondents (65.2%) rated ACEM as inclusive or somewhat inclusive. One in four (27.2%) respondents were involved in ACEM governance or leadership roles.

1. Why inclusion and diversity matter

Australia and Aotearoa New Zealand are both highly diverse countries, and this is reflected in the people who present to emergency departments, alongside their families, carers, and whānau.

With this diversity, both countries require an emergency medicine workforce that is able to respond to the whole community through patient-centred care. One of the best ways to provide care in this context is by building and supporting a healthcare workforce that reflects the community it serves.

This normalises and promotes a health system that is open and responsive to different points of views, ideas, and approaches, which is benefits all clinicians and patients.

Just as diversity and inclusion matter in patient care, it matters to ACEM through the support we provide to members and trainees, and in ensuring its advocacy is as relevant and effective as possible. ACEM's Governance and Leadership Inclusion Action Plan is driving change within the College's internal structures. The diversity of multiple views in the decision-making process is more likely to consider a broader perspective of the risks, consequences and implications of various decisions and issues. Inclusion can also positively influence the rest of an organisation, and in turn encourage increased interest in participation in governance activities.

The results of this survey will help to inform and build on this important and ongoing work.

2. How did we get this information?

This was an anonymous, non-mandatory survey distributed to all members and trainees of ACEM.

A total of 988 survey responses were received, of which 905 were included in further analysis. A total of 43 responses dropped out at the start of the survey, and 40 responses were duplicates. As the questions were not mandated, the number of responses to each question varied.

The survey was open from 1 July 2022 to 31 July 2022, and individual survey invitation emails were sent to all members and trainees of ACEM within this timeframe. The survey was hosted online using QuestionPro and was promoted in regular College communications and on social media.

3. What did we ask?

The Membership and Trainee Diversity Survey was designed using the Diversity Council Australia (DCA's) guide to capturing diversity data (Diversity Council Australia 2021) and other relevant, commonly used measures from organisations like the Australian Bureau of Statistics (ABS).

The survey contained questions on various dimensions of diversity, including age, gender, sexual orientation, Aboriginal and Torres Strait Islander identity and Māori whakapapa, cultural and ethnic identity, languages, religious and spiritual belief, disability, and carer responsibilities.

The options in the respective questions on cultures and ethnic groups, languages, countries of birth and religious and spiritual beliefs were populated using the Australian Bureau of Statistics (ABS) most recent standard classifications (ABS 2019, ABS 2016a, ABS 2016b, and ABS 2016c).

There were also questions about the inclusivity of current workplaces and the College. These questions were based on the DCA's inclusion at work index (DCA 2019).

The survey tool was reviewed by ACEM's Policy and Advocacy Unit, the Inclusion Committee, the Chairs of the Indigenous Health Committee, the ACEM President and approved by ACEM's Board.

4. Respondents

Based on the annual profiling of ACEM membership, there were a total of 3322 FACEMs and 2444 FACEM trainees as of 31 December 2021, therefore the survey response rate is approximately 15.7% (note that this does not account for diploma or certificate graduates and trainees).

Table 1: The demographics of ACEM members and trainees that responded to the survey and all ACEM members and trainees

Membership

Demographic descriptors	Members and trainees that responded to the survey	
	n	%
FACEM*	475	59.9%
FACEM trainee	274	34.7%
Other membership**	27	3.7%
Prefer not to say	14	1.8%
Total respondents	790	

*Includes retired FACEMs, **Other membership includes specialist international medical graduate (SIMG) applicants, emergency medicine (EM) Certificate, Diplomat or Advanced Diplomates, EM Certificate, Diploma or Advanced Diploma trainees and Diploma of Prehospital and Retrieval Medicine trainees. Note: the number of respondents for each demographic question varied, as the questions were not mandated.

Years in emergency medicine

	n	%
< 1 year	4	0.5%
1 – 5 years	147	18.8%
6 – 10 years	212	27.1%
11 – 15 years	145	18.5%
16 – 20 years	100	12.8%
21 – 25 years	71	9.1%
26 – 30 years	51	6.5%
> 30 years	44	5.6%
Prefer not to say	9	1.1%
Total respondents	783	

Age

	n	%
< 30 years	56	6.2%
30 – 34 years	172	19.0%
35 – 39 years	184	20.4%
40 – 44 years	152	16.8%
45 – 49 years	113	12.5%
50 – 54 years	109	12.1%
55 – 59 years	54	6.0%
60 – 64 years	32	3.5%
> 65 years	20	2.2%
Prefer not to say	12	1.3%
Total respondents	904	

5. Gender identity

A total of 905 respondents reported their gender identity:

- 466 (51.5%) identified as woman or female.
- 419 (46.3%) identified as man or male.
- Six (0.6%) selected non-binary, gender diverse or used a different term.
- 14 (1.6%) preferred not to state.

When looking by membership type:

- Of FACEMs, 48.0% of respondents identified as woman or female.
- Of FACEM trainees, 62.0% were woman or female.

Comparatively, in the ACEM membership, 38.7% of FACEMs are women and 51.0% of FACEM trainees are female.

6. Sexual orientation

A total of 905 survey respondents reported their sexual orientation:

- 737 (81.4%) identified as straight or heterosexual.
- 76 (8.4%) identified gay or lesbian.
- 41 (4.5%) identified as bisexual.
- 27 (3.0%) identified as queer.
- Seven (0.8%) identified as asexual.
- 10 (1.1%) stated they use a different term to describe their sexual identity.

7. Overall LGBTIQ+ affiliation

Combining relevant data, 139 (15.4%) of respondents identify as LGBTIQ+ (lesbian, gay, bisexual, transgender, intersex, queer or other minority gender identities and sexualities), including slightly more than 13% of FACEMs and around 20% of FACEM trainees.

Note that no respondents reported having an intersex variation.

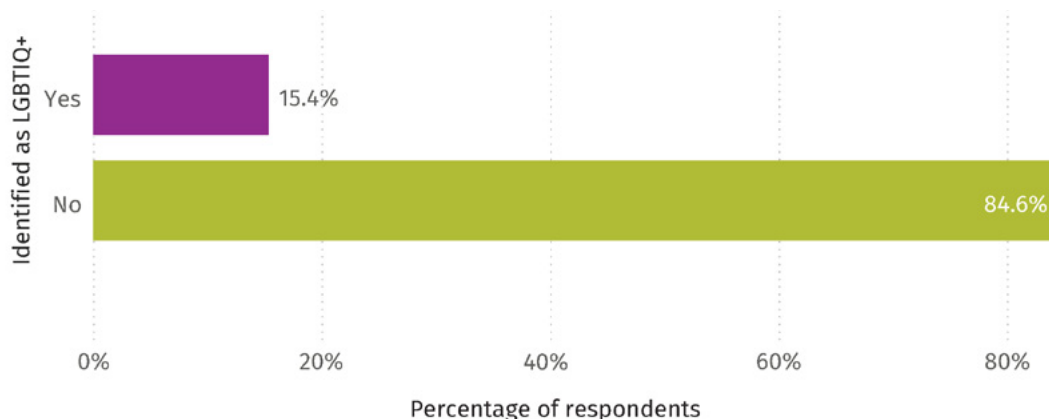


Figure 1: Percentage of responding members and trainees that identify as LGBTIQ+

8. Geography

8.1 Where were respondents born?

A total of 820 respondents reported their country of birth. Sixty countries were represented among the respondents. Australia was most frequently selected as the country of birth by slightly more than a third of members and trainees, with around 14% of respondents selecting England as their country of birth.

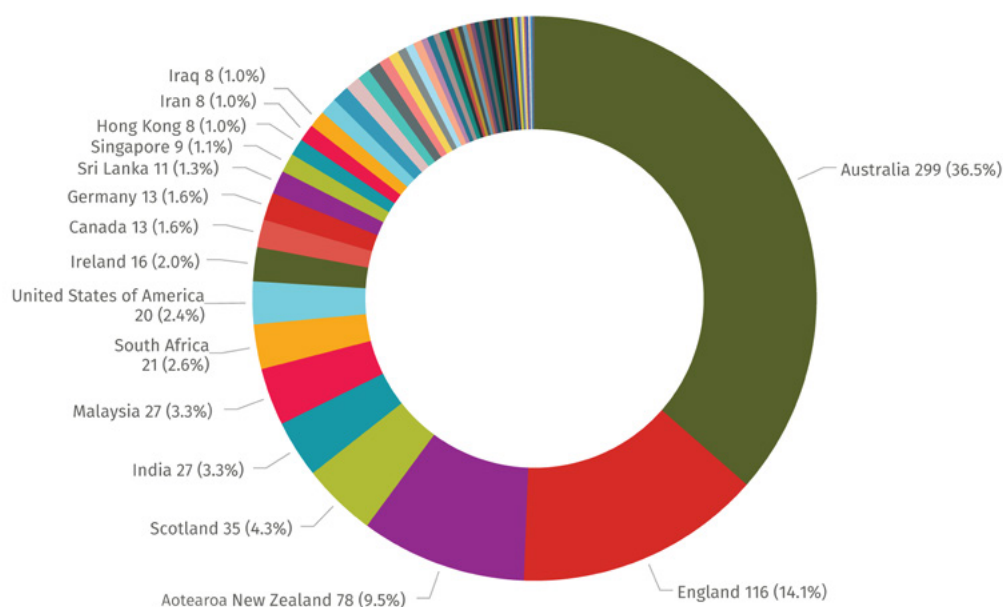


Figure 2: The number and percentage of responding ACEM members and trainees by country of birth

8.2 What country do the respondents currently live in?

A total of 786 respondents reported their country of residence.

- Australia 613 78.0%
- Aotearoa 130 16.5%
- International 15 1.9%
- Prefer not to say 28 3.6%

Table 2: State and territory of residence for Australian-based members and trainees.

Australia	613	78.0%
	n	%
NSW	171	21.8%
QLD	153	19.5%
VIC	134	17.0%
WA	60	7.6%
SA	43	5.5%
NT	21	2.7%
TAS	20	2.5%
ACT	11	1.4%

Table 3: Where do the respondents work

A total of 788 respondents reported the location of their workplace.

	n	%
Metropolitan area only	452	57.4%
Rural/Regional area only	162	20.6%
Both metropolitan and rural/regional areas	142	18.0%
Not applicable ^t	13	1.6%
Prefer not to say	19	2.4%

^tNot applicable refers to members and trainees that do not currently have a workplace.

9. Cultural and language

More than 114 different cultures or ethnic groups were represented by respondents.

The most common were Australian, English or Aotearoa New Zealand, with 833 respondents.

Respondents were able to select more than one culture or ethnic group. Nearly 58% of respondents identified with one culture or ethnic group. Slightly more than 40% respondents identified with multiple cultures or ethnic groups.

Nearly one-third of respondents spoke more than one language, with 80 different languages represented.

9.1 Aboriginal and/or Torres Strait Islander peoples and identity

Nine (1.1%) respondents reported they were of Aboriginal and/or Torres Strait Islander origin.

Eleven (1.3%) respondents selected that they identify as Australian Aboriginal, Australian South Sea Islander or Torres Strait Islander.

9.2 Māori whakapapa and identity

Eleven (1.3%) members and trainees reported they had Māori whakapapa, a direct descendant of an Aotearoa New Zealand Māori tupuna, while 14 (1.7%) members and trainees reported they identified as Māori.

9.3 Cultures and ethnicities

With regards to culture and ethnic groups, more than 114 different cultures or ethnic groups were represented by respondents. Respondents could select more than one culture or ethnicity.

Table 4: The most common cultural or ethnic identities of responding ACEM members and trainees

Culture or ethnic group	Number of respondents n (%)	FACEMs %	FACEM trainees %
Australian	438 (52.6%)	57.9%	48.7%
English	119 (14.3%)	16.5%	12.8%
New Zealander	107 (12.8%)	13.7%	12.8%
Chinese	58 (7.0%)	7.5%	6.8%
Scottish	58 (7.0%)	8.4%	5.7%
Indian	48 (5.8%)	5.3%	6.4%
Irish	48 (5.8%)	6.6%	5.7%
South African	21 (2.5%)	2.0%	1.9%

Welsh	18 (2.2%)	2.9%	1.5%
Other British cultures*	18 (2.2%)	2.4%	2.3%
German	16 (1.9%)	2.2%	1.5%
Italian	15 (1.8%)	2.2%	1.5%
American	14 (1.7%)	2.0%	0.8%
Canadian	13 (1.6%)	1.1%	2.3%

*Other British cultures and ethnic groups included those that identified as British, Celtic and Northern Irish.

Note: responses are not mutually exclusive, members and trainees were able to select more than one culture or ethnic group.

In addition:

- 482 (57.9%) identified with one culture or ethnic group.
- 338 (40.6%) identified with multiple cultures or ethnic groups.

9.4 Languages

Overall, respondents reported that a conversation about everyday things could be spoken or signed in a total of 80 different languages.

In addition:

- Nearly 68% of respondents spoke only one language
- More than 22% of respondents spoke two languages
- Five respondents stated they could converse in Auslan and New Zealand Sign Language
- Five respondents reported speaking Indigenous languages of Australia and Aotearoa.

The 10 most frequent languages spoken or signed are displayed in Table 3.

Table 5: The top 10 most common languages spoken by responding ACEM members and trainees

Language	Number of respondents n (%)	FACEMs %	FACEM trainees %
English	792 (95.5%)	96.1%	95.5%
French	58 (7.0%)	7.3%	6.0%
German	30 (3.6%)	3.5%	4.1%
Spanish	30 (3.6%)	3.9%	3.0%
Cantonese	24 (2.9%)	3.7%	1.5%
Mandarin	24 (2.9%)	2.8%	2.2%
Hindi	23 (2.8%)	3.0%	3.0%
Arabic	20 (2.4%)	1.9%	1.5%
Malay	18 (2.2%)	1.5%	3.4%
Urdu	15 (1.8%)	1.5%	1.9%

Note: responses are not mutually exclusive, members and trainees were able to select more than one language.

9.5 Religion and spiritual beliefs

A total of 805 respondents reported their religious or spiritual beliefs.

- No religious affiliation – 44%
- Christian – 26%
- Secular beliefs – 8.2%
- Islam – 5.1%
- Hinduism – 4.4%
- Buddhism – 2.8%
- Judaism – 0.8%
- Other religions or spiritual beliefs – 3.7%
- Unsure/don't know – 2.8%
- Prefer not to say – 1.6%

Slightly less than 6% of respondents selected more than one religion or spiritual belief.

10. Disability

10.1 Experience of disability

A total of 847 members and trainees provided a response about experiences of disability.

- 783 (92.4%) did not identify as a person with a disability
- 39 (4.6%) identified as a person with a disability
- 10 (1.2%) respondents selected 'prefer not to say', while
- 15 (1.8%) people said they are 'unsure/ don't know'

The percentage of respondents identifying as a person with a disability differed between FACEMs and FACEM trainees, 2.3% and 7.7%, respectively.

10.2 Did respondents disclose their disability at their place of work?

Less than 30% disclosed that they were a person with a disability at their job. The reasons for this are described in Figure 4.



Figure 4: Percentage of respondents with a disability (n= 39) that disclosed their disability in their workplace and reasons respondents chose not to disclose their disability (n= 28)

11. Carer status

11.1 How many respondents have caring responsibilities?

A total of 845 respondents reported on their carer responsibilities. Of these, 55% of respondents (470 participants) described having carer responsibilities.

Of these respondents:

- More than 70% respondents reported having carer responsibilities of children less than 15 years old, with 17% of respondents reporting carer responsibilities for adults, while slightly more than 11% of respondents reported carer responsibilities for both children and adults.
 - Comparable proportions of respondents who identified as women (slightly less than 56%) and identified as men (around 54%) reported having carer responsibilities.
- a. **Q.** Do you anticipate having caregiving responsibilities (e.g., child, elderly relative, relative with a disability) which require workplace flexibility in the next three years?
- b. **Q.** Are you able to work flexibly (e.g., choose your own starting and finishing times, work a compressed week, change type of employment etc.) to meet your needs or potential needs as a carer?

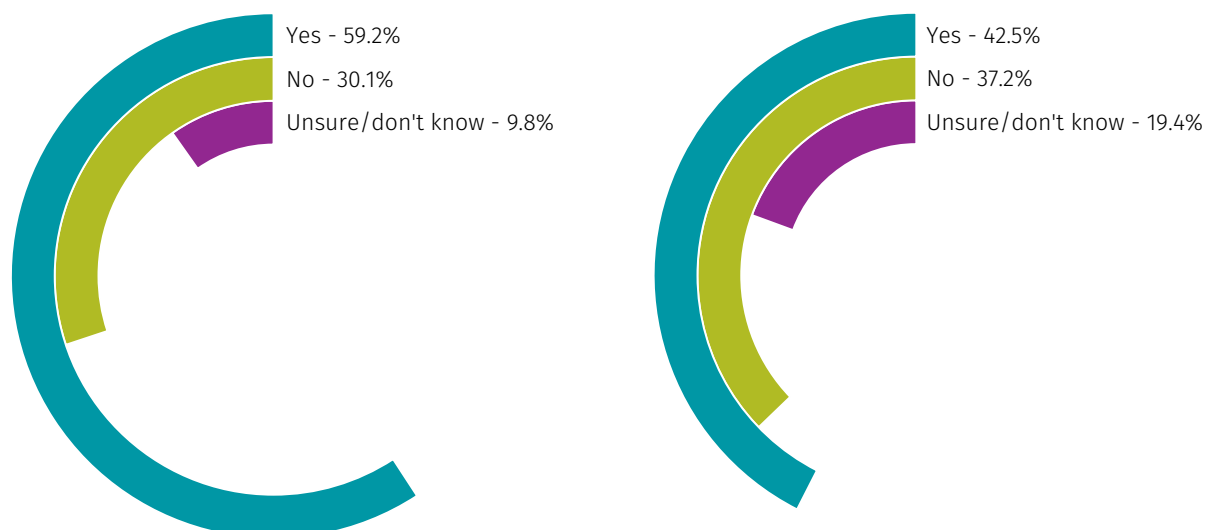


Figure 5: A) Percentage of respondents that anticipate having caregiving responsibilities within the next three years (n= 844) and, B) of those that have or anticipate having caregiving responsibilities (n= 576), the percentage of respondents that were able to work flexibly to meet caregiving responsibilities

Note: seven respondents that selected 'prefer not to say' were excluded

- 64.8% of women reported they anticipate caregiving responsibilities compared to 54.0% of men.
- 40.6% of women reported that they could work flexibly compared to 45.1% of men.

Carer responsibilities were more commonly reported by FACEMs (just over 63%), than FACEM trainees (46%), while comparable proportions of FACEMs (nearly 61%) and FACEM trainees (just over 59%) anticipated caregiving responsibilities within the next three years.

Of note, only half of FACEMs and slightly more than a quarter of FACEM trainees reported they had access to flexible work conditions to fulfil their responsibilities needs as a carer.

12. Other diversity dimensions

Diversity and identity are not limited to the dimensions covered in this survey. Members and trainees were asked to express any further dimensions of diversity they identify with, or if they wished to describe their identity or experiences in other ways.

There were a number of recurrent themes, including:

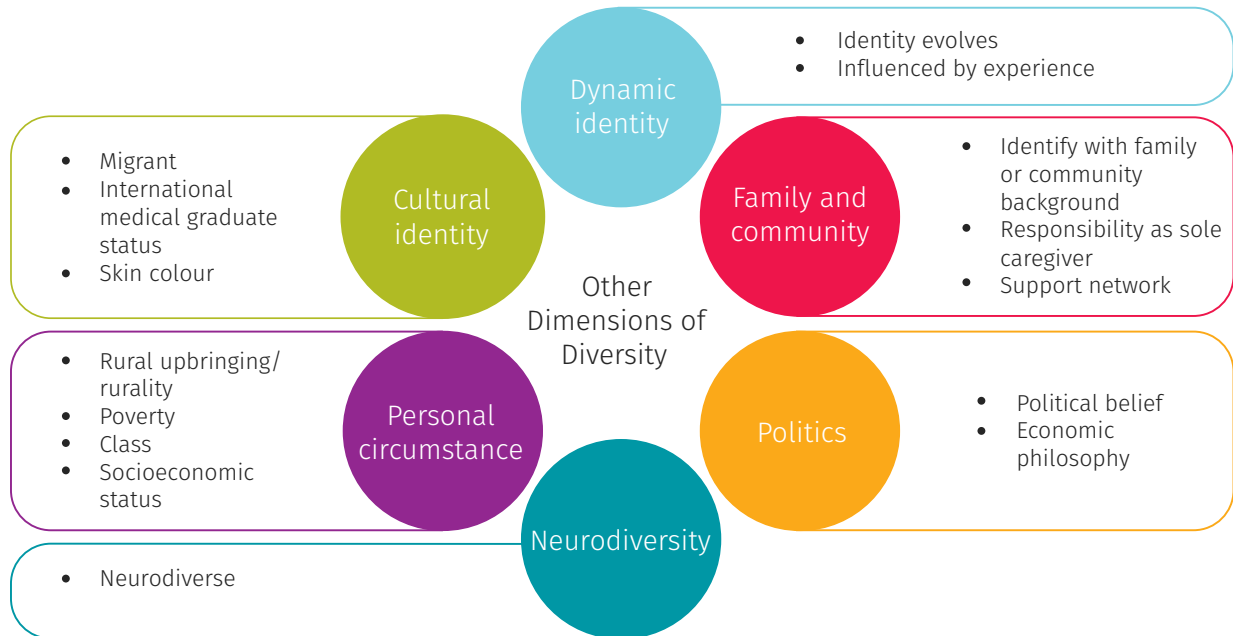


Figure 6: Further dimensions of diversity that responding members and trainees wished to express or other dimensions that formed part of their identity

13. Inclusion perspectives – workplace

13.1 How many respondents were satisfied with their role as an emergency medicine healthcare provider?

Respondents were asked to select how satisfied they were with their role and job as an emergency medicine healthcare provider.

In total, 833 members and trainees provided a response:

- 583 (70.0%) reported they were satisfied or very satisfied.
- 102 (12.2%) stated they were neither satisfied nor dissatisfied.
- 136 (16.3%) reported either being dissatisfied or very dissatisfied.
- 12 (1.4%) respondents selected 'not applicable' and 'prefer not to say'.

Comparing satisfaction levels, a slightly higher percentage of FACEM trainees reported being satisfied with their role as an emergency medicine physician than FACEMs (Figure 7).

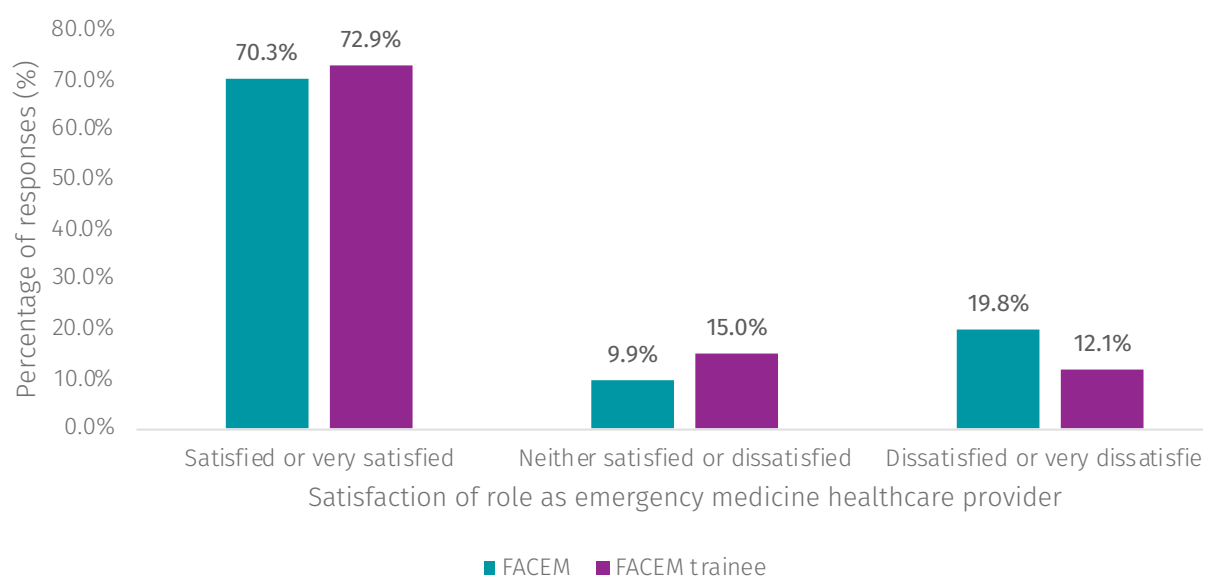


Figure 7: Responding FACEMs and FACEM trainees, satisfaction of role as emergency medicine physician

Note: this graph excluded those that answered not applicable (n= 7) and prefer not to say (n= 1).

Reasons expressed by those respondents who reported dissatisfaction with their EM role, included:

- Health system and hospital pressures
- Understaffing
- Access block and overcrowding

13.2 Positive and negative workplace experiences

90% respondents either agreed or strongly agreed that they are accepted by their co-workers and treated as a valued and respected member of their team.

Slightly more than 60% respondents agreed with the statement "I have the same opportunities as everyone else with the same abilities or experience".

Just over half of responding members and trainees who identified as woman/female reported having the same opportunities as everyone else with the same abilities and experience compared to slightly more than two-thirds of those that identified as man/ male (68.4%).

Table 6: Agreement level of responding members and trainees with positive workplace experiences

Statements	Strongly agree/ Agree	Neither agree nor disagree	Strongly disagree/ Disagree	Not applicable	Prefer not to say	Total responses
I am accepted by my co-workers	749 (90.1%)	47 (5.7%)	28 (3.4%)	5 (0.6%)	2 (0.3%)	831
I am treated as a valued and respected member of my team	726 (87.4%)	76 (9.2%)	24 (2.9%)	4 (0.5%)	1 (0.1%)	831
I have the same opportunities as everyone else with the same abilities or experience	512 (61.6%)	127 (15.3%)	184 (22.1%)	3 (0.4%)	5 (0.6%)	831

Table 7: Agreement level of responding members and trainees with negative workplace experiences

Statements	Strongly agree/ Agree	Neither agree nor disagree	Strongly disagree/ Disagree	Not applicable	Prefer not to say	Total responses
People have made incorrect assumptions about my abilities	472 (56.8%)	99 (11.9%)	243 (29.2%)	14 (1.7%)	4 (0.5%)	832
I have to hide or change who I am to fit in at work	151 (18.2%)	119 (14.3%)	547 (65.9%)	10 (1.2%)	3 (0.4%)	830

One in two members and trainees also agreed that people made incorrect assumptions about their abilities. More than two-thirds of women agreed or strongly agreed with this statement.

More than 65% of responding members and trainees reported they disagreed or strongly disagreed with the statement, “I have to hide or change who I am to fit in at work” (Table 5). Additionally, these numbers were similar when comparing percentages of disagreement between FACEMs and FACEM trainees (68.2% and 65.1%, respectively), or between men and women (67.6% and 65.89%).

One in three respondents who identified as LGBTIQ+ reported they did need to hide or change who they were.

13.3 How many respondents rated their most recent workplace as inclusive?

Respondents were asked to rate their most recent workplace on a scale from non-inclusive to inclusive, with 820 providing a response (Figure 8):

- 657 (80.1%) rated their workplace as inclusive or somewhat inclusive.
- 92 (11.9%) rated their most recent workplace as non-inclusive or somewhat non-inclusive.
- 44 (5.4%) rated their workplace as neither inclusive nor non-inclusive.
- 21 (2.6%) were unable to comment.

There were no significant differences observed in the percentage of respondents that rated their workplace as inclusive by gender (women: 80.6%, men: 80.8%) or LGBTIQ+ status (81.4% compared to 79.9% in those that did not identify as LGBTIQ+). Similarly, 80.4% of FACEMs, yet a slightly higher proportion (84.0%) of FACEM trainees, rated their workplace as inclusive.

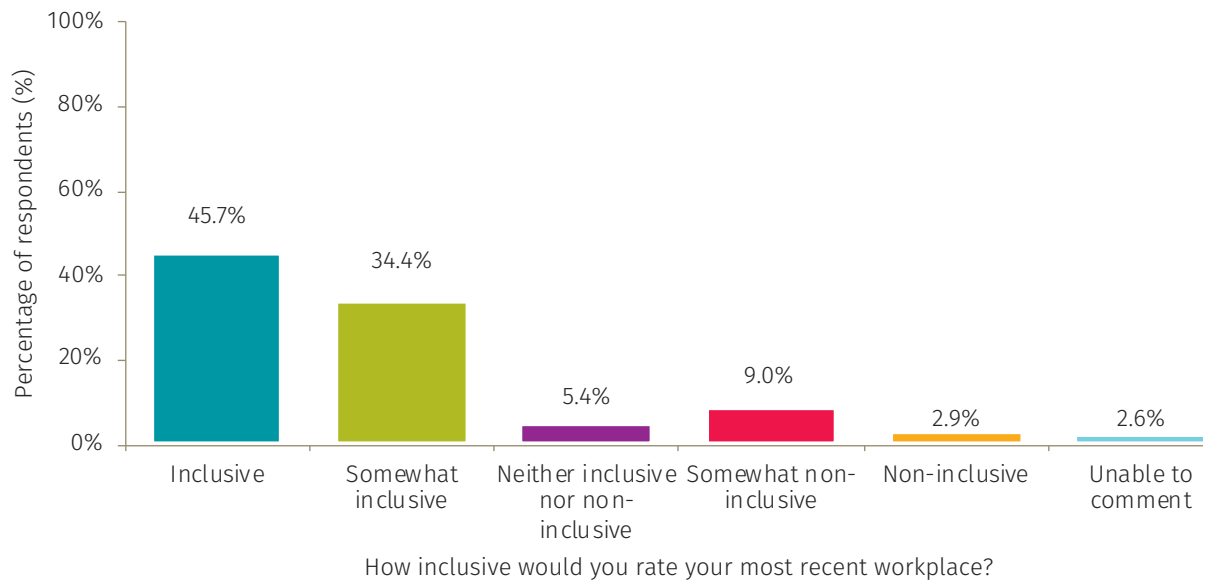


Figure 8: Inclusivity of workplace (n= 820)

13.4 Do respondents hold a leadership position at their workplace?

820 respondents.

- Hold a leadership position at their workplace – 55.5%
- No leadership role – 39.4%
- ‘Not applicable’ – 2.7%
- ‘Prefer not to say’ – 2.4%

14. Inclusion perspectives – ACEM

14.1 How do respondents rate ACEM’s inclusivity?

Respondents were also asked, “how inclusive would you rate ACEM?”, with 798 responding:

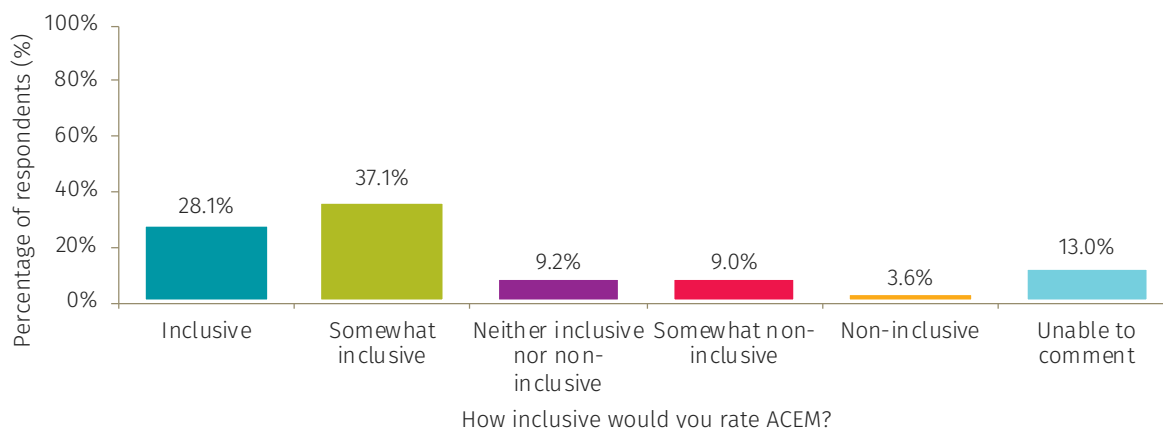


Figure 9: Inclusivity of ACEM (n= 798)

A higher proportion of FACEMs (69.2%) compared to FACEM trainees (63.4%) rated ACEM as inclusive.

The percentage of women and men that rated ACEM as inclusive was similar (65.5% and 65.2%, respectively). However, those who identified as LGBTIQ+ were less likely to rate ACEM as inclusive (58.3%) than others (66.5%).

Additionally, respondents were asked to rate the inclusivity of representation in the College’s leadership roles, ACEM entities, and training and support processes (Table 6).

Table 6: Percentage of responding members and trainees that rate representation at ACEM as inclusive

ACEM inclusivity with regards to representation in:	Inclusive	Neither inclusive nor non-inclusive	Non-inclusive	Unable to comment	Total responses
Leadership roles (DEMTs, WBA assessors, examiners, wellbeing champions)	416 (52.9%)	82 (10.4%)	112 (14.3%)	177 (22.5%)	787
ACEM entities (ACEM Board, committees, working groups)	333 (41.7%)	68 (8.5%)	114 (14.3%)	283 (35.5%)	798
Training support and processes	375 (48.3%)	84 (10.8%)	95 (12.2%)	222 (28.6%)	776

14.2 Do respondents hold ACEM governance and leadership positions?

Respondents were asked if they were involved in any ACEM governance activities (committees, working groups) or leadership roles.

- 217 (27.2%) reported being involved in ACEM governance and leadership roles.
- 556 (69.7%) reporting not being involved.
- 25 (3.1%) selected ‘prefer not to say’.

What are the next steps?

Improving our understanding of ACEM's members and trainees

The College is grateful to all members and trainees who shared their experiences via this survey. The response rate provides a strong basis for continuing our work in this space; however, we acknowledge that more needs to be done to fully understand who our members and trainees are and improve inclusion.

Future iterations of the survey will be implemented with a view to increasing the response rate. However, the survey is not the only method through which the College can understand its membership. The College is developing a diversity data framework to improve our data collection.

Continuing to build a College where all members and trainees are valued and feel welcome

ACEM is working on a range of initiatives to increase its support to members and trainees and improve inclusivity across the College's activities.

This includes:

- the introduction of a Committee Experience Program to provide all members and trainees with an insight into college business, and increase the number of members and trainees participating in college activities;
- increasing access to diversity and inclusion related content and resources;
- continuing to monitor diversity across ACEM's governance activities via the annual Governance and Leadership Diversity Report;
- introduction of the Assessment Improvement Reference Group to support review and consideration of innovative, sustainable, inclusive, and quality developments of ACEM assessments;
- reviewing ACEM's e-learning resources to ensure the use of inclusive language;
- developing guidance on inclusion and unconscious bias for ACEM selection panels;
- introduction of the Later Career Transition Program;
- increasing the number of roles on ACEM entities for new Fellows to ensure members from all stages of their careers are represented; and
- improving Indigenous representation on ACEM decision-making entities.

ACEM will also be considering future iterations of the diversity survey, how the College can continue to grow its understanding of the diversity dimensions of the ACEM membership and how this can be best represented across college business.

Supporting improved workplace experiences

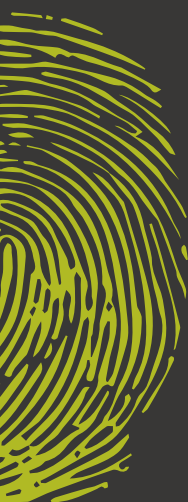
While ACEM does not directly employ clinicians, nor run emergency departments, it can nevertheless influence and support cultural change across the profession.

Directors of Emergency Medicine are essential allies in building healthy workplace cultures and ACEM is investigating opportunities to provide additional support, based on what Directors would find valuable. This is also the case for Directors of Emergency Medicine Training, who are vital in providing a high quality, inclusive experience for trainees.

We also recognise that workplace culture can be negatively impacted by the systemic pressures that make emergency department work challenging. The College is continuing to advocate on these issues, in particular access block, overcrowding, and workforce shortages/maldistribution.

Feedback

The College welcomes any feedback on these issues via policy@acem.org.au



15. References

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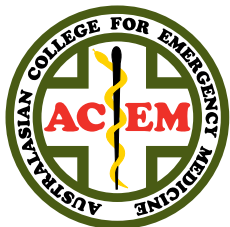
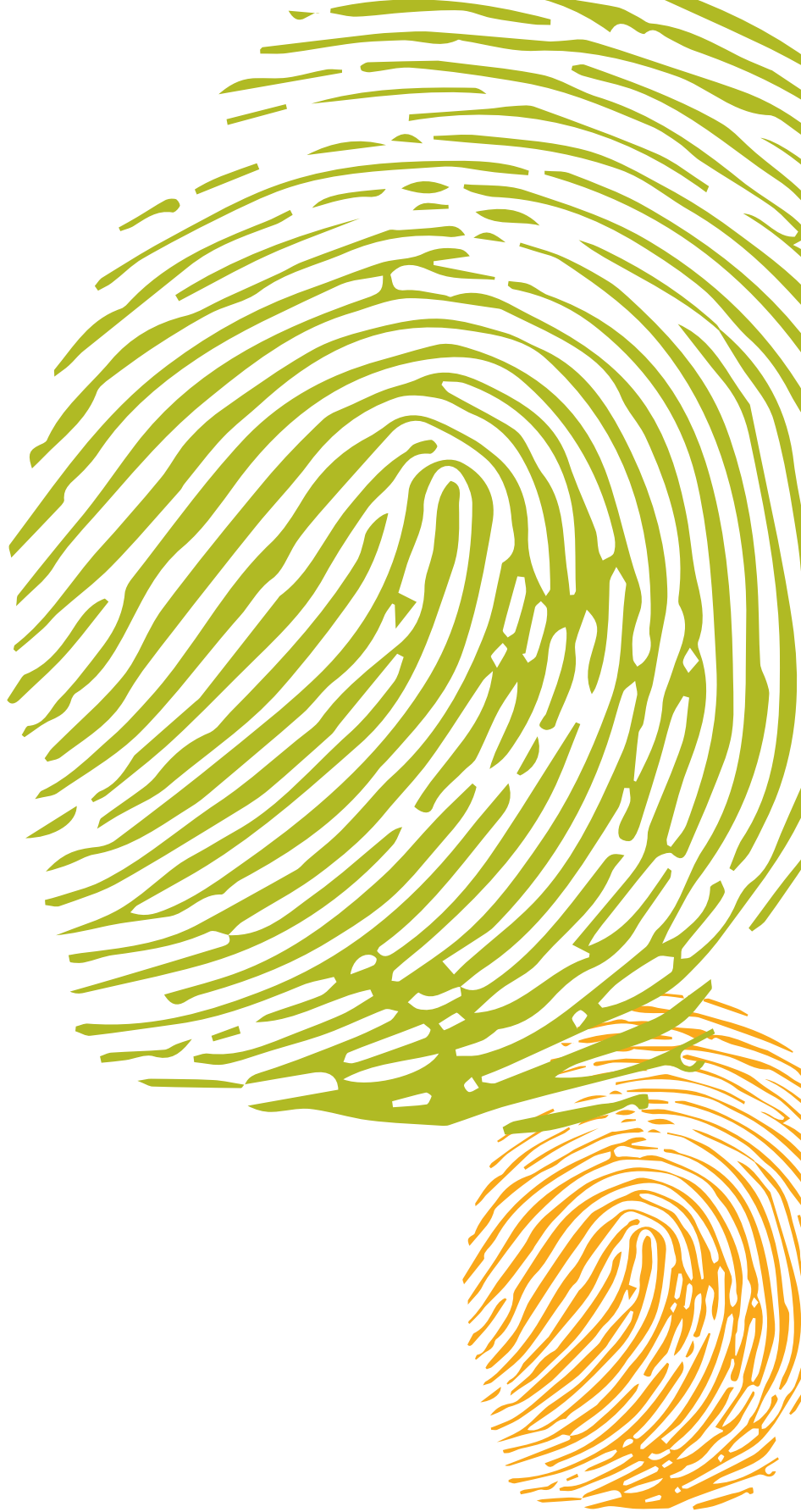
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