

Australasian College for Emergency Medicine

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Governance and Leadership Diversity Report

February
2022

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Message from the Chair

ACEM is pleased to once again be delivering its annual Governance Diversity Report.

The findings of this report showcase that the College is on its way to addressing the barriers that members experience in their governance and leadership participation aspirations.

As a college, we have progressed in recent years to really start addressing barriers that can prevent our members from participating in college activities – however we still have a way to go, and this needs to remain a priority for ACEM over the coming decade.

Since the inaugural diversity report, there has been an increase of women on ACEM entities. A number of ACEM entities have seen significant positive changes in this regard including the Council of Education (COE), SIMG Assessment Committee and the Trainee Committee.


With that in mind, there are still significant changes that need to be made, specifically within our Examiners and the Directors of Emergency Medicine (DEMs).

Overall as a College, we acknowledge our successes and understand we still have a way to go, and as a College, we collectively have made a conscious effort to work on addressing these barriers. This report is part of the journey to create a better College and a speciality that stands up and embraces its stated values.

ACEM are committed to change, and it has been a pleasure to be a part of the initial stages of this process. As our membership grows and our values deepen, we hope to see our standards continuously evolve for the better.



Clare Skinner
President



John Bonning
Immediate-Past President
Chair, Inclusion Committee

1. Purpose and Scope of the Report

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

The College recognises that ACEM is one of the few Colleges with an almost equal gender distribution across both Fellows and trainees. Nonetheless, diversity amongst College governance activities has been a focus of discussion in recent years, particularly in relation to gender equity within leadership governance roles across the College.

This report therefore represents the College's benchmark report in relation to gender equity across ACEM governance and leadership activities.

1.1. Scope and Methodology

Data relating to members of the following College entities was extracted from the ACEM database, for the years 2019 (as of 30 November) and 2020 (as of 30 November):

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

Also included is reporting on two leadership roles:

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

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

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

The two time points of 2019 and 2020 have been utilised in order to:

- Reflect on diversity at the time of the DBSH Project; and
- Reflect on any changes to entity composition as part of the bi-annual spill of the Council of Advocacy, Practice and Partnerships.

Moving forward, this will be an annual report.

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

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

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

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

Over the coming 12 months, the Inclusion Committee, in consultation with ACEM members and trainees, determine an appropriate diversity reporting framework. Until this work is completed, for ACEM to be compliant with relevant privacy legislation, no further breakdown of data will be available for public reporting.

1.2. Definitions

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

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

The approved competent authorities are:

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

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

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

Director of Emergency Medicine Training (DEMT): As part of the College's FACEM Training Program, every trainee is supervised by a Director of Emergency Medicine Training.

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

DEMTs supervise and assess all trainees at their site(s) and are expected to be available to their trainees. As part of a site's accreditation with ACEM, there must be at least one (1) DEMT appointed with the emergency department.

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

2. Composition of the ACEM Membership

This section provides a summary of diversity across all ACEM Fellows.

| Fellow Data | 2019 | | 2020 | |
|---------------------|--------|------|--------|------|
| | Female | Male | Female | Male |
| Gender | 1086 | 1835 | 1184 | 1910 |
| Gender % | 37% | 63% | 38% | 62% |
| Average age (years) | 46.3 | | 46.6 | |

| Country of PMD | 2019 | 2020 |
|----------------|-------------|-------------|
| Australia/NZ | 1681 | 1786 |
| CAP Countries | 806 | 861 |
| Other | 434 | 457 |
| No data | – | – |
| Total | 2921 | 3104 |

In 2019, four (0.2%) Australian FACEMs self-identified as Aboriginal and five (1.5%) FACEMs in New Zealand self-identified as Māori, as recorded in their ACEM member profile. No FACEMs self-identified as Torres Strait Islander.

In 2020, five (0.2%) Australian FACEMs self-identified as Aboriginal and six (1.7%) FACEMs in New Zealand self-identified as Māori, as recorded in their ACEM member profile. No FACEMs in Australia self-identified as Torres Strait Islander.

3. Composition of the ACEM Trainees

| Trainee data | 2019 | | 2020 | |
|---------------------|--------|------|--------|------|
| | Female | Male | Female | Male |
| Gender | 1121 | 1188 | 1138 | 1171 |
| Gender % | 49% | 51% | 49% | 51% |
| Average age (years) | 33.5 | | 34.8 | |

| Country of PMD | 2019 | 2020 |
|----------------|-------------|-------------|
| Australia/NZ | 1400 | 1391 |
| CAP Countries | 602 | 610 |
| Other | 308 | 309 |
| No data | - | - |
| Total | 2310 | 2310 |

In 2019 the number of FACEM trainees in Australia who self-identified as Aboriginal was ten (0.5%), with two (0.1%) self-identifying as Torres Strait Islander. The number of FACEM trainees in New Zealand who self-identified as Māori was nine (3.6%).

In 2020, 11 (0.5%) FACEM trainees in Australia self-identified as Aboriginal, one trainee self-identifying as Aboriginal and Torres Strait Islander and one trainee self-identifying as Torres Strait Islander. A higher percentage of FACEM trainees in New Zealand (3.8%, n=8) self-identified as Māori.

This section provides information on diversity information for entities across the College including the ACEM Board, the Council of Advocacy, Practice and Partnerships (CAPP), the Council of Education (COE) their entities, as well as leadership positions including DEMENTs and DEMs.

4. College Entities

The ACEM Board and its entities, the Workforce Planning Committee and the Diversity and Inclusion Steering Group have been included in this section.

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

4.1. ACEM Board

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

| Age (years) | 2019 | | | 2020 | | |
|--------------|----------|----------|----------|----------|----------|----------|
| | Female | Male | Other | Female | Male | Other |
| 21-30 | - | - | - | - | - | - |
| 31-40 | 1 | - | - | 2 | - | - |
| 41-50 | 1 | 1 | - | 2 | 1 | - |
| 51-60 | 1 | 6 | - | 2 | 3 | - |
| 61-70 | - | 1 | - | - | - | - |
| 71+ | - | - | - | - | - | - |
| No data | - | - | - | - | - | - |
| Gender % | 27% | 73% | - | 60% | 40% | - |
| Total | 3 | 8 | - | 6 | 4 | - |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 4 | 5 |
| CAP Countries | 3 | 2 |
| Other | 1 | - |
| No data | - | - |
| N/A* | 3 | 3 |

* Denotes members who are not medical practitioners

4.2. Indigenous Health Committee

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

| Age (years) | 2019 | | 2020 | |
|--------------|----------|----------|----------|----------|
| | Female | Male | Female | Male |
| 21–30 | – | – | – | 2 |
| 31–40 | 3 | 1 | 1 | 2 |
| 41–50 | 3 | 3 | 1 | 2 |
| 51–60 | 3 | 3 | 3 | 1 |
| 61–70 | – | – | 1 | – |
| 71+ | – | – | – | – |
| No data | – | – | – | – |
| Gender % | 56% | 44% | 38% | 54% |
| Total | 9 | 7 | 6 | 7 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 14 | 11 |
| CAP Countries | 2 | 1 |
| Other | – | – |
| No data | – | – |
| N/A* | – | 1 |

* Denotes members who are not medical practitioners

In 2020, two members (13%) of the Indigenous Health Committee identified as Māori.

In 2020, one member (6%) of the Indigenous Health Committee identified as Torres Strait Islander.

In 2020, six members (38%) of the Indigenous Health Committee identified as Aboriginal.

4.3. Inclusion Committee

The primary role of the Committee relates to facilitation of actions outlined in the DBSH Action Plan, which arose from the College's DBSH Project conducted during 2016 and 2017.

Broadly, this action plan involves oversight of initiatives of the College in relation to addressing DBSH concerns identified through the DBSH Action Plan, ensuring specific actions described in the Action Plan are carried out by the responsible entity(ies) and working with ACEM entities to develop initiatives in relation to specific actions outlined in the Action Plan. It also ensures the Board is fully informed in relation to the achievement of initiatives described in the Action Plan and acts as a source of advice and reference to Board in relation to DBSH matters in College activities, while proposing initiatives to the ACEM Board for consideration that will assist with meeting the aims of the College's DBSH Project and associated advocacy activities.

| Age (years) | 2019 | | 2020 | |
|--------------|----------|----------|----------|----------|
| | Female | Male | Female | Male |
| 21–30 | – | – | – | – |
| 31–40 | 2 | – | 2 | 1 |
| 41–50 | 2 | 2 | 2 | 1 |
| 51–60 | – | 2 | – | 2 |
| 61–70 | – | – | – | – |
| 71+ | – | – | – | – |
| No data | – | – | – | – |
| Gender % | 50% | 50% | 50% | 50% |
| Total | 4 | 4 | 4 | 4 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 5 | 5 |
| CAP Countries | – | – |
| Other | 2 | 2 |
| No data | – | – |
| N/A* | 1 | 1 |

* Denotes members who are not medical practitioners

4.4. Te Rautaki Manaaki Mana Implementation Steering Group

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

| Age (year) | 2019 | | 2020 | | |
|--------------|----------|----------|----------|----------|----------|
| | Female | Male | Female | Male | No data |
| 21–30 | – | – | – | – | – |
| 31–40 | 3 | 1 | – | – | – |
| 41–50 | 1 | 1 | 2 | 2 | – |
| 51–60 | 1 | 2 | 1 | 1 | – |
| 61–70 | – | 1 | – | 1 | – |
| 71+ | – | – | – | – | – |
| No data | – | – | 1 | 1 | 1 |
| Gender % | 50% | 50% | 40% | 50% | 10% |
| Total | 5 | 5 | 4 | 5 | 1 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 7 | 5 |
| CAP Countries | 2 | 2 |
| Other | – | – |
| No data | – | – |
| N/A* | 1 | 3 |

* Denotes members who are not medical practitioners

In 2019, six members (60%) of the Manaaki Mana Steering Group identified as Māori.

In 2020, seven members (70%) of the Manaaki Mana Steering Group identified as Māori.

4.5. Reconciliation Action Plan Steering Group

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

| Age (year) | 2019 | | 2020 | | |
|--------------|----------|----------|----------|----------|----------|
| | Female | Male | Female | Male | No data |
| 21–30 | – | – | – | – | – |
| 31–40 | 2 | – | 2 | – | – |
| 41–50 | 1 | 1 | – | – | – |
| 51–60 | 2 | 1 | 3 | 1 | – |
| 61–70 | – | – | – | – | – |
| 71+ | – | – | – | – | – |
| No Data | 2 | 1 | 2 | – | 1 |
| Gender % | 70% | 30% | 78% | 11% | 11% |
| Total | 7 | 3 | 7 | 1 | 1 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 6 | 5 |
| CAP Countries | 2 | 2 |
| Other | – | – |
| No data | – | – |
| N/A* | 2 | 2 |

* Denotes members who are not medical practitioners

In 2019, six members (60%) of the RAP Steering Group identified as Aboriginal.

In 2020, seven members (70%) of the RAP Group identified as Aboriginal and/or Torres Strait Islander.

4.6. Workforce Planning Committee

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

| Age (years) | 2019 | | 2020 | |
|--------------|----------|----------|----------|----------|
| | Female | Male | Female | Male |
| 21–30 | – | – | – | – |
| 31–40 | – | 1 | – | 1 |
| 41–50 | 2 | – | 2 | – |
| 51–60 | 2 | 5 | 2 | 5 |
| 61–70 | – | – | – | – |
| 71+ | – | – | – | – |
| No Data | – | – | – | – |
| Gender % | 40% | 60% | 40% | 60% |
| Total | 4 | 6 | 4 | 6 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 7 | 8 |
| CAP Countries | 2 | 1 |
| Other | – | – |
| No data | – | – |
| N/A* | 1 | 1 |

* Denotes members who are not medical practitioners

5. Council of Advocacy, Practice Partnerships and Entities

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

5.1. CAPP

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

| Age (years) | 2019 | | | 2020 | | |
|--------------|----------|----------|----------|-----------|----------|----------|
| | Female | Male | Other | Female | Male | Other |
| 21-30 | - | - | - | - | - | - |
| 31-40 | 4 | 1 | 1 | 1 | - | 1 |
| 41-50 | 3 | 1 | - | 4 | 2 | - |
| 51-60 | 2 | 6 | - | 3 | 1 | - |
| 61-70 | - | 1 | - | 1 | 5 | - |
| 71+ | - | - | - | - | - | - |
| No data | - | - | - | - | 1 | - |
| Gender % | 47.4% | 47.4% | 5.2% | 52% | 43% | 5% |
| Total | 9 | 9 | 1 | 11 | 9 | 1 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 14 | 14 |
| CAP Countries | 3 | 5 |
| Other | 1 | 2 |
| No data | - | - |
| N/A* | 1 | - |

* Denotes members who are not medical practitioners

5.2. Health System Reform Committee

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

| Age (years) | 2019 | | 2020 | |
|--------------|----------|-----------|----------|----------|
| | Female | Male | Female | Male |
| 21-30 | - | - | - | - |
| 31-40 | - | 2 | 2 | 1 |
| 41-50 | 2 | 5 | 2 | 2 |
| 51-60 | 2 | 3 | 1 | 5 |
| 61-70 | - | - | - | 1 |
| 71+ | - | - | - | - |
| No Data | 1 | - | 1 | - |
| Gender % | 33% | 67% | 40% | 60% |
| Total | 5 | 10 | 6 | 9 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 9 | 6 |
| CAP Countries | 2 | 6 |
| Other | 3 | 2 |
| No data | - | - |
| N/A* | 1 | 1 |

* Denotes members who are not medical practitioners

5.3. Global Emergency Care Committee

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

| Age (years) | 2019 | | 2020 | |
|--------------|----------|----------|-----------|----------|
| | Female | Male | Female | Male |
| 21-30 | - | - | - | - |
| 31-40 | 2 | 1 | 4 | 1 |
| 41-50 | 1 | 5 | 2 | 2 |
| 51-60 | 2 | 2 | 3 | 2 |
| 61-70 | - | - | - | 1 |
| 71+ | - | - | - | - |
| No Data | 1 | - | 1 | - |
| Gender % | 43% | 57% | 63% | 37% |
| Total | 6 | 8 | 10 | 6 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 11 | 12 |
| CAP Countries | 3 | 3 |
| Other | – | – |
| No data | – | – |
| N/A* | – | 1 |

* Denotes members who are not medical practitioners

5.4. Public Health and Disaster Committee

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

| Age (years) | 2019 | | 2020 | |
|--------------|-----------|----------|-----------|----------|
| | Female | Male | Female | Male |
| 21–30 | 1 | – | – | – |
| 31–40 | 3 | 1 | 5 | 2 |
| 41–50 | 4 | – | 3 | 1 |
| 51–60 | 4 | 1 | 2 | 1 |
| 61–70 | – | – | – | – |
| 71+ | – | – | – | – |
| No Data | 1 | – | 1 | – |
| Gender % | 87% | 13% | 73% | 27% |
| Total | 13 | 2 | 11 | 4 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 14 | 11 |
| CAP Countries | – | 3 |
| Other | – | – |
| No data | – | – |
| N/A* | 1 | 1 |

* Denotes members who are not medical practitioners

5.5. Quality and Patient Safety Committee

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

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

| Age (years) | 2019 | | 2020 | |
|--------------|----------|----------|----------|----------|
| | Female | Male | Female | Male |
| 21–30 | 1 | – | – | – |
| 31–40 | 1 | – | 2 | 1 |
| 41–50 | 1 | 1 | 4 | 1 |
| 51–60 | 5 | 4 | 3 | 2 |
| 61–70 | – | 1 | – | 1 |
| 71+ | – | 1 | – | – |
| No Data | – | – | – | 1 |
| Gender % | 53% | 47% | 60% | 40% |
| Total | 8 | 7 | 9 | 6 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 10 | 10 |
| CAP Countries | 3 | 4 |
| Other | 1 | – |
| No data | – | – |
| N/A* | 1 | 1 |

* Denotes members who are not medical practitioners

5.6. Rural, Regional and Remote Committee

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

| Age (years) | 2019 | | 2020 | |
|--------------|----------|----------|----------|----------|
| | Female | Male | Female | Male |
| 21–30 | – | – | – | – |
| 31–40 | 2 | 2 | 1 | 1 |
| 41–50 | 2 | 3 | 4 | 3 |
| 51–60 | 2 | 3 | – | 3 |
| 61–70 | 1 | – | 1 | – |
| 71+ | – | – | – | – |
| No Data | 1 | – | 1 | – |
| Gender % | 50% | 50% | 50% | 50% |
| Total | 8 | 8 | 7 | 7 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 8 | 7 |
| CAP Countries | 5 | 4 |
| Other | 2 | 2 |
| No data | – | – |
| N/A* | 1 | 1 |

* Denotes members who are not medical practitioners

5.7. Standards and Endorsement Committee

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

| Age (years) | 2019 | | | 2020 | | |
|--------------|----------|----------|----------|----------|----------|----------|
| | Female | Male | Other | Female | Male | Other |
| 21–30 | – | – | – | – | – | – |
| 31–40 | 4 | 1 | 1 | 3 | 1 | 1 |
| 41–50 | 1 | 2 | – | 1 | 1 | – |
| 51–60 | 1 | 3 | – | – | 1 | – |
| 61–70 | – | 2 | – | 1 | – | – |
| 71+ | – | – | – | – | – | – |
| No Data | – | 1 | – | – | 1 | – |
| Gender % | 40% | 53% | 7% | 50% | 40% | 10% |
| Total | 6 | 8 | 1 | 5 | 4 | 1 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 9 | 6 |
| CAP Countries | 3 | 2 |
| Other | 2 | 1 |
| No data | – | – |
| N/A* | 1 | 1 |

* Denotes members who are not medical practitioners

5.8. Research Committee

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

| Age (years) | 2019 | | 2020 | |
|--------------|----------|-----------|----------|-----------|
| | Female | Male | Female | Male |
| 21-30 | - | - | - | - |
| 31-40 | 2 | 3 | 2 | 2 |
| 41-50 | - | 6 | 1 | 4 |
| 51-60 | 1 | 2 | 1 | 5 |
| 61-70 | - | - | - | 1 |
| 71+ | - | - | - | - |
| No Data | - | 1 | - | 1 |
| Gender % | 20% | 80% | 24% | 76% |
| Total | 3 | 12 | 4 | 13 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 7 | 10 |
| CAP Countries | 4 | 4 |
| Other | 3 | 1 |
| No data | - | - |
| N/A* | 1 | 2 |

* Denotes members who are not medical practitioners

6. Council of Education

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

6.1. COE

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

| Age (years) | 2019 | | 2020 | |
|--------------|----------|-----------|----------|----------|
| | Female | Male | Female | Male |
| 21-30 | - | - | - | - |
| 31-40 | 1 | 1 | 2 | 1 |
| 41-50 | 2 | 2 | 3 | 2 |
| 51-60 | 1 | 7 | 1 | 3 |
| 61-70 | - | - | - | - |
| 71+ | - | - | - | - |
| No Data | 1 | - | 1 | - |
| Gender % | 33% | 67% | 54% | 46% |
| Total | 5 | 10 | 7 | 6 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 6 | 8 |
| CAP Countries | 7 | 4 |
| Other | 1 | 1 |
| No data | - | - |
| N/A* | 1 | - |

* Denotes members who are not medical practitioners

6.2. Continuing Professional Development Committee

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

| Age (years) | 2019 | | 2020 | |
|--------------|----------|----------|----------|----------|
| | Female | Male | Female | Male |
| 21-30 | – | – | – | – |
| 31-40 | 2 | 2 | 1 | 2 |
| 41-50 | 3 | 3 | 4 | 3 |
| 51-60 | 1 | 3 | 1 | 2 |
| 61-70 | – | – | – | – |
| 71+ | – | – | – | – |
| No Data | 1 | – | 1 | – |
| Gender % | 47% | 53% | 50% | 50% |
| Total | 7 | 8 | 7 | 7 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 9 | 11 |
| CAP Countries | 2 | – |
| Other | 2 | 1 |
| No data | 1 | 1 |
| N/A* | 1 | 1 |

* Denotes members who are not medical practitioners

6.3. EMC and EMD Committee

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

| Age (years) | 2019 | | 2020 | |
|--------------|----------|-----------|----------|----------|
| | Female | Male | Female | Male |
| 21-30 | – | – | – | – |
| 31-40 | 2 | 1 | 2 | 1 |
| 41-50 | 3 | 5 | 2 | 3 |
| 51-60 | – | 3 | – | 4 |
| 61-70 | – | 1 | – | – |
| 71+ | – | – | – | – |
| No Data | – | 1 | – | 1 |
| Gender % | 29% | 71% | 31% | 69% |
| Total | 5 | 12 | 4 | 9 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 7 | 5 |
| CAP Countries | 5 | 4 |
| Other | 4 | 3 |
| No data | 1 | 1 |
| N/A* | – | – |

* Denotes members who are not medical practitioners

6.4. Examinations Subcommittee

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

| Age (years) | 2019 | | 2020 | |
|--------------|----------|-----------|----------|----------|
| | Female | Male | Female | Male |
| 21–30 | – | – | – | – |
| 31–40 | 1 | 1 | 1 | 1 |
| 41–50 | – | 4 | 1 | 2 |
| 51–60 | 1 | 5 | – | 1 |
| 61–70 | – | 1 | 1 | 3 |
| 71+ | – | – | – | – |
| No Data | – | – | – | – |
| Gender % | 15% | 85% | 30% | 70% |
| Total | 2 | 11 | 3 | 7 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 7 | 7 |
| CAP Countries | 3 | 1 |
| Other | 3 | 2 |
| No data | – | – |
| N/A* | – | – |

* Denotes members who are not medical practitioners

6.5. SIMG Assessment Committee

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

| Age (years) | 2019 | | 2020 | |
|--------------|----------|-----------|----------|----------|
| | Female | Male | Female | Male |
| 21-30 | - | - | - | - |
| 31-40 | - | 3 | 1 | 3 |
| 41-50 | 2 | 5 | 3 | 2 |
| 51-60 | 1 | 3 | 1 | 4 |
| 61-70 | - | - | - | - |
| 71+ | - | - | - | - |
| No Data | 1 | - | 1 | - |
| Gender % | 27% | 73% | 40% | 60% |
| Total | 4 | 11 | 6 | 9 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 4 | 6 |
| CAP Countries | 6 | 4 |
| Other | 4 | 4 |
| No data | - | - |
| N/A* | 1 | 1 |

* Denotes members who are not medical practitioners

6.6. Specialist Training and Assessment Committee

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

| Age (years) | 2019 | | 2020 | |
|--------------|----------|-----------|----------|----------|
| | Female | Male | Female | Male |
| 21-30 | - | - | - | - |
| 31-40 | 1 | 2 | 2 | - |
| 41-50 | 1 | 6 | 4 | 3 |
| 51-60 | 2 | 3 | 3 | 3 |
| 61-70 | - | - | - | - |
| 71+ | - | - | - | - |
| No Data | 1 | - | - | - |
| Gender % | 31% | 69% | 60% | 40% |
| Total | 5 | 11 | 9 | 6 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 11 | 12 |
| CAP Countries | 3 | 2 |
| Other | 1 | 1 |
| No data | – | – |
| N/A* | 1 | – |

* Denotes members who are not medical practitioners

6.7. Trainee Committee

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

| Age (years) | 2019 | | 2020 | |
|--------------|----------|----------|----------|----------|
| | Female | Male | Female | Male |
| 21–30 | – | 1 | 1 | – |
| 31–40 | 5 | 3 | 3 | 4 |
| 41–50 | – | 1 | 1 | 1 |
| 51–60 | – | 1 | – | – |
| 61–70 | – | – | – | – |
| 71+ | – | – | – | – |
| No Data | – | – | – | – |
| Gender % | 45% | 55% | 50% | 50% |
| Total | 5 | 6 | 5 | 5 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 6 | 7 |
| CAP Countries | 2 | 3 |
| Other | 2 | – |
| No data | 1 | – |
| N/A* | – | – |

* Denotes members who are not medical practitioners

6.8. Directors of Emergency Medicine Training

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

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

| Age (year) | 2019 | | 2020 | | |
|--------------|------------|------------|------------|------------|----------|
| | Female | Male | Female | Male | No data |
| 21-30 | - | - | - | - | - |
| 31-40 | 34 | 47 | 31 | 47 | - |
| 41-50 | 67 | 87 | 69 | 85 | - |
| 51-60 | 11 | 23 | 19 | 29 | - |
| 61-70 | 2 | 5 | 2 | 8 | - |
| 71+ | - | - | - | - | - |
| No Data | - | 1 | 1 | 1 | 1 |
| Gender % | 41% | 59% | 41% | 58% | 1% |
| Total | 114 | 163 | 122 | 170 | 1 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 194 | 183 |
| CAP Countries | 71 | 65 |
| Other | 49 | 43 |
| No data | - | 2 |
| N/A* | - | - |

* Denotes members who are not medical practitioners

6.9. Court of Examiners (includes Senior Examiners)

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

| Age (years) | 2019 | | 2020 | |
|--------------|-----------|------------|-----------|------------|
| | Female | Male | Female | Male |
| 21-30 | - | - | - | - |
| 31-40 | 7 | 7 | 7 | 8 |
| 41-50 | 32 | 54 | 30 | 52 |
| 51-60 | 23 | 43 | 24 | 42 |
| 61-70 | - | 7 | 3 | 14 |
| 71+ | 1 | - | 1 | - |
| No Data | - | - | - | - |
| Gender % | 36% | 64% | 36% | 64% |
| Total | 63 | 111 | 65 | 116 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 124 | 127 |
| CAP Countries | 27 | 27 |
| Other | 23 | 27 |
| No data | - | - |
| N/A* | - | - |

* Denotes members who are not medical practitioners

7. Leadership Roles within Emergency Medicine Departments

This section includes diversity reporting across Directors of Emergency Medicine.

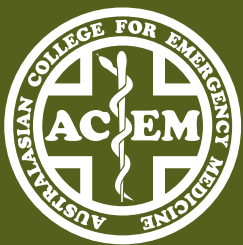
7.1. Directors of Emergency Medicine

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

| Age (year) | 2019 | | 2020 | | |
|--------------|-----------|------------|-----------|------------|----------|
| | Female | Male | Female | Male | No data |
| 21-30 | - | - | - | - | - |
| 31-40 | - | 9 | 2 | 8 | - |
| 41-50 | 25 | 64 | 27 | 55 | - |
| 51-60 | 11 | 62 | 11 | 67 | - |
| 61-70 | 1 | 17 | 3 | 12 | - |
| 71+ | - | - | - | - | - |
| No Data | - | 3 | 2 | 1 | 2 |
| Gender % | 21% | 79% | 23% | 76% | 1% |
| Total | 38 | 143 | 43 | 144 | 2 |

| Country of PMD | 2019 | 2020 |
|----------------|------|------|
| Australia/NZ | 111 | 115 |
| CAP Countries | 46 | 48 |
| Other | 23 | 23 |
| No data | - | 3 |
| N/A* | - | - |

* Denotes members who are not medical practitioners



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