



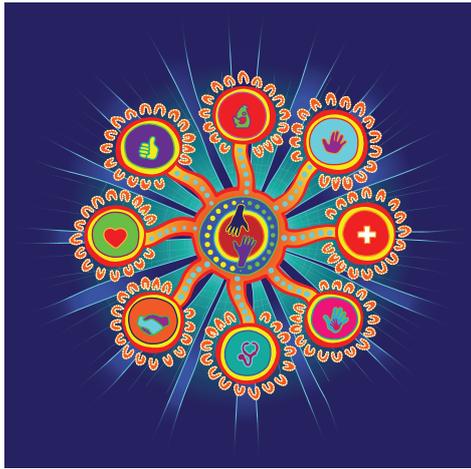
Australasian College for Emergency Medicine  
**Innovate Reconciliation Action Plan**

January 2017 – December 2018



**The Australasian College for Emergency Medicine acknowledges the Wurundjeri People, the Traditional Owners of the lands upon which the ACEM head office is located. ACEM also acknowledges and pays our respects to the Traditional Owners of the lands upon which Australian emergency departments are located, and Elders past, present and future; for they hold the memories, traditions, culture and hopes of Aboriginal and Torres Strait Islander peoples of Australia.**

# Artwork by Luke Mallie



## Spirit of Well-Being

Well-being is a combination of body, mind and spirit. It is all connected and each one affects the other. Therefore, it is important that we strive to maintain our general well-being in every area of our lives so we can live the happiest and healthiest life possible. This artwork represents the wonderful work that the men and women from the Australasian College for Emergency Medicine (ACEM) do to maintain well-being within Indigenous communities throughout Australia.

In the centre of the design are the two hands reaching out to each other, representing the Partnerships of the ACEM and the Indigenous community who need to work together, hand-in-hand, to enable success. The two hands clasped (shaking hands) represents the Relationships of the ACEM and the Indigenous community who have a mutual respect for one another. The hand with the thumbs-up and the small hand inside the larger hand represent the Opportunities that this RAP gives to the Indigenous community to grow and expand to a happy and healthy life. The heart represents Respect, the Caring and Compassion in areas of need to allow full potential for expansion. The single hand represents the traditional ways of well-being that Indigenous communities need to live by, such as diet and exercise and having a good attitude in regards to a healthy mind, body and soul.

Surrounding the circles containing the symbols are the traditional symbol for people meeting/gathering. This represents the combined effort of the ACEM and the Indigenous community working together for the best success.

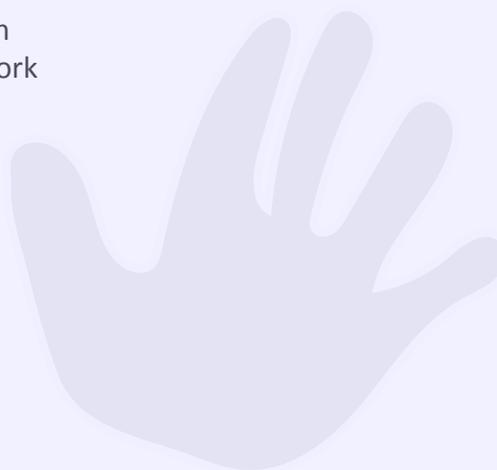
## Luke Mallie, Artist

Luke Mallie is of both Aboriginal and Torres Strait Islander descent. His mother is from the Kuku Yalanji Nation in the Daintree/Mossman area north of Cairns, North Queensland, and his father is from Kubin Village on Moa Island in the Torres Straits. Luke is the youngest of seven children and has always been encouraged by his family to draw since he was a young child. Luke grew up in Brisbane for much of his life but after completing a BA of Visual Art — majoring in painting — at the Queensland College of Art he moved to Mackay where he worked as a graphic designer, web developer, and TAFE lecturer all while painting and designing commissioned artwork for small and large businesses.

After spending several years in Mackay, Luke began studying a BA of Multimedia Studies at Central Queensland University to build upon his digital program skills. Luke's business, Mallie Designs, will cater to a nationwide clientele who require professional, original and personalised artwork. His artistic styles are very contemporary and range from original paintings, graphic designs, illustrations and more.

Luke's main inspirations for his artworks are from his rich traditional Aboriginal and Torres Strait Islander culture, his family and his tropical surroundings, which influences the rich colours that he uses. Luke's art is also influenced by popular culture and modern designed architecture, fashion and advertising. Luke's drive stems from knowing his artwork can help inspire and empower others to use their culture as a strength and perform to their own full potential.

[www.malliedesigns.com](http://www.malliedesigns.com)



# Acknowledgements

## RAP Reference Group

Dr Elizabeth Mowatt, Chair, FACEM  
Ms Jacqui Gibson, Community Representative  
Ms Sharon Mallie, Aboriginal Health Liaison Officer  
Ms Candice McKenzie, Leaders in Indigenous Medical Education Network  
Dr Ryan Dashwood, Emergency Medicine Advanced Trainee  
Dr Glenn Harrison, FACEM  
Dr Peter Allely, FACEM  
Dr Simon Judkins, FACEM  
Ms Holly Donaldson, General Manager Training & Accreditation, ACEM  
Dr Andrew Gosbell, Executive Director Policy & Research, ACEM  
Ms Vase Jovanoska, Executive Director Operations, ACEM  
Associate Professor Louise McCall, General Manager Education, ACEM

## Thank you

**Thank you to the following for their review and comments of the many drafts, which helped to strengthen ACEM's Reconciliation Action Plan:**

The ACEM Board, committees, ACEM staff, ACEM members  
The Leaders in Indigenous Medical Education (LIME) Network  
Australian Indigenous Doctors' Association  
Reconciliation Australia

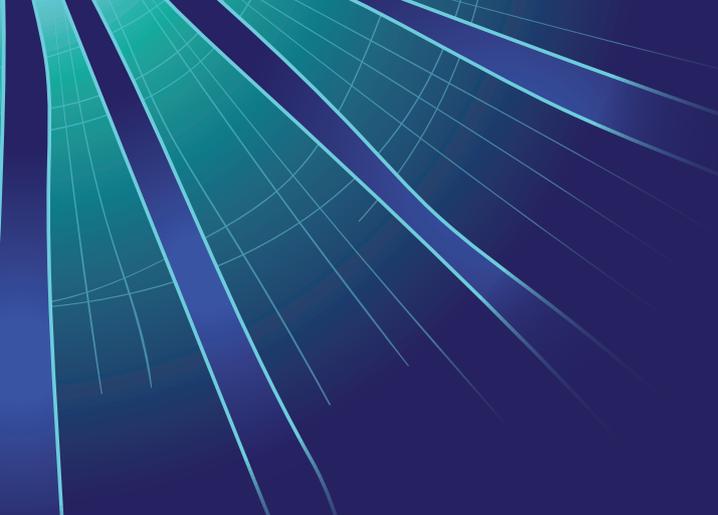
ACEM also thanks the Australian Government for supporting the development of the Reconciliation Action Plan under the 'Improving Australia's Emergency Workforce Project (Emergency Medicine Project)'.

## Project Team

Ms Susan Stephen  
Ms Stephanie Bull

## Design & Layout

Mr Cam Thompson



# Our vision for reconciliation

The Australasian College for Emergency Medicine's (ACEM, the College) vision for reconciliation is for improved access and equity to quality, acute healthcare in emergency departments by creating culturally safe places for Aboriginal and Torres Strait Islanders to receive such care, and to be employed. ACEM recognises Aboriginal and Torres Strait Islander peoples as the Traditional Owners of the original nations now known as Australia.

ACEM's vision for reconciliation is underpinned by addressing the inequities in health outcomes for Aboriginal and Torres Strait Islander peoples. Improving these outcomes will contribute to reducing the disparity in life expectancy between Aboriginal and Torres Strait Islander peoples and other Australians. Since emergency departments are often the first point of contact for acute healthcare it is vital that they are places where Aboriginal and Torres Strait Islander peoples feel safe. This can be achieved by:

- encouraging emergency departments to develop environments that show respect for Aboriginal and Torres Strait Islander peoples, their cultures and knowledge
- fostering relationships that promote emergency medicine as an attractive specialty to Aboriginal and Torres Strait Islander medical graduates
- recruiting, retaining and supporting Aboriginal and Torres Strait Islander emergency medicine trainees, and
- encouraging, recruiting, retaining and supporting Aboriginal and Torres Strait Islander peoples to work in an administrative capacity within ACEM.

# Message from the Australasian College for Emergency Medicine President



**Professor Anthony Lawler**  
Australasian College for Emergency Medicine

I am proud to present the Australasian College for Emergency Medicine's first Reconciliation Action Plan. Its implementation aims to address inequities in health outcomes, and provide opportunities by strengthening and extending ACEM's existing education programs and initiatives for Aboriginal and Torres Strait Islander peoples.

Embracing reconciliation involves ensuring that emergency departments are environments that show respect for and value Aboriginal and Torres Strait Islander peoples' cultures, knowledge, and histories. It is also important for emergency departments to recognise 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. ACEM is committed 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, leading to improved clinical outcomes for Aboriginal and Torres Strait Islander peoples.

ACEM's Indigenous Health Subcommittee has been influential in promoting and advancing Aboriginal and Torres Strait Islander health issues in the field of emergency medicine. ACEM's Reconciliation Action Plan is a further recognition of the importance of raising awareness of Aboriginal and Torres Strait Islander health outcomes as they apply to emergency departments in Australia. I would like to thank Dr Elizabeth Mowatt, Chair of the Indigenous Health Subcommittee, for her steadfast advocacy in raising such awareness.



A handwritten signature in black ink, appearing to be "Anthony Lawler".

**Professor Anthony Lawler**  
President  
Australasian College for Emergency Medicine

# Message from the Reconciliation Australia Chief Executive Officer

Reconciliation Australia congratulates the Australasian College for Emergency Medicine (ACEM) on developing its inaugural Reconciliation Action Plan (RAP).

In adopting an Innovate RAP, ACEM is demonstrating its readiness to develop and test innovative approaches to reconciliation and champion reconciliation at every level of the organisation. ACEM's commitments in its RAP stand it in good stead to continue this progress across the key pillars of reconciliation—relationships, respect and opportunities.

ACEM understands the importance of building and maintaining meaningful, respectful relationships with Aboriginal and Torres Strait Islander peoples and organisations in order to achieve mutually beneficial outcomes. It drives these relationships through the celebration and promotion of community events such as National Reconciliation Week (NRW), which it promotes on an internal and external level.

Respect and understanding for Aboriginal and Torres Strait Islander peoples, histories and cultures is key to ACEM's core values. It champions this commitment by aiming to consult with Aboriginal and Torres Strait Islander stakeholders in order to discuss how Traditional Owners could be acknowledged in a respectful and culturally sensitive manner.

ACEM is committed to driving reconciliation through developing employment and training opportunities for Aboriginal and Torres Strait Islander peoples. It demonstrates this through its commitment to continuing to provide and promote opportunities for Aboriginal and Torres Strait Islander peoples, such as through its existing Joseph Epstein Scholarship.

On behalf of Reconciliation Australia, I commend ACEM on its inaugural RAP, and look forward to following its continued reconciliation journey.



**Justin Mohamed**  
Chief Executive Officer  
Reconciliation Australia



**Mr Justin Mohamed**  
Reconciliation Australia



# Our business

ACEM is a College *for* emergency medicine rather than a College *of* emergency medicine.

ACEM is responsible for training emergency physicians and advancement of professional standards in emergency medicine in Australia and New Zealand.

ACEM was established in July 1983, with the appointment of 73 Foundation Fellows, and emergency medicine has been a recognised medical specialty in Australia since 1993 and since 1995 in New Zealand. As of 31<sup>st</sup> December 2016, ACEM has 5,624 members<sup>1</sup> from a wide range of backgrounds and are at different stages in their medical careers. ACEM members include 2,258 Fellows (fully qualified emergency physicians), 2,357 trainee emergency physicians, 955 emergency medicine certificate/diploma candidates and graduates, and 54 specialist international medical graduates. Members are based primarily in Australia and New Zealand (in urban, regional and rural areas) but are also located overseas. Aboriginal and Torres Strait Islander peoples are under-represented within the ACEM membership; however, at the time of writing, one Fellow, three trainees and one committee member identify to ACEM as Aboriginal and/or Torres Strait Islander people.

At the time of writing, ACEM accredits 124 hospital emergency departments in Australia<sup>2</sup> for specialist emergency medicine training. ACEM's reach to over 350 other emergency departments and urgent care facilities throughout Australia, particularly in regional and rural areas, through its Emergency Medicine Education and Training (EMET) program.



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

<sup>1</sup> A Member means a person designated as a 'member' in the ACEM Constitution and associated regulations (Fellows, Honorary Fellows, Retired Fellows, Diplomates, Certificants, International Affiliates); and, for the purposes of the ACEM RAP, includes also a specialist trainee, emergency medicine certificate and diploma candidates, and a specialist international medical graduate (SIMG) undertaking College requirements for the purpose of obtaining specialist recognition in Australia or New Zealand.

<sup>2</sup> ACEM also accredits 18 hospital emergency departments in New Zealand.



The ACEM Board is the governing body of the College and delegates to the Council of Education; the Council of Advocacy, Practice and Partnerships, and the Chief Executive Officer (CEO). The purpose of the Council of Education is to advise and report to the Board on matters relating to the educational aspects of the College, oversee all ACEM's educational functions, assess candidates seeking election to Fellowship upon examination, stimulate the involvement of Fellows in activities that enhance and demonstrate professional competence, including through a comprehensive continuing professional development program. The Council of Advocacy, Practice and Partnerships provide advice and report to the Board in relation to all advocacy, practice and external relationship activities of the College.

The ACEM Foundation is a committee of the ACEM Board, which has a responsibility for the various philanthropic endeavours of the College, including to encourage and support Australian and New Zealand Indigenous doctors to become emergency medicine physicians, as well as providing opportunities in relation to emergency medicine research, and international emergency medicine.

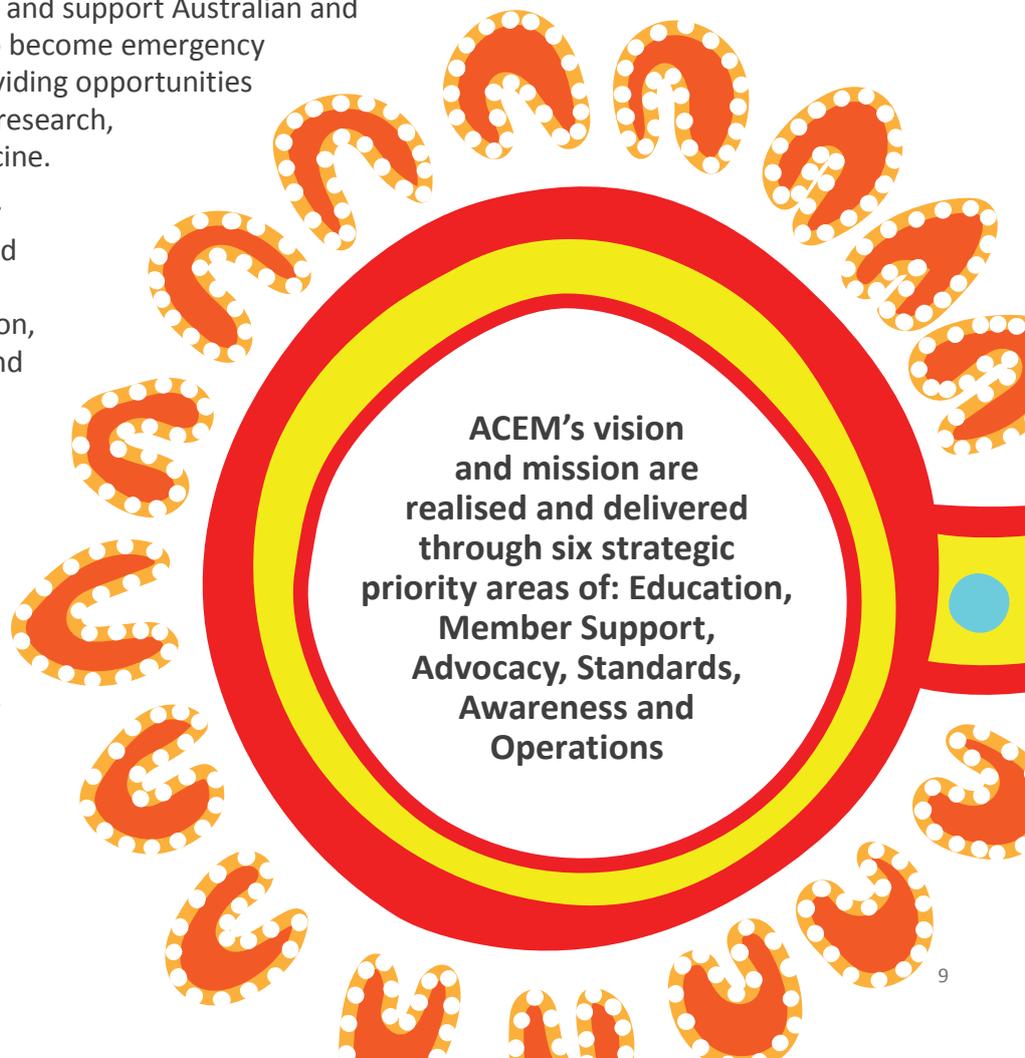
ACEM's operations are overseen by the Office of the CEO and conducted through the portfolio departments: Education, Training and Accreditation, Operations, Policy and Research, and Communication and Engagement. As of 31<sup>st</sup> December 2016, ACEM employed 90 professional staff comprising ongoing, fixed term and casuals. These staff provide support and professional expertise to the activities of ACEM across Australia and New Zealand from the head office in West Melbourne.

### ACEM's Vision is to:

*Be the trusted authority for ensuring clinical, professional and training standards in the provision of quality, patient-focused emergency care.*

### ACEM's Mission is to:

*Promote excellence in the delivery of quality emergency care to the community through our committed and expert members.*



**ACEM's vision and mission are realised and delivered through six strategic priority areas of: Education, Member Support, Advocacy, Standards, Awareness and Operations**



# Our Reconciliation Action Plan (RAP)

ACEM's RAP is championed by the ACEM President, Board, CEO and Senior Leadership Team.

Developed to closely align with ACEM's six strategic priority areas, the RAP has been created for the purpose of developing an improved environment within which Aboriginal and Torres Strait Islander peoples gain access and equity to quality, acute healthcare when presenting to emergency departments or other emergency care facilities. Built upon the foundations of good relationships, respect and opportunities with, and for, Aboriginal and Torres Strait Islander peoples, the aim of ACEM's RAP is to close the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and other Australians.

As the peak professional organisation for emergency medicine in Australia and New Zealand, ACEM influences the practice of emergency medicine through the development of standards, training, policy development, advocacy, accreditation and continued education of its Fellows. By embedding the RAP into ACEM's Business and Strategic Plans, the College will be able to further influence its membership in the practice of emergency medicine as it relates to the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Through these pathways it is hoped that ACEM can effect a positive change for Aboriginal and Torres Strait Islander peoples.

ACEM's RAP has been developed through a RAP Reference Group, which includes Aboriginal and Torres Strait Islander representatives:

- an Aboriginal specialist emergency physician (ACEM Fellow)
- an Aboriginal specialist emergency physician in training (ACEM advanced trainee)
- an Aboriginal representative from the Leaders in Indigenous Medical Education (LIME) Network who is a Coordinator of Indigenous Medical Education
- an Aboriginal community representative who is on ACEM's Council of Education, and
- an Aboriginal and Torres Strait Islander Indigenous Health Liaison Officer working in a Queensland hospital emergency department.



Along with other ACEM members and staff:

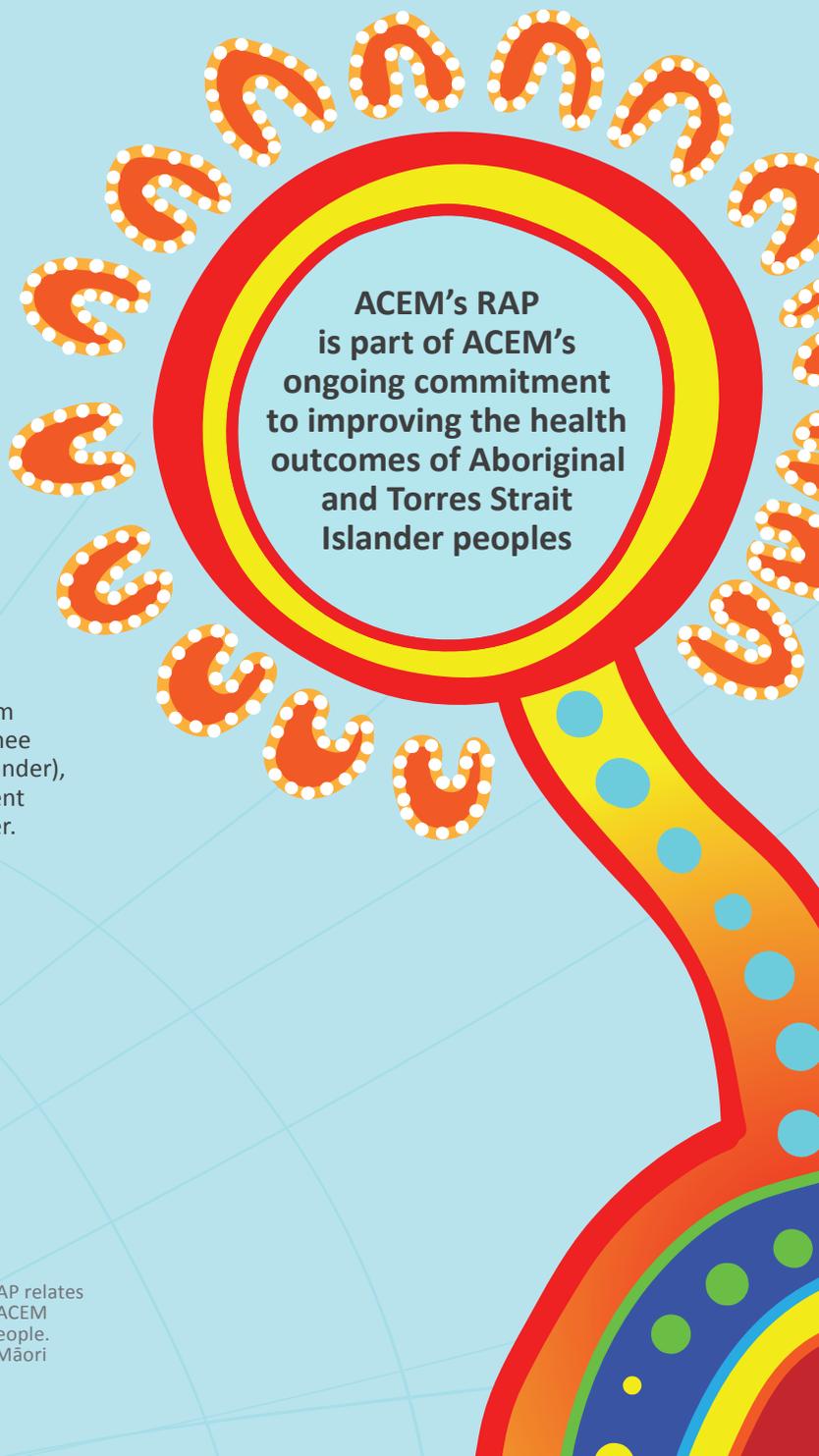
- a specialist emergency physician (ACEM Fellow) and Chair of the Indigenous Health Subcommittee
- a specialist emergency physician (ACEM Fellow) and member of the Council of Advocacy, Practice and Partnerships
- a specialist emergency physician (ACEM Fellow) and member of the ACEM Foundation
- ACEM's Executive Director Policy & Research
- ACEM's General Manager Education
- ACEM's General Manager Training & Accreditation, and
- ACEM's Executive Director Operations.

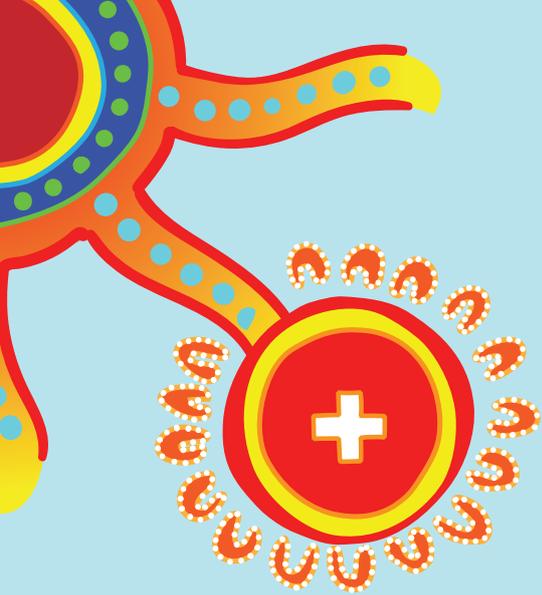
ACEM's RAP has been developed in consultation with the Australian Indigenous Doctors' Association (AIDA), the LIME Network and Reconciliation Australia.

The responsibility for the implementation and operation of ACEM's RAP will be delegated to the RAP Steering Group, reporting to the ACEM Board. The composition of the Steering Group will be two Aboriginal and/or Torres Strait Islander community representatives, Fellows who are members of the ACEM Board, the Council of Advocacy Practice and Partnerships, the Council of Education, the Indigenous Health Subcommittee, the ACEM Foundation, two Fellows who are not members of these entities (ideally one of whom identifies as Aboriginal and/or Torres Strait Islander), a trainee (ideally who identifies as Aboriginal and/or Torres Strait Islander), the ACEM Chief Executive Officer and Executive Management Team or delegation, and ACEM's Human Resources Manager.

**Note:**

Although ACEM's geographical reach is Australia and New Zealand, the RAP relates to Australia only, that is — Aboriginal and Torres Strait Islander peoples. ACEM has an equal commitment to improving the health outcomes for Māori people. While there is alignment in some actions and deliverables for improving Māori health, this will be supported through a separate process to the RAP.





## Our reconciliation journey so far

Our reconciliation journey so far has a good base from which to progress the development of an Innovate RAP; for example, some of our current activities, which focus on improving Aboriginal and Torres Strait Islander peoples' health outcomes and opportunities, include:



Inaugural ACEM Indigenous Health Subcommittee (IHSC)



Dr Glenn Harrison presenting at the 2016 AIDA Conference



ACEM Promoting Cultural Safety Program

- ACEM established its **Indigenous Health Subcommittee (IHSC)** in 2013. The IHSC is active in supporting Indigenous health in the context of emergency medicine, in both Australia and New Zealand. The IHSC provides advice and recommendations about advocacy for issues that impact upon Aboriginal and Torres Strait Islander peoples' health. It promotes the need for emergency medicine practitioners to provide culturally safe care, and promotes cultural safety in emergency departments. It is also responsible for providing advice to ACEM about issues concerning the care of Aboriginal and Torres Strait Islander patients and their families. This includes the development of culturally appropriate policies; the promotion of Aboriginal and Torres Strait Islander health education; professional development for trainees; and increasing Aboriginal and Torres Strait Islander representation within ACEM.
- ACEM developed a ***Statement on the Health of Aboriginal and Torres Strait Islander and Māori Peoples of Australia and New Zealand*** and a ***Statement on Culturally-Competent Care and Cultural Safety in Emergency Medicine***.
- ACEM, through the IHSC, has developed **collaborative relationships with AIDA, the LIME Network, and the Lowitja Institute**, and seeks to further strengthen and extend these links throughout the life of ACEM's RAP.
- The ACEM Foundation established the **Joseph Epstein Scholarship** for Indigenous Advanced Trainees in 2013 to encourage and support Aboriginal, Torres Strait Islander and Māori doctors to undertake advanced training in emergency medicine through ACEM. This scholarship aims to increase the number of Indigenous emergency medicine specialists. Applications can be submitted at any time and anyone who fits the eligibility criteria will receive a Scholarship, which covers annual training fees and the cost of one attempt of the fellowship exam.
- The ACEM Foundation has provided sponsorship to the Lowitja Institute International Indigenous Health and Wellbeing Conference, the LIME Connection conferences and AIDA conferences.
- The **ACEM Foundation Conference Grant** supports Indigenous medical practitioners, medical students and other health professionals in attending the ACEM Winter Symposium or the ACEM Annual Scientific Meeting. This new initiative has seen one grant each awarded in 2015 and 2016.
- The **2014 and 2015 Promoting Cultural Safety Programs** targeted a small number of individual emergency medicine specialists and focused on developing their skills in Cultural Safety and Project Management. They were then supported to act as change agents in their own emergency departments on issues relating to Aboriginal and Torres Strait Islander health and cultural competency.

- ACEM participates in **National Reconciliation Week** and the **celebration of NAIDOC Week** each year. In 2016, ACEM invited an Aboriginal emergency physician and a young Aboriginal woman to speak to head office staff about their experiences and stories. ACEM also promotes these events through social media campaigns and its weekly members' bulletin.
- ACEM has actively acknowledged the **National Close the Gap Day** since 2014 by donating to this initiative through the ACEM Foundation, promoting the Day through social media, the members' bulletin, and emailing Australian Emergency Departments with links to a flyer and the Indigenous Health & Cultural Competency Training Modules. In addition, an educational package has been designed and promoted to all ACEM accredited emergency departments in Australia, which supports them in providing health care to Aboriginal and Torres Strait Islander peoples.
- ACEM displays a plaque recognising the Traditional Owners of the land, the Wurundjeri people, upon which ACEM's head office is located.

In addition, ACEM has developed and promoted the **Indigenous Health & Cultural Competency Training Modules** which comprises podcasts, and online modules of culturally relevant education tools and resources designed for doctors and other healthcare professionals. This innovative program was informed by literature reviews, and participatory research with Aboriginal and Torres Strait Islander health staff, emergency medicine physicians and nurses. The reference group included a diverse range of participants including representatives from AIDA, the LIME Network, cultural educators, academics and emergency medicine doctors (including trainees, specialists and international medical graduates). The modules explore the attitudes, knowledge and skills required, by emergency department staff, to provide effective and culturally safe care for Indigenous patients with a specific focus on Aboriginal and Torres Strait Islander peoples. This tool is the first of its kind in Australia and is targeted to emergency medicine trainees, specialists and other emergency department staff. It aims to enhance culturally competent communication with, and care for Aboriginal and Torres Strait Islander peoples and other culturally and linguistically diverse people presenting to emergency departments. This online resource is freely available to the public and received the Australia and New Zealand Internet Awards, 2015 Diversity Award.

**What is Close the Gap?**

As a whole, Aboriginal and Torres Strait Islander people experience disproportionate levels of disadvantage and poorer health compared to other Australians. The Close the Gap program is an indigenous health priority for the Council of Australian Governments (COAG). Indigenous people have significantly higher rates of illness and disease across the health spectrum eg:

- 10 year gap in life expectancy
- 3 x rate of diabetes
- 6 x rate of kidney disease
- 1.5 x rate of cancer
- 3 x rate of chronic lung disease
- 2 x rate of infant mortality

The Close the Gap program aims to halve or close the gap on:

- Life expectancy
- Childhood mortality (< 5 years age)
- Early childhood education
- Reading writing and numeracy
- Attainment of Year 12 completion
- Employment outcomes.

**What role is ACEM providing?**

ACEM proudly supports indigenous health through the work of the ACEM Foundation and the ACEM Indigenous Health Subcommittee (IHSC). Some of these activities to date include:

- embedding Indigenous Health and Cultural Competency (IHCC) in the new Curriculum Framework for ACEM Training,
- provision and promotion of the IHCC learning resources,
- running the Promoting Cultural Safety Program,
- accreditation of Special Skills posts for Rural Health,
- resources for Indigenous careers in Emergency Medicine,
- Indigenous scholarship,
- ACEM trainee Mentorship programs, and
- associations with the Australian Indigenous Doctors Association (AIDA).

**What can you do?**

DEMTs and DEMs are encouraged to support indigenous health through:

- provision of education on indigenous health,
- promotion of culturally competent and safe practices,
- health advocacy for Indigenous patients, and
- identification and utilisation of organisational and community resource links to Indigenous health services.

[Click here to organise the 30 for 2030 Challenge in your ED.](#)

### Close the Gap ACEM Resource



Plaque recognising the Traditional Owners of the land, the Wurundjeri people



Australia and New Zealand Internet Awards, 2015 Diversity Award for the Indigenous Health & Cultural Competency Training Modules

Indigenous Health & Cultural Competency Training Modules



## Relationships

ACEM is responsible for setting standards for emergency departments and has the capacity to be an agent of change for Aboriginal and Torres Strait Islander peoples. Since emergency departments are often the front door to the hospital it is important that they are culturally safe and competent environments for Aboriginal and Torres Strait Islander peoples. Cultural safety and competency extends to the promotion, recruitment, retention and support for Aboriginal and Torres Strait Islander medical graduates undertaking emergency medicine training. Building strong relationships with Aboriginal and Torres Strait Islander peoples is important. This will involve communication and collaboration with the ACEM membership, staff, key stakeholders, and engaging with the Aboriginal and Torres Strait Islander community and organisations.

Action	Deliverable	Timeline	Responsibility <sup>1</sup>
<b>1. Establish and maintain a Steering Group to actively monitor implementation of RAP actions, track progress, reporting and review.</b>	Develop Terms of Reference and establish Steering Group, incorporating broad representation across ACEM and ensuring Aboriginal and Torres Strait Islander peoples are represented.	December 2016	RAP Reference Group Chair
	Meet at least four times per year to monitor and report on RAP implementation.	Schedule Meetings February 2017, February 2018	RAP Steering Group
<b>2. Communicate ACEM's RAP to all ACEM members, trainees, staff and other stakeholders to promote reconciliation across our business and sector.</b>	Promote reconciliation through active engagement with all stakeholders.	December 2018	All Exec. Directors RAP Steering Group
	Promote reconciliation through the development and delivery of an Implementation Strategy, to communicate ACEM's RAP to all internal and external stakeholders:	March 2017	Exec. Director C&E RAP Steering Group Office of CEO
	– printing a limited number of hard copy publications,	March 2017	RAP Steering Group
	– providing all identified stakeholders with an electronic copy of the RAP,	March 2017	Exec. Director C&E
	– engaging with the College of Emergency Nursing Australasia (CENA) and the Australian College of Emergency Nursing (ACEN) for collaboration in promoting reconciliation with emergency department nurses, and	December 2017	Office of CEO
– using social media and other media sources to inform a broader public audience on what ACEM is doing with its RAP.	December 2018	Exec. Director C&E	

Action	Deliverable	Timeline	Responsibility <sup>1</sup>
<b>3. Celebrate and participate in National Reconciliation Week (NRW) by providing opportunities to build and maintain relationships between Aboriginal and Torres Strait Islander peoples and other Australians.</b>	Continue to organise at least one internal event for NRW each year and register our NRW event via Reconciliation Australia's NRW website.	May 2017, 2018	Exec. Director Ops
	Alert staff and members to Reconciliation Australia's NRW resources.	May 2017, 2018	IHSC Exec. Director C&E
	Ensure our RAP Steering Group participates in an external event to recognise and celebrate NRW.	May 2017, 2018	RAP Steering Group
	Support or promote an external NRW event.	May 2017, 2018	IHSC Exec. Director C&E
<b>4. Enhance and maintain mutually beneficial relationships with Aboriginal and Torres Strait Islander peoples, communities and organisations to support positive outcomes.</b>	Develop an engagement plan to work with our Aboriginal and Torres Strait Islander stakeholders in progressing the ACEM RAP deliverables:	July 2017	RAP Steering Group
	– establish relationship with the Wurundjeri Elders Council to support the ACEM RAP implementation,	December 2017	Office of the CEO
	– work with Aboriginal and Torres Strait Islander peoples and organisations to develop guiding principles for the broader emergency medicine community to engage with their local Aboriginal and Torres Strait Islander community and organisations, and	March 2018	IHSC
	– raise cultural awareness in emergency medicine by working with Aboriginal and Torres Strait Islander community representatives, primarily through representation on ACEM Councils and other relevant Committees.	Review July 2017	ACEM Board Office of the CEO
	Continue to engage with AIDA, the LIME Network, and the Lowitja Institute to further support emergency medicine Fellows, trainees and future trainees.	Review November 2017	IHSC Exec. Director E&T
	Continue the relationship with the Council of Presidents of Medical Colleges (CPMC) Indigenous Health Subcommittee.	Review November 2017	IHSC
Continue to collect and encourage Aboriginal and Torres Strait Islander members to self-identify in the ACEM portal.	December 2017	Exec. Director P&R Exec. Director C&E	



## Respect

ACEM appreciates the rich diversity within Aboriginal and Torres Strait Islander cultures, languages, and their lands and waters. To do so is to recognise their histories, customs and practices (for example, men’s and women’s business, next of kin arrangements), rights, achievements, the unique ways in which they express the living of their lives, and the way in which cultural knowledge is communicated from generation to generation. This appreciation assists Aboriginal and Torres Strait Islander peoples’ wellness to flourish. However, while the healthcare system provides Aboriginal and Torres Strait Islander peoples with clinically appropriate care, consideration of culture needs to be included to ensure a culturally safe environment. ACEM considers that cultural competence is important to ensure good health outcomes for Aboriginal and Torres Strait Islander peoples and provides a foundation for reconciliation upon which to build respect for all:

- Aboriginal and Torres Strait Islander peoples, especially those attending emergency departments and other emergency care facilities
- Aboriginal and Torres Strait Islander specialist emergency medicine physicians and medical graduates undertaking emergency physician training who work in emergency departments and other emergency care facilities, and
- Aboriginal and Torres Strait Islander peoples wanting to work at ACEM.

Providing a culturally safe environment in emergency departments, for attending Aboriginal and Torres Strait Islander peoples and all those who work in these environments, is a key focus.

Action	Deliverable	Timeline	Responsibility <sup>1</sup>
<b>5. Improve emergency medicine physician and trainee knowledge of Aboriginal and Torres Strait Islander health issues and outcomes.</b>	Continue work in collaboration with AIDA and the LIME Network to embed cultural competence into ACEM Specialty Training, Emergency Medicine Certificate and Diploma programs.	December 2017	Exec. Director E&T
	Engage with the LIME Network to develop culturally sensitive items for inclusion in the Fellowship examination through a process that also builds expertise for ACEM members.	December 2018	Exec. Director E&T
	Promote and maintain the Indigenous Health & Cultural Competency Training Modules as a learning resource for members.	Review July 2017	Exec. Director E&T
	Develop new Continuing Professional Development (CPD) activities e.g. CPD online questions, for Fellows, Certificants and Diplomates about Aboriginal and Torres Strait Islander health and culture.	July 2018	IHSC Exec. Director E&T

Action	Deliverable	Timeline	Responsibility <sup>1</sup>
<b>6. Engage ACEM members and staff in cultural learning opportunities to increase understanding and appreciation of Aboriginal and Torres Strait Islander cultures, histories and achievements.</b>	Develop and implement an Aboriginal and Torres Strait Islander cultural awareness training strategy for ACEM staff, which defines the cultural learning needs in relation to all areas of ACEM business considering various ways cultural learning can be provided (online, face-to-face workshops or cultural immersion).	December 2017	Exec. Director Ops
	Develop guidelines for emergency departments to integrate cultural awareness into the daily work practices and processes for all staff.	December 2017	IHSC
	Deliver a cultural competency program and cultural immersion opportunities for ACEM leadership group (ACEM Board, ACEM Foundation, Senior Leadership Team and other senior office bearers).	June 2018	Exec. Director Ops
	Promote learning based on Reconciliation Australia's Share Our Pride online tool to all staff and members through the ACEM Bulletin.	May 2017, 2018	IHSC Exec. Director C&E
	Ensure all new ACEM staff receive a copy of ACEM's RAP upon commencement of employment and undertake the Indigenous Health & Cultural Competency Training Modules within their probationary period.	June 2017, June 2018	Exec. Director Ops
<b>7. Establish a mentoring program for Aboriginal and Torres Strait Islander Fellows and trainees at ACEM.</b>	Gain assistance/advice/support from AIDA and local Aboriginal and Torres Strait Islander community and Elders in developing a quality, culturally appropriate mentoring program for Fellows and trainees.	December 2017	IHSC Exec. Director E&T
	Prepare a mentoring implementation strategy based on advice from AIDA and local Aboriginal and Torres Strait Islander community and Elders.	July 2018	IHSC Exec. Director E&T
	Ensure mentors are culturally competent to mentor Aboriginal and Torres Strait Islander Fellows and trainees.	July 2018	IHSC Exec. Director E&T

Action	Deliverable	Timeline	Responsibility <sup>1</sup>
<b>8. Promote awareness and respect of Aboriginal and Torres Strait Islander cultural needs in emergency departments.</b>	Consult with Aboriginal and Torres Strait Islander stakeholders to develop a recommendation for individual emergency departments to acknowledge the Traditional Owners of the land.	December 2017	IHSC Standards Committee
	Based on this recommendation, draft a policy outlining the process for emergency departments to achieve the above acknowledgement.	March 2018	IHSC Exec. Director P&R
	Maintain the Indigenous Health & Cultural Competency Training Modules, encourage ACEM members to complete these modules, and continue to allow public access.	July 2017	IHSC Exec. Director E&T
<b>9. Engage ACEM staff in understanding the significance of Aboriginal and Torres Strait Islander cultural protocols, such as Welcome to Country and Acknowledgement of Country.</b>	Include Acknowledgement of Country in ACEM staff email signatures, ACEM's web homepage, and at the commencement of significant internal and external meetings.	February 2017	Exec. Director Ops
	Develop, implement and communicate a cultural protocol document for Acknowledgement of Country and Welcome to Country.	July 2017	IHSC Exec. Director C&E
	Continue to display an Acknowledgement of Country plaque in ACEM head office.	Review July 2017	Exec. Director Ops
	Continue to display Aboriginal and Torres Strait Islander artwork at ACEM head office.	Review July 2017	Exec. Director Ops
	Obtain artists' names and titles of these artworks, and display them beside the works.	May 2017	Exec. Director Ops
	Engage with Wurundjeri Elders Council to conduct a Welcome to Country annually for the new incoming members of the Council of Advocacy, Practice and Partnerships or Council of Education meetings.	March 2018	Office of CEO IHSC Exec. Director C&E
	Develop a protocol for a Welcome to Country ceremony to be performed at the Annual Scientific Meeting, the ACEM Winter Symposium and Faculty conferences.	May 2017	IHSC Exec. Director C&E
	Develop a list of key contacts for a Welcome to Country ceremony.	March 2018	IHSC Exec. Director C&E

Action	Deliverable	Timeline	Responsibility <sup>1</sup>
<b>10. Include a component about Indigenous health and/or culture at the ACEM Annual Scientific Meeting (ASM).</b>	Prepare a proposal to the Scientific Committee outlining how and why Indigenous health and/or cultural practices can be included in the ASM from 2018 ASM forward.	April 2017	RAP Steering Group Exec. Director C&E
<b>11. Demonstrate respect for Aboriginal and Torres Strait Islander peoples by celebrating NAIDOC Week.</b>	Continue to provide a NAIDOC celebration at ACEM head office.	First week of July 2017, 2018	IHSC Exec. Director Ops
	Review HR policies and procedures to ensure there are no barriers to staff participating in NAIDOC Week.	July 2017	Exec. Director Ops
	Alert and promote NAIDOC Week to all emergency departments with the aim of:	June 2017, 2018	IHSC Exec. Director C&E
	– encouraging all emergency departments to enable all Aboriginal and Torres Strait Islander staff to participate with their cultures and communities during this celebratory period.	June 2017, 2018	IHSC Exec. Director C&E
	Enable all ACEM Aboriginal and Torres Strait Islander staff to participate with their communities during NAIDOC Week.	July 2017, 2018	Exec. Director Ops
<b>12. Continue to recognise significant dates of relevance to Aboriginal and Torres Strait Islander peoples and communities.</b>	Continue to inform staff and members about Aboriginal and Torres Strait Islander dates of significance through the weekly bulletin, social media and other communication channels.	July 2017, July 2018	IHSC Exec. Director C&E
	Extend an invitation to Aboriginal and Torres Strait Islander peoples to share their experiences or stories at ACEM events, e.g. NRW events, Winter Symposium, NAIDOC Week, staff development days.	July, 2017, 2018	IHSC Exec. Director C&E Exec. Director Ops



## Opportunities

ACEM encourages Aboriginal and Torres Strait Islander medical students and graduates to consider emergency medicine as a career with the aim of increasing the number of Aboriginal and Torres Strait Islander emergency physicians. Their increased presence, and expertise will assist in making emergency departments more accessible and culturally safe for Aboriginal and Torres Strait Islander peoples to attend, not only for quality health care but also earlier for treatment. This aim, combined with advocating for the employment of more Indigenous Health Liaison Officers working in emergency departments, seeks to positively influence the health outcomes of Indigenous patients throughout Australia, thus improving health outcome parity with other Australians. In addition, ACEM endeavours to contribute to employment opportunities for Aboriginal and Torres Strait Islander peoples through business practices and relationships.

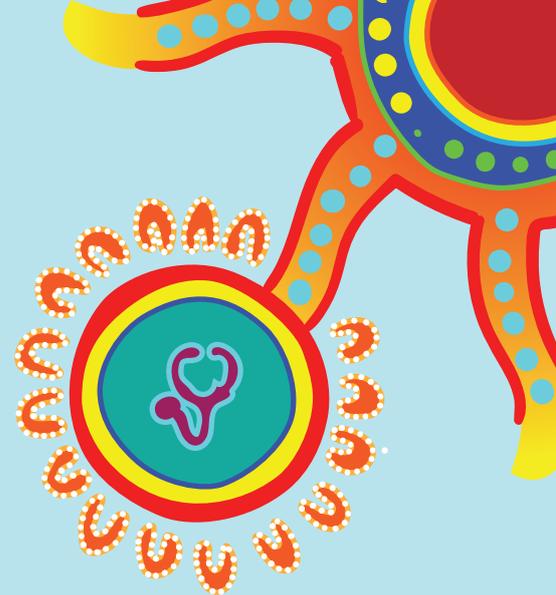
Action	Deliverable	Timeline	Responsibility <sup>1</sup>
<b>13. Continue to encourage and support Aboriginal and Torres Strait Islander medical students and graduates to pursue emergency medicine as a career.</b>	Engage with AIDA, the LIME Network, Medical Deans Australia and New Zealand, and existing Aboriginal and Torres Strait Islander members to better understand the factors that influence Aboriginal and Torres Strait Islander medical students and graduates to enter emergency medicine, with the aim of increasing the number of Aboriginal and Torres Strait Islander medical graduates choosing emergency medicine as a career.	December 2017	Exec. Director P&R
	Continue to provide and promote opportunities for Aboriginal and Torres Strait Islander Advanced Emergency Medicine trainees through the Joseph Epstein Scholarship.	Review December 2017, 2018	ACEM Foundation Exec. Director C&E
	Continue to provide and promote ACEM Foundation conference Grants for Aboriginal and Torres Strait Islander medical practitioners, medical students and other health professionals for the ACEM Winter Symposium and the ACEM Annual Scientific Meeting.	Review December 2017, 2018	ACEM Foundation Exec. Director C&E
	Continue to provide sponsorship support for Indigenous conferences such as the AIDA Conference, the Lowitja Institute, International Indigenous Health and Wellbeing Conference, Pacific Region Indigenous Doctors Congress, and LIME Connection.	Review December 2017, 2018	ACEM Foundation Exec. Director C&E
	Investigate flexibility in training options for Aboriginal and Torres Strait Islander trainees who have to leave their Country or Community to fulfil curriculum requirements to become a specialist emergency physician.	December 2018	Exec. Director E&T

Action	Deliverable	Timeline	Responsibility <sup>1</sup>
	Investigate opportunities, and encourage Aboriginal and Torres Strait Islander doctors to undertake the Emergency Medicine Certificate and/or Diploma.	December 2017	Exec. Director E&T
	Investigate the establishment of a scholarship for Indigenous doctors to undertake the Emergency Medicine Certificate and Diploma.	July 2018	IHSC ACEM Foundation Exec. Director C&E
	State in all expressions of interest for ACEM programs and committees "Aboriginal and Torres Strait Islander peoples are encouraged to apply".	July 2018	Exec. Director C&E
<b>14. Increase ACEM trainee exposure to Aboriginal and Torres Strait Islander health issues in the curriculum.</b>	Establish and develop a program and criteria suitable for a Special Skills Term for emergency medicine trainees in Indigenous Health.	July 2018	Exec. Director E&T Accreditation Subcommittee IHSC
<b>15. Provide opportunities to improve Aboriginal and Torres Strait Islander professional administrative employment at ACEM.</b>	Develop an Aboriginal and Torres Strait Islander administrative employment and retention strategy, which includes: <ul style="list-style-type: none"> <li>– reviewing HR and recruitment procedures and policies to ensure there are no barriers to Aboriginal and Torres Strait Islander employees and future applicants,</li> <li>– stating in all administrative job advertisements, "Aboriginal and Torres Strait Islander peoples are encouraged to apply",</li> <li>– advertise all administrative vacancies in Aboriginal and Torres Strait Islander media,</li> <li>– investigating the establishment of a scholarship/mentorship program for recruitment of Aboriginal and Torres Strait Islander peoples within the administrative areas of ACEM,</li> <li>– encourage ACEM Aboriginal and Torres Strait Islander staff to self-identify in ACEM's employee services portal,</li> <li>– collate information on our current Aboriginal and Torres Strait Islander staff to inform future employment opportunities, and</li> <li>– engage with existing Aboriginal and Torres Strait Islander staff to consult on employment strategies, including professional development.</li> </ul>	December 2017, 2018  December 2017, 2018  May 2017, 2018  May 2017, 2018  December 2017  July 2017  September 2017, 2018  July 2017, 2018	Exec. Director Ops  Exec. Director Ops  Exec. Director Ops  Exec. Director Ops  Exec. Director Ops  Exec. Director Ops  Exec. Director Ops



Action	Deliverable	Timeline	Responsibility <sup>1</sup>
<b>16. Investigate opportunities to incorporate Aboriginal and Torres Strait Islander supplier diversity within ACEM business operations.</b>	Review ACEM's purchasing guidelines and procedures to identify any barriers to Aboriginal and Torres Strait Islander businesses to supply our organisation with goods and services.	July 2017	Exec. Director Ops
	Investigate the options for Aboriginal and Torres Strait Islander peoples to be the suppliers of local cultural immersion experiences.	July 2017	Exec. Director Ops
	Develop and communicate to staff a list of Aboriginal and Torres Strait Islander businesses that can be used to procure goods and services.	December 2017, 2018	Exec. Director Ops
	Develop one commercial relationship with an Aboriginal and/or Torres Strait Islander owned business.	July 2017	Exec. Director Ops
	Investigate Supply Nation membership for the purpose of engaging Aboriginal and Torres Strait Islander businesses to supply ACEM with their services.	July 2017	Exec. Director Ops
<b>17. Advocate for more Indigenous Health Liaison Officers (IHLOs) to be employed in hospital emergency departments.</b>	Continue to develop a relationship with the Lowitja Institute to inform the advocacy for emergency departments to be culturally safe environments through collaborative research.	December 2018	Exec. Director P&R IHSC
	Undertake research into the role, benefits, and costs of employing IHLOs in emergency departments.	December 2018	Exec. Director P&R IHSC
	Draft a position statement outlining the importance of IHLOs in emergency departments that can be used to lobby hospital administration.	December 2018	Exec. Director P&R IHSC

## Tracking progress and reporting



Action	Deliverable	Timeline	Responsibility <sup>1</sup>
<b>18. Incorporate additional responsibilities of ACEM's RAP into relevant staff Position Descriptions.</b>	Review relevant staff Position Descriptions and include the additional responsibilities from the RAP.	December 2017	Exec. Director Ops
<b>19. Monitor and oversee RAP progress, implementation, further development and reporting.</b>	Annual reports outlining progress and implementation of RAP to ACEM Board, Indigenous Health Subcommittee and other relevant committees.	September 2017, 2018	RAP Steering Group
<b>20. Report RAP achievements, successes, challenges and learnings to Reconciliation Australia.</b>	Report RAP progress via the RAP Impact Measurement Questionnaire to Reconciliation Australia annually.	September 2017, 2018	RAP Steering Group
	Investigate participating in the RAP Barometer.	April 2018	RAP Steering Group
	Investigate the development and implementation of systems and capability needs to track, measure and report on RAP activities.	December 2017	RAP Steering Group
<b>21. Report RAP achievements, challenges and learnings.</b>	Ensure RAP achievements, challenges and learnings are publicly available on the ACEM website.	February 2017	Exec. Director C&E RAP Steering Group
<b>22. Commence review of RAP prior to expiry of current RAP.</b>	In partnership with Reconciliation Australia, develop a new RAP to align with ACEM's Strategic and Business Plans.	December 2018	RAP Steering Group
	Send draft RAP to Reconciliation Australia for feedback and endorsement.	December 2018	RAP Steering Group

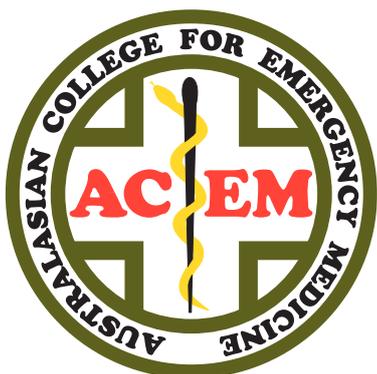
<sup>1</sup> Some action responsibility roles are abbreviated. Please refer to the Definition of Responsibilities, page 24.

# Definition of Responsibilities

Where action responsibilities are assigned to ACEM Executive Directors, these Executive Directors will delegate to the appropriate role within their units to fulfil the responsibilities of the ACEM RAP.

Where action responsibilities are assigned to a Committee or Steering Group, the responsibility will sit with the Committee Chair, its members and the Committee Administrator, to fulfil the responsibilities of the ACEM RAP.

Abbreviated Responsibility	Full Responsibility
Exec Director C&E	ACEM Executive Director Communications & Engagement
Exec Director E&T	ACEM Executive Director Education & Training
Exec Director Ops	ACEM Executive Director Operations
Exec Director P&R	ACEM Executive Director Policy & Research
IHSC	ACEM Indigenous Health Subcommittee
RAP Steering Group	ACEM Reconciliation Action Plan Steering Group



## Contact details

Your enquiries about ACEM's Reconciliation Action Plan will be directed to the appropriate person:

ACEM Head Office, 34 Jeffcott Street, WEST MELBOURNE, VIC, 3003

Phone: (03) 9320 0444

Email: [info@acem.org.au](mailto:info@acem.org.au)