



Year in Review 2018

Incorporating the Annual Report

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 New Zealand. As the peak professional organisation for emergency medicine in Australia and 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 the community through our committed and expert members.



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ACEM at a glance

Fellows

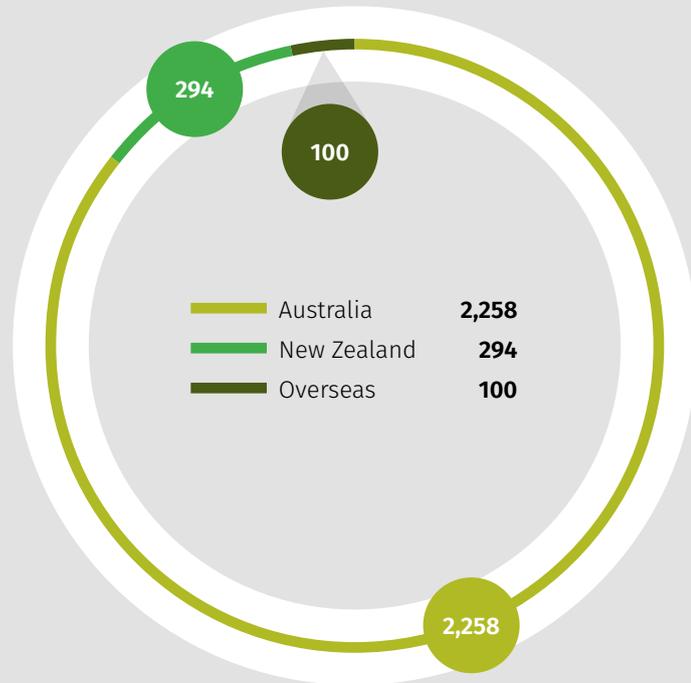
2,652

Active Fellows

294

New Fellows between
1 July 2017 – 30 June 2018

Active Fellows by region



Training Programs

2,527

Registered in the **FACEM**
Training Program

1,768

in the **Advanced Training** stage
of the **FACEM** Training Program

358

Registered **Emergency Medicine**
Certificant (EMC) Trainees

78

Registered **Emergency Medicine**
Diplomate (EMD) Trainees

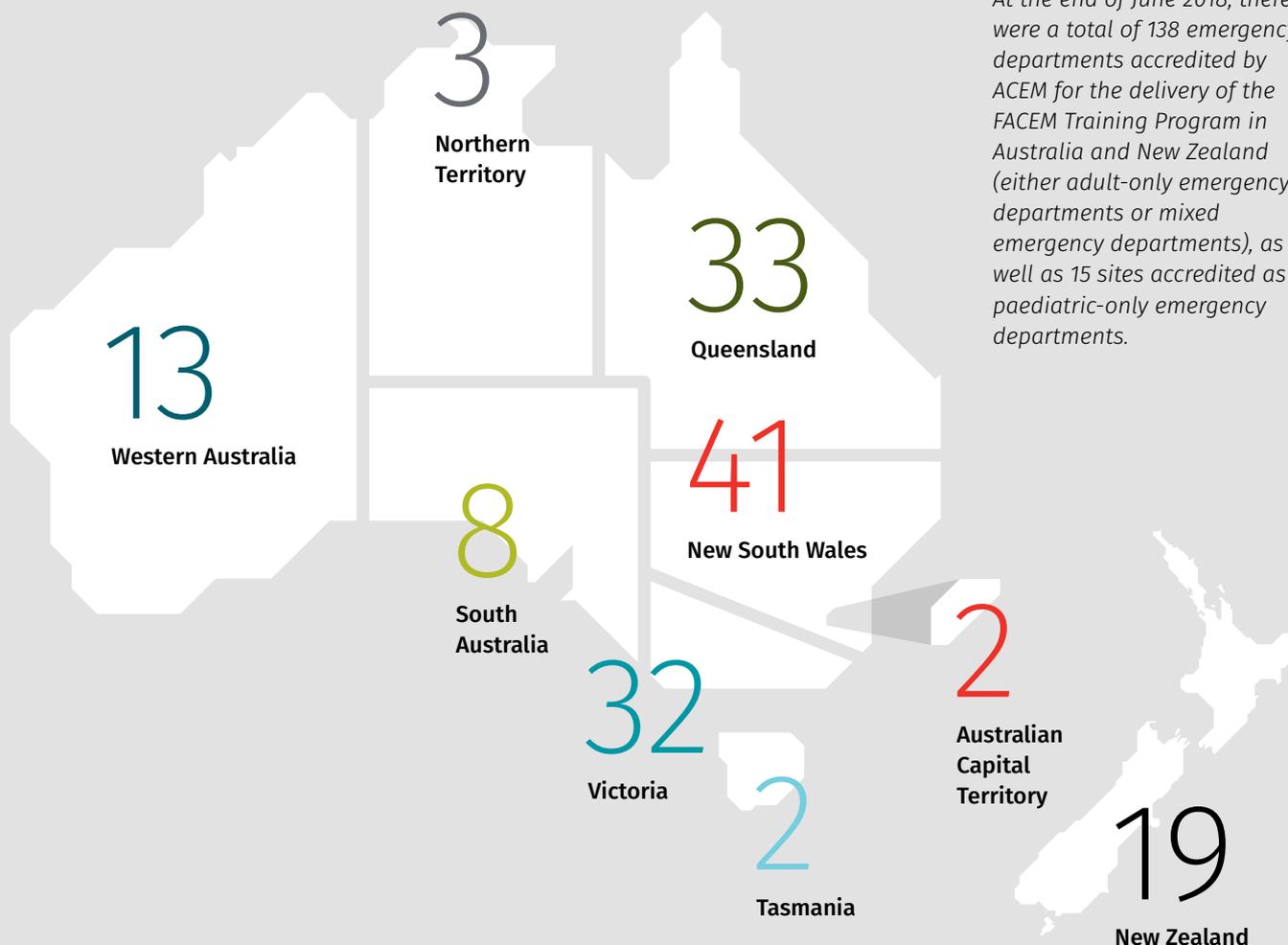
65

Registered **Specialist International**
Medical Graduates (SMIG) on the
pathway to Fellowship

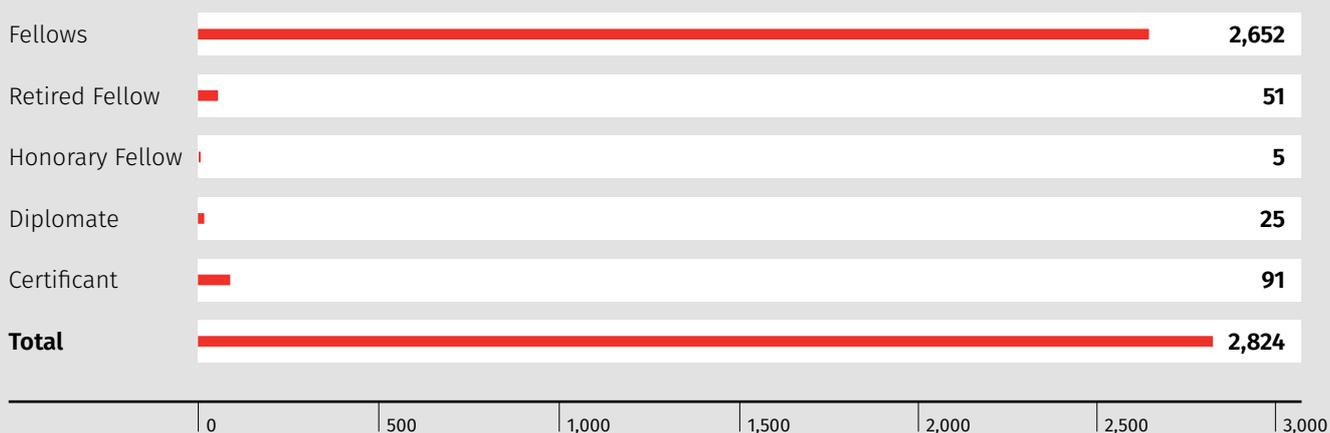
ACEM accredited emergency department training sites
(FACEM Training Program)

138

At the end of June 2018, there were a total of 138 emergency departments accredited by ACEM for the delivery of the FACEM Training Program in Australia and New Zealand (either adult-only emergency departments or mixed emergency departments), as well as 15 sites accredited as paediatric-only emergency departments.



Membership categories



President's report

Dr Simon Judkins

It has once again been a busy year at ACEM, with a number of important streams of work being delivered across all aspects of the College's work. Our submission for reaccreditation with the Australian Medical Council and the Medical Council of New Zealand and the subsequent outcome are testament to all the hard work being put in across the organisation.

Additionally, implementing the recommendations of the Expert Advisory Group on Discrimination, progressing work arising from the Discrimination, Bullying and Sexual Harassment survey, ongoing development and improvement of the FACEM Training Program, restructuring the Council of Advocacy, Practice and Partnerships, and delivering a big advocacy agenda are testament to what has kept many members, staff and stakeholders involved with the College busy.

The breadth of work the College is delivering now demonstrates its significant growth – we now have significant influence and, increasingly, a crucial role to play in workforce planning, advocating for system reform and ensuring that emergency medical care continues to play a leading role in the health systems of Australia and New Zealand. I have spent a great deal of time this year meeting with Ministers and heads of health departments across both countries, and representing our college at local and significant overseas meetings. It has been a year of very hard work for all involved with ACEM, working at how we can do things better for Fellows, trainees, members, patients and communities.

It has been worth it. Over the last 12 months, we have made enormous strides, moving ACEM into a position of strength in advocacy and influencing policy, aimed at improving standards of training and care. With the ongoing support and guidance of members, trainees and community representatives, we will continue this important work.



When I stepped into the role as President, I was motivated to see ACEM become an organisation that rediscovered its heart and soul, and invested in its greatest assets; its people. The feedback from FACEMs and trainees I meet across Australia and New Zealand has been positive and validation of the approach that the College has embraced in recent times. It is a great challenge to communicate and engage the large number of specialists, other members and trainees we have across Australasia, and with continued effort and ongoing improvement to communication strategies, I believe we are delivering more information to more members, and seeing more collaboration and input across the organisation in its wider context.

The College has addressed issues of social justice, particularly, regarding equity and access to high quality care. We are increasingly focussing on clinician health and wellbeing. We are celebrating our history and planning for our future. We want to see ACEM build on its position of strength to become a leading voice on health policy as well as in advocating for our patients and communities. And now, building on the work done over many years, we are seeing that happen on an increasing scale.

Recently, we have done much of that in a relatively short period of time. In October 2018, we will hold a National Mental Health Summit, leading the call for system reform to improve care for patients. We have been meeting with Ministers and health executives in many jurisdictions, highlighting hospital capacity concerns and working with people in positions to drive change to see plans in place to improve on what is currently available. Our collaborative work with governments is seeing progress in developing a national workforce strategy in Australia, and we are actively working to ensure a role in developments in this space in New Zealand. We are committed to working alongside key Indigenous organisations such as AIDA, Te Ora, the Lowijta Institute and others to further support critical improvements in our approaches to cultural competence and support of the development and sustainability of the Indigenous health workforce in both Australia and New Zealand.

Internationally, ACEM continues to make significant contributions to the provision of quality emergency care. Led by a hugely passionate group of members and trainees, we are developing education and training programs for countries within the Asia-Pacific region, and providing support for a range of opportunities to improve emergency care in many places that are not as fortunate as Australia and New Zealand, and the access to quality healthcare that we in those countries have. This valuable work will be showcased in the International Conference on Emergency Medicine when it comes to Melbourne in 2022, and planning is already underway for that event.

In ACEM's 35th year, we have been recognising and celebrating our past in order to guide our future. I see the importance of the 35th year as a significant step in ACEM's growth. A new generation of FACEMs are taking up roles in their hospitals, communities, health departments and, of course, at the College - some of whom were not yet born when the College came into existence! The College has grown from strength to strength in the past 35 years and those involved in its stewardship are committed to ensuring that this will continue.

The next few years will be challenging, exciting, stimulating and ground-breaking for our College and I look forward to the continued support of our members, trainees and staff as we work together to meet some of the future challenges our health system and our

communities face. I am constantly inspired by the work of all those who are involved in our College, and I thank them sincerely for their ongoing commitment, without which ACEM would not be the organisation it is today. ACEM is increasingly an organisation that relies on the collaboration between College members and staff, and I pay particular tribute also to the many committed and skilled staff we work alongside at both the Melbourne and Wellington offices of the College led by Dr Peter White and thank them for their continued commitment to ACEM's work.



Dr Simon Judkins
President



At the November 2017 Annual General Meeting, held in Sydney, prior to the 2017 College Ceremony, Dr Simon Judkins commenced his term as the College President, a role he will hold until late 2019, and Professor Anthony Lawler assumed the role of Immediate Past President, a role that will conclude at the Annual General Meeting in November 2018.

ACEM Board



Dr Simon Judkins
President



Professor Anthony Lawler
Immediate Past President



Associate Professor Yusuf Nagree
Chair, Council of Advocacy,
Practice and Partnerships



Dr Barry Gunn
Censor-in-Chief/Chair,
Council of Education



Dr Didier Palmer
Deputy Chair, Council of Advocacy,
Practice and Partnerships



Dr Simon Chu
Deputy Censor-in-Chief/Deputy
Chair, Council of Education



Dr John Bonning
Regional Representative
(New Zealand)



Dr Naveed Aziez
Trainee Representative



Mr Michael Gorton AM
Non-FACEM Member



Mr Tony Evans
Non-FACEM Member

College Councils

Council of Education (COE) Membership

Dr Barry Gunn

Censor-in-Chief

Dr Simon Chu

Deputy Censor-in-Chief

Professor Anthony Lawler

President

(until November 2017)

Immediate Past President

(from November 2017)

Dr Simon Judkins

President-Elect

(until November 2017)

President

(from November 2017)

Associate Professor Gabriel Lau

Regional Censor for New South Wales and Australian Capital Territory

Dr Gina de Cleene

Regional Censor for New Zealand

Associate Professor Bob Dunn

Regional Censor for South Australia and Northern Territory

Dr Sharyn Smith

Regional Censor for Queensland

Dr Kate Field

Regional Censor for Tasmania

Dr Jo Dalgleish

Regional Censor for Victoria

Dr Harry Patterson

Regional Censor for Western Australia

Dr Jess Forbes

Trainee Committee Chair

(until March 2018)

Dr Nicholas Lelos

Trainee Committee Chair

(from March 2018)

Ms Jacqui Gibson-Roos

Community Representative

Council of Advocacy, Practice and Partnerships (CAPP) Membership

Associate Professor Yusuf Nagree

Chair, Western Australia

Dr John Bonning

Deputy Chair

(until November 2017)

New Zealand Representative

(from November 2017)

Dr Didier Palmer

Northern Territory

(until November 2017)

Deputy Chair

(from November 2017)

Professor Anthony Lawler

President

(until November 2017)

Immediate Past President

(from November 2017)

Dr Simon Judkins

President-Elect

(until November 2017)

President

(from November 2017)

Dr Suzanne Smallbane

Australian Capital Territory

Associate Professor Sally McCarthy

New South Wales

Dr Clare Skinner

New South Wales

(from November 2017)

Dr Alan Tankel

New South Wales

Dr Andre Cromhout

New Zealand

Dr Stephen Gourley

Northern Territory

(from November 2017)

Dr Kim Hansen

Queensland

Dr Niall Small

Queensland

Dr Thiru Govindan

South Australia

(until November 2017)

Dr Tom Soulsby

South Australia

(from November 2017)

Dr Juan Ascencio-Lane

Tasmania

(from November 2017)

Dr Domhnall Brannigan

Tasmania

(until November 2017)

Dr Suzanne Doherty

Victoria

Professor Diana

Egerton-Warburton

Victoria

(until November 2017)

Dr Sara MacKenzie

Victoria

Dr Ed Oakley

Victoria (from November 2017)

Dr Peter Allely

Western Australia

Dr Lynda Vine

Western Australia

Dr Jess Forbes

Trainee Committee Chair

(until February 2018)

Dr Nicholas Lelos

Trainee Committee Chair

(from February 2018)

CEO welcome

Dr Peter White

It is a pleasure to present the 2018 Annual Report, a report which documents a positive and productive year of activity and growth at the College.

A strong theme running through ACEM annual reports in recent years has been sustained work to ensure the College has ongoing reaccreditation with the Medical Board of Australia and the Medical Council of New Zealand. Pleasingly, this process has been concluded with a satisfactory result achieved for the College. I thank the many staff and members actively involved in preparing reports, holding and attending meetings, and providing data and information to the Reaccreditation Team. We now set about the important work of meeting the conditions and expectations placed on ACEM to ensure we are delivering the highest quality education and training to meet future community needs and the expectations of external regulatory bodies.

The College's reaccreditation submission clearly identified the rapidly changing context the College operates within as a major contributing factor to the College's growth and ongoing maturation as an organisation. Responding to the increasingly complex and varied expectations placed on ACEM requires the College to have the culture and appropriate resources and infrastructure to ensure its future success – and good progress is being made in this regard.

ACEM has had a significantly increased workload due to external and internal pressures. Responding to claims of discrimination in assessments, making important, necessary changes to the FACEM Training Program, reviewing governance arrangements to increase diversity and the development of a new strategic plan are just some of the major items added to the workplan at the College in 2017 and 2018. Through the considered input of members, ably supported by skilled, specialist staff, we have responded to these new streams of work and I believe have strengthened the College's position as a result.

I have spoken in previous reports of the important role in the work of the College of external contributors and in 2018 we welcomed the input and contribution of an increased number of community representatives and others with external expertise working alongside us to inform our work.



Through a process of consultation and incorporating a broad range of internal and external expectations, College members and staff have worked to formulate a future strategic plan to guide ACEM's work to 2022. This strategic plan will be presented alongside this report at the Annual Scientific Meeting in Perth in 2018 and I believe sets ACEM on a strong and stable course for the future. A detailed business plan will complement the strategic plan to ensure a coordinated approach to College activities through this period.

I am humbled to lead a strong and committed team of staff working alongside members across Australia and New Zealand to deliver ACEM's work and I look forward to working with all involved to deliver the next phase of the development of ACEM as a recognised leader in the specialty of emergency medicine.

A handwritten signature in black ink, appearing to read 'Peter White', written over a horizontal line.

Dr Peter White
Chief Executive Officer

Undergoing reaccreditation

Dr Peter White, Chief Executive Officer

In Australia, all providers of specialist medical education and training are subject to accreditation by the Australian Medical Council (AMC). In New Zealand, the process of accreditation is managed by the Medical Council of New Zealand (MCNZ) and the AMC and the MCNZ work collaboratively in accrediting and reviewing bi-national training programs, such as the FACEM Training Program. The accreditation standards against which colleges are assessed are wide-ranging, and the progress is rigorous and resource intensive.

The process is mandatory for all specialist colleges such as ACEM and is critical to the core functions of the colleges since it directly ties the accreditation of a program such as the FACEM Training Program to the ability to be recognised as a specialist in the relevant specialty/vocational scope in the two countries.

As part of the process the accreditation standards also cover the Continuing Professional Development (CPD) programs of the colleges and the processes for assessing Specialist International Medical Graduates (SIMGs) seeking recognition in their speciality in Australia or New Zealand.

Having been subject to a full accreditation process only once in its history (during 2006-2007), ACEM underwent a full reaccreditation during 2017. Although preparations commenced many months prior, the College lodged its Reaccreditation Submission with the AMC on 30 June 2017. This provided a comprehensive response by the College to the ten accreditation standards as required by the AMC and the MCNZ.

Following a Preliminary Team Meeting between representatives of the College and the members of the Assessment Team and receipt of the Assessment Team's Preliminary Report, a Supplementary Submission was lodged with the AMC on 3 November 2017. Later that month, the Assessment Team conducted a series of meetings with College members, trainees and external stakeholders, as well as meeting with representatives of relevant College bodies and entities alongside the College Annual Scientific Meeting in Sydney. In addition to the meetings scheduled at a range of training sites and with Regional Faculty Boards, the AMC also invited feedback, by means of surveys, from FACEM Training Program trainees, Directors of Emergency Medicine Training (DEMTs), SIMGs and others. External

stakeholders such as the other specialist medical colleges and health departments were also invited to comment on their interactions with ACEM and the College's Reaccreditation Submission.

The AMC's finding, set out in the final Accreditation Report, was that it was reasonably satisfied that the training, education and the continuing professional development programs of the College substantially meet the accreditation standards and granted ACEM accreditation for four years until 31 March 2022. This is a strong outcome for the College and validates the extensive work undertaken in recent years and the current and future direction of the College.

As is routine practice, the AMC has applied conditions to the training, education and continuing professional development programs under the accreditation standards that must be addressed by the College within prescribed timeframes. A number of these conditions relate to activities already in progress, as well as including specific actions set out by the ACEM Board for completion in the EAG Action Plan. The reaccreditation process and the resulting report provide an indication for the College of priority activities and associated timeframes in regard to areas covered by the accreditation standards. We now look forward to reporting on progress against the conditions outlined with the 2018 Progress Report relating to some of those conditions currently being finalised at the time of writing.



Council of Education

Dr Barry Gunn, Chair

In its 35th year, ACEM's role as the pre-eminent leader in Emergency Medicine education and training has been further cemented with a substantial number of important improvements and achievements across 2017-2018.

The Council of Education (COE) has provided oversight and leadership across a broad range of initiatives - from supporting efforts to ensure the College's ongoing reaccreditation, achieving a significant number of actions arising from the work of the Expert Advisory Group (EAG) on Discrimination and the Board Action Plan - through to making essential changes to ensure the ACEM Curriculum Framework and FACEM Training Program continue to be fit for purpose, meet contemporary expectations and will provide a high quality, specialist workforce to meet future needs.

The COE played a critical role in presenting ACEM's education and training programs to the Reaccreditation Assessment Team. My many thanks to all the ACEM Fellows, trainees and staff who met with the Assessment Team at or in the lead up to the meetings held alongside the November 2017 Annual Scientific Meeting in Sydney. I would particularly like to thank all the ACEM staff who put many hours of work into preparing the submission and ensuring all the necessary work progressed in order to position the College for reaccreditation.

This year the Training Program Review and the Curriculum Review Working Groups of COE have been working to further refine the new Training Program and curriculum that commenced in 2015. The Training Program Review Working Group has made every effort to ensure that the proposed revisions continue to accommodate this flexibility and pursuit of non-ED training. ACEM recognises the need for the integrity and rigour of training and assessment to support the learning and development of future FACEMs to be capable of dealing with the dynamic and demanding nature of emergency medicine practice. The revised program that has been proposed underwent two rounds of stakeholder feedback with refinements made based on this. Further development of the proposed new training program will continue in 2019.

Following the findings of the EAG and the Discrimination, Bullying and Sexual Harassment (DBSH) Working Group in 2017, action plans have been implemented to ensure that the actions agreed to by the Board as a result of recommendations from both groups are completed. More information about this important work can be found on page 19.



This year, the new Selection into FACEM Training (SIFT) process began for doctors who wish to enter the FACEM Training Program for the 2019 training year.

Accreditation of training sites has been very busy, with multiple sites being inspected against the new accreditation standards that were implemented in 2017. The new accreditation reports provide clear advice to training sites and demonstrate whether each standard has been 'met', 'partially met' or 'not met'. Each standard is commented upon either commending the training site or listing areas that need to be improved upon within a prescribed time frame. This allows a training site to continue to better refine their training programs to ensure that trainees receive a robust training experience through that site's training program and is part of ACEM's commitment to ensuring the highest possible standards are being met.

Further refinements continue to be made to both the Primary and Fellowship examinations. This year has seen preparations for a trial of an online Short Answer Question (SAQ) examination, which is to be piloted in both Melbourne and Brisbane in August 2018.

I would like to thank Simon Chu (Deputy Censor-in-Chief), the Regional Censors and Deputy Censors and all the ACEM members and trainees who serve on COE and its entities for all their support and work over the year. Simon is stepping down as Deputy Censor-in-Chief at the November AGM. His strong support, enthusiasm and leadership are very much appreciated and will be missed. I look forward to working with the incoming Deputy Censor-in-Chief, Gabriel Lau, and the new members of the Council of Education. Finally, I would like to thank all the ACEM staff members for their tireless work for COE and its entities.

Council of Advocacy, Practice and Partnerships

Associate Professor Yusuf Nagree, Chair

The last 12 months have been an important time for the Council of Advocacy, Practice and Partnerships (CAPP) and its entities, with significant successes in strategic advocacy and policy development. CAPP has also laid the foundations for the transition to a new structure for the CAPP entities, to strengthen the provision of timely and expert advice.

CAPP plays a critical role in delivering the College's core objectives of leading the policy debate in Australia and New Zealand, as the trusted and authoritative source of advice and research on standards for emergency medical care and related health system reform. CAPP entities and Faculty Chairs supported the February 2018 launch of the Mental Health Access Block campaign, with subsequent meetings and correspondence with Ministers and Senators in health portfolios across Australia and New Zealand.

The College's submissions to a wide range of government and parliamentary inquiries reinforced CAPP's agenda for systemic changes in the design and delivery of healthcare. An analysis was conducted of health funding in each of the national and state budgets in 2018, with reports provided to each Faculty. Other areas of impact include advocacy efforts geared towards reducing alcohol harm in emergency departments and strengthening the focus on climate change as a public health priority. International Emergency Medicine remains an important priority and one in which we are working closely with country partners across the Asia-Pacific region, and other developing, low and middle income countries to improve education, training and the capacity for delivery of emergency care.

This year has seen the culmination of a lengthy review of the entities that report to CAPP. The existing mix of committees, subcommittees and special interest groups had not been reviewed in some time and the process undertaken offered the chance to test the ongoing relevance of the various entities, to clarify the structures required going forward and ensure the entities are fit for

purpose to meet ACEM's strategic objectives and the expectations of members.

Each committee's work plan will be expected to align with the College's strategic plan, sharpening the focus on those initiatives and projects that are agreed priorities for the College. CAPP itself will transform from purely a governance body receiving reports, to taking a more proactive role in identifying and responding to emerging priorities, as well as monitoring the progress of projects and directing resources to where the College can have the most impact.



While committees will have broad responsibilities in areas that overarch the discipline of emergency medicine, we are proud this year to have introduced 'Sections' as a new type of College entity that may be executed under either the Board, CAPP or COE in accordance with the provisions of the applicable policy. Formed by application, the *role of a Section is to promote a special area of practice within emergency medicine*. Sections have an Executive (4-6 members) and wider membership is unlimited in number and open to all College members, as well as non-members where the Terms of Reference provide for this option. Already established Sections of CAPP include; the ACEM Clinical Trials Network (CTN), the Emergency Department Epidemiology Network (EDEN) and the Geriatric Emergency Medicine (GEM) Section.

I am confident that CAPP's new structure will strengthen its role in providing leadership to the College's agenda to advance emergency medicine through policy, research and advocacy. Thank you to all the committed members of CAPP's entities for your service; I look forward to working with the members of the new and continuing entities, as we embrace new ways of working to meet the challenges of the future.

Strategic goals

Making progress

The College is focused on the six initiatives of the Strategic Plan and the associated Business Plan.



Education

- New Selection into FACEM Training process implemented
- New global scoring system introduced for Primary Examinations
- New site accreditation standards introduced
- New and improved education resources
- Training Workshops for DEMTs, Workplace Base Assessment (WBA) Coordinators, and WBA Assessors conducted



Member Support

- Continuing Professional Development (CPD) system enhanced
- Irish EM CPD Program and the US ABEM MOC Program recognised
- New Fellows Welcome Pack developed
- Increased support to regional faculties via specialist policy and communications support
- Support provided to ACEM members and trainees involved in delivering College events



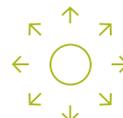
Standards

- Reviewed College standards on key issues in emergency care including violence in the emergency department, ambulance ramping, access block and emergency department overcrowding
- Began work on a new Statement On Short Stay Units
- Drafted guidelines for a Minimum Standard of Care for Sedated Patients with Acute Behavioural Disturbance
- Approved a new Statement on Private Emergency Departments



College Operations

- College reaccredited for a further four years
- A range of Reconciliation Action Plan initiatives delivered, and commitments to equity for Māori patients progressed
- ACEM Portal upgraded, including security and performance improvements
- Improved efficiency and cost savings



Awareness

- New ACEM website launched and increase in social media engagement
- Continued efforts to grow ACEM's media profile with over 40 media releases issued
- Substantially increased support to ACEM run events, with a record number of events held and record numbers of attendees across New Zealand and Australia



Advocacy

- Engaged with Ministers, opposition spokespeople and other members of parliament across Australia and New Zealand to advocate for systemic solutions to access block, including mental health access block, and overcrowding in emergency departments
- Commenced a campaign to improve access to timely and appropriate care for those in need of mental health services, based on new research and data analysis
- Made policy submissions to government and parliamentary inquiries on issues as diverse as drug and alcohol harm in emergency departments, Medicare funding for emergency care and My Health Record

Celebrating ACEM's rich history

35th anniversary

Throughout 2018, ACEM has celebrated the 35th anniversary of the College and the history of emergency medicine, with a range of events and activities held across Australia and New Zealand to mark the occasion.

This year-long commemoration will culminate with a celebration at the Annual Scientific Meeting (ASM) to be held in Perth in November.

The beginning of the College

Various state-based emergency medicine societies were established in Australia in the 1970s. In 1981, these societies merged to form the Australasian Society for Emergency Medicine (ASEM). Almost immediately, it was recognised that advancing the specialty needed a formal training and examination program, requiring the formation of a College.

ACEM was formed in 1983 at the fourth Annual General and Scientific Meeting of ASEM held at Surfers Paradise in Queensland. There were 67 Foundation Fellows. Dr Tom Hamilton AM, Foundation President of ASEM, became the Foundation President of ACEM. The first Primary Examination was held by ACEM in 1985 in Melbourne. This was followed by the first Fellowship Examination in 1986 in Sydney.

Engaging Fellows and trainees

A social media campaign and themed events in Australia and New Zealand that included commemorative video interviews with key contributors, members and former Presidents, were rolled out throughout 2018 to celebrate ACEM's 35th anniversary and to increase member and trainee engagement and awareness of the College's history.

Content and engagement activity thus far has included:

- ACEM 35 year commemorative logo;

- Video interviews of Foundation Fellows and former Presidents recalling and reminiscing on key moments in the College's history, which have been played at various events;
- Social media posts featuring Foundation Fellows using the hashtag #ACEM35;
- 35 year celebration-themed banners displayed at Faculty meetings and other events, as well as a banner permanently on display at ACEM's Melbourne and Wellington offices; and
- An interactive timeline of the College history on the ACEM website.

Capturing ACEM's past

Comprising of a mix of Foundation Fellows, Past Presidents and key contributors to the College's history, the ACEM History Steering Committee was established to help ACEM acknowledge the pioneering people who led the charge in putting emergency medicine on the map in Australia and New Zealand and making it what it is today.

A publication has been commissioned to detail ACEM's rich history, exploring the formative years of the College, and its growth through the 1990s, into the early 2000s and up to the present.

Researcher and writer, Dr Toni Sherwood, is using a combination of archived materials, such as College Council Minutes, Annual Reports, ACEM news in early editions of the journal *Emergency Medicine*, various government reports and correspondence from the College archives, as well as interviews and reflections from a broad range of Fellows to inform the final publication.

Chapters in the life of the College

The College history publication will summarise the developments in the then-emerging field of emergency medicine, both internationally and in Australia and New Zealand during the 1960s and 1970s, followed by looking at the foundation of the College (1978-1983), establishing the College (1983-1997), College expansion, consolidation and growth (1997-2007), and finally the modern era (2007-2017).

The first Fellowship Examinations, academic appointments in emergency medicine in Australia and New Zealand, the foundation of regional faculties, the launch of the journals *Emergency Medicine* and *Emergency Medicine Australasia*, the establishment of the ACEM Foundation, and the 2014 Governance Restructure are just some of the major developments that will be covered in the publication.

A snapshot of ACEM's journey

Before the College

1970s Grassroots emergency medicine associations emerged across Australia

College foundation

1981 Australian Society of Emergency Medicine established

1982 It was agreed to include New Zealand practitioners and subsequently the Society would become the Australasian Society for Emergency Medicine and the College would be developed similarly as an 'Australasian' entity

1983 Australasian College for Emergency Medicine established with 69 Foundation Fellows

Establishing the College

1986 The first Fellowship Examination held – seven candidates successful

1988 ACEM hosted the second International Conference of Emergency Medicine in Brisbane

1990 First issue of ACEM's journal *Emergency Medicine* was published

1990 ACEM became one of the four founding member Colleges of the International Federation for Emergency Medicine

1993 College headquarters at 17 Grattan Street, Carlton in Melbourne, purchased

1993 – 2001 ACEM promoted the development of National Triage Scale and The Australian Triage Scale (ATS)

Complexity and challenge

2001 *Emergency Medicine* achieved Index Medicus listing

2004 ACEM released a National Statement on Access Block

2007 ACEM accredited for six years by the Australian Medical Council

The modern era

2008 ACEM organised an Access Block Summit, held in Melbourne

2012 The ACEM Foundation was established

2013 College Accreditation extended by two years by the Australian Medical Council

2014 Revised College governance arrangements, underpinned by a College Constitution, were implemented

2015 College accreditation extended until March 2018 by the Australian Medical Council. Revised FACEM Training Program with outcomes based, ACEM Curriculum Framework, commenced

2017 ACEM's first Reconciliation Action Plan launched, followed by the development of an Equity for Māori in EDs Strategy

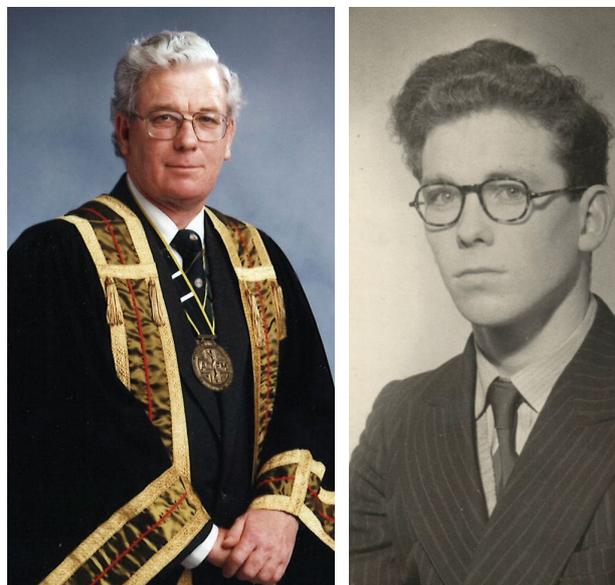
2018 College reaccredited by the Australian Medical Council

Reflections from Dr Tom Hamilton AM, Foundation President

Dr Tom Hamilton graduated from Edinburgh Medical School in 1956. He immigrated with his family to Australia in 1977 as head of the new emergency department at Sir Charles Gairdner Hospital in Perth, Western Australia. Dr Hamilton became the Foundation President of ACEM in 1983.

For his contributions to the development of emergency medicine, Dr Hamilton was awarded the Order of Australia in 1992 and in 2001 the Centenary Medal for services to St John Ambulance in the United Kingdom and Australia for over 50 years.

As part of this 35th year of ACEM, Tom penned a reflection on his involvement with the College and his experiences in emergency medicine. Below is an extract.



The introduction of a national health insurance scheme (Medibank) by the Whitlam Government in 1975 provided free medical care in public hospitals. This had significant consequences for the old-fashioned casualty departments, where the often most seriously sick were managed by the least experienced medical staff. Such was no longer acceptable and change was inevitable.

Having come from a surgical, academic background, to be head of the new Emergency Department in Perth, I was acutely aware of deficiencies in my training to cope with the wide spectrum of emergency presentations. Improvements in post-graduate education were clearly necessary for others as well. But in my department there wasn't even a seminar room. At the end of one corridor, however, was the hospital chapel – rarely used during the week. By negotiation with the hospital Chaplaincy permission was obtained to hold tutorials in the chapel from 8am Monday to Friday.

Specialists from other disciplines were recruited to contribute to the education programs with improvement in inter-departmental public relations. In addition, monthly meetings were arranged for emergency staff from the other major hospitals. This

developed into the Western Australian Society for Emergency Medicine (WASEM) in 1978. It soon became clear that clinical and administrative problems were universal across Australia and New Zealand and that a national body would be necessary to address these shortcomings.

Some 69 members chipped in \$500 each to establish the Australasian College for Emergency Medicine on 4th April 1984.

The following structure was agreed. Initial study of basic sciences in anatomy, physiology, pathology and pharmacology (with emphasis on pharmacology) culminating in a Primary Fellowship examination after two years. Thereafter a five year clinical training program including a minimum of two years in emergency department(s) with further training in appropriate disciplines such as intensive care, anaesthetics, surgery, psychiatry etc. This would lead to a Final Clinical examination, after five years, and the award of a Fellowship in Emergency Medicine (FACEM).

The Council of the College comprised representatives from Australian states and territories together with two representatives from New Zealand. Office bearers were elected and the hard work began.



Advancing education

FACEM Training

Selection into training

The new Selection into FACEM Training (SIFT) process was approved in 2017 and implemented in 2018. Applications under the new process were accepted from June 2018, for New South Wales and New Zealand, and applications from all remaining States and Territories in Australia from August 2018.

The newly formed Selection Subcommittee, reporting to the Specialist Training and Assessment Committee (STAC), is responsible for the conduct, monitoring and refinement of the selection process over time as correlations between applicants accepted for FACEM training and success in training are determined.

In-Training Assessments

The College has developed new In-Training Assessment (ITA) Forms, which reflect the outcomes for trainees at each stage of the Training Program, as well as specific terms for placements in Anaesthetics, Intensive Care and non-ED placements.

Director of Emergency Medicine Training (DEMT) and supervisor workshops

Training Workshops for DEMTs, Workplace Based Assessment (WBA) Coordinators, and WBA Assessors have been conducted in Adelaide, Auckland, Brisbane, Darwin, Melbourne, Perth and Sydney during 2018.

The workshops sessions have provided the opportunity to update attendees on activities at ACEM, as well as providing DEMTs and WBA Assessors with training on how to provide constructive and meaningful written and verbal feedback to trainees. WBA calibration sessions form part of the workshop for WBA Assessors.

Positive feedback has been received from FACEMs who have attended these workshops.

Assessments/examinations

The College has continued to refine and enhance its examination processes throughout 2017-2018.

Expert Advisory Group on Discrimination Action Plan

With the release of the Expert Advisory Group (EAG) Action Plan in February 2018, the College has continued work already underway to enhance the structure and processes of the ACEM examinations, as well as new work arising directly from the Action Plan.

Among the enhancements completed have been: the publishing of additional resources to assist candidates in their examination preparations; strengthening examiner training, calibration and feedback processes; providing enhanced feedback for candidates; and introducing the requirement for cultural competence training to be undertaken by all personnel involved in examinations. The College remains committed to supporting all trainees and giving them the best chance of success in undertaking the examinations.

Fellowship Written Examination

For the Fellowship Written Examination, marking centres have now been implemented for all SAQ examinations. Attending a marking centre enables face-to-face calibration between question co-markers to enhance inter-marker consistency and reliability as they independently mark candidates' answers.

A new question bank for the Fellowship SCQ questions have been introduced. A project to review and code all questions to enhance their quality and enable blueprinting to the ACEM Curriculum has commenced. MCQ Writing and Review Workshops have been held in all regions to improve both the quantity and the quality of the items in the Fellowship SCQ question bank, from which examination papers are compiled.

Fellowship Clinical Examination

For the second year running the College held an additional sitting of the Fellowship Clinical Examination (OSCE) in July 2017, to help accommodate the increasing number of trainees approaching the completion date of their training Program. In May 2018, the structure of the Fellowship OSCE was changed from a three-day 15 station OSCE to a two-day 12 station OSCE. This enables 50% more candidates to be examined in each sitting if needed. As part of the change, double stations were removed and a new station format, the Standardised Case Based Discussion (SCBD), was introduced. With these changes, it is anticipated that additional mid-year sittings of the OSCE are unlikely to be needed in the future.



Primary Examinations

A revised global scoring system was introduced for the 2018.1 Primary Clinical Viva Examination. This requires examiners to mark each of the five components of a Viva separately, with the candidates receiving an aggregated score, rather than a global score. The five components remain unchanged, being pharmacology, pathology, physiology, anatomy and the clinical building blocks.

Education development

Training Program review and curriculum review

As noted in the report of the Censor-in-Chief earlier in this report, the College is conducting a review of the FACEM Training Program in 2018. This is being done under the guidance of the FACEM Training Program Review Working Group. A consultation paper on the revised structure was released to stakeholders for comment in June 2018. In addition, a Curriculum Review Working Group was established in May 2018, to oversee an evaluation of the ACEM Curriculum Framework. Both working groups will continue in 2019.

Educational resources

Module development

In addition to the introduction of the revised EMC and EMD modules, improvements and updates have also been made to a number of eLearning Modules

throughout the course of 2017 and 2018. These modules include: Assessing Cultural Competency; Indigenous Health and Cultural Competency; Clinical Supervision; Welcome to Working as a Medical Practitioner in Australia; Mentoring; and Workplace Based Assessment.

Assessing Cultural Competency Modules and Indigenous Health and Cultural Competency Modules

Completion of the three Assessing Cultural Competency Modules has been mandated for all members of COE, its entities, trainees and DEMENTs. Cultural Competence has also been integrated into the ACEM CPD Program, such that all Fellows will be required to complete an approved cultural competence activity within each CPD cycle.

In addition, the Indigenous Health and Cultural Competency Modules are to be listed as core knowledge for the ACEM Fellowship Examination, and work is underway to develop appropriate, high quality examination questions.

Training site accreditation

New accreditation standards

New site accreditation standards were introduced in October 2017 and all hospitals are now accredited against these standards.

Advancing education (continued)

ACEM critical care guidelines

New ACEM-Anaesthetics and ACEM-Intensive Care Medicine guidelines, have been developed to accredit sites that provide critical care training or experience for the FACEM Training Program. These will allow trainees more flexibility in their core critical care and non-ED training requirements during these placements.

Emergency medicine certificate and emergency medicine diploma

Emergency Medicine Certificate/Diploma modules

Updated Emergency Medicine Certificate (EMC) and Emergency Medicine Diploma (EMD) modules have been released. These modules include new and revised quiz questions.

Recognition of Prior Learning/Credit Transfer

A new policy on the Recognition of Prior Learning/Credit Transfer (RPL/CT) has been approved specific to trainees transferring from the FACEM Training Program to the EMC or EMD Training Program and vice versa. This policy was established as a process of recognition for individuals who have completed components of the FACEM Training Program or the EMC or EMD and wish to transfer to the other program.

Specialist international medical graduates

Medical Board of Australia benchmarks

The College has received the published findings of an audit commissioned by the Medical Board of Australia (MBA) of Specialist Medical Colleges' compliance with the MBA Good Practice Guidelines for the Specialist International Medical Graduate (SIMG) assessment process. Overall, ACEM ranked the highest of all Colleges against the compliance measures.

Continuing Professional Development

Additional scope of practice skills

All core Airway, Breathing and Circulation (ABC) procedural skills are now replicated in Scope of Practice, giving Fellows an additional 36 skills that contribute to the cycle requirement.

Overseas CPD programs

The CPD Committee has now recognised two overseas CPD programs as substantially equivalent to the ACEM Specialist CPD Program. These are the Irish EM CPD Program and the US ABEM MOC Program. Participants who are compliant with either of these two programs may be eligible for a partial exemption from the College's Specialist CPD Program.

Continuing Professional Development

At the start of the 2018 CPD Year on 1 July 2017 the ACEM Non-Specialist CPD Program was introduced, designed for Certificate, Diplomate and Educational Affiliate members of the College and other emergency medicine doctors.

Within the Specialist CPD Program, ACEM introduced:

- an annual requirement of recording a minimum of one goal and associated self-reflection;
- an increase to the number of required cycle Scope of Practice Skills from 10 to 12; and
- recording of participation in College face-to-face and teleconference activities on behalf of members.



Member support

The College provides CPD programs that enable members to meet the requirements set by the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ).

New Fellows

The New Fellows Welcome Pack, which includes information on the benefits of College Fellowship, CPD, College Professional Development programs, resources and Faculty, has been developed and is now being sent to all New Fellows each month. The Annual Scientific Meeting now includes a New Fellows Workshop and the College continues to look at ways to support new members.

Auto-recording of Continuing Professional Development activities and system enhancement

The College has been working to update the Continuing Professional Development (CPD) system. As of July 2017, face-to-face and teleconference ACEM activities, along with CPD accredited activities, have been entered into CPD records on behalf of Fellows. From July 2018, ACEM educational resources (eLearning modules) and WBAs will also be automatically entered into Fellows' CPD records.

In addition to this, the requirements to submit all activities to the annual return as the final step in the CPD recording process has now been replaced by a declaration. This declaration relates to each activity being true, accurate, void of any identifying patient information, and able to be verified by evidence, should the Fellow be selected for a compliance audit.

2,530

FACEMs and 32 non-FACEMs participated in the College Specialist CPD Program

50,981

hours of ACEM and Accredited CPD Activities recorded on behalf of members

200+

the number of peer-reviewed resources available on **Best of Web EM** increased to over 200

81

new FACEMs (i.e. FACEMs within three years of Fellowship) attended the annual New Fellows pre-ASM Workshop in Sydney

124

external activities/ events were accredited for ACEM CPD

57

trainees and members enrolled in the ACEM Mentoring Network

115

participants in the College Non-Specialist CPD Program

Diversity and inclusion

Change of culture

The College has continued to deliver on its commitment to improving the culture of emergency medicine across Australia and New Zealand.

The Board's endorsement of two key Action Plans, released in February 2018, will see the implementation of a range of initiatives within the College and across emergency departments, enabling and empowering all Fellows and trainees, to contribute to improving the culture of emergency medicine. These action plans relate to the reports of the Expert Advisory Group (EAG) on Discrimination, and the Discrimination, Bullying and Sexual Harassment (DBSH) Project.

The Diversity and Inclusion Steering Group oversees the implementation of the DBSH Action Plan, while the EAG Implementation Steering Group monitors the execution of the actions detailed in the EAG Action Plan. Both entities report directly to the Board.

Expert Advisory Group actions

The EAG Action Plan takes a very serious and conscientious look into the issues identified within the College's assessment processes, and the College has responded promptly to ensure the EAG's recommendations are being actioned to meaningful change throughout College processes.

In early 2018, the College formed the EAG Implementation Steering Group. Chaired by Immediate Past President Professor Anthony Lawler, this Group is responsible for ensuring the progress of the actions, and reporting back to the Board on relevant progress. The Council of Education, the Specialist Training and Assessment Committee and the Examinations Subcommittee have been the primary groups tasked with addressing these actions. Completed actions include:

- apologising for the unintended systematic racial discrimination associated with the OSCE;
- granting an additional twelve calendar months training time to those who were adversely affected;
- establishing a transition pathway from formal training into the Emergency Medicine Certificate or Diploma;

- introducing cultural competence training for all Examiners, to be completed by the end of 2018.

At the time of writing outstanding actions include, the introduction of a pilot OSCE preparation workshop, and the development of new resources to assist trainees with their understanding of the OSCE and improving ACEM's complaints processes. By the end of 2018, the College will see all actions completed and reported on to the membership.

The full Action Plan is available at acem.org.au

Discrimination, Bullying and Sexual Harassment actions

The DBSH Action Plan, overseen by the DBSH Working Group, was the result of a year-long project investigating the prevalence of discrimination, bullying and sexual harassment within emergency medicine and emergency departments.

The Diversity and Inclusion Steering Group has identified its main goals through this Action Plan, across the broad areas of Culture Change and Leadership, Governance, Education and Training, Complaints Management and Appeals, and Advocacy. The Steering Group will undertake significant consultation on how diversity across College entities can be improved, to better reflect the demographics of the ACEM membership. The Steering Group will also lead the establishment of a set of core values, developing and conducting long term campaigns to communicate these core values and embedding these core values throughout training modules in CPD programs.

The Steering Group will also be focusing on a range of education-related activities, to ensure ACEM members are supported in their capacities to deliver training activities in a respectful, professional and transparent manner. Early work has already commenced on the development of an ACEM Leadership Program, with initial research exploring the role of leadership within emergency departments.

As part of the DBSH Action Plan, members also conveyed that they would like to see increased efforts in ACEM's advocacy efforts, particularly in relation to ensuring emergency departments are safe workplaces, which maintain quality patient care as well as the well-being of ED staff.

The full DBSH Action Plan is available at acem.org.au



Giving members a voice

Advocacy

Access block

Throughout the year, ACEM's policy analysis and advocacy has put access block back on the agenda for governments across Australia and New Zealand.

In Australia, ACEM published its twice-yearly survey on the prevalence of access block in 120 emergency departments. The 2017 survey found that emergency departments were significantly over capacity, with 30% of patients waiting for inpatient beds. The 2018 survey revealed deteriorating and unacceptable access block and overcrowding, with patients in South Australia, Tasmania and the ACT most affected in Australia.

In New Zealand, the College provided a comprehensive briefing to the Health Minister of the incoming Coalition Government. The briefing highlighted the increase in overall presentations and its impact on compliance with time-based targets.

With leadership from the President, the College's advocacy has engaged Ministers, their advisors and senior public servants, as well as opposition ministers and other key stakeholders, on solutions to improve care in emergency departments, inpatient areas and in community services.

Mental health access block

Patients with acute mental and behavioural conditions are amongst the most vulnerable people in emergency departments and are disproportionately affected by access block. As such, mental health access block is a key advocacy priority for ACEM.

ACEM's December 2017 survey of ED waiting times for people with acute mental and behavioural conditions found nearly one-third of these patients waited more than eight hours. In February 2018, the College sent the report to Health Ministers across Australia and New Zealand and other key stakeholders. Planning is now underway for the first national Mental Health in the Emergency Department Summit, to be held in Melbourne in October 2018.

In May 2018, ACEM made a written submission to the New Zealand Government Inquiry into Mental Health and Addiction, highlighting inequities in access to timely and appropriate care for those in need of mental health and addiction services.

Alcohol and drugs

The College was delighted to win a 2017 VicHealth Award for its fourth annual Alcohol Harm Snapshot Survey. ACEM's advocacy was instrumental to the Northern Territory Government's Alcohol Review Implementation Team's recommendations for reforms, including a floor price for alcohol to reduce alcohol related harm in emergency departments.

ACEM continues to work with Deakin University on the Driving Change Project, which collects last drinks data from alcohol-related presentations at eight major emergency departments.

Australian and New Zealand budgets

ACEM analysed and reported on the Australian and New Zealand governments' budgets, as well as each state and territory's budget, providing commentary to media and members.

Al Spilman Award for Culturally Safe Emergency Departments

This award, established in June 2018 and sponsored by the ACEM Foundation, recognises the outstanding efforts of an ACEM-accredited emergency department to ensure cultural safety for Aboriginal and Torres Strait Islander and Māori patients, visitors, and staff.

The award, open to emergency departments in Australia and Aotearoa New Zealand, highlights the importance of cultural safety to improving health outcomes for Australian and New Zealand Indigenous communities. It is an excellent mechanism for encouraging and supporting emergency departments in their reconciliation journey.



Cultural safety in emergency departments

As well as integrating cultural safety into emergency departments and all ACEM staff practices, the College is also focused on strengthening relationships with key external stakeholders.

Cultural awareness is a critical part of successful patient care, and the College has begun to embed cultural safety in emergency departments with the establishment of a Special Skills Term for emergency medicine trainees in Indigenous Health for interested FACEM Training Program trainees. This placement allows trainees to develop the necessary knowledge and skills to work with Aboriginal and Torres Strait Islander patients and their families in a culturally safe way. It also exposes the trainee to healthcare systems that strive to be culturally safe.

In addition, the College is actively progressing a Mentoring Program for Aboriginal and Torres Strait Islander Fellows and trainees. ACEM continues to maintain mutually beneficial relationships with Aboriginal and Torres Strait Islander peoples, communities and organisations, supporting positive outcomes.

Reconciliation Action Plan

ACEM launched its first Reconciliation Action Plan (RAP) in 2017. The RAP is championed by the ACEM President, Board, CEO and Executive Leadership Team.

The College's reconciliation vision is to improve access, equity and quality to acute healthcare in emergency departments by creating culturally safe places for Aboriginal and Torres Strait Islander patients, their families and staff.

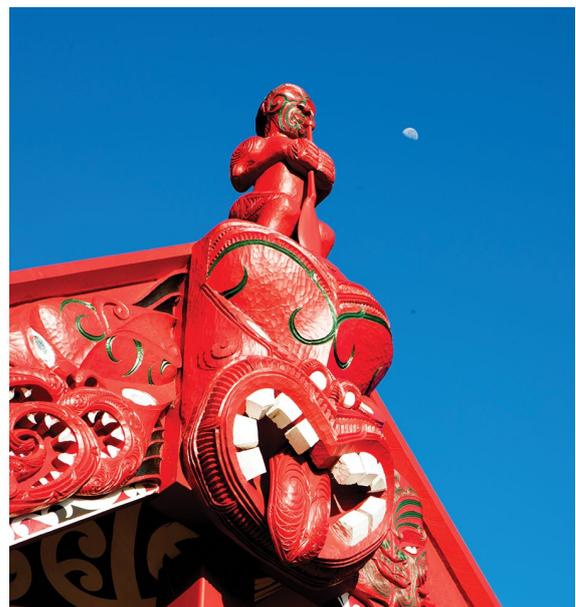
The RAP starts in the workplace and broadens out into all College actions. ACEM's head office in Melbourne is a welcoming environment for Aboriginal and Torres Strait Islander visitors, with an Acknowledgement of Country plaque, the Aboriginal and Torres Strait Islander flags and artworks displayed throughout the building. Printed copies of the RAP are also available at reception and in public meeting areas. All of this has been positively received and the College is proud of these amendments that encourage unity.

The College also encourages reconciliation mindfulness by providing regular Indigenous cultural awareness and competency training to staff, and promoting significant dates, such as National Reconciliation Week, NAIDOC Week, and Close the Gap Day. Importantly, the HR process at the College highlights the values of diversity and presents no barriers to the recruitment and retention of Aboriginal and Torres Strait Islander staff.

ACEM's second RAP for 2019-2020 will aim to build on the foundations of the first, with a focus on supporting and growing the Indigenous emergency physician and ACEM staff workforce.

Manaaki Mana – achieving equity for Māori in Aotearoa Emergency Departments

The ACEM Board has made a commitment to equity for Māori patients, whānau (family) and staff in Aotearoa New Zealand EDs. Following a successful hui of key stakeholders organised by the New Zealand Faculty in March 2018, a steering group was formed to develop a strategy for ACEM. The name Manaaki Mana was gifted to this project by Dame Naida Glavish (Chief Advisor, Tikanga Māori, Auckland and Waitemata District Health Boards). The Manaaki Mana Steering Group is aiming to launch the strategy at the Winter Symposium in April 2019.





Ensuring quality emergency medical care

Standards

ACEM continues to ensure that the standards that define our profession are constantly evolving and reflect recognised best practice.

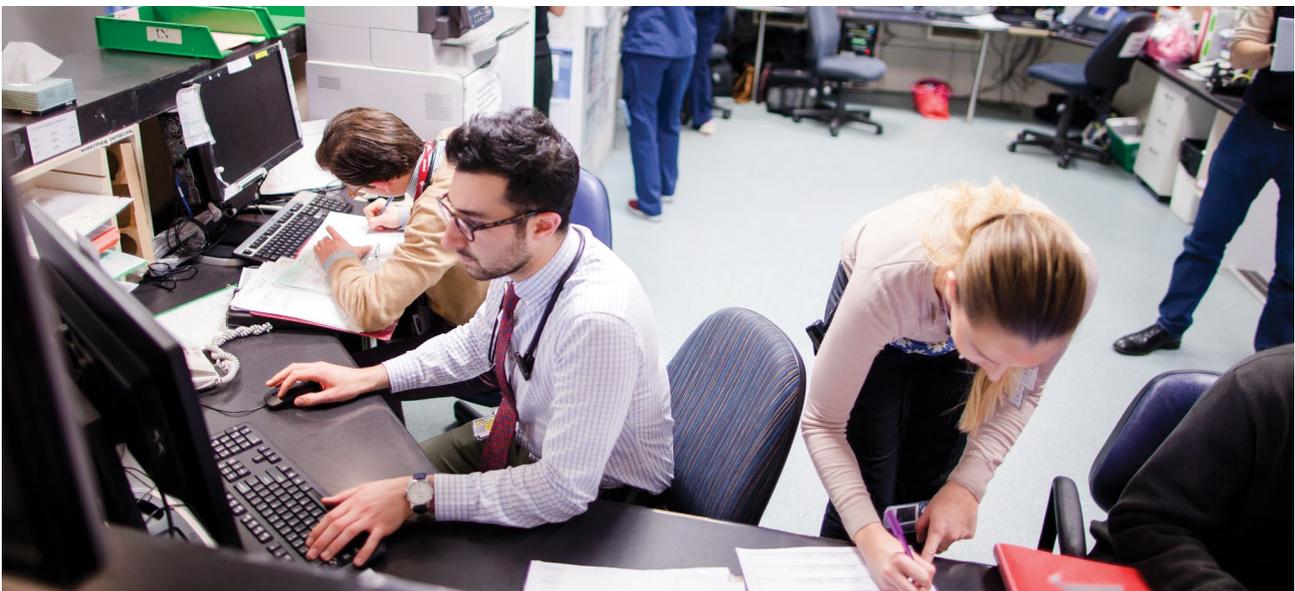
Throughout the year, the Standards Committee has strengthened its review and authorisation of the College's guidelines, policies and statements relating to the clinical practice of emergency medicine. The Committee has been well supported by its subcommittees in fulfilling its responsibilities, ensuring that ACEM is setting the standard for emergency medicine and providing members with a strong foundation from which to advocate.

The following examples highlight the commitment of the Standards Committee, and through it the College, to protecting and promoting the specialty and practice of emergency medicine. Working with CAPP, the Committee:

- contributed to the process, guided by the Private Practice Committee, for the newly endorsed ACEM *Statement on private emergency departments*.
- oversaw and collaborated with three other specialist medical colleges in the drafting of guidelines for a minimum standard of care for sedated patients with acute behavioural disturbance – The colleges involved were the Australian and New Zealand College of Anaesthetists (ANZCA), the College of Intensive Care Medicine (CICM) and The Royal Australian and New Zealand College of Psychiatrists (RANZCP).

- worked with the Quality Management Subcommittee, providing expert direction to the College in its negotiations with The Royal College of Pathologists of Australasia (RCPA) on a *Joint Guideline on Pathology Testing in the Emergency Department*.
- through the Workforce Subcommittee, drafted new guidelines that define minimum standards when establishing short stay units in emergency departments.
- provided advice and direction on the revision of the policies *Violence in Emergency Departments* and *Access To Care For Patients With Acute Mental and Behavioural Conditions*.
- revised four statements – hospital bypass, ambulance ramping, access block and emergency department overcrowding. All were significantly revised to better express the College's position on these key indicators of hospital performance.
- in collaboration with the Emergency Department Ultrasound Subcommittee provided clinical leadership to improve professional standards for ultrasound in emergency medicine.

The review of policies and statements seeks to ensure these important College documents take into account new evidence and contemporary practice. In this process, the comments and feedback of Fellows, members and trainees across Australia and New Zealand is essential, and the College wishes to thank all who have contributed in this way.





Communications and engagement

Awareness

Communicating the work of the College and emergency medicine

Continued efforts to grow ACEM's media profile and promote ACEM, emergency medicine, and key policy positions, coupled with an increased emphasis on strategic communications and events to engage and connect members with the work of the College continued to yield results through 2017-2018.

Media profile

During 2017-2018, ACEM issued over 40 media releases on issues ranging from state and territory budgets, access block, health funding and public health warnings, to improving mental health care, as well as highlighting the achievements of ACEM members.

ACEM's campaign to improve access to care for patients with acute mental and behavioural conditions within emergency departments (covered elsewhere in this report), secured extensive media coverage in February 2018 across New Zealand and at a national and state level in Australia, across TV, radio, online and traditional media. ACEM's key campaign position, messages and proposed solutions were covered, and in some instances the survey findings were complimented with a case study and supportive comments from key stakeholders and mental health advocates. ACEM's advocacy reached the top levels of government and generated responses directly from Health Ministers and leading public servants across Australia and New Zealand.

Strategic communications

The College completed a major overhaul of the ACEM website in February 2018. With a focus on search functionality and user experience, the new website is designed to present and make accessible the breadth of work ACEM delivers across Australia and New Zealand. ACEM's social media engagement continues to increase, with substantial growth in engagement of members and trainees across Facebook, twitter and LinkedIn.

A range of activities surrounding the College's 35th anniversary have been supported by communications campaigns, one such campaign being the development of an online digital timeline.

ACEM events

A continued investment in ACEM's events capacity has seen additional support provided to ACEM members and trainees involved in delivering College events.

ACEM's events offering to members continues to grow, with the highest on record delegate numbers for the 2017 Annual Scientific Meeting in Sydney, in November 2017, and a very successful Winter Symposium in the Barossa Valley in July 2017.





Ensuring strength and sustainability

College Operations

This financial year saw an ongoing focus on improved efficiency across all College operations, yielding positive results.

Ongoing analysis of College activities and finances has ensured that the College remains financially sustainable, independent of Government funding. As a testament to the College's sound financial position, net assets of \$21,054,393 were recorded at the end of the financial year, allowing operations and capital investments to be fully self-funded by retained earnings.

Despite significant expenditure associated with the process of reaccreditation by the Australian Medical Council and on the proceedings of the Expert Advisory Group, the College has returned a net surplus of \$1,008,283 for the financial year ending 30 June 2018.

The College's investment portfolio with JB Were continued to perform well, with a return on investment of approximately 10%. In light of this strong performance, a further investment of \$3 million was made into the ACEM investment portfolio and a further \$700,000 into the ACEM Foundation portfolio.

The College's full audited Financial Report is available on the ACEM website.

Information communications technology and systems improvements

This year, the ACEM Portal received a major upgrade, which included security and performance improvements, as well as a new look to match ACEM's new website.

The ACEM Portal has seen a significant number of enhancements introduced in the 2017-2018 financial year. These enhancements will benefit all those who use the system, including trainees, Supervisors, Fellows, other College members and staff. For trainees, a new revised, easier to understand WBA dashboard was introduced. For members, a new online membership declaration and payments was rolled out at the start of the financial year.

The College is pleased that a 99.9% uptime for online systems was maintained.



Human resources management and capacity development

ACEM staff play a vital role in supporting the work of the College and with the growth of the College, continued investment in an appropriately skilled and engaged staff has been an ongoing focus.

Efforts have centred on career development and succession planning, with cross departmental promotions and transfers having proven highly successful as staff embrace new opportunities.

The College has successfully implemented a number of Reconciliation Action Plan deliverables to foster cultural awareness and competency for all ACEM staff. Initiatives have included cultural competency training, awareness sessions and a range of celebrations to mark NAIDOC week, National Reconciliation Week, Close the Gap Day, Te Wiki o te Reo Māori and Matariki.

Training a wider emergency medicine workforce

Dr Tim Baker, Chair, Emergency Medicine Certificate and Diploma Committee

The Emergency Medicine Certificate and Emergency Medicine Diploma programs continue to attract a significant number of doctors who have decided to obtain further non-specialist training in emergency medicine.

At 30 June 2018, there were 824 EMC graduates and 358 EMC trainees in progress, and 42 EMD graduates and 78 in training. There are now 684 FACEMs and 19 EMD Diplomates who have completed the EMCD Supervisors' course, a prerequisite for supervising EMC and EMD trainees.

Following the Committee's review of the content of the EMC and EMD online modules, the updated EMC modules were released in November 2017 and the EMD modules in January 2018. The new software platform offers increased usability and enhances the learning experience for those completing the modules. These modules are available now on the ACEM Educational Resources site as interactive online resources. Both of these introduce and consolidate information at the level of knowledge expected of EMC and EMD trainees.

As of 1 July 2017, the College has commenced a CPD Program for EMC and EMD qualified doctors, which utilises the same categories as the Specialist CPD Program. The program requires the completion of 50 hours of CPD activities, as well as the performance of six procedural skills as applicable to Certificants or Diplomates. All of these are completed in order to remain CPD compliant, a member of the College, and retain the right to use the post nominals associated with the applicable program completed. As of 30 June 2018, there are 91 Certificant and 25 Diplomate members.

Dr Steinþór Runólfsson, Candidatus Medicinae

While traveling through Zambia, Dr Steinþór Runólfsson from Iceland, took a Skype call at 1 am beside Victoria Falls. The call was an interview for a yearlong position in Port Macquarie and despite the very unstable internet connection, Dr Runólfsson got the job.



The idea to finish his Emergency Medicine Diploma abroad came from his mentor, Dr Hilmar Kjartansson, an Icelandic FACEM who trained in New Zealand. Dr Kjartansson was inspired to get the emergency department in Iceland approved as a training site for the EMC and EMD programs and in turn, promoted the idea to his fellow staff of spending time abroad to improve their skills.

Dr Runólfsson has a passion for rural emergency medicine and after completing his EMC in Iceland, made the decision, with the encouragement of his wife, to finish his EMD in Australia.

Dr Runólfsson started work in Port Macquarie emergency department in July 2017. "The transition from Iceland to Port Macquarie was in a way easier than I had imagined. The systems are different of course but with great co-workers it went rather smoothly." Dr Runólfsson described the biggest hurdle in his transition to an Australian ED was the language difference and the challenges that came with that.

"It is hard to pinpoint what exactly you bring with you when you start work in a new environment and then what you take with you when you leave." He describes of the move to Port Macquarie. "However, for me, coming from Iceland, with a population of 345,000, the biggest change was working in a department with such a diverse range of experience amongst the staff."

Coming from a small community, Dr Runólfsson found the experience of working in a well-developed emergency department invaluable. He and his wife lived happily in Port Macquarie for twelve months and he has, and will continue to recommend the experience to everyone in a similar position.

"I am grateful for the opportunity, I'm grateful for the friendships made and all the experience and knowledge shared by the people of Port Macquarie."

Delivering education, enhancing patient care

Associate Professor Sally McCarthy, Chair, National Program Steering Committee

The National Program continues to deliver emergency medicine education to improve access to quality emergency care in rural, regional and remote areas.

In 2017, the Australian Government's Department of Health (DoH) committed to funding the College's *National Program* for a further three years (2018-2020). Formerly known as the *Emergency Medicine Program* (EMP), the Program is now funded under DoH's Specialist Training Program (STP). Administration of the Emergency Department Private Sector Clinical Supervision (EDPSCS) Program, previously managed by DoH, was also transferred to the College from 2018.

There are six components to the National Program:

- Emergency Medicine Education and Training Program (EMET);

- Specialist Training Placements and Support (STPS);
- Tasmanian Project;
- Integrated Rural Training Pipeline (IRTP);
- Emergency Department Private Sector Clinical Supervision (EDPSCS) Program; and
- Support Projects.

Emergency Medicine Education and Training Program

Emergency Medicine Education and Training (EMET) continues to support regional, rural and remote emergency departments and urgent care services. This support comes through both the training and supervision of doctors and other health professionals who are not specifically trained in emergency medical care.

Distribution of EMP/STP posts and EMET training locations by Remoteness Areas (RA) rating

EMP/STP posts by RA rating



Major Cities (Public)	31.50%
Major Cities (Private)	25.00%
Inner Regional	37.75%
Outer Regional	13.25%
Remote	4.75%
Very Remote	1.75%

EMET training locations by RA rating



Major Cities (Public)	12%
Major Cities (Private)	1%
Inner Regional	36%
Outer Regional	31%
Remote	13%
Very Remote	7%

EMET statistics

49

EMET Hubs

3,300+

EMET training sessions

9,000

hours of FACEM-led training

28,700

attendees participated in EMET training

EMET reached

424

hospitals and sites across Australia (including sessions delivered by telehealth)

89%

of which were in a regional, rural or remote area

36 + 2

EMC

EMD

trainees graduated at EMET sites during this reporting period

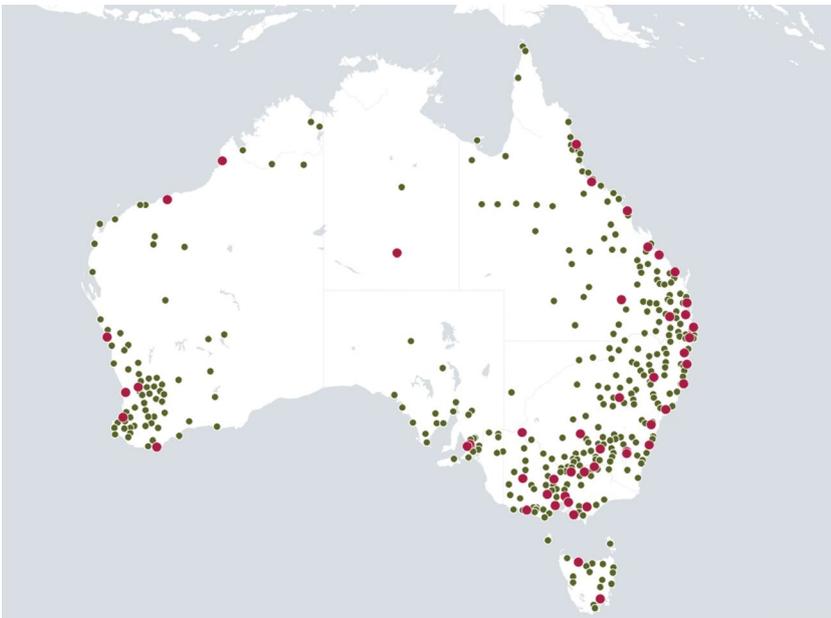
236

EMC and EMD trainees were enrolled across

99

EMET sites

Mapping EMET



- EMET Hub
- EMET Training Site

Albany Health Campus

Albany Health Campus, 2017 Final Report

"We have seen increased experience, confidence and appropriate referrals since the program began. Most of all, however, we have built links with all of our local emergency departments and taken down barriers that existed that stopped workflow. Our clinical risk has decreased since the EMET Program began."

Delivering education, enhancing patient care (continued)

Funding enables FACEMs to deliver:

- supervision and training of EMC/D trainees;
- emergency medicine training sessions; and/or
- on-the-floor teaching and supervision to build capacity in smaller emergency departments.

In 2018, the College established new contracts with 49 ‘hub’ hospitals and services across the country, with an estimated reach of over 400 training sites.

Specialist Training Placements and Support Program

The STPS Program seeks to extend vocational training for specialist registrars into settings outside traditional metropolitan teaching hospitals; this includes regional, rural and remote areas, as well as private facilities.

One rural-based stakeholder commented that the STP is “a very valuable program [and] one of the few supports for rural specialist practice.”

ACEM has been focused on the need for ongoing improvement in the management of STPS posts, as well as improved reporting. As a result, the development of an STP contracts and posts management system were completed in May 2018. In addition to this, an online reporting function was also embedded in the new management system. This system was subsequently enhanced to incorporate changes to the Program and streamline arrangements, with the online reporting portal commencing in 2018.

“I think my big take home message would be the Specialist Training Placement and Support program in Alice Springs has been a huge success, with recruitment and retention of 5 registrars. The proof is in the pudding. It works. The idea is to train in rural and remote areas and eventually have those trainee work in rural and remote areas. We are proving the point that that is what’s happening.

This sort of thing is a small investment that’s having a big impact”, Dr Stephen Gourley (DEM), Alice Springs Hospital and Tennant Creek Hospital.

Tasmanian Project

In June 2012 the Tasmanian Project was announced to support the training and retention of specialist doctors in the Tasmanian public health system.

In 2017, for a second consecutive year, ACEM had a 100% fill rate for all six positions within the program. The program has now been extended for one year in 2018, with a full review of the project undertaken by DoH completed recently and recommended to continue to support and fund the project at the same level.

“It’s been an invaluable project with respect to allowing us to train up emergency specialists who have then remained in Tasmania and work across the state”. Dr Emma Huckerby (DEM), Royal Hobart Hospital.

Integrated Rural Training Pipeline

With continued Commonwealth Government funding, the IRTP is expected to contribute to an increase in the number of trainees in IRTP-STP posts choosing to undertake subsequent practice in Australian Statistical Geographic Standards – Remoteness Area (ASGS RA) 2-5 areas after gaining Fellowship. The program also looks to deliver sustainable future medical workforces for regional, rural and remote communities. In 2018 ACEM was allocated a further eight training posts in addition to the four posts outlined in the 2017 agreement.

“We have found the IRTP to be a fantastic way to allow a local trainee to complete the majority of their training in their home community. Our trainee has continued to be actively involved in community groups and events in addition to their hospital work, strengthening long term links and hopefully paving the way for a long term career in the region”. Dr Andrew Orr (DEMT), Port Macquarie Base Hospital and Kempsey District Hospital.

Emergency Department Private Sector Clinical Supervision

From the beginning of 2018, ACEM has been administering the funding to private hospitals to support the employment of clinical supervisors and staff specialist training coordination positions. Currently there are eight private hospitals that are funding recipients. ACEM is undertaking a review of the program, which will inform the allocation of further funding from 2019.

“The Emergency Department Private Sector Clinical Supervision (EDPSCS) has been incredibly beneficial. It has allowed us to invest time into quality education and training and the response we’ve had from everyone involved has been overwhelmingly positive. The invaluable tutelage we have delivered wouldn’t have been possible without this funding. It’s a completely

Delivering education, enhancing patient care (continued)

different style of learning and we have been touched by the responses from those active in the program, commenting that they feel both appreciated and recognised through the teaching support.

I feel really honoured that I've had the opportunity to be involved. I can see what they are trying to achieve, and I think it's so important to recognise this and produce the best possible outcomes. The EDPSCS acknowledges the need for allocated time to be invested back into emergency departments to achieve the desired results. It is a privilege to be a part of, and I hope to continue to dedicate time and resources to this work". Dr Ben Walters (DEM), Pindara Private Hospital.

Support projects

In the new funding period commencing in 2018, ACEM was awarded funding for two additional support projects. After extensive consideration and consultation with a number of stakeholders, the College made the

decision to focus on two significant issues currently being faced by emergency medicine care; mental health; and Aboriginal and Torres Strait Islander patient experiences in emergency departments.

The project, *Better Mental Health Care in Rural Emergency Departments*, will focus on identifying better practices and developing training resources to assist ED medical staff working in rural hospitals. It will also strive to improve the experiences for patients with mental health issues in emergency departments, and in promoting positive mental health.

The project, *Aboriginal and Torres Strait Islander Patient Experiences in Emergency Departments*, will utilise patient feedback from Aboriginal and Torres Strait Islander patients on their experiences in EDs, with the aim of enhancing the cultural competency of our ED workforce and improving the experiences of Indigenous patients in the ED.

Mapping Specialist Training Program participants across Australia



- EDPSCS Site
- STPS Site
- Tasmanian Project Site
- IRTP Site

Faculty reports

Australian Capital Territory

Dr Suzanne Smallbane, Chair

The Australian Capital Territory (ACT) Faculty has played an important role in the current and ongoing advocacy work of the College to develop responses to address urgent issues of access block, overcrowding and workforce maldistribution.

The Faculty met regularly throughout the year to discuss issues at the Canberra and Calvary Hospitals, and the greater ACT area, to critically dissect the mounting issues within emergency care. Collectively, the Faculty worked persistently towards raising the profile of emergency medicine and highlighting key issues in the ACT, particularly the ongoing problem of access block. A particular focus has been on raising the public profile of access block and overcrowding to influence policy makers to address some of the chronic concerns raised by ACT Faculty members.

Faculty Board

Dr Suzanne Smallbane

Dr Aline Archambeau
Professor Drew Richardson

New South Wales

Dr Christopher Trethewy, Chair

The New South Wales (NSW) Faculty has continued to advocate for its members and patients throughout 2017-2018.

In 2017, the President-Elect and Faculty Chair visited the Hunter New England region, to discuss issues with members and trainees relating to *G23 Guidelines on Constructing and Retaining a Senior Emergency Medicine Workforce*. This includes staffing levels and rostering; patient safety; supervision and ACEM-training accreditation; teaching, protection of teaching and Clinical Support Time; morale and workplace culture; and FACEM and trainee wellbeing.

In response to the NSW government budget, in a statement published by the College, the Faculty called for solutions to access block, as well as better hospital infrastructure, stating, "You can make as much money available for health as you like, but unless you tackle the real issue – building capacity into the overall hospital system in order to provide proper care for the extra patients – then the well-intentioned announcements will amount to nothing".

The Faculty held its local scientific meeting, *Evidence in Review*, in March 2018. It was a great success, attended by close to 100 delegates, including the ACEM President. A welcome dinner provided New Fellows with the opportunity to network with Faculty colleagues, trainees and medical students. The dinner also saw the presentation of various awards to Faculty members in the state.

Faculty Board

Dr Christopher Trethewy
Dr John Kennedy

Dr Naveed Aziez
Dr Karen Coss
Associate Professor Gabriel Lau
Dr Nicholas Lelos
Associate Professor Sally McCarthy
Dr Hugh Reid
Dr Clare Skinner
Dr Alan Tankel
Dr Gina Watkins
Dr Jules Willcocks

New Zealand

Dr John Bonning, Chair

The New Zealand Faculty has progressed towards developing a Māori Health Strategy in Emergency Departments as part of ACEM's commitment to achieving equity for Māori patients, whanau (family) and staff in Aotearoa New Zealand EDs. A hui (meeting) of eighty Māori and non-Māori Fellows, the President, trainees, nurses, researchers, College staff and other key stakeholders was held in March 2018 to discuss ways in which ACEM can work in partnership to achieve equity for Māori. The name Manaaki Mana was gifted to this project by Dame Naida Glavish (Chief Advisor, Tikanga Māori, Auckland and Waitemata District Health Boards). A steering group has been formed to develop the strategy. A further hui will be held in December, and we are looking to launch the strategy at the Winter Symposium in April 2019 following a final report to the ACEM Board.

A change to a Labour-led coalition government in November 2017 provided an opportunity for ACEM to present a briefing to the incoming Minister of Health, the Hon. Dr David Clark on six key issues:

1. Access block and improving patient flow through the health system;
2. Mental Health issues, including access block;

Faculty reports (continued)

3. Health system information technology infrastructure;
4. Health care resource stewardship;
5. Alcohol harm; and
6. Sustainability of the emergency medicine workforce.

Early in 2018, the New Zealand government launched an Inquiry into Mental Health and Addiction, to which ACEM has provided a submission, with the report from this expected in October 2018. A further review of the New Zealand Health and Disability System is in the early stages and the New Zealand Faculty will be actively involved in that review also.

Another very successful Faculty meeting was held in Taupō in October 2018 with good attendance and engagement from Fellows.

New Zealand Fellows are participating in several committees to work with ACEM staff to ensure local events such as the annual NZED Conference in late September and the ACEM 2019 Winter Symposium coming up in Rotorua are relevant and successful.

Faculty Board

Dr John Bonning

Dr Stuart Barrington-Onslow

Dr Scott Boyes

Dr André Cromhout

Dr Gina de Cleene

Dr Devin Faragasso

Dr Harriet Jennings

Dr Natasha McKay

Dr Derek Sage

Northern Territory

Dr Stephen Gourley, Chair

The Northern Territory (NT) Faculty has continued its work towards addressing key issues affecting the local community and emergency medicine. These key concerns stem from issues regarding social determinants of health, including mental health, youth detention, alcohol harm and homelessness.

NT Faculty Board member, Didier Palmer, the President, and the Executive Director of Policy, Research and Advocacy met with the Health Minister, the Hon. Natasha Fyles MLA in April. This meeting focused on highlighting chronic mental health access block in the Territory, the Territory Government's alcohol reform agenda and other issues directly affecting the Territory.

Faculty Board

Dr Stephen Gourley

Dr Rebecca Day

Dr Didier Palmer

Dr Shane Tan

Dr Danika Thiemt

Dr Tracy Walczynski

Queensland

Dr Kim Hansen, Chair

The Queensland (QLD) Faculty was pleased to host another successful local Scientific Meeting, the Queensland Emergency Medicine Autumn Symposium in Brisbane during late May and early June 2018. The event hosted Fellows and trainees from around the state and provided an opportunity for the Faculty to hold a face-to-face meeting for QLD Fellows.

The Faculty has continued to work towards safer emergency departments for patients, members and trainees, advocating for an end to violence in the emergency department, and improved emergency access, especially during the winter flu season. In a media statement in response to the State budget, the Faculty welcomed the investment from the government, but noted that emergency departments should not carry the burden of a whole of hospital issue, "We often work under 'peak' demands, with little or no capacity available to respond to significant patient demand increases/ challenges like the winter flu. We need a whole of hospital approach, including an increase in inpatient beds and staff, to ensure positive patient outcomes over this flu season."

Faculty Board

Dr Kim Hansen

Dr Jessica Forbes

Dr Luke Lawton

Dr Darren Powrie

Dr Dominik Rutz

Dr Niall Small

Dr Sharyn Smith

Dr Andrew Spiller

South Australia

Dr Thiruvengatam Govindan, Chair

The South Australia (SA) Faculty undertook significant advocacy in relation to the issues faced in emergency departments in the Southern, Northern South Australia and Central Adelaide Health Networks. The SA Faculty Board met with the previous Minister for Health, Peter Malinauskas, and the current Minister for Health, Stephen Wade, as well as opposition spokespeople on Health.

Following the March 2018 state election, the ACEM President, Chair of the SA Faculty, and Executive Director of Policy and Research, met with the new Health Minister, the Hon. Stephen Wade MLC, and discussed issues, including access block, overcrowding, ambulance ramping, and the new Royal Adelaide Hospital.

The Faculty proudly hosted the ACEM Winter Symposium in the Barossa Valley in July 2017, ably led by Convenor, Ngee Foo, and Deputy Convenor, Tom Soulsby, supported by the Organising Committee.

The SA Faculty Dinner was a social highlight for the Faculty, with over 70 Fellows, including the ACEM President-Elect, and trainees attending the event. New Fellows attending the dinner were presented with their Fellowship pins, and various awards were presented to Fellows and trainees. The evening was a great success.

Faculty Board

Dr Thiruvengatam Govindan
Dr Michael Edmonds

Dr Peter Bruce
Dr Simon Chu
Associate Professor Robert Dunn
Dr Anit Manudhane
Dr Mark Morphet
Dr Thomas Soulsby
Dr Amy Wilsom

Tasmania

Dr Brian Doyle, Chair

The Tasmania (TAS) Faculty was active in advocating for members, trainees, and patients. The Faculty contributed to the Parliamentary Legislative Council's inquiry into the capacity of Tasmania's principal hospitals to deliver acute health services. Within ACEM's submission, the Faculty highlighted that more must be done to reduce the risk of adverse patient outcomes. The issues facing

members demonstrate broader challenges across hospital services, including the Tasmanian Health Service, and the health care sector as a whole. The Faculty emphasised the College's policies and clinical guidelines as a vital component of any action taken to address these significant challenges.

The President-Elect represented the Faculty at a public hearing held in September 2017, with an additional submission to the Inquiry Committee made by the Faculty in April 2018.

In a statement on the Tasmanian budget, published by ACEM, the Faculty advocated for more funding for hospitals, "Emergency department overcrowding and access block remain significant issues. More needs to be done to reduce patient risk of poorer outcomes, and to support emergency physicians by providing safe workplaces that value clinical expertise in decision making outcomes."

Faculty Board

Dr Brian Doyle

Dr Juan Ascencio-Lane
Dr Kate Field
Professor Anthony Lawler
Dr Lucy Reed
Dr Michelle Rogers
Dr Alicia Tucker

Victoria

Dr Shyaman Menon, Chair

The Victoria (VIC) Faculty held its Annual Conference on the Mornington Peninsula in October 2017. The event was the second in a rotation of regional Victorian locations and played host to over 70 Fellows and trainees from around the state.

In the wake of ACEM's report, *Waiting Times in the Emergency Department for People with Acute Mental and Behavioural Conditions*, mental health access block continued to be a significant issue for the Faculty. The Faculty welcomed the \$705 million in Victoria's budget focusing on more mental health support, extra regional rehabilitation facilities and new emergency department crisis hubs, "Emergency department staff are witnesses to the terrible distress and preventable suffering endured by patients who are forced to stay in emergency departments for days, so prioritising the health and safety of the some of the most vulnerable people in our communities is a must."

Faculty reports (continued)

Faculty Board

Dr Shyaman Menon
Dr Michael Ben-Meir
Professor George Braitberg
Dr Joanne Dalgleish
Dr Suzanne Doherty
Dr Jonathan Dowling
Dr Barry Gunn
Dr Simon Judkins
Dr Sara Mackenzie
Associate Professor Ed Oakley
Dr Chris Roubal
Dr Andrew Tagg

Western Australia

Associate Professor David Mountain, Chair

The Western Australia (WA) Faculty continued to engage with its members, holding a number of meetings throughout the year. The Faculty advocated on policy and standards issues, including: mental health and whole of hospital access block; violence in emergency departments; the WA Emergency Access Target (WEAT); the Sustainable Health Review; surgical audit of emergency laparotomies; urgent care clinics; and paediatric critical care retrieval services.

Over 90 Fellows and trainees from around the state participated in the Faculty local scientific meeting in

Perth, in October 2017. The “On the Move” scientific program was centered around paediatric emergency medicine, critical illness, retrieval and new knowledge. Delegates toured the new Perth Children’s Hospital following the event.

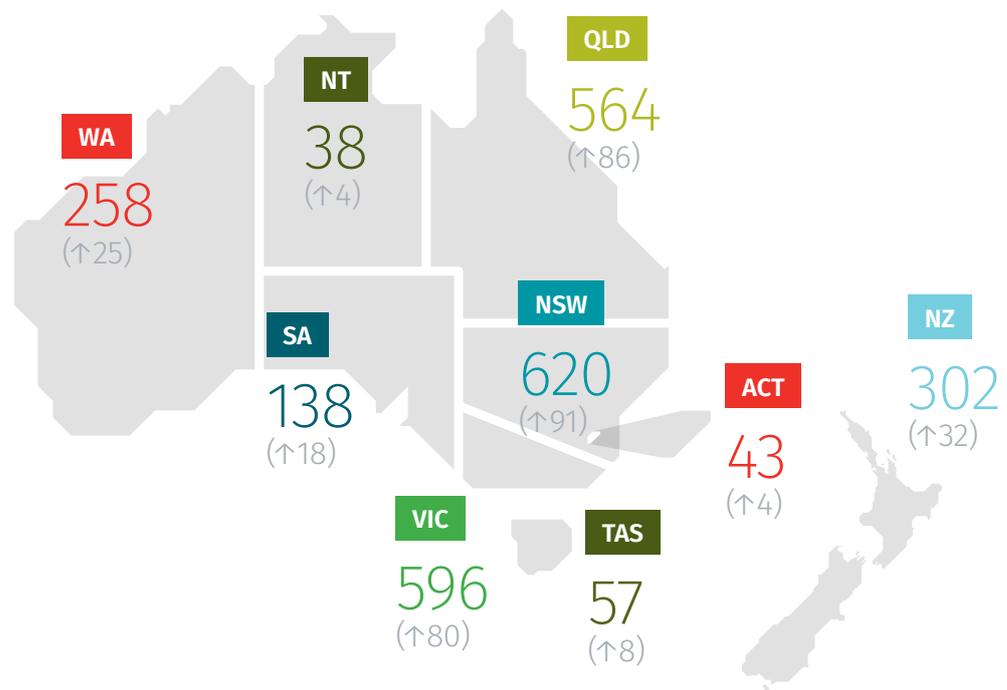
The Faculty continued to plan and develop the 2018 Annual Scientific Meeting in Perth.

In response to the state budget in May, the Faculty and College President called for increased bed capacity to deal with the pressures on Western Australia’s hospital system, to ensure quality, patient-focused emergency care is not compromised; “Improvements in hospital capacity are required. The number of available appropriate beds must increase to at least meet national averages, to try and keep pace with population growth, and the growing demand for hospital services, and redress lost capacity in the last decade.”

Faculty Board

Associate Professor David Mountain
Dr Peter Allely
Dr Yusuf Mamoojee
Dr Tracey McCosh
Dr Karen McKenna
Associate Professor Yusuf Nagree
Dr Harry Patterson
Dr Ioana Vlad
Dr Lynda Vine

Distribution of Fellows across Australia and New Zealand



ACEM Foundation

Dr Simon Judkins, Chair

The ACEM Foundation supports emergency medicine in three key areas: fostering emergency medicine research; encouraging and supporting Aboriginal, Torres Strait Islander and Māori doctors in undertaking emergency medicine training; and building the capacity of emergency medicine programs in developing countries.

Emergency Medicine Research

The **Morson Taylor Research Grant** serves to foster a high quality research project in emergency medicine being undertaken by an ACEM Fellow. In 2017 it was awarded to Associate Professor Glenn Arendts for his research project entitled 'Vitamins and delirium in older emergency department patients'. Associate Professor Glenn Arendts received a \$10,000 grant to undertake his research project.

The **Al Spilman Early Career Researcher Grant** assists a Fellow or trainee in developing and enhancing their research skills and experience. In 2017 it was awarded to Dr Simon Craig for his research project, *Randomised Trials in Acute Paediatric Asthma – Towards Consensus*.



Left to right; Dr Alana Harper, Dr Peter Jones, Dr James Le Fevre and Professor Anthony Lawler

The John Gilroy Potts Award recognises 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. In 2017 it was awarded to Dr Peter Jones (lead author) and co-authors Dr Alana Harper and Dr James Le Fevre for an article entitled 'Impact of a national time target for emergency department length of stay on patient outcome.'

The Edward Brentnall Award is named in recognition of the outstanding contribution made by Foundation Fellow Dr Edward Brentnall to the College. The award recognises an article published in a refereed journal, relating to public health or disaster medicine. In 2017 it was awarded to Dr Peter Jones (lead author) and co-authors Dr Alana Harper and Dr James Le Fevre for an article entitled 'Impact of a national time target for emergency department length of stay on patient outcome.'

Support for Indigenous Medical Practitioners

Hui ā Tau and Scientific Conference 2017 provides an opportunity to celebrate achievements in Māori health and promote Māori scientific health research, knowledge and information exchange. The ACEM Foundation provided \$10,000 in sponsorship to the 2017 Hui ā Tau and Scientific Conference held in December 2017.

The Joseph Epstein Scholarship for Indigenous Advanced Emergency Medicine Trainees aims to encourage and support Aboriginal, Torres Strait Islander and Māori doctors undertaking Advanced Training in the FACEM Training Program. In 2017, the Joseph Epstein Scholarship was presented to Dr Kiri Manning, an Advanced Trainee of the College. The ACEM Foundation continues to provide ongoing financial support to four previous recipients of the Scholarship with one recipient having now achieved Fellowship.

The 2017 ACEM Foundation Lecture was presented by Emeritus Professor Gillian Triggs (Academic and Law Advisor to governments and international organisations, including human rights law and President of Australian Human Rights Commission from 2012-2017). Emeritus Professor Triggs' presentation, *Health Care for Australia's Vulnerable Populations: How we can do better?* was informative and well received.

International 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 2017, the ACEM Foundation awarded three International Development Fund Grants. Dr Michael Downes received \$6,573 for his project, *Toxic Issues in the ED, Sri Lanka*; Dr Sarah Mikhail received \$15,300 for her project, *Introduction to Emergency Medicine, Uganda*; and Dr Anselm Wong received \$6,336 for his project *Utility of an online toxicology information database (TOXBASE) to health professionals: The Global Educational Toxicology Uniting Project (GETUP)*.

The ACEM Foundation International Scholarship is awarded to doctors or other health professionals from developing nations to offer support in the form of professional development, networking opportunities and professional recognition. The scholarship promotes and supports emergency medicine and the work of ACEM Fellows and trainees in developing countries. The scholars also present during a session in the scientific program at the ACEM ASM to increase awareness and enhance the status of emergency medicine in developing countries. In 2017, Dr Suraweeraarachchige Aruna Chaminda (Sri Lanka), Dr Sonai Giri Chaudhuri (Kathmandu), Dr Aung Myo Naing (Myanmar), Associate Professor Maw Maw Oo (Myanmar) and Dr Patrick Toito'ona (Solomon Islands) were the recipients of this scholarship.

The Toni Medcalf Community Service Award seeks to recognise the outstanding personal contribution of a trainee towards improving health outcomes for Australasian communities. Toni Medcalf was an ACEM trainee with a passionate interest in education and volunteered her time extensively in regional and rural settings across Australia and the Pacific, and who made a significant contribution to improving the health outcomes of the community through her work at Canberra Hospital, where she was a highly regarded emergency medicine trainee. The 2017 Toni Medcalf Community Service Award was awarded to Dr Rob Mitchell for his volunteer aid work in several posts throughout Australasia, where he worked clinically as an emergency medicine registrar and facilitated formal education and bedside teaching sessions.



Professor Anthony Lawler and the recipients of the ACEM Foundation International Scholarship

Summary of 2018 financial report

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

In the 2018 financial year, the focus was on improving efficiency across various College activities and providing the ability to increase offerings to members.

The College has delivered a sound financial performance, with a net surplus of \$1,008,283 recorded for the 2018 financial year. This is despite significant expenditure associated with the process of re-accreditation and on the proceedings of the Expert Advisory Group on Discrimination.

The College's financial position remains sound, with net assets of \$21,054,393 at the end of the financial year, allowing operations and capital investments to be fully self-funded by retained earnings.

The College's investment portfolios with JB Were continued to perform well, with a return on investment of approximately 10% over the year. In light of the strong performance, particularly in comparison with interest rates offered by banking institutions, a further investment of \$3 million was made into the ACEM investment portfolio and a further \$700,000 into the ACEM Foundation portfolio. As at 30 June 2018, \$4.77 million was held in the ACEM portfolio and \$1 million in the ACEM Foundation portfolio. The College takes a conservative approach to investment, preferring a long-term strategy to achieve growth, while ensuring the preservation of funds.

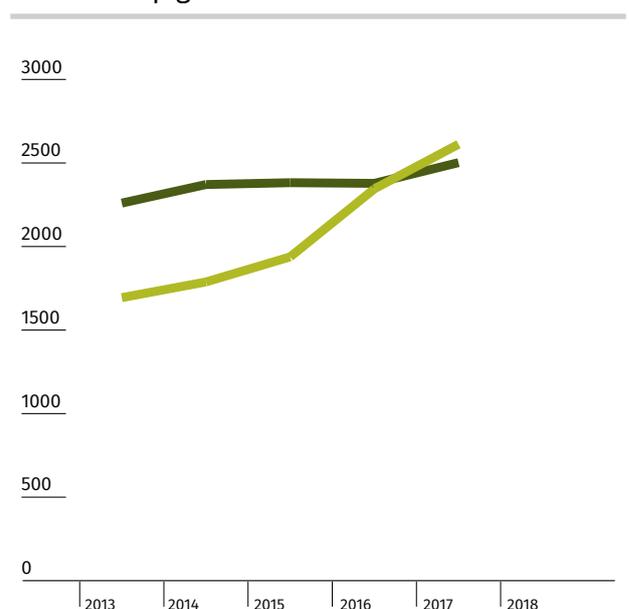
Capital expenditure on the enhancement of IT infrastructure continued, with a total investment of \$470,000 into further development and improvement of existing systems to support our members and trainees. There was also considerable capital expenditure on revision to the Emergency Medicine Certificate and Emergency Medicine Diploma modules and to the ACEM website refresh project.

The College is pleased to note that the Department of Health's (DoH) "Specialist Training Program: Health Workforce Program" funding agreement was extended until 2021. As noted elsewhere in this report initiatives supported through this funding include Specialist Training Placements and Support, Emergency Medicine Education and Training Program, Integrated Rural Training Pipeline initiative, Training More Specialist Doctors in Tasmania measure, and Emergency Department Private Sector Clinical Supervision. In the 2018 financial year, DoH funding contributed \$22.59 million in revenue, which was offset with associated expenditure of \$22.59 million.

Revenue derived from membership fees, training fees, examinations and non-member fees were relatively consistent, with only a minor decrease recorded comparative to the previous year (-3%).

As can be seen by the accompanying graph, the number of new trainees joining the College had plateaued somewhat in the preceding five years, but has risen in 2018. This increase is due to an influx of new registrations prior to enactment of the incoming Selection into Fellowship Training process. The College continues to see a steady increase in the number of new Fellows (total number of Fellows as of June 2018: 2,652 (2017: 2,345)).

Membership growth ■ Trainees ■ Fellows



Statement of income and expenditure and other comprehensive income

	2018 (\$)	2017 (\$)
Revenue	37,620,751	37,912,422
Audit, legal and consultancy expenses	(1,050,052)	(697,853)
Committee meeting expenses	(2,393,093)	(2,006,820)
Computer expenses	(469,760)	(742,243)
Depreciation and amortisation expenses	(1,025,854)	(873,246)
DoH direct project expenses	(21,057,913)	(23,200,118)
Employee benefits expenses	(7,775,483)	(6,877,581)
Examination expenses	(536,577)	(567,412)
Occupancy expenses	(256,821)	(164,024)
Office expenses	(964,303)	(907,741)
Publication expenses	(532,271)	(566,475)
Donations	(42,149)	(42,852)
Awards	(192,617)	(416,703)
Other expenses	(315,575)	(228,002)
Total comprehensive income for the year	1,008,283	621,370

Summary of statement of income and expenditure and other comprehensive income

The net surplus of the College for the year ending 30 June 2018 was \$1,008,283 (2017: \$621,370). Income associated with administration of programs and project activities funded by the DoH continued to contribute to the surplus.

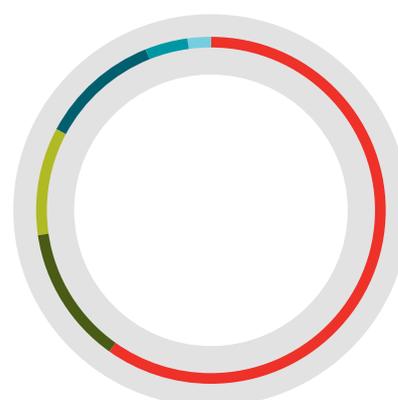
Revenue: Total revenue for 2018 was \$37,620,751 and was comparable to the previous financial year with only a minor (< 1%) decrease. Main revenue streams were DoH grant funding (60%), Fellowship fees (13%), trainee fees (11%) and examination fees (10%). There was a \$3.28 million decrease in DoH grant funding from the 2017 financial year due to the finalisation of the first DoH funding agreement and the commencement of a new funding agreement. 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.

Expenditure: Total expenditure for 2018 was \$36,612,468, a decrease of 3.5% from the previous financial year. This is mainly attributable to an overall decrease in expenditure across the DoH project, as well as cost savings associated with examinations. Audit, legal and consultancy expenses increased by 50%, primarily in response to reaccreditation and Expert Advisory Group (EAG) activities. Committee meeting expenses are comprised predominately of travel costs and have increased in line with greater committee activity, as well as in response to reaccreditation and EAG proceedings. There was a significant increase in depreciation and amortisation expenses due to investment into IT infrastructure, while the increase in employee benefits expenses was due to growth in staff numbers. A significant decrease was recorded in computer expenses (37%) and awards (54%) due to activities associated with the DoH project.

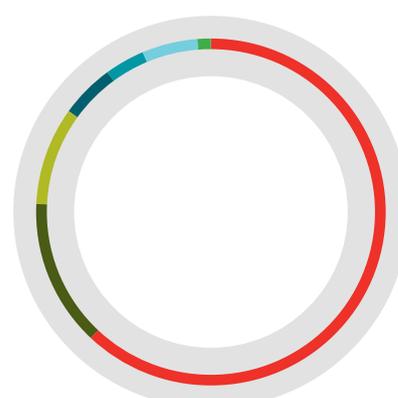
Allocation of revenue and expenditure

Revenue



Grants	60%
Fellowship fees	13%
Examination fees	10%
Trainee fees	11%
Miscellaneous income	4%
Other income	2%

Expenditure



Grants	62%
Education & Training	14%
Operations	9%
Communications & Engagement	5%
Policy & Research	4%
Governance	5%
ACEM Foundation	1%
IFEM	< 1%

Statement of financial position

	2018 (\$)	2017 (\$)
Assets		
Current assets		
Cash and cash equivalents	13,312,303	16,570,673
Trade and other receivables	3,206,525	2,482,374
Other assets	457,708	420,275
Financial assets	11,532,845	4,001,098
Total current assets	28,509,381	23,474,420
Non current assets		
Trade and other receivables	2,000	2,000
Property, plant and equipment	7,628,522	8,015,113
Intangible assets	1,732,619	1,310,617
Total non-current assets	9,363,141	9,327,730
Total assets	37,872,522	32,802,150
Liabilities		
Current liabilities		
Trade and other payables	1,022,113	1,484,239
Other liabilities	14,920,079	10,549,430
Provisions	791,367	571,001
Total current liabilities	16,733,559	12,604,670
Non current liabilities		
Provisions	84,570	151,370
Total non current liabilities	84,570	151,370
Total Liabilities	16,818,129	12,756,040
Net Assets	21,054,393	20,046,110
Equity		
Reserves	—	32,508
Accumulated surpluses	21,054,393	20,013,602
Total equity	21,054,393	20,046,110

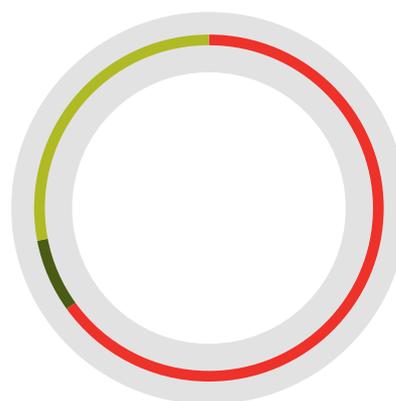
Summary of statement of financial position

The College's net assets were \$21,054,393 at 30 June 2018 (2017: \$20,046,110).

Assets: Total Assets at 30 June 2018 have increased approximately 15% comparative to the prior year. This is mostly attributable to the increase in grant funding held against the new DoH funding agreement. The decrease in Cash and Cash Equivalents was due to a further investment of funds into Financial Assets: long-term cash deposits and the JB Were investment portfolio.

Liabilities: Total liabilities have increased by approximately 32%. Again, this is mostly due to the new DoH funding agreement, as shown by the increase in Other liabilities (\$4.37 million). Provisions have increased in line with a growth in staff numbers, and also reflect the number of long-term staff. Trade and other payables have decreased significantly, largely due to timing of supplier invoicing.

Allocation of current assets



ACEM	65%
ACEM Foundation	7%
Faculties	< 1%
DOH	28%

Vale



Dr David Alltree

14 August 1926 – April 2017

Dr David Alltree from Perth, Western Australia, passed away in April 2017. He was a highly esteemed Foundation Fellow of the College and well known in the College community.

He was unwavering in his diligent work in the emergency department at the Royal Perth Hospital, specialising initially in anaesthetics. Even years after his retirement, he is well thought of and remembered by colleagues.

He was the Inaugural Chair of the Finance Committee in 1983 onwards and was passionate about the College and its work. Although relinquishing his Fellowship in 1986 he retained his membership at ACEM and stayed involved.

Dr Alltree was dedicated to the arts and was also a generous benefactor and Fellow of the Art Gallery of Western Australia. Both the world of arts and medicine will miss him greatly.

Dr Richard Cockington

19 July 1942 – February 2018

Dr Richard Cockington – who passed away in February this year - was a Foundation Fellow at the College and former President of the Australasian Society for Emergency Medicine. From Adelaide, South Australia his first speciality was in paediatric medicine. The Governing Council, Executive and staff of the Women's and Children's Health Network were extremely saddened by the news of his passing and sent their condolences to the Cockington family.

“Richard was a highly respected paediatrician, who pioneered the delivery of paediatric services to country South Australia” says a representative from the Women's and Children's Health Network.

He was esteemed for his leadership and respected by all staff and colleagues, especially for his role as Executive Director Medical Services.

Dr Cockington held the position of DEMA at Adelaide Children's Hospital, November 1993 to August 1999. Throughout this time he also dedicated his time to the advancement of the education of other emergency doctors, working as an ACEM examiner from 1985 to 1999.

In 2003 he was awarded the prestigious Foundation 20 Medal to honour his period as a committed member of the College. He served as the South Australian and Northern Territory Councillor, as well as holding the role of Vice President from 1991-1992.

Dr Cockington generously devoted years to his work in emergency departments, paediatric emergency, as well as the education of other emergency physicians. He will be missed.

Dr Ron Harrison

15 September 1921 – May 2018

Dr Ron Harrison sadly passed away in May of this year.

He was one of the Foundation Fellows of the College and was a well-respected member of the College community and remembered even after his retirement.

He was a dedicated emergency doctor in the emergency department of Hornsby Ku-Ring-Gai Hospital in New South Wales.

Although he retired nearly thirty years ago in 1989, nurses in the ED still remember him for his dedication, leadership and great work.

“He was a delight to work for” says Ros Ferguson the Nursing Unit Manager at Hornsby Ku-Ring-Gai Hospital. “And so caring, he had a strong way of looking after all of his staff. He ran the staff clinic out of the hospital. It really was a pleasure to work for and with him.”

Dr Harrison will be remembered for his hard work and commitment to emergency medicine.

Dr Virginia Noel

27 September 1954 – June 2017

Dr Virginia Noel passed away in June of 2017. Her contribution to emergency medicine was immense and she will be greatly missed.

Dr Noel worked in emergency departments throughout New South Wales, with most of her career spent in the EDs of Nepean Teaching Hospital and Mt Druitt

A large part of her later career was devoted to advocacy on behalf of those who were disenfranchised, tirelessly dedicating her time to Drug and Alcohol rehabilitation centres, as well as working within the New South Wales jail system.

Dr Noel was a conscientious worker, even in the later stages of her life, always wanting to participate and be involved, even when her health no longer allowed it. She was a credit to her profession.

She was assertive and caring, and everyone who knew her will feel this loss, especially her colleagues; she left an impression on everyone she encountered throughout her time as a physician.

Dr Noel chose to pass via assisted euthanasia in Switzerland. She leaves behind her four sons, Matthew, Nicholas, Isaac and Seamus, her daughter-in-law Samantha and two beloved grandsons William and Theodore. She is truly missed.

Awards and Prizes

1 July 2017 – 30 June 2018

Year	Award and Prizes	Recipient
2017.1B	Joseph Epstein Prize	Dr Tennika Jacobs
2017.2	Joseph Epstein Prize	Dr Ceara McCool
2018.1	Joseph Epstein Prize	Dr Adam Douglas
2017.2	The Buchanan Prize	Dr Rory Gleadhill, Dr Elle Lee and Dr Gareth Wahl
2018.1	The Buchanan Prize	Dr Brett Cliff and Dr Elayne Forbes
2017	Teaching Excellence Award	Dr Richard Forbes, Dr Victor Lee and Dr Nigel Moore
2017	ACEM Medal	Associate Professor Sally McCarthy
2017	Tom Hamilton Oration	Dr Elizabeth Mowatt
Year	ACEM Foundation Awards	Recipient
2017	ACEM Foundation Conference Grant: Promoting Future Indigenous Leaders in Emergency Medicine	Jessica Brown
2017	Joseph Epstein Scholarship for Indigenous Advanced Emergency Medicine trainees	Dr Tatum Bond and Dr Kiri Manning
2017	Toni Medcalf Community Service Award	Dr Rob Mitchell
2017	Al Spilman Early Career Researcher Grant	Dr Simon Craig
2017	Edward Brentnall Award	Dr Peter Jones (lead author), Dr Alana Harper and Dr James Le Fevre
2017	John Gilroy Potts Award	Dr Peter Jones (lead author), Dr Alana Harper and Dr James Le Fevre
2017	Morson Taylor Research Grant	Associate Professor Glenn Arendts
2017	International Development Fund	Dr Michael Downes, Dr Sarah Mikhail and Dr Anselm Wong
2017	International Scholarship	Dr Suraweeraarachchige Aruna Chaminda (Sri Lanka), Dr Sonai Giri Chaudhuri (Kathmandu), Dr Aung Myo Naing (Myanmar), Dr Maw Oo (Myanmar) and Dr Patrick Toito'ona (Solomon Islands)

New Fellows

1 July 2017 – 30 June 2018

Irshath Abdul Raheem	Kyle Brooks	Gillian Edwards	Liam Hannon	Farzad Jazayeri
Angelo Abeywickrema	Philip Brooks	Shamim Family	Candice Hanson	Luke Jeremijenko
Dan Adams	Laura Brown	Danielle Feigin	Pradeep Hanumantha Rao	Cecil Johnny
Titiosi Adegbija	Matthew Brown	Clare Finch	Tim Harding	Mike Jones
Jahir Ahmed	Rhiannon Browne	Ritesh Firke	Jennifer Hardman	Desiree Jongco
Modher Albeirut	Thomas Carter	Pippa Flinn	Simon Harger	Ciaran Joyce
Ali Aldawood	Kirin Channa	Jessica Folger	Harriet Harper	Eleanor Junckerstorff
Nor Alias	Jonathan Cheah	Suzan Fox	Keith Harris	Vijay Kama
Amal Al-Mandhari	Juan Chiang	Laura Francis	Daniel Haustead	Sadhna Kapitan
Anjana Amarasekera	Jaclyn Chin	Jeremy Friend	Richard Haydon	Claire-Marie Karrasch
Barry Anthony	Hiren Chotaliya	Sascha Fulde	Amelia Hendry	Kaveh Kaynama
Tom Antonio	Nandini Choudhury	Daniel Gaetani	Joanne Henry	Stephen Kearney
Aditya Appaya	Sarah Clarke	Zoltan Galambos	Adam Herbstritt	Andrew Kerr
Alexandra Archer	Jonathan Claydon	Phil Gartland	Deborah Heys	Kate Kerr
Rachel Atkins	Shalini Cleophas	Usman Ghani	Adrian Hill	Riaz Khan
Rosemary Baker	Julian Cochrane	Stephen Gildfind	Simon Ho	Yasir Khattak
Katherine Bassett	Steven Colhoun	Yuri Gilhotra	Joshua Holden	Megan Kho
Georgina Bates	Michael Connelly	Rachael Gill	Tom Holland	Vincent Khoo
Jared Bayless	Andrew Cooke	Maziar Gorjipour	Bridget Honan	Megan King
Fiona Beattie	Rob Currie	Anja Gourlay	Kate Hooper	Marilyn Poh Yue Kok
Sierra Beck	Negin Dakhilalian	Mohanarajah Govindarajah	Nicholas Hooper	Andrew Kozman
Leanne Bennett	Conor Davis	Kim Grayson	Tag Hopkins	Anil Kumar
Melanie Berry	Bridget Devaney	Tonia Griffith-Jones	Saskia Hor	Joanne Lamont
Lee Blair	Michael Devlin	Tristan Griffiths	Kai Hsiao	Benjamin Land
Paul Blakemore	Atul Dhital	Cristian Gutierrez	Kimberly Humphrey	Alan Laverty
Matthew Bode	Oliver Dodd	Andrew Habig	Anna Ings	Ashley Leadbeatter
Byron Booth	Frances Dolman	Haider Al Ubaidi Hamed	Tennika Jacobs	Elle Lee
Thomas Bourne	Prabeen Dulal	Suzanne Hamilton	Monit Jain	Steven Lee
Sarah Boxall	Claire Dunsdon	Paul Hanley	Claire Jardine	Yee Yong Lee
Andrew Brier	Christopher Edwards			Tony Legassick

New Fellows (continued)

1 July 2017 – 30 June 2018

Claire Leonard	Sunayana Moriarty	Megan Quedley	Anne Smith	Aine Tuohy
Ines Lerner	Eleanor Moulden	Bindiya Rai	Casey Smith	Berenika Turchin
Fiona Liew	Jay Mueller	Dale Ramdath	Tom Soeyland	Sonia Twigg
Danny Lim	Basil Muharb	Max Raos	Sandeep Somanathan	Kelly Utting
Henry Limgenco	Ian Muir	Amir Raza	Daniel Soobratty	Tharindu Uyanage
Dieter Linde	Matthew Mulkeen	Morven Reid	Scott Squires	Sanjay Valand
Steven Lindsey	Dilyara Mulraney	Helen Rhodes	Kate Stanbridge	Karl Van Der Merwe
Thomas Lipski	Anna Mulvaney	Paulina Richard	Tim Starkey	Behzad Vasfi
Alison Little	Ignatious Musemwa	Robert Roan	Katrina Starmer	Kiran Veera
May Loke	Ramesh Nayak	Euan Robinson	Rich Stephenson	Mel Venn
Neil Long	Timothy Neve	Zoe Rochford	Thomas Stevenson	Sam Vidler
Langa Lutshaba	Jonathan Soong Jian Ng	James Rowe	Daniel Stewart	Saravanakumar Viswanathan
Deborah Maher	Sinead Ni Bhraonain	Sebastian Rubinsztein-Dunlop	Cameron Stirling	Gareth Wahl
Mustafa Majeed Omar	Adrian Nightingale	Roxanna Sadri	Priyesh Sura	Amy Wain
Vivek Manda	Koli Nushaj	Joshua Sahara	Kate Taliana	Sophie Wallace
Jacqueline Marks	Angela Okereafor	Rajbir Sandha	Edward Tan	Steve Walsh
Natalie May	Melanie Olding	Ondrej Saska	Zeena Tawfik	Faryal Waqar
Therese McBride	Uli Orda	Heramb Satoskar	Lemeneh (Tef) Tefera	Cherie Watts
Amanda McConnell	Tristen Pace	John Scott	Jonathan Tembo	Malinda Weerasinghe
Eamonn McKeown	Ahilan Parameswaran	Sanjeeva Senaratna	Austin Terry	Clare Wellard
Ruaraidh McRitchie	Sophie Parker	Brenna Shackelford	Ajith Thampi	Brendan Whiting
Balapuwaduge Mendis	Ruth Parsell	Neil Shankar	Beverley Thompson	Sally-Ann Wickham
Adam Michael	Sam Peschart	Rebecca Shaw	Richard Thomsett	Mark Willsdon
Erik Miller	Jason Pierce	Lindsay Showers	David Thomson	Kerri Winstanley
Rob Mitchell	Rick Place	Gareth Simpkins	Lynda Thurston	Owain Wright
Abhishek Mitra	Paul Power	Megha Singh Tveit	Inia Tomash	Herris Xiao
Athar Mohammed	Tasha Power	Vasugi Sithirasenan	Katherine Tomkins	Payam Yahyavi
Darren Moisey	Rudesh Prasad	Sivasampavan Sivasubramaniam	Zorica Tootell	Holly Young
Deborah Moore	Damian Prendergast	Robert Slater	Clare Trythall	
Dhruv Mori			Georgina Tubb	

Emergency Medicine Certificate and Diploma graduates

1 July 2017 – 30 June 2018

EMC graduates

Ziad Abdul Gaffoor	Ammara Doolabh	Paula Kearns	Peni Poloniati	Aisling Timmons
Sanjida Akhter	Jaimie Drysdale	Nerida Kelly	Graham Prentice	Lari Trease
Mustafa Al-Ani	Sarah Elshafey	Jerome Klein	Rebecca Prowse	Emma Tucker
Sohair Ali	Justin Evans	Keith Kolodzej	Tom Purchase	Soe Tun
Smita Anand	Nnaemeka Ezeorakwe	Cate Kube	Natasha Ratabakau	Umar Umar
Danielle Anderson	Ross Farrar	Ken Kyaw	Matt Reeves	Sana Usman
Ines Arenal de la Piedad	Matthew Faulk	Nathan Kyaw	Sadia Rehman	Kayal Valayapathy
Ariana Arulampalam	Sandun Fernando	Mel Lam	Laurie Rigueros Springford	Julie van der Klift
Debbie Bailey	Jillian Ferrell	Catherine Law	Myles Rivlin	Sergey Vavilov
Timothy Baker	Daniel Fethney	Tom Leach	Chris Roeger	Priya Veerapandian
Emily Ball	David Fitter	Wayne Lee	Thea Rogers	Angie Vico
Tristan Barnes	Jaz Fransch	Tamsin Lillie	Saika Sabrin	Liam Walsh
Gabriela Barros Modenesi	Alistair Gales	Loren MacAulay	Eric Sambaiew	Isuru Wasthuhewa
Tom Battisson	Vin Gamage	Samah Mansour	Saweela Sarwar	Arachchi
Laura Bennett	Francesca Garnett	Jim Marshall	Thilakam Sasikaran	Shannon Welsh
Hitesh Bhasin	Lisa Gilbert	Karyn Matterson	Inga Schimanski	Rod Whyte
Abhijith Bhat	Christopher Gill	Kirsty McColl	Ralph Scorgie	Clare Willix
Laura Bidstrup	Evert Gips	Sam McGowan-Smyth	Sarah Scott	Michael Willoughby
Meredith Blackmur	Ahdy Girgis	Kerry McHale	Suzy Sevdicevski	Maung Win
Gary Bourke	David Glendinning	Hannah Mills	Joanna Shah	Jacky Yeung
Kamen Boyadjiev	Druvi Gnaniah	Rebecca Mitchell	Jennifer Shen	Lip Yong Choo
Elliot Breaks	Maria Go	Osman Mohamed	Mubashar Sherazi	
Chris Brown	Charlie Goodman	Mahsa Mohsenifard	Davida Shirky	EMD graduates
Gregory Brown	Catherine Grant	Meredith Moodie	Alfia Shvarts	Juliette Blackburn
Sarah Brownstein	Megan Griffiths	Tessa Moody	Gulya Sidari	George Chimpanda
Tri Cao	Kathy Grocke	Sally Moore	Chandima Silva	Paul Cole
Ying Cao	Asanka Gunawardana	Fahaz Nazer	Sally Simpson	Garn Cooper
Heather Carcary	Arezoo Hakki	Matthew Neal	Mandeep Singh Kalsi	Omar Faruque
Erin Carroll	Imadeldin Hamid	Gareth Ng	Katherine Smith	Ritesh Mahinderkar
Carolyn Chapman	Tara Hamilton	Kalo Nofo'akifolau	Nicole Smith	Vlad Maksoutov
Grace Cheok	Tim Hepworth	Jeremy Norden	Christopher Soo	Ken McCallum
Daphne Cohen	Felix Ho	Yuliya Novytska	Subhash Sree Kantan Nayar	Aparna Patil
Joseph Collinson	Lucy Houghton	Jerry Oh	Theresa Stockwell	Namal Prematillake
Aaron Coutts	Lydia Hubbard	Juan Pablo Meza Budani	Kelsey Sweeney	Sally Rawlins
Indra Danny	Andrew Hughes	Helen Palfrey	Kieran Sweeney	Robert Thompson
Matthew Davies	Sehar Ikram	Davinder Pannu	Paul Tan	
Robert Dickson	Habiba Jahan	Stephen Park	Lio Tangitau	Congratulations to the College's New Fellows, Prize Winners and recent EMC and EMD Graduates.
Ailsa Doak	Callum Jarvis	Will Parkyn	Laura Tarrier	
Margaret Donaldson	Belinda Jennings	Lucas Parry	James Teh	
	Darren Jewell	Maulik Patel	Donna Thomas	
	Emma Jones	Ross Peagam		
	Anam Kamran			



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