



Australasian College for Emergency Medicine

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Governance and Leadership Diversity Report

September 2023

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1. Purpose and Scope of the Report

As part of ACEM's Discrimination, Bullying and Sexual Harassment (DBSH) Project and subsequent DBSH Action Plan, the College identified the need to 'Increase diversity on College entities to reflect the demographic of the ACEM membership' (Recommendation 2). As part of this, the College has committed to annual publication of a Governance Diversity Report, which will detail the composition of key ACEM governance entities. This reporting will ensure the College is both (i) held accountable for increasing diversity across entities and (ii) able to focus on areas where particular member-groups are under-represented.

ACEM is one of the few Colleges with an almost equal gender distribution across both Fellows and trainees and as such, gender equity within leadership governance roles across the College has been a key focus. This report therefore represents the College's benchmark report in relation to gender equity, age and cultural identity, specifically Aboriginal, Torres Strait Islander and Māori representation across ACEM governance and leadership activities.

Summary data is also provided on country of primary medical degree. This is an imperfect measure of diversity but nevertheless provides useful additional context, while the ACEM builds appropriate data collection processes for other domains of diversity.

1.1. Scope and Methodology

Data relating to members of the following College entities was extracted from the ACEM database, for the years 2021 (as of 30 November) and 2022 (as of 30 November):

- ACEM Board
 - Indigenous Health Committee
 - Manaaki Mana Steering Group
 - Reconciliation Action Plan Steering Group
 - Inclusion Committee
 - Workforce Planning Committee
- Council of Advocacy, Practice and Partnerships
 - Health System Reform Committee
 - Quality and Patient Safety Committee
 - Public Health and Disaster Committee
 - Standards and Endorsement Committee
 - Rural, Regional and Remote Committee
- Council of Education
 - Continuing Professional Development Committee
 - Emergency Medicine Certificate (EMC) and Emergency Medicine Diploma (EMD) Committee
 - Specialist International Graduate (SIMG) Assessment Committee
 - Specialist Training and Assessment Committee
 - Trainee Committee
 - Examinations Subcommittee

Also included is reporting on two leadership roles:

- Directors of Emergency Medicine Training (DEMT); and
- Directors of Emergency Medicine (DEM).

A DEMT is an educational role within the College, and is required at each ACEM accredited training site, to oversee supervision and progress of ACEM trainees.

A DEM is not an ACEM-assigned role, however the role of DEMs has been identified by ACEM members as an essential leadership role both within an employment / emergency department setting, and within the broader emergency medicine community, and has therefore been included in this report.

The two time points of 2021 and 2022 have been utilised in order to reflect on any changes to entity composition as part of any bi-annual spills of either the ACEM Board, the Council of Advocacy, Practice and Partnerships or the Council of Education, or any entities of these governing bodies.

For each member of the above entities, the following demographic data / diversity characteristics, was utilised to assess diversity:

- Gender;
- Age group; and
- Country of primary medical degree (PMD) according to the following breakdown:
 - Primary medical degree obtained in Australia or New Zealand;
 - Primary medical degree obtained in country determined by the Medical Board of Australia as a competent authority pathway (CAP); and
 - Primary medical degree obtained from any other country.

For the purposes of public reporting, only the above three characteristics were deemed appropriate for inclusion at this time.

Reporting on the diversity of groups is complex, because of the challenge in existing data collection methods and subsequent efforts to determine appropriate definitions of diversity characteristics. For example, ACEM does not collect data on the 'ethnicity' of members or trainees. As a result, the surrogate measure of 'country of primary medical degree' has been utilised, as an interim reporting measure.

The Inclusion Committee, in consultation with ACEM members and trainees, will determine an appropriate diversity reporting framework. Until this work is completed, for ACEM to be compliant with relevant privacy legislation, no further breakdown of data will be available for public reporting.

1.2. Definitions

Competent Authority Pathway: is for International Medical Graduate (IMGs) who are non-specialist or specialists (including general practitioners) and are seeking general registration with the Medical Board of Australia (the Board).

The Board has approved a number of international authorities as competent to assess, for medical registration, the applied medical knowledge and basic clinical skills of IMGs.

The approved competent authorities are:

- **General Medical Council** (United Kingdom – for the PLAB examination or for graduates of GMC-accredited medical courses in the United Kingdom)
- **Medical Council of Canada** (LMCC)
- **Educational Commission for Foreign Medical Graduates of the United States** (USMLE)
- **Medical Council of Ireland** (graduates of medical courses in Ireland accredited by the Medical Council of Ireland).

College member: For the purposes of this Report, ‘College member’ includes those defined in the Regulation A: Governance as being ‘members’ of the College, trainees (as defined below) and any external person serving on any College entity.

Trainees: For the purpose of this report, a Trainee refers to either:

- a currently enrolled trainee in the FACEM Training Program; or
- a previously enrolled trainee who had undertaken FACEM Training Program training of not less than three (3) FTE months from or after 1 December 2014 (i.e. the ‘revised’ Training Program).

Director of Emergency Medicine (DEM): a Director of Emergency Medicine provides the organisational, management and clinical leadership to the entire emergency department team.

Director of Emergency Medicine Training (DEMT): As part of the College’s FACEM Training Program, every trainee is supervised by a Director of Emergency Medicine Training. As part of a site’s accreditation with ACEM, there must be at least one (1) DEMT appointed with the emergency department.

DEMTs play an important educational role within the College and, through their knowledge and skills, and in conjunction with Regional Censors, Regional Deputy Censors, Regional Trainee Progression Review Panel Chairs and other relevant College delegates, provide support to trainees within their site in relation to the requirements and in the delivery of the FACEM Training Program.

Gender: this Report refers to ‘male’ and ‘female’, in discussing gender.

2. Composition of the ACEM Membership

This section provides a summary of gender and country of PMD across all ACEM Fellows.

Fellow Data	2021		2022	
	Female	Male	Female	Male
Gender	1286	2035	1411	2171
Gender %	39%	61%	39%	61%
Average age (years)	45.6		45.6	

Country of PMD	2021	2022
Australia/NZ	1879	1998
CAP Countries	951	1055
Other	492	529
No data	–	–
Total	3322	3582

In 2021, five (0.2%) Australian FACEMs self-identified as Aboriginal and nine (2.1%) FACEMs in New Zealand self-identified as Māori, as recorded in their ACEM member profile. No FACEMs in Australia self-identified as Torres Strait Islander.

In 2022, seven (0.2%) Australian FACEMs self-identified as Aboriginal and nine (2.2%) FACEMs in New Zealand self-identified as Māori, as recorded in their ACEM member profile. No FACEMs in Australia self-identified as Torres Strait Islander.

3. Composition of the ACEM Trainees

Trainee data	2021		2022	
	Female	Male	Female	Male
Gender*	1246	1199	1306	1212
Gender %	51%	49%	52%	48%
Average age (years)	34.8		34.0	

* One Trainees Gender was not disclosed.

Country of PMD	2021	2022
Australia/NZ	1500	1507
CAP Countries	632	604
Other	313	408
No data	–	–
Total	2445	2519

In 2021, sixteen (0.7%) FACEM trainees self-identified as Aboriginal, with three of these trainees (0.1%) also self-identifying as Torres Strait Islander. A higher percentage of FACEM trainees (3.7%, n=8) self-identified as Māori.

In 2022, sixteen (0.7%) FACEM trainees self-identified as Aboriginal, with three of these trainees (0.1%) also self-identifying as Torres Strait Islander. A higher percentage of FACEM trainees (4.1%, n=8) self-identified as Māori.

4. ACEM Board Entities

The ACEM Board and its entities, the Indigenous Health Committee, the Reconciliation Action Plan Steering Group, the Te Rautaki Manaaki Mana Implementation Steering Group, the Workforce Planning Committee and the Inclusion Committee have been included in this section.

Entities of the ACEM Board including, the Finance and Risk Committee and the Governance Committee have not been included. These entities are comprised of members of the ACEM Board and Executive Staff of ACEM.

4.1. ACEM Board

The role of the Board is to provide purpose, leadership and overall strategy. It is also responsible for ensuring the good governance of the College and assuring its stakeholders that the College's finances are sound, its operations are legal and its procedures are effective.

Age (years)	2021			2022		
	Female	Male	Other	Female	Male	Other
21-30	-	-	-	-	-	-
31-40	2	-	-	1	1	-
41-50	2	1	-	3	1	-
51-60	2	3	-	2	2	-
61-70	-	-	-	-	-	-
71+	-	-	-	-	-	-
No data	-	-	-	-	-	-
Gender %	60%	40%	-	60%	40%	-
Total	6	4	-	6	4	-

Country of PMD	2021	2022
Australia/NZ	5	5
CAP Countries	2	2
Other	-	-
No data	-	-
N/A*	3	3

* Denotes members who are not medical practitioners

In 2022, one member of the ACEM Board (10%) identified as Aboriginal.

4.2. Indigenous Health Committee

The Indigenous Health Committee is responsible for providing advice on ACEM’s role in advocacy for issues that impact Indigenous health, developing and promoting resources to embed culturally safe care, and to oversee collaborative partnerships with Indigenous health bodies such as the Australian Indigenous Doctors’ Association (AIDA) and TeORA (Māori Medical Practitioner’s Association of Aotearoa/New Zealand). The Indigenous Health Sub-Committee was established in 2015 but from early 2020 was superseded by the Indigenous Health Committee, reporting to the ACEM Board.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	–	2	–	2
31-40	1	2	1	2
41-50	3	1	1	1
51-60	3	1	4	1
61-70	–	–	–	–
71+	–	–	–	–
No data	–	–	–	–
Gender %	54%	46%	50%	50%
Total	7	6	6	6

Country of PMD	2021	2022
Australia/NZ	8	10
CAP Countries	2	1
Other	1	–
No data	–	–
N/A*	2	1

* Denotes members who are not medical practitioners

In 2021, two members (15%) of the Indigenous Health Committee identified as Māori.

In 2021, one member (8%) of the Indigenous Health Committee identified as Torres Strait Islander.

In 2021, four members (31%) of the Indigenous Health Committee identified as Aboriginal.

In 2022, two members (17%) of the Indigenous Health Committee identified as Māori.

In 2022, one member (8%) of the Indigenous Health Committee identified as Torres Strait Islander.

In 2022, five members (42%) of the Indigenous Health Committee identified as Aboriginal.

4.3. Te Rautaki Manaaki Mana Implementation Steering Group

The Te Rautaki Manaaki Mana Implementation Steering Group was established in 2019 to oversee the implementation of the College's Te Rautaki Manaaki Mana Strategy (Māori Equity in emergency departments). The Steering Group provides oversight and monitoring of the strategy's implementation, as well as providing leadership to embed the values of Te Rautaki Manaaki Mana throughout ACEM, including its staff, its membership and the broader practice of emergency medicine.

Age (year)	2021			2022		
	Female	Male	No data	Female	Male	No data
21-30	-	-	-	-	-	-
31-40	-	1	-	-	-	-
41-50	1	1	-	2	1	-
51-60	2	1	-	2	1	-
61-70	-	1	-	-	1	-
71+	-	-	-	-	-	-
No data	-	-	5	-	-	-
Gender %	24%	38%	38%	57%	43%	-
Total	3	5	5	4	3	-

Country of PMD	2021	2022
Australia/NZ	5	5
CAP Countries	2	1
Other	-	-
No data	-	-
N/A*	5	1

* Denotes members who are not medical practitioners

In 2021, eight members (67%) of the Manaaki Mana Steering Group identified as Māori.
In 2022, three members (43%) of the Manaaki Mana Steering Group identified as Māori.

4.4. Reconciliation Action Plan Steering Group

The Reconciliation Action Plan Steering Group provides leadership in implementing the College's Reconciliation Action Plan. This includes overseeing and monitoring the completion of RAP actions, provision of reports to Reconciliation Australia, as well as the provision of leadership to promote and embed a culture of reconciliation throughout ACEM, its membership and the broader practice of emergency medicine. The steering group is also responsible for initiating the development of any future ACEM RAPs.

Age (year)	2021			2022		
	Femal	Male	No data	Female	Male	No data
21-30	-	-	-	-	-	-
31-40	2	-	-	2	-	-
41-50	1	-	-	1	-	-
51-60	3	1	-	3	1	-
61-70	-	-	-	-	-	-
No Data	-	-	-	-	-	1
Gender %	86%	14%	-	75%	12.5%	12.5%
Total	6	1	-	6	1	1

Country of PMD	2021	2022
Australia/NZ	5	5
CAP Countries	1	1
Other	1	-
No data	-	-
N/A*	3	2

* Denotes members who are not medical practitioners

In 2021, five members (63%) of the RAP Group identified as Aboriginal and/or Torres Strait Islander.

In 2022, three members (38%) of the RAP Group identified as Aboriginal and/or Torres Strait Islander.

4.5. Inclusion Committee

The primary role of the Inclusion Committee is to enhance positive professional cultures among our membership and in emergency departments, built on respect and celebrating diversity.

The Committee is responsible for driving the projects that have arisen from ACEM's Discrimination, Bullying and Sexual Harassment Action Plan and the Governance and Leadership Inclusion Action Plan.

A significant aspect of this is ensuring that the structure and composition of College entities reflect the diversity of the College membership, thereby improving the capacity the College overall to deliver value to the membership.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	-	-	-
31-40	2	2	3	3
41-50	1	-	1	-
51-60	1	2	1	3
61-70	-	-	-	-
71+	-	-	-	-
No data	-	-	-	-
Gender %	50%	50%	46%	54%
Total	4	4	5	6

Country of PMD	2021	2022
Australia/NZ	3	5
CAP Countries	3	4
Other	1	1
No data	-	-
N/A*	1	1

* Denotes members who are not medical practitioners

4.6. Workforce Planning Committee

The role of the Workforce Planning Committee is to act as an advisory body to the Board in relation to the development of future strategic policy direction on the future of the emergency medicine workforce. This includes examining the current and future needs of the workforce across both Australia and New Zealand, and the development of any relevant targets and other mechanisms by which any issues can be addressed. The committee will also monitor the composition of the FACEM workforce, assessing any trends, emerging issues and potential scenarios relevant to the emergency medicine workforce.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	-	-	-
31-40	-	1	1	1
41-50	2	-	2	-
51-60	2	5	1	4
61-70	-	-	1	-
71+	-	-	-	-
No Data	-	-	1	-
Gender %	40%	60%	54%	46%
Total	4	6	6	5

Country of PMD	2021	2022
Australia/NZ	8	8
CAP Countries	1	2
Other	-	-
No data	-	-
N/A*	1	1

* Denotes members who are not medical practitioners

5. Council of Advocacy, Practice and Partnerships

ACEM's Council of Advocacy, Practice and Partnerships (CAPP) and its Committees are included in this section. Entities such as Working Groups have not been included in this report, due to their time-limited nature.

5.1. CAPP

The role of CAPP is to provide purpose, leadership and overall strategy in the management of all activities related to the advocacy, practice and partnerships of the College. This includes development and oversight of all clinical practice policies and associated advocacy activities, as well as overseeing all activities of all CAPP committees. At the time of data collection, there was one vacancy on CAPP in the process of being filled.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	-	-	-
31-40	5	4	5	5
41-50	3	3	3	3
51-60	1	5	1	4
61-70	-	-	-	-
71+	-	-	-	-
No Data	-	-	-	-
Gender %	43%	57%	43%	57%
Total	9	12	9	12

Country of PMD	2021	2022
Australia/NZ	10	10
CAP Countries	9	9
Other	2	2
No data	-	-
N/A*	-	-

5.2. Health System Reform Committee

The role of the committee is to provide leadership, advice and guidance in relation to access block, overcrowding and workforce capacity by describing and highlighting the risks that system failure presents to patient safety and patient health outcomes. This includes facilitating research to strengthen the evidence base for sustainable solutions to access block and workforce capacity, and provide information and advice on the development of statements, policies and guidelines intended to influence and shape health system reforms. The Health System Reform Committee was established in early 2019.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	-	-	-
31-40	2	1	2	2
41-50	2	2	1	3
51-60	1	5	2	3
61-70	-	1	-	-
71+	-	-	-	-
No Data	1	-	-	-
Gender %	40%	60%	39%	61%
Total	6	9	5	8

Country of PMD	2021	2022
Australia/NZ	8	9
CAP Countries	4	2
Other	2	2
No data	-	-
N/A*	1	-

* Denotes members who are not medical practitioners

5.3. Global Emergency Care Committee

The Global Emergency Care Committee (GECCo) (known as the International Emergency Medicine Committee until May 2019) facilitates the capacity of developing countries to deliver safe and effective emergency care. This is done through educational, peer-support, mentoring and research activities, as well the development of strategic partnerships between ACEM and key stakeholders within and between countries and regions.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	-	-	-
31-40	2	1	2	2
41-50	5	2	5	2
51-60	3	2	2	1
61-70	-	1	-	-
71+	-	-	-	-
No Data	1	-	-	-
Gender %	65%	35%	64%	36%
Total	11	6	9	5

Country of PMD	2021	2022
Australia/NZ	13	13
CAP Countries	3	1
Other	-	-
No data	-	-
N/A*	1	-

* Denotes members who are not medical practitioners

5.4. Public Health and Disaster Committee

The role of the committee is to advocate and develop clinical resources and policies across a range of public health and disaster management issues. This includes the health impacts of climate change on emergency departments, the capacity of emergency departments to deliver health promotion interventions to under-served populations, the impact of alcohol harm in emergency departments, and undertake associated advocacy activities, and disaster preparedness and response.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	-	-	-
31-40	4	2	3	3
41-50	4	1	1	1
51-60	2	1	2	-
61-70	-	-	-	2
71+	-	-	-	-
No Data	1	-	-	-
Gender %	73%	27%	50%	50%
Total	11	4	6	6

Country of PMD	2021	2022
Australia/NZ	11	8
CAP Countries	3	2
Other	-	1
No data	-	-
N/A*	1	1

* Denotes members who are not medical practitioners

5.5. Quality and Patient Safety Committee

The role of the Quality and Patient Safety Committee is to develop expertise within the College in relation to quality improvement methodologies, human factors in clinical practice and patient safety in emergency medicine. This includes fostering increased participation and expertise in quality and patient safety among College members, trainees and other medical practitioners working in emergency medicine. The committee

is also expected to provide expertise, guidance and leadership on the development of a systemic approach to quality and patient safety, including education and training in clinical governance, capturing and learning from incident reporting, and developing policies as applicable to emergency medicine.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	-	-	-
31-40	2	1	3	-
41-50	3	1	3	2
51-60	4	2	4	1
61-70	-	1	-	2
71+	-	-	-	-
No Data	-	1	-	-
Gender %	60%	40%	67%	33%
Total	9	6	10	5

Country of PMD	2021	2022
Australia/NZ	10	12
CAP Countries	4	3
Other	-	-
No data	-	-
N/A*	1	-

* Denotes members who are not medical practitioners

5.6. Rural, Regional and Remote Committee

The role of the committee is to provide leadership and advice regarding policy and standards for all aspects of emergency care in rural, regional and remote areas. This includes advising on issues relating to recruitment and retention of members of the College to rural and regional areas. The committee also advises on those aspects of health care delivery (such as administration, nursing, retrieval medicine and pre-hospital care) that impact on the provision of emergency care in rural, regional and remote areas.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	-	-	1
31-40	2	1	5	-
41-50	4	3	2	2
51-60	1	3	1	4
61-70	1	-	-	-
71+	-	-	-	-
No Data	1	-	1	-
Gender %	56%	44%	56%	44%
Total	9	7	9	7

Country of PMD	2021	2022
Australia/NZ	8	10
CAP Countries	5	3
Other	2	1
No data	-	-
N/A*	1	2

* Denotes members who are not medical practitioners

5.7. Standards and Endorsement Committee

The role of this committee is to lead and oversee the generation commissioning, reviewing, endorsing and authorising of the College's guidelines, policies, standards and statements relating to the practice of emergency medicine. The committee also provides expertise to guide and direct activities as approved by CAPP to identify gaps, risks and duplication and redundancy in the College's clinical guidelines, policies, standards and statements.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	-		
31-40	3	1	1	1
41-50	2	2	2	1
51-60	-	3	-	2
61-70	1	2	1	2
71+	-	-	-	-
No Data		1	-	-
Gender %	40%	60%	40%	60%
Total	6	9	4	6

Country of PMD	2021	2022
Australia/NZ	10	8
CAP Countries	2	1
Other	2	1
No data	-	-
N/A*	1	-

* Denotes members who are not medical practitioners

5.8. Research Committee

This committee provides strategic direction to the co-ordination, facilitation, endorsement and monitoring of multi-centre emergency medicine research, with the goal of promoting high quality research conducted by members and trainees. The committee also provides expert advice to ACEM committees on research matters pertaining to accreditation, quality and safety, and education curriculum and training. Through external advocacy, and the fostering of research collaborations with external bodies (medical colleges, government, research institutes, research networks), the committee strives to raise the profile of emergency medicine in the research sphere.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	-	-	-
31-40	2	3	-	3
41-50	1	3	-	3
51-60	-	5	1	5
61-70	-	2	-	3
71+	-	-	-	-
No Data	-	1	-	-
Gender %	18%	82%	7%	93%
Total	3	14	1	14

Country of PMD	2021	2022
Australia/NZ	9	9
CAP Countries	6	4
Other	1	2
No data	-	-
N/A*	1	-

* Denotes members who are not medical practitioners

6. Council of Education

ACEM's Council of Education (COE) and its committees are included in this section. Also included is the Examinations Subcommittee, an entity of the Specialist Training and Assessment Committee (STAC), and the Court of Examiners. Entities such as working groups have not been included in this section due to their time-limited nature.

6.1. COE

The Council of Education reports to and advises the ACEM Board in relation to all the educational functions of the College. This includes oversight of the activities of all educational committees of the College. It also includes assessment of candidates seeking election to Fellowship of the College upon examination.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	-	-	-
31-40	1	1	2	2
41-50	4	3	5	3
51-60	1	3	1	1
61-70	-	-	-	-
71+	-	-	-	-
No Data	-	-	-	-
Gender %	46%	54%	57%	43%
Total	6	7	8	6

Country of PMD	2021	2022
Australia/NZ	9	11
CAP Countries	3	3
Other	-	-
No data	-	-
N/A*	1	-

* Denotes members who are not medical practitioners

6.2. Accreditation Committee

ACEM is accredited by the Australian Medical Council (AMC) on behalf of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) to deliver specialist medical education and training, and professional development programs. The ACEM Accreditation Subcommittee oversees accreditation of training sites.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	-	-	-
31-40	3	3	2	3
41-50	5	-	5	1
51-60	-	5	1	3
61-70	-	-	-	1
71+	-	-	-	-
No Data	-	-	-	-
Gender %	50%	50%	50%	50%
Total	8	8	8	8

Country of PMD	2021	2022
Australia/NZ	9	9
CAP Countries	4	5
Other	3	2
No data	-	-
N/A*	-	-

* Denotes members who are not medical practitioners

6.3. Continuing Professional Development Committee

The role of the committee is to ensure effective and efficient operation of the College’s CPD programs. This includes monitoring participant compliance with the College’s CPD programs via reporting, audit and survey. The committee also advises the Council of Education in relation to policies, processes and regulations relating to continuing professional development and re-validation.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	1	-	1
31-40	1	3	2	3
41-50	3	1	3	2
51-60	1	1	1	-
61-70	-	-	-	-
71+	-	-	-	-
No Data	1	-	-	-
Gender %	50%	50%	50%	50%
Total	6	6	6	6

Country of PMD	2021	2022
Australia/NZ	9	9
CAP Countries	3	-
Other	-	-
No data	-	-
N/A*	1	3

* Denotes members who are not medical practitioners

6.4. EMC and EMD Committee

The role of the committee is to ensure effective and efficient operation of the EMC and EMD programs leading to eligibility for admission as a member of the College (Certificant and Diplomate, respectively). This includes monitoring the outcomes of the EMC and EMD training and assessment processes via reporting, audit and surveys. The committee also provides oversight of the provision of appropriate training and support for EMC and EMC program supervisors and provides advice to COE and the ACEM Board in relation to any changes relating to these programs.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	-	-	-
31-40	-	1	-	-
41-50	4	2	6	4
51-60	-	2	-	1
61-70	-	-	-	-
71+	-	-	-	-
No Data	-	1	-	-
Gender %	40%	60%	55%	45%
Total	4	6	6	5

Country of PMD	2021	2022
Australia/NZ	5	4
CAP Countries	4	3
Other	3	1
No data	1	3
N/A*	-	-

* Denotes members who are not medical practitioners

6.5. Examinations Subcommittee

The role of the committee is to oversee and manage all facets of ACEM's Primary and Fellowship examinations. This includes planning an annual schedule, facilitating examination item workshops, overseeing the function of examination item writing working groups, overseeing the standard setting process employed in examinations, implementing and evaluating assessment methodology, and to advise COE in relation to examinations policies and processes. The committee also oversees the selection and appointment of individuals to the Court of Examiners as well as the training and quality control processes pertaining to the court.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	-	-	-
31-40	1		1	2
41-50	1	4	2	3
51-60	1	6	1	4
61-70		1	-	-
71+	-	-	-	-
No Data	-	-	-	-
Gender %	21%	79%	31%	69%
Total	3	11	4	9

Country of PMD	2021	2022
Australia/NZ	11	10
CAP Countries	2	3
Other	1	-
No data	-	-
N/A*	-	-

* Denotes members who are not medical practitioners

6.6. SIMG Assessment Committee

This committee oversees the College's processes for the assessment of SIMG applicants in Australia and New Zealand for the purposes of eligibility for registration as a recognised specialist in the relevant jurisdiction and in accordance with the requirements of the relevant regulatory bodies.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	-	-	-
31-40	1	-	1	-
41-50	4	3	5	3
51-60	1	5	1	4
61-70	-	-	-	-
71+	-	-	-	-
No Data	1	-	-	-
Gender %	47%	53%	50%	50%
Total	7	8	7	7

Country of PMD	2021	2022
Australia/NZ	3	3
CAP Countries	6	6
Other	5	5
No data	-	-
N/A*	1	-

* Denotes members who are not medical practitioners

6.7. Specialist Training and Assessment Committee

The committee oversees the effective and efficient operation of the FACEM Training Program leading to the award of Fellowship of the College. This includes monitoring the outcomes of the training and assessment process through reviewing reports, audits and surveys, and reports regularly on these matters to COE and the ACEM Board, as well as working with other College entities to monitor the performance of training sites. The committee also reviews and makes recommendations to COE in relation to regulations, policies, processes and guidelines relating to training and assessment associated with the FACEM Training Program.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	-	-	-
31-40	-	-	3	2
41-50	5	3	3	1
51-60	2	2	2	1
61-70	-	-	-	-
71+	-	-	-	-
No Data	-	-	-	-
Gender %	58%	42%	67%	33%
Total	7	5	8	4

Country of PMD	2021	2022
Australia/NZ	7	6
CAP Countries	3	4

Other	2	2
No data	-	-
N/A*	-	-

* Denotes members who are not medical practitioners

6.8. Trainee Committee

The Trainee Committee provides formal representation for all FACEM Training Program trainees, representing the interests of trainees in matters relating to the activities of the College. The committee is also involved in facilitating forums to collect and disseminate information, facilitating local support networks, and promoting the needs of trainees.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	2	1	2	-
31-40	3	3	2	5
41-50	1	1	-	-
51-60	-	-	-	-
61-70	-	-	-	-
71+	-	-	-	-
No Data	-	-	-	-
Gender %	55%	45%	44%	56%
Total	6	5	4	5

Country of PMD	2021	2022
Australia/NZ	8	5
CAP Countries	3	4
Other	-	-
No data	-	-
N/A*	-	-

* Denotes members who are not medical practitioners

6.9. Ultrasound Committee

The primary role of the ED Ultrasound Committee is to provide expert advice to COE and CAPP entities on issues relating to education, training, and assessment of ultrasound knowledge and skills in ACEM curricula and entities on the delivery of ED focused ultrasound training.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	1	-	1
31-40	1	2	-	1
41-50	4	4	6	5
51-60	-	1	-	1
61-70	1	-	1	-
71+	-	-	-	-
No Data	-	-	-	-
Gender %	43%	57%	47%	53%
Total	6	8	7	8

Country of PMD	2021	2022
Australia/NZ	10	11
CAP Countries	2	2
Other	2	2
No data	-	-
N/A*	-	-

* Denotes members who are not medical practitioners

6.10. Directors of Emergency Medicine Training

DEMTs play an important educational role within the College and, through their knowledge and skills and in conjunction with Regional Censors, Regional Deputy Censors, Regional Trainee Progression Review Panel Chairs and other relevant College delegates, provide support to trainees within their site in relation to the requirements and in the delivery of the FACEM Training Program.

DEMTs supervise and assess all trainees at their site(s) and are expected to be available to their trainees. As part of a site's accreditation with ACEM, there must be at least one DEMT appointed within the emergency department.

Age(year)	2021			2022		
	Female	Male	No data	Female	Male	No data
21-30	-	-	-	-	-	-
31-40	45	57	-	52	56	-
41-50	72	93	-	70	79	-
51-60	22	34	-	16	32	-
61-70	1	7	-	1	5	-
71+	-	-	-	-	-	-
No data	5	3	4	-	-	-
Gender %	42%	57%	1%	45%	55%	-
Total	145	194	4	139	172	

Country of PMD	2021	2022
Australia/NZ	198	184
CAP Countries	86	79
Other	47	48
No data	12	-
N/A*	-	-

* Denotes members who are not medical practitioners

6.11. Court of Examiners (includes Senior Examiners)

The primary role of the Court of Examiners is to provide a pool of individuals from which Fellows of the College are selected to participate in College examinations. The role of members of the Court of Examiners is to work in concert with ACEM staff to facilitate all aspects relating to the conduct of primary and fellowship examinations, including marking examination papers, examining candidates, role-playing in clinical examinations, reviewing questions, participating in relevant writing groups, participating in examination feedback processes and maintaining examination security.

Age (years)	2021		2022	
	Female	Male	Female	Male
21-30	-	-	-	-
31-40	4	6	9	10
41-50	35	48	34	50
51-60	28	46	25	42
61-70	2	15	1	9
71+	-	-	-	-
No Data	-	-	-	-
Gender %	38%	62%	38%	62%
Total	69	115	69	111

Country of PMD	2021	2022
Australia/NZ	123	120
CAP Countries	31	34
Other	30	26
No data	-	-
N/A*	-	-

* Denotes members who are not medical practitioners

7. Leadership Roles within Emergency Medicine Departments

This section includes diversity reporting across Directors of Emergency Medicine.

7.1. Directors of Emergency Medicine

DEMs provide the organisational management and clinical leadership to the entire emergency department team. They are essential leadership roles within the emergency medicine community.

Age (years)	2021			2022		
	Female	Male	No data	Female	Male	No data
21-30	-	-	-	-	-	-
31-40	5	8	-	8	14	-
41-50	30	67	-	30	66	-
51-60	13	55	-	9	53	-
61-70	1	19	-	1	10	-
No Data	-	2	3	-	-	-
Gender %	24%	74%	2%	25%	75%	-
Total	49	151	3	48	143	-

Country of PMD	2021	2022
Australia/NZ	112	109
CAP Countries	56	55
Other	29	27
No data	6	-
N/A*	-	-

* Denotes members who are not medical practitioners



Australasian College for Emergency Medicine

34 Jeffcott St
West Melbourne VIC 3003
Australia
+61 3 9320 0444
admin@acem.org.au

acem.org.au