The Australasian College for Emergency Medicine (ACEM) is the not-for-profit organisation responsible for training emergency physicians and the advancement of professional standards in emergency medicine in Australia and Aotearoa New Zealand. As the peak professional organisation for emergency medicine in Australia and Aotearoa New Zealand, ACEM has a significant interest in ensuring the highest standards of medical care for patients are maintained in emergency departments across both countries.

Vision
Be the trusted authority for ensuring clinical, professional and training standards in the provision of quality, patient-focused emergency care.

Mission
Promote excellence in the delivery of quality emergency care to all of our communities through our committed and expert members.
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ACEM at a Glance – 30 June 2020

Fellows

3,051
Active Fellows

239
New Fellows between 1 July 2019 – 30 June 2020

Active Fellows by region

- Australia: 2,601
- New Zealand: 340
- Overseas: 110

Training Programs

- Registered in the FACEM Training Program: 2,461
- Registered Emergency Medicine Certificate (EMC) Trainees: 540
- Registered Emergency Medicine Diploma (EMD) Trainees: 141
- Registered Specialist International Medical Graduates (SIMGs) on the pathway to Fellowship: 80

- in the Advanced Training stage of the FACEM Training Program: 1,738
At the end of June 2020, there were a total of 143 Emergency Departments (EDs) accredited by ACEM for the delivery of FACEM training in Australia and New Zealand (either adult-only EDs or mixed EDs), as well as 19 sites accredited as paediatric-only EDs (PEDs).

As at 30 June 2020 the percentage of FACEMs working at a single workplace only was 56.3%, 31.2% were working at two workplaces and 12.6% were working at three or more workplaces.
President’s Report
Dr John Bonning

Tēnā koutou katoa

When we look back on the time that this report covers, the COVID pandemic seems to swamp everything. We might say it has been a 12 months of two halves, much of our business as usual has morphed into a response to the pandemic and I am very proud of how agile our College has been when we recall that in 2020 “things as we knew them” could change on an hour-to-hour basis.

Life-changing disasters of the bushfires and the eruption of Whakaari White Island, where our Fellows, trainees and their paramedic, fire and other medical and nursing colleagues provided heroic care as lives and livelihoods were tragically lost, seem like distant memories now as the pandemic swarms around us. Our College continued its growth as we reached the landmark of 3,000 Fellows in June, with 2,500 trainees. We continued to lead in education, striving for equity in healthcare and advocacy. The latter half of 2019 was marked by progress on development of new time-based targets and workforce planning and we continued to address diversity in College governance from an all-male Board in 2018 to at least gender equity after this year’s Annual General Meeting.

2019 was capped off with our flagship event, the Annual Scientific Meeting in Hobart, possibly the last in-person meeting for a while, where I was inaugurated as the first ACEM President from Aotearoa New Zealand, honoured by Tainui kaumatua and kuia overseeing tikanga (protocol). In a first for our College, and with a street protest, we declared a climate emergency, another issue that threatens to dwarf even the COVID pandemic.

The work of the Manaaki Mana Ropu and Reconciliation Action Plan Steering Group culminated in July 2020 with members voting overwhelmingly to add a further object to the ACEM Constitution, making clear that we would strive for excellence and equity in emergency care for Aboriginal, Torres Strait islander and Māori communities in Australia and Aotearoa New Zealand.

So much work was done by College members, trainees and staff as we all adapted when the world changed and changed very quickly. We rapidly adjusted to new lives with PPE, physical distancing, furloughed staff, community lockdowns, quarantine, closed borders and of course countless Zoom meetings. The College staff left Jeffcott Street in late March, unlikely to return now until 2021. They too continue to work tirelessly from home to support our work at the front line. A COVID guidelines group was formed and put together the College COVID guidelines, regularly updated as the goalposts changed. We continue to advocate strongly across jurisdictions on access block, in particular for mental health patients.

My first year as President has certainly not been what I expected but I have (virtually) visited each and every state and territory and I commend each and every member and trainee on their tireless work at the front line of acute healthcare provision, potentially putting your health and the health of your families at risk as you do what you do so well, care for sick and injured patients.

Our College is a strong, mature and agile organisation and we will endure. We will continue our tireless work, looking at some stage in 2021 to return to a new normal. We will continue our work, supporting each other and the communities we serve and, as you read this Annual Report reflecting on 2019/2020, we all assuredly think on what 2021 will bring.

Dr John Bonning
President

President’s Report
Dr John Bonning
Recognising that ACEM conducts ‘business as usual’ only in the context of constant improvement to make it the best organisation it can be, in a tale of almost two halves the period covered by this Annual Report could perhaps be described as ‘the most ordinary of times’ and ‘the most extraordinary of times’.

The second half of 2019 was progressing largely as planned. The College’s annual accreditation report to the Australian Medical Council had been submitted and well received, new members had been appointed to the ACEM Board following Constitution changes aimed at increasing diversity on that entity, a highly successful Annual Scientific Meeting had been held at which the College had signalled firmly its recognition of the importance of climate change as an issue that required urgent and clear addressing, and the College had welcomed its first President from Aotearoa New Zealand.

Then, in early December, came the tragedy of Whakaari/White Island that saw 21 people lose their lives and a further 26 seriously injured, while later in the month and into the New Year saw the annual bush fire ‘season’ on the East Coast of Australia happen with a fury that was difficult to comprehend and on such a scale that saw the situation leading news bulletins across the world. This was followed, of course, by the beginning of an “event” that few could really fully comprehend, which has dominated every aspect of our lives in the year to date, and which continues to test us, even as I write this on an afternoon in Melbourne where the general population cannot venture far from their homes or exercise for more than an hour a day, and where the daily figures of new positive cases has taken on a significance of considerable proportions as the 14-day average is calculated.

The arrival of the COVID-19 pandemic has been described as ‘unprecedented’ in our lifetimes and, with a few exceptions who were there to experience the Spanish Flu a century ago, that is true for us all. It has tested most of us in one way or another, made us question many aspects of what have been considered the ‘normal’ ways of operating and exposed frailties in the systems that we have come to rely on, or at least live with. The shortage of Personal Protective Equipment (PPE) early in the pandemic, the realities of experiences that may have only been theoretical public health or epidemiological exercises until recently, and the reality that certainty is a difficult thing to expect when circumstances are perhaps the least certain we can remember have become lessons for the year.

At a College level, the situation has enabled us to realise that the work put in on a day-to-day basis over a long period of time is what enables you to ‘pivot’ and ‘adjust’ when times are such that these are things that are required in both the short and the long term. The value of the College being a partnership between members, trainees and College staff has been resoundingly substantiated and the capacity and willingness of all to do what is necessary to facilitate the best possible outcomes for all has been demonstrated. I refer here to the ability to keep ACEM as an organisation ‘running’, whatever that may mean, but also to ensure that the membership are supported in their needs through such a period through advocacy, that trainees are able to progress through training as a result of considered decisions and agile solutions, and that all involved in the College are cared for by the organisation as much as is possible.

All involved in the College throughout the period covered by this Annual Report have a right to feel satisfied by the way that the College, at this time, has navigated the unpredictability of the times. As an individual who has direct responsibility for the day-to-day functioning of the organisation, I have too many people to acknowledge for the space available here. Nevertheless, I will take the opportunity to acknowledge the ACEM staff who have stood up and delivered for members and trainees without question, despite the circumstances involved, and who will continue to do so.

I commend this Annual Report to you in the knowledge that this organisation is one that all members, trainees and staff should be proud to be a part of, and which has shown that it can flourish when times are ‘ordinary’, or ‘extraordinary’. Whilst I always look forward to the next year and what it will bring, and what reflections we will have to look back on in 12 months’ time?

Dr Peter White
Chief Executive Officer
## College Councils

### Membership

#### Council of Advocacy, Practice and Partnerships (CAPP)

- **Dr Yusuf Nagree**
  - Chair (until 2019 AGM)
  - Western Australia member (thereafter until 22 November 2019)
- **Associate Professor Didier Palmer**
  - Deputy Chair (until 2019 AGM)
  - Chair (from 2019 AGM)
- **Dr Simon Judkins**
  - President (until 2019 AGM)
  - Immediate Past President (from 2019 AGM)
- **Dr John Bonning**
  - President-Elect (until 2019 AGM)
  - President (from 2019 AGM)
- **Dr Clare Skinner**
  - New South Wales (until 2019 AGM), Deputy Chair (from 2019 AGM)
- **Dr Kate Allan**
  - Aotearoa New Zealand
- **Dr André Cromhout**
  - Aotearoa New Zealand
- **Dr Suzanne Smallbane**
  - Australian Capital Territory
- **Dr Rhiannon Browne**
  - New South Wales (from 2019 AGM)
- **Associate Professor Sally McCarthy**
  - New South Wales
- **Dr Ellen Meyns**
  - New South Wales (from 2019 AGM)
- **Dr Alan Tankel**
  - New South Wales (until 2019 AGM)
- **Dr Stephen Gourley**
  - Northern Territory
- **Dr Jess Forbes**
  - Queensland (from May 2020)
- **Dr Kim Hansen**
  - Queensland
- **Dr Niall Small**
  - Queensland
- **Dr Kimberly Humphrey**
  - South Australia (from 2019 AGM)
- **Dr Thomas Soulsby**
  - South Australia (until 2019 AGM)
- **Dr Juan Carlos Ascencio-Lane**
  - Tasmania
- **Professor George Braithberg**
  - Victoria (from 2019 AGM)
- **Dr Suzanne Doherty**
  - Victoria (until 2019 AGM)
- **Dr Belinda Hibble**
  - Victoria (from 2019 AGM)
- **Dr Sara MacKenzie**
  - Victoria (until 2019 AGM)
- **Dr Edward Oakley**
  - Victoria
- **Dr Peter Allely**
  - Western Australia (until 2019 AGM; then from February 2020)
- **Dr Lynda Vine**
  - Western Australia
- **Dr Nicholas Lelos**
  - Trainee Committee Chair (until 2019 AGM)
- **Dr Harriet Jennings**
  - Trainee Committee Chair (from December 2019)

#### Council of Education (COE)

- **Dr Barry Gunn**
  - Censor-in-Chief
- **Associate Professor Gabriel Lau**
  - Deputy Censor-in-Chief
- **Dr Simon Judkins**
  - President (until 2019 AGM)
  - Immediate Past President (from 2019 AGM)
- **Dr John Bonning**
  - President-Elect (until 2019 AGM)
  - President (from 2019 AGM)
- **Dr Stuart Barrington-Onslow**
  - Regional Censor for Aotearoa New Zealand
- **Dr Andrée Salter**
  - Regional Censor for Australian Capital Territory
- **Dr Jules Willcocks**
  - Regional Censor for New South Wales
- **Dr Rebecca Day**
  - Regional Censor for Northern Territory
- **Dr Sharyn Smith**
  - Regional Censor for Queensland
- **Dr Alistair Fergusson**
  - Regional Censor for South Australia
- **Dr Kate Field**
  - Regional Censor for Tasmania
- **Dr Jonathan Dowling**
  - Regional Censor for Victoria
- **Dr Harry Patterson**
  - Regional Censor for Western Australia
- **Ms Jacqui Gibson-Roos**
  - COE Community Representative
- **Dr Nicholas Lelos**
  - Trainee Committee Chair (until 2019 AGM)
- **Dr Harriet Jennings**
  - Trainee Committee Chair (from December 2019)
CAPP Report
Associate Professor Didier Palmer OAM, Chair

I was elected as the new Council of Advocacy, Practice and Partnerships (CAPP) Chair, commencing at the 2019 Annual General Meeting of the College. Sadly, 2019 saw the passing away of Yusuf Nagree, who had been the inaugural CAPP Chair since 2014. Vale Yusuf.

This report contains selected highlights of CAPP activities during the reporting period.

**Access Measures:** After extensive consultation, the College is finalising a revised emergency department (ED) ‘access measure’, based on patient admission, rather than length-of-stay in the ED. This will encourage whole-of-hospital solutions to patient flow issues.

**Mental Health:** The new report *Nowhere Else to Go* will inform advocacy on mental health in the ED. It highlights how the ED functions as an inappropriate overflow valve for people requiring immediate help/treatment. It will inform the work of the new College Mental Health Working Group, which will develop ACEM Australian and New Zealand mental health plans.

**Standards:** A rapid audit was completed of 50+ ‘due for review’ standards, with 30 standards revised/developed and published in the new professional style this year. Updated/new standards include those addressing the care of older persons, harm minimisation, family and domestic violence, and gender equity.

**New Entities:** New CAPP Sections are: Trauma Emergency Medicine; Pre-Hospital and Retrieval Medicine; Private Emergency Medicine; and Paediatric Emergency Medicine.

**Research:** The inaugural ACEM Research Network Symposium was held in Hobart on 22 November 2019, with a full registration of 40 emergency medicine researchers.

**Global Emergency Care (GEC):** Establishment of the GEC Committee (GECCo) and the GEC Desk, will support College capacity-building in the Indo-Pacific region. A key strand of this is securing bilateral/multilateral funding, with bids submitted for work in Papua New Guinea (PNG), Solomon Islands, Vanuatu and Fiji. ACEM has signed a Memorandum of Understanding with both the Pacific Community and University of PNG. Trainee GEC placements will now be supported by the Visiting Emergency Medicine Registrar Program (VEMRP), in partnership with the Australian Volunteers Program.

**Rural Health Action Plan (RuHAP):** The Rural, Regional Remote (RRR) Committee is leading the development of an ACEM RuHAP, which will complement work underway across the College to address RRR health equity.

**Aged Care:** The Geriatric Emergency Medicine (GEM) Section Executive developed a College submission to the Royal Commission into Aged Care, which has been influential in shaping the thinking of the Commission around the interface of aged care and healthcare. Members of the GEM Section Executive appeared before the Commission, providing further insight into the emergency medicine perspective.

**Quality and Safety:** Following the reinvigoration of the Emergency Medicine Events Register (EMER) a ‘burst’ reporting period gathered thematic insights on the effect of COVID-19 on patient/staff safety. Around 30 incidents were documented, which will be analysed for publication.

**COVID-19:** Support to global partners included the development of guidelines and fortnightly forums on Systems, Space, Staff, and Supplies.

**Global Emergency Care (GEC):** Following the launch of the College’s *Policy on Climate Health*, and associated declaration by the President of a climate health emergency at the ACEM 2019 Annual Scientific Meeting, an *Environmental Action Plan* themed around leadership, research, advocacy, partnerships, education and culture will address operational aspects of a broader Environmental Strategy.

**New Fellows:** Alongside numerous routine surveys, the Research and Evaluation Unit has conducted a new survey examining employer attitudes on the adequacy of new Fellows in meeting the needs of consumers/employers, to which 46% of EDs with new Fellows responded. A protocol for capturing consumer perspectives has been developed.
COE Report
Dr Barry Gunn, Chair and Censor-in-Chief

During the 2019-2020 year, the Council of Education (COE) has been primarily focussed on two different major ‘projects’. One was expected and planned for, while the other was totally unexpected. The former is the review of the FACEM Training Program, Curriculum and Accreditation Site Classification and Delineation and the latter, of course, is the COVID-19 pandemic and its impact on our trainees in the FACEM Training Program.

The world changed on 11 March 2020 when the World Health Organization declared the current pandemic. In my opinion, it will never return to the way it was beforehand. What has impressed members of COE is the resilience and adaptability of the FACEMs and trainees who we are all proud to have part of our College.

COE has had many meetings to make decisions in response to the evolving effects of the pandemic and its impact on the FACEM Training Program. Adjustments have included modifying the Workplace-Based Assessment (WBA) requirements such that trainees were not placed into a period of additional training time (formerly called ‘remediation’) if they were not compliant with WBA requirements, allowing trainees to change placements from non-ED to ED without affecting their training time and allowing trainees to remain at training sites beyond accredited site training limits.

One of the most significant impacts has been upon examinations, with the unfortunate but necessary decision to cancel the 2020.1 Primary Viva and Fellowship Written examinations and to postpone both the Primary Written Examination to October 2020 and the Fellowship Clinical Examination to December 2020. COE and the ACEM Education and Training Team have been working very hard to find a way to make all 2020.2 examinations happen, understanding that plans may need to be altered at short notice as the COVID-19 situation continues to evolve.

Other ACEM education and training activities have also been affected. However, it has also allowed COE to explore alternative ways of achieving the same goals. This has included undertaking Specialist International Medical Graduates (SIMGs) assessment interviews via videoconference and, during the second half of the year, trialling hybrid accreditation inspections with in-person inspectors, as well as inspectors attending by videoconference. Depending on the success of the use of videoconferencing, it will most likely continue to be an option for use post the pandemic.

A recent survey was undertaken of Directors of Emergency Medicine Training (DEMTs) to investigate their approach to formal teaching sessions in the COVID-19 environment when face-to-face teaching was no longer possible. This survey again demonstrated how adaptable trainees and FACEMs are. The positives of using video platforms such as Zoom and Microsoft Teams far outweighed the negatives. There were many reports that trainee attendance increased when trainees could participate from home. I am sure that these video platforms will continue to be used for the delivery of some FACEM trainee education sessions.

COE is very close to finalising the revised FACEM Training Program, Curriculum and Accreditation Site Classification and Delineation system to take effect from the 2022 training year. After extensive feedback was received in late 2019, particularly in relation to the accreditation site classification, a revised accreditation site classification proposal was sent out for stakeholder feedback in March 2020. The overall feedback of this revised proposal received during the two-month consultation period was extremely positive. A final period of stakeholder feedback is currently in progress of all three components. Revised proposals are to be considered by COE and the ACEM Board in July and August respectively. Once approved, the regulations, which will underpin and govern the revised FACEM Training Program, need to be written and the online platform developed in time for the start of the 2022 training year.

I would sincerely like to thank all the members of COE and its entities and the ACEM staff for all their work and support particularly during these unprecedented times. They have all given tirelessly of themselves. I am honoured and privileged to be able to work with such amazing people.
1. Education Assessment

1.1 Assessments / Examinations

During the reporting period the College has once again continued to conduct the suite of examinations for FACEM Training Program trainees, as well as facilitate question writing workshops for the examination working groups, standard setting workshops for the written examinations and marking days for the Fellowship Written Examination.

Multiple Choice Question (MCQ) writing workshops have again been offered, providing FACEMs and eligible FACEM Training Program trainees with the skills needed in order to develop quality questions, with those developed on the day being added to the MCQ question bank for future use.

The program of examiner training has continued in the reporting period, with further sessions held at the 2020.1 Fellowship Clinical Examination (OSCE) for both new and experienced examiners.

The two OSCE-related workshops, the OSCE Preparation Program and the Resilient Leadership Workshop, are now established on the examinations annual calendar and, as such, were offered in November 2019.

December 2019 saw the completion of the trial of an online platform for the Short Answer Question (SAQ) component of the Fellowship Written Examination, prior to the implementation in 2020 for all candidates. As a result, all FACEM written examinations are now online, facilitating improved processes in examination completion for candidates, enhanced readability of candidate scripts and marking processes for examiners, enabling the timely processing of results.

Additional resources have been added to the College’s Fellowship Examination Resources site to provide further information and support for Advanced Trainees preparing for Fellowship examinations:

— A new video, ‘Preparing for Examinations’, which addresses the psychological aspects;
— Two further recordings from two OSCE stations from the 2020.1 OSCE, with associated station materials, as models of good OSCE performance;
— Updates to key documents, such as ‘About’ and ‘Preparing for’ the written and clinical Fellowship examinations;
— Additional externally produced video resources.

System enhancements for examinations have continued in the period, including:

— Modifications to the standard setting processes for the written examinations and associated recording systems;
— Implementation of feedback for Primary Viva examiners on their marking patterns;
— Implementation of feedback for standard setters on their performance in comparison to other standard setters;
— Consolidation of enhanced processes for candidate feedback for the Primary and Fellowship Clinical examinations.

1.2 Specialist International Medical Graduates (SIMGs)

Administration of the SIMG assessment processes and pathways has continued and many process improvements have been implemented.

In late 2019, a number of new members joined the SIMG Assessment Committee and the SIMG Assessor Panel. To accommodate new assessors as well as those more experienced assessors, a SIMG Panel Assessor Workshop was held in January 2020, covering the SIMG assessment process and interview techniques, in accordance with the requirements of the Medical Board of Australia (MBA) Good practice guidelines for the specialist international medical graduate assessment process.

During 2019 a new online SIMG assessor training module was developed with the Educational Resources Team. The module shows video footage of panel assessors modelling aspects of the interviews. All new and continuing members of the SIMG Assessment Committee and SIMG Assessor Panel are required to complete this module, in addition to attending face-to-face SIMG Assessor Panel Workshops.

A project to provide Assessment Panel members with a wider range of suitable questions to use in the assessment of each curriculum domain at interview began in 2019 and a question bank was trialled and implemented for panels in early 2020. The development of targeted questions to assist in assessing the Research component of the Scholarship and Teaching domain of the FACEM Curriculum Framework in particular has facilitated enhanced assessment of this component.
During 2019 the SIMG Assessment Committee considered the possibility of conducting interview assessments by videoconference, at the request of the MBA and the Medical Council of New Zealand (MCNZ). The advent of COVID-19 restrictions necessitated the implementation of interviews by remote attendance for assessors, applicants and staff from May 2020. This allowed the SIMG assessment interviews to proceed during the pandemic for overseas and local applicants applying for assessment in Australia or Aotearoa New Zealand.

Enhanced reporting for SIMGs on their pathway to Fellowship and processes to monitor and support their progress have been implemented, which includes a new process to review the pathway requirements of any SIMG identified as not progressing on their pathway.

Systems for gathering information on international specialist emergency medicine training programs and for tracking outcomes from assessment interviews for applicants from different training programs, have also been implemented.

2. Training

2.1 FACEM Training

The COVID-19 pandemic had a significant impact on FACEM training in 2020, particularly during the initial stages of the pandemic. Many trainees had their training plans impacted, with the College adopting a flexible case-by-case approach to ensure trainees could continue to progress through their training with as minimal interruption as possible. A number of training program initiatives have been delayed as the focus shifted towards managing and assisting trainees through this period.

Selection into Training

The 2019 selection rounds for trainees commencing in the 2020 training year received 496 applications, of which 472 (97.7%) were successful. Of those successful applicants, 439 (93%) completed their enrolment and commenced the FACEM Training Program at the start of the 2020 training year.

Trainees

An Orientation Guide was developed and sent to all new FACEM Training Program trainees commencing in 2020. This was complimented by individual orientation phone calls from the ACEM Training Team.

A process to establish Site Trainee Representatives in all accredited sites has been undertaken, with almost 100 sites appointing a trainee to the role. This role is not mandatory, however, it provides the opportunity to improve communication channels between members of the ACEM Trainee Committee and accredited training sites, as well as providing an avenue for ACEM to communicate directly with trainees at a site level.

A new Trainee Resources Page on the ACEM website was launched, providing a single source to FACEM Training Program information, including direct links to common policies, videos, ‘how to’ guides and trainee research information.

DEMTs

Processes for the selection and appointment of DEMTs have been significantly revised. As part of the application process prospective DEMTs are required to demonstrate their capabilities to undertake the role and Regional Censors conduct an interview to discuss the role and responsibilities with each applicant before they are appointed. A new DEMT re-appointment process was also implemented. At the end of each two-year term, data collected on the performance of a DEMT during that period is reviewed by the relevant Regional Censor before confirming their re-appointment.

A new DEMT handbook was introduced, covering key processes specific to the DEMT role, including information about providing feedback when completing In-Training Assessments (ITAs), supporting trainees in difficulty, selection into the FACEM Training Program, issues that commonly arise and tips on how to address them. Due to COVID-19, DEMT Workshops and Local Workplace Based Assessment (WBA) Coordinator Workshops were unfortunately cancelled for 2020, with the aim to have these available again in 2021.

2.2 Emergency Medicine Diploma (EMD) & Emergency Medicine Certificate (EMC)

Significant work has been undertaken to improve the efficiency and record keeping capabilities of the Emergency Medicine Certificate and Diploma (EMCD) database and streamline enrolments and trainee monitoring processes.

A Certificate and Diploma Supervisor Forum was introduced, providing an online network for EMCD Supervisors to share experiences and resources and act as an avenue for ACEM staff to communicate more easily and efficiently with supervisors and Program Support Officers.
The forum is also a repository for resources to assist supervisors in their role.

A major focus for this unit has been on the development of the revised EMCD programs.

3. Accreditation, Continuing Professional Development and National Program

3.1 Accreditation

Emergency Department Accreditation

The Accreditation Unit coordinated the accreditation inspections of 28 Emergency Departments (EDs) across Australia and Aotearoa New Zealand in the reporting period. Of the 28, 25 were Adult ED/mixed EDs and three were Paediatric EDs.

Scheduled site inspections were deferred in early 2020, due to the restrictions associated with COVID-19.

Alternative approaches to the accreditation process are being considered, including the incorporation of videoconferencing.

Special Skills Placement (SSP) Accreditation

Category A SSP
(For sites offering a specific Special Skills Placement)

Work was undertaken to review the Category A SSP guidelines, culminating in the release of revised guidelines for 12 SSP types in February 2020. There is now enhanced consistency across SSP type, with greater clarity in learning outcomes and assessment approaches.

As part of this process, four SSPs with similar foci were combined: Medical Education with the Simulation SSP and Medical Administration with Safety and Quality.

Twenty-nine Category A SSP applications were approved in the reporting year. As Category A site inspections are typically conducted by a sole intrastate inspector, the accreditation schedule was less adversely affected by COVID-19 than that for EDs.
**Category T SSP**  
*(For a one-off Trainee placement at a site)*

The application process for Category T sites has been streamlined, reducing the lead time needed prior to placement commencement, from 12 to eight weeks. The Accreditation Subcommittee worked with the GECCo Unit to develop processes that supported trainees seeking to undertake international aid placements.

### 3.2 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

During the reporting year, both the MBA and the MCNZ finalised amendments to their respective CPD standards, with both placing greater emphasis on clinician performance and patient outcomes.

As a result of these changes, the two existing College CPD programs, “specialist” and “non-specialist”, have been reorganised into a single unified ACEM CPD Program, to ensure that the College program addresses and incorporates the MBA and MCNZ changes. In addition to two new CPD activity categories (‘performance’ and ‘outcomes’), the redesigned program incorporated enhancements to the professional development plan and tools to support CPD participants achieve their annual and three-year cycle requirements. Relevant College policies were revised to support the new ACEM CPD Program and a new CPD portal was developed to enhance useability.

A comprehensive consultation with key stakeholders was undertaken prior to the formulation and release of the new ACEM CPD Program. A key feature of the consultation was the conduct of a forum held at the ACEM 2019 Annual Scientific Meeting, at which the CPD Committee Chair, Dr Alex Markwell and the MBA Chair, Professor Anne Tonkin walked participants through both the intent and the practical implications of the changes to the program.

A further MBA requirement was that colleges align their CPD programs to the calendar year reporting cycle. As existing College CPD programs ran on a July to June year, the new ACEM CPD Program was launched on 30 June 2020 with a closing date of December 2021, affording CPD participants an eighteen-month window to record and complete their 2021 CPD.

In response to the COVID-19 pandemic, both the MBA and MCNZ exempted doctors from CPD participation requirements in the 2020 calendar year. As a consequence, ACEM cancelled the planned CPD audits that were scheduled to take place in July 2020.

### 3.3 National Program

The National Program Unit has continued to support the delivery of the various arms of the Australian Government’s Emergency Medicine Program (known in the College as the National Program), which includes the Specialist Training Program (STP), the Emergency Department Private Sector Clinical Supervision (EDPSCS) Program, the Integrated Rural Training Pipeline (IRTP) initiative, the Tasmanian Project and the Emergency Medicine Education and Training (EMET) Program.

Over the last 12 months, the Unit has supported sites in the delivery of the EMC and EMD program. This has resulted in an increase in the pool of emergency medicine skilled doctors and remains a popular offering across the sites involved in its delivery.

The National Program has been actively promoted through online forums and at conference presentations, and supported by local news media, reporting on program achievements.

Staff participated in a Commonwealth Government commissioned KPMG review, which evaluated how specialist colleges administer the STP program, as well as an additional review of the Tasmanian Project.

An EMET Network forum was delivered in Alice Springs in September 2019, drawing participants from across Australia.

The current funding cycle of the National Program was due to finish in 2020, however, with the advent of COVID-19, the Commonwealth Department of Health extended the cycle by one year and advised that any future funding would likely be across a five-year cycle and allocated through a competitive expression of interest (EOI) process.

In preparation for submitting an EOI, the Unit has undertaken program effectiveness surveys, commissioned case-studies, collated media resources on program outcomes and developed a stakeholder engagement process to ensure that ACEM’s unique capacity to design and deliver all components of the National Program is well communicated to fund holders and decision makers.

Travel restrictions induced by COVID-19 have prompted a partial, and successful, shift to teleconferencing and remote delivery of training at a number of sites.
4. Education Program Development

4.1 Education Development

Reviews and developments

In line with the ACEM Quality Improvement Framework, the Education Development Unit has undertaken a number of significant reviews, including:

1. FACEM Curriculum, Training Program and Accreditation system

Under the auspices of the Council of Education (COE), working groups were tasked with revising the content of the ACEM Curriculum Framework and assessment tools, and the structure and requirements of the FACEM Training Program. As a result of consultation with stakeholders, an additional working group was also formed to review the system used to accredit sites for FACEM training. Following final approval by COE and the ACEM Board, planning will commence for the implementation of the revised Curriculum, Training Program and Accreditation System for the commencement of the 2022 training year.

2. EMC and EMD

A working group was asked to review the existing EMC and EMD curricula and structure of the training programs and explore the role for an Advanced Diploma (EMAD) for those working in and often leading rural and remote emergency departments. With representation from the Australian College of Rural and Remote Medicine, the Rural Faculty of the Royal Australian College of General Practitioners, and the Division of Rural Health Medicine of the Royal New Zealand College of General Practitioners, the working group has consulted with stakeholders to develop revised EMC and EMD programs and a new EMAD training program to ensure these qualifications are fit for purpose and meet evolving workforce needs.

3. FACEM Training Program WBA forms

Following the implementation of revised ITA forms in September 2018, a review of the WBA forms was undertaken. Informed by feedback gleaned via stakeholder consultation, amendments to the forms have been made. Their planned implementation for March 2019 was postponed due to COVID-19 and it is intended they will be implemented later in 2020.

4. Ultrasound policies, guidelines and support

The ED Ultrasound Committee, with the support of the Education Development Unit, has revised and developed a number of policies and guidelines pertaining to ultrasound education programs, and provision of ultrasound training and governance guidance.

5. Assessment development

The Education Development Unit has continued to collaborate with the Assessment Unit and writers to review stations for the Fellowship written and clinical examinations.

Engagement and support

Work related to the recruitment, support and engagement of Aboriginal, Torres Strait Islander and Māori trainees has continued, with particular emphasis on conducting workshops at the Australian Indigenous Doctors Association (AIDA) and the Leaders in Indigenous Medical Education (LIME) Conferences in Darwin and Christchurch, respectively, regarding selection into the FACEM Training Program. The highly regarded workshops, addressing the selection process and what emergency medicine practice entails, were facilitated by ACEM Fellows Dr Glenn Harrison, Dr Ryan Dashwood and Dr Max Raos, as well as members of the ACEM Indigenous Health Committee, Dr Elizabeth Mowatt, Dr Nicole Liesis and Dr Stephen Gourley.

The Education Development Unit continued to actively engage with AIDA and the LIME Network for specialist medical colleges to further explore strategies to enhance education and training initiatives for ACEM’s Indigenous trainees and Fellows. Additionally, yarns with Aboriginal and Torres Strait Islander trainees and Fellows and korero with Māori trainees and Fellows have been conducted to glean their direct feedback on specific needs and potential initiatives.

Pre-hospital and Retrieval Medicine

The development of the Diploma in Pre-hospital and Retrieval Medicine (DipPHRM) has been completed and will be implemented in 2021. This has included the development of the curriculum and associated assessment tools, including WBAs and written and practical examinations, accreditation standards for sites offering the DipPHRM, CPD requirements, and recognition of prior learning and prior practice policies. A number of entities are being created to support the implementation of DipPHRM and associated processes, including DipPHRM Written and Practical Examination Working Groups, the DipPHRM Court of Examiners and the DipPHRM Accreditation Subcommittee.
4.2 Education Resources

The Educational Resources Unit has continued to develop, test and launch an array of education and training support resources, including online modules, dedicated eLearning pages and instructional videos; all are made possible because of the invaluable contributions of subject matter experts. These resources include Core Values modules for members and staff, ultrasound resources and quizzes, WBA module updates, and a Clinical Leads in Ultrasound forum.

In collaboration with the Assessment Unit and FACEM examiners, the successful piloting of the online conduct and marking of the SAQ component of the Fellowship Written Examination has been a significant achievement. Trainees will now all be able to complete the Fellowship Written Examination online from 2020.

The Educational Resources Unit has continued its support of the Skills and Updates for Parents in Emergency Medicine (SUPER) Course, maintaining the Facilitator Handbook, promotion, sponsorship and establishment of the course. A discussion forum and resources have been developed on the SUPER Course webpage on the Educational Resources site of the ACEM website to assist SUPER Course facilitators and participants.

Enhanced reports on the amount and type of use and feedback regarding the Educational Resources site has also been implemented, helping to inform ongoing modifications and enhancements to the eLearning site.
Faculty Reports

Aotearoa New Zealand

In this reporting period, the Faculty Board has formally met 14 times, with this increase in direct response to COVID-19. This included a mix of Faculty Board-only meetings, a meeting with Directors of Emergency Medicine Training (DEMTs), and collaborative meetings with other medical colleges. These included those represented in primary care and emergency nurses and often key representatives from the Ministry of Health (MoH).

The DEMTs from larger District Health Boards (DHBs) agreed to share their education and training activities with all ACEM’s New Zealand-based trainees. Several submissions were sent to key members of Parliament, the MoH, DHBs, and the Medical Council of New Zealand (MCNZ). Disruptions affecting medical education and training highlighted the need for a deferment of medical school graduations and RMO training terms. This has resulted in proposal of a realignment of clinical training years with Australia.

Mental health remained a policy priority. ACEM met with the Minister for Health and the MoH to discuss recommendations for improved care for patients presenting with mental health crises to our Emergency Departments (EDs). This was reiterated by Dr André Cromhout, Faculty Chair, who gave a presentation on this issue to Parliament’s Health Select Committee.

Faculty Board members as at 30 June 2020:

André Cromhout (Chair)
Dr Kate Allan
Dr Stuart Barrington-Onslow
Dr John Bonning
Dr Andrew Ewens
Dr Mark Hussey
Dr Harriet Jennings
Dr Natasha Mckay
Dr Suzanne Moran
Dr Cameron Rosie
Dr Kim Yates

Australian Capital Territory

The Australian Capital Territory (ACT) Faculty have continued to show their ongoing commitment and support, particularly as we continue to work hard on our COVID-19 plans. Although to date, the ACT Faculty has been very fortunate with experience of the disease, vigilance and commitment must be maintained for the long haul.

In the past 12 months, the Faculty has met with both the Minister for Health and Minister for Mental Health to advocate for action on access block, mental health treatment and processes and staffing levels for EDs. This engagement is delivering results with initial outcomes on improved staffing levels, emergency department flow and mental healthcare. Both Ministers had a joint visit to Melbourne to review the St Vincent’s model of Safe Haven Café and are now looking at implementing a similar model of care in the ACT.

The Faculty has also engaged in collaboration with the Royal Australasian College of Surgeons to provide a united front in seeking a dedicated educational SIM space, which would be used across many specialties for registrar training. The Faculty is also continuing to engage with the Royal Australian and New Zealand College of Psychiatrists on options to collaborate on joint advocacy efforts for mental health patients and care in the ED, and across the healthcare system.

While disappointed that this year’s ACEM Annual Scientific Meeting (ASM) to be held in Canberra has been cancelled due to the effects of COVID-19 there is a goal to have the ASM rescheduled for Canberra in 2023.

Faculty Board members as at 30 June 2020:

Suzanne Smallbane (Chair)
Dr David Banfield
Dr Joanne Crogan
Dr Andréè Salter
Dr Selina Watchorn
New South Wales

The New South Wales (NSW) Faculty has had a busy 12 months, with key advocacy undertaken on behalf of the membership. The Faculty has advocated strongly for improvements to seclusion and restraint policy directives introduced by NSW Health and submitted a College response to the Inquiry into the current and future provision of health services in the South-West Sydney Growth Region.

Faculty Board members also met with the Minister for Health and department representatives regarding mental health patients, access to data and the need for urgent reforms to improve patient safety. For example, following members raising significant concerns with access block and staffing levels across Western Sydney, ACEM representatives, including the ACEM President, met with members directly to inform ACEM’s engagement with the Ministry of Health to seek options for better supports.

Also, significant challenges stemming from the initial wave/s of COVID-19, which saw the whole Faculty respond collaboratively cannot be ignored. Of particular note, the NSW Faculty has been fortunate to have a Faculty Board member appointed as the clinical lead for NSW’s COVID response within the NSW Health Ministry.

The Faculty wishes to sincerely acknowledge and thank the long support and leadership provided by former Chair, Dr Chris Trethewy, and former Deputy Chair, Dr John Kennedy. Following the faculty spill in late 2019, we are pleased to welcome all new members to the NSW Faculty Board.

Faculty Board members as at 30 June 2020:
Dr Trevor Chan (Chair)
Dr Rhiannon Browne
Dr Farnaz Omidi
Dr Anne Walton
Associate Professor Gabriel Lau
Dr Nicholas Lelos
Associate Professor Sally McCarthy
Dr Ellen Meyns
Dr Clare Skinner
Dr Miguel Taliana
Dr Shannon Townsend
Dr Jules Willcocks

Northern Territory

The Northern Territory Faculty have strongly advocated throughout the past 12 months on the urgent need for an introduction of a minimum unit price on alcohol. The Faculty has formalised its position in letters to the Health Minister, calling for action and acknowledging the commitment made by government. This important decision will have immediate and longer-term impacts on reducing alcohol-fuelled harm in communities in the Northern Territory.

The Faculty have also called on the government to urgently address the lack of forensic mental health services for the Territory. This is very relevant to members and patients, given the impacts on ED workloads and on patients waiting extended periods of time in order to be assessed by psychiatric staff.

The COVID-19 pandemic has an ongoing risk to vulnerable patient groups across the Territory, particularly to Indigenous Australians on community. The whole system has worked very hard to minimise the impacts from COVID transmission, which will be an ongoing focus for the coming year.

Faculty Board members as at 30 June 2020:
Associate Professor Didier Palmer OAM (Chair)
Dr Warren Adie
Dr Rebecca Day
Dr Adrienne Deans
Dr Thomas Fowles
Dr Stephen Gourley
Dr Shane Tan
Dr Thomas van Dantzig
Dr Graham Williams
Queensland

Although very much eclipsed by 2020, the Queensland Faculty was very active in Cairns Hospital with advocacy around the crippling levels of access block in late 2019. This involved a visit by then ACEM President, Dr Simon Judkins and the QLD Faculty Chair, Dr Kim Hansen in meetings involving the Cairns ED leadership team, ACEM Fellows, AMA Queensland and Executive, with associated media pieces. Advocacy to the Minister has also included discussions around ambulance offloading and ramping, and the maintenance of the regional flight network during the COVID-19 pandemic.

During the evolving COVID-19 crisis, the Queensland Faculty has worked collaboratively across all EDs, using ACEM guidelines for preparedness and planning. The Faculty Chair and other FACEMs have also actively participated in the work done state-wide by the Queensland ED Strategic Advisory Panel (QEDSAP) and the Pandemic Health Response Implementation Advisory Group (PHRIAG). Ongoing discussions continue with Queensland Health around the need to adapt to COVID-19 ‘business as usual’.

Cairns has been chosen to host the ACEM 2021 Winter Symposium, with preparations already commenced. Although the Autumn Symposium had to be deferred due to the pandemic, the Organising Committee have a great line-up of local presenters and hope to be able to return next year.

The Queensland Faculty Board welcomes Dr Aidan Fenoglio, Dr Malcolm Cooper, Dr Sunayana Moriarty and Dr Jessica Forbes, and thanks those who have left for their contributions.

**Faculty Board members as at 30 June 2020:**

Kim Hansen (Chair)  
Dr Malcolm Cooper  
Dr Aidan Fenoglio  
Dr Sunayana Moriarty  
Dr Elizabeth Mowatt  
Dr Darren Powrie  
Dr Niall Small  
Dr Sharyn Smith  
Dr Andrew Spiller

South Australia

The South Australia (SA) Faculty has facilitated advocacy through multiple meetings with the Health Minister and Shadow Health Minister covering Code Yellow situations in the Southern Adelaide Local Health Network (SALHN), access block, bed closures at Royal Adelaide Hospital (RAH) and Modbury High Dependency Unit plans. Mental health access block has had recent media coverage due to the Chief Psychiatrist raising an intervention order at RAH, which the College has publicly supported, given the need for system-wide reform.

There has been strong COVID-19 advocacy, including having a member of the Faculty Board included into the central response command centre.

Submissions to multiple consultations advocating emergency medicine perspectives have included responding to the inquiry into local incident monitoring ‘Safety Learning System’, a response to the *Commission on Excellence and Innovation in Health* discussion paper, and consultation to South Australia’s *Rural Medical Workforce Plan*. There has also been the development of a SA Faculty Workforce Working Group, which will highlight the SA-perspective on workforce.

The Faculty Board wishes to thank Dr Thiru Govindan for his leadership and contributions to the Faculty, as Dr Mark Morphett has now taken on the role of Faculty Chair. The Faculty Board also farewells Dr Tom Soulsby after 10 years of dedicated service and welcomes Dr Kimberly Humphrey.

A special thank you is extended to Dr Amy Wilson for her years of service as the trainee representative for SA, and we welcome our new trainee representative Dr Chloe Morey.

**Faculty Board members as at 30 June 2020:**

Dr Mark Morphett (Chair)  
Dr Peter Bruce  
Dr Michael Edmonds  
Dr Alistair Fergusson  
Dr Thiru Govindan  
Dr Kimberly Humphrey  
Dr Anit Manudhane  
Dr Chloe Morey
Tasmania

The Tasmanian Faculty have held urgent meetings with the Minister for Health and Secretary of the Tasmanian Health Service, with concerns raised about the high level of access block. Progress has been made through working collaboratively with the Health Department and the Royal Hobart Hospital Executive and there are hopes for a positive relationship into the future. Discussions have also included Faculty concerns with regard to staffing issues at North West Regional Hospital/Mersey Community Hospital.

There are ongoing issues with respect to ED staffing, noting that COVID-19 has also affected the ability to recruit locums. The Faculty Chair has worked with the media and Department of Health on matters relating to COVID-19, which has included numerous radio interviews.

In April 2020, Tasmania had a significant outbreak of COVID-19 in the North West of the state, resulting in a period of closure for the North West Regional Hospital. Support from the Australian Defence Force and Australian Medical Assistance Teams occurred whilst hospital staff undertook required quarantine measures, and the hospital was deep cleaned. The staff in the area were extremely grateful for the support offered during a difficult period.

Dr Marielle Ruigrok stepped down from her role as the Tasmanian Faculty Chair. Across the state, everyone thanked her for her leadership and mentorship. Dr Juan Carlos Ascencio-Lane succeeded her as the Faculty Chair, with Dr Viet Tran the Deputy Faculty Chair.

Victoria

The Victoria Faculty has engaged on key issues of concern for members throughout the past year. The Faculty has strongly advocated for better mental healthcare, with Faculty members giving evidence at the Royal Commission into Victoria’s Mental Health System. Faculty members also contributed to correspondence to the Minister following a Coroner’s case that linked access block as a contributing factor in the death of a patient. The Faculty is gaining traction in its advocacy, and is ready to continue its efforts in seeking safe care for all patients presenting to any ED across Victoria.

The Faculty Board has seen new members stepping up following the spill held in late 2019. The Faculty Board wishes to thank Dr Shyamon Menon for his leadership and contributions to the Faculty, with Dr Mya Cubitt having now taken on the position of Chair of the Victorian Faculty Board.

The challenges stemming from COVID-19 have resulted in the need for innovative communication and engagement for the Faculty, with ten meetings having occurred since March to provide members with a regular chance to discuss options and developments. The capacity of videoconferencing has greatly supported our regional and rural based Fellows to participate, and it has been extremely useful to have regular participation of key representatives from the Department of Health and Human Services Victoria, Ambulance Victoria and Safer Care Victoria at these meetings.

Faculty Board members as at 30 June 2020:

Dr Mya Cubitt (Chair)
Professor George Braithberg
Dr Jonathan Dowling
Dr Barry Gunn
Dr Belinda Hibble
Dr Simon Judkins
Dr Edward Oakley
Dr Anoushka Perera
Dr Dean Pritchard
Dr Nancy Sadka
Dr Myles Sri-Ganeshan
Dr Andrew Tagg
Associate Professor Melinda Truesdale
Dr Swaroop Valluri

Dr Juan Carlos Ascencio-Lane (Chair)
Dr Ray Chan
Dr Fiona Cowan
Dr Brian Doyle
Dr Kate Field
Dr Viet Tran
Dr Mel Venn
Western Australia

The Western Australia (WA) Faculty have engaged on the key issues of access block and better mental healthcare for all patients across the state. Key to this has been to call on the WA Health Minister to introduce mandatory Ministerial reporting of ED waits over 24 hours and greater transparency of state-wide data of such extreme events. The Faculty has continued to monitor and advocate for the government to respond and adopt this important suite of measures.

While the COVID-19 pandemic has placed enormous pressures on Fellows and trainees, the Faculty is continuing its advocacy to engage the Department of Health and the Minister regarding workforce levels, which are of concern due to international travel and national border restrictions.

Online Faculty meetings, which have been amalgamated with other states and territories, have been occurring in 2020. It has been a positive that, although the pandemic raises a long list of challenges, communication across the state and Australia is providing a great mechanism to share ideas and learn from others’ experiences.

The WA Faculty Board welcomes Dr Cassandra Host as a member of the Faculty Board.

Faculty Board members as at 30 June 2020:

Peter Allely (Chair)
Dr Cassandra Host
Dr Karen McKenna
Dr Lynda Vine
Dr Harry Patterson
Dr Yusuf Mamoojee
Dr Tracey McCosh
The ACEM Foundation provides philanthropic support for three pillars of work:
1) Fostering emergency medicine research; 
2) Encouraging and supporting Aboriginal, Torres Strait Islander and Māori doctors in undertaking emergency medicine training; and
3) Global Emergency Care – building the capacity for emergency care in lower/middle income countries.

The ACEM Foundation offers a range of awards, grants, scholarships and sponsorships every year to progress these three pillars.

In 2019 the ACEM Lecture was presented by Dr Bob Brown, who highlighted ways members can support a cause they are passionate about. Dr Brown spoke of his experience as an environmentalist to highlight these opportunities.

Emergency Medicine Research

The Morson Taylor Research Grant serves to support a high-quality research project in emergency medicine being undertaken by an ACEM Fellow.

The Al Spilman Early Career Researcher Grant assists a Fellow early in their research career or a trainee to develop and enhance their research skills and experience.

The John Gilroy Potts Award is presented to the author of an article published in a refereed journal, the content of which has made a significant contribution to emergency medicine. It is an award made in the pursuit of truth, knowledge, and wisdom by physicians in emergency medicine.

The Edward Brentnall Award is named in recognition of the outstanding contribution made by Foundation Fellow Dr Edward Brentnall to the College. The award is announced annually for an article published in a refereed journal, relating to public health or disaster medicine.

Support for Indigenous Medical Practitioners

The Joseph Epstein Scholarship is named in recognition of Foundation Fellow and second ACEM President Associate Professor Joseph Epstein. It aims to encourage and support Aboriginal, Torres Strait Islander and Māori doctors undertaking Advanced Training in the FACEM Training Program.

In 2020 the ACEM Foundation launched the Emergency Medicine Certificate Grant, which supports Aboriginal, Torres Strait and Māori Doctors to undertake the ACEM Emergency Medicine Certificate.

TE ORA

The Hui ā Tau & Scientific Conference 2020 provides an opportunity to celebrate achievements in Māori health and promote Māori scientific health research, knowledge and information exchange. Unfortunately, the conference due to be held in April 2020 was cancelled due to COVID-19, however, the ACEM Foundation has now entered into a formal partnership with Te ORA, offering greater stability in funding. In 2020 the ACEM Foundation has agreed to provide a $10,000 contribution to this partnership.

Australian Indigenous Doctors’ Association (AIDA)

The AIDA 2019 Conference took place in October 2019 and was attended by several ACEM members, both Indigenous and allies. The ACEM Foundation provided sponsorship to the event and members of the College presented a well-received session regarding the ACEM selection into FACEM Training Program process.

Global Emergency Medicine

The International Development Fund Grant aims to promote the development of emergency care in the developing world through teaching, training and capacity building. In 2019 the Fund was awarded to three projects supporting work in Vietnam, Bangladesh and Latin America.

The ACEM Foundation International Scholarship is awarded to doctors and other health professionals from developing nations to support their attendance at the ACEM Annual Scientific Meeting, where they also present during a session in the scientific program to increase awareness and support for emergency medicine in developing countries. At the ACEM 2019 ASM in Hobart International Scholar Dr Aloima Taufilo was invited to give a plenary speech, presenting “The Lived Experience from the Frontline of Climate Change”. 
Diversity and Inclusion

ACEM Core Values

In late 2019 the College introduced a set of new organisational values intended to represent all members, trainees and staff.

— **Respect**: we work for one another, for patients and for other health professionals. We practise in ways that defer to the inherent humanity of others, that give space and opportunity to the thoughts and minds of the people we work with, and that give regard to their position of strength or vulnerability.

— **Integrity**: we care for one another, for patients and for other health professionals. We practise in ways that are honest, authentic and upright, and uphold the guiding principles and standards of emergency medicine.

— **Collaboration**: We partner with one another, with patients and with other health professionals. We unite to achieve better outcomes, to learn and to advance as a body, as a specialty, and as a practice.

— **Equity**: We are fair to one another, to our patients and to other health professionals. We work in ways that are impartial and aware. We acknowledge disparities in health outcomes across Australia and New Zealand, and we strive for a system and service that is better.

A series of online modules were also developed by ACEM members and trainees, to demonstrate the ways these values can be applied to work in Emergency Departments as part of creating and sustaining a productive and collaborative workplace culture.

Equity in health – Constitution vote

In late June 2020, a special resolution was passed to enact changes to the ACEM Constitution.

Advancing the work of ACEM’s Core Values, the ACEM Board determined that, in order for the College to embed its commitment to improving the health outcomes of Aboriginal, Torres Strait Islander and Māori communities, the College needed to update its Constitution.

A special resolution voted on by Fellows to include health equity as an Object into the ACEM Constitution passed, and the College Constitution now includes the following Object:

*Strive for excellence and equity in emergency care for Aboriginal, Torres Strait islander and Māori communities in Australia and Aotearoa New Zealand, through a commitment to the principles of Te Tiriti o Waitangi in Aotearoa New Zealand, the process of Reconciliation in Australia and the intent of the United Nations Declaration on the Rights of Indigenous Peoples.*

Gender Equity

Developed by the Advancing Women in Emergency Section, a new College Position Statement on Gender Equity was introduced in June 2020. This Statement outlines the College’s commitment to gender equity across College activities, as well as promotion of gender equity within emergency department workplaces.

Sustainable Workforce Survey

Following on from ACEM’s Workforce Sustainability Survey (November 2016) and the Discrimination, Bullying, Sexual Harassment and Harassment (DBSH) Survey (June 2017), it was decided to monitor emergency medicine workplace culture and experiences of DBSH among the membership and trainees on a regular basis. The Sustainable Workforce Survey was developed to focus on both of these issues and included questions from the Workforce Sustainability and DBSH Surveys. This survey was undertaken in 2019, and the full report of results can be accessed on the ACEM website at www.acem.org.au/Workforce-sustainability. These results will continue to inform future activities of the Diversity and Inclusion Steering Group’s (and other entities of the College).
Te Rautaki Manaaki Mana: Excellence in Emergency Care for Māori

Hūtia te rito o te harakeke
Kei hea te kōmako e hō?
He aha te mea nui o te ao?
Māku e ki atu

He tangata, he tangata, he tangata.
Te Rautaki Manaaki Mana was launched at the 2019 ACEM Winter Symposium in Rotorua.

Manaaki Mana is ACEM’s commitment to achieving health equity for Māori patients, whānau and staff. Our vision for health equity in Emergency Departments (EDs) is:

— Māori patients and whānau experience culturally safe services, which meet their health equity needs
— ACEM provides culturally safe training and support to Māori trainees and Fellows
— All Māori staff working in EDs experience a culturally safe working environment.

ACEM has drawn on He Korowai Oranga, Aotearoa New Zealand’s Māori Health Strategy to inform the development of Manaaki Mana. The College acknowledges the importance and significance of Te Tiriti o Waitangi (The Treaty of Waitangi) between the Crown and Māori. The ACEM Board and leadership team will continue to explore how the College gives appropriate effect to Te Tiriti and its principles for and on behalf of ACEM’s members and trainees.

This strategy provides practical actions for health equity to be delivered for Māori in EDs. Some actions are the responsibility of ACEM’s senior leadership, staff, Fellows and trainees. Others require collaboration with our Aotearoa New Zealand stakeholders – the Ministry of Health, District Health Boards, iwi and ultimately Māori patients and whānau using ED services across Aotearoa New Zealand. We can’t do this work alone.

At the heart of Manaaki Mana is people: everyone involved in the delivery of emergency medicine in Aotearoa New Zealand and Australia.

Mā te aroha, ka manaaki
Mā te manaaki, ka ora
Mā te ora, ka puāwai
Aue, Manaaki Mana

Reconciliation Action Plan

‘At its heart, reconciliation is about strengthening relationships between Aboriginal and Torres Strait Islander Peoples and non-Indigenous peoples, for the benefit of all Australians.’ (Reconciliation Australia)

Reconciliation Australia oversees the RAP program, established in 2006. This program provides a framework for organisations to support the national reconciliation movement. A RAP is a strategic document that supports an organisation’s business plan. It includes practical actions that will drive an organisation’s contribution to reconciliation both internally and in the communities in which it operates. A RAP usually has a two-year time period.

By establishing a commitment to the RAP program, ACEM has joined a community of more than 1000 corporate, government and not-for-profit organisations that have formally committed to reconciliation in Australia.

ACEM’s vision for reconciliation is that Australian EDs deliver quality, acute healthcare that is culturally safe, resulting in health equity for Aboriginal and Torres Strait Islander peoples.

ACEM launched its second Innovate Reconciliation Action Plan (RAP) in October 2019, building on the foundations established by the College’s 2017-2019 Innovate RAP.

The focus for ACEM’s current RAP is:

**Workforce:** supporting our existing Aboriginal and Torres Strait Islander workforce and growing the Aboriginal and Torres Strait Islander emergency physician and ACEM staff workforce through education, training and other initiatives.

**Service delivery:** integrating cultural safety into EDs and ACEM staff practices through education, training and other initiatives.

**Engagement:** strengthening our relationships with key Aboriginal and Torres Strait Islander organisations.

Finance Update

Summary of 2020 Financial Report

Information contained in the Financial Report Summary has been summarised from the College’s full Financial Report. The College’s full audited Financial Report is available on the ACEM website.

In the 2019-2020 financial year, on the back of COVID-19, the main focus of the College continued to be support of emergency medicine training, assessment, professional development, advocacy on behalf of members and publication of general practice standards.

The Department of Health (DoH) funded “More Doctors for Emergency Departments” project was extended to February 2021, allowing the continuation of funding for the Specialist Training Program (STP), Emergency Medicine Education and Training (EMET) Program and other ancillary projects.

The net operating loss of the College for the year ending 30 June 2020 was $1,599,199 (2019: $276,438 deficit). This was primarily driven by foregone revenue from trainee examinations ($1.2m) as well as a significant decline in investment balances ($422k). The onset of COVID-19 not only resulted in the cancellation/postponement of examinations but also adversely affected financial markets towards the end of the third quarter. It should be noted that during the financial year, the College’s West Melbourne premises were revalued resulting in a surplus in Total Comprehensive Income of $4,954,839 (2019: $276,438 deficit).

The College’s financial position remains sound with net assets of $22,249,637 (2019: $17,294,798) at the end of the financial year, allowing operations and capital investments to be fully self-funded by retained earnings.

As reported above, the College’s investment portfolios with JB Were Wealth Managers experienced significant market volatility, with good growth leading up to the onset of COVID-19, followed by significant market volatility during March and April 2020. Markets recovered well over the last two months of the financial year. Inclusive of fixed interest securities, as at 30 June 2020, total investment assets held by the College were $12,831,217 (2019: $12,800,626) and $1,938,683 (2019: $1,395,721) in the ACEM Foundation. The College takes a conservative approach to investment, preferring a long-term strategy to achieve growth, while ensuring the preservation of funds.

Capital expenditure on the enhancement of ICT infrastructure continued with a total investment of $753,363 (2019: $744,000) into further development and improvement of existing systems to support our members and trainees.

The College is pleased to note that the DoH “Specialist Training Program: Health Workforce Program” funding agreement was extended until 2021. The initiatives supported through this funding include Specialist Training Placements and Support, EMET Program, Integrated Rural Training Pipeline initiative, Training More Specialist Doctors in Tasmania measure, and Emergency Department Private Sector Clinical Supervision. In the 2020 financial year, DoH funding contributed $22.87m million in revenue, which was offset with associated expenditure of the same amount.

Revenue derived from membership fees, training fees, examinations and non-member fees were relatively consistent, with an average 2% increase recorded comparative to the previous financial year.

As can be seen by the accompanying graph, the number of new trainees joining the College had plateaued in the preceding five years. The recent decrease is due to rigorous training regulations applied on selection into training. The College continues to see a steady increase in the number of new Fellows.

### Membership growth

<table>
<thead>
<tr>
<th>Year</th>
<th>Trainees</th>
<th>Fellows</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
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<td>2016</td>
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<td>2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td></td>
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</tr>
</tbody>
</table>

- Membership growth
  - Trainees
  - Fellows
### Summary of Statement of Income and Expenditure and Other Comprehensive Income

The net operating loss of the College for the year ending 30 June 2020 was $1,599,199 (2019: $276,438). Income associated with administration of DoH-funded programs and project activities continued to contribute to the financial position. Due to the revaluation of 34 Jeffcott Street, West Melbourne, Total Comprehensive Income was a surplus of $4,954,839.

### Revenue

**Revenue:** Total revenue for 2020 was $39,477,532 (2019: $40,825,831) and was comparable to the previous financial year with moderate 9% decrease. Main revenue streams were DoH grant funding (61%), Fellowship fees (12%), trainee fees (10%) and examination fees (9%). There was a $2.83m increase in DoH grant funding from the 2018 financial year. As DoH grant revenue is recognised upon expenditure, the amount recorded in revenue is equal to the amount recorded in expenditure. Favourable variations were recorded for Fellows, trainees and examination fees, while a decrease was recorded in CPD for non-Fellow participants.

### Allocation of revenue and expenditure

<table>
<thead>
<tr>
<th>Revenue Category</th>
<th>2020 ($)</th>
<th>2019 ($)</th>
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</thead>
<tbody>
<tr>
<td>Grants</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>Fellowship fees</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Examination fees</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Trainee fees</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous income</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

### Expenditure

- Grants: 58%
- Policy & Research: 7%
- Governance: 5%
- Communications & Engagement: 4%
- Education & Training: 16%
- Operations: 10%
- ACEM Foundation: 0%
- IFEM: 0%

---

#### Revenue

<table>
<thead>
<tr>
<th>Revenue Category</th>
<th>2020 ($)</th>
<th>2019 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenue for 2020</td>
<td>39,477,532</td>
<td>40,825,831</td>
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</tbody>
</table>

#### Expenditure

<table>
<thead>
<tr>
<th>Expenditure Category</th>
<th>2020 ($)</th>
<th>2019 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit, legal and consultancy expenses</td>
<td>(1,164,148)</td>
<td>(739,836)</td>
</tr>
<tr>
<td>Committee meeting expenses</td>
<td>(2,108,458)</td>
<td>(2,832,307)</td>
</tr>
<tr>
<td>Computer expenses</td>
<td>(484,880)</td>
<td>(377,465)</td>
</tr>
<tr>
<td>Depreciation and amortisation expenses</td>
<td>(1,339,290)</td>
<td>(1,461,699)</td>
</tr>
<tr>
<td>DOH direct project expenses</td>
<td>(22,709,561)</td>
<td>(23,887,898)</td>
</tr>
<tr>
<td>Employee benefits expenses</td>
<td>(10,143,037)</td>
<td>(8,797,883)</td>
</tr>
<tr>
<td>Examination expenses</td>
<td>(440,797)</td>
<td>(597,771)</td>
</tr>
<tr>
<td>Occupancy expenses</td>
<td>(180,288)</td>
<td>(191,159)</td>
</tr>
<tr>
<td>Lease interest expenses</td>
<td>(386)</td>
<td>-</td>
</tr>
<tr>
<td>Office expenses</td>
<td>(1,019,546)</td>
<td>(1,109,320)</td>
</tr>
<tr>
<td>Unrealised loss on investment</td>
<td>(257,681)</td>
<td></td>
</tr>
<tr>
<td>Publication expenses</td>
<td>(817,792)</td>
<td>(659,723)</td>
</tr>
<tr>
<td>Donations</td>
<td>-</td>
<td>(617)</td>
</tr>
<tr>
<td>Awards</td>
<td>(83,976)</td>
<td>(125,531)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>(326,891)</td>
<td>(321,260)</td>
</tr>
<tr>
<td>Surplus/(deficit) for the year</td>
<td>(1,599,199)</td>
<td>(276,438)</td>
</tr>
</tbody>
</table>

#### Other comprehensive income:

- Items that will not be reclassified subsequently to profit or loss:
  - Revaluation of property: 6,554,038
  - Other comprehensive income for the year: 6,554,038
  - Total comprehensive income for the year: 4,954,839
### Statement of financial position

<table>
<thead>
<tr>
<th></th>
<th>2020 ($)</th>
<th>2019 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>10,500,923</td>
<td>13,722,275</td>
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<tr>
<td>Trade and other receivables</td>
<td>3,945,016</td>
<td>3,701,449</td>
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<tr>
<td>Other assets</td>
<td>738,361</td>
<td>363,067</td>
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<tr>
<td>Financial assets</td>
<td>11,952,895</td>
<td>11,966,169</td>
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<tr>
<td><strong>Total current assets</strong></td>
<td>27,137,195</td>
<td>29,752,960</td>
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<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>13,818,970</td>
<td>7,398,152</td>
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<tr>
<td>Intangible assets</td>
<td>1,488,091</td>
<td>1,599,799</td>
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<tr>
<td>Right of use assets</td>
<td>55,786</td>
<td>–</td>
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<tr>
<td><strong>Total non-current assets</strong></td>
<td>15,364,847</td>
<td>8,999,951</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>42,502,042</td>
<td>38,752,911</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
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<td></td>
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<tr>
<td><strong>Current liabilities</strong></td>
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</tr>
<tr>
<td>Trade and other payables</td>
<td>1,262,168</td>
<td>996,710</td>
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<tr>
<td>Other liabilities</td>
<td>17,573,441</td>
<td>19,542,250</td>
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<tr>
<td>Provisions</td>
<td>1,258,118</td>
<td>851,725</td>
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<tr>
<td>Lease liabilities</td>
<td>17,218</td>
<td>–</td>
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<tr>
<td><strong>Total current liabilities</strong></td>
<td>20,110,945</td>
<td>21,390,685</td>
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<tr>
<td><strong>Non-current liabilities</strong></td>
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<tr>
<td>Provisions</td>
<td>102,718</td>
<td>67,428</td>
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<td>Lease liabilities</td>
<td>38,742</td>
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<tr>
<td><strong>Total non-current liabilities</strong></td>
<td>141,460</td>
<td>67,428</td>
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<tr>
<td><strong>Total liabilities</strong></td>
<td>20,252,405</td>
<td>21,458,113</td>
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<tr>
<td><strong>Net assets</strong></td>
<td>22,249,637</td>
<td>17,294,798</td>
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<tr>
<td><strong>Equity</strong></td>
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<td></td>
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<tr>
<td>Reserves</td>
<td>6,554,038</td>
<td>–</td>
</tr>
<tr>
<td>Accumulated surpluses</td>
<td>15,695,599</td>
<td>17,294,798</td>
</tr>
<tr>
<td><strong>Total equity</strong></td>
<td>22,249,637</td>
<td>17,294,798</td>
</tr>
</tbody>
</table>

**Expenditure:** Total expenditure for 2020 was $41,076,731 (2019: $41,102,269). The decrease compared to the previous year was mainly attributable to the onset of COVID-19, which reduced several expense items such as travel and accommodation. Employee expenses increased due to an increase in the recognition of annual leave liability. Staff numbers were overall constant across the financial year.

**Assets:** Total Assets at 30 June 2020 have increased approximately 29% comparative to the prior year. This was primarily due to the revaluation of 34 Jeffcott Street, West Melbourne.

**Liabilities:** Total Liabilities have decreased by approximately 5%. This was primarily due to a reduction in Other Liabilities.
Associate Professor Yusuf Nagree

March 1969 to November 2019

Throughout his life Yusuf inspired so many of us with his dignity, humility and generosity. Yusuf was one of the world’s true gentlemen. Those of us privileged enough to have worked with Yusuf knew that we could approach him for help at any time, which he would always willingly give and yet never ask anything in return. Yusuf reminds us that the only reason you really need to help others, is because you can.

Yusuf never promoted his own achievements, however, he embodied the ethos of what it meant to be an emergency physician and there is little doubt he is among the most influential emergency physicians of our generation in Australia and we have a great deal to thank him for. He was an active advocate for Emergency Medicine in international and College forums, and Western Australian health services, and held pivotal roles in the College as well as in and around Perth, including the Fiona Stanley Hospital.

Yusuf had a long-standing involvement with and commitment to ACEM and served on a range of committees, most recently as the Chair of the Council of Advocacy, Practice and Partnerships (CAPP), a member of the Governance Committee and a member of the ACEM Board. He was interested particularly in clinical matters and was always happy to commit to the sometimes-lengthy process involved in arriving at a College position on these issues. He was Deputy Lead of the Fellowship Examination SCQ Working Party, a SIMG Assessor and member of the Court of Examiners. Most recently, he was instrumental in establishing the College Research Committee and even in his last weeks was involved in an Expert Advisory Group working on the College's position on time-based targets. He has touched the lives and influenced the careers of many trainees and Fellows in both New Zealand and Australia.

At the recent awards ceremony at the College 2019 Annual Scientific Meeting, Yusuf was awarded a College Distinguished Service Award in recognition of his service to the College at an exceptional level over a long period of time. Unfortunately, he was too unwell to travel from Perth to receive his award. We were able to fly the award to Yusuf and I had the privilege of having a chat via videoconference with him, surrounded by his family and friends, to formally present his award to him in his hospice bed. Humble and dignified in receipt of his award, Yusuf smiled broadly with pride.

We feel privileged to have worked alongside Yusuf and will miss him enormously, both as a friend and a colleague. Yusuf is survived by his mother, father and two brothers all of whom were by his side during his final illness.

We grieve Yusuf’s loss, we are humbled to have known him and we celebrate the difference he has made to our lives.

— Dr John Bonning, ACEM President

Dr Neil Shankar

September 1979 to January 2020

Dr Neil Shankar sadly passed away in Nepean ICU in January 2020 after an accident. He was survived by his wife Dr Hussun Jahan, a GP at Leura and his son Isaac who is four. They had moved to Katoomba in 2018 from Port Macquarie. Neil had been a FACEM only since 2018 and had worked at Blue Mountains, Nepean and Bowral EDs. Prior to that he had worked at Port Macquarie and in Queensland. He was known for remaining calm on a busy shift. He was hard working and well respected by other staff members. Neil and Hussun had met in Fiji where they grew up and studied medicine. Most of their family members are still there. Both Neil and Hussun love their roles as doctors and Hussun finds it helps her through the sad months since Neil died. Neil loved work and his family. Neil is sadly missed by his colleagues at Blue Mountains ED.

— Dr Kate Cush
**Dr Colin Clarke**

**August 1974 to June 2020**

Colin held the position of Consultant Emergency Physician at FSH and the same prior position at Fremantle. He also held a position of Director of Simulation for FSH.

Completing his medical degree in the UK, Colin travelled and worked in New Zealand and the east coast of Australia before taking one last job in Fremantle. After a few days here he and his wife felt they had arrived, found their spot in the world and never left. In fact, their love of the port city meant for the last 15 years they have lived within 100m of Freo Hospital and proudly wear purple.

Colin was a gifted clinician and teacher. These qualities forged his interest in simulation, and he undertook a fellowship in simulation in Boston to evolve his interest and bring cutting edge practices in this young area of medicine to FSH. He was a leading light in this field and helped develop and teach the now well established and respected SimStart course.

A cool head in the often-chaotic world of Emergency medicine, it was always a relief and enjoyment to know you were rostered with Colin.

An active supporter of the assisted dying movement his efforts and submissions to Western Australian Parliament would lead to the success in this becoming legislation even though he would not be able to benefit from it. These altruistic ideals were core traits of Colin’s. He was one of the founding members of the Freo Men’s Group to promote wellness and mental health.

– Dr James Cooper

**Dr Kara Gray**

**July 1983 to March 2020**

On Saturday the 21st of March this year, just as the COVID-19 pandemic was turning our world as we know it upside down, we lost a trainee, colleague and friend, Kara Gray.

Kara was one of the most dedicated, hardworking and compassionate registrars who has trained in our department. Being a doctor was everything to Kara, being an Emergency doctor even more so. She was passionate about Emergency Medicine and was fiercely determined to finish her FACEM training.

Her insatiable curiosity about the world and her love of learning led her to complete a Bachelor of Arts, majoring in International Relations and Russian studies, and a Bachelor of Biomedical Science before commencing her medical studies at the University of Sydney. She continued her journey with a Postgraduate Diploma of Public Health and Tropical Medicine and was part way through completing her Masters of Paediatric Emergency Medicine. She was always defined by what she loved and what she achieved and never by her illness.

Kara spent the first three years of her medical career as a junior doctor in Dubbo, and brought with her a down to earth, practical and compassionate approach to both her patients and her colleagues. She always took time to talk to people and, more importantly, she took the time to listen. She has left a lasting impression and has inspired us all to make this world, like she did, a better place.

– Dr Carla Morgan
Awards and Prizes
1 July 2019 – 30 June 2020

<table>
<thead>
<tr>
<th>Awards and Prizes</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACEM Distinguished Service Award</strong></td>
<td>Dr Tony Bottrall, Professor Anthony Brown, Dr Simon Chu, Dr James Collier, Dr David Cruse, Associate Professor Andrew Dean, Professor Diana Egerton-Warburton, Dr Bernard Foley, Dr Peter Freeman, Dr Stephen Gourley, Dr Ruth Hew, Associate Professor Geoffrey Hughes, Dr David Lightfoot, Dr Andrew Maclean, Dr John Maguire, Dr Jennie Martin, Dr Elizabeth Mowatt, Dr Yusuf Nagree, Dr Tonia Nicholson, Dr Peter Ritchie, Dr Mark Smith, Dr Alan Tankel, Dr Kim Yates</td>
</tr>
<tr>
<td><strong>ACEM Foundation Conference Grant</strong></td>
<td>Dr Tatum Bond</td>
</tr>
<tr>
<td><strong>Al Spilman Culturally Safe ED Award</strong></td>
<td>Cairns Emergency Department Cultural Safety Working Group</td>
</tr>
<tr>
<td><strong>Al Spilman Early Career Researcher Grant</strong></td>
<td>Associate Professor Ansleem Wong</td>
</tr>
<tr>
<td><strong>The Buchanan Prize</strong></td>
<td>Dr Andrew Crofton and Dr Hussain Kadim</td>
</tr>
<tr>
<td>2019</td>
<td>Dr Richard Leslie and Dr Chris Roubal</td>
</tr>
<tr>
<td><strong>Chris Curry – PNG Master of Emergency Medicine Medal</strong></td>
<td>Dr Carl Kingston</td>
</tr>
<tr>
<td><strong>International Development Fund</strong></td>
<td>Dr Simon Craig (Latin America)</td>
</tr>
<tr>
<td>2019</td>
<td>Dr Hanh Pham (Vietnam)</td>
</tr>
<tr>
<td>2019</td>
<td>Dr Gerard O’Reilly (Bangladesh)</td>
</tr>
<tr>
<td><strong>International Scholarship</strong></td>
<td>Dr Kenneth Bagonza (Uganda)</td>
</tr>
<tr>
<td>2019</td>
<td>Dr Syed Saleem Ghazanfar (Pakistan)</td>
</tr>
<tr>
<td>2019</td>
<td>Dr Mangu Kendino (Papua New Guinea)</td>
</tr>
<tr>
<td>2019</td>
<td>Dr May Myat Phone (Myanmar)</td>
</tr>
<tr>
<td>2019</td>
<td>Dr Tun Aung Kyaw (Myanmar)</td>
</tr>
<tr>
<td>2019</td>
<td>Dr Alomia Taulilo Teatu (Tuvalu)</td>
</tr>
<tr>
<td><strong>John Gilroy Potts Award</strong></td>
<td>Dr Katie Walker (lead author), Dr Michael Ben-Meir (co-author), Mr William Dunlop (co-author), Dr Rachel Rosler (co-author), Dr Adam West (co-author), Dr Gabrielle O’Connor (co-author), Dr Thomas Chan (co-author), Associate Professor Diana Badcock (co-author), Dr Mark Putland (co-author), Dr Kim Hansen (co-author), Dr Carmel Crock (co-author), Professor Danny Liew (co-author), Professor David Taylor (co-author), Dr Margaret Staples (co-author) For an article entitled ‘Impact of Scribes on Emergency Medicine Doctors’ Productivity and Patient Thoughput: Multicentre Randomised Trial’.</td>
</tr>
<tr>
<td><strong>Joseph Epstein Prize</strong></td>
<td>Dr John Slaven</td>
</tr>
<tr>
<td><strong>Mka Ah Kuoi Fiji Masters of Emergency Medicine Award</strong></td>
<td>Dr Deepak Sharma</td>
</tr>
<tr>
<td><strong>Morson Taylor Research Grant</strong></td>
<td>Dr Mike Nicholls</td>
</tr>
<tr>
<td><strong>Teaching Excellence Award</strong></td>
<td>Dr James Tilleard</td>
</tr>
<tr>
<td><strong>Tom Hamilton Oration</strong></td>
<td>Dr Georgina Phillips</td>
</tr>
<tr>
<td><strong>Wellbeing Award Group/ED</strong></td>
<td>St John of God Midlands Hospital ED</td>
</tr>
<tr>
<td>2018</td>
<td>Dr Jenni Davidson and Dr Courtney Peros</td>
</tr>
<tr>
<td><strong>Wellbeing Award Individual</strong></td>
<td>Dr Rachael Coutts and Dr Ray-mund Siauw</td>
</tr>
<tr>
<td>2018</td>
<td>Dr Jo Cole</td>
</tr>
</tbody>
</table>
## New Fellows

### 1 July 2019 – 30 June 2020

<table>
<thead>
<tr>
<th>Dr Louisa Abraham</th>
<th>Dr Joanne Cobbett</th>
<th>Dr Julie-Anne Greenslade</th>
<th>Dr Dhinakar Lakshmanan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Matthew Adamson</td>
<td>Dr Rachel Coe</td>
<td>Dr Balvinder Grewal</td>
<td>Dr Kimberley Lawrie</td>
</tr>
<tr>
<td>Dr Mustafa Al-Asa’ad</td>
<td>Dr Catherine Coles</td>
<td>Dr Cindy Grobler</td>
<td>Dr Frank Leader</td>
</tr>
<tr>
<td>Dr Faowaz Al-Shammary</td>
<td>Dr Eleanor Cook</td>
<td>Dr Michael Haddock</td>
<td>Dr Gustav Lemke</td>
</tr>
<tr>
<td>Dr Jing Yan Au</td>
<td>Dr Kamal Cortas</td>
<td>Dr Georgia Harburg</td>
<td>Dr Khe Cia Leng</td>
</tr>
<tr>
<td>Dr Shankar Badu</td>
<td>Dr Tom Crofts</td>
<td>Dr Acland Hart</td>
<td>Dr Olivia Lewis</td>
</tr>
<tr>
<td>Dr Nicholas Bailey</td>
<td>Dr Joanne Croganannick</td>
<td>Dr Waseem Hassan</td>
<td>Dr Josh Lightfoot</td>
</tr>
<tr>
<td>Dr Mark Ballinger</td>
<td>Dr Yannick Cucca</td>
<td>Dr Rebecca Heath</td>
<td>Dr Jenifer Luma</td>
</tr>
<tr>
<td>Dr Manny Bautista</td>
<td>Dr John D’Arcy</td>
<td>Dr Karin Heeney</td>
<td>Dr Daniel McCarney</td>
</tr>
<tr>
<td>Dr Mark Ballinger</td>
<td>Dr Matthew Davenport</td>
<td>Dr Jorinde Helmich</td>
<td>Dr Christopher McLenachan</td>
</tr>
<tr>
<td>Dr Simon Baylis</td>
<td>Dr Harshika De Lanerolle</td>
<td>Dr Simon Heppell</td>
<td>Dr Michelle McNamara</td>
</tr>
<tr>
<td>Dr Katherine Bennett</td>
<td>Dr Helen Deacon</td>
<td>Dr Christopher Hercus</td>
<td>Dr Anna MacDonald</td>
</tr>
<tr>
<td>Dr Deepash Bhavsar</td>
<td>Dr Peter Del Mar</td>
<td>Dr Gemma Hitchcox</td>
<td>Dr Yasmin McGrane</td>
</tr>
<tr>
<td>Dr Amr Binsadiq</td>
<td>Dr Tahnee Dunlop</td>
<td>Dr Michelle Hosking</td>
<td>Dr Sherard Maine</td>
</tr>
<tr>
<td>Dr Fiona Blackburn</td>
<td>Dr Matthew Dunn</td>
<td>Dr Catherine Howland</td>
<td>Dr Thushan Malawana</td>
</tr>
<tr>
<td>Dr Holly Blundnen</td>
<td>Dr Michael Durkin</td>
<td>Dr Nadine Hughes</td>
<td>Dr Karthik Manugandhi</td>
</tr>
<tr>
<td>Dr Michael Bogseth</td>
<td>Dr Kate Edgworth</td>
<td>Dr Michael Humphreys</td>
<td>Dr Emily Menzel</td>
</tr>
<tr>
<td>Dr Amy Bosomworth</td>
<td>Dr Lucy Edwards</td>
<td>Dr Emily Hunter</td>
<td>Dr Dr Christopher Milne</td>
</tr>
<tr>
<td>Dr Sarah Bowler</td>
<td>Dr Ayman Elattar</td>
<td>Dr Warwick Isaacson</td>
<td>Dr Behzad Mirmiran</td>
</tr>
<tr>
<td>Dr Helen Brennecke</td>
<td>Dr Tareek Elsayed</td>
<td>Dr Ravinder Jassal</td>
<td>Dr Bridget Mooney</td>
</tr>
<tr>
<td>Dr Rohan Brent</td>
<td>Dr Leesa Equid</td>
<td>Dr Ravi Jayawardana</td>
<td>Dr Fiona Moore</td>
</tr>
<tr>
<td>Dr Katie Bristow</td>
<td>Dr Tom Evans</td>
<td>Dr Jayapirinya Jeyawerasingam</td>
<td>Dr James Moran</td>
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<tr>
<td>Dr David Brown</td>
<td>Dr Leanne Farrell</td>
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<td>Dr Owen Morley</td>
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<tr>
<td>Dr Perrin Buchanan</td>
<td>Dr Mohammad Abbas</td>
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<td>Dr Karim Moussa</td>
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<tr>
<td>Dr Luke Burgess</td>
<td>Farrukh</td>
<td></td>
<td>Dr Nafeesa Mulla</td>
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<tr>
<td>Dr Ben Butcher</td>
<td>Dr Matthew Feain</td>
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<td>Dr Khoury Mykkanen</td>
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<tr>
<td>Dr Paul Calner</td>
<td>Dr Lucy Francis</td>
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<td>Dr Soe Naing</td>
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<tr>
<td>Dr Adeline Cardon-Dunbar</td>
<td>Dr Jess Forbes</td>
<td></td>
<td>Dr Gavin Ng</td>
</tr>
<tr>
<td>Dr Chris Carlson</td>
<td>Dr Karen Furlong</td>
<td></td>
<td>Dr Patrick Nixon</td>
</tr>
<tr>
<td>Dr Alex Chacko</td>
<td>Dr Russell Funch</td>
<td></td>
<td>Dr Lloyd Noon</td>
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<tr>
<td>Dr Pramod Chandru</td>
<td>Dr Jason Gabriel-Anyassor</td>
<td>Dr Bronwyn Johnson</td>
<td>Dr Troy O’Brien</td>
</tr>
<tr>
<td>Dr Devaraj Channappa</td>
<td>Dr Sandeep Gadgil</td>
<td></td>
<td>Dr Luke O’Connor</td>
</tr>
<tr>
<td>Dr Claire Charteris</td>
<td>Dr Oli Gaitsgory</td>
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<td>Dr Sarah O’Rourke</td>
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<tr>
<td>Dr Anne-Marie Chesshire</td>
<td>Dr Shailsh Ganasegaram</td>
<td>Dr Jade Knights</td>
<td>Dr Elizabeth Park</td>
</tr>
<tr>
<td>Dr Benjamin Cheung</td>
<td>Dr Elena Garcia</td>
<td></td>
<td>Dr Jae Woo Park</td>
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<tr>
<td>Dr Peter Chigwidden</td>
<td>Dr Alan Gillespie</td>
<td></td>
<td>Dr Sophie Parnham</td>
</tr>
<tr>
<td>Dr Yee Wah Chong</td>
<td>Dr Anne Gisik</td>
<td></td>
<td>Dr Jarrah Passlow</td>
</tr>
<tr>
<td>Dr Edward Christian</td>
<td>Dr Laurin Glasby</td>
<td></td>
<td>Dr Sophie Paton</td>
</tr>
<tr>
<td>Dr Sara Clements</td>
<td>Dr Kerry Gomes</td>
<td></td>
<td>Dr Yana Pearson</td>
</tr>
<tr>
<td></td>
<td>Dr Claire Gorham</td>
<td></td>
<td></td>
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</tbody>
</table>
New Fellows  (continued) 
1 July 2019 – 30 June 2020

Dr Elissa Pearton
Dr Sally Peet
Dr Heather Penman
Dr Jayashanki Perera
Dr Kent Perkins
Dr Sandra Peterson
Dr Su Pham
Dr Courtney Peros
Dr Drusilla Poiner
Dr Simon Potter
Dr Kiranjeet Pritam Singh
Dr Andrew Purdie
Dr Lachlan Quick
Dr Brodie Quinn
Dr Omid Rehmani
Dr Paris Ramrakha
Dr Saqib Rana
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Dr Myfanwy Fallon
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Dr Alexander Fraser
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Dr Marguerite Anne Gador
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Ms Siobhan Goodin
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Dr William Griffiths
Dr Julie Hadzic
Dr Sahr Haider
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Dr Sophie Harvey
Dr Rachel Hawker
Dr Michelle Henderson
Dr Ellen Hinch
Dr Isabel Hindle Fisher
Dr Chi Hang Ho
Dr David Holland
Dr Shenoa Holliday
Dr Chloe Hooke
Dr Tiong Kai Hu
Dr Linfeng Hu
Dr Madelaine Hubel
Dr Kathryn Hudson
Dr Andrew Humphrey
Dr Sadeya Idrees Ahmed
Dr Muhammed Ismail
Dr Lucy Jarusek
Dr Sz Ying Jo
Dr Sarah Johnston
Dr Alison Jones
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Dr Leah Jordan
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Dr Janagan Kanthasamy
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Dr Sean Keem
Dr Thomas Kefford
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Dr Josephine Kingwill
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Dr Aung Ko Ko
Dr Bhawanie Koon Beharry
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Dr Billy Kwok
Dr Elizabeth LaMont
Dr Cheryl Lau
Dr Michael Laws
Dr Melissa Ying Ngo Lee
Dr Sarah Lim
Dr Yansun Lim
Dr Shona Logue
Dr Mark Loman
Ms Zie Ting Loo
Dr Kendra Losch
Dr Jessica Lugsdin
Dr May Lwin
Dr Laura MacDonnell
Dr Rashmi Machado
Dr Lander Maile
Dr Gracia Malaxetxebarriga
Dr Rohan Malik
Dr Rose Markes
Dr Katie Marsden
Dr Sarah Martin
Dr Sean McCabe
Dr Alasdair McFadyen
Dr Rachel McLean
Dr Alice McNamara
Dr Joseph McTigue
Dr Samuel Medlin
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Dr Samuel Moore
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Dr Elise Warren
Dr Liam Watson
Dr Daniel Waugh
Dr Jasmine Whitaker
Dr Katherine Withridge
Dr Vennassa Wong
Dr Caroline Yates
Dr John Yousef
Dr Wai Yee Yum
EMD Graduates
1 July 2019 – 30 June 2020

Congratulations to the College’s new Fellows, prize winners and recent EMC and EMD graduates.

Dr Kaushik Basu
Dr Yves Brandenburger
Dr Gregory Brown
Dr Reuben Casey
Dr Muhammad Chaudhry
Dr Jennifer Crampsey
Dr Hari Davuluru
Dr Rajesh Elanchezhian
Dr Nnaemeka Ezeorakwe
Dr Paula Giraldo Bravo
Dr Nicole Goyne
Dr Ruth Highman
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Dr Derek Holroyd
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Dr Razaq Ibuowo
Dr Sumit Khanna
Dr Thomas Koroma
Dr Zsombor Kovacs
Dr Padmaprasad Melantabettu
Dhanyakumar
Dr Ian Munro
Dr Adam Najem
Dr Nia Owens
Dr Rajendrakumar Patankar
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