

Australasian College for Emergency Medicine

## **Diversity in College Governance**

Consultation Paper

August 2018



# Introduction

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## Purpose

As a College, ACEM recognises the need for the structure and composition of College entities to reflect the diversity of the College membership, thereby improving the capacity of its entities and the College overall to deliver value to the organisation by reflecting the views of a representative cross-section of the membership.

Arising from recent work conducted by the College, this Consultation Paper is intended to obtain the views of ACEM members in regard to the current diversity represented by the membership of the three key ACEM governing bodies that, collectively, oversee the work that the College does for members in achieving the purposes and strategic objectives of the College. As well, the paper invites members to contribute to enabling the College to understand perceived barriers to achieving what members consider to be appropriate diversity, and to contribute to developing steps that can be taken to assist to ameliorate situations where barriers are felt to be inhibiting such diversity.

The work that is being conducted through the consultation paper is being undertaken by the College's *Diversity and Inclusion Steering Group* (DISG), on behalf of the ACEM Board.

## Background

Research in recent years has demonstrated the positive relationship between a more diverse leadership and improved performance<sup>1</sup>. The diversity of multiple views in the decision-making process is also considered more likely to take into account various risks, consequences and implications<sup>2</sup>. Furthermore, increased diversity can also positively influence the rest of an organisation, and in turn encourage increased interest in participation in governance activities from a more diverse pool of individuals.

ACEM comprises a diverse range of members, yet there remain concerns that this diversity is not adequately reflected within ACEM entities and across ACEM governing bodies. As such, members have identified increasing diversity amongst College entities as a priority.

During 2016-2017, the College undertook significant pieces of work through two College bodies; the *Expert Advisory Group on Discrimination* (EAG) and the *Discrimination, Bullying and Sexual Harassment* (DBSH) *Working Group*. The work of both groups produced Action Plans, both of which are being actively implemented by the College under the auspices of the ACEM Board, and are available on the College website. Reporting to the Board, implementation of actions contained in the *EAG Action Plan* is being overseen by the *EAG Implementation Steering Group*, and those of the *DBSH Action Plan* are being overseen by the DISG.

The Action Plans resulting from both pieces of work identified the need for the College to consider initiatives and mechanisms that would:

- increase diversity across College governance structures;
- improve members' educational capabilities;
- enhance support structures for Fellows and trainees; and
- empower ACEM trainees and members to lead culture change in emergency departments and hospitals.

Gathering and reporting data in relation to diversity amongst the general membership, particularly in regard to participation in ACEM entities, will be a part of ACEM's ongoing work in the areas of diversity and inclusion. It will provide both a baseline measurement of involvement, as well as one way with which change initiatives can be assessed and evaluated. The reporting data in relation to the demographics of ACEM's membership is currently obtained via a number of member reports.

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<sup>1</sup> Hunt, V. Layton, D. and Prince, S., *Why Diversity Matters*. New York: McKinsey & Company, 2015.

<sup>2</sup> Russell, Reynolds Associations. *Different is better – why diversity matters in the boardroom*. Russell, Reynolds and Associates Inc, 2009.

In relation to demographic data of the general membership, ACEM currently collects the following information in relation to individual members:

- gender;
- date of birth;
- membership status;
- geographic location;
- workplace;
- country of primary medical degree; and
- Aboriginal, Torres Strait Islander and/or Māori status.

## Scope

Diversity can be defined as any dimension that is used to differentiate groups and people from one another. Measures of diversity can include (but are not limited to) age, gender, ethnicity, religion, disability, sexual orientation, education, marital status, geographic location, caring-responsibilities, Indigenous background, socio-economic background and national origin<sup>3, 4</sup>.

Within the context of this consultation paper, a broad approach to diversity will be considered, incorporating the elements outlined above. That said, the DISG acknowledges that traditional measures of diversity such as gender and ethnicity are important to consider, and that recent concerns of College members have predominantly focused on these elements.

The scope of this consultation paper focuses on diversity in relation to ACEM's three main entities, the ACEM Board, the Council of Advocacy, Practice and Partnerships (CAPP), and the Council of Education (COE).

Whilst the DISG recognises that there are a number of entities reporting to the Board, CAPP and COE, diversity in relation to the three main entities has, however, been identified as a priority activity by the Steering Group and this has been endorsed by the ACEM Board.

**Appendix A** provides information in relation to these three entities, in the context of this consultation paper.

## Consultation Questions

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Through the DISG, the ACEM Board is now seeking feedback from the membership in relation to diversity on the three College governing bodies through responses to the questions below.

1. Does the current membership of the ACEM Board, CAPP and COE represent appropriate diversity to best inform strategic priorities for the College and the conduct of associated activities?
2. If 'No', in what way(s) is the diversity not appropriate for the needs of the College, and what are the causes/barriers that inhibit an appropriate diversity being obtained?
3. For each of the causes/barriers identified in your response to Question 2, what practical steps could be taken by the College to address the matters identified?
4. What elements of diversity in relation to College activities would you like to see the College report on to the membership and key external stakeholders?
5. Please outline any comments you have in relation to achieving an appropriate diversity on the ACEM Board, CAPP and COE that have not been covered through your responses to Questions 1 to 4 above.

The consultation is open from **Monday, 20 August 2018** until **5:00pm (AEST) on Sunday, 9 September 2018**. Submissions should be provided to [diversity@acem.org.au](mailto:diversity@acem.org.au).

<sup>3</sup> Global Diversity Practice (UK). *What is diversity and inclusion?* [Global Diversity Practice Ltd](#) 2017; [cited 30 July 2018].

<sup>4</sup> Diversity Council Australia. *Diversity and inclusion explained*. [Diversity Council Australia](#) 2018; [cited 30 July 2018].

## Next Steps

Following completion of this consultation, the DISG will review all submissions. Based on member feedback, it is intended that an Options Paper will be developed for the consideration of the ACEM Board, outlining ways intended to overcome the perceived barriers to increasing diversity across the ACEM Board, CAPP and COE. Further feedback will be sought from the membership via a second consultation paper.

Following completion of this second consultation, recommendations will be provided to the ACEM Board. These recommendations may include (but not be limited to), recommendations relating to Constitutional change and/or revised regulations and/or policies.

Table 1. Summary of consultation process and next steps

Activity	Date
Member consultation – Diversity in College Governance	20 August – 9 September 2018
DISG collates and considers feedback	Late September 2018
Options paper presented to ACEM board	October 2018
Member consultation – Diversity Options Paper	Mid-October – Late November 2018 Includes College ASM and AGM period
DISG collates and considers feedback	December 2018 – January 2019
Recommendations presented to ACEM Board	February 2019

## Contact

For any queries or further discussion in relation to this consultation paper, please contact Fatima Mehmedbegovic at [diversity@acem.org.au](mailto:diversity@acem.org.au).

# Appendix A: ACEM Governance Structures

## Background

A governance review conducted during 2012 – 2013 saw revised governance arrangements, underpinned by a College Constitution, adopted at the Annual General Meeting (AGM) of the College in November 2013 for implementation on 1 July 2014. The current ACEM Constitution is available on the ACEM website [here](#).

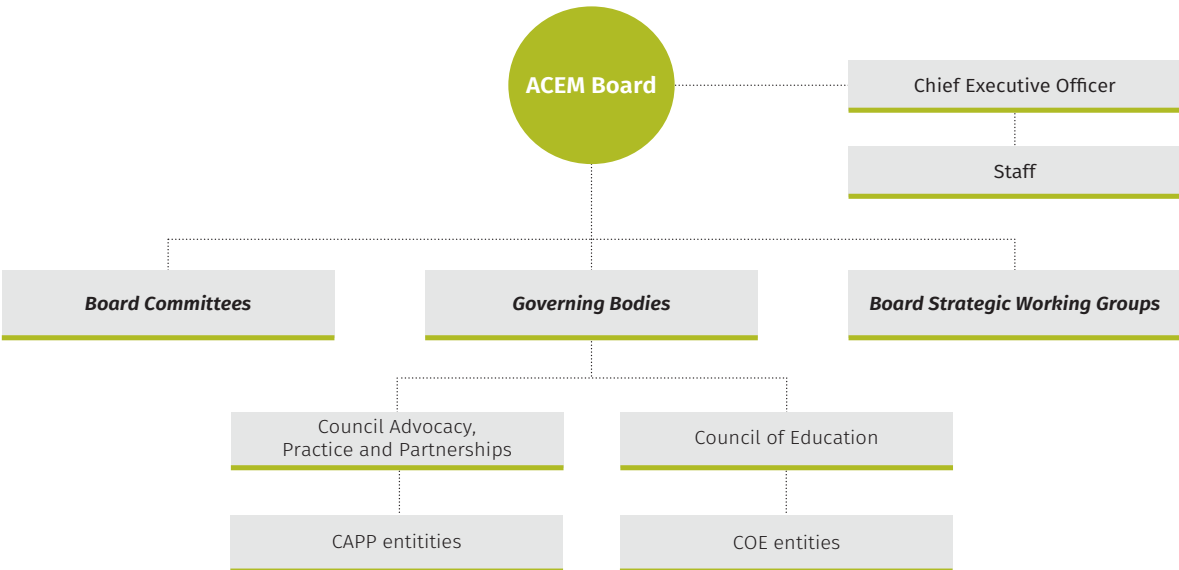
The College is bound by arrangements described in the Constitution, and changes to this can only be made through special resolutions put to and passed by a 75% majority of ACEM Fellows that vote in relation to any such proposal. Such a vote may be held at a College General Meeting (e.g. the College AGM), or through a ballot held by electronic or other means outside of a General Meeting, when the procedures described for this in the Constitution have been initiated.

## Current ACEM governance structures and their composition

The Constitution lists 18 Objects for which the College is established, all of which relate to ensuring the provision and maintenance of a well-trained emergency medicine workforce and safe emergency care to the communities of Australia and New Zealand, as well as other jurisdictions, such as developing countries in the Asia-Pacific region and elsewhere. Pursuant to the Constitution, the College is now governed by a Board, which, within the provisions of the relevant acts (e.g. Corporations Act 2001 (Cth)), has the capacity to delegate its powers/functions to other college entities or individuals.

In addition to standing and ad-hoc committees that report directly to it, the Board delegates some powers to two ‘councils’ and their subordinate entities (Figure 1). Known as the Council of Advocacy, Practice and Partnerships (CAPP) and the Council of Education (COE), these councils can be considered to have evolved from the previous governance arrangements, corresponding to the previous Council and Board of Education, respectively. Both Councils, have a range of entities that report to them. The general nature of the arrangements is outlined in Figure 1.

Figure 1: The ACEM Board and its entities



# Composition of the ACEM Board

Under the current ACEM Constitution (Clause 8.1), the Board comprises:

- The President of the College (elected by members);
- The President-Elect (elected by members) or the Immediate Past President as applicable;
- The Chair of CAPP (appointed by virtue of that office; i.e. ex-officio);
- The Deputy Chair of CAPP (ex-officio);
- The Chair of COE (ex-officio);
- The Deputy Chair of COE (ex-officio);
- One (1) trainee representative elected by and from FACEM trainees;
- Up to two (2) persons, who are not Fellows of the College, appointed by Board members on the basis that they have the required skills.

If all the Board members are resident in Australia or all the Board members are resident in New Zealand, an ACEM Fellow who is resident in the country not represented is appointed by the Board following nomination from a Regional Faculty Board(s) and an election process if necessary<sup>5</sup>.

Thus, pursuant to ACEM's Constitutional requirements, appointment of FACEM members to the ACEM Board is predominantly by virtue of an individual's pre-existing role in the College (ex-officio, four (4) of the six (6) positions normally occupied). The President and President-Elect/Immediate Past President are elected by the general Fellowship; however, eligibility is confined to FACEMs who are currently, or have recently been, members of either of the two main Councils, CAPP or COE.

The role of trainee representative (n=1) is appointed via a vote of FACEM trainees if necessary, from FACEM Training Program trainees, and external members with particular relevant expertise (n=2; currently legal and financial) are appointed by the Board respectively. There are therefore no roles appointed via general election, other than the President and President-Elect<sup>6</sup>.

In relation to the ACEM Board, its current composition is provided in Tables 2 to 4 (below), which outline its composition by age, gender and country of primary medical qualification, respectively.

*N.B. Data presented in each of the tables below is limited to ACEM Fellows and trainees. External representative roles (such as external community representative roles) and non-voting roles (such as staff roles) have been excluded.*

Table 2. Composition of ACEM Board according to age

Age Range	n
< 35	-
35 – 44	-
45 – 54	7
55 – 64	1
65 – 74	-
<b>Total</b>	<b>8</b>

<sup>5</sup> Refer to College Regulation A4.3.1.2 for details regarding the applicable process.

<sup>6</sup> Refer to College Regulation A4.2.3 – A4.2.5 for details regarding the applicable process.

Table 3. Composition of ACEM Board according to gender

Gender	n
Female	-
Male	8
<b>Total</b>	<b>8</b>

Table 4. Composition of ACEM Board according to country of primary medical degree

Country of Primary Medical Degree	n
Australia	5
New Zealand	1
Other	2
<b>Total</b>	<b>8</b>

### Composition of the Council of Advocacy, Practice and Partnerships

Under the Constitution (Clause 13), Regulation A (3.2.1(a)) and the CAPP Charter (Clause 2), CAPP comprises:

- **Ex-officio members**
  - President
  - President-Elect or Immediate Past President (non-voting when the President is in attendance)
  - One trainee representative (Chair or Deputy Chair of the Trainee Committee)
- **Elected FACEM members**
  - A Chair
  - A Deputy Chair
  - Regionally-elected FACEM members as follows:
    - Three FACEMs each from New South Wales and Victoria
    - Two FACEMs each from New Zealand, Queensland and Western Australia
    - One FACEM each from ACT, Northern Territory, South Australia and Tasmania.

Nominees for election for the positions of Chair and Deputy Chair of CAPP must be a current member of CAPP. Elections for the positions of Chair and Deputy Chair of CAPP are held every two years, with the outcome of the election announced at the AGM. Where there are two or more valid nominations for either position, an election shall be held. If there is only one valid nomination for a particular position, that person shall be deemed elected to the position in question.

Elected FACEM members of CAPP hold office for a period of two years, from the date of the AGM at which they are deemed elected, at which time they may renominate for election, provided that they continue to meet eligibility requirements<sup>7</sup>. Elected FACEM members of CAPP may serve a maximum of three successive two-year terms; however, may serve a fourth successive term if that term is to be served as an office bearer (i.e. Chair or Deputy Chair) of CAPP.

<sup>7</sup> Refer to College Regulation A3.2.5 for further details.

<sup>8</sup> Refer to College Regulation A3.2.5 for further details.

For certainty, the total period served in any elected capacity on CAPP shall be eight years four successive terms. Members of CAPP who have served their maximum allowable period may be eligible for reappointment to CAPP following a period of two year absence<sup>8</sup>. CAPP is responsible for ensuring the provision of standards and quality emergency care to the Australasian community through:

- Facilitating proactive participation in the policy debate as a trusted, authoritative source of advice and research, and extending the speciality’s influence
- Relationships
- Representing, supporting and protecting the interests of members in their professional life
- Ensuring adequacy and relevance of professional standards for the provision of quality emergency medicine in Australasia and working with partners to promote adherence to standards
- Raising the profile and image of emergency medicine and building a high-quality and accessible body of knowledge on emergency medicine as a specialist practice.

The Chair and Deputy Chair are the peak leadership positions for CAPP, and lead the broader activities of the Council as set out in the CAPP Charter. The Chair establishes the agenda and chairs the meetings of CAPP; the Deputy Chair acts as Chair of CAPP in the absence of the Chair.

The current composition of CAPP is outlined in Tables 5 to 7, which outline its composition by age, gender and country of primary medical qualification, respectively.

*N.B. Data presented in the tables below is limited to elected FACEM members of CAPP and the trainee representative, with ex-officio FACEM members (President and President-Elect or Immediate Part-President, and external representative roles (such as external community representative roles) and non-voting roles (such as staff roles) excluded.*

Table 5. Composition of CAPP according to age

Age Range	n
< 35	-
35 – 44	7
45 – 54	7
55 – 64	5
65 – 74	-
75+	-
<b>Total</b>	<b>19</b>

Table 6. Composition of CAPP according to gender

Gender	n
Female	7
Male	12
<b>Total</b>	<b>19</b>

Table 7. Composition of CAPP according to country of primary medical degree

Country of Primary Medical Degree	n
Australia	8
New Zealand	1
Other	10
<b>Total</b>	<b>19</b>

## Composition of the Council of Education

Under the Constitution (Clause 13), Regulation A (2.2.1(a)) and the COE Charter (Clause 2a), COE comprises:

- **Ex-officio members**

- President
- President-Elect or Immediate Past President (non-voting when the President is in attendance)
- One trainee representative (Chair or Deputy Chair of the Trainee Committee)

- **Elected FACEM members**

- A Chair (known as the Censor-in-Chief (CIC))
- A Deputy Chair (known as the Deputy Censor-in-Chief (DCIC))
- One (1) FACEM Censor from each of the following regions (to be known as Regional Censors)
  - New South Wales/Australian Capital Territory
  - New Zealand
  - Queensland
  - South Australia/Northern Territory
  - Victoria
  - Western Australia
- One (1) external member (a community representative)
- One (1) health jurisdiction representative nominated by the Health Workforce Principal Committee and/or the New Zealand Ministry of Health.

The positions of Regional Censors (and Regional Deputy Censors) are elected by the membership of the relevant ACEM Faculty. The positions of CIC and DCIC are elected by and from members of COE, with Regional Censors, Regional Deputy Censors and the incumbent CIC and DCIC eligible to nominate, providing they meet the eligibility requirements and have not already served the maximum allowable period in either position<sup>9</sup>.

Both Regional Censors and Regional Deputy Censors hold office for a period of two years from the date of the AGM at which they are elected, at which time they may nominate for reappointment, provided that they continue to meet eligibility requirements. Both may serve a maximum of three (3) successive two-year terms in that position<sup>10</sup>.

The roles of CIC and DCIC are the peak leadership positions for COE. These roles lead the broader education and training objectives of the College through their roles as the Chair and Deputy Chair, respectively, of COE and as members of COE entities. The roles require a working knowledge of the roles of Regional Censor, Regional Deputy Censor, Director of Emergency Medicine Training (DEMT) and Workplace-based Assessment (WBA) Coordinator, and a familiarity with other ACEM educational functions performed by FACEMs in the context of ACEM's strategic objectives, particularly as they relate to education and training.

Additionally, given the nature of the role(s), it is expected that individuals who nominate for the position(s) have adequate leadership and governance experience necessary to discharge ACEM's educational strategic objectives. They must also have the capacity to work with college members and staff to ensure the effective development and implementation of education and training initiatives in the best interests of the College as a whole and the emergency medicine workforce of Australasia. Elections for the positions of Censor-in-Chief and Deputy Censor-in-Chief are held every two years<sup>11</sup>.

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<sup>9</sup> Refer to College Regulation A2.3 for further details.

<sup>10</sup> Refer to College Regulation A2.2.2 for further details.

<sup>11</sup> Refer to College Regulation A2.5 for further details.

The current composition of COE is provided in Tables 8 to 10 (below), which outline its composition by age, gender and country of primary medical qualification, respectively.

*N.B. Data presented in the tables below is limited to elected FACEM members of CAPP and the trainee representative, with ex-officio FACEM members (President and President-Elect or Immediate Past-President), and external representatives (such as external community representative roles) and non-voting roles (such as staff roles) excluded.*

Table 8. Composition of COE according to age

Age	n
< 35	-
35 – 44	2
45 – 54	6
55 – 64	2
65 – 74	-
75+	-
<b>Total</b>	<b>10</b>

Table 9. Composition of COE according gender

Gender	n
Female	4
Male	6
<b>Total</b>	<b>10</b>

Table 10. Composition of COE according to country of primary medical degree

Country of Primary Medical Degree	n
Australia	6
New Zealand	1
Other	3
<b>Total</b>	<b>10</b>



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