



AUSTRALASIAN COLLEGE OF  
SPORT AND EXERCISE PHYSICIANS



2024

# ACSEP Annual Report

[WWW.ACSEP.ORG.AU](http://WWW.ACSEP.ORG.AU)

# YEAR IN REVIEW 2024

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# OUR ORGANISATION









## OUR VALUES

**INTEGRITY**

**EXCELLENCE**

**PROFESSIONALISM**

**TEAMWORK**

**LEADERSHIP**

THE ACSEP ACKNOWLEDGES THE WURUNDJERI PEOPLE AS THE TRADITIONAL OWNERS OF THE LAND ON WHICH OUR NATIONAL OFFICE STANDS. WE PAY OUR RESPECT TO ABORIGINAL AND TORRES STRAIT ISLANDER CULTURES; AND TO ELDERS PAST AND PRESENT.





# AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

## To set and maintain a standard of excellence in the practice of sport and exercise medicine

The ACSEP is the pre-eminent professional body representing Sport and Exercise Physicians and Sport and Exercise Medicine in Australasia. The ACSEP is dedicated to providing a robust training experience for its Registrars whilst advancing the skills of its members through evidence based practice.

Sport and Exercise Physicians are committed to excellence in the practice of medicine as it applies to all aspects of physical activity. Safe and effective sporting performance at all levels is a major focus. Alongside this is the increasing recognition of the importance of exercise in the prevention and treatment of common and often serious medical conditions, such as arthritis, heart disease, diabetes and many cancers.

The goal of all Sport and Exercise Physicians should be to facilitate all members of the community to enjoy exercise safely to 100 years and beyond, knowing that physical activity provides them the 'best buy' to prevent chronic disease.

## OUR MISSION

To provide and promote excellence in training and continuing professional development of Sport and Exercise Physicians in Australia and New Zealand.

## OUR VISION

To provide world's best practice with regard to training, standards and research in the specialty of Sport and Exercise Medicine.

# CHAIR

Phil Calvert



The past year has seen the College take significant steps towards achieving outcomes against the pillars of our strategic plan. Critically our current plan will come to its conclusion in 2025, and the Board has commenced planning towards the development of our next strategic

plan. This process will involve considerable internal and external consultation, and the Board looks forward to the active contribution from all College stakeholders. In addition to the work done on preparing for our next strategic planning cycle, the Board has commenced work on a long – term, future-focused advocacy strategy to position Sport and Exercise Physicians in the most influential position to impact government and public decisions. This is exciting – on the background of the recent MRAC success, and with increasing strength in partnerships, the College has much to look forward to in being able to shape health and sporting policy.

Our College is reliant on our Fellows and Registrars actively contributing on College committees and working groups. Our success is absolutely dependent on the ability and willingness of these people to commit their time and expertise to help us achieve our goals. On behalf of the Board, my very sincere thanks to everyone who has served as committee members, committee chairs or in other ways around key issues. I extend this thanks to the conference convenors who oversaw

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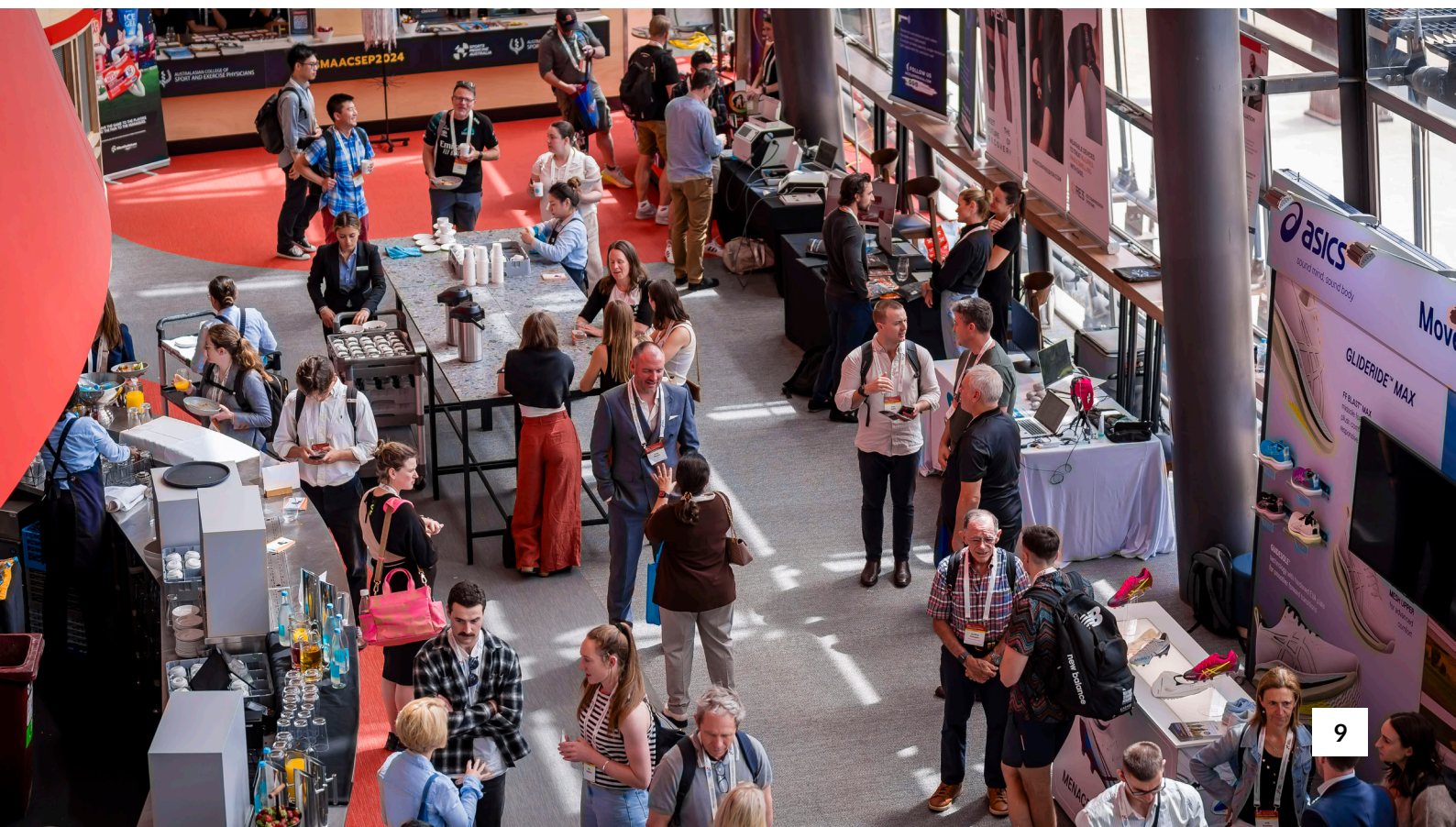
a highly successful first combined conference with SMA in Melbourne in October. Planning for future joint conference opportunities is underway.

The October Board meeting held immediately prior to the conference was the last as Chair for Dr Saranne Cooke. Saranne has concluded her time as Chair, due to an increase in workload having been recently appointed Chair of Racing NSW, which is a highly sought after role. Saranne has led the Board with great skill and brought a strong governance and process lens to the team. Dr Linda Swan also attended her final in-person Board meeting in October. Linda has been a tremendous contributor to the Board and has brought skills in advocacy, governance and finance which have been of great benefit. Dr Ione Patton also completed her term as Registrar Representative on the Board having provided an effective and clear link to our Registrars and training systems. Our sincere thanks to Saranne, Linda and Ione for their service and contribution to the Board and the College. The Board is also extremely grateful for the support and dedication

of Dr Mark Fulcher who finished his term as immediate Past President. We sincerely thank Mark and wish him the very best going forwards.

In acknowledging the people above, we also welcome Cristina Wolters and John Biviano as incoming Independent (non-member) directors of the Board and to Dr Danielle Jolley as Registrar Representative. Cristina has been the Chair of the FARM Committee and continues in that capacity whilst also serving as a Board member. John comes to the Board having had significant experience in the medical college system having served in senior executive roles with RACS and ANZCA. We warmly welcome Danielle, Cristina and John to the ACSEP Board of Directors.

And finally, a sincere thank you to CEO Kate Simkovic and her team for their leadership of the College. Our staff group are small in number, but highly efficient and committed to driving our future success. The team worked extremely hard in 2024, and we genuinely appreciate their efforts.





# PRESIDENT

Dr Corey Cunningham



2024 has certainly been a successful year for ACSEP, highlighted by a gala celebration of the achievements of 15 new Fellows at the Conference Dinner in Melbourne. The MCG was the site for our most successful scientific conference to date, featuring record delegate attendance and sponsor engagement. The event showcased original research papers appealing to a multidisciplinary audience and panel discussions highlighting the professional challenges faced in sports medicine and the absolute need for cultural safety considerations in our consultations and work with athletes and patients from Indigenous and multicultural backgrounds.

Ultrasound and MOST workshops are now established as comprehensive practical training workshops, specific to our work in sport and exercise medicine. Award-winning SEM Academy modules continue to be produced thanks to the contribution and expertise of our Fellows and the Academy is now a resource extending to sports physicians throughout the UK, Europe, South Africa and Canada. Our Fellows continue to excel in professional and elite sport, including The Paris Olympic and Paralympic Games which provided a showcase on the global stage.

It is very pleasing to see an increasing number of colleagues engaging in College life by serving on committees and working groups, as well as involvement in exams, Registrar selection and high quality Registrar training, which is perhaps the most important function of the College.

Having overcome the challenges of COVID and resumed a largely normal work, travel and sporting life, 2024 was a great year to reintroduce the Fellows dinners. Kate and I were able to connect with small and large groups for local dinners in Perth, Adelaide, Brisbane, Canberra, Sydney, Melbourne, Christchurch and Auckland. Outside of the conference, it is a unique opportunity to connect and support each other in our work and also to provide direct feedback to the President and CEO - which you definitely did! All feedback was greatly welcomed and subsequently incorporated into Board and committee discussions.

A significant achievement for the College is the confirmation from MRAC for the use of MBS Consultant Physician item numbers by Australian Fellows, more appropriately recognising the type and scope of our workload in sport and exercise medicine. This positive outcome is the result of tireless work and representation by a number of Presidents and College Fellows over the last 10 years and of course immense support by our CEO Kate and the National Office staff. We have appealed to government that as a group of specialists working mainly in the community, an improvement in rebates will allow the expertise of Sport and Exercise Physicians to be more readily available to all members of the community and hope to see this realised in 2025 and beyond.

The ACSEP Board has changed and evolved throughout 2024. Mark Fulcher has completed his term as Immediate Past President, marking six years of valuable contribution to and leadership on the Board, including 3 years as president. Dan Exeter has been voted into the role of President Elect, facilitating a smooth transition into the President role from



November 2025. Sharon Stay has been elected as a Fellow member and joins Rachel Harris and Pip Inge who continue to make a significant contribution to the governance and function of the Board. Danielle Jolly has taken over from Lone Patten, continuing the long tradition of outstanding Registrar representatives who ensure that the Registrar voice is heard and considered in all Board decisions. Saranne Cooke completed her time as Chair and Phil Calvert is now leading the Board with a strong sense of governance, efficiency and promoting advocacy for the profession. Linda Swan, one of the first external directors on our Board and a tremendous asset for the college over the last six years, has completed her term and two experienced non executive directors Cristina Wolters and John Biviano have been appointed to complement the skillset of the current directors.

ACSEP is represented by me on the Council of Presidents of Medical Colleges in Australia and by our NZ representative Dan Exeter on the Council of Medical Colleges. As a specialist college we have a Board position and a voice on these Councils, who are an important link with government in the medical landscape. GP and surgeon and physician colleges have a loud voice, but we have had opportunities to highlight the issues facing ACSEP, including access to appropriate item numbers and the lack of adequate funding for Registrar training.

As at the end of 2024, we now have 220 Fellows and 70 Registrars in training across Australia and New Zealand. It is very pleasing to see new clinics emerging in regional centres and there is certainly scope to expand our footprint out of large city clinics and into new clinics in both cities and regional areas. It is well known that doctors who train in regional and rural centres are more likely to live and work in those centres. One of the focus areas for our College is to promote opportunities for Fellows to set up new

clinics out of the main cities and at present the limited government funding we do receive for training, via the STP program, is specifically allocated to regional centres such as Orange, Cairns and Broome.

My first year in the President role has provided insight into the wide scope of planning, advocacy, compliance, governance, logistics and member support work that goes into running the College. For this I thank Phil and all the members of the Board, the many committee members who contribute to our governance structure, those who train and support our Registrars and especially Kate, Luke, Diana, Issy and all staff in the National Office.

In 2025, I look forward to implementation of the new item numbers and then we can take up the challenge of securing improved funding for Registrars in training. Fellows dinners will be on again during the first half of the year and I will be representing the College at AMSSM in Kansas, promoting the SEM Academy to sports physicians in the US. During the upcoming year I plan to continue to build a sense of legacy, so that by the 2025 Gold Coast conference everyone will have a unique Fellow number, marking their place in the history of the College. It is important to remember and understand where we have come from, to celebrate the work done which has facilitated our opportunities and successes along the way. We must celebrate the work of our colleagues as the original group of sports physicians are retiring and to look forward as the current and next generation of Fellows allow the College to grow and diversify and promote the value and benefit of sport and exercise medicine in Australia, New Zealand and around the world.

# CEO

Kate Simkovic



As we reflect on the achievements and milestones of 2024, the Australasian College of Sport and Exercise Physicians (ACSEP) stands proud of our continued commitment to excellence, equity, and growth. This year brought significant advancements in advocacy, collaboration, compliance, and community engagement. Despite challenges, the dedication of our Fellows, Registrars, staff and partners has propelled ACSEP forward, ensuring we remain a leading voice in Sport and Exercise Medicine (SEM). Here's a comprehensive review of our accomplishments in 2024 and a look at the path ahead.

## 1. MRAC Endorsement of A4 MBS Item Numbers

In a landmark achievement, the Medical Review Advisory Committee (MRAC) endorsed access for Sport and Exercise Physicians to A4 Medicare Benefits Schedule (MBS) item numbers. This endorsement was considered by the Federal Minister for Health and in December 2025 \$18.4 million over three

years was approved from 2025–26 to provide Sport and Exercise Medicine Physicians with access to consultant face-to-face MBS items. This landmark change will ensure more equitable access to essential healthcare services for patients and open up unprecedented opportunities for ACSEP members to deliver high-quality care.

## 2. Strengthening Collaborations

ACSEP actively participated in multiple Council of Presidents of Medical Colleges (CPMC) meetings throughout 2024, offering valuable insights and expertise on key issues affecting the medical community. Additionally, our collaboration with the Council of Medical Colleges (CMC) in New Zealand has deepened regional ties and facilitated knowledge sharing. This aligns with regulatory recommendations and advances cultural safety initiatives in both countries. The ACSEP also focused on developing strong relationships with numerous stakeholders, including the Australian Medical Association (AMA), Te Whatu Ora, the Accident Compensation Corporation (ACC), and various medical colleges and SEM industry groups. The strengthening of all these relationships has actively impacted the progress of jurisdictional advocacy initiatives and outcomes.

## 3. Advocacy for Registrar Funding

Supporting our Registrars remains a core priority. In 2024, ACSEP engaged with various bodies to advocate for increased funding and resources. We submitted an Australian government Pre-Budget proposal to treasury requesting appropriate Registrar and Supervisor funding and collaborated with Te Whatu Ora to reinstate the successful 2019 pilot program with the ACC. These efforts aim to ensure sustainable and equitable training opportunities for Registrars in both Australia and New Zealand and we will keep the membership abreast of any progress in early 2025.



#### 4. Successful Collaborative Conference with SMA

One of the highlights of 2024 was our highly successful collaborative conference with Sports Medicine Australia (SMA), held at the iconic Melbourne Cricket Ground (MCG). The conference saw record delegate numbers, increased sponsorship opportunities, and a comprehensive program that catered to diverse interests within the SEM community. Given its success, we plan to hold similar collaborative conferences semi-regularly in the future.

#### 5. Fellowship Engagement Events

In 2024, we held Fellows' dinners in Perth, Adelaide, Sydney, Brisbane, Canberra, Melbourne, Auckland, and Christchurch. These events, supported by our valued partners at Life Healthcare, offered opportunities for Fellows to connect, network, and share insights. The Auckland and Christchurch dinners received additional support from our partners from RHCNZ. These gatherings welcomed new and retired Fellows, while Corey and I provided strategic and advocacy updates and addressed member questions during the evening.

#### 6. AMC Accreditation Success

The Australian Medical Council (AMC) accreditation process is crucial for ACSEP's ongoing function as a specialist medical college. This year we reported on major developments since our last AMC accreditation in 2018, which granted us six years of accreditation. The AMC reviewed

our progress and development plans and extended our accreditation for four years until 31 March 2029. This extension reflects the strength of our programs and our commitment to maintaining high standards.

#### 7. Evolving Compliance Requirements

Compliance requirements evolved significantly in 2024, influenced by recommendations from the Kruk Report, the National Health Practitioner Ombudsman, and directives from the AMC. Key areas included expedited pathways for Specialist International Medical Graduates (SIMGs) and embedding Continuing Professional Development (CPD) Home requirements. Meeting these organisational milestones has been essential, and ACSEP has actively supported members in navigating these changes to ensure compliance with individual requirements.

2024 has been a year of growth, collaboration, and resilience for ACSEP. From securing appropriate MBS item numbers to strengthening international ties, advocating for Registrars, and navigating evolving compliance landscapes, we have continued to advance Sport and Exercise Medicine with purpose and determination. As we look to 2025, we remain committed to fostering a culture of excellence, inclusivity, and innovation. Thank you to our members, partners, and staff for your unwavering support and dedication.

Together, we are advancing SEM and making a meaningful difference in the lives of patients and communities.



**2024 has been a year of growth, collaboration, and resilience for ACSEP.**



# NZ BOARD REPRESENTATIVE

Dr Dan Exeter



It was a privilege to represent New Zealand Fellows in 2024, taking over from Dr Nat Anglem who had so capably advocated for us, and the college as a whole, prior to my appointment. The year was a challenging year for health in New Zealand with the realisation that our nation's finances are not in a great state and may not improve for some years to come.

This year, ACC, our major funding stream, continued its progression into value-based commissioning. It is an approach which certainly shows some promise, but presents as many challenges as it does opportunities when it comes to implementation. Our attempts to secure better funding for our Registrars may have found a champion in Health NZ, who appreciated the solution-focused proposal we brought to them toward the end of this year and we hope to see

further traction on this issue in 2025. Our Registrars (and indeed our Fellows) remain an untapped workforce with plenty to offer Kiwis trying to remain, or become, active.

The collaborative nature of the Council of Medical Colleges (CMC) continues to be a highlight. In this forum, our comparatively small college is seen as very much an equal to those with much larger memberships and our voice is well respected. The ongoing support of Kate as CEO, in attending these meetings, has been invaluable in helping to build relationships with other colleges and look for solutions in areas of shared interest. The CMC is also a fantastic resource regarding cultural safety and implementation of NZ-specific initiatives continues to progress.

2024 also saw us welcome three new NZ Fellows, Drs Anika Tiplady, Samantha Wong and Amitesh Kumar. It was also wonderful to see so many of our members involved in a highly successful Olympic campaign. The work required to help prepare athletes and the village, in order to create a foundation for success, is enormous. Special mention should be made of Dr Bruce Hamilton who, late in 2024, stepped down from his role leading the HPSNZ and the NZOC medical teams after a long tenure at the helm. Bruce has helped guide those organisations through very challenging times and has implemented changes that have significantly improved the provision of care for our elite athletes.

Finally, thank you to all at National Office and those New Zealand Fellows and members who contribute to help further advance the causes of the ACSEP and sport and exercise medicine in general.



It was a privilege to represent New Zealand Fellows in 2024.”



# ACSEP BOARD

The Board are responsible for the organisation's operations and strategy. They ensure that the various functions of the College have what they need to perform by upholding best-practice governance. Providing direction that enables the delivery of quality training and best care for members and their patients is core to the Board remit.



**Phil Calvert**  
Chair



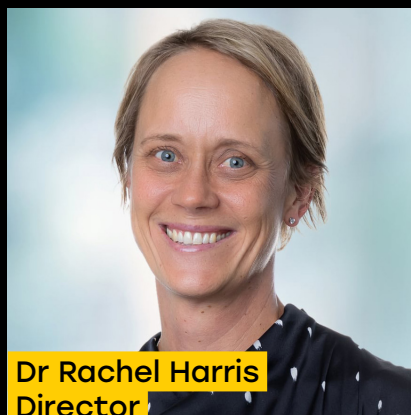
**Dr Corey Cunningham**  
President



**Dr Dan Exeter**  
NZ Board Representative



**Dr Pip Inge**  
Director



**Dr Rachel Harris**  
Director



**Dr Sharon Stay**  
Director



**Cristina Wolters**  
Director



**John Biviano**  
Director



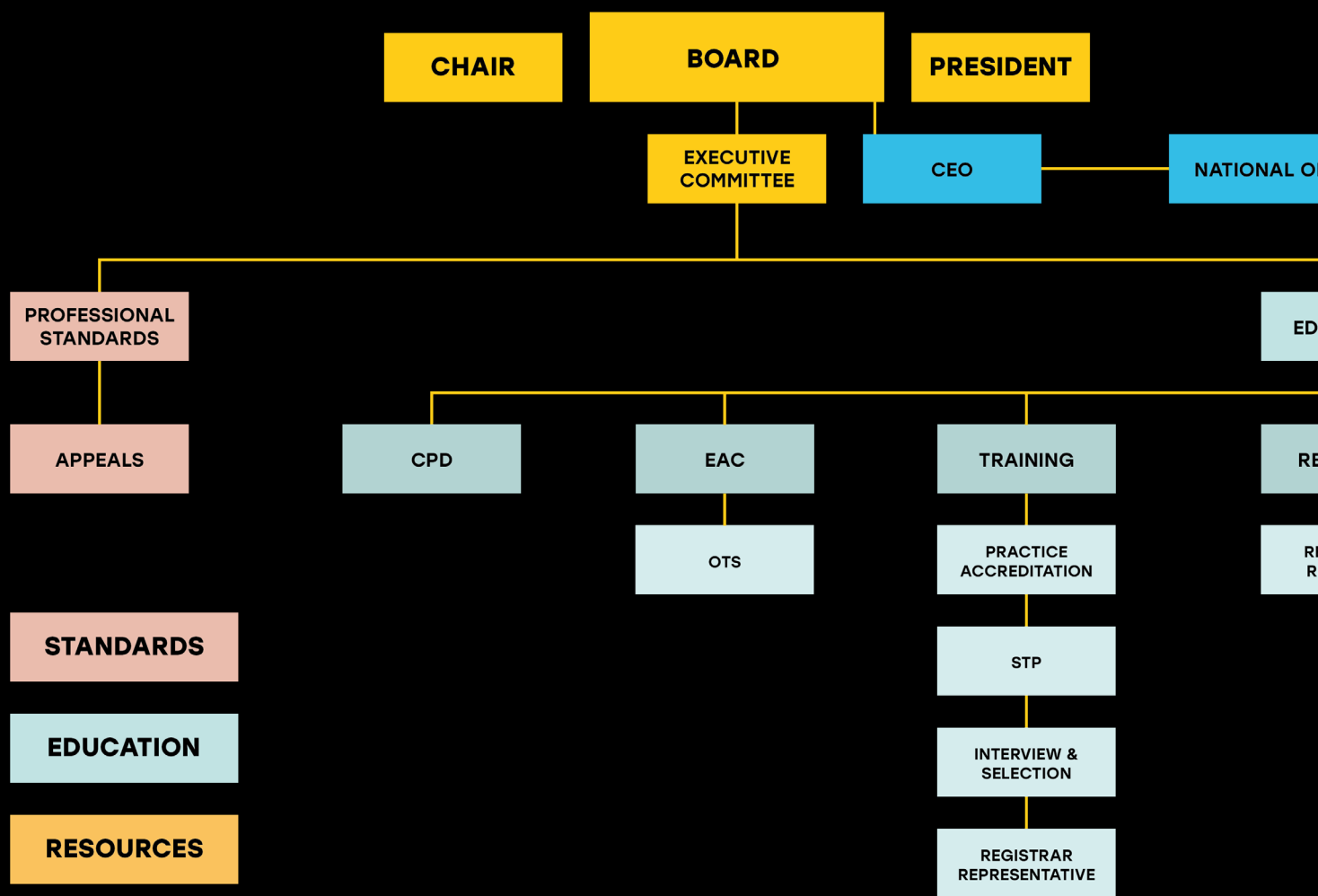
**Dr Danielle Jolly**  
Registrar Representative



# GOVERNANCE STRUCTURE

The College is governed by the ACSEP Board of Directors, led by the Chair and President. As a small and growing College, the ACSEP membership provide invaluable and continued support to the growth and maturation of the College. Under the Board, key committees are chaired by

ACSEP Fellows, providing the framework for continued excellence for ACSEP as the leading Australasian authority in Sport and Exercise Medicine. Alongside the ACSEP committees many working groups provide further support within several key areas:

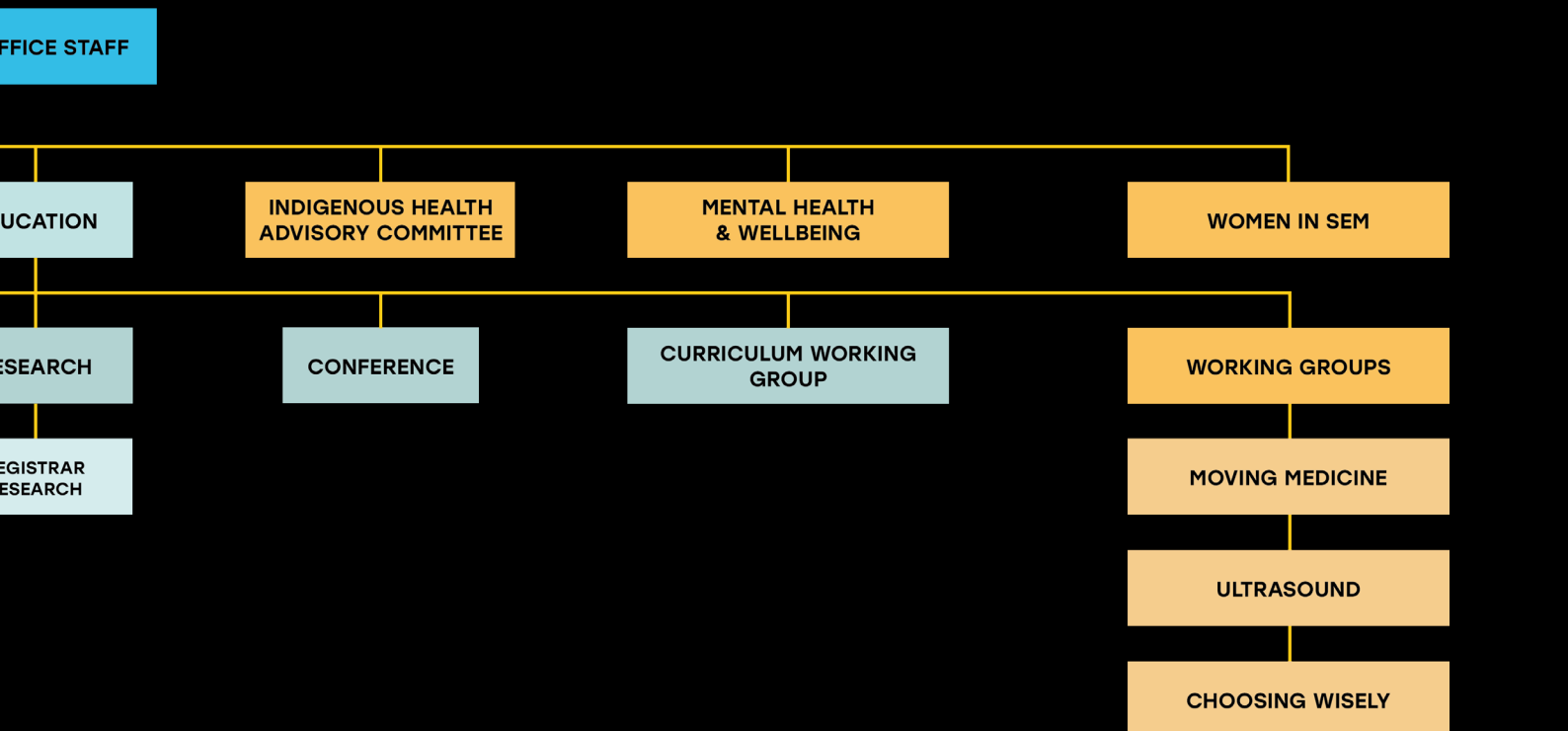


## COLLEGE COMMITTEES

College Committees support the Board and are composed of members and chaired by Fellows. Committees connect the College to on-the-ground experts that offer knowledge and experience in reviewing and making recommendations on key functions of the College and topical issues in sport and health.

## NATIONAL OFFICE

The National Office staff ensure that the operational needs of the College are met. Staff work together with members to provide specific business expertise such as finance, administration, project management, training and accreditation, research and marketing.





# STRATEGIC PRIORITIES

Our mission is to identify, set and maintain a standard of excellence in the practice of sport and exercise medicine which will drive best practise with regard to training, standards and research in the speciality.

The five strategic priorities are:

# 1

## Member Experience and Engagement

Deliver highly valued services to our Fellows and Trainees that further encourages their active involvement in College initiatives and activities.

# 2

## Education and Training Excellence

Advance the quality practice of Sport and Exercise Medicine through innovation, evidence-based education, training and accreditation.

# 3

## Advocacy and Awareness

Promote Sport and Exercise Medicine as a specialist practice, body of knowledge and career.

# 4

## Stakeholders, Partnerships and Alliances

Develop, sustain and enhance our stakeholder, partnership and alliance relationships.

# 5

## Organisational Resilience

Ensure effective governance, resourcing and investment in our people and processes.



# ACSEP MEMBERSHIP

Australia

**177** Fellows

**58** Registrars

New Zealand

**43** Fellows

**13** Registrars

**3** Overseas Fellows

**64** Associate Members

**27** Student Members

**24** Retired Fellows



# NEW FELLOWS



Alice McNamara



Amitesh Kumar



Anika Tiplady



Christopher Lim



James Brennan



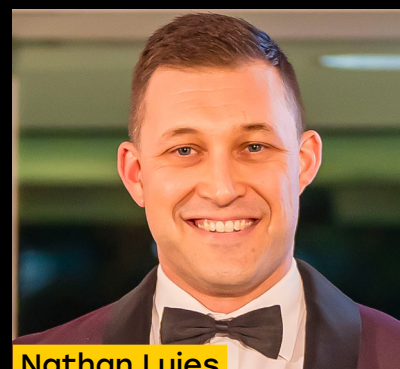
James McLaren



Janaka Gamage



Mark Wilson



Nathan Luies



Samantha May



Samantha Wong



Samuel Harkin





**Brendon Aubrey**



**James Ooi**



**Patrick Sunderland**



**Tobias Bruksch-Domanski**





# OUR WORK









# COMMITTEE REPORTS

## Accreditation Sub-Committee

**Chair:** Pip Inge

**Members:** Matt Chamberlain, Paul Bloomfield, James Lawrence, Leigh Golding

## Examination & Assessment Committee

**Chair:** Simon Kim

**Members:** Paul Blackman, Matt Hislop, Leesa Huguenin, Tracy Peters, Stuart Armstrong, Larissa Trease

## Education Committee

**Chair:** Sharron Flahive

**Members:** Viran De Silva, Corey Cunningham, Mark Fulcher, Sharon Stay, Bruce Hamilton, Craig Panther, Simon Kim, Emma Buckthorpe (Registrar Representative)

## Training Committee

**Chair:** Viran De Silva

**Members:** Rachel Taylor, Tracy Peters, Paul Annett, Simon Jenkin, Chris Hanna, John Molloy, Jonathon Charlesworth, Andrew McDonald, Samantha Pomroy, Kevyn Hernandez, Chris Hasenkam, Martin Schutte (Registrar Representative)

## CPD Committee

**Chair:** Craig Panther

**Members:** Krishant Naidu, Nat Anglem, Yaso Kathiravel, Katherine Rae, Ian Murphy, Tanusha Cardoso

## Interview and Selection Committee

**Chair:** Eloise Matthews

**Members:** Kevin Boundy, Krishant Naidu, Rachel Harris, Melinda Parnell, Greg Harris, Yaso Kathiravel, Jonathan King, Donald Kuah, Richard Saw, Scott Janes (Registrar Representative)

## Research Committee

**Chair:** Bruce Hamilton

**Members:** Mark Fulcher, John Orchard, Justin Paoloni, Jeni Saunders, Kieran Fallon, Brandi Cole, Ian Murphy, Bikram Karmakar

## Indigenous Health Advisory Committee

**Co-Chairs:** Nat Anglem, Donna Burns (AIDA)

**Members:** Viran De Silva, Sharron Flahive, Leigh Golding, Anika Tiplady



# ACCREDITATION SUB-COMMITTEE

**ACSEP is committed to ensuring that our Registrars train in safe, supportive, and high-quality environments. To uphold these standards, training practices must undertake an accreditation process to ensure that they meet the ACSEP Accreditation Standards.**

As part of this process, an ACSEP Fellow and staff member meet with key individuals at the practice—such as the Clinical Training Supervisor (CTS), Registrar, and Practice Manager—to conduct interviews and gather insights. Practices also provide supporting evidence, including policies, procedures, and photos or videos of their facilities.

ACSEP currently has 56 accredited practices. These practices undergo reaccreditation every five years to ensure they continue to meet our standards. Midway through the accreditation cycle, Registrars are asked to share feedback on their training experience as an additional quality check.

In 2024, we completed 10 accreditations, including three practices which were accredited for the first time. The committee is grateful to everyone who contributed their time and effort to this important process.

Over the past year, we've also seen a rise in regulatory expectations relating to practice accreditation across all medical colleges. The National Health Practitioner Ombudsman's report, A Roadmap for Greater Transparency and Accountability in Specialist Medical Training Site Accreditation, outlined several recommendations to improve accreditation processes. Additionally, Health Ministers issued a Ministerial Policy Direction requiring greater consistency across colleges in accreditation processes, policies, procedures and decisions.

In response, ACSEP has been working closely with the Australian Medical Council

and other colleges to develop unified standards, best-practice procedures, and robust processes for addressing concerns at training sites. We'll continue to keep you updated on what these changes mean for our accreditation processes over the next 12 months.

After 2 years in the role, I will be stepping down as chair of the committee to focus more time on family commitments. I wish to thank all the committee members, accredited practices and the ongoing support of the national office staff during this time. I look forward to seeing the ongoing development of practice accreditation as it integrates into the new "Workforce and Accreditation" committee.

**Dr Pip Inge**

**Accreditation Committee Chair**





# EXAMINATION AND ASSESSMENT COMMITTEE

The Examination and Assessment Committee (EAC) oversees the preparation, conduct, marking and determination of competence standards for both the ACSEP Entrance Exam and the Fellowship Exams.

## ENTRANCE EXAM

The Entrance exam, held twice a year, assesses knowledge in Anatomy, Physiology, Exercise Physiology and Pathology, delivered online which allows candidates to sit the exam in their home location. Candidates are allowed to sit the exam multiple times and retain credit for components they have previously passed.

Forty-nine candidates sat the exam in 2024, with 30 passing all sections of the exam and eligible to apply for entry into the Training Program.

## ENTRANCE EXAM RESULTS

# 49

Candidates sat the Entrance Exam in 2024

# 61%

Pass rate





## FELLOWSHIP EXAM

The Fellowship Exams include a written component (MCQ and SAQ papers) and a clinical exam comprising of a long case presentation, viva and series of short case examinations with patients. In 2024, 17 candidates sat the written exam online in June with 76% passing the MCQ and SAQ papers. The clinical exam occurred in Sydney in September and saw 18 examiners, 13 candidates, 9 patients and a team of support staff from the EAC and ACSEP National Office to deliver the exam. All candidates passed the viva, 92% passed the long case and 69% passed the short cases.

There were strong performances from several Registrars in the Fellowship Exams. The EAC were unable to split a winner for the College Medal and awarded the Medal to two candidates – Dr Nathan Luies and Dr John Ward.

In my first year as Chair of the EAC, I would like to say thank you to my Fellow EAC members, and all those who have assisted in writing, examining and marking of the Entrance Exam and Fellowship Exam this year. I would like to make special thanks to Dr Judith May who this year stepped down from the EAC after many years of service, and welcome Dr Stuart Armstrong to the EAC.

SIMON KIM

Examination and Assessment  
Committee Chair

## FELLOWSHIP EXAM RESULTS

92%

Passed Long Case

100%

Passed Viva

69%

Passed Short Course

75%

Passed MCQ

75%

Passed SAQ



# EDUCATION COMMITTEE

**The Education Committee is responsible for developing the education strategy and regulates and approves all education activities delegated by the Board.**

2024 was a second busy year as Chair, working with the Committee to oversee the education requirements and work being undertaken at the College. In particular, the Committee reviewed the work being completed for the ACSEP curriculum review, the CPD homes approach, education policies, clinic accreditations and the re-accreditation of the College with the Australian Medical Council.

In addition, we will be active in reviewing the Committee structure and terms of reference in early 2025 to ensure that the work of the Education Committee continues to enhance the directions of the College.

A few key areas of particular note:

Ongoing review and assessment of the large volume of work that was undertaken by the training Committee to prepare and implement the updated approaches to Registrar education. The updated approach is now fully implemented, and all Registrars are on the same training pathway in 2025. It has been a huge effort of the curriculum working group and the training Committee and I'd like to extend my congratulations and thanks to all involved with this task. The Education Committee will continue to be involved, providing advice on implementation and evaluation to the training Committee.

The Committee oversaw the work done to fulfill key requirements of the Australian Medical Council to ensure we extended our College accreditation for another four years. A large part of this requirement was to ensure the evidence provided was appropriate and up to date and to highlight the successful initiatives that ensures ACSEP remains a world class provider of SEM, both for our trainees

and through ongoing education for our Fellows. The College was informed of the successful extension of accreditation for a period of four years, until 31 March 2029, in November 2024.

The Committee oversaw the AMC requirements for CPD homes and the first successful year of the new CPD homes approach. We have been advised of a few further conditions to work on in 2025 and will continue to develop the approach to CPD in line with regulatory requirements and the needs of our Fellows.

Once again, I thank all the Fellows and Registrar representatives who have taken the time to provide input into the work of the Education Committee. I'm looking forward to 2025 and the next period of Education development for ACSEP.

**Dr Sharron Flahive**

**Education Committee Chair**





# TRAINING COMMITTEE

This year has been a particularly busy year for the Training Committee. With the implementation of the revised Curriculum and resulting changes in the Training Program for 2025, considerable work has been done fine tuning the stages of training, workplace-based assessments, administrative paperwork and importantly the transition of our existing Registrars to the new competency-based Training Program. I would like to sincerely thank the Committee, Curriculum Working Group and National Office for their time and contribution toward key decisions affecting the Training Program and helping prepare for this transition. This has been many years in the making and has required a significant amount of work. The revised, competency-based program provides a clearer pathway to Registrars and all stakeholders on what is required to demonstrate competency and how to complete the Training Program.

In 2024, the Training Committee also welcomed three new Committee members – Dr Samantha Pomroy (NSW), Dr Kevyn Hernandez (SA) and Dr Chris Hasenkam (VIC). After many years of service to the Training Committee, including as Chair of Training between 2016 and , Dr David Bolzonello will step down at the end of 2024. I cannot thank Dr Bolzonello enough not only for his work on the

Training Committee but his advice and guidance these last few years. I am sure many Registrars and now Fellows also appreciate the impact he has had on their journey as Registrars.

Finally, on behalf of the Training Committee, I would like to congratulate all who attained their Fellowship in 2024 and wish them luck in their next journey as Fellows of the ACSEP. Looking ahead to 2025, the College welcomes 18 new Registrars to the Training Program, 7 of whom will be based in New Zealand.

**Dr Viran de Silva**

**Training Committee Chair**



“

**I cannot thank Dr Bolzonello enough not only for his work on the Training Committee...”**



# CPD COMMITTEE

2024 was another significant year for the ASCEP CPD programme. It was the second year of the CPD Homes framework that had been introduced by the MBA/MCNZ in 2023. Pleasingly, all Fellows were compliant with the requirements during year 1, which represented a fantastic collective effort from the Fellowship and the team at National Office.

In February the College's CPD program was audited and was found to compare favourably with other Colleges. The program is always a work in progress and continues to evolve, subject to regulatory requirements.

We welcomed two new members onto the Committee: Dr Ian Murphy and Dr Tanusha Cardoso. We are always keen to hear from Fellows who may be interested in joining the Committee. It's a great way to be involved in the inner workings of the College. No prior experience is needed, just a willingness to participate.

A reminder of the key changes for 2025:

- Reporting non-compliance to the MBA/MCNZ becomes mandatory
- Health inequities, professionalism and ethical practice activities also become mandatory (though only one of the three needs to be done in 2025, as it is the final year of the triennium)

If there are any questions regarding any aspect of the CPD program, consult the manual in the first instance.

Finally, I'd like to thank the amazing staff at National Office (Fernanda Karama, Isabelle Schroeder and Ben Johnstone) for the work they do and for their unwavering support of the Committee and the Fellowship in general.

**Dr Craig Panther**

**Continuing Professional Development  
Committee Chair**



“

**The program is always a work in progress and continues to evolve...”**



# INTERVIEW & SELECTION COMMITTEE

The Interview and Selection Committee members are proud to be involved in the growth of the Sport and Exercise Medicine Fellowship and to run a robust and fair selection process. This year, the College received an astounding 43 applications for the Training Program – an increase of approximately 65% on last year’s application numbers. The standard of applicants was incredibly high, which made for a competitive selection process that will see 18 new starters in accredited first year Training Positions for 2025. We recognise those who narrowly missed out on selection for 2025 and hope they benefit from the feedback received and see stronger applications from them next year. I am also proud of the Committee’s efforts to run a selection process with high integrity that supports selection of women, indigenous and rural applicants. Of the 18 new starters, 33% are women, 11% are indigenous and 55% have a rural background.

I am grateful for the work put in by committee members and our College National Office staff in 2024, especially for the long day of online interviews, and am grateful to the Registrars who volunteered their time to participate in an interviewer training session prior to these.

I would like to thank Dr Melinda Parnell and Bianca Field (representative from AIDA) who will be stepping down from the Committee in 2024, and welcome Dr Donald Kuah to the Committee this year.

As my last year holding the three-year tenure as Chair of Interview and Selection Committee, I am pleased to hand over the role to Dr Eloise Matthews who will undoubtedly lead an active and engaged Committee in the years to come, and allow the dynamic Interview and Selection Process to continue to evolve to meet the Sport and Exercise Medicine needs of the communities we serve.

**ADAM CASTRICUM**

**Interview & Selection Committee Chair**



“

The standard of applicants was incredibly high...”



# RESEARCH COMMITTEE

Quality healthcare research is the backbone of a strong profession and in 2024 the Research Committee was focused on ensuring that the College contributes effectively to the growing field of Sport and Exercise Medicine.

One of the key goals for the Research Committee in 2024 was the promotion and encouragement of ongoing research in the College community. In support of this, the Committee has been reporting research by Fellows and Registrars in the fortnightly ACSEP 'Rundown' newsletter. In addition, the Research Committee contributed to the ACSEP British Journal of Sports Medicine edition (June 2024, 58(11)) with both a 'warm-up' and an editorial promoting the ACSEP approach to Registrar research.

A second goal for 2024 was to build a strong relationship between the College Registrars and the Research Committee through positive, empathetic and supportive communication. The Committee recognises that for a variety of reasons, research is a component of the training program for many Registrars and with this in mind, our goal has been to proactively support and encourage Registrars wherever possible. This has been enhanced by the addition in 2024 of Mick Girdwood as a technical research support officer available to the ACSEP Research team. Mick has been at hand to support Registrars in the development and completion of their research activities. Mick has provided educational seminars to the Registrar group and is looking to develop further specific educational

“

...in 2024 the Research Committee was focused on ensuring that the College contributes effectively to the growing field of Sport and Exercise Medicine.”



initiatives in 2025 to be known as Soundbites.

Furthermore, Tracy Firth Research Project Officer has contributed significantly to the positive Registrar communication and the continuing development of a Registrar research monitoring approach.

2024 saw the consolidation of the competency-based approach to Registrar research requirements, with Registrars actively working through this new approach. While the Committee has on occasion been challenged with unforeseen nuances of the new approach, over all this has been adopted smoothly.

Additional tasks in 2024 have been the revision and updating of the Terms of Reference for the Research Subcommittee and the refinement for the Chair documentation. The revision and updating of the Research Based Activity (RBA) requirements for the Registrar Training Manual was also refined to streamline RBA activities ensuring alignment and definitions are consistent across the Program. This included the ongoing refinement of decision-making processes for the Research Committee to facilitate quality and consistent decisions in relation to Registrar research, and to enable transparency for our Registrars.

Over the last 12 months we welcomed two additional Fellows to the Research Committee, Dr Ian Murphy and Dr Bikram Karmakar and we welcome interest from others who may be interested in contributing to this engaging interesting Group.

As we look ahead to 2025, we will continue to actively engage with Registrars to ensure that they are progressing through the RBA requirements steadily. Initiating and completing research within the duration of the training program requires significant commitment, and the Research Committee is motivated to support Registrars successfully to achieve this requirement.

From November 2024 through to March 2025 Dr Bruce Hamilton will temporarily step down as Research Committee Chair, with Dr Mark Fulcher stepping in to assist in an interim capacity during this time.

I would like to take the opportunity to thank all the members of the Research Committee for their hard work throughout 2024. I would also like to recognise the work of Tracy Firth in coordinating and supporting the activities of the Research Committee always with a smile and diligence. Similarly, I would like to acknowledge the expertise and value that Mick Girdwood has brought to the group over the last 12 months and thank him for his support. Finally, I would like to thank the ACSEP leadership for their support of research initiatives over the last year.

**Dr Bruce Hamilton**

**Research Committee Chair**





# WOMEN IN SEM

I enjoyed another year with the Women in SEM group as we continue to work towards our goal to increase female participation in key leadership roles in the College and in their working environments.

## Gender Dashboard:

The number of applications for ACSEP's specialty training positions for 2024-25 increased for all genders; however, the proportion of female applicants has fallen to 32% from a peak of 38% in 2023. This was reflected in Registrar numbers, with female Fellows remaining stable at 27%.

At the Board level, 5 of the 9 members are female, and representation at the committee level remains strong.

Strengthening the pipeline of potential female leaders is a key aim of the Advisory Group. We continue to review the gender dashboard each year and work in an advisory capacity to various committees to support equitable policy-making.

## Annual Conference Event:

At our conference event, all members were welcome to attend, having previously been a networking event for our female membership. We celebrated this evolution with over 100 attendees and awarded Dr Lone Patten the biannual Women in SEM Leadership Scholarship. Dr Eloise Matthews, the past recipient, shared how she used the award to attend an intensive course that explored and strengthened her leadership style and reflected on leading with integrity.

We also thank Dr Adam Castricum for his inspiring words on allyship and action. Life Healthcare announced their ongoing support in sponsoring the Scholarship and we thank them for their continuing support of this and our annual event. We look forward to next year's event, bringing a group of like-minded individuals together in support of progressing towards gender equity in Sport and Exercise Medicine.

## Website upgrade:

After surveying membership, one of the goals of the Advisory Group was to increase the visibility and awareness of the current members of the group and its role within the college.

This year, we have developed a page on the ACSEP website that showcases the achievements in leadership, clinical and non-clinical roles of the members. These women are located across Australia and New Zealand at various stages of their training and careers. We hope this will improve communication with the group and encourage interest in the program from prospective female Registrars, in keeping with the adage, "if you can see it, you can be it."

## Member news:

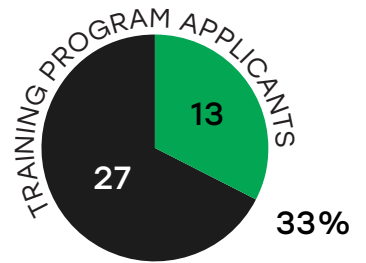
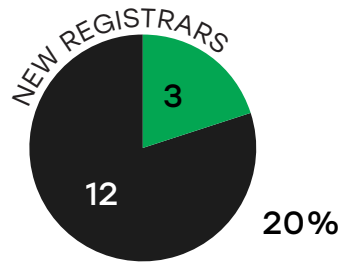
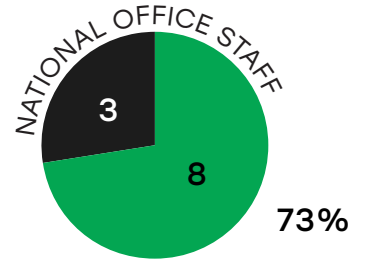
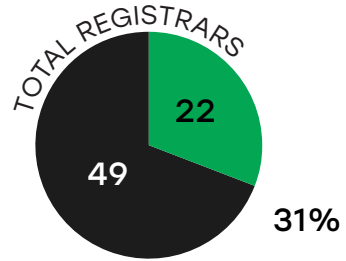
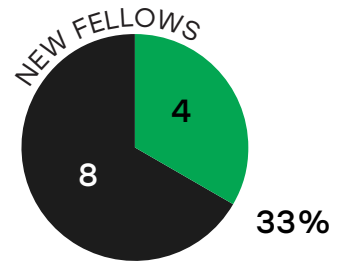
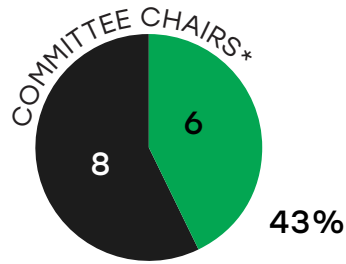
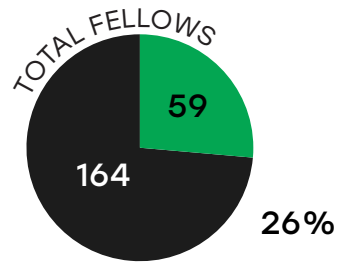
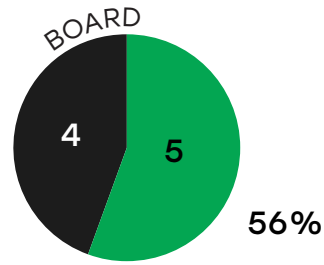
In 2024, the Women in SEM Advisory Group welcomed two new members, Dr Kylie Shaw (Australia) and Dr Sarah Beable (New Zealand). We look forward to continuing to benefit from their valuable insights and contributions.

Finally, we thank Dr Rachel Harris for her years of contribution to the Women in SEM Advisory Group as a member and previous Co-Chair. Her strategic direction and insight have been pivotal in initiating key projects, and we wish her the best as she continues to serve as an ACSEP Board member.

## Dr Nicole Sly

### Women in SEM Chair





● FEMALE ● MALE

\*Includes co-Chair

“Strengthening the pipeline of potential female leaders is a key aim of the Advisory Group.”



# CURRICULUM REVIEW WORKING GROUP

Reflecting on 2024: Paving the Way for a New Era in Training

2024 has been one of transformation and preparation as we shift towards a new approach to training for 2025. Throughout the year, we've been finalizing the transition of the ACSEP curriculum to a competency-based structure, focused on equipping Registrars with the skills they need to achieve Fellowship through clear, practical demonstrations of their expertise.

The revised approach implements Entrustable Professional Activities (EPAs), which allow Registrars to demonstrate their competency using Workplace-Based Assessments (WBAs). This new structure aims to streamline training, aligning the ACSEP curriculum and training program with AMC expectations.

In 2024, incoming Registrars trialed the first three EPAs (Stage 1), providing invaluable feedback and helping refine the approach ahead of the complete rollout in 2025. The remaining EPAs (4-11) have since been finalized and will be integrated into the training program from the start of 2025.

Beyond curriculum adjustments, 2024 has been a year of procedural enhancements. The Training Committee has approved a series of key changes, including supervision requirements, the two-year placement rule, exam eligibility, exam timing, and the minimum training duration required for program completion as well as modifications to all key training requirement forms.

Key resources, including the 2025 Training Manual, the updated ACSEP Curriculum, and the new Forms Library, have been developed and made available to Registrars and Clinical Training Supervisors. These documents are designed to support all involved in the training process as we move forward with the new curriculum.

Transparency and communication have been central to this transition. We've developed comprehensive transition plans for all Registrars, with pre-2025 Registrars receiving tailored outlines of their remaining requirements, and 2025 Registrars embarking on the complete revised curriculum from the outset. Consultation opportunities have been provided to ensure understanding of the process and support as required.

We will be assessing the impact of the changes as we progress, with a number of evaluations scheduled to ensure all Registrars have a successful 2025 and improvements can be made as necessary.

This has been a massive undertaking, and it couldn't have been achieved without the dedication, hard work, and collaboration of everyone involved—in particular Dr Diana Robinson, the ACSEP Curriculum Working Group, the Training Committee, our Registrars, Clinical Training Supervisors, key ACSEP personnel (Luke Major) and all other stakeholders. Your contributions have made this transition possible, and we thank you for your commitment and support in making this significant change a reality.

As we move into 2025, we look forward to seeing the positive impact of this new approach to training, confident that it will lead to even greater success for our Registrars and the entire College community.

**Dr Sharon Stay**

**Chair, Curriculum Working Group**





# INDIGENOUS HEALTH ADVISORY COMMITTEE

The Indigenous Health Advisory Committee (IHAC) has had another impactful year, continuing its vital work to provide a leading voice for the College regarding Indigenous Health and providing a culturally safe journey for our members. The IHAC remains committed to improving Indigenous Health standards and foster cultural safety within ACSEP and the broader healthcare landscape.

## 2024 SMA & ACSEP Conference

This year marked a historic milestone as we celebrated the achievements of our first Aboriginal Fellow, Nathan Luies, and our first Wāhine Māori Fellow, Anika Tiplady. Their accomplishments symbolise a new era for the College and highlight the success of our Indigenous members and their commitment and dedication to paving the way for Indigenous medical practitioners.

Another highlight of the 2024 SMA & ACSEP Conference was the Cultural Safety Panel, which explored cultural safety through the lens of Indigenous athletes. Esteemed panelists Chad Wingard, Lydia Williams, and Paul Vanderburgh shared their unique perspectives and experiences around cultural safety and understanding in professional sports and healthcare.

## PRIDoC 2024

ACSEP's participation in PRIDoC 2024 was a privilege and an opportunity to engage with Indigenous medical professionals from across the Pacific. This event underscored the importance of collaboration and shared learning in advancing Indigenous health outcomes regionally and globally.

## Cultural Safety Training

The IHAC remains committed to embedding cultural safety into the training and professional development of our Fellows and Registrars. We continue

to strive for improvements in this area, recognising its critical role in delivering equitable and respectful care to Indigenous communities.

## Progress and Challenges

2024 brought meaningful steps forward with the commencement of our Reflect Reconciliation Action Plan (RAP). Set to be submitted to Reconciliation Australia in early 2025, the RAP is a pivotal initiative to formalise the College's commitment to reconciliation, fostering engagement with First Nations communities and businesses.

Internally, IHAC has undergone significant changes. We welcomed Ben Johnstone to provide secretariat support, following the invaluable contributions of Malika Bee. The committee also continued refining its Terms of Reference to strengthen our collaboration with the Board and other College committees.

The IHAC extends its deepest gratitude to co-chair Donna Burns, whose wisdom and experience have been instrumental in navigating these complexities. We also acknowledge the dedication of all committee members, whose efforts drive our mission forward.

As we reflect on 2024, we draw strength from our achievements and lessons learned, carrying forward a commitment in 2025 to improving Indigenous health standards and cultural safety within ACSEP and beyond.

## Dr Nat Anglem & Donna Burns (AIDA)

**Indigenous Health Advisory  
Committee NZ Chair**





# LEARNING MODULES

ACSEP has numerous new and cutting edge STP-funded online education modules released throughout 2024. As the Chief Project Manager, I have worked with Kymberleigh Bray and her team from White Leaf Solutions solidly over the last 12 months to release many new offerings to the online platform.

With Luke Major, we have reallocated the modules on the Learning Platform to align with the new Domains of the 2025 curriculum. So, if you are looking for a module, look for the relevant domain to find it!

I would like to thank all the content experts who have worked tirelessly to produce top quality education resources and for teaching me a thing or two about what is possible with new technology!

In early 2024 we published two Sports Specific Modules;

**Snowsports** - Dr Donald Kuah, Dr Kira James and Dr Peter Braun

**Paddlesports** - Dr Andrew Griffin, CMO Rowing Australia

We have also built a series of modules focused on Sports Radiology:

**Upper Limb Xray in Sports Imaging** - this first module in the series was published in April 2024 and was authored by MSK Radiologist Dr Colin Chong.

**Ultrasound module** - launched in October 2024 and created to support the ACSEP practical Ultrasound Training Course, this module allows participants more time to run-through practical skills. Authored by Dr Corey Cunningham and Mr Stephen Bird.

**Ultrasound Guided Injections** - launched in March 2025, this module includes examples of injection techniques to specific anatomic MSK areas. Dr David Humphries authored this module.

**MRI in Sports Imaging** - coming in April 2025, created by Dr James Hamilton, MSK Radiologist from the UK, which is the result of our collaboration with BASEM.

## Other modules 2024/2025

Dr Rachel Harris has continued to provide her expertise with the new Female Athlete module, which joins Pregnancy in Sport as female specific resources and was published in 2024. Dr John Best provided content for Organisational Management and Ethics in Team Care, which discusses the administrative and management aspects of caring for a team. Climate Change and Sustainability in Healthcare and SEM was published in late 2024 as part of the Fundamental Competency Domain, for which I was the content expert. This topic will become more prominent in the near future as the Federal Government focuses on making healthcare a more sustainable industry and reducing low value care. Finally, the Menopause module has been released, expertly created and presented by Dr Louise Tulloh. Very soon, Combat Sports, a further addition to the sports specific modules will be published, with content provided by Dr Nicholas Charalambous,

## TOP MEMBER LOCATIONS

Australia

UK

NZ

USA

South Africa

Ireland

Canada



who I am delighted to inform, is a new Registrar with ACSEP.

The Update to the Clinical Training Supervisor Modules will ensure these modules are aligned with the new competency-based curriculum and will include detailed information about Entrustable Professional Activities (EPAs) and the new (and pre-existing) Workplace Based Assessments (WBAs). CTS 1 has already been published and the following three will be published by the end of March.

In 2025 the STP funding is being directed to a complete update of the Nutrition in SEM and Sports Pharmacology Academic Modules.

Thanks once again to all who have ably, and expertly assisted in the production of so many modules this year.

**A/Prof. Diana Robinson AM**

**Chief Project Officer**



### **LATEST RELEASES**

**Basics of X-ray Imaging and Upper Limb X-ray in Sports Imaging**

**Climate Change and Sustainability**

**General Medical Care of the Athlete**

**Management of Sports Trauma (MOST) Course**

**Menopause and Exercise**

**Motivational Interviewing and Behavioural Change**

**Organisational Management and Ethical Issues in Team Care**

**Paddlesport**

**Snowsports**

**Swimming**

**The Female Athlete**

**Point of Care Ultrasound for Sport and Exercise Medicine Clinicians – Introductory Course**

**Ultrasound Guided Injections**

### **COMING SOON**

**Martial Arts**

**MRI in Sports Imaging**



# 2024 SMA & ACSEP CONFERENCE

OUR WORK







As we sum up the 2024 SMA & ACSEP Conference, we reflect on the success of the ACSEP’s first joint venture with Sports Medicine Australia. Held at the greatest sports arena in the world, the MCG, and in one of the greatest cities in the world, Melbourne, the event delivered the quintessential local experience: four seasons in one week? You got it!

The 2024 SMA & ACSEP Conference brought together over 800 delegates spanning diverse fields of sports medicine. With insightful keynote speakers from home and abroad, brilliant workshops, engaging panel discussions, and dynamic streams, it fostered an atmosphere of collaboration and innovation, culminating in a resounding success.

We Opened with the “Welcome to Country,” delivered by Wurundjeri Elder, Daniel. Daniel connected delegates to Country through a traditional Smoking Ceremony, cleansing and awakening us to the deep respect for the lands on which

we gathered. It was an honour for many to take part in this ritual that set the tone for the conference: connection.

Following this, the conference was officially opened and delegates heard from the inspiring Dr Dinesh Palipana OAM. Dinesh delivered the Vince Higgins Lecture with openness, vulnerability, and a powerful message of gratefulness, a concept often lost in the bustle of our daily routines.

Closing out the night was the fabulous Welcome Drinks, held in the Australian Sports Museum. It was a brilliant opportunity to network and kickstart our conference journey.

Conference Day One, we opened the program with International Keynote speaker Dr Andrew Massey, FIFA Medical Director. As Dr Massey filled the plenary room with the iconic MCG in the background, it truly felt like this conference was delivering something special. At the conclusion of the keynote







speech, delegates participated in various conference streams, panels, industry updates, and quick-fire case studies in the “5 Slides, 5 Minutes” session—a favourite amongst delegates.

That evening, we celebrated Women in SEM at The Pullman Hotel and congratulated Ione Patten as the recipient of the 3rd WSEM Leadership Scholarship. This year the event was open to all, welcoming the allies of Women in Sport and Exercise Medicine. This support represented the importance of advocating and celebrating the achievements of our female trailblazers, who are paving the way for future generations of athletes and patients alike.

Heading into Day Two, a particular highlight was the “Elite Sport Challenging Situations Panel,” featuring Dr Sue White, Dr Sharron Flahive, Dr Andrew Massey, Dr Paul Blackman, and Dr Michael Makdissi. The expert speakers shared key learnings for physicians navigating unexpected challenges in treating athletes across various elite sports.

After a well-deserved afternoon break (and golf outing), we commenced Day Three with the “Cultural Safety Panel Presentation: Learnings from First Nations Athletes,” chaired by Indigenous Australian Fellow, Dr Nathan Luies – a proud Karajarri man with Yawuru connections. Dr Luies led a discussion with esteemed indigenous athletes Lydia Williams, goalkeeper for the Matildas; Chad Wingard, retired AFL footballer; and Paul Vandenberg, former NBL player and current Indigenous diversity advocate. Attendees were deeply engaged and inspired to ask thoughtful questions about how they can “get it right.” The conversation ran well into the morning tea break, with every seat still filled. It was undoubtedly one of the standout sessions of the conference.

The following sessions were equally well attended as we rounded out the final day of the ACSEP program with sessions on “Medical Issues in Sports Medicine” and “The Female Athlete,” featuring informative presentations from experts in the field. The speakers addressed a range of prominent issues in both areas, offering expert case studies and treatment solutions.





With the conference over, it was time to celebrate at the ACSEP Gala Dinner, held in the Melbourne Museum. The grandeur of the main hall, with the stunning backdrop of the Forest Gallery, provided the perfect setting for this annual event as we inducted 13 new Fellows to the college and acknowledged the College Awards winners for 2024. This year's ceremony celebrated two firsts - Dr. Nathan Luies, the first Indigenous Australian to receive Fellowship in the College's history. His induction is a testament to his dedication to Sport and Exercise Medicine. We also celebrated Dr. Anika Tiplady's induction as the first female Māori Fellow of the College - a remarkable milestone that not only honours her contributions to the field of Sports and Exercise Medicine but also paves the way for future generations of Māori women in the profession. Both Nathan and Anika's achievements are a powerful reminder of the importance of diversity and representation in our College and in healthcare.

In addition, we congratulated retiring Fellow Peter Baquie recognising his contribution to sport and exercise medicine. These achievements are a remarkable milestone for the College and the individuals involved. As we know, bringing together an event of this magnitude requires the collective effort of many, and the success of this conference is a testament to the dedication and hard work of numerous individuals and teams. None of this would have been possible without the tireless efforts of so many. A heartfelt thank you to SMA and their team for their collaboration with the College, and for their unwavering commitment to delivering such a memorable event. We also extend our gratitude to the ACSEP National Office staff and the speakers who so generously dedicated their time and expertise, helping make the conference such a resounding success.

As you read through this reflection, you may have noticed the words: connection, gratefulness, journey, iconic, paving the way, insightful, diversity, informative, achievement and collaboration. This list

does a wonderful job of capturing what the event was all about. The words reflect the atmosphere of the conference—one that was rich in learning, celebration, and bonding, and one that will be remembered.

We look forward to harnessing all of the above and more on the Gold Coast in 2025.

**Dr Laura Lallenec & Dr Liam West**

**Conference Co-Conveners**









# 2024 COLLEGE AWARDS

Dr David Bolzonello

Ken Crichton Distinguished Service Award

Dr Nathan Luies FACSEP & Dr John Ward

College Medal

Dr Chris Hanna FACSEP

Training Supervisor Award

Dr Colin Sylvester

Registrar Research Presentation

## Indigenous Scholarship Awards

Te Reimana Parangi

Maori Recipient

David Nair

Pasifika Recipient

Claire-Maree O'Bryan

Scholarship Award

Sebastian Sproats

Aboriginal & Torres Strait Island Recipient

 <b>David Nair</b> Pasifika Recipient	 <b>Ione Patten</b> Women in SEM Scholarship	 <b>Claire-Maree O'Bryan</b> Geoff Thompson Rural Scholarship
 <b>Te Reimana Parangi</b> Māori Scholarship Recipient	 <b>Sebastian Sproats</b> Aboriginal & Torres Strait Islander Recipient	

AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

#2024ACSEPGALA



OUR WORK









# OUR PEOPLE









# MEMBER SPOTLIGHT



OUR PEOPLE

**Lee Coates**

**Registrar**

**What influenced you to become a Sports and Exercise Physician?**

I was attracted to the workplace variety available to SEM Physicians including the opportunity to work in a clinic setting, covering sporting events and performing interventional procedures.

**What do you enjoy most about what you currently do?**

The variety of presentations, problem solving when diagnostic dilemmas present to clinic, analysing the biomechanics involved in the mechanism of injury, and the opportunity to be involved in the sporting environment.

**Have there been any learnings or challenges that have stood out for you at this stage in your career?**

It has been challenging to transition from the public hospital system to private practice and challenging to manage a full list of appointments, especially when a few complex presentations arise.

**What advancements do you expect to see in the future for Sport and Exercise Medicine?**

A growing specialty with an increasing number of SEM Physicians with greater reach to non-Metropolitan areas.

**If you weren't a doctor, what would you have done?**

I would have loved to have been a sports commentator.

**On a weekend you can be found...**

On the tennis court or walking/playing with my three-month-old.

“

**I would have loved to have been a sports commentator.”**



# MEMBER SPOTLIGHT



**Yaso Kathiravel**

**New Fellow**

## **What influenced you to become a Sports and Exercise Physician?**

I was introduced to Sports Medicine when I sustained a serious cervical spine injury when I was playing rugby. There was no medical support at the side of the pitch and I ended up walking myself to hospital where I was told I had a C 5/6 subluxation!

I then wrote to the Medical Director of Scottish Rugby and then he invited to work with him to create better protocols ! We did a lot of research into injury prevention in rugby and he also mentored me both into SEM and also in my surgical career.

I then moved to New Zealand and started in program on 2013.

## **What do you enjoy most about what you currently do?**

I love the diversity of patients that I see in clinic, and I adore the fact that they are motivated and active and want to get better. I love the fact that I can help

such a diverse range of people from children to masters athletes to soldiers to musicians.

I enjoy it most when my patients are able to achieve their goals and return back to health and sport. I love it when I can work with them at the side of the pitch and also in clinic.

## **Have there been any learnings or challenges that have stood out for you at this stage in your career?**

I was working in the Emergency Department on the Mosque shooting in Christchurch where there were multiple casualties. It affected me and changed my perspective, and it also brought into contact tactical police officers. I know find myself working closely with them and thoroughly enjoy this role and the challenges that it has brought me.

## **What advancements do you expect to see in the future for Sport and Exercise Medicine?**

I have seen the explosion of research in SEM since I was a medical student and I expect that to grow and also for our speciality to be leading the way with regards to both exercise is medicine and developing and being involved public health policy.

## **If you weren't a doctor, what would you have done?**

I would have a foreign correspondent working in war zones!

## **On a weekend you can be found...**

At the archery range, spending time with my children, cooking for friends and family. I love a good book and enjoying playing my piano.



# MEMBER SPOTLIGHT



**Professor Peter Brukner**

**Senior Australian of the Year for Victoria**

## What influenced you to become a Sports and Exercise Physician?

I have always been passionate about sport, so it was no surprise to my friends that I finished up in sports medicine. Initially I thought I would do general practice with an interest in sports medicine and started off that way. There really wasn't anyone doing full-time sports medicine in those days. After a few years the opportunity arose to start a sports medicine clinic at Olympic Park in Melbourne and I thought I would give it a go full time for 6 months knowing that I could always come back to general practice if it didn't work. The rest, as they say, is history!

## What do you enjoy most about what you currently do?

I am fortunate to have a varied and enjoyable work life at the moment.

I spend one day a week at La Trobe University where I am Professor of Sports Medicine and involved in research as well as leadership and mentoring. Karim Khan and I are in the midst of writing the 6th edition of our textbook Brukner & Khan's Clinical Sports Medicine. This edition consists of three books and we are currently half way through Book 2. As you can imagine it is a massive task and definitely the last time for me (although I am alleged to have said that last time!). However, my major passion at the moment is the challenge of improving nutrition among the Australian population especially those with metabolic health issues such as Type 2 diabetes. I have a not-for-profit SugarByHalf which focuses on creating school lessons about healthy eating, and an app- and web-based program called Defeat Diabetes which gives those with T2D the knowledge and tools to improve their glycaemic control. We have had over 12K subscribers, more than half of whom have succeeded in putting their T2D into remission.

## What has given you the most satisfaction in your career?

That's a tough one. The establishment and subsequent success of a multidisciplinary sports medicine clinic (OPSMC), a sports imaging centre (I@OP) and a sports medicine research centre (LASEM) have been very satisfying, as has been the success of our textbook and my roles with various sporting teams. However, I would have to say that what has given me the most satisfaction is the ACSEP and the progression of sport and exercise medicine into a recognised medical specialty, a long and at times frustrating journey, but one that ultimately gives a lot of satisfaction to those who were involved in the 20+ year marathon. Every time I attend the College dinner, I feel an enormous amount of pride in what has been achieved.



### **What advancements do you expect to see in the future for Sport and Exercise Medicine?**

For sport and exercise medicine in general, the development of technology and specifically AI, as well as the continued development of biologics presents a great challenge both to the individual practitioner and to the profession as a whole. As far as the College is concerned, the ongoing challenge of providing a high-quality training environment for our Registrars in the presence of increased demand for places represents an formidable challenge.

### **If you weren't a doctor, what would you have done?**

As a sport-obsessed schoolboy I really wanted to be a sports commentator, but my dear mother didn't think that was an appropriate career for her only son, so she convinced me to do medicine. Many years later I started doing sideline commentary at AFL games for ABC radio and graduated into doing pre- and post-match interviews as well as various other media commitments. I looked on it as revenge on my mother. I just took the long way around!

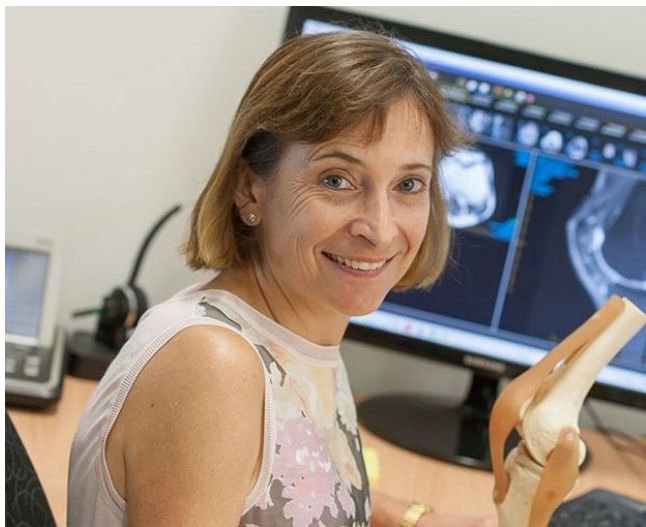
### **On a weekend you can be found...**

On a winter Friday night, you'll find me in an armchair watching an AFL game. My Saturdays are spent at an amateur AFL match. I have been involved with University Blues, an A Grade amateur AFL team in Melbourne, for over 50 years and have had a variety of roles there over time. I am currently Director of Football as well as Head of Medical Services. We have a team of young doctors, physios and physio students who act as sports trainers, many of whom have used the Blues as a launching pad for future AFL jobs. I am at training every Tuesday and Thursday evenings and involved in all matters related to football including recruitment, selection etc. I guess I am basically the coach's right hand man. I even move the magnets and run the interchanges on game day. Saturday nights I usually crash pretty early after a long day and then on Sunday mornings we have kids and grandkids over for brunch. I am the brunch chef, and my speciality is poached eggs on smashed avocado! Sunday afternoon is usually some work, updating football stuff and catching up with emails.





# MEMBER SPOTLIGHT



**Judith May**

**Retired Fellow**

## What influenced you to become a Sport and Exercise Physician?

In high school, I ran and played hockey and cricket. At around 15 years old, I developed knee pain and saw my family GP. He admitted he had no idea what was wrong with my knee, so he photocopied the “knee” chapter from a textbook- it was pre-internet- and gave it to me to read. I found it fascinating and read the pages several times. I diagnosed myself with patellofemoral pain, did the recommended exercises, and my knee pain resolved.

I had already considered becoming a doctor, but now I knew this was an area of medicine in which I wanted to be involved.

## What have you enjoyed most during your career as a SEM Physician?

I have enjoyed the diverse work that sport and exercise medicine can offer. I can help people from all walks of life stay active in the clinic, but there are also opportunities to get outside the office and work with sports teams, engage in research, education or anti-doping. I have also appreciated the camaraderie

and collegiality that comes with a small college environment.

## Have there been any learnings or challenges that have stood out for you at this stage in your career?

Due to my husband’s trade and diplomatic career, I have faced challenges in maintaining my engagement with sports medicine over the last several years. We recently completed four years in South Korea and are now living in Brazil. In both countries, I have been unable to practice medicine, so I have had to find alternative ways to help people benefit from exercise.

In Korea, I volunteered to guide visually impaired runners, which was a fulfilling experience. I also remained engaged with the college through my roles on the EAC and Curriculum review committees. I am currently writing a book, which has helped me realize that we can underestimate skills we have developed as SEM physicians that transfer to other areas, such as the ability to interview people to get their stories and conduct research.

## What advancements do you expect to see in the future for Sport and Exercise Medicine?

I expect to see increased use of technology and data in sports medicine. Our future adults are Gen Z who are digitally savvy and often turn to social media and online resources for their health information. They also demand a holistic approach to their health. They are the first generation to be open about their mental health and see emotional and mental health to be as important as physical health to their well-being. Sport and exercise medical practitioners need to reconsider how they deliver in-person care, and how to use social media, technology, data, and wearable devices for health messages and engagement.





If you weren't a doctor, what would you have done?

I enjoy the diagnostic side of medicine, so maybe a career involving critical thinking, like a detective or forensic scientist.

On a weekend you can be found...

I would probably be at the top of a mountain. I love the challenge and simple joy of running up a hill. Usually, the harder the climb, the bigger the reward.

“  
I have enjoyed the diverse work that sport and exercise medicine can offer.





# MEMBER SPOTLIGHT



**Chris Milne**

**NZ Fellow**

## What influenced you to become a Sport and Exercise Physician?

I have always been interested in sport and have a background as a club level distance runner. At University, I found my outlet from study running for the University club. I then did my sixth year elective at Farnham Park Rehabilitation Centre in the UK under the supervision of Dr John Williams, the Secretary General of FIMS. I had followed Peter Fricker in that establishment.

In 1986 I travelled to London to complete the Diploma of Sports Medicine and was in the same class as Charles Howse. I then returned to New Zealand and set up a General Practice with lots of athlete patients. My first team involvement was with the New Zealand Commonwealth Games Team in 1990, and it was a logical progression to sit the Fellowship exam in 1993 when it first became available to New Zealanders. This was a satisfying career progression for me and MCNZ granted us specialist status in New Zealand in 1998.

## What do you enjoy most about what you currently do?

The one-on-one interaction with people trying to solve their clinical problems in collaboration with other health professionals e.g. physiotherapists, podiatrists, nutritionists and other medical specialists, plus their GP. The banter with patients you know well is a huge joy with plenty of humour which makes the day go more smoothly.

Also teaching and mentoring young doctors who express an interest in Sports Medicine, plus our Registrars. I enjoy passing on a few gems that I picked up over the years. I also enjoy the interaction with Colleagues from the ACSEP family, plus across the Pacific in my role as Chair of the ONOC Medical Commission. In addition, I enjoy medical writing for the New Zealand Doctor and New Zealand Journal of Sports Medicine.

## Have there been any learnings or challenges that have stood out for you in this stage of your career?

Firstly, the value of teamwork and collaboration with colleagues to help patients on their medical journey.

Secondly, the value of practising in the same community for four decades. This has enabled me to foster close relationships with trusted colleagues in a variety of specialties.

Earlier in my career there were challenges and frustrations in dealing with health bureaucrats and I was able to take the learnings from these and apply them in the interactions when our college applied for specialist recognition by the AMC in the early 2000's.

Finally, in my interactions with ONOC and ANOC, appreciating the commonality of interest in athlete care amongst clinicians from all five continents around the world.



## What advancements do you expect to see in the future for Sport and Exercise Medicine?

Firstly, the progressive refinement in our management of acute and chronic injuries, e.g. the evolution of management of ACL injuries and achilles tendinopathy.

Also, I see a potentially bigger role for exercise in the prevention and management of non-communicable diseases. However, there would need to be a change in funding to account for the increased clinical time spent in this role.

As our specialty matures it is essential that we continue to develop our role as part of the medical landscape in the communities in which we practise.

## If you were not a doctor, what would you have done?

I would probably have been a civil engineer. I still enjoy optimising the mechanics in the injured patients that we see, and this is an essential part of our work. When travelling, I admire the civil engineering works, such as Sydney Harbour Bridge and major expressway developments in different countries.

## On a weekend, you can be found ...

Either at home with a good book or fraternising with friends and enjoying sport on TV. I will go on the occasional run or bike ride. I also enjoy time at our beach property in Mount Maunganui and visiting our children and grandchildren in Hawkes Bay.





# RURAL HIGHLIGHT



**Corey Cunningham**

**ACSEP President**

Over the last 10 years I have continued to present regular sports medicine webinars and clinical examination sessions for GP Registrars training on the Remote Vocational Training Scheme (RVTS). In 2015, one of the Registrars on the program was working in Brewarrina, a single GP town in northwest NSW, with a population 1200, located literally “out the back of Bourke”. He saw the value of services provided by Sport and Exercise Physicians and invited me to join with other visiting medical specialists who volunteer their time to fly in for 1-2 days of consulting as part of medical support provided to the town via the Poche Centre for Indigenous Health.

The town is the base for the District Hospital, in addition to a GP medical centre and the Aboriginal Medical Service, supporting locals in town and farmers from the surrounding area. It is serviced by a solo GP and visiting medical and allied health practitioners. Over the last 10 years I have observed an annual turnover of the GP doctor, which is completely understandable given the isolation in this part of the country and 24/7 working conditions for the doctor.

In its prime, Brewarrina was a busy stop on the highway and supported multiple

pubs and a number of retail stores. The Barwon River runs around the town and the historically important Brewarrina fish traps, estimated to be 40 000 years old, have very significant cultural heritage for the Aboriginal people, with stories of their creation handed down from generation to generation. In 2024, it is mainly the hospital, medical centre, fuel stop and a couple of cafés which keep the town going.

Importantly Brewarrina also has an airport which keeps the community connected. Royal Flying Doctor Service planes land most days, transferring sick patients and monthly the Poche plane arrives from Sydney with a mix of cardiologist, endocrinologist, neurologist, geriatrician, ENT surgeon and a sport and exercise physician. A cardiologist and neurologist will visit each month, and I travel twice a year.

Sport remains a big part of the life of this country town but the extensive travel to competition in a town 100km away and hard footy grounds on the red dirt have seen local organised and competition sport taper off. However, everyone I meet still loves to relay stories of their sporting prowess - and injuries - back in their heyday. I see 25-30 patients each clinic, mostly a fascinating mix of acute and chronic msk pathology, including untreated nerve palsies and some of the most end stage arthritis post ACL rupture or muscle wasting post cuff tear that I





have ever seen. Most patients are very resilient, especially farmers who travel 150km to come into town for their basic needs and nearly everyone is still working on the farm or in the trucks or looking after their families or elders despite their medical conditions.

Basic Xray is available at the hospital in Bre but otherwise patients would need to travel 2 hours for a CT scan or ultrasound, or 4 hours for MRI scan and orthopaedic surgeon clinics. It is clinically challenging but also very satisfying to manage patients with history and examination and a portable US in the room. Patients are grateful for advice and a plan for management and injections as required to keep them going until next visit or a time when they can make it to Dubbo or Sydney for more definitive care. Occasionally I will follow up with a patient in Sydney but for most people in a remote community, travel and time away from home is a difficult proposition.

I'm really pleased to have embedded sport and exercise medicine as one of the essential medical services in Brewarrina over the last 10 years. In 2023 the funding allocated by the wealthy Poche benefactor was exhausted, but the Area Health Service and the community values the contribution made over the years enough to continue flying myself as one of the medical specialists back to Brewarrina to continue the clinics twice a year (albeit on much smaller planes!!) via RFDS or Angel flight.

Regional centres across Australia and NZ represent great opportunities in the next stage of expansion for Sport and Exercise Medicine but I would also encourage anyone who has the opportunity to visit and work in rural and remote communities – even once or twice a year - to take up that challenge to make a positive impact. You will no doubt find it professionally and personally rewarding.





# AROUND THE GROUNDS

OUR PEOPLE



**WHAT HAPPENED  
IN 2024**





# MOST COURSE 2024

The ACSEP's Management of Sports Trauma (MOST) Course had a solid year in 2024, further cementing its reputation as an essential training program for medical professionals in Sport and Exercise Medicine by equipping participants with critical skills to confidently manage traumatic injuries in sporting contexts.

A particular highlight was the pre-conference MOST workshop held at the iconic Melbourne Cricket Ground (MCG) ahead of the 2024 SMA and ACSEP Conference. This unique setting offered participants a memorable backdrop to refine their skills while emphasising real-world applications in the field of sports trauma management.

By the end of the course, participants gained invaluable learning outcomes, including:

- Proficiency in managing acute on-field emergencies, such as spinal injuries and cardiac events.
- Enhanced understanding of the rationale behind treatment strategies for various sporting injuries.
- The ability to adapt medical care to different sporting environments, ensuring patient safety and optimal outcomes.

The MOST Course continues to be a cornerstone of the ACSEP's educational offerings, fostering confidence and competence in sports trauma management across Australia and beyond.





# MSK Ultrasound Workshop

The ACSEP's Musculoskeletal (MSK) Ultrasound Course achieved remarkable success in 2024, solidifying its place as a must-attend training for medical and allied health professionals looking to enhance their diagnostic and interventional skills. This year was marked by exceptional demand, with not one but two SOLD OUT pre-conference workshops held in Melbourne ahead of the SMA & ACSEP Conference.

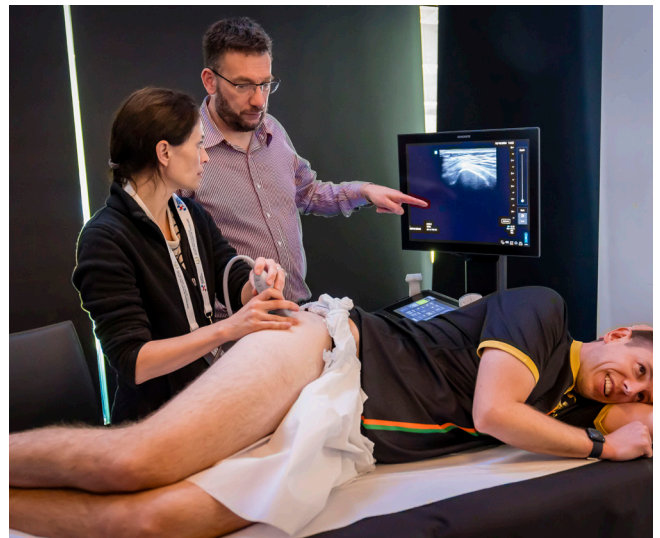
These workshops provided participants with hands-on experience in a supportive learning environment, covering essential skills such as ultrasound-guided injections and diagnostic imaging techniques for common musculoskeletal conditions. The popularity of these sessions underscored the growing demand for advanced MSK training and highlighted the value this course brings to medical practice.

Participants left the course with key learning outcomes, including:

- Mastery of fundamental MSK ultrasound techniques for diagnostic and therapeutic applications.

- Improved confidence in performing ultrasound-guided procedures.
- A deeper understanding of how ultrasound integrates into patient care for musculoskeletal conditions.

The overwhelming success of the 2024 workshops has set the stage for further growth of the MSK Ultrasound Course, ensuring it continues to meet the needs of clinicians eager to expand their expertise in this field in 2025 and beyond.



## Back Pain Workshops

The Back Pain Workshops, led by Associate Professor Jeni Saunders, were again a successful pre-conference event. Held over a single day, the workshops comprised two dynamic sessions: an introductory session for foundational skills and an advanced workshop for more complex approaches. Participants benefited from Jeni's renowned expertise, gaining valuable insights into the assessment, diagnosis, and evidence-based management of back pain. Attendees left equipped with practical strategies to elevate their clinical practice in managing this challenging and widespread condition.



# Olympics & Paralymp



OUR PEOPLE





# ics spotlight





# OLYMPIC GAMES



**Carolyn Broderick**

**Medical Director, Australian Olympic Team Paris 2024**

The Paris 2024 Olympic Games was my 4th Olympic Games as a team physician, but first as Medical Director - a step up in responsibility that brought its own challenges and rewards. Taking over from David Hughes was no easy feat, but with his guidance, the support of Pip Inge (Deputy Medical Director), and an exceptional Medical HQ team, we navigated the medical hurdles Paris had in store for us and had fun in the process.

The medical planning for Paris began 2 years prior to the Games. Thanks to David Hughes' initiative, an international National Olympic Committee (INOC) Chief Medical Officers' group was formed, which became an invaluable forum for sharing expertise and discussing common challenges. Unlike performance teams, which necessarily need to guard their secrets, the INOC medical teams had the opportunity to collaborate openly. This group also gave us a collective voice in advocating for improved athlete health measures with the IOC and Paris 2024 organisers.

The Australian Olympic Team consisted of 467 athletes (including 11 Indigenous

athletes and 239 first-timers), along with 690 sports officials and support staff, plus 117 HQ members. This made us the third-largest team in Paris, behind the US (594 athletes) and host nation France (572 athletes). To support this large group, our medical HQ team included five SEM physicians, one GP, two nurses, two psychologists, seven physios, and seven soft tissue therapists. Additionally, 11 Australian SEM physicians covered Sports in Paris & subsites.

With events spread across multiple locations—including Lille, Marseille, Châteauroux and Tahiti—one-third of our team was housed outside the Olympic Village. To ensure that athletes, residing in subsites without doctors, received timely medical support (particularly overnight), we set up a telehealth system which was modelled on the Royal Flying Doctor Service and was staffed by our Medical HQ doctors in Paris. We supplemented it by deploying “medical chests” containing essential medications at each subsite, secured with remote-controlled padlocks by which we could change combinations after each use.



**PARIS 2024**





This decentralised model of competition is likely to become the future of Olympic Games. With host cities looking to reduce costs, medical teams will need to adapt to the geographical spread of competition by either expanding their personnel significantly or by developing innovative remote care strategies.

One of the other medical challenges of Paris was developing a strategy to prevent and manage infectious disease in a “post-COVID” era. We know that even mild infections can derail an athlete’s Olympic performance. There were key lessons learnt from the Tokyo Olympics, namely that simple measures (physical distancing, avoiding crowded indoor spaces, mask wearing in high-risk settings, regular handwashing) work in reducing the spread of infectious disease. Compared to Rio 2016, there was a 90% fall in infectious disease presentations in the Australian Team at the Tokyo Olympics and I was not keen to go back to the bad old days, despite the resistance to some of these measures in a post-COVID world.



During the planning stages, we took infection control into account when planning our Australian allotment in the Olympic Village (OLV) to minimise the risk of infection. All of our communal gathering spaces were outdoors – coffee cart, dining areas on the pavement outside team HQ, yarning circle. We continued the initiative first introduced in Tokyo by providing separate gym & dining spaces for Australian Athletes to avoid them using the official crowded ones. In addition to this we encouraged mask use in high-risk settings such as on public transport, in transport hubs and while waiting in a queue in the dining hall. Many athletes were very compliant with this advice cognisant of the fact that infection impacts performance.





Having 2 onsite Biofire PCR machines in Medical HQ was a game changer. I was doubtful whether athletes would present for testing in this “post-COVID” era but there was a really good take-up of this service with over 100 PCR tests (mostly respiratory) being done. Anyone who sneezed more than once at the coffee cart was usually tapped on the shoulder by a team-mate and advised to present to Medical HQ for a swab!

Within 1 hour of an athlete presenting with symptoms, we could identify the pathogen & either reassure them or in some cases, offer targeted therapy. It also enabled us to set up disease-specific isolation apartments, in an OLV with minimal spare rooms. This served as an interesting social experiment too. By the end of the Games, we had created a unique social gathering of athletes, often from different sports. We had a COVID apartment, an RSV apartment and a “Flu Flat”. This system enabled us to put, not only active cases in the same apartment but also recently recovered cases, which eased the burden on trying to find non-existent single rooms. It also took some of the load off the HQ doctors when recently recovered athletes began advising those who were earlier in the course of their disease, about the symptoms they could expect,

treatments that worked for them, and when they would start to feel better!

With a performance lens in mind for this Olympics, the AOC introduced a policy of moving athletes out of the Village within 48 hours of their competition’s end. While this wasn’t universally popular with athletes, it significantly reduced infection risk for those competing in the second week. Interestingly, there was a spike in infections in the final two days as athletes returned for the Closing Ceremony, reinforcing the benefits of this strategy.

Paris’s streets, monuments and landscapes provided a breathtaking backdrop for sports competition, but the River Seine posed a medical challenge, for the triathlon and marathon swim. Water quality concerns led to a last-minute delay of the men’s triathlon, reminding us that environmental factors can play a major role in competition planning. Fortunately, none of our athletes succumbed to illness following their swim. This may have been due to the intense prophylactic regime of Dukoral, rifaximin & antibacterial washes (or the athlete’s tonic of downing a bottle of Coke post-race) but it also may have been just luck!





The Australian Olympic team, led by Anna Meares, was one of the most cohesive teams I've ever worked with. There was a genuine sense of responsibility among athletes and staff, with team members encouraging each other to get tested to prevent the spread of illness. I think this team-first mindset, combined with outstanding preparation by our athletes and coaches, likely contributed to Australia's most successful Olympic performance in history.

Special thanks to the HQ Medical Team including: Doctors (Pip Inge, Sherwin Goh, Sharon Stay, Matt Hislop, Tessa King), Nurses (Caroline O'Brien & Manna McLeod), Physios (James Trotter, Kate Watson, Andrew Fooks, Ebonie Rio, Daniel Sheehy, Zoe Russell, Steve Hawkins), Soft tissue therapists (Toby Glennon, Phil Boland, Lily Chiu, Gillian Niven, Emily Asanathiou, Clare Carey, Antony Choice) & Psychologists (Caroline Anderson & Elise Bereza). Thanks also to the ACSEP Fellows & Sports Specific doctors who accompanied teams.





# PARALYMPIC GAMES

The 2024 Paralympic Games in Paris ran from 28th August until 8th September. The Games Village opened on 22nd August and rapidly filled to accommodate an Australian Paralympic Team of 160 athletes and 200 staff and officials. The ACSEP was represented in the Headquarters Performance Services Team by Drs Steve Reid, Rachel Harris and Viran de Silva. Drs Alice Macnamara, Danielle Jacobs and Richard Saw attended as sport specific doctors for Para Cycling, Swimming and Athletics respectively.

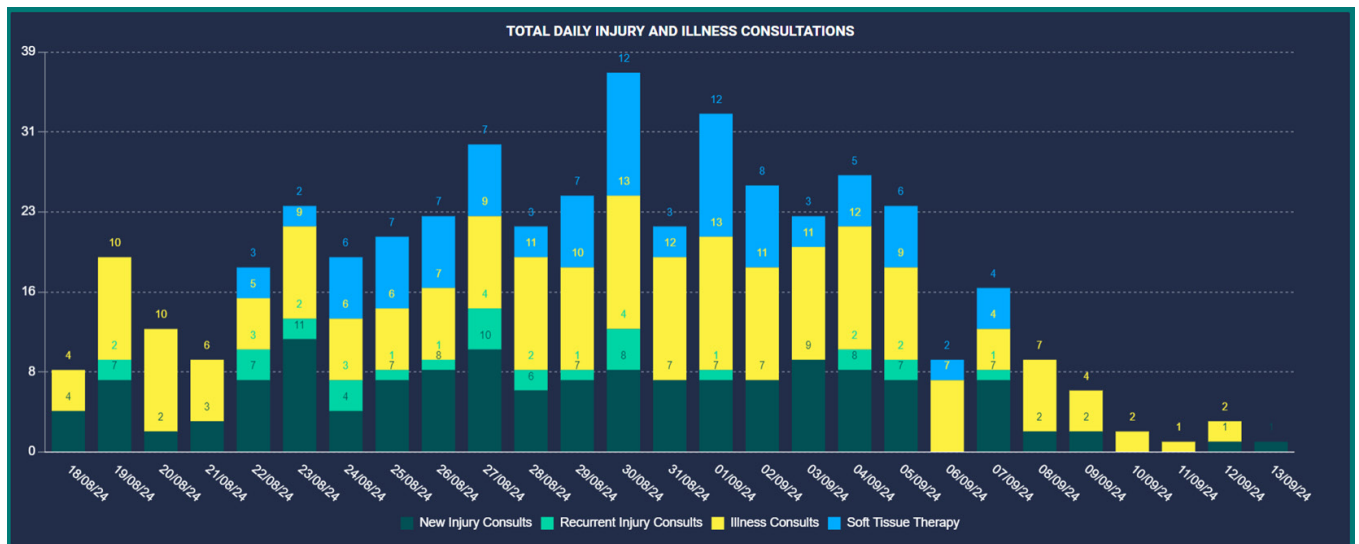


OUR PEOPLE

From L: Rachel Harris, Viran de Silva and Steve Reid in the Paralympic Village overlooking the River Seine

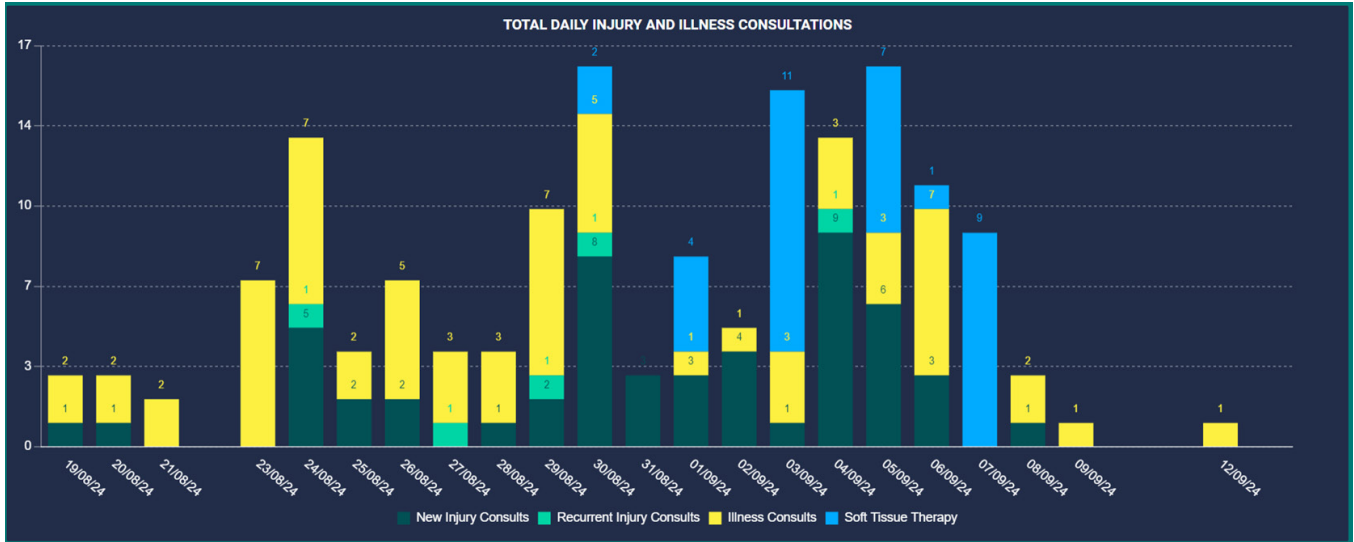
With the arrival of APT Members from 22nd August onwards, medical HQ saw an influx of athletes and staff seeking medical advice and treatment. Injury and illness presentations among athletes and staff peaked around the opening weekend of the Games, and gradually declined thereafter, as shown in the graphs below:

Total injury and illness presentations for APT athletes over the course of the 2024 Paralympic Games





## Total injury and illness presentations for APT staff and officials over the course of the 2024 Paralympic Games



Respiratory infections were the most common reason for illness presentation among athletes and staff. After the Tokyo 2020 Games during which very little respiratory illness was seen as a result of hygiene measures, mask wearing and social distancing, there was a clear upswing reflecting the “life after COVID” approach that was being adopted internationally.

With respect to illness presentations, our medical service benefited considerably from having point of care PCR testing available. This was thanks to the loan of Biofire technology by the Australian Institute of Sport and Tennis Australia:

The results of tests run on athletes and staff from the APT are shown below:

There was undoubtedly a significant advantage being able to identify causative organisms and manage illnesses accordingly. Although COVID-19 infections were identified among athletes and staff, only two individuals were particularly symptomatic and treated with antiviral medication. One athlete was diagnosed with COVID 3 days before competition but was still able to compete successfully (bronze medal).

As well as three ACSEP Fellows, the HQ Performance Services Team also included four physiotherapists, three soft tissue therapists, four dietitians and two psychologists. As is always the case at any major Games, challenging circumstances arose that required problem solving and a high-performance focused approach. It was a privilege and pleasure to work with this amazing group to try and ensure that athletes were able to deliver their best performances and leave Paris satisfied with their experiences.

**Steve Reid**

**HQ Performance Services, Australian Olympic Team Paris 2024**





# OUR INFLUENCE





FOREST GALLERY

ACSEP  
GALA DINNER







# ONLINE COMMUNITY

Our online presence continues to be a vital point of connection with our members, partners, and the global community. Throughout 2024, we made significant efforts to enhance our engagement on key social media channels—Twitter, Instagram, Facebook, and LinkedIn. These platforms played a central role in supporting our events, activities, partnerships, and initiatives.

This year, we focused on posting more consistently, improving the quality of our content, and creating targeted posts to better align with key events and milestones, such as our Annual Scientific Conference and our MRAC Submission. These efforts resulted in remarkable growth, with some engagement metrics increasing by over 3000%. This progress highlights the value of thoughtful and strategic communication with our community and audience.

As we look ahead to 2025, we aim to build on this momentum, further refining our approach to deliver an even greater impact through our online presence.

## STATS



Twitter Followers:  
**2.8k**



Facebook Followers:  
**1.9k**



LinkedIn Followers:  
**1.7k**



Instagram Followers:  
**695**



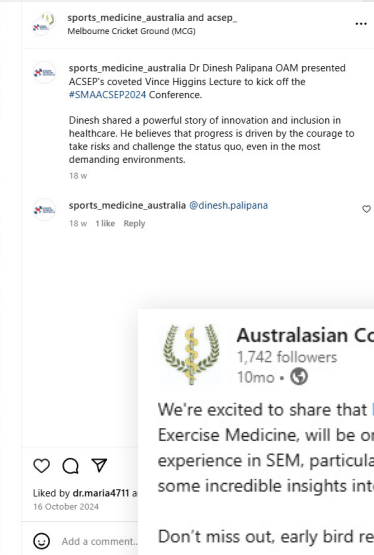
OUR INFLUENCE



#SMAACSEP2024

“Our job in healthcare is not to treat a disease a person has, it is to treat the person. If we are failing the most vulnerable people in our system, then our system is failing.”

**DR DINESH PALIPANA OAM**  
VINCE HIGGINS LECTURE



Liked by dr.maria4711 a  
16 October 2024



**Australasian College of Sport and Exercise Physicians (ACS...**

1,742 followers  
10mo · 🌐

We're excited to share that **Dr. Andy Massey**, a renowned expert in Sport and Exercise Medicine, will be one of our keynote speakers! He will be sharing his vast experience in SEM, particularly in Football Medicine, which promises to provide some incredible insights into the field.

Don't miss out, early bird regos are open! 📌 <https://shorturl.at/chiEP>



**Dr Andrew Massey**  
Medical Director at FIFA

Dr. Andrew Massey is the Medical Director at FIFA. He was previously Head of Medical Services at Liverpool F.C. and National Team doctor at the Irish Football Association.

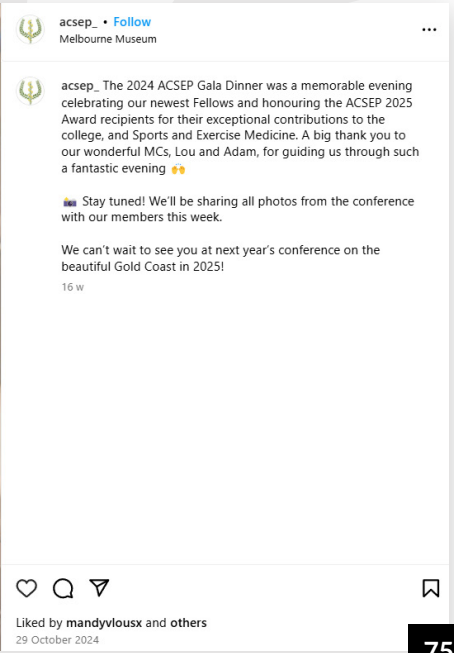
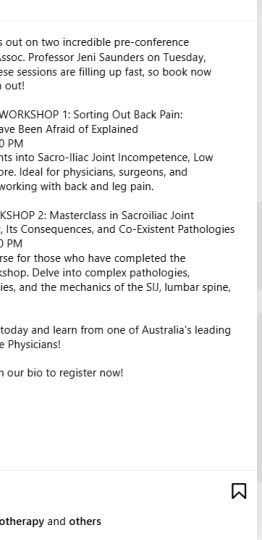
He started as a professional footballer and studied Physiotherapy. He holds degrees in Medicine, Sports Medicine and Medical Ultrasound. He is a member of the Royal College of General Practitioners (UK) and has fellowships in Sport and Exercise Medicine and Medical Leadership. Currently, he is pursuing a Professional Doctorate in Sport and Exercise Science and an MSc in Medical Education.

**2024 SMA & ACSEP Conference**

16-19 October 2024 | Melbourne Cricket Ground

👍👍👍 65

1 comment · 7 reposts



👍👍👍

Liked by mandyvloxus and others  
29 October 2024





# OUR FINANCIALS







## Australasian College of Sport and Exercise Physicians - 30 June 2024

ABN 40 003 200 584

## Statement of Profit or Loss and Other Comprehensive Income

### For the Year Ended 30 June 2024

		2024	2023
	Note	\$	\$
Revenue	4	3,395,665	2,973,247
Other income	4	82,657	60,574
Employee benefits expense		(1,006,936)	(783,268)
Depreciation and amortisation expense		(87,931)	(54,569)
Administrative expenses		(229,075)	(265,090)
Association expenses		(68,098)	(68,692)
Program delivery		(1,914,102)	(1,735,433)
Other expenses		(236,999)	(217,405)
Interest expense related to lease liabilities		(6,991)	(1,256)
<b>Deficit before income tax</b>		<b>(71,810)</b>	<b>(91,892)</b>
Income tax expense		-	-
<b>Deficit for the year</b>		<b>(71,810)</b>	<b>(91,892)</b>
<b>Other comprehensive income</b>			
Revaluation of financial instruments at FVOCI		(3,889)	(6,466)
<b>Other comprehensive income for the year, net of tax</b>		<b>(3,889)</b>	<b>(6,466)</b>
<b>Total comprehensive income for the year</b>		<b>(75,699)</b>	<b>(98,358)</b>

The accompanying notes form part of these financial statements



## Australasian College of Sport and Exercise Physicians - 30 June 2024

ABN 40 003 200 584

### Statement of Financial Position

As At 30 June 2024

	Note	2024 \$	2023 \$
<b>ASSETS</b>			
CURRENT ASSETS			
Cash and cash equivalents	5	621,699	1,538,322
Trade and other receivables	6	48,374	34,794
Other financial assets	7	582,847	-
Other assets	10	110,051	135,195
TOTAL CURRENT ASSETS		<u>1,362,971</u>	<u>1,708,311</u>
NON-CURRENT ASSETS			
Trade and other receivables	6	4,640	4,640
Other financial assets	7	517,745	504,482
Plant and equipment	8	15,123	19,882
Intangible assets	9	40,650	53,641
Right-of-use assets	11	79,533	135,121
TOTAL NON-CURRENT ASSETS		<u>657,691</u>	<u>717,766</u>
TOTAL ASSETS		<u>2,020,662</u>	<u>2,426,077</u>
<b>LIABILITIES</b>			
CURRENT LIABILITIES			
Trade and other payables	12	212,570	192,127
Contract liabilities	13	985,011	1,286,465
Lease liabilities	11	49,462	47,862
Employee benefits	14	84,125	93,078
TOTAL CURRENT LIABILITIES		<u>1,331,168</u>	<u>1,619,532</u>
NON-CURRENT LIABILITIES			
Lease liabilities	11	35,968	87,250
Employee benefits	14	16,050	6,120
TOTAL NON-CURRENT LIABILITIES		<u>52,018</u>	<u>93,370</u>
TOTAL LIABILITIES		<u>1,383,186</u>	<u>1,712,902</u>
NET ASSETS		<u>637,476</u>	<u>713,175</u>
<b>EQUITY</b>			
Reserves		(11,939)	(8,050)
Retained surpluses		649,415	721,225
TOTAL EQUITY		<u>637,476</u>	<u>713,175</u>

The accompanying notes form part of these financial statements



## Australasian College of Sport and Exercise Physicians - 30 June 2024

ABN 40 003 200 584

## Statement of Changes in Equity

For the Year Ended 30 June 2024

## 2024

	Retained Surpluses	Financial Asset Reserve	Total
Note	\$	\$	\$
<b>Balance at 1 July 2023</b>	721,225	(8,050)	713,175
Deficit for the year	(71,810)	-	(71,810)
Total other comprehensive income for the year	-	(3,889)	(3,889)
<b>Balance at 30 June 2024</b>	<b>649,415</b>	<b>(11,939)</b>	<b>637,476</b>

## 2023

	Retained Surpluses	Financial Asset Reserve	Total
Note	\$	\$	\$
<b>Balance at 1 July 2022</b>	813,117	(1,584)	811,533
Deficit for the year	(91,892)	-	(91,892)
Total other comprehensive income for the year	-	(6,466)	(6,466)
<b>Balance at 30 June 2023</b>	<b>721,225</b>	<b>(8,050)</b>	<b>713,175</b>

The accompanying notes form part of these financial statements









AUSTRALASIAN COLLEGE OF  
SPORT AND EXERCISE PHYSICIANS

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ACSEP Annual Report

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