Equity and Inclusion Strategy

2026 – 2030

Australasian College
for Emergency Medicine

acem.org.au

Acknowledgement

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

In recognition that we are a bi-national College, ACEM acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

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Introduction

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

Our vision is to be the trusted authority for ensuring clinical, professional and training standards in the provision of quality, evidence-based, patient-centred emergency care. **Our mission** is to promote excellence in the delivery of quality emergency care to all communities and patients through our committed and expert members.

The **Equity and Inclusion Strategy 2026-2030** and **Strategy Compendium** help the College ensure that emergency medicine in Australia and Aotearoa New Zealand responds effectively to the diverse needs of its Fellows, Associates, trainees, staff and patients in the coming years.

Even with the best of intentions on the part of medical practitioners, emergency medicine's current systems, structures and mindsets can sometimes inadvertently exclude or disadvantage people with different backgrounds, identities, lived experiences and other personal, physical or identity traits. However, by shifting our mindsets, updating our policies and embedding intercultural understanding, compassion and social emergency care into all areas of practice, ACEM can fully support the entire emergency medicine workforce and build a more inclusive and effective emergency care system for all patients in Australia and Aotearoa New Zealand. We can help all Fellows, Associates, trainees and staff feel respected, supported and able to succeed. We can help prevent burnout and improve morale in emergency departments and in the College. We can make emergency medicine fairer, more inclusive and more effective.

Led by the Equity and Inclusion Committee (EIC), this strategy supports our purpose to advance emergency medicine by fostering a more equitable, inclusive and culturally competent College and emergency care system. It ensures that the perspectives, experiences and voices of diverse communities, members, trainees and staff are central to our approach, and it embeds principles of compassion, intercultural adaptation and social emergency care across all areas of ACEM's work. We will achieve this through careful collaboration, evidence-informed initiatives and ongoing engagement with members, trainees, staff and other stakeholders. Importantly, this strategy also incorporates insights from colleagues across the College, including those with lived experience of systemic barriers and those working with underrepresented communities.

In short, the strategy and compendium are not about kindness for its own sake or compromising clinical outcomes; they are about implementing approaches that work better for more people – backed by science and aligned with ACEM's values.

Thank you to past and present members of the EIC for leading the development of this strategy, and for dedicating their time to ensure it is innovative, strategic and will advance equity and inclusion across ACEM and in emergency care for all communities.

We encourage you to read this document and consider how you and your emergency department are contributing to fostering an inclusive, equitable and culturally safe environment for all patients, colleagues and communities.

Dr Peter Allely
ACEM President

Dr Stephen Gourley
ACEM Immediate Past President
Chair of the Equity and Inclusion Committee

Definitions

For a full list of definitions related to this strategy, please see the ***Compendium to the Equity and Inclusion Strategy***.

ACEM Core Values

The ACEM Core Values define the College's fundamental standards and guide its work in fulfilling its vision and mission.

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 acknowledge disparities in health outcomes across Australia and Aotearoa New Zealand, and we strive for a system and service that is better.

Who are we?

ACEM is a diverse and dynamic College, comprising members, trainees, Associates and staff from a wide range of backgrounds, identities and experiences. Understanding this diversity is essential for guiding the College's equity and inclusion initiatives, ensuring all individuals are supported in their professional development and able to deliver high-quality, culturally safe and culturally competent emergency care across Australia and Aotearoa New Zealand.

The following data, drawn from the *Membership and Trainee Diversity Survey Report*[1], provides a snapshot of who we are and the breadth of perspectives within the College.

- 51.5 per cent of respondents identified as a woman or female, 46.3 per cent as a man or male, 0.6 per cent as non-binary, gender diverse or another term, and 1.6 per cent preferred not to say. Future surveys will include separate questions on sex (male, female, intersex) and gender (woman, man, non-binary).
- A total of 15.4 per cent of members and trainees identified as LGBTIQ+ [sic].
- Respondents identifying as Aboriginal and/or Torres Strait Islander represented 1.3 per cent, while 1.7 per cent identified as Māori.
- More than 114 different cultures or ethnic groups were represented among ACEM's members and trainees.
- Almost 5 per cent of respondents identified as a person with a disability – although this figure varied significantly between Fellows (2.3 per cent) and trainees (7.7 per cent). Of those respondents, over 70 per cent had not disclosed their disability in their workplace.
- More than half (55 per cent) of respondents reported having carer responsibilities, and almost 60 per cent anticipated having such responsibilities within the next three years.

ACEM employs approximately 130-135 staff members at any given time. Although this workforce is not as diverse as the College's members and trainees, it remains highly varied. Staff represent at least 25 different countries across six continents. At least 13 staff members identify as part of the LGBTQIA+ITSB community, and four identify as having a disability. Ages range from 25 to 71, with a median age of 42.5 and a mean age of 40.6. While gender data collection for ACEM staff is presently underway for the first time, the sex breakdown of the workforce is approximately 70 per cent female and 30 per cent male.

History of equity and inclusion at ACEM

ACEM's commitment to equity and inclusion has grown through initiatives addressing discrimination, bullying and sexual harassment (DBSH), promoting cultural safety and embedding inclusive practices.

In 2016, the Board began a DBSH project that led to the *DBSH Action Plan*, *Expert Advisory Group on Discrimination Action Plan*, and later the Inclusion Committee. In 2022, ACEM launched the *Governance and Leadership Inclusion Action Plan* to embed inclusion in governance, strengthen leadership support and expand education on gender equity, unconscious bias and cultural safety.

The new strategy and compendium extend this work with an outward focus: improving inclusion across College activities, enhancing emergency care in Australia and Aotearoa New Zealand and aligning with the *ACEM Strategy 2025–2030*, which prioritises healthcare equity, Indigenous leadership, rural access and support for underrepresented groups.

They also support the *Rural Health Action Plan 2025–2027* and the *State of Emergency: Regional, Rural and Remote 2024 Report*, which highlight major disparities, including a 13.6-year life expectancy gap for men between metropolitan and remote Australia.

The strategy aligns with the Indigenous Health Committee's work, including *Te Rautaki Manaaki Mana: Excellence in Emergency Care for Māori 2022-2025* and *Traumatology Talks: Black Wounds, White Stitches*. It emphasises equity for non-dominant groups while recognising that Indigenous-led work must remain self-determined.

Finally, it is aligned with the Medical Council of New Zealand's requirements and anticipates the Australian Medical Council's 2027 standards, which will require greater cultural safety and competency, with ACEM helping shape flexible implementation.

Equity and Inclusion Strategy 2026-2030

Goals

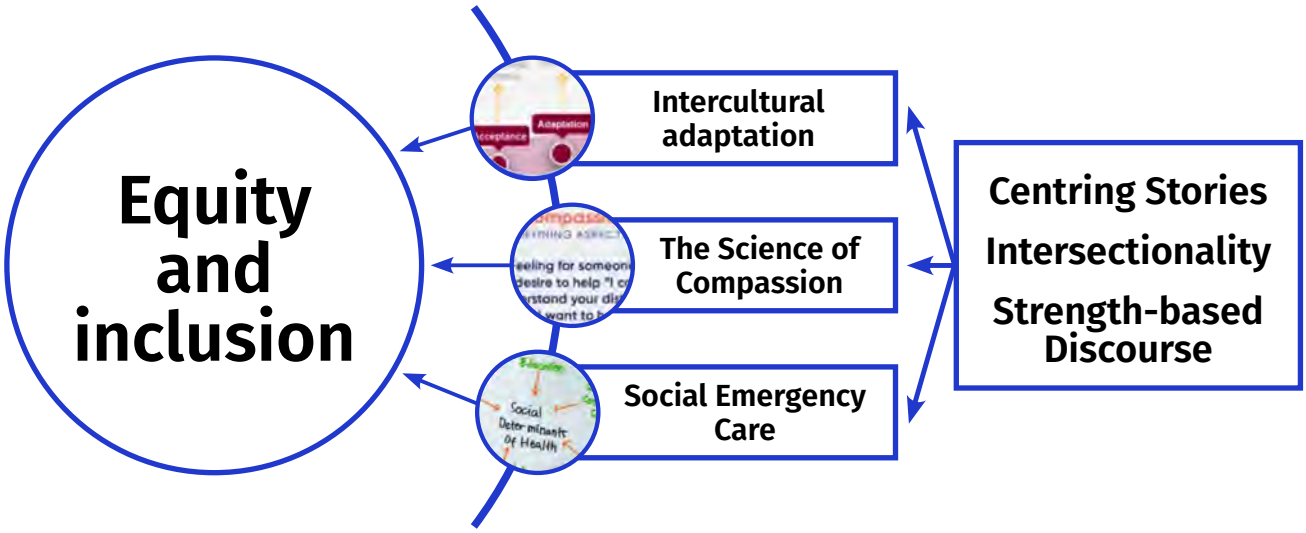
The strategy sets out clear objectives to guide ACEM's work through 2030. These goals aim to foster a more equitable and inclusive College environment for all Fellows, Associates and trainees, while ensuring that emergency care is responsive to the diverse identities, traits and abilities of the communities and patients we serve. The three core goals focus on strengthening equity and inclusion across professional cohorts and improving patient outcomes through interculturally advanced, compassionate and socially responsive care.

- **Goal 1:** Increase equity and inclusion for all FACEMs and Associates.
- **Goal 2:** Increase equity and inclusion for all ACEM trainees and for specialist international medical graduates on the pathway.
- **Goal 3:** Improve emergency care for people with all identities, traits and abilities.

Equity and Inclusion Strategy, compendium and action plan

The strategy is supported by a compendium of case studies and other appendices and is underpinned by an action plan of a small number of overarching actions – beginning with the establishment of a network of champions.

The three strategic pillars – **Intercultural Adaptation**, the **Science of Compassion** and **Social Emergency Care** – form the foundation for advancing equity and inclusion. These pillars are supported by three overarching principles: **Intersectionality**, **Strength-based Discourse** and **Centring Stories**, which guide implementation and ensure that initiatives are informed, inclusive and responsive to the diverse needs of members, trainees, staff and patients. This is outlined below.



Strategic pillars

Pillar 1: Intercultural Adaptation

Move ACEM toward greater **intercultural adaptation**[2,3] across all forms of social, cultural, racial, physical, gender, sexuality, neuroprocessing and other Differences (those that can lead to discrimination and bias such as race, Indigeneity, gender, disability) and differences (those that do not have significant social or cultural weight such as wearing glasses and migration from an English-speaking country). Moving forward, both kinds of difference are referred to in the strategy, compendium and action plan as 'D/difference.'

This requires mindset shifts toward greater recognition of the fundamental physical, cognitive, ethnic, cultural, racial, personal and other D/differences between us. It also requires behavioural, bureaucratic and structural changes to be able to treat people the way they need to be treated to learn (trainees), to work to their full capability (FACEMs, associates and trainees) and to reduce clinical suffering (patients), rather than doing what we have always done or what is expedient but potentially exclusionary (see Case Study 1, Appendix 1 in the compendium).

Pillar 2: The Science of Compassion

Embracing the Platinum Rule[4] – treating people the way they want to be treated – requires emergency medicine to centre the science of compassion as both an important value and a clinical imperative.

The *ACEM Strategy 2025–2030* similarly recognises that compassionate, individualised care – the 'human touch' – leads to better emergency outcomes. In this context, compassion extends beyond addressing clinical suffering and meeting regulatory standards; it also includes acknowledging the social, personal and identity-related experiences that Fellows, Associates, trainees, staff and patients bring with them. Truly compassionate care and treatment for all means recognising that definitions of wellbeing may differ from institutional norms and, where at all possible, letting the frameworks of patients, Fellows, Associates, trainees and staff guide our approach. Clinically, research confirms that compassion not only enhances care quality but also reduces clinician burnout, making it critical to the sustainability of emergency medicine across Australia and Aotearoa New Zealand[5] (see Case Study 2, Appendix 1 of the compendium).

Pillar 3: Social Emergency Care

Embracing the science of compassion into care, training and College membership requires adopting a **Social Emergency Care** model across all aspects of ACEM: training, assessment, policymaking and advocacy. This approach emphasises compassion for the whole person within their social, cultural, physical and even their locational contexts, since people residing in regional, rural and remote areas often experience healthcare very differently from those in metropolitan regions.

Social Emergency Care is grounded in the socioecological model of health, which 'illustrates the importance of networks of people and structures' in family, community, culture, society, policy and systems. These intersecting networks create both risk and protective factors that shape health and wellbeing.[6]

Initially developed at ACEM to enhance cultural safety for Aboriginal and Torres Strait Islander patients, *Traumatology Talks: Black Wounds, White Stitches* affirms that other populations in Australia and Aotearoa New Zealand – including Māori; racially non-dominant individuals and communities; LGBTQIA+ITSB people; migrants, refugees and asylum seekers; those experiencing poverty, homelessness or food insecurity; people with disabilities or neurodivergence; people in regional, rural and remote areas; and those facing intersecting forms of marginalisation – also stand to benefit from this approach.

Extending Social Emergency Care beyond the emergency department into ACEM's full remit will improve outcomes for patients and foster greater inclusion and wellbeing among Fellows, Associates, trainees, other stakeholders and staff (see Case Study 3 in Appendix 1 of the compendium).

Overarching principles

Centring Stories

The strategy and compendium identify the ability to both hear and tell stories as a key pathway for advancing the three core strategies: Intercultural Adaptation, the Science of Compassion and Social Emergency Care. Both the ability to listen fully to patients' stories and to appropriately process their own clinical experiences enable medical practitioners to meet patients where they are and bring unconscious thinking and feeling patterns into conscious awareness. This fosters greater adaptability in responding to D/difference and enhances compassion for both self and others. This principle has long been central to Aboriginal and Torres Strait Islander cultures in the form of yarning and in Māori culture as pūrākau and the other uara or values in the Manaaki Mana strategy document. It is with great respect to these three Indigenous cultures and the permission of ACEM's Indigenous Health Committee that this action plan centres these values and practices for all medical practitioners.

Intersectionality

As a supporting framework, intersectionality provides insight into how various aspects of a person's social identities, traits and backgrounds – such as race, Indigeneity, gender and gender identity, sex and sexuality, socioeconomic status, physical and cognitive ability and neurodivergence – interact and overlap, compounding experiences of discrimination and privilege.

Strength-based Discourse

Following guidance from ACEM's Indigenous Health Unit, Indigenous Health Committee and disability experts, the strategy, compendium and plan avoid deficit-based discourse: ways of describing people or groups in terms of perceived deficiencies or vulnerabilities. Instead, they emphasise individual and group strengths in the face of systemic failures to recognise and equitably address the identities, health issues and contributions of non-dominant members of the communities served by ACEM and its Fellows, Associates and trainees. This approach also recognises the historic legacy of centuries of racism and neglect affecting the needs, voices and contributions of all non-dominant groups.

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