Dear Members,

On behalf of the IFEM Executive Committee and Board, I have great pleasure in submitting to you this report of our activities over the past year. This is my first annual report as President, and is a source of great pride in the achievements of the Organization.

In April a special highlight for me was helping to host the International Conference on Emergency Medicine in my home town, Cape Town. At the time the Emergency Medicine Society of South Africa applied to host the meeting, we were a small but vigorous and enthusiastic group. IFEM supported the proposal and in doing so, helped to put Africa in the EM spotlight and enable many to participate in an international conference that would not normally be able to attend. Congratulations to Melanie Stander and her team!

The newly elected IFEM Executive and Board have been committing lots of time and energy to discussing IFEM’s vision and mission, and the possibility for strategic change. We look forward to feedback from members at our forthcoming meeting in Las Vegas on 18th October, as it will ultimately be the membership that decides how IFEM should grow. If you are unable to attend, please feel free to contact myself or the Secretariat with your views on how IFEM can assist its members and continue to improve our collaborative efforts.

As you will see from the content, our Committees, Special Interest Groups and Task Forces are incredibly active and continue to produce excellent outputs. Without the hard work and commitment of our enthusiastic volunteer experts, none of that would be possible, so I would like to give my heartfelt thanks to all of you involved, and ask for your ongoing efforts as we head into 2017!

If volunteers are our lifeblood, I need to give a very special word of thanks to our Executive Officer Carol Reardon, who is very much the heartbeat of IFEM and juggles all the multiple activities with outstanding skill and resolve.

Lee Wallis (Prof)
President
Membership

In the last year, the following Organizations were admitted to membership:

- Finnish Society of Emergency Medicine – Full
- Oman Society of Emergency Medicine - Full
- Society of Emergency Medicine Practitioners of Nigeria (SEMPON) - Affiliate
- Saudi Society of Emergency Medicine - Full
- Icelandic Society for Emergency Medicine - Full
- Norwegian Society for Emergency Medicine - Affiliate

*Immediate Past President C. James Holliman with Nnamdi Nwauwa (Nigeria), Abdel Bellou (EuSEM) and Mohammad Alsabri (Yemen) at the October 2015 Assembly meeting in Boston.*

Applications from the Egyptian Society for Emergency Medicine and the American Academy of Emergency Psychiatry will be considered at our next meeting in October 2016.

A new policy regarding suspension of members with unpaid dues was introduced in 2015. Accordingly, the following members were suspended from membership:

- Asociacion Academia de Medicos de Urgencia de Panama (ASAMUP)
- Association des Medicins Urgentistes de Madagascar (AMUM)
- Sociedad Venezolana de Medicina de Emergencia y Desastres (SVMED)
- Sociedade Cearense de Medicine de Urgencia (SOCEMU)
- The Lebanese Society of Emergency Medicine (LSEM)

IFEM has a total 68 members: 47 Founding and Full members, 16 Affiliate members and 5 Ex-Officio regional organizations. A full list of members is attached as Appendix 1.

In October 2016 the IFEM Assembly approved a new ‘Supporting’ category of Membership, for organizations who provide support (financial or otherwise) to assist IFEM to achieve its goals.
Election of Board of Directors, April 2016 – June 2018

Office-Bearers:

President: Lee Wallis (EMSSA)
Immediate Past President: C. James Holliman (ACEP)
President-elect: James Ducharme (CAEP)
Vice-President: Timothy H. Rainer (RCEM)
Treasurer: Anthony Cross (ACEM)
Secretary: Melanie Stander (EMSSA)
Member-at-Large: Jesica Bravo Gutierrez (SMME)

Regional Board representatives:

Africa: Hendry Sawe (EMA Tanzania)
Asia: Swee Han Lim (SEMS)
Australasia: Anthony Lawler (ACEM)
Central/South America: Edgardo Menendez (SAE)
Europe: Juliusz Jakubaszko (PSEM)
North America: Terrence Mulligan (AAEM)

From left: Swee Han Lim, Juliusz Jakubaszko, Edgardo Menendez, Melanie Stander, James Ducharme, Lee Wallis, C. James Holliman, Jesica Bravo, Hendry Sawe, Anthony Cross, Terry Mulligan, Anthony Lawler
Cape Town provided a wonderful venue for a highly successful and dynamic Conference. The team from the Emergency Medicine Society of South Africa offered a wonderful combination of education and social activities. 13 pre-conference workshops were held with over 500 attendees. 65 scientific tracks took place over four days, with 6-7 tracks running concurrently. Two Paediatric Marketplaces were also held and were a highlight of the Conference, as were the Spanish stream and a Resident stream. 315 speakers from 45 countries presented. Thank you to beautiful Cape Town and the organising team!

The Scientific Program had some special guests
Celebrating 25 years of IFEM at the Cape Town Club

Past President Dr Gautam Bodiwala presented Dr C. James Holliman with a gift of a President’s Badge of Office, commemorating 25 years of IFEM.

Our glamorous hosts of ICEM 2016, Mel Stander and Lee Wallis
Awards

During the Gala Dinner in Cape Town, IFEM recognised the following individuals and their contributions to IFEM and international emergency medicine, in bestowing the Order of the IFEM (FIFEM).

Dr Keihan Golshani, Iranian Society of Emergency Medicine
Dr Ho Hiu Fai, Paul, Hong Kong College of Emergency Medicine
Dr Joseph Lex, American Academy of Emergency Medicine
Dr Alberto Machado, Sociedad Argentina de Emergencia
Dr Cem Oktay, Emergency Medicine Association of Turkey
Dr Teri Reynolds, Emergency Medicine Society of South Africa
Dr Melanie Stander, Emergency Medicine Society of South Africa
Dr Siu Yuet Chung Axel, Hong Kong College of Emergency Medicine

Dates for future ICEMs:

ICEM 2018, 5-9 June, Mexico
ICEM 2019, 12-15 June, Seoul, South Korea
ICEM 2020, 16-20 June, Buenos Aires, Argentina
ICEM 2021, 8-11 June, Dubai

IFEM Symposia

IFEM partnered with the Cardiff University and Welsh Branch of the RCEM to host the First Welsh International Symposium for Emergency Medicine (WISEM) on 16-17 May 2016 in Cardiff. The meeting was an excellent opportunity to focus on the interface and challenges facing emergency departments and acute medical receiving units as well as innovation and trauma.

IFEM is planning a joint Symposium with the Cuban Society (URGRAV) on Public Health and Emergency Medicine, Havana, in 2018.
Professional Affairs

The Governance Committee developed a document on IFEM Policies, a template for Position Statements and a list of all IFEM policies. The Executive has also asked the Committee to consider redefining collaborations and partnerships.

IFEM supported opposition to the scheduling of Ketamine and the WHO’s Expert Committee on Drug Dependence which recommended that ketamine not be placed under international control. The WHO Committee concluded that ketamine abuse does not pose a global public health threat, while international scheduling could limit access to an important anaesthetic and immobilizing agent.

IFEM also renegotiated its memorandum of support with the Australasian College for Emergency Medicine. ACEM has agreed to continue supporting IFEM towards financial independence for a further two years, but as from July 2016, IFEM will be invoiced for all administrative costs and overheads in relation to the Secretariat.

IFEM Foundation

Immediate Past President C. James Holliman and Dr Terry Mulligan have been instrumental in establishing the IFEM Foundation, a 501 3(c) company set up in the United States. The aim is for it to provide funds for IFEM to advance its projects and help make IFEM more financial sustainable in the future.
COMMITTEE ACTIVITIES

A full list of Committee members involved in the past year is attached as Appendix 2.

Clinical Practice Committee

This year the main focus of the Committee was oversight of the Special Interest Groups. Four new groups met for the first time in Cape Town in April, Geriatric Emergency Medicine, Quality and Safety, Public Health and Gender Specific Issues. Given that the tenure of some Chairs were finished, elections were also held at this time. Ffion Davies (Paediatric EM SIG), Michael Bullard (Triage SIG), Peter Aitken (Disaster Medicine SIG), Rip Gangahar (Ultrasound) all stepped down and I would like to register my thanks to them for all of their work. Our Groups produce many of IFEM’s free resources which have a direct impact for clinical care in ED’s around the world. The Emergency Ultrasound Group produced a Consensus Statement on Sonography in Hypotension and Cardiac Arrest (SHoC). More detailed reports are attached later in this report.

Several new SIG’s have been suggested, and are currently in development, including SIG’s for behavioral emergencies, for critical care, and for trauma; we hope these groups will be officially formed in the next several months.

There has been tremendous interest and participation in all the SIG’s and task forces in the last several years, and given the many successful lecture tracks, mini-courses and educational "marketplaces", the IFEM CPC has encouraged the formation of "IFEM roadshows": a menu of small mini-conferences on focused, SIG-related topics that could be made available to interested IFEM member organizations or other parties who might want to include these IFEM educational mini-sessions in their own local conferences or educational programs.

IFEM continues to partner with Guidelines International Network on draft guidelines relating to sepsis and we hope this project will be finalized in the next year. IFEM also collaborates with the Global Sepsis Alliance to promote World Sepsis Day. I also Chair the International Trainee Association Taskforce, with the aim being to help establish an association which will ultimately be a member of IFEM.

As CPC chairman, I remain beholden to all our Special Interest Group and Taskforce chairs and members, and want to commend them for their hard work, dedication and enthusiasm, especial for our executive secretariat Carol Reardon.

Terrence Mulligan DO, MPH
FACEP, FAAEM, FIFEM, FACOEP, FNVSHA, HPF
Chair, Clinical Practice Committee
**Communications Committee Report**

The Communications Committee is pleased to report the new website has been completed. The new site is modern and user friendly with great potential for the expansion of our online presence and increased collaborative capabilities for IFEM members.

As we plan for future communications initiatives, we look forward to working with the Board of Directors to provide us with priorities and the Standards Committee to provide guidance to strengthen our position with regards to policies, guidelines and advocacy efforts.

IFEM’s social media presence is growing with 14,370 likes on Facebook and 1982 followers on Twitter. One of our goals is to increase our engagement and reach through our social media channels in 2017.

We would like to use these social media platforms to further engage in the process of communication. Currently, we gather information from the world media about stories that effect the delivery of emergency care and impact on the specialty of emergency medicine.

We envision using our platforms to better engage the media and provide science, perspective and feedback to those issues in order to better frame the dialogue surrounding the issues that impact on us and our patients.

The Communications Committee will also be exploring opportunities that will further IFEM’s goal to provide education in less developed nations by partnering with other organizations to provide online CME.

As an International organization, the Communications Committee recognizes the need for multi-language resources and respectfully requests the Board to consider translation services in order to provide communications, advocacy and online CME to non-English nations.

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Alan Drummond, MD CCFP(EM)
Chair, Communications Committee
Canadian Association of Emergency Physicians
Core Curriculum and Education Committee

Tasks
1. Complete EMS manuscript
2. Generate a new manuscript on certification
3. Generate new project ideas
4. Present accomplishments at ICEM 2016

Results
1. After long discussion and much hard work, the committee decided to abandon this project. Many thanks to Valerie Krym for her efforts.
2. This is a work in progress. Several advances were made. We are hopeful to get this completed soon. Andrew Singer is the lead.
3. We discussed many topics including a curriculum for childhood emergencies, current controversies, database of on-line EM educational resources and principles of research education. We will concentrate on developing a leadership curriculum. Janis Tupesis is the lead.

We have received collaboration requests from the American Board of Emergency Medicine and the Association of Academic Chairs of Emergency Medicine. We will invite these groups to our meetings to investigate possibilities.

4. Cherri Hobgood, Andrew Singer, James Kwan and Nick Jouriles presented our recently published continuous professional development manuscript as a didactic session at the 2016 International Conference of Emergency Medicine in Cape Town. Special thanks to Melanie Stander and the entire ICEM 2016 team for the opportunity.

Respectfully submitted, 4 August 2016
Nicholas Jouriles, MD [USA]
Chair, Core Curriculum and Education Committee
Continuing Professional Development Committee

As part of the general IFEM call for nominations for membership of committees, there have been some recent changes to the committee membership as noted in the list of Committee members appended.

The main tasks and responsibilities of the CPD Committee are:

1. To form a Venue Selection Committee to review the bids for the now Annual ICEM.

The 5 member Venue Selection Committee for ICEM 2022 has made a recommendation of what it judged as the best of the 6 bids to the IFEM Board and Assembly for ratification as the host for ICEM 2022. Of concern to the VSC was the relative paucity of detail in some bids about the proposed scientific programme. In these cases the bids were very strong on promoting the host city to the detriment of giving any prominence to a proposed conference theme; details of the programme or how it would be optimally delivered to delegates.

The VSC and CPD Committee would also suggest that potential bidders do not seek letters of support from other IFEM member organizations. Not alone do these not help a bid, they make the process of selecting a suitable VSC more difficult.

2. To consider meetings and symposia seeking IFEM endorsement.

One IFEM Symposium took place in the past year in Cardiff, Wales. While this meeting was not a typical symposium insofar as it wasn’t a single issue event e.g. on resuscitation or quality, the committee took the view that it was in IFEM’s strategic interest to have a symposium held during the year. A second symposium was approved on Public Health Emergencies to take place in Cuba in April 2017 but the Cuban organisers are intending to defer this to 2018.

The committee are of the view that ICEM should in future take place in June of the calendar year (rather than May or June as in the present guidance). An IFEM symposium should not be approved to take place in the two months either side of this other than in very exceptional circumstances.

The committee have considered an increasing number of meetings seeking IFEM endorsement. While some of these could not be supported for a variety of reasons (e.g. inadequate detail, notice or clashes with other IFEM supported events), the approach generally taken by the committee was to support meetings where possible. It is notable that there was a high degree of consensus among the committee in its consideration of applications.

3. To Review the Scoring Grid and Checklist used for selection of the successful ICEM hosting bid

In the light of concerns about the scoring system for ICEM disadvantaging countries that have held an ICEM in the past, the committee reviewed the scoring system in use. As the 2022 bid experience was that no applicant country had held an ICEM in the past decade, the consensus was that the scenario that prior hosts of ICEM were at a disadvantage when bidding no longer applied. Subject to minor changes being made, the fundamentals of the scoring system were left unchanged.

Now that ICEM’s are held annually the committee have recommended an accelerated timeframe from the timing of the call for expressions of interests to the announcement of the successful bid at the IFEM Assembly. This will ensure that the process takes place completely in the year between the two IFEM meetings that take place at the ACEP Scientific Assembly.

Fergal Hickey
Chair, Continuing Professional Development Committee
**Finance Committee**

This is my first report as Treasurer for IFEM. It is an honour to serve in this important role. IFEM’s finances are sound and for that we owe substantial gratitude to our long serving previous Treasurer, Andrew Singer.

The Financial Statements of the International Federation for Emergency Medicine are appended to the Director’s Report.

As an international, volunteer run organization whose members are, themselves, a large number of volunteer organizations from every corner of the globe IFEM continues to face a number of challenges.

On the revenue side of the ledger IFEM has relied upon three main sources of income, all of a similar magnitude. Although having diverse sources of income is reassuring none is completely assured.

We are very fortunate to have had another highly successful ICEM. Our thanks go to the Organising Committee in Cape Town. While the ICEMs remain bi-annual this revenue will continue to be amortized over 2 years. Annual ICEMs from 2018 onwards will bring annual income. However, it remains to be seen to what extent more frequent ICEMs increase total revenue.

Membership dues form another revenue stream. Income from this source may have plateaued as we see increasing numbers of fledgling member organizations from the least prosperous nations struggling to pay even minimal or reduced fees. We need to continue to strike a balance between encouraging membership, with its attendant benefits, and recognising the extremely precarious financial positions of nascent organizations.

During this year a further Memorandum of Understanding (MoU) was negotiated with the Australasian College for Emergency Medicine (ACEM). Although ACEM have been extremely generous financial supporters of IFEM for many years now, this is, understandably, being wound back. In this challenge to our financial stability I believe I see the opportunity and necessity for true independence and maturity as an organization.

We are also fortunate that expenses have been, on the whole, minimal, stable and predictable.

In late 2016 IFEM will undergo its first substantial revision of its Vision, Mission and Strategic Plan. This important exercise will set the tone and the direction of the organization for the next three to five years. Combined with the threats to revenue outlined above, sound financial underpinning will be a critical element of this planning to ensure the International Federation for Emergency Medicine financial position is secure and sufficient to meet its stated objectives.

![Dr Anthony Cross](image)  
Dr Anthony Cross  
Treasurer and Chair, Finance Committee
Governance Committee

The Governance Committee met on April 20, 2016 during the ICEM Conference in South Africa and held a conference call on August 15, 2016. Several documents were reviewed and updated by the Governance Committee, including the Bylaws. Specifically, the following items are notable:

- Most attention has been focused on a review of the IFEM Bylaws. This includes procedures for nominations for election to the Board, categories of membership and Special Interest Group Membership requirements.
- The committee spill process will continue to be a self-nominating process to ensure we have members for each committee.
- A Committee Manual is being finalised.
- The Committee is also assisting with the Board’s strategic discussions.

Cherri D. Hobgood, M.D.
Chair, Governance Committee
IFEM Research Committee

There has been increasing interest in membership of the Research Committee. We have welcomed new members from Africa, US, UK, NZ and Poland. As pressure for membership increases, a chart has been drawn up that notes the attendance of all members at all previous meetings. This is now attached at the bottom of each meeting/teleconference agenda. It will remind members of their previous attendance/contributions and will aid the selection of members for the new Committee in late 2016. It is recommended that other committees consider this initiative.

Two Research Committee subcommittees have been established:
1. Endorsement of Research Projects and Collaborations subcommittee
This is chaired by Jonathan Benger and aims to review and revise the process of application and assessment of research projects and collaborations that are seeking IFEM endorsement.
2. Research Training subcommittee
The first meeting is pending and the chair is yet to be determined. The main purpose of this subcommittee is to develop and facilitate initiatives for the research training of young emergency physicians and trainees. This would comprise (but not be limited to) ICEM pre-conference research workshops, sourcing suitable Internet research training modules/websites for inclusion on the Research Committee webpage, consideration of the development of a research diploma.

A White Paper on the Ethical Challenges in Emergency Medicine research has been in development for some time. The writing group has now decided not to have a single, dry document on this topic. Instead, a ‘mother document’ describing research ethics history and principles will be written. This will be followed by a suite of shorter papers, each related to an important ethical topic (e.g. consent). A clinical vignette will be presented, followed by the ethical considerations as seen by the participant, the researcher and the IRB/Ethics Committee. Each paper will conclude with take home messages and advice.

The Committee ran a one-day, pre-conference research workshop on April 16, at ICEM 2016. A range of research-related activities, including one-on-one mentoring of attendees, were undertaken. The workshop was very well attended and feedback was most encouraging. At present, the formal presentations that were given are being ‘voiced over’ and will be placed on the Research Committee webpage as a learning resource.

A link to all Research Committee learning resources is now available on the webpage. This bank of resources continues to swell. Recent additions include links to:

- Acad Emerg Med: Stats & Research Methodology virtual issues
- Emergency Care Institute (Australia): A ‘How To’ Guide on getting research started

The Committee has contributed to the development of a review article entitled “Guidelines for Predatory Journals”. The article provides guidelines to inform interactions with peer/non-peer reviewed journals considered to be ‘predatory’ in nature. Dr Bhakti is a co-author and the Committee was invited to provide comment on the penultimate draft.

The Committee has approached the ICEM18 conference organisers with a request to consider a range of specific research activities that could be incorporated into the conference program. The Committee would be responsible for the undertaking of these activities:

- A pre-conference Research Workshop
- A 90 minute session on Cutting Edge Research Techniques and Developments
- Moderated Poster Sessions
- Lectures on Basic Research Methodologies, including research ethics

David McD. Taylor MBBS, MD, MPH, DRCOG, FACEM
Chair, Research Committee
The Specialty Implementation Committee had a productive meeting in Cape Town, however has not met since then. The SIC session at ICEM was well attended and generated enthusiastic and inclusive discussion amongst the audience, with the added benefit of allowing new members facing challenges in establishing the specialty to meet those who had solved similar issues. Interested individuals were networked with others in their region, and there was very positive feedback on the session.

The IFEM Consultation Position Statement was favourably received by the IFEM assembly and is available on the IFEM website. To date, the SIC has not received any consultation requests.

The efficacy of emergency medicine taskforce is now chaired by Professor G Luke Larkin, and has been revitalized, with significant interest from SIC members and others. The taskforce will meet for a half-day workshop in October at the upcoming IFEM meeting at the ACEP Scientific Assembly 2016, in order to progress the significant work planned. A possible framework for demonstrating the worth and value of the specialty is the objective, with the anticipated benefits of assisting IFEM members politically, providing a strong evidence base for specialty implementation, and illustrating how EM improves care; and how emergency physicians add value.

The SIC determined that the previously proposed intensive work on collecting and developing web-based resources was unlikely to be necessary and thus the proposed taskforce was disestablished. A call for IFEM members to submit recommended websites for linking on the IFEM site has been made, and the SIC will determine which of these should be linked.

Initial work, including establishing a team, gathering resources and contacting experts has commenced on the task of developing resources for minimum standards for emergency departments of varying service levels. Dr DeVos is leading this work on behalf of the SIC.

The SIC has determined that the CPD subcommittee should change its name to the Academic Development Subcommittee (of the SIC).

The SIC wishes to thank the IFEM secretariat and Board for their considerable support to the committee.

A/Prof Sally McCarthy (ACEM)
Chair, Specialty Implementation Committee

Elizabeth L. DeVos (ACEP)
Vice-Chair
Paediatric Emergency Medicine Special Interest Group

Paediatric Marketplace events at ICEM Cape Town

The PEMSIG membership has continued to grow and currently stands at 60 members, representing 20 countries. This year’s achievements include:

- Hosting two spectacular Paediatric Marketplace events at ICEM Cape Town
- Bi-annual General Meeting was held at ICEM 2016 and was well attended with many new members signing up
- First formal elections were held and PEMSIG committee members were appointed for a period of 2 years as below:

<table>
<thead>
<tr>
<th>Position</th>
<th>Held by</th>
<th>Region</th>
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<tbody>
<tr>
<td>Chair</td>
<td>Baljit Cheema</td>
<td>Africa</td>
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<tr>
<td>Chair elect</td>
<td>Camilo Gutierrez</td>
<td>North America</td>
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<tr>
<td>Standards Lead</td>
<td>Rod Lim</td>
<td>North America</td>
</tr>
<tr>
<td>Secretary</td>
<td>Adriana Yock</td>
<td>Central and South America</td>
</tr>
<tr>
<td>Practical resource – tools lead</td>
<td>Haiko Jahn</td>
<td>Europe and UK</td>
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<tr>
<td>Practical Resource – weblinks lead</td>
<td>Sashikumar Ganapathy</td>
<td>Asia</td>
</tr>
<tr>
<td>Communications – membership lead</td>
<td>Ffion Davies</td>
<td>Europe and UK</td>
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<tr>
<td>Communications – standards awareness lead</td>
<td>Kathleen Berry</td>
<td>Europe and UK</td>
</tr>
<tr>
<td>PEM education curriculum lead</td>
<td>Rahim Valani</td>
<td>North America</td>
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<tr>
<td>PERN representative</td>
<td>Franz Babl</td>
<td>Australia and New Zealand</td>
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PEMSIG Priorities for 2016-18

- Priorities were discussed at the BGM and agreed as follows:
  - IFEM Standards for Emergency Care of Children
    - Full revision, with review of chapters and content – (Rod Lim Standards Lead). Process has been initiated already.
    - Translation of the revision will also be done into English, Spanish and Chinese, thus providing assistance for many countries.
    - Promotion of current Standards to increase awareness of this valuable resource (Kath Berry – Lead)
  - PEM Curriculum – template to be developed – (Rahim Valani Curriculum & Education Lead) plan for initiating this has been discussed and will be presented to PEMSIG core committee.
  - Roadshows – plan to develop a resource for assisting future ICEM conference organisers with PEM content, speakers, Marketplace etc.
  - RoadMap – plan to develop a resource or guide to help assist countries just starting out with PEM as a sub-specialty.
  - Develop a section of PEMSIG website for access to quality PEM clinical guidelines (Sashi Ganapathy - Lead) and tools/resources (Haiko Jahn – Lead.)
  - Continue to grow PEMSIG Membership – especially focused on the areas of the world where we are under-represented such as South America, Africa and Asia (Ffion Davis – Lead – assisted by Camillo Gutierrez, Adriana Yock.)
Disaster Medicine Special Interest Group

1. The DM SIG has met during the ICEM Conference in April 2016. The meeting was poorly attended in terms of numbers, however the total SIG members present at the conference is unknown, therefore the attendance to the SIG meeting might have been the full complement.

2. During the above meeting, in the absence of SIG co-ordinating committee and quorum, a new committee has self-nominated pending on endorsement by the SIG membership.

3. The self-nominated Co-ordinating committee has been endorsed by the SIG membership through direct communication between the IFEM and each SIG member.

4. Following a hand-over from the previous Chair, during June-August 2016 the SIG has formulated a number of initial directions for consideration by its membership:

   a) DM track (English and Spanish) during ICEM 2018 (immediate key target)
   b) SIG membership expansion, both in numbers and representation (immediate key target)
   c) SIG endorsement of the Uniform Data Reporting of Acute Medical Response in Disasters
   d) DM triage best practice
   e) repository for guidelines of member countries relating to Disaster Medicine
   f) consensus document on a curriculum on Disaster Medicine Fellowship
   g) consensus document on standards in Disaster Medicine

I would like to take this opportunity to thank all the members of the DM SIG for their advice, encouragement and enthusiasm.

Tudor Codreanu
Chair, Disaster Medicine Special Interest Group

Emergency Ultrasound Special Interest Group

The EUSIG met earlier this year at the ICEM Cape Town meeting. There was significant enthusiasm that the group continues to be extremely productive, albeit with improvements in communications. There was a change of the Chair of the group; Bob Jarman took over from Rip Gangahar. It was agreed to adopt several Vice-Chairs (VC) all linked to particular domains the group want to develop. These domains are:

- Education & Training
- Research & Development
- Communications
- Curriculum & Credentialing
- Outreach & Development in Developing Nations
- Undergraduate Education

The VCs are supported by elected supporting officers. The initial task for each VC is to develop a Domain Development Plan (DDP) to specify a number of initiatives as well as a strategy of how these will be delivered. This planning phase will hopefully be completed by October 2016.

Continued popularity of the Ultrasound Curriculum Guidance Document is evident as are requests for IFEM approval of locally/regionally developed ultrasound curricula. However, the group does not propose offering a full curriculum accreditation process and believe that external auditing of documentation and a letter of support/approval, as per our checklist criteria is a suitable compromise.

There has been continued activity in the area of ultrasound in the shocked patient. Paul Atkinson has led on an IFEM supported consensus document on this topic; this has been submitted to a reputable international journal of emergency medicine for publication and we have recently been advised this has been accepted.
Overall, point-of-care ultrasound is increasing in popularity and accessibility to large parts of the globe. We hope that IFEM will continue to be a significant contributor to its development!

Bob Jarman MBBS MSc(Medical Ultrasound) FRCS(Ed) FRCEM(UK) FRCP(Ed) CFEU
Chair, Emergency UltraSound Special Interest Group

Triage Special Interest Group

As the baton has been passed from past chair, Dr. Bullard to Dr. Myers, we are looking to finalize our recent initiatives, such as the white paper on recommended principles and qualities for ED triage. Included in this document will be survey results of the perception of value of triage, results of which are pending and we hope to have a publishable product by the end of the year.

We look forward to continued engagement with members and establishing priorities for the next two years. A possible avenue of interest involves establishing universal (shared) definitions and measures of success (outcomes/quality) for triage. This could facilitate improved research practices and quality improvement processes among the various systems.

Dr Justin Myers (US)
Chair, Triage Special Interest Group

Geriatric EM Special Interest Group

Since our inaugural meeting in Cape Town in April, the GEM SIG has continued progress on four principal activities:

1. Survey: Developing a survey to go all national organizations with the principal outcome of “determining the scope of the challenge of the aging population, and variations between different countries and Emergency Medicine systems.” A secondary outcome of the survey is to publicize the existence of the SIG and, for that matter, of the field of Geriatric EM and to act as a recruitment tool for greater involvement in the field. Responsible leads: Ian Sammy (UK/Caribbean), Guru Nagaraj (Australia) and Kevin Biese (USA)

2. Standards: Establishing a brief statement about minimum standards of care for older people in EDs around the world. This is not a consensus statement or a clinical guideline or the result of an extensive research initiative — just a first step on which future activities can be built in both high and low resource settings. Responsible: Simon Mooijaart (The Netherlands), Chris Carpenter (USA) and Imron Subhan (India)

3. Toolbox: Developing a repository or toolbox of educational and clinical resources that can be housed on the IFEM website. Responsible: Judy Lowthian (Australia)
4. Education: Planning to have an equally visible presence at ICEM 2018 as in Cape Town. The goal is to have at least four hours of well-attended programming (as in 2016) with the addition of a Geriatric EM Marketplace similar to the very successful PEM model. We are looking forward to a major education/policy event in Melbourne Australia organized principally by Judy Lowthian and Peter Cameron called Integrated Emergency Care of the Older Person, October 25-28, 2016.

We have identified at least 40 interdisciplinary participants from 20 countries with a focus – clinical, research, education, or advocacy – on ED care of older adults. We have had some recent success in expanding in Latin America.

Gender Specific Issues Special Interest Group

There are currently approximately 25 members in the SIG and the terms of reference have been drafted and approved. The meeting held at the ICEM in Cape Town allowed for new members to join from South America and Asia which are two regions that were previously not well represented on the SIG. The survey that had been developed for circulation amongst IFEM member countries at the end of 2015 was found to be useful but it was felt that it should be more widely shared to increase the yield on the information that can be collected. It is envisaged that all the members of the SIG will be encouraged to share the survey as widely as possible within their contact networks for the next 2-3 months. The data will then be collated and it is expected that the SIG will be able to produce a paper for publication from this information.

There was also discussion in Cape Town around the production of a position paper form the SIG. The focus of the paper would be on the encouragement of equal opportunities for all genders in emergency medicine at an individual level, at a facility level and at a national/country level.

Discussions will be held before the IFEM meetings at ACEP 2016 as to whether the mandate of the SIG should be broadened to include LGBT and ethnic minority emergency medicine physicians and to whether the name should be changed to include the word “Diversity” instead of “Gender”. It is expected that feedback on this aspect will be available for presentation at the CPC meeting in Las Vegas. When the SIG was founded at the Hong Kong ICEM in 2014, it was felt that the mandate would eventually need to be expanded and the discussions will focus on whether the time is currently right to do so.

Dr Melanie Stander (AFEM, EMSSA)
Chair, Gender Specific Issues Special Interest Group
Quality and Safety Special Interest Group (QS SIG)

Activities completed in 2016:

1. Founding of the group
2. Face to face meeting held in Cape Town, April 2016
3. Acceptance of Terms of Reference for QS SIG
4. Confirmation of new name for the SIG: Quality and Safety
5. Nomination of Chair, Vice-Chair, Co-ordinating Committee

Proposed activities:

1. Review Quality Framework document
2. Update IFEM website on QS SIG
3. Develop resources for high and low resource settings
4. Develop document on Emergency Care Clinical Indicators
5. Consider activities to promote Quality and Safety at ICEM 2018
6. To identify outstanding issues of concern in regard to patient safety and quality management in the global EM community
7. To foster collaboration between individuals with an interest in Quality and Safety in EM with a view to the identification of tools for improving patient safety in EDs, as well as support for improving education of staff and standards of practice within the ED, for use by IFEM members.

Kim Hansen (Australia)
Chair, Quality and Safety Special Interest Group

Amy Cheng (Canada)
Vice Chair

The SWPEP has continued in the past year to find ways in which to disseminate the strategy paper that it developed for IFEM in 2015.

We had an excellent meeting in Cape Town in 2016 and ran a very popular track on sustainability supported by a number of colleagues from various IFEM nations. These represented both highly developed EM systems as well as those that are in the early stages of their evolution.

The key outcomes of discussions for SWPEP and focus of work going forward are:

- Sustainable working practices for the Emergency Physician (EP) should be a vital strand of work for governments, health commissioners and clinical leaders in any country that aspires to deliver a quality service to its population. If we advise on how best to care for our staff, no system can run a sustainable service.

- It is vital to find ways to better disseminate the IFEM strategy to all relevant stakeholders in these countries.

- Exemplars of good practice from IFEM nations will provide a powerful additional lever to our core strategy.

- The committee will continue to concentrate on finding ways to develop toolkits that member countries can share such good practices.

The Chair is grateful to all those who have kindly contributed with their time and effort for the work of this committee.

Sustainability Taskforce members Cape Town

Dr Taj Hassan
Chair, SWPEP
Access and Availability of Emergency Care Task Force

The Access and Availability of Emergency Care Task Force has had the basic charge of:
- Developing Measures of Access and Availability that can be applied on a national basis.
- Validate them and publish individual country information by way of a monograph or website and track them into the future.
- Expect “Hawthorne Effect” to drive global improvements without explicitly ranking countries.
- Collaborate and include the WHO in this effort to the maximum extent possible.

The initial findings from the Pilot Survey have been presented in detail at a prior ICEM. Moving the project forward will require significant funding and obtaining funding or alternatively transferring the lead on this project to the WHO is considered to be the singularly most important next step.

There have been discussions with other international organizations concerning funding but none is forthcoming at this time. More promising has been the advancement of Terri Reynolds, MD within the WHO leadership and the opportunities that might develop from her office working closely with the IFEM.

Respectfully Submitted,

Robert E. Suter, DO, MHA, FIFEM [USA]
Chair, Access and Availability of Emergency Care Task Force

Global History of Emergency Medicine Task Force

The IFEM Global History of Emergency Medicine Task Force is charged with three basic tasks:

1. Provide a global repository for historical source documents to preserve primary source references for future historians.
2. To provide an on-line emergency medicine history site with secure editing.
3. To publish a printed book that is a condensed version of the above.

Currently the better funded associations have been keeping their own materials, and all societies are encouraged to retain them for future cataloging, but there has not been sufficient funding for the necessary server space to provide a centralized repository. Discussions with major societies and others are ongoing.

The Task Force has recently been given access to Wiki software and authorization to appoint a website editor to create the site for authorized individuals to create appropriate country specific pages and other on-line chapters. A search for a candidate to fill this position is on-going.

The editorial team including Medical History Ph.D Candidate Katherine Schaub have been collecting and editing chapters for the textbook. While less than half of the chapters have been submitted thus far, the rough manuscript is being edited with hopes of submission for publication by Oxford University Press in 2017.

Respectfully Submitted,

Robert E. Suter, DO, MHA, FIFEM [USA]
Chair, Global History of Emergency Care Task Force
Spanish Translation Taskforce

In the last year this taskforce has translated several documents into Spanish. One of the most relevant was *Creating sustainable working conditions for Emergency Physicians*.

Also we have cooperated with the IFEM web site which includes the *IFEM Guidelines for Symposia*.

In addition, we had the pleasure to organize the first Spanish track of the ICEM 2016 in Cape Town, South Africa. In our point of view it was a successful meeting as many Emergency Spanish speaking physicians from all over the world participated enthusiastically.

At present, the group counts on more than 20 members, having frequent meetings. The last one was during the Inter American congress in Mendoza, Argentina.

The Committee aim is to continue cooperating with the translation of documents, policies and guidelines of the IFEM.

Edgardo Menendez, MD, FIFEM
Chair, Spanish Translation Taskforce
Executive Officer’s Report

As IFEM’s membership and activities grow, so too does the administrative workload. ACEP and CAEP continued to provide much needed administrative support and I would like to express my gratitude to the following for their support and expertise in the past year:

Dina Gonzales (ACEP Staff Support, IFEM Core Curriculum and Education Committee)
Mary Ellen Fletcher (ACEP Staff Support, IFEM Governance Committee)
Nissi George (ACEP Staff Support, IFEM Research Committee)
Lee Arbon, and his replacement, Mona Bates (CAEP Staff Support, IFEM Communications Committee)
Gisele Leger (CAEP Staff Support, IFEM Website)

In the last year the Board and Executive held an increased number of meetings to explore IFEM’s vision, mission and strategic plan. This is a natural and timely focus given it is 25 years since the four founding members signed the IFEM Charter. Over 30 meetings were held by the Board and its Committees in the past 12 months, signalling the commitment of IFEM’s volunteer workforce. Given the responsibilities of individuals to their own organizations, hospitals, medical colleges, CPD demands and families, it is remarkable that IFEM has over 100 active members contributing their time and efforts to IFEM initiatives.

A large part of my efforts in the first half of the year were dedicated to development of the new website, launched in Cape Town in April. There have been some teething problems which have now been resolved and feedback on the whole has been positive. Two further areas of work yet to be completed are the Member’s Area, and development of the site in four other main languages. We are always on the lookout for any interested volunteers to help with the Website, so we can ensure it becomes more relevant to our members!

A highlight of the year was the ICEM 2016 in Cape Town and the Silver Jubilee Dinner where members celebrated 25 years of the Federation. It was a chance to meet up with all the friends I have made since commencing in my role over six years ago, and to celebrate the fellowship that makes IFEM what it is – a unique group of individuals that come together to share experiences, and support and develop international emergency medicine.

Enc. List of IFEM Member Organizations
List of IFEM Committee and Special Interest Group members 2016
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<thead>
<tr>
<th>IFEM Member List</th>
<th>As at September 2016</th>
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## Committee Membership as at September 2016

### Clinical Practice Committee

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<tr>
<td>Dr Mohamed Abukalish</td>
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<td>Dr Tudor Codreanu</td>
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<td>Dr Cenker Eken</td>
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<td>Dr Rip Gangahar</td>
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<td>Prof Lee Wallis</td>
<td>Past Chair</td>
<td>African Federation for Emergency Medicine</td>
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### Communications Committee

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<td>Dr Adel Aziz</td>
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<td>Dr Alan Drummond</td>
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<td>Dr Luis Vargas</td>
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<td>African Federation for Emergency Medicine</td>
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Core Curriculum and Education Committee

Prof Venkataraman Anantharaman
Dr Christian Arbalaez
Dr Glen Bandiera
Dr Gautam Bodiwala Past President
Dr Ruth Brown
Prof Peter Cameron Past President
Dr Alper Cevik
Dr Megan Cox
Dr Rita Cydullka
Prof Pinny Halpern
Prof Cherri Hobgood Past Chair
Dr Jim Holliman Immed Past President
Prof Juliusz Jakubaszko
Dr Nick Jouriles Chair
Dr Justin Kaplan
Assoc Prof Valerie Krym
Dr James Kwan
Dr Constance LeBlanc
Dr Janet Lin
Dr Edgardo Menendez
Dr Terry Mulligan
Dr Andrew Singer
Dr Harsh Sule
Dr Janis Tupesis
Dr Abraham Wai

Society for Emergency Medicine in Singapore
Canadian Association of Emergency Physicians
Royal College of Emergency Medicine
Royal College of Emergency Medicine
Australasian College for Emergency Medicine
Emergency Medicine Association of Turkey
Australasian College for Emergency Medicine
American College of Emergency Physicians
Israeli Association for Emergency Medicine
Society for Academic Emergency Medicine
American College of Emergency Physicians
American College of Emergency Physicians
Polish Society for Emergency Medicine
American College of Emergency Physicians
Australasian College for Emergency Medicine
American College of Emergency Physicians
American College of Emergency Physicians
American College of Emergency Physicians
Hong Kong College of Emergency Medicine

Continuing Professional Development Committee

Dr Eliecer Cohen
Prof Haywood Hall
Mr Fergal Hickey Chair
Dr Jim Holliman Immed Past President
Prof Juliusz Jakubaszko
Dr Constance LeBlanc
Dr Kang Hyun Lee
Prof Swee Han Lim Member - Asia
Dr Janet Lin
Dr Edgardo Menendez
Dr Doug Sinclair Past Chair
Dr Robert Suter
Dr Wong Tai Wai
Prof Lee Wallis President
Dr Eddie Yuen

Asociación Colombiana de Especialistas en Medicina de Urgencias y Emergencias
Pan American Collaborative Emergency Medicine Development Program
Irish Association for Emergency Medicine
American College of Emergency Physicians
Polish Society for Emergency Medicine
Canadian Association of Emergency Physicians
Korean Society of Emergency Medicine
Asian Society for Emergency Medicine
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African Federation for Emergency Medicine
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<td>Prof Lee Wallis</td>
<td>President</td>
<td>African Federation for Emergency Medicine</td>
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### Governance Committee

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Dr Gautam Bodiwala</td>
<td>Past President</td>
<td>Royal College of Emergency Medicine</td>
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<tr>
<td>Prof Peter Cameron</td>
<td>Past President</td>
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<tr>
<td>Dr Joseph Chung</td>
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<tr>
<td>Dr James Ducharme</td>
<td>President-elect</td>
<td>Canadian Association of Emergency Physicians</td>
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<tr>
<td>Prof Haywood Hall</td>
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<td>Pan American Collaborative Emergency Medicine Development Program</td>
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<td>Prof Cherri Hobgood</td>
<td>Chair</td>
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<td>Dr Jim Holliman</td>
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<td>Assoc Prof Valerie Krym</td>
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<td>Prof Anthony Lawler</td>
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<td>Ms Carol Reardon</td>
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### Research Committee

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Dr Luis Vargas  
Dr Abraham Wai
### Special Interest Group Members as at September 2016

#### Disaster Medicine SIG

<table>
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<tr>
<th>Name</th>
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<td>Tudor Codreanu</td>
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<td>Elizabeth Davlantes</td>
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#### Emergency Ultrasound SIG

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<tr>
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<td>Rip Gangahar</td>
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<td>Bob Jarman</td>
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<td>Connolly Jim</td>
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<tr>
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<td>Vice-Chair Outreach and Development in Developing Nations</td>
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<td>Michael Lambert</td>
<td>Supporting Officer Curriculum and Credentialing, Supporting Officer Curriculum and Credentialing</td>
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<tr>
<td>Vicki Noble</td>
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<td>Paul Atkinson</td>
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<td>Raoul Breitkreutz</td>
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Arif Cevik  
Toh Hong Chuen  
Ang Shiang Hu  
Larry Melniker  
Ashley Bean  
Bret Nelson  
Srinath Kumar  
Christine Butts  
Joe Osterwalder  
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Cem Oktay  Standards Lead  Turkey
Muge Gunalp  Turkey
Ruth Brown  UK
Ian Sammy  Trinidad and Tobago
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