

# Year in Review 2017

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.

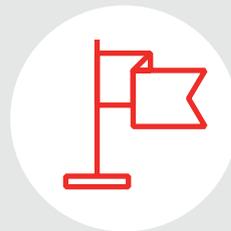
As the peak professional organisation for emergency medicine in Australia and New Zealand, ACEM has a significant interest in ensuring the highest standards of medical care for patients are maintained in emergency departments across both countries.

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### **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

2,343

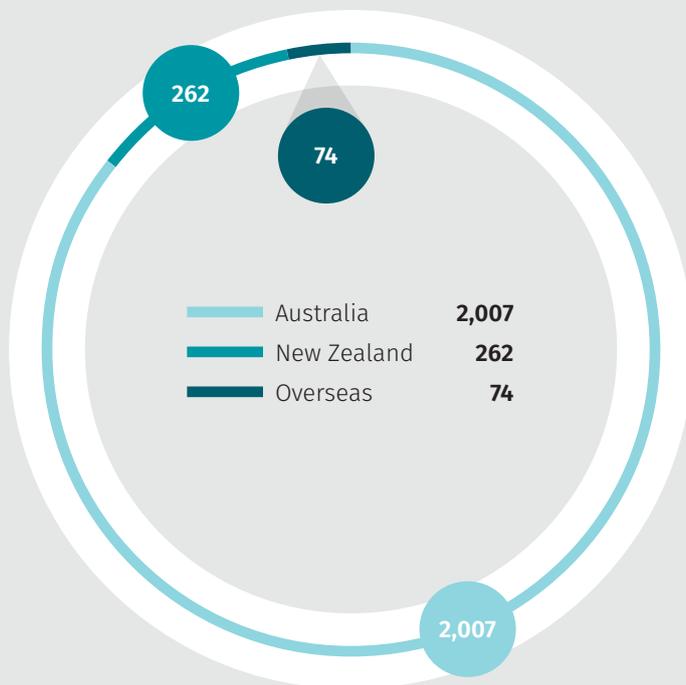
'Active' Fellows

+194

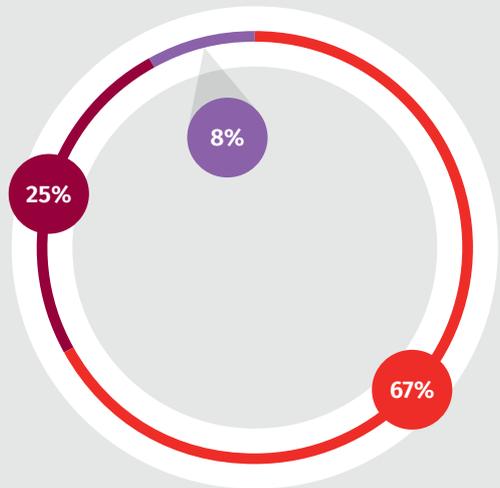
New Fellows

between 1 July 2016 – 30 June 2017

### 'Active' Fellows by region



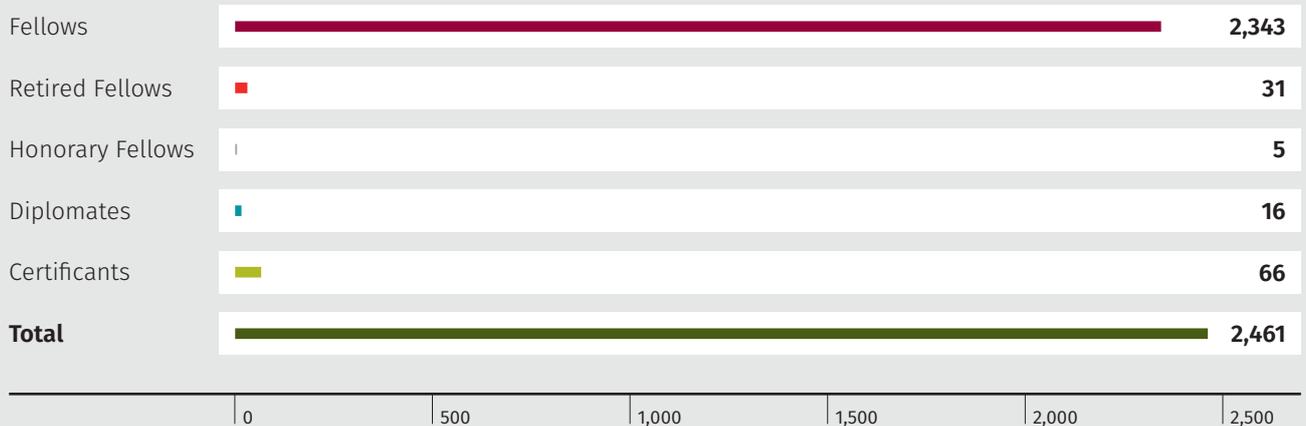
## FACEMs' workplaces



- single workplace **67%**
- 2 workplaces **25%**
- 3+ workplaces **8%**

The 2016 Specialist Emergency Medicine Workforce and Training Activities report, released in March 2017, showed that the percentage of FACEMs working at a single workplace only was 67%, 25% were working at two workplaces and 8% were working at three or more workplaces.

## Members



## Accredited training sites

As at 30 June 2017

# 135

**EDs accredited by ACEM**

*for the delivery of Advanced Training time in Australia and New Zealand (either adult-only EDs or mixed EDs)*

# +12

**paediatric-only ED sites**

## Trainees

# 2,422

**Registered trainees**

# 74%

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

**ACEM accredited emergency departments delivering the FACEM Training Program**



# President's welcome

**Professor Anthony Lawler**

I am pleased to present my final Year in Review report as President. This Report reflects how ACEM is changing to respond to the challenges of its internal and external environments.

During 2016 and 2017, we have worked hard to improve our governance structure, education and training delivery, policy development, advocacy activities and internal and external communications to ensure we are positioned to meet the demands of the future.

ACEM operates within an environment of incredible complexity, and tight regulation. We are approaching accreditation in November by the Australian Medical Council and the Medical Council of New Zealand. In the face of such external scrutiny, we are driven to assess our own performance and processes, and we expect that this process will give us guidance on areas requiring attention and action in the coming years.

We continue to deepen our working relationships with state and territory governments, and are pleased at the extent to which ACEM's views are sought and incorporated in the development of jurisdictional health policy. During my term as President, I have met with Health Ministers, Chief Medical Officers and senior officials across Australia and New Zealand. The College has also spoken out when clinical and training standards are jeopardised, such as in the removal of clinical support time, inadequate responses to access block and overcrowding, and concerns we have over suboptimal health reforms. I thank the members of the Council of Advocacy, Practice and Partnerships and its committees for their leadership in this work.

The College's primary role in education and training is ably overseen by the Council of Education (COE). I thank the Council as well as members of COE committees for their efforts in driving excellence in Emergency Medicine education, particularly as the College's education offering evolves to meet the changing needs of health workforces across Australia and New Zealand.

2017 also highlighted issues we must face internally. At the time of writing, the College is consulting with members and trainees to address concerning levels of discrimination, bullying and sexual harassment (DBSH) in our Emergency Departments. The College Board also established an independent Expert Advisory Group, to investigate claims of discrimination in College



assessments. The College's position is clear – discrimination has no place in any aspect of the College, its activities, or its assessments. Given the overlap between the issues raised in the DBSH survey and the findings of the EAG, ACEM will be developing an integrated, comprehensive action plan to be released by February 2018.

The 2016 Annual Scientific Meeting, set against the dramatic backdrop of the Remarkables in Queenstown, brought together the emergency medicine community to learn and discuss critical issues facing EDs across Australia and New Zealand. Similarly, the Winter Symposium, held in the picturesque Barossa Valley, enabled us to come together to learn, meet and be reminded of the wealth of emergency medicine that takes place outside of our capital cities.

We were proud to launch our first Reconciliation Action Plan at the College in March, publicly stating the College's ongoing commitment to addressing the appalling health outcomes experienced by Aboriginal and Torres Strait Islander peoples. I thank the Indigenous Health Subcommittee for their leadership of this initiative. In 2017 the New Zealand Faculty will continue to drive a project addressing health outcomes for Māori in Aotearoa New Zealand. I also commend the ACEM Foundation for its ongoing leadership in indigenous health across both Australia and New Zealand and its continued investment in Emergency Medicine research and International Emergency Medicine.

At the AGM in November, I hand over the Presidency to Dr Simon Judkins. I will continue for a year as Immediate Past President, during which time the next President-Elect will be chosen by the Fellowship. I am indebted to Simon for the support and assistance he has provided me in prosecuting the College's rapidly growing agenda, and allowing the President to be in two (and sometimes three or more) places at once!

I also thank CEO Dr Peter White and the ACEM staff for their efforts in supporting our members and trainees. Under Peter's stewardship, we have seen the professional skills of the College substantially increase and it is pleasing to see the positive, ongoing maturation of the College as it is positioned to meet the demands on a modern organisation.

Finally, I thank the hundreds of Fellows and trainees who give of their time in service to the College and, more importantly, in service to emergency medicine. I have said before that the College is not Jeffcott Street or West Melbourne – it is not the Board, or the bricks and mortar. It is the supervisors and the trainers, the committee members and the Faculty Boards, the adjudicators, the accreditors and the examiners. You make emergency medicine what it is in Australia and New Zealand, and the College is immeasurably richer for your efforts.



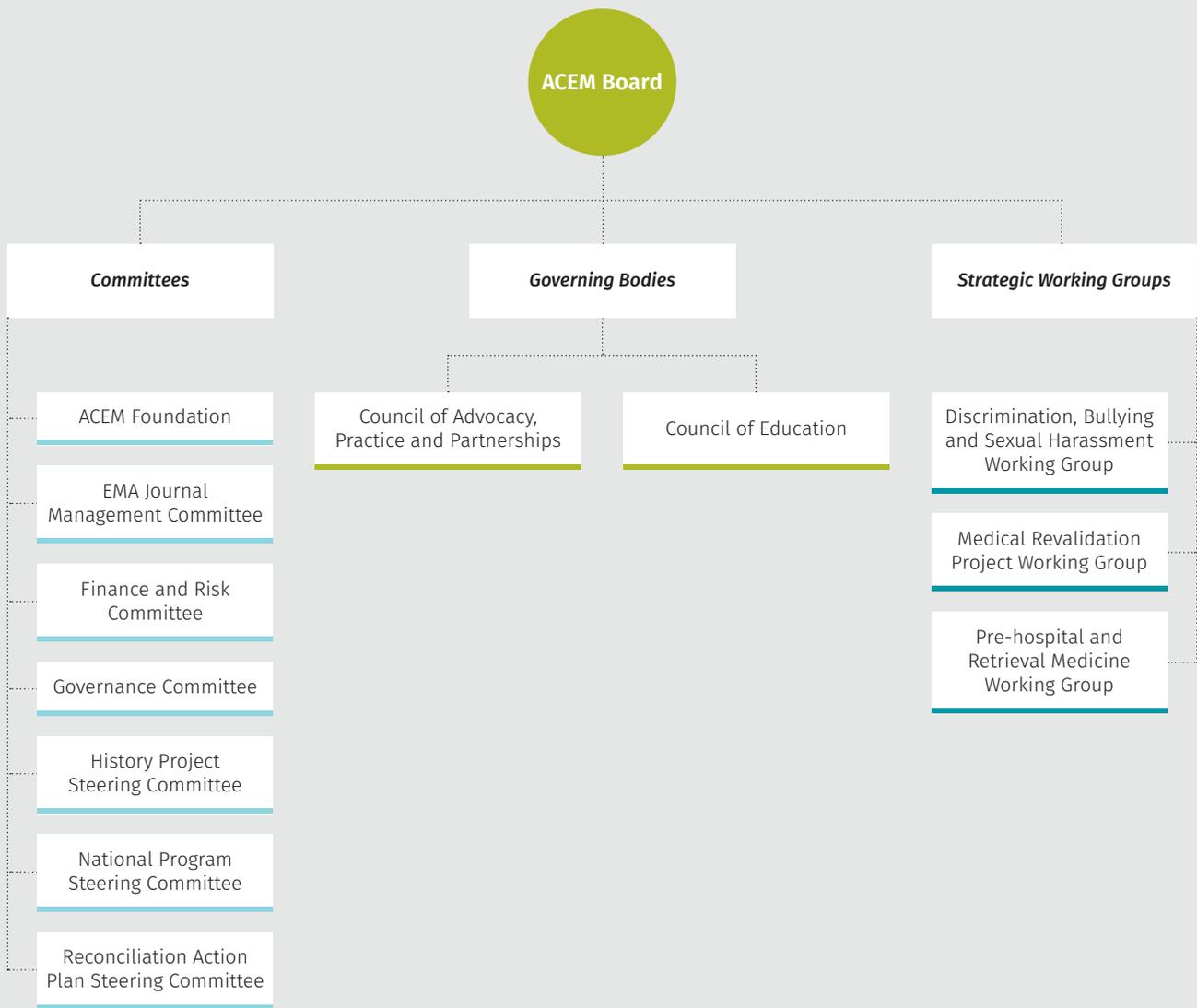
**Professor Anthony Lawler**

## ACEM Board



*Left to right: Dr Simon Judkins (President-Elect), Dr Simon Chu (Deputy Censor-in-Chief/Deputy Chair, Council of Education), Dr Barry Gunn (Censor-in-Chief/Chair, Council of Education), Professor Anthony Lawler (President), Dr John Bonning (Deputy Chair, Council of Advocacy, Practice and Partnerships), Dr Naveed Aziez (Trainee Member), Associate Professor Yusuf Nagree (Chair, Council of Advocacy, Practice and Partnerships), Mr Michael Gorton AM (Non-FACEM Member), Mr Tony Evans (Non-FACEM Member)*

## Board governance structure



## ACEM organisational structure



# CEO's welcome

**Dr Peter White**

This is the third occasion on which I have had the pleasure of welcoming you to the report that presents an overview of activities of the Australasian College for Emergency Medicine (ACEM) across a full financial year.

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Again, the contents of the document describe a year of considerable activity for the College, with one of the main activities during the period being the compilation of a submission that represented the first publicly tangible milestone of the requirements of the College's reaccreditation process.

*Year in Review 2016* contained a snapshot description of the reaccreditation process to which the College is subject, and it will be quite some time from submission of the reaccreditation submission on 30 June 2017 until the outcome of the process is known. Indeed, as this document is a prelude to the College's Annual General Meeting to be held as part of the Annual Scientific Meeting (ASM) in late November 2017, it is worth noting that a series of meetings of representatives of a range of College bodies, with the appointed reaccreditation Assessment Team, will occur alongside the ASM as one of the later aspects of the overall process. With the timing of the process and the College's current period of accreditation running until the end of March 2018, it is anticipated that a draft report and accreditation outcome will not be available until early 2018.

The task of undergoing a full reaccreditation by the Australian Medical Council (AMC) on behalf of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) enables reflection on what the College is doing well, and there is a lot for us to celebrate, as well as areas in which there is a need to examine what we do critically and look at improvements that can be made.

ACEM as an organisation continues to evolve and the period covered by this report demonstrates that evolution clearly, along with a corresponding maturity as an organisation. These are themes that are readily discerned from the reaccreditation submission, and which will need to be continued as the College looks to transition from a growth phase where much happened



rapidly, to an organisation that approaches its thirty-fifth year of existence, cognisant of the expectation of the environment in which it operates and the major stakeholders in that environment.

ACEM and the members and staff who contribute to its activities have much to feel pleased about in terms of the important work that it does for the greater public good. There is, however, a need for all of us who believe in the work of the organisation to be aware of what is required in order for that work to be fully appreciated for the contribution that it makes.

I thank all involved for their contributions to date, and look forward to working with you all over the next 12 months as ACEM continues to build on the foundations that have been laid until now. The College is fortunate to have a committed membership and staff who are increasingly aware of the responsibilities they have to steward the organisation to become that which we all know it can be in a complex contemporary operating environment, and I am proud to be a part of that.

A handwritten signature in black ink, appearing to read 'Peter White', with a stylized flourish at the end.

**Dr Peter White**

# ACEM and reaccreditation

Dr Peter White, CEO

In Australia, all providers of specialist medical education and training are subject to accreditation by the AMC. In New Zealand, the process of accreditation is managed by the MCNZ. The primary objective of these accreditation processes is to provide external assurance of the quality of specialist medical training and education to those who successfully complete these programs, based on explicit standards.

ACEM is currently accredited until March 2018, having been subject to a full accreditation process only once in its history, during 2006 – 2007. The requirements have increased significantly since that period. ACEM welcomes the objective, external appraisal our activities will be subjected to as part of this process, and views it also as an opportunity to reflect on where the College stands as an organisation in relation to contemporary expectations regarding the delivery of its core activities, and how it can improve.

ACEM lodged its submission for reaccreditation with the AMC and the MCNZ on 30 June 2017, providing a comprehensive overview of the operations of the College according to the AMC's published Accreditation Standards and the additional standards and requirements of the MCNZ. This is the first of a series of steps ACEM will need to complete as part of the accreditation process.

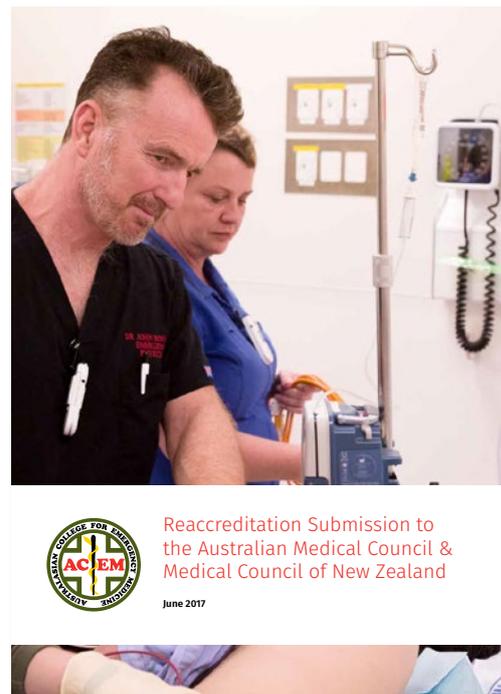
The ultimate outcome of accreditation ensures ACEM continues to offer a comprehensive training program that leads to Fellowship of the College (FACEM) and lifelong learning opportunities through its specialist Continuing Professional Development (CPD) program. At its core, it also maintains recognition of the College as a provider of specialist training in the field of emergency medicine (EM), and of the FACEM as an accepted qualification for recognition for specialist/ vocational registration in Australia and New Zealand. Through the submission the College communicated the range of activities that it now undertakes on behalf of

its members, trainees, the wider healthcare professions and the community to provide high quality emergency medical care in Australia and New Zealand, as well as internationally.

ACEM is being positioned to be an organisation with solid foundations and the capacity to be at the forefront of postgraduate vocational medical education and training in the short-term.

## Next steps

Following consideration of the submission, the AMC Assessment Team will interact with College office bearers, members and staff, as well as trainees and other stakeholders, before and during the Annual Scientific Meeting to be held in Sydney in November as part of the accreditation process.



# College Councils

## Council of Education (COE) membership

**Dr Barry Gunn**

Censor-in-Chief

**Dr Simon Chu**

Deputy Censor-in-Chief

**Professor Anthony Lawler**

President

**Dr Simon Judkins**

President-Elect

**Associate Professor Gabriel Lau**

Regional Censor for New South Wales and Australian Capital Territory

**Dr Gina de Cleene**

Regional Censor for New Zealand

**Dr Sharyn Smith**

Regional Censor for Queensland

**Associate Professor Bob Dunn**

Regional Censor for South Australia and Northern Territory

**Dr Kate Field**

Regional Censor for Tasmania

**Dr Jo Dalglish**

Regional Censor for Victoria

**Dr Harry Patterson**

Regional Censor for Western Australia

**Dr Jess Forbes**

Trainee Committee Chair

**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, New Zealand

**Professor Anthony Lawler**

President

**Dr Simon Judkins**

President-Elect

**Dr Suzanne Smallbane**

Australian Capital Territory

**Associate Professor Sally McCarthy**

New South Wales

**Dr Alan Tankel**

New South Wales

**Dr Scott Boyes** (Resigned 31/03/2017)

New Zealand

**Dr Didier Palmer**

Northern Territory

**Dr Kim Hansen**

Queensland

**Dr Niall Small**

Queensland

**Dr Thiru Govindan**

South Australia

**Dr Domhnall Brannigan**

Tasmania

**Dr Sara MacKenzie**

Victoria

**Associate Professor Diana Egerton-Warburton**

Victoria

**Dr Peter Allely**

Western Australia

**Dr Jess Forbes**

Queensland

**Dr Suzanne Doherty**

Victoria

**Dr Lynda Vine**

Western Australia

**Dr Andre Cromhout**

New Zealand

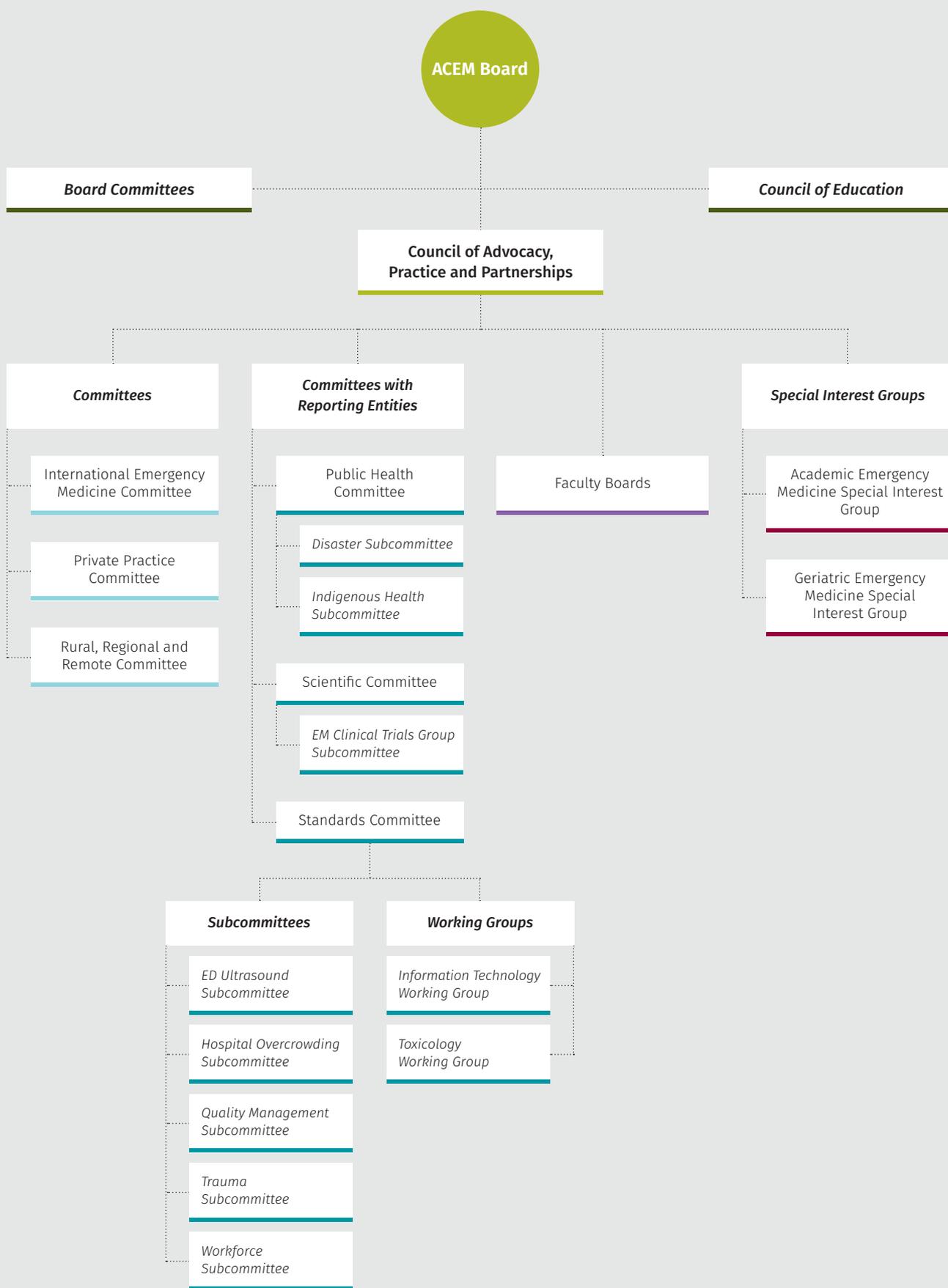
**Professor Andrew Bezzina** (Resigned 31/03/2017)

New South Wales

# COE governance structure



## CAPP governance structure



# Council of Education report

**Dr Barry Gunn, Chair**

This year has been another very big year in the areas of Education, Training and Accreditation within the College.

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Through its activities and focus on continual improvement, COE is well placed to provide purpose, leadership and overall strategy in relation to the education and training activities of the College.

Over the last two years a working group of the Accreditation Subcommittee, led by Dr James Collier, has developed the new Accreditation Requirements, which all emergency departments are required to meet in order to maintain their accreditation as a FACEM training site. These were approved in March by COE. Six sites across Australia and New Zealand will be inspected in October and November 2017 against these new requirements. Following these inspections, the new requirements will be reviewed prior to implementation for all future inspections.

Through the Recognition of Prior Learning and Credit Transfer (RPL/CT) Working Group, COE has approved a pathway for trainees who wish to transfer from the FACEM Training Program to either of the two Non-Specialist training Programs – the Emergency Medicine Certificate (EMC) and the Emergency Medicine Diploma (EMD) and for Certificants and Diplomates to transfer to the FACEM Training Program. Implementation of this pathway is scheduled for the second half of 2017.

New Critical Care training options and resources were provided for both the FACEM Training Program and the Non-Specialist Training Programs. An Alternate Critical Care Pathway for doctors training towards the EMD commenced this year. In addition, online Critical Care Airway Management Modules have been developed. They were designed by experienced emergency physicians for everyone who is undertaking training in emergency medicine. This includes trainees in the Emergency Medicine Specialist Training (EMET) Program and trainees in the EMC and EMD courses. The modules are also a valuable resource for emergency clinicians.

The Selection into FACEM Training (SIFT) Working Group finalised new selection processes for prospective trainees who wish to commence FACEM training from the 2019 training year. I acknowledge that the principle of selection prior to training is new for ACEM and accordingly a SIFT Subcommittee will be created at the



end of this year, to work with the ACEM Education and Training department to process all applicants, as well as oversee and improve the process in the years to come.

The integrated Primary Examination (Written) commenced this year with all trainees required to pass an integrated examination of the four subjects of anatomy, pathology, physiology and pharmacology. Much work has been done to improve the quality and processes of both the Fellowship Written Examination and the Fellowship Clinical Examination (OSCE). One new process was the establishment of a Marking Centre for the Fellowship Written Examination. Examiners were invited to come to the College to mark their set of papers in one day alongside their co-marking examiner. This allowed examiners to discuss queries or any other matters as they arose in order to enhance consistency between examiners. It also enabled the release of results to candidates to be expedited.

This year we have welcomed several new staff members to the ACEM Education and Training Directorate. I would like to thank Dr Simon Chu (Deputy Censor-in-Chief), the Regional Censors and Regional Deputy Censors and all the emergency physicians and trainees who serve on COE and its entities for all their support and work over the year. Finally, I would like to thank all the ACEM staff members for their tireless work for the COE and its entities.

**Dr Barry Gunn**

# Council of Advocacy, Practice and Partnerships report

**Associate Professor Yusuf Nagree, Chair**

The last 12 months have been a busy time for the Council of Advocacy, Practice and Partnerships, completing significant work across public health advocacy and the emergency medicine workforce.

Ongoing work to strengthen CAPP will ensure it is well positioned to continue to advocate for the integral role of emergency physicians in the Australian and New Zealand healthcare systems.

Under the auspices of CAPP, the College undertook a Workforce Sustainability Survey in 2016 of its members. Overcrowding, access block and interpersonal conflict with other teams were ranked as the most common stressors for members. This survey represents part of an ongoing effort by the College to improve the working lives of the EM workforce. The College will use the results to inform its membership support, policy, advocacy and education.

Members and trainees will likely be aware that the College conducted a Discrimination Bullying and Sexual Harassment (DBSH) prevalence survey in 2017, which identified that DBSH appears to be distressingly common in the emergency medical care environment in Australia and New Zealand. All such behaviour is unacceptable. Every health professional has a right to work in a safe, supportive workplace free of harassment. Bullying and discrimination, of any kind, have no place in any aspect of EM. Following consultation with members, the College will unveil a draft Action Plan at the Sydney ASM in November that addresses the survey findings and will drive the necessary cultural change.

High quality mental health services are essential, both in EDs and across the rest of the health system. Access block remains a key issue across most jurisdictions, with the situation particularly acute for mental health patients. The ED is not the place for patients who are experiencing mental illness. Services and infrastructure must be targeted at those most in need and be evidence based. Through CAPP, ACEM will continue to work proactively with other specialist medical colleges and partners to ensure mental health patients receive the care they need.

The Emergency Medicine Events Register (EMER) is an online adverse event reporting system that is peer-led and confidential. Management of EMER has recently moved in-house to ACEM, under the Quality Management Subcommittee. The College will



be focusing on increasing member use of EMER and exploring the development of member workshops that utilise EMER data. Use of the data has already resulted directly in changes to the College's *Guidelines on the Implementation of the Australasian Triage Scale (G24)*, which is the main Australian and New Zealand standard for triaging patients.

**More information » 21**

The College continued to influence health policy in Australia and New Zealand through more than 40 submissions to external consultations in 2016–17. Submissions ranged from the College's response to the Inquiry on the Victorian Thunderstorm Asthma event, in which broader issues around surge preparedness and communication were also highlighted, and a submission to the Inquiry into Acute Health Services in Tasmania, which emphasised a number of systemic concerns.

Over the past year, a review of the committee structure of CAPP has been undertaken, to ensure its ongoing effectiveness. Following the review, it is recognised that CAPP committee activities should be driven by a work program founded more directly on strategic priorities, determined by CAPP in consultation with the broader membership and positioned as part of overall College strategy. The restructure must be shaped by the needs of this work program. Most of the reorganisation will coincide with the 2018 CAPP entities 'spill'.

**Associate Professor Yusuf Nagree**

# Making progress

## Achieving our strategic goals

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



### Education

Facilitate and support the education, training and continuing professional development of emergency medicine professionals

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### Member Support

Represent, support and protect the interests of members in their professional life

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### Advocacy

Lead the policy debate as the trusted, authoritative source of advice and research

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- + New Site Accreditation Requirements developed
- + Cultural Competency eLearning modules launched
- + Enhanced examination processes
- + Enhanced WBA processes
- + Increased staffing and resource capacity to support college education and training functions
- + Development of standards based selection process for FACEM Training Program.

- + Updates to the Specialist CPD Program, including increasing the number of required Scope of Practice Skills and recording College face-to-face and teleconference activities on behalf of members
- + Improved IT functionality of the ACEM Training and CPD Portal
- + Best of Web EM Resources relaunched
- + Trainee and member access to an Employee Assistance Program (EAP)
- + Increased support to Regional Faculties to enable advocacy and member engagement
- + Conduct of EMET and Specialist Training Program (STP) initiatives under the National Program funded by the Australian Federal Government.

- + 40+ submissions to external public consultations
- + Launch of ACEM's 2017-18 Reconciliation Action Plan
- + Campaigned to put safety first and reinstate speed limits of 130km/h across the Northern Territory
- + Advocated for improvements to systems issues, such as access block, which underpin so many of the sustainability issues facing the emergency medicine workforce
- + Work continued to decrease alcohol harm within the community and also within emergency departments
- + Development of a Communications and Engagement Department to support advocacy
- + Workforce Sustainability Survey into the pressures facing members, with findings supporting policy development.



### Standards

Set, monitor and maintain standards for the provision of quality emergency medical care in Australia and New Zealand

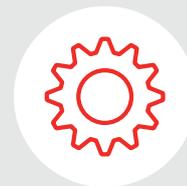
[More information » 21](#)



### Awareness

Promote emergency medicine as a specialised practice, body of knowledge and career

[More information » 22](#)



### College Operations

Ensure ACEM is a sustainable organisation

[More information » 23](#)

- + Development of Professional standards in respect of both clinical guidelines and workplace behaviour
- + Update to *Guidelines on the Implementation of the Australasian Triage Scale (G24)*
- + New End-of-Life and Palliative Care Policy
- + Commencement of College Project to identify and reduce DBSH in the practice of Emergency Medicine.

- + Substantial growth across social media platforms
- + Increased College media share of voice (strong media coverage)
- + Enhanced Faculty and communications functions to articulate the image and profile of emergency medicine
- + Significant involvement in forums pertaining to junior doctors to enable informed career choice.

- + Improvements to information technology and systems
- + Increased specialised professional resources to better serve the membership, further strengthening capacity across the College.



# Advancing education

## Education

The College continued to make strong progress across its core business areas of education, training and assessment.

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### Assessing Cultural Competency modules

In addition to the suite of Indigenous Health and Cultural Competency modules, in 2016 the College commenced development of a series of eLearning modules to provide support to FACEMs in assessing the cultural competency of trainees. The modules are designed to improve the ability of Fellows to assess trainees' skills in Indigenous health and cultural competency.

The modules are Foundations of Assessing Cultural Competence, Assessing Cultural Self-Awareness and Cultural Adaptability, and Assessing Cultural Literacy and Cultural Bridging.

The College has also commenced preliminary discussions with The Australian Indigenous Doctors Association (AIDA) on the delivery of cultural safety training to members and trainees through a resource that AIDA is currently developing. The College looks forward to progressing this initiative.

### New process for Selection into FACEM Training

The College developed a new standards based selection process by which prospective trainees apply prospectively to join the FACEM Training Program.

Unlike the current program, which ended on 30 September 2017, the new selection process will not enable enrolment into the FACEM Training Program at a range of times during a calendar year. Instead, once per year, prospective trainees will be able to apply for enrolment and complete a selection process whereby they are assessed for their suitability to join the FACEM Training Program.

The guiding principle underpinning the new selection process is to select applicants who are considered likely to succeed in emergency medicine, both as a trainee during the training program and as a FACEM once they have successfully completed the FACEM Training Program.

### Pre-Hospital and Retrieval Medicine Diploma

The College is currently developing a training program in the area of Pre-hospital and Retrieval Medicine (PHRM), which it is envisaged will lead to a Diploma qualification (Dip PHRM) awarded by a consortium of colleges under a conjoint arrangement hosted by ACEM.

### Enhanced examination processes

The College continued to enhance its examinations processes throughout 2016–17.

Extended Matching Questions (EMQs) were included in the Primary Written Examination and Integrated Multiple Choice Questions (MCQs) from 2017, within the written Select Choice Question (SCQ) paper.

For the Fellowship Written Examination, SCQ and Short Answer Question (SAQ) Standard Setting Workshops were conducted to further define and enhance examiner understanding of the principles and importance of standard setting. For the Fellowship Clinical Examination (OSCE) a variety of measures were introduced to reduce candidate and examiner fatigue, including reducing continuous blocks of examining from 100 minutes to 60 minutes and reducing the length of an examination day. Further enhancements introduced from the 2017:1A OSCE in May 2017 include the introduction of independent marking for stations with two examiners.

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## Annual Site Census

The new Annual Site Census of ACEM-accredited EDs

98%

response rate

137/140

sites contributed data to the Census

122

Australian EDs

15

New Zealand EDs

### Attendances (average)

50,000+

Australian EDs in 2015-16

≈55,000

New Zealand EDs in 2015-16

>100,000

Three EDs reported greater than 100,000 patient attendances during 2015-16

Private hospitals had greater admission rates from the ED compared to other hospital peer groups, followed by major metropolitan and major regional hospitals.

### Visiting medical officers

Were employed by

46%

of EDs in Australia

33%

of EDs in New Zealand

### FACEM vacancies

34%

of responding Australian EDs

33%

of responding New Zealand EDs





# A year of change

## Member support

The College continued to represent, support and protect the interests of members during 2016–17. The highlights included further enhancements to the College’s CPD program and the creation of a new Communications and Engagement department.

### CPD

The College develops CPD programs that enable members to meet the requirements set by the MBA and the MCNZ in Australia and New Zealand.

During 2016–17, ACEM progressed revisions to its Specialist CPD Program ahead of commencement of the new 2018–2020 Cycle. The updates included:

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

In addition, a Non-Specialist CPD Program designed for Certificant, Diplomate and some Educational Affiliate members of ACEM and other non-specialist participants was developed for introduction at the start of the 2018 CPD Year on 1 July 2017.

### Communications and Engagement

The creation of a new Communications and Engagement Department enabled the College to broaden the scope of its service offering in this area and provide more resources and support to members enabling a strong voice in the media for the College and better engagement via events, communications and support to regional Faculties.

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A strategic focus has been on strengthening the media profile of the College on critical issues facing EM. A significant increase in ACEM’s media profile, coupled with major projects to strengthen communications channels, are designed to increase ACEM’s influence and build much stronger member engagement.

### Discrimination, Bullying and Sexual Harassment

The College Board, along with CAPP, has taken the initiative to investigate the prevalence of discrimination, bullying and sexual harassment affecting our members and trainees in their practise of emergency medicine.

The DBSH Working Group was established in 2016 to undertake this important work through a project consisting of multiple phases, and scheduled to run through to 2018. The first phase of the project involved an independent, confidential and anonymous survey of all ACEM trainees, Fellows, Specialist International Medical Graduates, Certificants and Diplomates being conducted between April and May 2017.

At the time of this report being published, the results of the survey had been analysed and the College was consulting with members and trainees to develop and implement an Action Plan to address the issues identified in the survey. To be released by February 2018, it is anticipated the Action Plan will incorporate measures that will result in cultural change in workplaces, as well as initiatives arising from and embedded in the College’s education and training programs, as well as the College’s governance structures.

In early 2017, the College formed an Expert Advisory Group to investigate claims of discrimination in College assessments, specifically in relation to the Fellowship Clinical Examination (OSCE) conducted in the second half of 2016. A significant component of the work of the EAG, particularly the receipt of submissions, both written and oral, from a range of stakeholders, and the commissioning of some independent external reviews, was conducted in the first half of 2017. The College’s work on this matter continues, with a Final Report expected in the second half of 2017. It is anticipated that implementation of actions arising from recommendations contained in the Final Report will be integrated with identified actions arising out of the wider DBSH work.

Outcomes of the EAG, the Action Plan and progress will be included in next year’s Annual Report.



# Giving members a voice

## Advocacy

The College continues to work with stakeholders and governments to help shape EM policy.

### Early Career Survey

In March 2017 the New FACEMs Early Career Survey received its 300th response. The completion of the next round of the survey (taken in September 2017) enables the College to analyse four years' worth of data from new FACEMs. A detailed picture will emerge of the workforce challenges confronting new FACEMs, including job availability, underemployment, workforce maldistribution and the increasing casualisation of the EM workforce.

### Workforce Sustainability Project

The majority of respondents to this survey reported experiencing a moderate to high degree of burnout. ED overcrowding, access block and interpersonal conflict with other teams were ranked as the most common work-related stressors, with the results discussed at the 2016 ASM in Queenstown, New Zealand. The College will use the findings to develop policy and model EM workforce projections.

### Regional, Rural and Remote Emergency Medicine Workforce Project

The project seeks to understand and define gaps in regional, rural and remote emergency care provision, and will assist the College's understanding of the number and type of patients treated by non-metropolitan Australian EDs. The College is currently analysing data provided by almost 200 regional, rural and remote sites.

### Northern Territory open speed limits

The College recognises that FACEMs experience the full extent of road trauma firsthand, as well as the devastating consequences for individuals, families and communities.

In late 2016, ACEM collaborated with the Royal Australasian College of Surgeons (RACS) and the Royal Australasian College of Physicians (RACP) to highlight the dangers of the Northern Territory open speed limits policy that was reintroduced on sections of the Stuart Highway in 2014. This joint advocacy endeavour emphasised the Northern Territory's high road toll and the risks of high speeds leading to road trauma and serious injury.

ACEM, along with RACS and the RACP, welcomed the Northern Territory's Chief Minister's decision to end the open speed zones – a move supported by the majority of Territorians.

[More information »](#) 35

### Alcohol harm

The College continues to undertake important work aimed at decreasing alcohol harm within the community and inside EDs. This includes conducting an annual snapshot survey of the number of alcohol presentations being treated in a 24 hour period in EDs in Australia and New Zealand. The College's Alcohol Harm in EDs project was nominated as a finalist in the VicHealth Awards 2016.

The College is in ongoing discussions with State and Commonwealth Government ministers to champion its position on reducing alcohol-related harm. This includes joint activities with fellow specialist medical colleges, including RACS, and organisations such as the Foundation for Alcohol Research and Education, with representation at key stakeholder meetings, submissions to various inquiries and media engagement.

[More information »](#) 34 35

## Improving health outcomes through reconciliation

### Reconciliation Action Plan launch

*The launch of ACEM's 2017–18 Reconciliation Action Plan (RAP) – its first – in March 2017 builds on a considerable amount of work already undertaken by ACEM in Indigenous health, cultural competency and awareness.*

The RAP outlines a series of practical, achievable and meaningful actions that the College will embrace in order to bring the culture and health of Aboriginal and Torres Strait Islander peoples into every facet of ACEM's business.

It represents a clear and unequivocal statement by the College that improving the health outcomes of our Aboriginal and Torres Strait Islander patients is of critical importance to us.

As well as the RAP, work continued throughout the year on the development of eLearning modules to help senior staff, at accredited specialist training posts, in assessing cultural competency in trainees.

**More information » 16**

ACEM recognises that it is essential that Fellows and trainees are able to demonstrate cultural awareness while working in the ED whether in Australia or New Zealand. This awareness is critical in the successful engagement of hospital staff with patients from a broad range of cultural backgrounds.

There are a number of positive outcomes when cultural awareness is demonstrated in emergency departments, such as improved patient outcomes and greater satisfaction of patient care in the ED.

#### Reconciliation

In the context of the RAP, embracing reconciliation means making EDs safe, welcoming and respectful environments for Aboriginal and Torres Strait Islander patients and their families.

It means recognising that Aboriginal and Torres Strait Islander peoples are the Traditional Owners and Custodians of the original nations, now known as Australia, with a continuing spiritual connection to land and waters.

It also means committing to increasing the numbers of Aboriginal and Torres Strait Islander specialist emergency physicians and enhancing the provision of employment opportunities in administrative areas.

These commitments have the potential to improve access to quality emergency care and other health services across Australia, leading to improved clinical outcomes for Aboriginal and Torres Strait Islander peoples.

Following formal lodgement with Reconciliation Australia, copies of the RAP were provided to ACEM's key stakeholders and partners, including the Australian Minister for Health, Greg Hunt, state and territory health ministers, and other specialist medical colleges.

ACEM will work to embed the majority of the deliverables in the coming year, reporting its progress to Reconciliation Australia with a view to developing its second RAP in 2019.

#### Māori Engagement and Cultural Competence project

The College has commenced the development of a strategy to achieve health equity for Māori patients, their family/whānau, and staff in New Zealand EDs.



#### Spirit of Well-Being

As part of the development of the RAP, ACEM asked leading Aboriginal and Torres Strait Islander artist Luke Mallie to create a unique illustration representing the collaboration between ACEM and Indigenous communities working together to achieve the RAP's aims. His creation, Spirit of Well-Being, depicts the connection between the body, mind and spirit, and is displayed in ACEM's boardroom.



# 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.

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### **Guidelines on the Implementation of the Australasian triage scale in Emergency Departments**

EMER helps inform improvements in emergency practice and thereby improve patient safety within EDs. It also played an important role in updating a key standard.

It was identified that testicular torsion in young males was over-represented in the EMER database, with three percent of incidents involving a probable testicular torsion. The management of testicular torsion is rapid surgical exploration to maximise the chance of a positive outcome. Patients require pain relief, while further investigations and exploratory surgery are prepared.

EMER data revealed that the one of the most common incident categories in reports involving torsion was 'delays to treatment'.

In July 2016, ACEM's Quality Management Subcommittee and Standards Committee subsequently incorporated this information into an update of ACEM's *Guidelines on the Implementation of the Australasian Triage Scale (G24)*, which is the main Australia and New Zealand standard for triaging patients.

ACEM now recommends that presentation of testicular torsion to an ED is categorised as a Triage Category 2 – very severe pain and requiring assessment and treatment within 10 minutes.

FACEM Dr Carmel Crock, Chair of the EMER Project Steering Group, said: "The Australasian Triage Scale needs to be like anything the College produces – a living document. And when we notice that there are conditions, even with the Scale, that are not necessarily being recognised early enough, then we should respond to that."

### **End-of-Life and Palliative Care Policy**

Like many other countries, Australia and New Zealand's populations are ageing. Both countries are also witnessing rising rates of chronic conditions such as diabetes and cardiovascular disease. The changing demographics of both Australia and New Zealand, the increase in the prevalence of chronic diseases, and patients living longer and with complex medical problems, have resulted in a concurrent growth in the demand for end-of-life and palliative care services.

The number of end-of-life care associated ED presentations has also increased, despite much evidence to suggest that end-of-life care planning or palliative interventions are more beneficial for the patient if they are begun earlier and in the primary healthcare sector. The emergency department has therefore become a location where end-of-life plans are commonly discussed and initiated, or where established end-of-life plans are implemented.

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The Policy on End-of-Life and Palliative Care in the Emergency Department aims to encourage honest discussion and awareness of end-of-life care planning within the community, ensure that emergency department staff are confident in providing good end-of-life care, and that emergency departments have systems and processes in place regarding recognising and appropriately caring for patients at the end-of-life.

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# Heart of the storm

## Awareness

In one evening in spring 2016 a freak combination of factors sent nearly 10,000 people into ED and community health facilities across Melbourne and Geelong.

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The morning of Monday, 21 November 2016 was warm, reaching 27°C in the city before 9.00am. A warning was issued for extreme pollen levels and by the afternoon the temperature had peaked at 35°C, making it Victoria's hottest day since March.

Just before 2.00pm the Bureau of Meteorology issued a severe thunderstorm warning for four districts northwest of Melbourne. Heavy rain in the preceding months, September 2016 was Victoria's second wettest on record, had left this region covered with pollen-rich grasses.

A typical pollen grain contains hundreds of smaller granules that are normally never released into the air. People with allergies and/or asthma breathe in the standard sized pollen grains and suffer allergic reactions such as hay fever or, in the case of asthmatics and others, breathing difficulties.

Experts now believe that the developing storm cells sucked up pollen grains from the flowery grasses as they passed over the fields. Moist air inside the clouds caused the pollen granules to swell and rupture, spilling out millions of tiny particles. As the storm continued sweeping southeastwards, rising cool dry air created a downdraft that carried the swarm of pollen fragments to the ground.

When the storm hit a little after 5.00pm, the pollen fragments, abetted by strong northerly winds, dispersed widely, affecting many thousands of people across Greater Melbourne and Geelong. Because they were much smaller than regular pollen grains, the tiny granules penetrated more deeply into the lungs of those affected, causing significant breathing problems even in some people who had no history of asthma.

For those with asthma, the allergic reaction was severe, resulting in significant – and in some cases fatal – breathing difficulties.

## In the ED

For FACEMs, trainees and other emergency medicine staff working in EDs during the thunderstorm asthma event, the surge in demand from both ambulance and self-presenting patients was the most intense anyone had ever seen.

During the two days of the event there were 9,909 presentations at public hospital EDs in metropolitan Melbourne and Geelong, an increase of 3,270 – or nearly 50 percent – on the same period from the previous week. Western Health EDs – including those at Sunshine and Footscray hospitals, which were among the first to feel the brunt of the storm – saw more than 1,200 patients over the same period, about three times more than normal.

The Royal Melbourne Hospital ED was also struggling to cope with a sudden rush of respiratory patients. The queue of people waiting for triage had stretched out into Grattan Street by 7.00pm.

## Aftermath

The November 2016 Melbourne thunderstorm asthma event is now understood to be without international precedent. Nine people are believed to have died as a result.

The Victorian Government requested the Inspector-General for Emergency Management (IGEM) to review the emergency response to the event. In its official review delivered in April 2017, IGEM commended the dedication and effort of hospital staff and noted that their commitment and flexibility helped minimise adverse impacts on the community.

As a member of the Health and Medical Stakeholder Reference Group, ACEM made a submission to the IGEM review. The College advocated for the inclusion of health as a component of any disaster event response and for having a more robust and resilient emergency health system. There is ongoing work being done by the Victorian Department of Health and Human Services, and the College will continue to work with members to improve the systems' response to such events in future.



# Ensuring strength and sustainability

## College Operations

To ensure the College remains financially sustainable, with less reliance on external funding obtained from sources such as the Australian Government Department of Health, extensive analysis of College finances has been undertaken, resulting in an adjustment to all subscriptions and charges, which will enable the College to fund core operations.

Although the College recorded a net surplus of \$621,370 for the financial year ended 30 June 2017, some College activities were again subsidised by the Department of Health funding for the National Program.

In an effort to improve investment returns, the College sought expressions of interest from Investment Advisors. Following a lengthy due diligence process, JB Were was appointed to manage the College's investment portfolio. Recognising that share markets carry a degree of risk, a conservative investment of \$1.5 million was made in December 2016. To date, the portfolio has performed well, and further investment will be made in the coming financial year. Previously, most of the College's financial assets were held in term deposit accounts.

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

### ICT and systems improvements

Over the course of the year, the functionality of the ACEM Trainee and CPD Portal has been improved to better serve members and administer the College's training programs more effectively and efficiently. New functionality included an automated structured reference module and an automated time approval module to remove the burden of these previously complex manual administrative tasks.

Along with improvements to the core portal, ACEM launched Best of Web EM and new modules for the administration of non-specialist trainees and SIMGs, and improved overall functionality. ICT arrangements in the College achieved 99.9 percent uptime of online systems throughout the 2016–17 Financial Year.

To ensure the security of ACEM's online portal, the College conducted a penetration test to determine any risks and vulnerabilities in online security. An external provider was contracted to conduct the security assessment. The results were generally very positive, with the external provider unable to directly compromise ACEM's portal or underlying servers. This positive result can be attributed to several security measures that the College has implemented to ensure the security of its online systems.

### Human resources management and capacity development

In 2016–2017 ACEM increased resources to better serve our membership, further strengthening capacity across all sections of the College. Developments such as the formation of the Communications and Engagement Department and the merging of the Education and Training Departments have provided greater specialisation and an increased mix of professional skills, interactions and alignment between College departments, resulting in a greater capacity for the College to deliver core activities at an expected standard.

During the year, ACEM staff collectively identified and agreed on the values that best represent those which guide the College and its culture. The values of *Respect*, *Accountability*, *Collaboration* and *Integrity* are the foundation of who the staff are and how staff conduct themselves. They are being embedded across the organisation to ensure the staff continue to build on their service and commitment to each other, to members and emergency medicine.

# Training a wider EM workforce

**Associate Professor Tony Joseph, Chair, Non-Specialist Training Committee (NSTC)**

The EMC and EMD Programs continue to attract a significant number of doctors who have decided to obtain further non-specialist training in emergency medicine.

At 30 June 2017, there were 636 EMC graduates and 486 EMC trainees in progress, and 34 EMD graduates and 74 in training. The uptake of the EMD has recently increased due to the introduction of an 'alternate pathway' to acquire the necessary critical care and airway skills without completing formal terms in Anaesthetics and/or ICU, which were previously proving difficult for some to access.

At 30 June 2017, there are now 630 FACEMs and 12 EMD graduates who have completed the EMC/D Supervisors' course.

The NSTC has reviewed the content of the EMC modules over the last 12 months and they are now in the process of being updated on a platform of increased usability software, which will enhance the learning experience of those utilising the modules. There will be a similar review and update of the EMD modules and the associated learning platform over the next 12 months. These modules are available on the ACEM eLearning site as interactive online resources, and they both introduce and consolidate information at the level of knowledge expected of EMC and EMD trainees.

The College has also supported the development of a CPD Program for EMC and EMD qualified doctors, which utilises the same categories as the Specialist CPD Program. This program commenced on 1 July 2017 and requires completion of 50 hours of CPD activities and the performance of six procedural skills as applicable to Certificants or Diplomates 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.

This year has seen the formation of a Joint Consultative Committee for Emergency Medicine (JCCEM) between ACEM, the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM). This committee consists of representatives of each of the Colleges and discusses issues of mutual interest to the member colleges.

## Full circle

If there are three doctors who demonstrate the potential of the ACEM Certificate and Diploma programs, it is Derek Holroyd, Rob Thompson and Ken McCallum.

The three Senior Medical Officers (SMOs) – who live and work around the town of Proserpine on Queensland's Whitsunday coast – all completed the EMC in 2016 and promptly enrolled in the EMD. Dr Thompson and Dr McCallum have finished their EMD and Dr Holroyd is due to complete his in early 2018. They all attended the Clinical Teaching Workshop held at the College in August 2017, in order to become approved supervisors for the EMC and EMD.

For all three doctors, the long term goal of their training has been to strengthen and expand the level of emergency care delivered to patients in the Mackay region.

A particularly welcome feature of the training was being able to do the EMC, EMD and Supervisor training in quick succession, noted Dr Holroyd.

"Now that we'll be able to supervise EMC/D trainees ourselves, we can cultivate the next generation of local Certificants and Diplomates and hopefully they will go on to become supervisors too," he said. "It's all about building up a high level of skills training so that the knowledge level in the region stays consistent even if individual people move on."

Coming 'full circle' has given the three doctors a powerful insight into the structure of the qualifications.

"The Certificate and Diploma courses are both well organised and easy to assimilate," said Dr Thompson. "Anyone who is not already an emergency medicine specialist should be able to benefit from the content they contain and add to their set of skills."

NSTC Chair, Associate Professor Tony Joseph, said that the work of the three doctors was in line with the original vision of the EMET program. "Embedding emergency medicine skills into rural, regional and remote communities was one of the goals of EMET when it launched in 2011," he said. "The Proserpine story – and many other similar stories from around Australia – demonstrate that this vision is becoming a reality."



**Bottom left:** Dr Osman Mohamed (EMC) inserting an arterial line  
**Bottom right:** EMC trainee Dr Indra Danny from Dubbo Health Service

# Delivering education, enhancing patient care

**Associate Professor Sally McCarthy, Chair, National Program Steering Committee (NPSC)**

The College is in its seventh year of administration of the *'Improving Australia's Emergency Department Medical Workforce'* later called the *'Emergency Medicine Program'* (EMP) and known within the College as the *National Program*. Funded by the Australian Government's Department of Health (DoH), the Program is part of its commitment to improving emergency care in Australia. Oversight for this program is undertaken by the National Program Steering Committee (NPSC), a committee of the ACEM Board.

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There are three main components to the Program:

- + The Emergency Medicine and Education Training (EMET) Program;
- + The Specialist Training Program (STP); and
- + Support Projects.

The DoH recently conducted a full review of the STP and EMP Programs, including the EMET Program, and confirmed that they will continue to support and provide funding for EMET for a further three-year period, from 2018–2020.



*A simulation session being carried out at Deloraine District Hospital in Northern Tasmania*

## EMET statistics

12 months to 31 March 2017

50

EMET Hubs delivered

2,800+

EMET training sessions, held at

276

sites around Australia, totaling

7,400

hours of FACEM-led training

23,500

attendees participated in EMET training, including staff from

111

sites, who attended training held at another location

352

EMC and EMD trainees were enrolled across

95

EMET sites

61 + 5

EMC

EMD

trainees graduated at EMET sites during this reporting period

EMET reached

406

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

90%

of which were in a regional or remote area

## EMET

EMET continues to support regional, rural and remote emergency departments or urgent care services through site-specific training to non-specialised emergency medicine doctors and the multidisciplinary teams they work with in these settings.

Funding enables FACEMs to deliver:

- + supervision and training of EMC/D trainees;
- + EM training sessions; and/or
- + on-the-floor teaching and supervision to build capacity in smaller EDs.

In 2016–17 ACEM funded 50 EMET hub sites across the country, with an estimated reach of over 400 training sites.

“It is no exaggeration to say that EMET has been directly responsible for saving two lives during my time here... keeping up to date with knowledge is no small feat and EMET took up the challenge and has delivered in spades. Does the education delivered by EMET enhance patient care? Undoubtedly.”

Senior Medical Officer,  
Cairns and Hinterland Hospital and Health Service

## EMET sessions and locations, by Remoteness Areas (RA)

12 months to 31 March 2017

EMET training sessions by RA rating



Major Cities (Public)	9%
Major Cities (Private)	12%
Inner Regional	44%
Outer Regional	23%
Remote	7%
Very Remote	5%

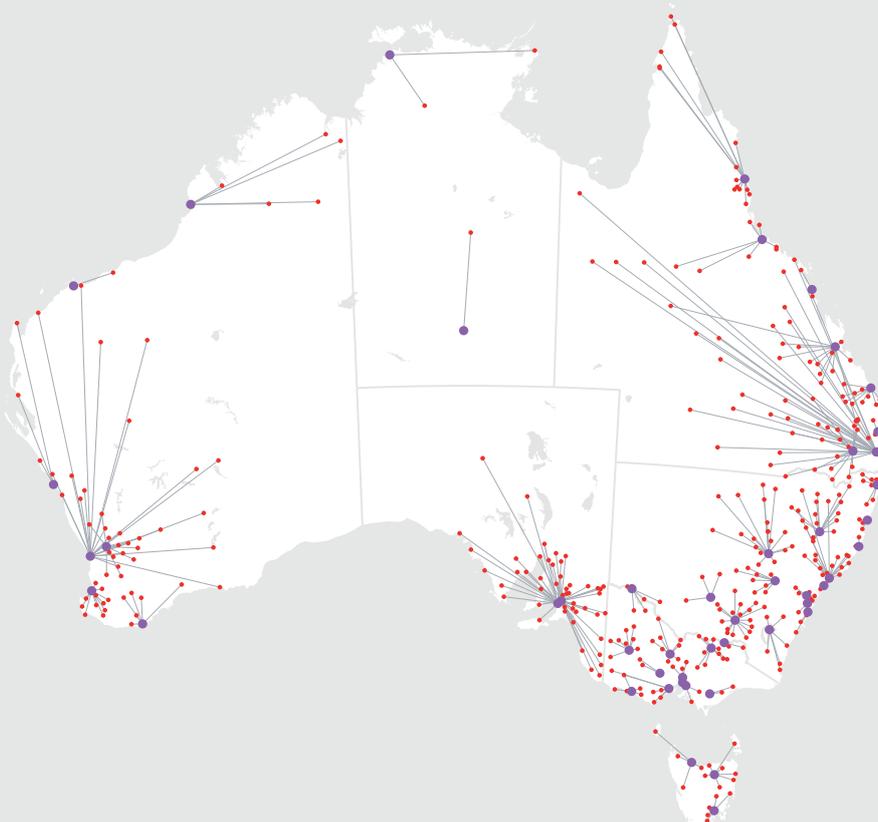
EMET training locations by RA rating



Major Cities (Public)	7%
Major Cities (Private)	2%
Inner Regional	33%
Outer Regional	38%
Remote	11%
Very Remote	9%

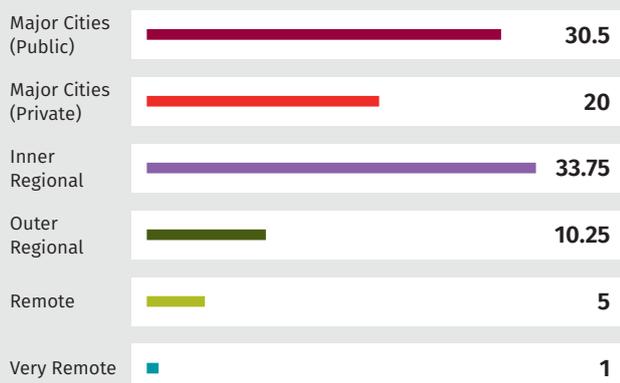
## Mapping emergency medicine training across the outback

ACEM has developed an interactive map showing the breadth of the EMET Program and, as a result, the extent to which emergency medicine care across Australia has been enriched. The map is designed to let users explore the extent and connectivity of the EMET Program hospital network around Australia with ease and flexibility.

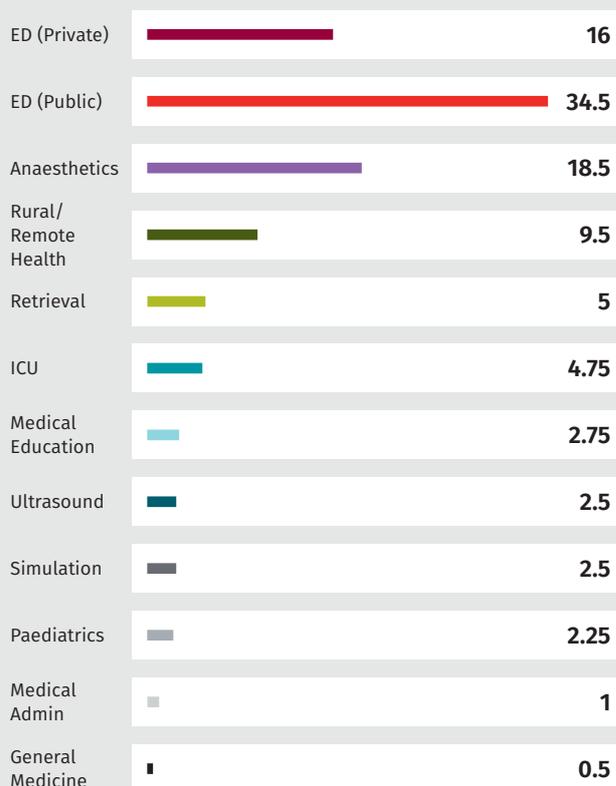


## 2016 Academic Year EMP and STP posts by RA rating and training setting

### Spread of EMP/STP posts



### EMP/STP posts by training setting



## STP

Since 2011, the Commonwealth Government has provided ACEM with STP funding to provide support to enable trainees to rotate through an expanded range of settings, beyond traditional public teaching hospitals, as recognised FACEM training.

ACEM is one of 12 specialist medical colleges funded by the DoH to manage STP posts. In a review of the STP and EMP Programs, published in March 2017, the DoH reported that stakeholder feedback on STP and EMP was overwhelmingly positive:

“Most [sites] felt the programs were meeting their aims and objectives. Both programs have been effective in building training capacity and demonstrating the value of investing resources in expanded or non-traditional training settings.”

“STP and EMP are supported by the sector both from an educational and service delivery perspective. Importantly, there is agreement that they generate benefits to patients and communities, particularly outside the major metropolitan areas.”

ACEM is focused on ongoing improvement in the management of EMP and STP posts, as well as improved reporting, and as a result, has commissioned the development of an STP contracts and posts management system, which is nearly complete. The system is being enhanced to incorporate changes to the Program for commencement in 2018.

Analysis undertaken in 2016 showed that six percent of all FACEM training positions were funded through the STP Program. Reflecting the intent of the Program, this proportion is significantly higher (18 percent) for FACEM training positions in rural locations and is 50 percent of positions in private settings.



## Tasmanian Project

In June 2012, the Commonwealth Government announced the Tasmanian Project to support the training and retention of specialist doctors in the Tasmanian public health system. In 2016 there was a 100 percent fill rate for the six training positions under the project.

ACEM STP trainee Dr Khoury Mykkanen has been at the Royal Hobart Hospital for five years. "It [the posting] has provided valuable training in the emergency department, and I have been able to rotate through a number of specialties," said Dr Mykkanen, who was working at the time in the Neonatal Intensive Care Unit (NICU) completing her paediatric placement. "The hospital is large enough to offer a number of disciplines while at the same time being small enough that people know who you are. It is that personal knowledge and connection that provides more opportunities than compared to a larger hospital in terms of exposure and diversity of roles."

Dr Mykkanen said Hobart "had left a positive impression on me... I am enjoying life and have time to enjoy the wonders of this island paradise."

## Integrated Rural Training Pipeline (IRTP)

Announced by the Commonwealth Government in 2015, the IRTP aims to deliver a sustainable, future medical workforce for regional, rural and remote communities. It is a targeted expansion to the STP providing rurally-based specialist training places, with 50 posts allocated in 2017 and a further 50 posts to be established in 2018. ACEM was allocated four training posts for 2017.

ACEM IRTP trainee Dr Jessica Tidswell is currently completing her training in the Northern Territory (Darwin and Alice Springs) and said her experience had been very positive. "I have found the ability to have a long-term outlook in Darwin... the reassurance of having training positions up here for three years has enabled my partner and I to establish a life in Darwin and invest more into the community; we have bought a house and set ourselves up here," she said.

"I also feel allegiance to the hospital and department, which encourages me to get involved in the long-term projects and institutional development. I have really appreciated the flexibility I still have, with varying my training time from full-time to part-time. I know that I have a strong and supportive team around me in the next few years when I sit my Fellowship Exam."

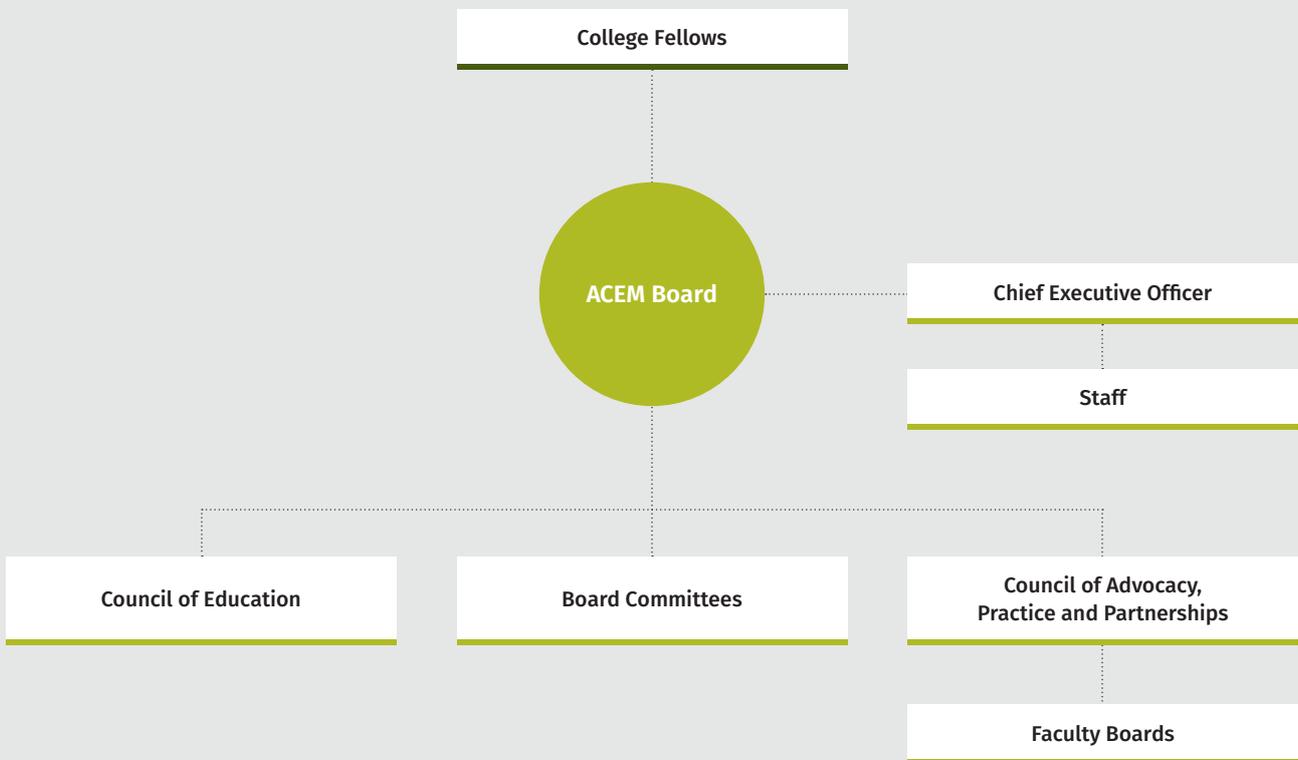
"Despite my training occurring within a specific population, I feel my exposure to diseases is still varied... there is also a constant stream of staff from other places which means I am constantly learning."

# Faculty reports

Reporting to CAPP, the primary role of a Regional Faculty is to promote and advance the objects of the College at the regional and local level.

In practical terms, the broad role of the Regional Faculties is to target local issues and strive to raise awareness of emergency medicine care on behalf of their communities, as well as providing education and events for ACEM members and trainees living and working in their region.

## ACEM Governance Structure – Regional Faculties report to CAPP



**Western Australia**

233  
(↑10)  
Fellows

12  
ACEM accredited  
emergency departments  
to deliver the  
FACEM Training Program

**Northern Territory**

34  
(↑3)  
Fellows

2  
ACEM accredited  
emergency departments  
to deliver the  
FACEM Training Program

**South Australia**

120  
(↑4)  
Fellows

7  
ACEM accredited  
emergency departments  
to deliver the  
FACEM Training Program

**Victoria**

516  
(↑41)  
Fellows

28  
ACEM accredited  
emergency departments  
to deliver the  
FACEM Training Program

**Tasmania**

49  
(↑5)  
Fellows

3  
ACEM accredited  
emergency departments  
to deliver the  
FACEM Training Program

“The Faculty took a positive role in health issues, specifically working to keep the South Australian Government accountable so that its reform program, formerly known as ‘Transforming Health’, delivers the promised system change needed to improve access block and patient flow through the hospital system.”

South Australia Faculty Chair, Dr Tom Soulsby

Queensland

478  
(↑41)

Fellows

27

ACEM accredited  
emergency departments  
to deliver the  
FACEM Training Program

“ACEM’s commitment to deepening cultural competence is demonstrated by the start of a Māori Engagement and Cultural Competence project in New Zealand. Driven by FACEMs, this project will look at a range of initiatives to attract Māori medical students to emergency medicine, support Māori trainees, and heighten cultural competence in medical practice within New Zealand emergency departments.”

New Zealand Faculty Chair, Dr John Bonning

New South Wales

529  
(↑53)

Fellows

37

ACEM accredited  
emergency departments  
to deliver the  
FACEM Training Program

Australian Capital Territory

39  
(↑3)

Fellows

2

ACEM accredited  
emergency departments  
to deliver the  
FACEM Training Program

New Zealand

270  
(↑22)

Fellows

17

ACEM accredited  
emergency departments  
to deliver the  
FACEM Training Program

## Australian Capital Territory

### Dr Suzanne Smallbane, Chair

The ACT Faculty has had another productive year advocating on behalf of its members on issues of policy and workforce capacity including hospital overcrowding, access block and the number of registrars in emergency departments.

The Faculty met regularly to discuss issues affecting the two hospitals in the ACT and surrounding areas.

The Faculty continued to have a very successful and productive relationship with the ACT Government, backing the government's proposal in July 2016 to stop serving alcohol after 3.00am in the nation's capital and raise awareness around the increase in alcohol-related emergency department presentations. As part of this campaign, the College issued a joint media release with RACS.

The Faculty welcomed the conclusion of building works at Canberra Hospital. The new facilities are a positive change for outpatients who need to visit the hospital on a regular basis and use a variety of services.

### Australian Capital Territory Faculty Board

- + Dr Suzanne Smallbane
- + Dr Aline Archambeau

## New South Wales

### Dr Chris Trethewy, Chair

The NSW Faculty strengthened its advocacy focus in 2017.

The erosion of Clinical Support Time in the NSW hospital system, mental health access block and emergency department overcrowding were some of the issues tackled. The Faculty also worked with NSW Health and other jurisdictions across the state to maintain working conditions for FACEMs.

The NSW Faculty made a submission to the NSW Law Reform Commission on its review of the Guardianship Act 1987, calling for a national approach to consent processes and procedures for clinical trials.

While the Faculty welcomed the spending on hospitals in the NSW budget, urgent ongoing investment in hospital system reform is needed to ensure quality patient outcomes.

The Faculty held its annual scientific meeting, Evidence in Review, in March 2017. It was a great success, attended by almost 100 delegates. A welcome dinner provided New Fellows with the opportunity to network with Faculty colleagues.

My thanks go to Professor Andrew Bezzina who retired as NSW Faculty Chair after three years of service in the role.

### New South Wales Faculty Board

- + Dr Christopher Trethewy
- + Dr John Kennedy
- + Professor Andrew Bezzina
- + Associate Professor Sally McCarthy
- + Dr Alan Tankel
- + Dr Gabriel Lau
- + Dr Jules Willcocks
- + Dr Mary McCaskill
- + Dr Hugh Reid
- + Dr Naveed Aziez
- + Dr Nicholas Lelos

## New Zealand

### Dr John Bonning, Chair

As the host of the College's 2016 ASM, held in Queenstown, the New Zealand Faculty continued its advocacy function on a number of fronts, including drug and alcohol use/abuse and the Choosing Wisely campaign.

During the ASM, the Faculty met with Health Minister Jonathan Coleman to discuss a range of issues, including the emergency medicine workforce, access block and ambulance ramping.

The Faculty also made submissions to various agencies, this included to the Ministry of Health on regulating the paramedic workforce under the Health Practitioners Competence Assurance Act. The Faculty also provided feedback to the MCNZ's review of their statement on self-care and provided feedback on the Council's review of their statement on Complementary Alternative Medicine.

The Faculty Chair and ACEM staff continue to provide strong support to the Council of Medical Colleges via that group's Executive and, in particular, to the Choosing



Northern Territory Faculty Board member and Northern Territory CAPP member Dr Didier Palmer, Northern Territory Minister for Health, Natasha Fyles, ACEM President Professor Anthony Lawler.

Wisely campaign. This campaign has now involved District Health Boards, with a view to encouraging local initiatives and projects.

ACEM's commitment to deepening cultural competence is demonstrated by the start of a Māori Engagement and Cultural Competence project in New Zealand. Driven by FACEMs, this project will look at a range of initiatives to attract Māori medical students to emergency medicine, support Māori trainees, and heighten cultural competence in medical practice within New Zealand emergency departments.

This year could be described as one of the toughest faced by Fellows and trainees due to unprecedented increases in emergency department presentations, access block and ambulance ramping occurring for the first time on any significant scale. The annual Faculty meeting in Taupo in October focussed on wellness of all emergency department staff amid these ever-increasing pressures.

Changes for the Faculty have included the recruitment of a part-time staff member to assist the New Zealand Office Manager.

#### **New Zealand Faculty Board** (until November 2017)

- + Dr John Bonning
- + Dr Scott Boyes
- + Dr Gina de Cleene
- + Dr Stuart Barrington-Onslow
- + Dr Andre Cromhout
- + Dr Jeremy Dryden
- + Dr Derek Sage
- + Dr Kate Kerr

#### **Northern Territory** **Dr Stephen Gourley, Chair**

The past year has seen the NT Faculty engage with police, other emergency services and social community and welfare providers on issues that included the removal of a police presence at alcohol outlets, the reintroduction of the Banned Drinkers Register, youth detention, homelessness and the social determinants of health.

The Faculty has been active at the state government level, meeting with the NT Minister for Health, Natasha Fyles, to discuss the emergency medicine workforce, training needs, alcohol reform, and areas where the NT Government and ACEM can work together.

The Faculty, working with RACS and RACP, successfully advocated for the NT Government to abolish unrestricted speed zones on the Stuart Highway. The new Labor Government applied 130km/h speed limits to the Stuart Highway in November 2016.

#### **Northern Territory Faculty Board**

- + Dr Stephen Gourley
- + Dr Didier Palmer
- + Dr Rebecca Day
- + Dr Kerrie Jones



More than 100 Fellows enjoyed the Queensland Faculty's annual scientific meeting.

(Clockwise from top left) Dr Craig Hacking; Dr Andrew Hobbins-King, Dr Chris Wignall and Dr Colin Myers (far right); Dr Ena Malekas; and Dr Anne Gisik, Dr Genevieve Peek and Dr Andrew Lesnewski

## Queensland

### Dr David Rosengren, Chair

The Queensland Faculty held its annual scientific meeting, the Queensland Emergency Medicine Autumn Symposium, at the Brisbane Exhibition and Convention Centre in May 2017. More than 100 Fellows attended the event. An engaging and diverse program of presentations, breakout sessions and workshops focused on a wide range of topics, including paediatrics, trauma and cardiology.

There has been extensive dialogue with the Queensland Government and Queensland Health throughout the year, including submissions on physician assistants and the performance of the Queensland Health Ombudsman. In October 2016, the Faculty met with the Health Minister, Cameron Dick.

Following more than a decade of service to the Queensland Faculty – including eight years as Faculty Chair – I retired from both the Board and the position of Chair in June 2017. Dr Kim Hansen has been appointed Acting Chair.

## Queensland Faculty Board

- + Dr David Rosengren
- + Dr Kim Hansen
- + Dr Niall Small
- + Dr Sharyn Smith
- + Dr Darren Powrie
- + Dr Luke Lawton
- + Dr Andrew Spiller
- + Dr Jessica Forbes

## South Australia

### Dr Tom Soulsby, Chair

The South Australia Faculty held its biennial event, Emergency Medicine South Australia (EMSA), in July 2016. The event, which is a collaboration between ACEM, the College of Emergency Nursing Australasia and Paramedics Australasia, was held at the Adelaide Convention Centre. More than 200 delegates attended, with pleasing numbers of FACEM trainees and Fellows.

The Faculty took a positive role in health issues, specifically working to keep the South Australian Government accountable so that its reform program, formerly known as 'Transforming Health', delivers the promised system change needed to improve access block and patient flow through the hospital system.

Ongoing capacity issues at Flinders Medical Centre and, indeed, at all metropolitan hospitals are of great concern to our State's emergency physicians. Overcrowding and access block have been shown repeatedly to result in poorer health outcomes, including longer hospital stays. There has been a sustained increase in emergency department presentations, most markedly in the Northern and Southern Adelaide networks.

The Faculty remains keen to work with the Government in order to bring about positive improvement and is committed to advocating strongly for a system that puts patients first.

The Faculty welcomed the funding commitments in June's state budget for hospital construction and upgrades at the Queen Elizabeth Hospital, Modbury Hospital, Lyell McEwin Hospital and Flinders Medical Centre.

### South Australia Faculty Board

- + Dr Thomas Soulsby
- + Dr Thiruvankatam Govindan
- + Dr Robert Dunn
- + Dr Peter Bruce
- + Dr Simon Chu
- + Dr Louise Allonby-Neve
- + Dr Derek Louey
- + Dr Mark Morphet
- + Dr Kimberly Humphrey

## Tasmania

### Dr Brian Doyle, Chair

The Tasmania Faculty held its biennial event, Emergency Tasmania, in Launceston in August 2016. The event was co-hosted by ACEM, the College of Emergency Nurses Australasia and Paramedics Australasia. It was a very successful meeting and enjoyed by everyone who attended. The next event will be in August 2018 at Cradle Mountain.

Preliminary work has been undertaken in planning the Hobart ASM in 2019.

While the Faculty appreciated the broad direction of May's state budget, the allocation of funding for beds still falls short of what is urgently needed. Emergency departments throughout Tasmania are facing extreme levels of overcrowding due to lack of inpatient beds.

The Faculty notes that partial solutions have been put forward over the past year to try and meet the need for new beds, but these measures – such as purchasing beds at private hospitals – are rarely satisfactory, as they have often involved restrictions that limited their use. Similarly, counting trolleys and chairs as beds is not appropriate, as it restricts the type of patient that can use them and presents comfort and safety concerns.

The Faculty believes there is a need, and has advocated for a sufficient number of genuinely new beds, with the capacity and flexibility to look after a diverse range of patients.

The Faculty continues to foster relationships with stakeholders to further push for the improvement of emergency care.

The number of FACEMs calling Tasmania home continues to increase. However, the workforce demonstrates maldistribution, with many specialists competing for work in Hobart, while there are vacancies in Launceston and the northwest of the state.

### Tasmania Faculty Board

- + Dr Brian Doyle
- + Dr Domhnall Brannigan
- + Dr Kate Field
- + Dr Viet Tran

## Victoria

### Dr Shyaman Menon, Chair

The Victoria Faculty held its annual scientific meeting in Torquay in October 2016. The event – the first Victoria Faculty scientific meeting in a number of years – was attended by more than 70 Fellows and trainees.

On the advocacy front, bringing an end to violence in emergency departments dominated efforts of members. The Victorian Government has committed to providing extra funding for security in public hospitals.

A second major area of attention is health infrastructure. The state budget in May 2017 contained several funding commitments. The Faculty hopes that when planning and building new healthcare infrastructure, both state and federal governments consider any factors that could lead to issues such as access block and overcrowding in emergency departments. This requires ongoing monitoring and investment.

The Faculty believes that while the expansion of emergency departments is beneficial, further investment may be required to meet increasing demand. Recent experience shows that when new facilities or hospitals open, a surge in emergency department presentations follows.

### Victoria Faculty Board

- + Dr Shyaman Menon
- + Dr Simon Judkins
- + Associate Professor Diana Egerton-Warburton
- + Dr Sara MacKenzie
- + Dr Suzanne Doherty
- + Dr Barry Gunn
- + Dr Joanne Dalgleish
- + Dr Jonathan Dowling
- + Dr George Braitberg
- + Dr Michael Ben-Meir
- + Dr Pourya Pouryahya
- + Dr Philippa Flinn

## Western Australia

### Associate Professor David Mountain, Chair

The Western Australia Faculty maintained its participation in policy development and continued to ensure members throughout the state are well represented by ACEM.

The Faculty held its annual scientific meeting in October 2016. The meeting was attended by 80 Fellows.

Important advocacy work included communicating the College's position on urgent care and general practice walk-in clinics, mental health and emergency department access block, ambulance service issues and violence in emergency departments.

The state election in March 2017 provided the Faculty with the opportunity to call on both sides of politics to focus – in the short and long term – on addressing the real issues impacting hospitals in Perth and across the state.

Western Australians need access to properly staffed and resourced emergency departments, regardless of who is in Government. This is critically important given the clear long-term trend of growing emergency department patient presentations, many of whom are older, with more complex health problems.

### Western Australia Faculty Board

- + Associate Professor David Mountain
- + Dr Peter Allely
- + Associate Professor Yusuf Nagree
- + Dr Lynda Vine
- + Dr Harry Patterson
- + Dr Yusuf Mamoojee
- + Dr Jim Cooper
- + Dr Ioana Vlad
- + Dr Tracey McCosh

# ACEM Foundation

Dr Simon Judkins, Chair

The mission of the ACEM Foundation is to foster emergency medicine research, build the capacity of emergency medicine programs in developing countries, and encourage and support Indigenous doctors in undertaking emergency medicine training.

## Emergency Medicine Research

In 2016, the Equity Trustees Foundation established **The Sophie Lewis Fellowship in Acute Cardiovascular Emergencies** in memory of Sophie Lewis. The Fellowship assists a Fellow or trainee of the College to pursue a program of research into acute cardiovascular emergencies. The recipient was FACEM Dr Christopher Armstrong, whose project, *Does the early miRNA profile of cardiac arrest have prognostic potential?* will receive \$60,000 over three years.

**The Morson Taylor Research Grant** serves to foster a high quality research project in emergency medicine being undertaken by an ACEM Fellow or trainee. In 2016 it was awarded to Dr Anselm Wong for his research project, *The NACSTOP trial: A multicentre, cluster-controlled pilot trial investigating the early cessation of N-acetylcysteine in paracetamol overdose*. Dr Wong 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 2016 it was awarded to Dr Matthew Maiden for his project, *Changes to red cells in septic shock*.

**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, in the pursuit of truth, knowledge and wisdom by physicians in emergency medicine. In 2016 it was awarded to Professor Geoff Isbister (and co-authors Dr Colin Page, Dr Michael Downes, Dr Betty Chan, Dr Frances Kinnear, Dr Luke Wheatley and Dr David Spain), for the paper, *The Safety and Effectiveness of Droperidol for Sedation of Acute Behavioural Disturbance in the Emergency Department*.

**The Edward Brentnall Award** recognises the outstanding contribution made by Foundation Fellow Dr Edward Brentnall to the College and relates to an article on public health or disaster medicine published in a

refereed journal. In 2016 it was awarded to Associate Professor Diana Egerton-Warburton (and co-authors Professor Daniel Fatovich and Professor Drew Richardson) for the paper, *Perceptions of Australasian Emergency Department staff of the impact of alcohol-related presentations*.

In 2016, the ACEM Foundation continued its pledge of \$12,000 over two years (\$6,000 per annum) to support the work of the New Zealand Emergency Medicine Network (NZEMN).

## 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 2016, the ACEM Foundation awarded four International Development Fund Grants. Dr Brady Tassicker received \$15,521 for his project, *Specialised Training Program for Emergency Nurses in Tuarua Central Hospital, Tawara, Kiribati*; Dr Anna Davis received \$3,203 for her project, *Workshop on Leadership, Crisis Resource Management and Communications Skills in Emergency Medicine for Registrars in Emergency Medicine, Sri Lanka*; Dr Alan Tankel received \$4,000 for his project, *Provision of Emergency Life Support International (ELSi) and Serious Injury/Illness in Remote Environments (SIREn) Course, Tonga*; and Dr Hanh Pham received \$7,276 for her project *Improving Emergency Care in Vietnam, EM Short Course*.

**The ACEM Foundation International Scholarship** is awarded to doctors and other health professionals from developing nations to support their attendance at the ACEM ASM, where they also present during a session in the scientific program to increase awareness and support for emergency medicine in developing countries. In 2016, Dr Ganbold Lundeg (Mongolia), Dr Ram Prasad Neupane (Nepal), Dr Bobby Wellsh (Papua New Guinea), Associate Professor Khine Shwe Wah (Myanmar), and Dr Thynn Thynn Win (Myanmar) received scholarships.

**The Toni Medcalf Community Service Award** seeks to recognise the outstanding personal contribution of a trainee towards improving health outcomes for Australian and New Zealand communities. The 2016 Toni Medcalf Community Service Award was given to Dr Faye Jordan for her volunteer aid work for Grace Centre for Children and Families since 2011, and for her contribution to annual fundraising for the Leukemia Foundation's World's Greatest Shave, towards which Dr Jordan has raised in excess of \$60,000 over the last 10 years.

## Support for Indigenous Medical Practitioners

The ACEM Foundation provided \$11,000 in sponsorship to the *Leaders of Indigenous Medical Educators (LIME) Conference* in April 2017. Over 200 delegates attended the LIME event, which was held in Melbourne, Victoria.

As a Bronze Sponsor of the *2016 Australian Indigenous Doctors' Association (AIDA) conference*, the ACEM Foundation provided \$4,000 funding to the event. The ACEM Foundation showcased the FACEM Training Program, the EMC/D programs and College resources in the display hall, with workshops facilitated by College Fellows as part of the meeting program.

The ACEM Foundation was an exhibitor sponsor (\$3,500) of the *Lowitja Institute Indigenous Health and Wellbeing Conference*, held in Melbourne in November 2016. The exhibition booth, promoting ACEM resources, was well attended by delegates.

The ACEM Foundation committed \$2,500 to the *2016 Pacific Region Indigenous Doctors Congress (PRIDoC)*,

hosted by Te ORA, in Auckland, New Zealand, in December. As a Bronze Sponsor, the ACEM Foundation was provided with a great opportunity to promote the FACEM Training Program to Māori medical students and doctors.

### **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 Tatum Bond. The ACEM Foundation continues to provide ongoing financial support to the five trainees who have previously received the Scholarship.

**The 2016 ACEM Foundation Lecture** was presented by Associate Professor Papaarangi Reid, Tumuaki (Deputy Dean Māori) at the Faculty of Medical and Health Sciences and Head of Te Kupenga Hauora Māori at the University of Auckland, New Zealand. Associate Professor Reid delivered a powerful and informative lecture, *Culturally Safe Doctors and Medical Colleges*.

## Dr Maximilian Raos heads to Aotearoa

**The ACEM Foundation Conference Grant: Promoting Future Indigenous Leaders in Emergency Medicine** aims to support Aboriginal, Torres Strait Islander and Māori medical practitioners, medical students and other health professionals, to attend the ACEM Winter Symposium or ASM. In 2016, the ACEM Foundation Conference Grant was awarded to Dr Maximilian Raos, who attended the 2016 ASM held in Queenstown, New Zealand.

"It was the Indigenous Health session that gave me great pause," said Dr Raos, a proud descendent of Te Ati Awa. "A host of great speakers gave engaging talks on a subject close to my heart. To meet with clinicians engaged with research and advocacy for indigenous health was empowering and a little awe inspiring."

"Entire careers and theses, countless hours devoted to bringing Indigenous health to the fore. In their midst I felt just a little underqualified as an Indigenous advocate, but was eager to learn just how to become an effective campaigner."

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The ACEM Foundation wishes to thank our outgoing Chair Professor David Taylor and outgoing members Dr Peter Freeman, Dr Gerard O'Reilly and Dr John Vinen. Welcome to our new members Dr Nicholas Taylor, Dr Georgina Phillips, Associate Professor Geoffrey Hughes, Dr Gina Watkins and Professor George Braitberg. Members Professor Anthony Lawler, Dr Elizabeth Mowatt, Dr Simon Judkins and Foundation Patron Associate Professor Joseph Epstein remain on the Committee.

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# Financial Report Summary

## Concise summary

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

In the 2017 financial year, the College focussed on the analysis of financial information to inform prudent financial management and decision-making to ensure the financial sustainability of the College. This is reflected in the results for the year ending 30 June 2017.

The College has continued to deliver a sound financial performance, with a net surplus of \$621,370 recorded as a result of all College activities for the 2017 financial year.

The College remains in a secure financial position with net assets of \$20,046,110.

In December 2016, an investment portfolio was commenced with JB Were with an initial investment of \$1.5 million. As at 30 June 2017, these funds have increased to \$1,551,387 representing a 3.5% return for the period of the financial year that the investment was operating. A second tranche of funds are earmarked for investment in the 2018 financial year. The College takes a conservative approach to investment, preferring a long-term strategy to achieve growth, while ensuring the preservation of funds.

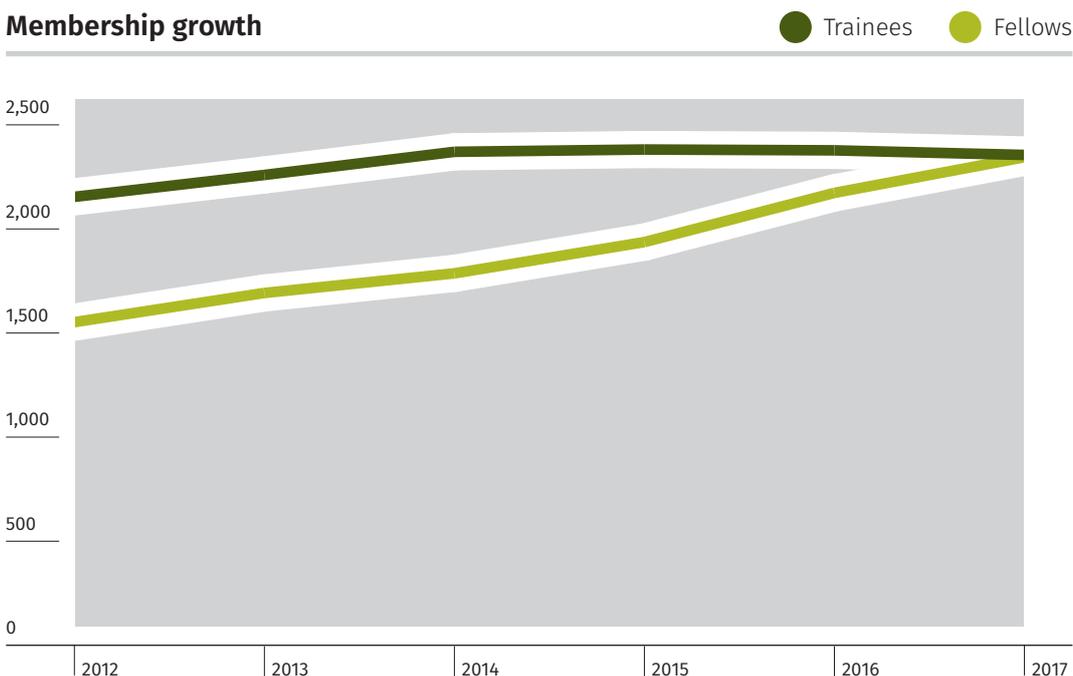
Enhancement of ICT infrastructure continued, with a total investment of \$443,700 into further development and improvement of existing systems to support our members and trainees. Improvement of IT systems, in particular the training portal, will continue into the next financial year, with further capital investment allocated in the 2017-18 budget.

The College continued to administer the DoH funded 'Improving Australia's Emergency Department workforce' suite of projects, with confirmation that the project will be extended until 2020. Of particular significance are the STP and EMET programs, which offer support of Emergency Medicine training positions and emergency medicine training Australia-wide.

Consistent with the previous year, candidature for all examinations was strong, and the number of enrolments for the Emergency Medicine Certificate and Diploma showed a modest increase.

As can be seen by the accompanying graph, the number of new trainees joining the College has plateaued in recent years, while the number of Fellows has shown a marked increase (total number of Fellows 2017: 2,345; 2016: 2,174).

## Membership growth

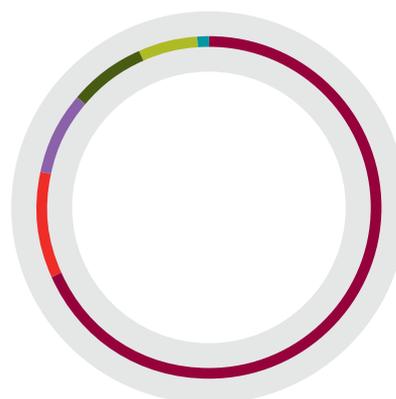


# Statement of Income and Expenditure and Other Comprehensive Income

	2017 \$	2016 \$
Revenue	<b>37,912,422</b>	38,106,274
Audit, legal and consultancy expenses	<b>(697,835)</b>	(944,332)
Committee meeting expenses	<b>(2,006,820)</b>	(1,446,995)
Computer expenses	<b>(742,243)</b>	(270,916)
Depreciation and amortisation expenses	<b>(873,246)</b>	(800,007)
DoH direct project expenses	<b>(23,200,118)</b>	(25,681,584)
Employee benefits expenses	<b>(6,877,581)</b>	(5,668,485)
Examination expenses	<b>(567,412)</b>	(505,142)
Occupancy expenses	<b>(164,024)</b>	(211,075)
Office expenses	<b>(907,741)</b>	(819,388)
Publication expenses	<b>(566,475)</b>	(525,990)
Donations	<b>(42,852)</b>	(166)
Awards	<b>(416,703)</b>	(47,008)
Other expenses	<b>(228,002)</b>	(198,182)
<b>Surplus for the year</b>	<b>621,370</b>	987,004
<b>Total comprehensive income for the year</b>	<b>621,370</b>	987,004

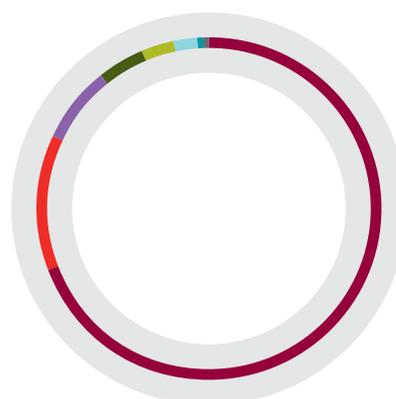
## Breakdown of revenue and expenditure

### Revenue



Grants	<b>68%</b>
Fellowship fees	<b>10%</b>
Examination fees	<b>8%</b>
Trainee fees	<b>7%</b>
Miscellaneous income	<b>6%</b>
Other income	<b>1%</b>

### Expenditure



Grants	<b>69%</b>
Education & Training	<b>13%</b>
Operations	<b>8%</b>
Communications & Engagement	<b>4%</b>
Policy & Research	<b>3%</b>
Governance	<b>2%</b>
ACEM Foundation	<b>1%</b>
IFEM	<b>&lt;1%</b>

## Commentary on Statement of Income and Expenditure and Other Comprehensive Income

- + The net surplus of the College for the year ending 30 June 2017 was \$621,370 (2016: \$987,004), representing a 37% decrease from the prior year. Income associated with administration of programs and project activities funded by the Department of Health contributed significantly to the surplus.
- + **Variations in Revenue:** Total revenue for 2017 was \$37,912,422 and was comparable to the previous financial year with only a minor (< 1%) decrease recorded. Main revenue streams were DoH grant funding (68%), Fellowship fees (10%), examination fees (10%) and trainee fees (7%). There was a \$1.6 million decrease in DoH grant funding from the 2016 financial year. It should be noted that DoH grant revenue is recognised upon expenditure, therefore the revenue amount is similarly reflected in expenditure. Favourable variations in membership and other fees were recorded for Fellows, trainees, Non-Fellows and General Income.
- + **Variations in Expenditure:** Overall expenditure of \$37,291,052 was comparable to the previous financial year, with a minor (< 1%) decrease recorded. There was an overall decrease of expenditure across the DoH project (\$1.6m), however the considerable increases to Awards and Computer expenses were directly attributable to DoH project initiatives. Committee meeting expenses are comprised predominately of travel costs and have increased in line with greater committee activity, while growth in staff numbers in order to enable increased organisational capacity, led to an increase in employee benefits expenses. Most other areas of expenditure experienced modest growth compared to the prior year.

## Statement of Financial Position

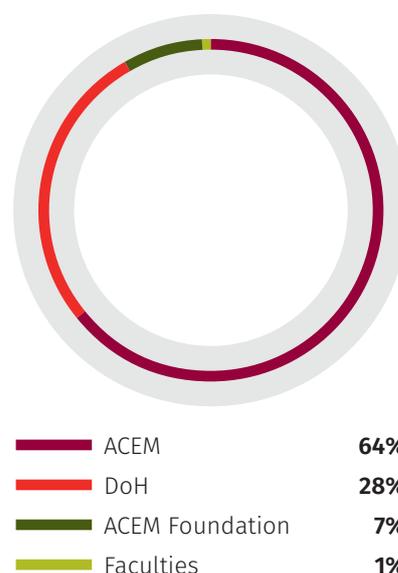
	2017 \$	2016 \$
<b>Assets</b>		
<b>Current assets</b>		
Cash and cash equivalents	16,570,673	14,185,987
Trade and other receivables	2,482,374	2,902,537
Other assets	420,275	396,800
Financial assets	4,001,098	9,426,576
<b>Total current assets</b>	<b>23,474,420</b>	<b>26,911,900</b>
<b>Non-current assets</b>		
Trade and other receivables	2,000	2,000
Property, plant and equipment	8,015,113	8,277,954
Intangible assets	1,310,617	1,223,594
<b>Total non-current assets</b>	<b>9,327,730</b>	<b>9,503,548</b>
<b>Total assets</b>	<b>32,802,150</b>	<b>36,415,448</b>
<b>Liabilities</b>		
<b>Current liabilities</b>		
Trade and other payables	1,484,239	882,647
Other liabilities	10,549,430	15,523,705
Provisions	571,001	484,470
<b>Total current liabilities</b>	<b>12,604,670</b>	<b>16,890,822</b>
<b>Non-current liabilities</b>		
Provisions	151,370	99,886
<b>Total non-current liabilities</b>	<b>151,370</b>	<b>99,886</b>
<b>Total liabilities</b>	<b>12,756,040</b>	<b>16,990,708</b>
<b>Net assets</b>	<b>20,046,110</b>	<b>19,424,740</b>
<b>Equity</b>		
Reserves	32,508	32,508
Accumulated surpluses	20,013,602	19,392,232
<b>Total equity</b>	<b>20,046,110</b>	<b>19,424,740</b>

### Commentary on Statement of Financial Position

The College's net assets were \$20,046,110 at 30 June 2017 (2016: \$19,424,740).

- + Variations in Assets:** Total Assets at 30 June 2017 decreased by 10% comparative to the previous year. The decrease in Cash and Cash Equivalents was due to greater disbursement of funds for DoH project activities resulting in less cash (-\$5.2 million) being held in DoH bank accounts, and increases to ACEM cash accounts. Approximately \$5.15 million of Cash and Cash Equivalents were held for the DoH project. There is a decrease to Financial Assets resulting from reduced funds held in long-term cash deposits.
- + Variations in Liabilities:** Total Liabilities decreased by 26%. This is mostly attributable to the decrease in grant funding held against the DoH project, as can be seen by the decrease in Other Liabilities (-\$4.97 million). Both current and non-current provisions have increased, reflective of a growth in staff numbers.

### Breakdown of current assets



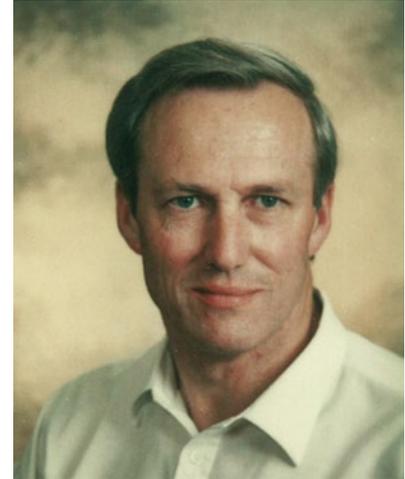
# Vale



Dr Cresswell



Dr Donoghue



Professor Phillips AM

## Dr Chris Cresswell

**31 October 1967 – 31 December 2016**

Chris Cresswell – who died unexpectedly on New Year's Eve 2016 – was a devoted father and husband, an extraordinary emergency physician and community leader, and a loved and respected figure in Whanganui and in the emergency medicine community across New Zealand, Australia and internationally.

Almost 1,000 people attended his funeral ceremony. The fact that his funeral was held at the culturally significant Motua Gardens (Pakaitore) and included a Pōwhiri also speaks volumes to how much he was held in high regard by local Iwi.

Chris did not enter Otago Medical School straight from school, but after a short interlude it was obvious that medicine was his true calling.

His passion for caring showed through in his professional life in Whanganui and during his six years of EM training in Christchurch, where his cheerfulness, quick wit and kindness are still remembered fondly.

In Christchurch, Chris did not conform to the typical Cantabrian mould. He would arrive at work on his mountain bike in a high-vis vest (well before they were trendy), wear outrageous shirts, jandals, gumboots or bare feet, his hair in a ponytail, with a big wide grin and offer a sweaty hug to anyone who wanted one.

During his training Chris took to teaching junior residents – something he had a gift for. He continued

as an excellent teacher as a specialist, passing on his wisdom, both on the floor and via his EM tutorials blog, Google hangouts and Twitter.

When Chris and his family moved back to Whanganui in 2010 (where his mode of transport to work alternated between his bike and his canoe), it felt like the whole of Christchurch hospital came to see him off.

Christchurch ED has chosen to honour Chris's memory with an annual award. The 'Dr Chris Cresswell Award' for the trainee that best portrays the qualities Chris valued: passion, excellence and contribution to team spirit.

Chris was an eco-warrior extraordinaire. He was known for his active protests against climate change and the arms race. He was arrested (but not charged) for standing on an MP's car during a protest against the Trans-Pacific Partnership. He was slated to be selected as a Green party candidate nationally, and it is not unlikely he would have been an MP within a year.

It was said at his funeral that he was a gardener, of plants and people – he loved and nurtured both.

The emergency medicine community in New Zealand, along with the Whanganui community will sorely miss Chris and our thoughts are with Chris' partner Mandy, their two children, Chris' parents and sisters.

*Era I roto I te rangimarie. Rest in peace.*

**Dr John Bonning, Dr Jan Bone and Dr Ruth Large**

## **Dr Michael Bernard Donoghue**

**12 January 1954 – 7 February 2017**

Dr Michael 'Mick' Donoghue died peacefully at home on 7 February 2017, in the house he built. His loss was keenly felt by his colleagues across the Central Coast Local Health District, particularly by the staff of Gosford and Wyong Emergency Departments where he had been a constant presence since the early 1980s.

Mick entered emergency medicine at a pivotal time, under the mentorship of the late Dr Peter Buchanan. He was appointed one of three 'Deputy Directors' at Gosford ED – in effect the forerunners of ED senior registrars. He was duly recognised by the newly formed ACEM for his work in the nascent field of emergency medicine in Australia by being elected to Fellowship of ACEM in May 1984.

In 1987 he was appointed to one of the first two Emergency Physician Specialist positions on the Central Coast – a position he held until his retirement in 2016. He was a robust proponent of being an independent practitioner at a time when emergency physicians were just beginning to make inroads into the established hospital hierarchies. He was a good man to have on your side, whether you were resuscitating a severe trauma, assessing a sick child or dealing with a recalcitrant inpatient admitting team.

He was a colourful character, both in attitude and language – traits that gained him lifelong affection and loyalty amongst his colleagues, but which also landed him on the wrong side of red tape and bureaucracy.

Beyond work he indulged in his passions for fine woodworking and furniture design – including a year off to complete his Class IV Certificate at Charles Sturt School – riding and collecting motor bikes, and playing and collecting guitars.

He is survived by his wife Judy, and his daughters Rebecca and Gabriella. His memory lives on with all of us, his colleagues, who still delight in recounting a 'Mick' story at any given opportunity.

*"I can see clearly now the rain is gone  
I can see all obstacles in my way  
Gone are the dark clouds that had me blind  
It's gonna be a bright, bright sunshiny day"*

**Dr David Kirkpatrick**

## **Professor Garry Phillips AM**

**7 November 1936 – 27 July 2016**

Garry Phillips was a Foundation Fellow of ACEM and served in a number of capacities on the (then) Board of Censors and in educational activities. He was appointed to the Board of Censors as the Regional Censor for South Australia and the Northern Territory in July 1984, a position he held until September 1988.

Between August 1985 and March 1988, he also held the position of Censor-in-Chief. During his tenure, Garry was instrumental in directing the development of College education and examination processes. He also served on the Court of Examiners for ten years until 1996.

In 2003 he was awarded the Foundation 20 Medal in appreciation of his contributions to the development of the College during its formative years, 1983–2003.

As a holder of Fellowships in anaesthetics and intensive care medicine, Garry also made major contributions to the development of those specialties.

He was a member of ANZCA's inaugural council in 1992 and served as president from 1996–1998. He was also the first Director of Professional Affairs (DPA) for ANZCA (1999–2005) and his period as DPA was so successful that the Council rapidly moved to employ a number of DPAs for different administrative professional activities.

In 2005, he was awarded ANZCA's highest honour, the Robert Orton Medal. In the same year he was made a Member of the Order of Australia (AM) in recognition of his 'service to medicine, particularly in the areas of anaesthesia, intensive care and emergency care, and to medical education'.

Garry had a long standing connection to Papua New Guinea, having first visited the country as a cadet patrol officer in the 1950s. He returned in the 1990s to teach anaesthesia and became a visiting professor, attending four times per year from 1997 until 2004. In 2012, the Garry David Phillips Prize was established to recognise outstanding achievement within the Masters of Medicine program in Anaesthesia at the School of Medicine and Health Sciences, University of Papua New Guinea (PNG).

**Professor Chris Baggoley**

# Prizes and awards

## ACEM Foundation

Year	Award	Recipient
2016	ACEM Foundation Conference Grant: Promoting Future Indigenous Leaders in Emergency Medicine	Dr Maximilian Raos
2016	Al Spilman Early Career Researcher Grant	Dr Matthew Maiden
2016	Edward Brentnall Award	Associate Professor Diana Egerton-Warburton (lead author), Professor Daniel Fatovich, Professor Drew Richardson
2016	International Development Fund Grant	Dr Brady Tassicker (Kiribati) Dr Anna Davis (Sri Lanka) Dr Alan Tankel (Tonga) Dr Hanh Pham (Vietnam)
2016	International Scholarship	Dr Ganbold Lundeg (Mongolia), Dr Ram Prasad Neupane (Nepal), Dr Bobby Wellsh (Papua New Guinea), Associate Professor Khine Shwe Wah (Myanmar), Dr Thynn Thynn Win (Myanmar)
2016	John Gilroy Potts Award	Professor Geoff Isbister (lead author), Dr Colin Page, Dr Michael Downes, Dr Betty Chan, Dr Frances Kinnear, Dr Luke Wheatley, Dr David Spain
2016	Joseph Epstein Scholarship	Dr Tatum Bond
2016	Morson Taylor Research Grant	Dr Anselm Wong
2016	Sophie Lewis Fellowship in Acute Cardiovascular Emergencies	Dr Christopher Armstrong
2016	Toni Medcalf Community Service Award	Dr Faye Jordan

## ACEM Prizes and Awards

Year	Award	Recipient
2016.1B	The Buchanan Prize	Dr Andrew Cooke and Dr Mark Flett
2016.2	The Buchanan Prize	Dr Liam Hannon and Dr Rob Mitchell
2017.1A	The Buchanan Prize	Dr Michelle Dodds and Dr Richard Stephenson
2016.2	The Joseph Epstein Prize	Dr Thea Bishop
2017.1	The Joseph Epstein Prize	Dr Emily Harding
2016	Tom Hamilton Oration	Dr John Chambers
2016	Teaching Excellence Award	Dr Graham Jay, Dr Ruth Hew and Associate Professor Sally McCarthy

# New Fellows

1 July 2016 – 30 June 2017

Akin Akinloye	Rosalind Crombie	Sara Johnson	Jonathan McMillan	Helen Sambles
Gabriel Akra	Michael Culshaw	Sarah Jolly	James Miers	Natasha Sanders
Sarah Aldington	Tanya Dean	Sarah Jones	Nicola Millar	Bea Scicchitano
Nicol Alley	Bradley Dick	Rose Jones	Jess Mills	Paul Scott
Maya Aoude	Rosamond Dwyer	Laura Jones	Alison Mitchell	William See
Rory Ardlie	Laura Ehlert	Kalai Kanaganathan	Gary Mitchell	Laurie Showler
Juan Carlos Ascencio-Lane	Mary-Ann Elliott	Divya Karna	Dominic Monaghan	Anna Singleton
James Ashford	Samantha Fairless	Jocelyn Keage	Suzanne Moran	Will Siu
Ruth Attard	Sally Ruth Fares	Daniel Khamoudes	Lex Narushevich	Tara Smith
Allan Au	Babajide Fawole	Julie Kiel	Terry Nash	Ryan Snaith
Ee Lyn Au	Ciaran Ferguson	Harriett King	Kelvin Nathan	Kiran Somani
Andrew Backay	Karly Field	Paul Koh	Emma Newall	Matthew Spotswood
Motaz Bahageel	Mark Fisher	Lizanne Koning	Khanh Nguyen	Claire Stanford
Haidar Balasem	Sinead Fitzpatrick	Emma Ku	Rory O'Brien	Fiona Stewart
Oliver Barrett	Mark Flett	Dilip Kumar	David O'Byrne	Amy Stokoe
James Barton	Eoin Fogarty	Felicia Kwok	Jacob O'Gorman	Pip Stuart
Amie Beattie	Thomas Fowles	Meghann Law	Matthew Oliver	Nicole Stubbs
Syeda Begum	Ryan Frazer	Amy Leuthauser	Kheng-Siang Ong	Loana Tanielu
Rebekah Bennett	Mark Garcia	Jennifer Lim	Andrew Orr	Sara Towle
David Bertoni	Brona Geary	Andy Lim	Bronwyn Orr	Nadia Trustum
Neel Bhanderi	Bahareh Ghadak	Leana Louw	Zeynep Oyman	Darmastuti Turner
Tracey Bhar	Elizabeth Giugni	Tegan Lynam	Heather Park	Tobias Van Hest
Sean Bills	Deirdre Glynn	Eleanor Macdougall	Luke Phillips	Anna Vosseteig
Sebastiaan Blank	Kishani	Alison Mackay	Prianca Prabhakar	Amanda Wallis
Meg Bliss	Goonewardene	Alastair MacKinlay	Bibhu Pradhananga	Benjamin Waterson
Alex Blythe	Nick Grant	Mary-Anne Maddox	David Prisk	Heike Weiss
Kristin Boyle	Hannah Green	Fraser Magee	Christine Quigley	Richard Wheatley
Isobel Bradbury	Kay Hall	Emma Maguire	Juanita Rayner	Greer Wilson
Alexander Bray	Arsalan Hermiz	David Mai	Tom Redfern	Craig Wilson
Steven Broad	Joseph Hewitt	Hughes Makoni	Adam Reid	Lee Wong
Rebecca Bryant	Helen Hibbard	Hannah Makrides	Lucinda Remilton	Erin Woodward
Michael Butterfield	Yvonne Higgott	Claire Manning	Clare Richards	Sofie Yelavich
Timothy Campbell	Andrew Hobbins-King	Roger Manson	Eric Richman	Ruth Young
Corey Cassidy	Adam Holyoak	Mazdak Mansoury	Alan Ritchie	
Tom Cassidy	Henkuang Houg	Nadia Maqbool	Siobhann Ritson	
May Chang	Bauke Hovinga	Dawn Martin	Jamie Roberts	
Daniel Chase	Jenny Huang	Jo Matthews	Luke Robinson	
David Chorowski	Arun Ilancheran	Josephine McDonnell	Joe-Anthony Rotella	
Chris Cole	Mahesh Jagada	Josh McGuigan	William Rush	
Jacki Cowell	Gangadharaiah	Natasha Mckay	Mark Sagarin	
	Chris Jarvis	Scott McMaster	Mark Salter	

# Emergency Medicine Certificate and Diploma Graduates

1 July 2016 – 30 June 2017

## EMC Graduates

Catherine Ainscoe	Devin De Groot	Lucy Jones	Muneer Mohamed Ariff	Shay Taylor
Raheel Alam	Jarrood de Jong	Janelle Jurgenson	Lorna Montgomery	Shihani Thillaivasan
Qasim Alam	Katukurundage Dias	Anna Keedwell	Orla Anne Murphy	Isabella Todd
Ali Al-Baldawi	Justina Dobrolot	Maham Khan	Mainak Nag	Pippa Treloar
Marlize Alberts	Jenna Donaldson	Naz Khan	Ishani Perlyn Nanayakkara	Fraser Trueman
Tariq Ali	Julia Eddington	Tessa King	Christopher Nettleship	Tanya Truong
James Allin	Sabina Eliseeva	Michael Klingensmith	Joanne Ooi	Sophie Unell
Sami Al-Othman	Madelin Fisher	Melanie Kotalawala	Andrew Parker	Gerhard Uys
Kate Anderson	Carla Flynn	Tobi Kupoluyi	Jasmine Pradhan	Laurence Veness
Htun Lin AUNG	Angel Fu	Kieran Kusel	Emma Pratt	Lauren-Marie Vernon
Hayley Barrow	Jeremy Gale	King Ken Law	Romina Rabbani	Karen Viduya
Alex Beadel	Andrew Gardner	Hugo Lawrie	Fiona Richardson	Puvan Visvalingam
Susan Beale	Ghazal Ghodosi	Anna Lee	Rachel Risk	Claire Walter
Jezreel Blanco	Joe Giramondo	Gavin Leslie	Saad Sabri	Kevin Wang
Celia Bolden	Hannah Goodchild	Rebecca Lewis	Rasika Samaranayake	Peter Ward
Heleen Bontje	Chris Gora	Katrina Lines	Vicente Sanchez-Brunete Ingelmo	Haylee Ware
Sarah Bowcock	Caitriona Gormley	Hoe Bing Lo	Jessica Sandilands	Adrian Watts
Zoe Boyatzis	Emily Goss	Guillaume Louys	Josh Saunders	John Welch
Simon Brown	Ali Gover	Darran Lowes	Zachary Scollard	Emily Whitelaw
Anthony Brownson	Colette Groenewold	Yan Lu	Davina Seidel	Emilie Willcox
Matt Burden	Lia Guerini	Linh Luft	Andrea Senesi	Benjamin Williams
Dominic Champion	Gary Hagan	Laura Mackie	Shalini Shankla	Tom Wright
Dominique Carroll	Sally Harris	Duncan MacLean	Natasha Sharp	Jessica Zaczekiewicz
Amanda Carson	Laura Hassaram	Sinead Magnier	Chloe Siaw	
Satvinder Singh Chauhan	Taras Hembram	Ritesh Mahinderkar	Carolyn Siddel	<b>EMD Graduates</b>
George Chimpanda	Tim Hewitt	Jessica Martyn	Debbie Singh	Christina Alvino
Batsi Chiureki	Ruth Highman	Samantha May	Ryan Slack	Rashi Anand
Sharmila Chukka Ajit	Adelene Hilbig	Chris McCue	Hilary Smith	Thian Barnard
Gabriella Cichonska	Stuart Holmes	Kent McGregor	Emma Smith	Sandeep Doraiswamy
Emma Collier	Jane Hopgood	Alastair McKenzie	Gabrielle Staniforth	Anto Rajeev Francis Michael
Jared Coyne	Fadi Hosn	Belinda McMullen	Emma Stephenson	Rashid Goolam
Matthew Crabb	Julian Hua	Rachelle McNamara	Eckhard Strydom	Salman Khan
Renee Cremen	Sufyan Ibrahim	Chris McRae	Kashif Ali Surahio	Stephan Raubenheimer
Lucy Davidson	Iina Javo	Daniel Mealey	Louisa Tatton	Aida Smajic
Mari Davies	Maheshika Jayakody	Natalie Mendis	Sean Tay	Vijay Thumma
Andrew De Groot	Vicki-Lee Jefferson	Simon Merrett		John van Bockxmeer
	Faye Johnston	Kelly Mitchell		Asela Wijeratne
	David Johnston	Victoria Mitchell		

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Congratulations  
to the College's  
New Fellows and  
recent EMC and EMD  
Graduates

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