Federation Funding Agreement (2024–2027)
6-month performance
Report

1 July to 31 December 2025

Equipped. Prepared. Ready.

Australian Government
Department of Health, Disability and Ageing

NATIONAL CRITICAL CARE AND TRAUMA RESPONSE CENTRE

Contents

***Cover page photograph:** participants in the AUSMAT Team Member Refresher Course held at Bees Creek in August 2025

Abbreviations

AAR	After-Action Reviews
ADF	Australian Defence Force
AHPC	Australian Health Protection Committee
AHPRA	Australian Health Practitioner Regulation Agency
ANZTQIP	Australia and New Zealand Trauma Quality Improvement Program
ANZTS	Australian and New Zealand Trauma Society
ATTT	Australian Trauma Team Training
AUSMAT	Australian Medical Assistance Team
DFAT	Department of Foreign Affairs and Trade
DHAC/DHDA/Health*	Department of Health, Disability and Ageing
DMAT	Disaster Medical Assistance Team
DPRT	Disaster Preparedness and Response Team
ED	Emergency Department
EMT	Emergency Medical Team
EOI	Expression of Interest
GOARN	Global Outbreak Alert and Response Network
HADR	Humanitarian Aid and Disaster Relief
HMIMMS	Hospital Major Incident Medical Management and Support
JGG	Joint Governance Group
MCI	Mass Casualty Incident
MEL	Monitoring, Evaluation and Learning
MIMMS	Major Incident Medical Management and Support
MRF	Marine Rotation Force Darwin

NCCTRC	National Critical Care and Trauma Response Centre
NHEMS	National Health Emergency Management Standing Committee
NT	Northern Territory
P.A.R.T.Y.	Prevent Alcohol and Risk-related Trauma in Youth
PHOENIX	Public Health Operations in Emergencies for National Strengthening in the Indo-Pacific
PNG	Papua New Guinea
PNG EMT	Papua New Guinea Emergency Medical Team
PRH	Palmerston Regional Hospital
RACS	Royal Australasian College of Surgeons
RATE	Remote Area Trauma Education
RDH	Royal Darwin Hospital
RECSI	Regional Emergency and Critical Care Strengthening Initiative
REP	Regional Engagement Program
RFDS	Royal Flying Doctor Service
RPHTDC	Remote Pre-Hospital Trauma Disaster Course
SJANT	St John Ambulance NT
TMC	Trauma Management Committee
ToT	Trainer of Trainer
TWG	Technical Working Group
UCC	Urgent Care Clinics
USA	United States of America
WDMS	Workforce and Deployment Management System
WHO	World Health Organization

* On 15 May 2025, the Department of Health and Aged Care (DHAC) was renamed the Department of Health, Disability and Ageing to reflect a change in portfolio responsibilities. This report includes reference to DHAC as reflected in the Federation Funding Agreement signed in 2024.

Executive summary

The AUSMAT National Field Exercise and associated operational activities over the past 6 months have continued to strengthen Australia's emergency medical response capability, reinforce regional partnerships and advance national leadership in health security. AUSMAT's operational readiness and international engagement have expanded significantly through targeted deployments, workforce development initiatives and strategic governance activities.

Internationally, AUSMAT contributed to the Samoa dengue response, embedding within the New Zealand Medical Assistance Team (NZMAT) during the second rotation. This marked the first time AUSMAT has operated under an NZMAT-led mission, representing a major milestone in trans-Tasman interoperability and demonstrating the growing maturity of joint operational frameworks across the region.

Workforce development remained a core focus, with AUSMAT radiographers supporting the MotoX GP medical team in Darwin. This provided valuable hands-on experience with AUSMAT X-ray equipment and enhanced integration with multidisciplinary medical teams. Health logistics personnel further strengthened their deployment preparedness through participation in RedR's Hostile Environment Awareness Training (HEAT), offering comparative insights across AUSMAT's training continuum and informing future improvements. Additional HEAT placements for senior leadership and logistics personnel are planned for 2026 to ensure readiness for deployments into higher-risk environments.

AUSMAT also played a key role in strengthening Emergency Medical Team (EMT) capacity across the region. In October 2025, the REP and DPRT jointly delivered a WHO Emergency Medical Team Coordination Cell (EMTCC) Course at the Bees Creek Residential Training Facility. A total of 30 participants—including 15 AUSMAT members—completed the program, supported by AUSMAT faculty and WHO trainers. This expanded the pool of EMTCC-trained personnel available to coordinate EMT responses and reinforced interagency collaboration. In September 2025, AUSMAT contributed as evaluators in the joint training of Japan DMAT and international disaster medical teams in Tokyo and Misawa City. This large-scale earthquake simulation tested multinational coordination, clinical service delivery and logistics, further strengthening AUSMAT's commitment to regional preparedness and operational excellence.

Governance and forward planning were advanced through a comprehensive functional and efficiency review of NCCTRC operations, submitted to the Department of Health, Disability and Ageing in December 2025. The review engaged with stakeholders and Commonwealth agencies to identify opportunities for enhanced capability, coordination and sustainability. These efforts align with the Commonwealth's ongoing investment in operational excellence and the long-term strengthening of Australia's emergency health capability.

Collectively, these achievements demonstrate the NCCTRC's continued commitment to advancing Australia's leadership in regional health security, strengthening EMT capability and ensuring a highly trained, agile and deployable AUSMAT workforce ready to respond to emerging health emergencies at home and abroad.

Professor Len Notaras AO
Executive Director

AUSMAT MISSIONS

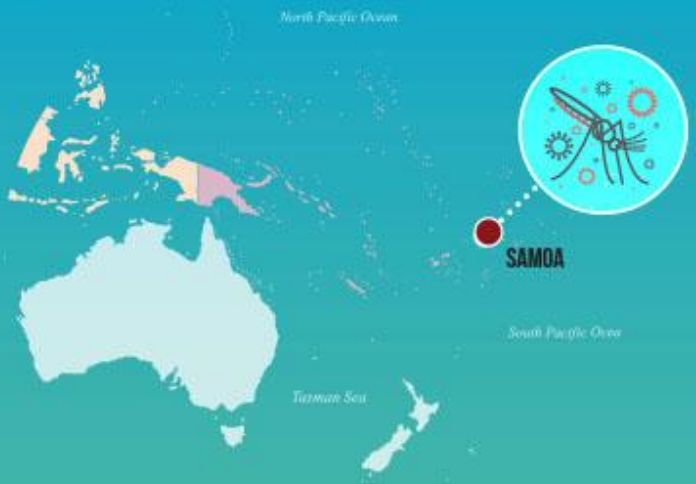
1 July 2024 to 31 December 2025

Australian Government
Department of Health, Disability and Ageing

NATIONAL CRITICAL CARE AND TRAUMA RESPONSE CENTRE

Samoa Dengue Outbreak

27 August – 13 September 2025



4 Team members

3 deployment roles

- Infectious Disease, Public Health and Epidemiology Specialist
- Paediatrician
- Emergency Specialists

NEW ZEALAND

NZMAT deployed a total of 31 personnel across two rotations bringing expertise in emergency medicine, paediatrics, public health and clinical logistics (New Zealand Ministry of Health 2025). AUSMAT's contribution included four specialists.

Myanmar Earthquake Response

April 2 – 14 2025

5 Team members

4 deployment roles

- Nurse and Midwife
- Medical
- Logistician
- Allied Health

Vanuatu Earthquake Response

December 2024 – January 2025

197 Expressions of interest

27 deployment roles

3 Teams deployed

Response capability

a) Maintenance of the Trauma Service capability at northern Australia's primary tertiary reception hospital (Royal Darwin Hospital), critical to NCCTRC operations

i. Maintaining the Trauma Service in accordance with Royal Australasian College of Surgeons accreditation standards

The Trauma Service at the Royal Darwin Hospital (RDH) aims to enhance communication and coordination in trauma care by strengthening relationships with regional hospitals across the Northern Territory (NT). These enhancements have led to better access to surgical services and more efficient activation of trauma calls, significantly improving the effectiveness of trauma notifications and strengthening collaborative care delivery throughout the region. The appointment of a 1.0 FTE medical and nursing trauma director position has strengthened clinical oversight and improved trauma management standards across the Top End region, fostering unified care practices across various NT health facilities. The role includes the responsibility of serving as the deputy director in the absence of the executive director of NCCTRC. The medical director role has been further supported by the appointment of a part-time deputy medical director (0.2 FTE), responsible for advancing clinical governance, research initiatives, medical education, trauma systems development and interprofessional team performance. Additionally, a dedicated Trauma Fellow position has been identified as essential for progressing toward reverification by the Royal Australasian College of Surgeons (RACS). Recruitment for this position has been finalised, with the successful applicant scheduled to commence in February 2026. This appointment will further strengthen the Trauma Service's capacity to achieve RACS Level 2 reverification in 2026. In addition, the Trauma Service takes a leadership role in paediatric and adult trauma prevention, education and research. Within its current format, the Trauma Service operates as a consultative, multidisciplinary service for injured patients presenting to RDH. It provides oversight of policies, procedures, education and training related to the management of injured adult and paediatric populations across the top end of northern Australia.

ii. Engaging, training, exercising and maintaining a clinical workforce prepared to respond to all hazards and all incidents of health emergencies of national and international significance

The Trauma Service offered specialised outreach education on trauma care across all 5 regions of the NT to assist healthcare clinicians in regional and remote areas. These educational initiatives aim to improve clinicians' knowledge and skills in trauma care, enhancing the quality of care provided to trauma patients. During the reporting period, the following educational programs were delivered; a total of 324 clinicians from regional, rural and remote areas successfully participated in these trauma education programs.

- Australian Trauma Team Training (ATTT) course in Katherine and Darwin in September and November 2025 (22 participants)
- Remote Pre Hospital Trauma Disaster Course (RPHTDC) in Alice Springs and Darwin, July and August 2025 (25 participants)
- Remote Area Trauma Education (RATE) course in Alice Springs, Groote Eylandt and Darwin, July and August 2025 (44 participants)
- Multiple Trauma clinical education to staff at RDH (152 participants)
- Triage Links with RDH and PRH, monthly
- orientation of surgical registrars
- monthly Trauma Grand Rounds (TGR) at RDH (226 participants) to discuss advancements in trauma care, presented by senior specialists within the NT health system including visiting specialists. This provides an opportunity for multidisciplinary teams to promote collaborative efforts and networking among members of the trauma community and highlight the expertise and available resources in trauma care in the NT
- monthly trauma multidisciplinary in-situ simulation program at RDH in the updated the SIM lab (81 participants over 5 sessions).

During this reporting period the in-situ trauma simulation program was delivered monthly. Before 2025, RDH did not have structured opportunities for trauma teams to practise or debrief outside of clinical events, which hindered the ongoing development of trauma-specific skills. The Trauma Service implemented a monthly in-situ trauma simulation program. Aims included providing protected time for effective trauma assessment and management; enabling teams to practise in their usual roles and environment with familiar equipment; and strengthening interprofessional communication, role clarity and teamwork.

Trauma courses and participant numbers from 1 July to 31 December 2025

iii. Supporting, facilitating and advising on health emergency response planning

The Trauma Service has continued to enhance its comprehensive care model for managing complex, multi-injury trauma cases. This approach aims to reduce the patient's length of stay, minimise rehabilitation needs and ensure the consistent application of evidence-based best practices and high standards of care throughout each patient's admission.

The service has taken a leadership role across the top end region by chairing and coordinating the Top End Region Trauma Management Committee (TMC), hosting trauma Clinical Review Meetings (CRM, formerly known as Trauma Morbidity and Mortality Reviews), and contributing to key committees, including RDH Emergency Management, and the Division of Surgery and Critical Care Executive. During this reporting period, 3 clinical review meetings and one Trauma Management Committee meeting took place. These meetings resulted in the development of interdisciplinary Trauma Management Guidelines based on actionable evidence-based practices. Additionally, significant efforts are underway to enhance the burns service at RDH.

iv. Building an integrated northern Australia trauma network in collaboration with key stakeholders improving access across the care continuum

Integrated Trauma Network for the top end of the NT

The Trauma Service, in addition to its acute inpatient services, actively collaborates with prehospital care providers across the Northern Territory (NT). This collaboration includes St John Ambulance NT (SJANT), CareFlight and the Royal Flying Doctor Service (RFDS), along with Gove and Katherine hospitals, primary health care networks and various remote and rural clinics. During this reporting period, the Trauma Service facilitated networking opportunities and trauma linkups with Katherine and Gove hospitals. These initiatives supported ongoing professional development and enhanced trauma care capabilities among the healthcare workforce in the top end of the NT. A total of 43 staff members from prehospital, primary healthcare and hospital settings participated.

Disaster preparedness was enhanced by a tabletop exercise the Trauma Service coordinated in mid-2025. The Mass Casualty Incident (MCI) Code Brown tabletop exercise at RDH brought together key stakeholders, including RDPH Executive leadership and emergency management coordinators, and was designed to test and strengthen interdepartmental coordination, surge capacity and operational workflows. The insights and lessons gained from this exercise were instrumental in shaping the RDPH's subsequent disaster preparedness activities. These outcomes directly informed the planning, readiness, implementation and recovery strategies applied during later emergency events, including the response to Tropical Cyclone Fina in November 2025.

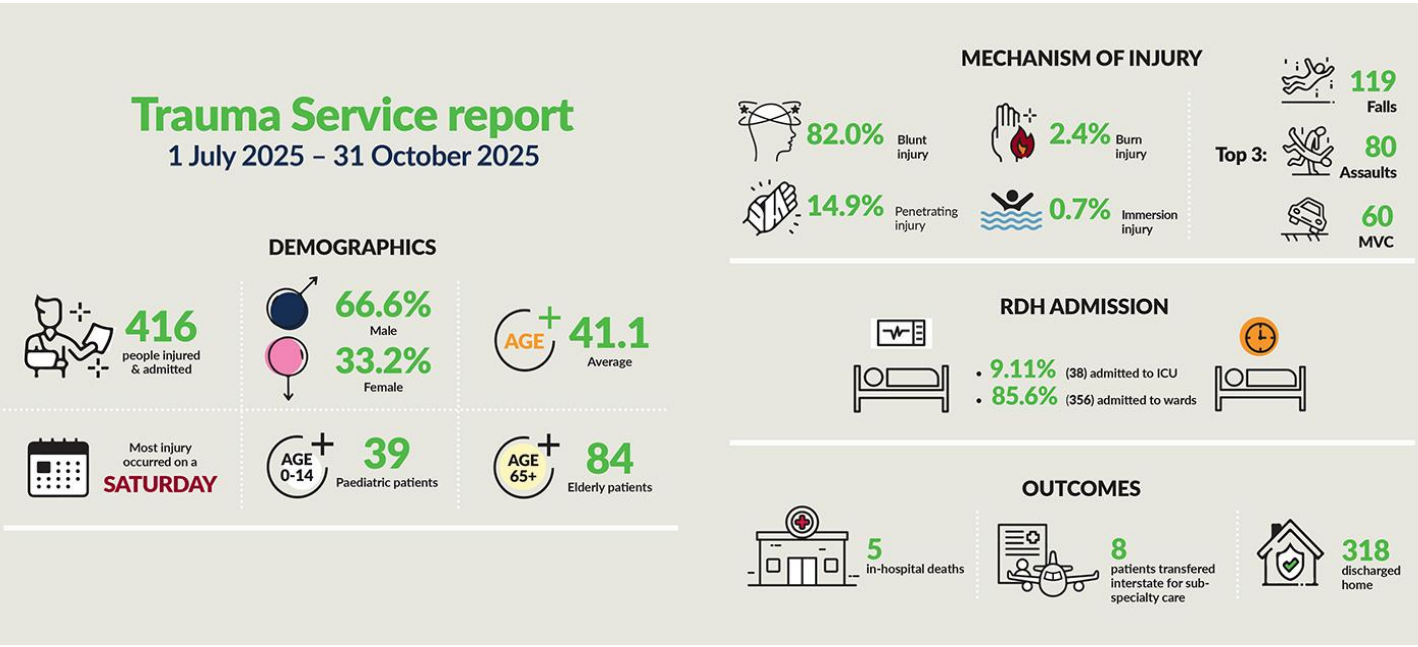
During the Tropical Cyclone Fina response, the Trauma Service played an active and integral role as part of the RDH Incident Management Teams. The service provided critical support throughout the response phase, including surge workforce coordination, operational assistance and contributions to continuity of care planning. This involvement extended into the recovery phase, ensuring effective management of service demands, alignment with emergency response procedures and maintenance of high-quality trauma care throughout the event.

In November and December 2025, the Trauma Service facilitated a 6-week clinical placement for a third-year occupational therapy student from Australian Catholic University (ACU), Melbourne. This placement provided the student with exposure to trauma service operations, interdisciplinary collaboration and the unique clinical context of the NT.

Over the same holiday period, the Trauma Service also provided mentorship and supervision to an Aboriginal cadet through a 4-week placement. This opportunity supported the cadet's professional development, strengthened early career pathways within the trauma workforce and aligned with the service's ongoing commitment to fostering culturally safe and inclusive training environments.

During November and December 2025, the Trauma Service coordinated and facilitated a 3-week placement of 2 senior nurses from RDH, a trauma clinical nurse consultant and an operating theatre nurse, for a structured burns upskilling program at Alfred Health in Melbourne. The team also had the opportunity to spend clinical time at the Royal Children's Hospital in Melbourne, gaining valuable experience in paediatric burns management, a capability not otherwise available within the NT. This collaboration has significantly strengthened the burns capability within the Top End, including improvements in clinical practice and medical governance of the burns service.

Further, an ICU nurse placement is scheduled for February 2026 to continue advancing critical care expertise in burns management. The Trauma Service aims to maintain and expand these collaborations throughout 2026 to further enhance service capability, supporting preparedness and burns care across Northern Australia.

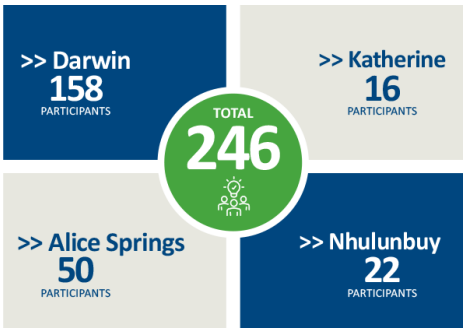


Prevent Alcohol and Risk-related Trauma in Youth (P.A.R.T.Y.) Program

The NCCTRC has continued to provide funding support for the P.A.R.T.Y. Program, a licensed injury awareness and prevention initiative aimed at high school students aged 15 years and older. The program exposes teenagers to the tragic consequences of risk-taking behaviours, helping them recognise potentially injury-producing situations, make informed choices and adopt behaviours that minimise risk. By engaging students in real-world scenarios, the program fosters awareness and empowers youth to make safer choices.

The P.A.R.T.Y. Program is coordinated by the Trauma Service and is delivered across the NT, with sessions offered in Darwin, Katherine, Nhulunbuy and Alice Springs.

P.A.R.T.Y. Program participant numbers



The P.A.R.T.Y. Program continues its analysis of data collected from participant surveys administered before, immediately after and 3 to 5 months following program participation, covering the period from 2017 to 2023. This quantitative analysis has revealed significant findings and will be complemented by a qualitative component aimed at evaluating the program's effectiveness in influencing attitudes toward risk-taking behaviours among youth in the NT. The results of this evaluation will provide valuable insights to inform the ongoing development of injury prevention strategies under the NT Injury Prevention Strategy. The findings will also identify opportunities for quality improvement within the P.A.R.T.Y. Program. While the initial phase of this project has been completed, further work including qualitative analysis is required to deliver a comprehensive and meaningful evaluation of the program.

Contribution to the reduction of injury in the community

In alignment with NT Health priorities, injury prevention remains a key focus in promoting the health and wellbeing of the top end population. Data gathered from the RDH Trauma Registry and the Paediatric Injury Surveillance Database offer critical insights that help shape policies and guide the development of effective injury prevention strategies and healthcare management guidelines.

Research nurses for the Paediatric Injury Surveillance project have now completed all 2024 surveillance data for emergency department paediatric presentations at Royal Darwin and Palmerston hospitals. This work identifies if injury is the reason for the presentation as well as the mechanism, type, contributing factors and outcome of those injuries in case presentation. With the 2024 data in final stages of cleaning, and in addition to the 2023 data, there are now 2 consecutive years of paediatric injury surveillance ready for analysis.

In collaboration with the Health Statistics and Informatics Division (NT Health DoH), the public health directorate has developed and reviewed a jurisdictional report titled "Injury in the Northern Territory (2005 – 2022)" which will inform injury prevention strategies and policy in the NT.

The NCCTRC was represented by the public health directorate at the Cross Jurisdictional Injury Group (CJIG) meeting held on 14 November 2025 to discuss injury prevention work across jurisdictions, injury surveillance and priority areas for the year ahead, including an update by AIHW.

b) Maintenance, ongoing development and operation of the Australian Medical Assistance Team (AUSMAT) capability

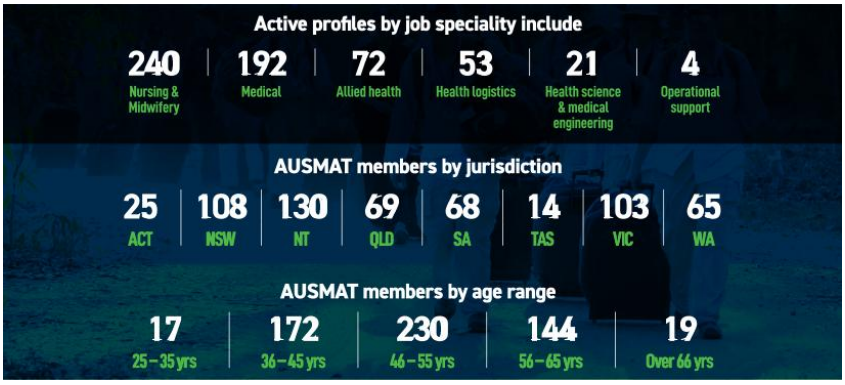
i. In accordance with AUSMAT guiding principles, providing 24/7 response capability and support to the Australian Government via the Department of Health and Aged Care (DHAC/Health) through domestic and/or international deployments, or potential deployments of AUSMAT as requested

The ongoing enhancement and management of AUSMAT's deployable capability rely on collaborative planning and an integrated, multidisciplinary approach to meet technical and specialised operational needs. The NCCTRC remains dedicated to readiness, ensuring the capacity for timely and effective responses to health emergencies, both domestically and globally, through the provision of skilled personnel, essential equipment, consumables and deployment kits.

NHEMS – AUSMAT guiding principles update

NCCTRC continued development and updating of AUSMAT guiding principles for the National Health Emergency Management Subcommittee. The principles are on track for completion in February 2026.

AUSMAT trained personnel – deployment readiness status



*This data extracted on 9 January 2026 is subject to change noting circumstances of AUSMAT members

Samoa dengue outbreak response – AUSMAT embedded with NZMAT led response

The recent dengue outbreak in Samoa prompted a joint medical response from New Zealand Medical Assistance Team (NZMAT) and Australian Medical Assistance Team (AUSMAT) – marking a milestone integration of the 2 teams operating to World Health Organization (WHO) Emergency Medical Team (EMT) standards.

Samoa declared a national dengue outbreak in April 2025, triggering a major public health emergency as co-circulating dengue serotypes DENV-1 and DENV-2 drove a surge in paediatric cases and severe clinical presentations (Samoa Ministry of Health, 2025).

Hospital admissions spiked, prompting Samoa's Ministry of Health to seek assistance from New Zealand. In response, the New Zealand Medical Assistance Team (NZMAT) deployed to Apia, providing clinical support at the capital's main hospital and a community clinic. During a second rotation, 4 Australian Medical Assistance Team (AUSMAT) doctors joined NZMAT for 2 weeks – a joint response demonstrating the value of trans-Tasman collaboration.

By mid-September, Samoa had recorded more than 13,000 clinically diagnosed cases, over 4,000 laboratory-confirmed cases, and 6 dengue-related deaths (Samoa Ministry of Health, 2025). Weekly hospital admissions exceeded 100 patients, placing unprecedented demand on the health system. The Government of Samoa activated its National Emergency Operations Centre to coordinate whole-of-government actions, including vector control, community outreach and enhanced surveillance (Government of Samoa, 2025). External clinical support became vital as demand soared. In August 2025, NZMAT deployed 31 personnel across 2 rotations bringing expertise in emergency medicine, paediatrics, public health and clinical logistics (New Zealand Ministry of Health, 2025). AUSMAT's contribution included 4 specialists: an infectious disease, public health and epidemiology specialist from Victoria, emergency specialist from Victoria, paediatrician from South Australia and an emergency specialist from Western Australia.

The interoperability of two Emergency Medical Teams (EMTs) aligned with WHO EMT standards marked the first embedding of AUSMAT within NZMAT. The integrated team worked at Tupua Tamasese Meaole (TTM) Hospital and a busy community clinic, managing mild-to-moderate dengue and referring high-acuity cases to TTM.

A key focus of this deployment was collaborating with Samoan colleagues on early identification of high-risk cases and paediatric fluid management (WHO Western Pacific Regional Office, 2025). By sharing technical expertise with Samoan clinicians, the team helped embed sustainable skills that strengthen the health system beyond the deployment period.

Public Health assisted by providing country profile and guidelines to prevent mosquito bites. Appropriate mosquito repellents were procured for the AUSMAT deploying team members in collaboration with the pharmacy team (DPRT).

ii. Maintaining resources for at least 2 domestic AUSMAT Type 1 mobile or fixed deployments, in accordance with the WHO standards, of up to 30 people for a period of no greater than 28 days each financial year as requested

The NCCTRC continues to plan and maintain resources for 2 domestic deployments. In line with this preparedness the NCCTRC rolled out the full EMT Type 2 surgical field hospital capability during the AUSMAT national exercise in July and August 2025 which included the full build of the EMT Type 2 field hospital capability.

The National AUSMAT Workforce and Deployment Management System (WDMS) database of trained personnel continues to maintain AUSMAT members in readiness for AUSMAT deployment.

EMT Type 1 alpha and bravo capabilities remain fully configured, maintained and deployment-ready, with all core components accounted for to support rapid mobilisation in line with operational requirements.

Significant improvements were made to warehouse pallet racking to accommodate the EMT 1 replication, alongside a full warehouse declutter and warehouse reconfiguration with introduction of standardised storage photographs.

Post–National Field Exercise – deployable kit audit and replenishment

Following the National Field Exercise, all deployed kits were audited, replenished and reconfigured to ensure full readiness ahead of the peak disaster season. This included review of both medical and food caches.

Kits are fully replenished, inventory lists and consumables dates tracked and mapped for rotation and maintained in a state of readiness for deployment.

Lessons learned from the National Field Exercise and other training activities are being actively reviewed and translated into quality improvement actions. Key improvement opportunities have been identified, with actions underway to enhance preparedness, processes and future exercise delivery.

The Disaster Preparedness and Response team has also continued to build capacity through professional development and on-the-job learning opportunities with increased engagement in education-delivered courses and training activities.

EMT Type 1 replication

The configuration and finalisation of the logistics components of the second Type 1 deployable cache have been successfully completed ensuring full operational readiness and alignment with established deployment standards.

iii. In accordance with AUSMAT guiding principles, maintain, develop and enhance the AUSMAT capabilities by training, exercising and preparing AUSMAT personnel and ensuring team selection and training optimises overall cohort capability to respond effectively

AUSMAT National Field Exercise July and August 2025

The 2025 AUSMAT National Field Exercise was held in July and August 2025 and was designed to fully utilise the AUSMAT surgical field hospital and replicate real deployment conditions through a structured play-and-pause operational scenario.

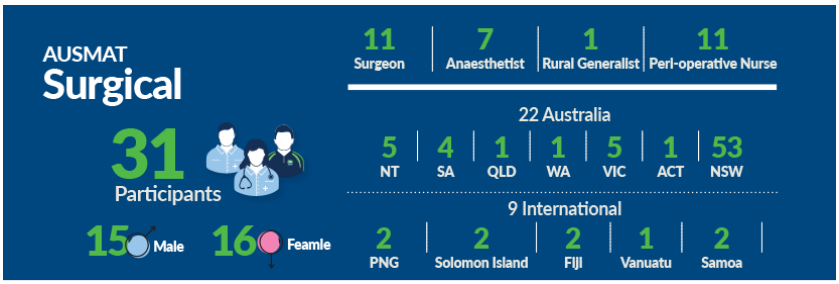
The aim of the National Field Exercise was to assess AUSMAT's EMT Type 2 capability, protocols and procedures; strengthen engagement across team members, Health Logistics and Surgical groups; provide critical skills familiarisation and EMT updates; and enhance collaboration among AUSMAT members, international partners and key stakeholders.

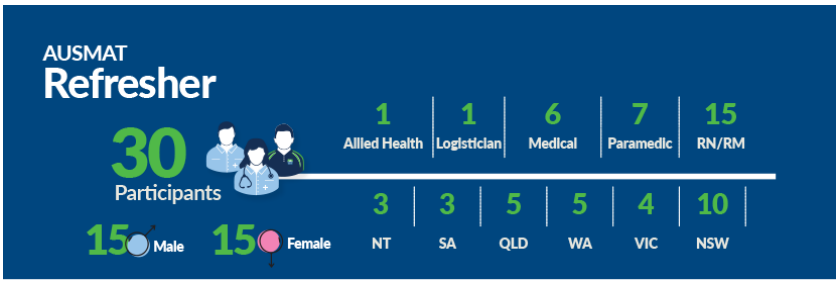
The National Field Exercise included one logistics course (12 participants, 9 within Australia and 2 from Fiji), one surgical course (30 participants), and one team member refresher course (30 participants). Additionally, a standalone AUSMAT team member course was delivered in May 2025.

Development of the field exercise was a joint effort between NCCTRC staff, senior AUSMAT leaders and external experts, with international stakeholders invited to observe realistic interoperability. Visitors from Korea, Japan, New Zealand and the United States of America provided valuable insights, shared experiences and strengthened partnerships in support of regional readiness and health emergency response collaboration.

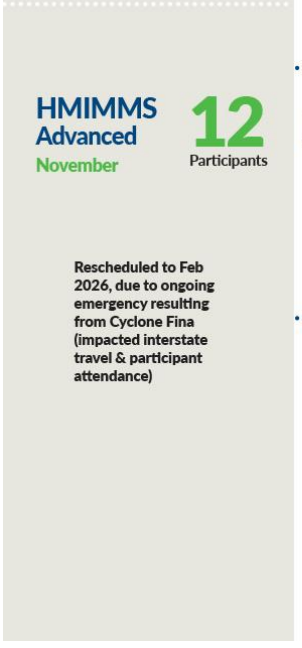
Public engagement activities, including VIP, Commonwealth and stakeholder tours, occurred from 5 to 8 August 2025, offering the public an opportunity to view the operational EMT Type 2 surgical field hospital. A total of more than 150 stakeholders toured the facility, gaining a firsthand appreciation of Australia's deployable health capability and AUSMAT's operational readiness.


AUSMAT
Logistics
11
Participants
All Male
9
AUSMAT MEMBERS
all fire officers
2
FEMAT
Emergency Management

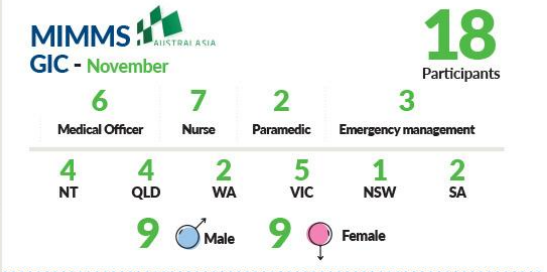

AUSMAT
Surgical
31
Participants
15 Male
16 Feamle
11 Surgeon
7 Anaesthetist
1 Rural Generalist
11 Perl-operative Nurse
22 Australia
5 NT
4 SA
1 QLD
1 WA
5 VIC
1 ACT
53 NSW
9 International
2 PNG
2 Solomon Island
2 Fiji
1 Vanuatu
2 Samoa


AUSMAT
Refresher
30
Participants
15 Male
15 Female
1 Allied Health
1 Logistician
6 Medical
7 Paramedic
15 RN/RM
3 NT
3 SA
5 QLD
5 WA
4 VIC
10 NSW

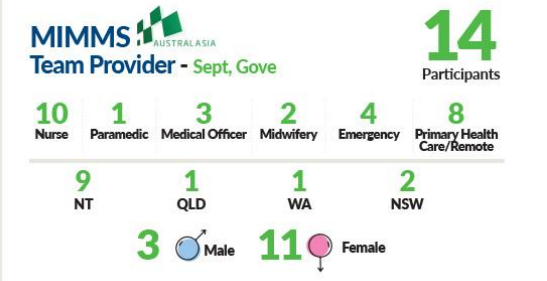

HMIMMS
Advanced
September
14
Participants
4
Medical Officer
10
Nurse
10 NT
1 SA
1 QLD
1 WA
1 NSW
3 Male
11 Female


HMIMMS
Advanced
November
12
Participants
Rescheduled to Feb 2026, due to ongoing emergency resulting from Cyclone Fina (impacted interstate travel & participant attendance)


MIMMS
AUSTRALASIA
Advanced - September
21
Participants
8 Medical Officer
8 Nurse
1 Surgeon
2 Emergency management
1 Research
1 Paramedic
16 NT
1 QLD
1 WA
1 TAS
1 NSW
1 ACT
7 Male
14 Female


MIMMS
AUSTRALASIA
GIC - November
18
Participants
6 Medical Officer
7 Nurse
2 Paramedic
3 Emergency management
4 NT
4 QLD
2 WA
5 VIC
1 NSW
2 SA
9 Male
9 Female


MIMMS
AUSTRALASIA
Team Provider (x2) - Sept, Cocos Islands
32
Participants
1 Fire Emergency Services Volunteers
3 Health Services
7 Police
6 Logistics
6 Admin
20 Male
12 Female


MIMMS
AUSTRALASIA
Team Provider - Sept, Gove
14
Participants
10 Nurse
1 Paramedic
3 Medical Officer
2 Midwifery
4 Emergency
8 Primary Health Care/Remote
9 NT
1 QLD
1 WA
2 NSW
3 Male
11 Female

Professional development opportunities

The NCCTRC issued an EOI to AUSMAT members for participation in the Specialist Certificate in Disaster Health Management. Delivered in partnership with the University of Melbourne, this initiative aimed to provide AUSMAT-trained members with access to advanced professional development opportunities, enhancing their existing knowledge and capabilities. The first of its kind in Australia, this course is specifically designed for clinicians and health professionals and equips participants with essential skills to prepare their health services, communities, hospitals or trauma units for a range of disaster scenarios, as well as to effectively manage and recover from such events.

To support participation, the NCCTRC offered sponsorships for up to 20 AUSMAT members and the pilot group has successfully completed the inaugural course. Post-course evaluations were conducted independently by both the NCCTRC and the University of Melbourne.

While feedback varied, most participants reported that the course significantly enhanced the value of their AUSMAT training, providing them with advanced knowledge and skills to better prepare for deployment.

Expressions of interest AUSMAT opportunities

2025 Joint Training of Japan Disaster Medical Assistance Team (DMAT) and international disaster medical teams for Large-Scale Earthquake Medical Exercise across multiple locations in Japan from 2 to 7 September 2025: 2 AUSMAT members attended the exercise as part of an exercise evaluation team

MXGP: 4 AUSMAT trained medical diagnostic radiographers were selected to work within the NCCTRC Specialist Clinical Workforce team, providing specialist radiography services to MXGP participants

World Health Organization International Emergency Medical Team Coordination Cell (EMTCC) Training, September and October 2025: 14 AUSMAT participants

Hostile Environment Awareness Training (HEAT) – RedR (Victoria Emergency Management Institute), 29 October to 2 November 2025: 2 AUSMAT health logisticians

AUSMAT Health Logistics Course 18 to 25 July 2025

AUSMAT logisticians completed the AUSMAT Health Logistics Course, a specialist capability development program for AUSMAT trained logistics personnel. The course was delivered as a core component of the 2025 AUSMAT National Field Exercise at the Bees Creek Training Facility. The intensive 8-day course focused on the core duties and responsibilities of an AUSMAT logistician, including the establishment, operation and sustainment of an EMT Type 2 surgical field hospital.

The training consolidated participants' existing AUSMAT team member training and professional experience as firefighters with other relevant technical skills aligned with the operational requirements of AUSMAT. It also enhanced participants' capabilities in EMT-specific health logistics, consistent with WHO Minimum Standards for Emergency Medical Teams and in the management of the deployable cache of specialised equipment.

The cohort comprised 9 AUSMAT logisticians, all fulltime professional firefighters from across Australia. Participants were selected for their trade qualifications (e.g., plumber, electrician, mechanic) or additional specialist skills (e.g. drone pilot, dangerous goods certification) relevant to AUSMAT operations.

In addition, 2 Fiji Medical Assistance Team (FEMAT) logisticians/public health observers participated in the course, supporting regional engagement, interoperability and capacity-building objectives.

The course represents a strategic investment in workforce capability and contributes to maintaining AUSMAT's preparedness to deploy rapid-response health teams in support of domestic and international emergency response operations.

PHOENIX Program training activities

Communicable Diseases in Health Emergencies Course, Nuku'alofa, Tonga, 12 to 14 November 2025

The PHOENIX Program collaborated with Tonga Ministry of Health (MoH) to design, develop and deliver the Communicable Diseases in Health Emergencies (CDHE) course in Nuku'alofa, Tonga. The course was developed through close consultation between Dr Ana Mahe, Senior Medical Officer at the Tonga MoH, Dr Maya Cherian, PHOENIX Director of Education and AUSMAT member, Dr Anu Anuradha, and Dr Ros Webby, public health physicians and AUSMAT members. The course was designed to enhance Tonga's readiness for managing communicable disease outbreaks and pandemics. The 3-day course brought together 23 participants from Nuku'alofa and outer islands. The strong support of AUSMAT members in developing this course reflects NCCTRC's commitment to enhancing global health emergency preparedness.

Social Web Information Environment Assessment and Trainer-of-Trainer Course, Manila, Philippines, 2 to 4 December 2025

PHOENIX partnered with the Philippines MoH and the Philippines WHO Country Office to deliver the Social Web Information Environment Assessment Course in Manila, Philippines. Faculty for the course included 2 NCCTRC staff members Dr Maya Cherian, PHOENIX Director of Education and AUSMAT member, and Carla Yeung NCCTRC Director Corporate, Community and International Relations. Dr Cherian also developed and delivered the Trainer-of-Trainer course with the support of Ms Yeung and PHOENIX trainer, Marion Orchison. The course was attended by 18 participants from the Philippines Ministry of Health. This activity reflects the NCCTRC's dedication to improving communications and community engagement to strengthen health emergency responses in the region.

Regional Engagement Program (REP) training activities

Through close collaboration with ministries of health and key partners in 7 countries (plus Palau through DFAT) REP is working to strengthen integration, coordination and inclusivity in national health emergency preparedness, response and system development. Program delivery is structured around 4 core work streams: emergency and critical care, rehabilitation in emergencies, health emergency management, and the development of National Emergency Medical Teams. Together, these efforts are helping to foster a growing regional community of practice. REP is creating linkages, promoting collaboration, strengthening networks and embedding evidence-based, locally led approaches to health emergency response—ultimately contributing to more resilient health systems across the Pacific and Timor-Leste.

WPRO Regional EMTCC training, Darwin 7 to 11 October 2025

REP and AUSMAT joint activity

Behind every well-coordinated emergency response are skilled professionals working quietly to connect teams, resources and decisions. The Emergency Medical Team Coordination Cell (EMTCC) training held in October 2025 at the NCCTRC Bees Creek Training Facility, Darwin, brought together representatives from across the Western Pacific and Timor-Leste to strengthen the region's ability to lead and coordinate during health emergencies, building national leadership and regional collaboration for future responses. Delivered in partnership with the WHO Headquarters, WHO Western Pacific Region (WHO WPRO) and the NCCTRC REP and AUSMAT, the course combined global best practice with regional experience to reflect the realities of emergency response across the region. Through a hybrid learning model combining online webinars and an intensive 4-day residential component in Darwin, participants explored the EMTCC lifecycle, from preparedness and activation through to operations, transition and closure. The course integrated thematic lectures, tabletop exercises, simulation drills and interactive roleplays, allowing participants to apply coordination tools to region-specific scenarios such as cyclones, earthquakes and outbreaks. Participants represented ministries of health, EMTs and disaster management agencies from Fiji, Japan, New Zealand, Papua New Guinea, Samoa, the Solomon Islands, Timor-Leste, Tonga, Vanuatu and Australia. Working in country groups, participants shared common challenges and compared national approaches to disaster response, highlighting both the similarities and differences in coordination systems across the region.

EMT rehabilitation in emergencies expert secondment to WHO

The secondment of an AUSMAT rehabilitation specialist commenced on 7 July 2025 to support the WHO EMT Secretariat in delivering the EMT 2030 Strategy and the WHO Rehabilitation Strategy. The secondment provides specialist rehabilitation expertise to strengthen country preparedness and readiness, and to support leadership, coordination, training and capacity-building activities related to rehabilitation in emergency contexts.

Ms Erica Bleakley was selected and completed an initial 6-month secondment from 7 July 2025 to 6 January 2026. During this period, she made a significant contribution to WHO's work, particularly in the delivery of training and capacity-building initiatives supporting rehabilitation in emergencies.

Following the successful initial secondment, WHO has formally requested a further 6-month extension, from 7 January 2026 to 6 July 2026, under the same terms and conditions as the existing agreement.

iv. Regularly reviewing and updating training materials and resources to reflect best practice WHO Type 1 and Type 2 standards for EMT

Clinical engagement and validation

The NCCTRC operational staff and clinicians played a pivotal role in refining the checklist and configuration guides. Their contributions ensured that clinical equipment and supplies were appropriately prioritised. Clinicians also participated in validation exercises, providing practical feedback to ensure that setups meet real-world clinical needs and comply with EMT standards.

Specialist cell development and technical working groups

As highlighted in other sections of this report, DPRT has continued to develop and refine EMT specialist cell capabilities, including:

- Surgical
- Maternal Health
- Biomedical Support
- Public Health.

The AUSMAT Technical Working Groups have also advanced EMT 1 and EMT 2 capabilities through:

- regular collaboration and feedback: engaging technical experts, clinicians, logisticians and operational personnel to review equipment, protocols and deployment strategies
- equipment and technology updates: recommending upgrades to medical equipment, communication systems and logistical support tools to ensure teams have access to the most effective resources
- incorporating lessons learned: conducting post-deployment and exercise debriefs to capture insights and apply them to training, equipment configuration and operational protocols.

Interoperability planning

DPRT has initiated a strategic planning process to enhance interoperability with other EMTs at the international level. This includes inviting regional EMTs to attend and participate.

Logistics cache and update

AUSMAT equipment and infrastructure enhancements

Incinerator upgrade

A new 50kg capacity incinerator unit has been sourced from the United Kingdom with delivery expected early in 2026 to provide an enhanced capability from the existing Turbo Burn Mark 2 units in the AUSMAT cache. This upgraded unit offers a more efficient and sustainable solution for managing healthcare waste during deployments and can be dismantled for transport, significantly improving operational flexibility and environmental compliance.

Deployable morgue system

A new modular deployable morgue system has been commissioned, packed and stored within the Type 2 cache. Configured to accommodate 8 beds, including 4 bariatric sizes, the system allows for improved transport and storage. It features rapid setup and a chiller unit that operates without glycol-based cooling and less consumables, enhancing reliability and field performance. An options analysis will be carried out with the aim of repurposing the old morgue system to support a locally based capability.

Generator capability enhancement

The procurement of 2 diesel generators is nearing completion, with delivery expected in early 2026. Upon delivery, the NCCTRC warehouse will hold a total of 7 diesel generators, each able to generate 22kva. This will allow an original generator unit with a standard limited fuel tank to be replaced. As a result, 6 units will be available for inclusion in the deployable Type 2 cache with one unit as a redundancy.

Staff accommodation shelters

New HDT staff accommodation shelters have been trialled and proven effective in operational conditions. These shelters were fitted out with mosquito netting to improve personnel comfort and health protection, along with a simplified lighting and power system designed to enhance reliability, ease of setup and overall usability.

Refurbishment of deployable Type 2 logistics cache

The logistics team refurbished the cache to deployable status by:

- cleaning, checking, repairing and purchasing replacement items
- removing outdated and unnecessary items
- mirroring existing deployable Type 1 cache on the shelf in the warehouse
- improving the cache list, labelling and storage location to enable clear processes and ensure the system is not person reliant.

Oxygen capability

The deployable oxygen capability project has undergone an independent compliance review of regulatory and standards requirements, conducted by a specialist power consulting firm. The review found that, as installed, the equipment meets most of the associated standards. The registration process for the capability has commenced under the Australian Register of Therapeutic Goods (ARTG) as required for therapeutic devices. The logistics team has commenced initial commissioning in the warehouse while the additional actions are being undertaken to ensure full compliance.

Local NT logistics engagement

To ensure deployment readiness, logistics personnel conducted in-house training and familiarisation exercises during the National Exercise and Type 2 roll out with deployable equipment and systems including:

- shelter systems: set up and pack down of western shelters and BluMed surgical shelters and HDT staff shelters
- IT and communications: overview of the current deployable IT and communications kits
- vector control equipment operation of spray units and chemical safety
- sterilisation equipment.

Health logistics, surgical and team member refresher training course support

The NT logistics team (NTFRS firefighters) provided critical support, initially packing and transporting the cache to Bees Creek, assisting interstate Health Logistics Course participants with establishing the facility and supporting the final setup, daily management and maintenance. Other duties included:

- running skill stations providing background information with show and tell and activities
- conducting field facility tours for VIPS, visiting EMTs and guests
- pack down, clean and refurbishment of deployable cache capability
- operational support for NCCTRC events through multi-casualty bus fit-out of the stretcher frame system
- RPHDC faculty support and set up of equipment, travel and transport equipment across the NT
- manufacture of niche items to complete the EMT 1 replication including space case sinks and disabled toilet.

AUSMAT EMT load exercise

Following recent load exercises a POD Build Resources and Pallet Load Deployment Configuration guide were developed to enhance the deployable readiness of the AUSMAT cache. These tools streamline pre-deployment activities and improve operational efficiency. By standardising and establishing a comprehensive, ready-to-deploy checklist for all AUSMAT equipment across all technical inventory areas, the NCCTRC aims to increase the efficiency and speed of preparing and transporting deployment PODs for uplift. Furthermore, these resources support operational scalability and adaptability. The PODs can be customised to meet specific mission demands for airlift by substituting or adding modules without the need for a complete reconfiguration. This flexibility enables rapid adjustments in response to operational demands while maintaining a constant state of readiness. Currently there are approximately 35 PODs weighing over 55 tonnes for a Type 2 deployment.

v. Operating and maintaining a Monitoring, Evaluation and Learning (MEL) framework, which includes After-Action Reviews (AAR) for all deployments, major trauma responses at RDH and other emergency responses

The MEL framework has been revised to align with the NCCTRC Strategic Plan 2024–2027 and the Annual Work Plan (August 2025 – June 2026). This framework enables systematic tracking of key performance indicators, evaluation of activity impact and effectiveness and integration of lessons learned to inform future decision-making and implementation.

The Samoa deployment DFAT AAR review is pending.

vi. In accordance with AUSMAT guiding principles, maintaining the AUSMAT volunteer database by annually reviewing information stored in the database and updating when required

AUSMAT Workforce and Deployment Management System (WDMS) administrators and coordinators meeting

During this reporting period, 2 meetings were held with interstate AUSMAT WDMS administrators and coordinators. The first, on 7 August 2025, was a face-to-face meeting in Darwin to coincide with the AUSMAT National Field Exercise, offering attendees the opportunity to tour the EMT Type 2 Field Hospital. Representatives from ACT, NSW, QLD, TAS, VIC and WA attended in person, with SA sending apologies. The second meeting, on 5 November 2025, was a video conference call. The NCCTRC was represented by the Acting Director of Disaster Preparedness and Response, the Director of Emergency Management and Disaster Response, the WDMS manager and support officer, AUSMAT operations managers and representatives from Pharmacy and Education.

In addition to the WDMS administrators and coordinators, the NCCTRC team also hosted representatives from Juvare (owners of WedEOC), Response Psychological and Thermal Hyperformance at the August 2025 meeting. This allowed for the firsthand exchange of information, queries, plans and demonstrations of future developments.

Jurisdictional representatives were also able to gain insight into some of the behind-the-scenes deployment considerations such as psychological wellbeing, vaccination status and heat acclimatisation, further strengthening understanding and collaboration.

WebEOC Juvare upgrade project for the national AUSMAT WDMS

Works associated with phase 1 of the AUSMAT WDMS rebuild and upgrade project paused temporarily during the AUSMAT National Field Exercise; however, they remain on track. NCCTRC will begin a dedicated services hours arrangement with Juvare in January 2026 with Phase 1 works planned for completion and testing by 30 June 2026.

Phase 1 works include:	
Volunteer applications	**Removal of separate volunteer portal**
	Interactive form to be used as initial application questionnaire
	Addition of mandatory fields to facilitate accurate assessment of applications
Deployment boards	**Redesign to incorporate all team rotations on one deployment page**
	Design of interactive EOI submission and endorsement process
	Improved information capture and reporting capability
Volunteer summary page	**Improved naming, display, search and sort, and reporting capability**
	Updated workflows

The Manager AUSMAT Operations and the Manager AUSMAT Workforce and Deployment Management System (WDMS) attended the annual Juvare WebEOC Asia Pacific (APAC) Annual Users Conference on 29 and 30 July 2025 in Adelaide, South Australia.

Over the 2-day conference, more than 60 attendees representing 28 organisations came together as leaders and innovators in emergency management to share experiences and drive collaboration and innovation.

The conference provided a valuable networking platform to exchange ideas and explore new ways to improve and strengthen system functionality and tools.

Attendance supported the AUSMAT operational team, which is currently progressing the AUSMAT WDMS National Database Upgrade Project, by enabling participants to stay informed of the latest advancements, enhance skills and gain valuable insights into system customisations, tool usage and the features and benefits of the cloud-based Nexus system. Nexus represents the future platform for all WebEOC system upgrades, enhancements, and development.

vii. Providing access to the AUSMAT volunteer database as requested by Health

There were no requests from DHDA/Health to access the AUSMAT WDMS during this reporting period. AUSMAT WDMS administrators and coordinators for each state and territory continue to be supported with their access and training to manage their AUSMAT cohort and data.

viii. Maintaining fit-for-purpose office spaces and a purpose-built training facility that complies with the WHO EMT standards

and

ix. Maintaining the AUSMAT cache warehouse in Darwin and investigating establishing a second minor site to support the supply and access for the national AUSMAT capabilities that comply with the WHO EMT standards

To support the EMT Type 1 replication project, the NCCTRC has initiated a comprehensive warehouse redesign. This work includes the clear designation of storage zones to separate EMT Type 1 and EMT Type 2 caches, improving inventory management, deployment readiness and operational efficiency.

Bees Creek Training Facility

The Bees Creek Training Facility plays a pivotal role in supporting the training and preparedness for AUSMAT deployment, ensuring capacity to respond to national and international health emergencies. Infrastructure upgrades will include:

New warehouse
This facility will enhance and complement logistics capability and include a partially air-conditioned section to support EMT Type 1 replication.

Internal access road
A 500m long, 8m wide internal access road with a 6m wide single coat seal estimated to cost $500,000 has been identified by the NT Government as a fire compliance requirement to ensure adequate access for firefighting assets.

Pharmacy updates

The Pharmacy team plays a vital role in maintaining and enhancing the AUSMAT medicine cache and supporting staff health and deployment readiness. Key activities during this reporting period are outlined below.

Clinical Governance and Technical Working Groups (TWGs)

The Pharmacy team continued its contribution to the NCCTRC Clinical Governance Committee and participated in relevant TWGs to support medicine governance, policy development and operational oversight.

Review of Staff Health Kit

The Staff Health Kit was comprehensively reviewed during the reporting period. Consultation was undertaken with AUSMAT Team Leaders who deployed in 2024, and the New Zealand Medical Assistance Team (NZMAT) equivalent was reviewed for comparison and benchmarking purposes,

As a result of this review:

- The kit was reorganised to improve accessibility, with medicines grouped by therapeutic class and medicine type.
- Additional medicines were incorporated to enable management of a broader range of health conditions for deployed AUSMAT staff.

Portable, deployable vaccine refrigerators

A review of our cold chain capability was undertaken prior to duplication of the EMT1 cache. This review identified that smaller, portable vaccine refrigerators would be more appropriate for field deployment than larger units.

One portable refrigerator was purchased and will undergo further in-field testing to assess suitability for deployment conditions.

Improvements to WDMS

The pharmacy team collaborated with Juvare to enhance the immunisation functionality within the WDMS. Key improvements included:

- enabling the recording of booster doses if not baseline (e.g. rabies and COVID-19) ensuring complete immunisation histories are captured
- enhancing immunisation reporting to clearly display the type of evidence provided (vaccination record or serology), streamlining immunisation checks during deployments.

Cross-collaboration with domestic agencies

The Pharmacy team delivered a presentation to other humanitarian partners Team Australia during the National Field Exercise on staff health and immunisation requirements for AUSMAT deployments.

Work also progressed towards harmonising immunisation requirements for Disaster Assistance Response Teams (DART). Meetings were held with Queensland and New South Wales DART teams to discuss alignment of immunisation recommendations.

Cross-collaboration with international teams

The Pharmacy team hosted Truc Nguyen (NZMAT pharmacist) and Judy Fairgrove (NZMAT operations) for a one-week visit. The visit focused on comparing and discussing medicine governance arrangements and deployment kit set up for deployment.

Professional development opportunities

From 31 August to 4 September 2025, 2 NCCTRC pharmacists attended the FIP (International Federation of Pharmacists) World Congress of Pharmacy and Pharmaceutical Sciences in Copenhagen. A total of 4 posters were presented, including:

- Morrow M, et al. Medicine kits for non-medical personnel. Poster presentation. FIP World Congress 2025; Copenhagen, Denmark.
- Morrow M, et al. Sustainable practices in the maintenance of an emergency medical team medicine cache. Poster presentation. FIP World Congress 2025; Copenhagen, Denmark.
- McWiggan J, et al. Review of an Emergency Medical Team (EMT) Type 2 medicine cache. Poster presentation. FIP World Congress 2025; Copenhagen, Denmark.
- McWiggan J, et al. Development and use of an automated electronic vaccination database for a volunteer deployable workforce. Poster presentation. FIP World Congress 2025; Copenhagen, Denmark.

Completion of mSupply project

The Pharmacy department has adopted mSupply for dispensing and stock recording at NCCTRC and for deployments. The Pharmacy department continues to work with the mSupply team to address ongoing improvements and resolve identified system issues.

Vaccines

Vaccines are provided to interstate AUSMAT members with no charge when they are visiting Darwin, with the majority administered during AUSMAT team member courses (this includes Logistician, Surgical and Refresher). The costs outlined below reflect the base price of the vaccines only. When AUSMAT members receive these vaccines at a community pharmacy or a GP, the cost is up to double due to additional expenses including consulting fees, prescription mark-ups and administration fees.

A study investigating the feasibility of reimbursing interstate AUSMAT members for the cost of specific vaccines will be implemented in the next reporting period.

Vaccines administered 1 July to 31 December 2025

STATE	NUMBER OF PEOPLE	NUMBER OF VACCINES	TOTAL COST
ACT	0	0	$0
NSW	16	31	$3,161.92
NT	55	147	$10,125.20
QLD	12	27	$2,916.46
SA	5	7	$867.88
TAS	0	0	$0
VIC	7	15	$1,173.38
WA	7	13	$939.72
TOTAL	102	240	$19,184.56

Immunisation readiness of members

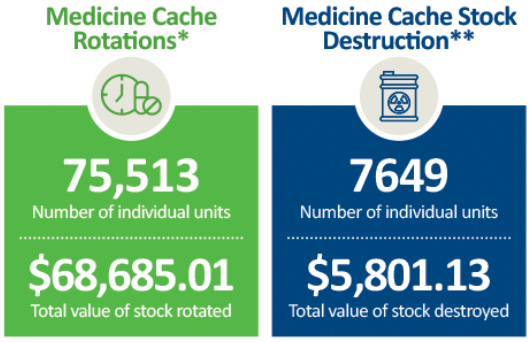
As of December 2025, AUSMAT members across all jurisdictions demonstrated the following levels of immunisation readiness for deployment within Australia, as recorded in the WDMS.

ACT	NSW	NT	QLD	SA	TAS	VIC	WA
48%	54.6%	68.5%	50.7%	48.5%	35.7%	44.7%	63.1%

Baseline vaccines include:

- COVID-19
- Diphtheria/tetanus/pertussis
- Hepatitis A
- Hepatitis B
- Influenza
- Measles/mumps/rubella
- Varicella

Medicine cache rotations and stock destruction (1 July to 31 December 2025)



* The reporting of medicine rotations changed from July 2025 to record the number of individual medicine units (i.e. tablets or ampoules) that were rotated or destroyed. Previously this has been reported as number of line items

** Reasons for destruction:
Low usage within RDH, making stock rotation unfeasible

AUSMAT medical cache

The onsite Specialist Clinical Workforce supported the ongoing cache maintenance including essential checks, equipment testing, stocktakes, development of resources, guides, and support to maintain the biomedical cache and consumables packs. This workforce also supported deployments, response planning for deployments and for specialist cell planning scenarios including preparations and kit packing.

Food cache

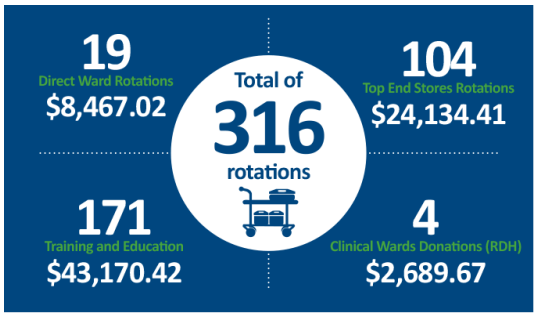
Food supplies rotated from EMT caches were redistributed through approved donation channels, supporting community needs while maintaining cache readiness. We also rotated stock through NCCTRC training activities in this period.

Every effort is made to source the longest possible best before dates and expiry dates on all food items held in the cache including by liaison with suppliers directly. In accordance with Australian and New Zealand Food Standards guidelines, we hold food supplies between 3 and 6 months past the best before date.

Medical consumables

Medical consumables approaching expiry rotation threshold were redirected through approved training and donation pathways, ensuring continued clinical utility while minimising wastage. Consumables rotation processes continue to be effective, ensuring kits maintained for deployment remain within acceptable expiry limits and compliant with established inventory and expiry management standards.

Training and donation pathways remain well established and effective, enabling the appropriate redistribution of consumables to education activities and partner organisations while maintaining clinical relevance and minimising wastage.



c) Maintenance of the NCCTRC's role as Australia's Centre of Excellence for health disaster response

i. Retaining WHO EMT Type 1 (fixed and mobile) and Type 2 accreditation and other relevant EMT or emergency response classification standards

The NCCTRC continues to maintain WHO EMT 1 fixed and mobile and Type 2 accreditation and continues to refine and enhance specialist cells capabilities.

ii. Maintaining the Australian Council on Healthcare Standards accreditation

NCCTRC's Australian Council on Healthcare Standards (ACHS) accreditation under the EQuIP6 Standard was confirmed in 2025, maintaining accreditation through to 2028. This outcome followed the ACHS periodic accreditation review conducted in May 2025, which assessed NCCTRC's performance across the mandatory clinical, support and corporate criteria.

The assessment reaffirmed NCCTRC's strong performance against the EQuIP standards, with assessors recognising the centre's sustained excellence in emergency and disaster management and its strong international reputation in this domain. As part of the final assessment outcomes, the rating for

Criterion 3.2.4 (Emergency and Disaster Management) was amended from Marked Achievement to Extensive Achievement, reflecting NCCTRC's demonstrated distinction and leadership in this capability area.

NCCTRC continues to maintain accredited systems of clinical governance, quality assurance and continuity of care. Assessor feedback confirmed that the centre delivers care and interventions that are evidence-based, effective and appropriate to deployed and austere environments, with systems in place to support ongoing management of care during emergency responses.

In accordance with the EQuIP program, NCCTRC will undertake an ACHS Self-Assessment Support Service (SASS) review in 2026 to assess progress against the standards and address assessor recommendations arising from the May 2025 review. This process will support continuous quality improvement and ensure ongoing alignment with national and international best practice.

The ACHS findings continue to reinforce NCCTRC's leadership role in domestic and regional emergency health response and underpin its capacity to support AUSMAT readiness and deployment within Australia and the region.

iii. Providing dedicated resources to maintain and update the AUSMAT guiding principles for consideration by the National Health Emergency Management Sub-committee (NHEMS) of the Australian Health Protection Committee (AHPC) and any changes agreed to by Health

In coordination with DHDA/Health, AUSMAT guiding principles have been reviewed, edited and updated as part of the NHEMS work plan. An initial review of the previous NHEMS endorsed and drafted principles (AHPC endorsed in 2018–19) was undertaken. Following this work DHDA/Health have been working with NCCTRC on proposed changes, edits, updates and required AUSMAT guiding principles. This process is anticipated to be completed in February 2026.

iv. Examining national and international models of practice in disaster and health emergency response capabilities to update AUSMAT guiding principles, training and education programs where relevant

AUSMAT training programs remain contemporary, evidence-informed and regionally relevant, continuously evolving through analysis of global and regional best practices. The curriculum is shaped by insights gained from operational AUSMAT deployments and now incorporates public health as a core component. Ongoing engagement with the WHO EMT initiative and international counterparts continues to enrich program design and delivery. Lessons learned through the Regional Engagement Program (REP) and PHOENIX activities are routinely reviewed to ensure adaptability and alignment with emerging needs. In parallel, AUSMAT operational guidelines are undergoing formal review. Revisions are guided by current evidence, operational learnings and international standards, and will be submitted to the NHEMS for endorsement.

An external evaluation of the AUSMAT Team Member Refresher course (10 to 14 August 2025) was undertaken by Deakin University in collaboration with the NCCTRC's education and public health directorates. An evaluation report and manuscripts for publication are being developed for delivery early 2026.

v. Ensuring NCCTRC and AUSMAT team members engage with exercises and courses held by partner organisations

2025 Joint Training of Japan Disaster Medical Assistance Team (DMAT) and international disaster medical teams for Large-Scale Earthquake Medical Exercise across multiple locations in Japan 2 to 7 September 2025

2 AUSMAT members attended the exercise as part of an exercise evaluation team

2025 Motorcross World Championships (MXGP) – Medical Response Team 19 to 21 September 2025

4 AUSMAT trained Medical Diagnostic Radiographers were selected to work within the NCCTRC Specialist Clinical Workforce team, providing specialist radiography services to MXGP participants

World Health Organization International Emergency Medical Team Coordination Cell (EMTCC) Training – September and October 2025

14 AUSMAT participants

RedR Australia Hostile Environment Awareness Training (HEAT) – 29 October to 2 November 2025

2 AUSMAT participants

National Field Exercise – DFAT Deployable Teams Day

The NCCTRC hosted Department of Foreign Affairs and Trade (DFAT) Deployable Teams Day in Darwin during AUSMAT's National Field Exercise. Over 2 days, representatives from across the country came together to strengthen Australia's humanitarian preparedness and response capabilities.

Delegates toured AUSMAT's fully deployed EMT Type 2 surgical field hospital, gaining firsthand insight into national activation processes, personnel resources and the critical infrastructure that underpins AUSMAT's operational readiness.

Funded by the Australian Government, the event showcased the strength of Australia's deployable response network and the power of collaboration in times of crisis.

Key partners included:

- Australian Government Department of Health, Disability and Ageing
- AUSMAT
- Disaster Assistance Response Team (DART) from QLD and NSW
- Essential Energy – Power Restoration
- Australia Assists Rapid Response Team (RRT)
- Humanitarian Logistics Capability (HLC)
- Pacific Response Group
- Pacific Police Support Group
- National Emergency Management Agency
- National Critical Care and Trauma Response Centre
- Australian Government Department of Foreign Affairs and Trade.

WHO Emergency Medical Team Mentorship – PEMAT, Philippines, Cotabato and Zamboanga Teams, (Mindanao Region)

In August 2025, the WHO Western Pacific Region (WHO/WPRO) formally requested AUSMAT logistics expertise to be part of the mentorship process for 2 Philippine Emergency Medical Teams (PEMAT) both of which are pursuing Type 2 classification. In response to this, an experienced AUSMAT logistician will

undertake the task and include a logistician who has recently completed the AUSMAT health logistics course, providing a structured development opportunity.

2025 Australasian College of Health Service Management (ACHSM) Asia-Pacific Health Leadership Congress, 22 to 24 October 2025

Meredith Neilson and Dr Maya Cherian, directors of the PHOENIX Program, presented on the importance of collaborative partnerships to strengthen pandemic preparedness and outbreak response systems and capacity in the Indo-Pacific.

Asia Pacific Health Security Action Framework (APHSAF) stakeholders meeting for the Western Pacific, 25 to 27 November 2025

Strengthening the health emergency workforce was a key theme during the APSHAF Stakeholders Meeting for the Western Pacific, from 25 to 27 November 2025. Meredith Neilson represented the PHOENIX Program at the meeting which included representatives from all WHO Western Pacific Region member states.

WHO GOARN Meeting of Partners, Western Pacific Region, 2 December 2025

The NCCTRC was invited to present at the online WHO GOARN Meeting of Partners for the Western Pacific Region on 2 December 2025. Meredith Neilson presented in a session with the theme "Strengthening Strategic Collaborations" on GOARN initiatives supported by PHOENIX as well as on a Q&A panel. The meeting was attended by representatives from GOARN member partners in the Western Pacific region and highlights the NCCTRC's commitment to global health security.

vi. Providing expertise, advice and other assistance on national and international emergencies and public health response matters as requested by Health

The NCCTRC continues to provide expertise, advice and operational assistance on national and international emergencies and public health response matters as requested by Health. This includes strategic input into planning activities such as Talisman Sabre 2025 and support for work being undertaken by the DHDA and AHPRA regarding the registration of incoming foreign medical personnel, ensuring readiness and compliance for future deployments and exercises. These contributions reflect NCCTRC's ongoing commitment to strengthening Australia's emergency medical response capabilities and enhancing coordination across government and regional partners.

Governance and national collaboration

d) Reporting on NCCTRC and AUSMAT activities, agreed work plan items, MEL framework outputs and staffing at the quarterly Joint Governance Group (JGG) meetings between the NT Government, the NCCTRC and Health

Monitoring, Evaluation and Learning (MEL) framework update

The MEL framework has been enhanced to effectively track progress against the key performance indicators outlined in the NCCTRC Strategic Plan 2024–2027 and the Annual Work Plan (August 2025–June 2026). The updated framework provides a structured approach to monitoring implementation, assessing the impact and effectiveness of activities, and deriving actionable insights to inform future planning and decision-making. Both the Strategic Plan and Annual Work Plan are positioned in NCCTRC's vision, mission, core values and its 5 strategic pillars, ensuring that all initiatives remain aligned with organisational priorities and support continuous improvement across program areas.

Importantly, NCCTRC continues to contribute to national health security and emergency preparedness through active participation in the JGG and Whole of Government meetings. These engagements reinforce NCCTRC's leadership role in shaping coordinated, cross-sectoral responses and ensure that its strategic direction remains responsive to emerging national and international priorities.

e) Establishing the function of a deputy executive director within the NCCTRC

The Executive Director of the National Critical Care and Trauma Response Centre (NCCTRC) holds a pivotal leadership role, requiring deep expertise in clinical practice, medical administration and the coordination of multidisciplinary teams across acute, primary and public health domains. This position provides strategic direction at both national and international levels, shaping the policies that underpin and advance Australia's emergency health response capability.

Recent review findings support consideration of a deputy executive director function as a constructive step to enhance leadership stability and strengthen internal governance arrangements within the NCCTRC. Establishing this role would provide reliable senior coverage across operational periods, offer staff a clearly defined escalation and coordination point, and reinforce effective decision-making processes.

The proposed role would have a primary emphasis on internal management and operational oversight, including potential responsibility for disaster preparedness and response activities. This would enable the executive director to focus on strategic partnerships, interjurisdictional collaboration and overarching organisational leadership, ensuring alignment with the NCCTRCs strategic direction and operational objectives.

f) Including members of the JGG in the selection panel for the NCCTRC executive director and deputy executive director appointments

Has not been required at this time.

g) Ensuring all relevant policy decisions related to AUSMAT capabilities, including AUSMAT guiding principles, are determined in consultation with NHEMS and agreed to by Health

The NCCTRC is focusing on further developing and enhancing the Specialist Surgical Cell capability.

h) Participating as a member on NHEMS and JGG, including the provision of dedicated resources to complete requested committee work

NCCTRC has continued to actively support NHEMS through meeting participation and ongoing implementation of the NHEMS 2022–2025 work plan core streams. NCCTRC attended NEHMS meetings (online) on 27 August 2025 and 26 November 2025. Updates from these meeting include a presentation of geospatial mapping from Western Australia, discussion on chemical, biological, radiological nuclear and explosive substance training support, expertise and longitudinal care of patients, mapping governance, capability, capacity and operational processes.

i) Participating in other relevant national committees to ensure consistent, strategic and effective response to health emergencies

The Medical Director is a board member of the Australasian College for Emergency Medicine (ACEM) Trauma Emergency Network, while the Nursing Director holds a position as a board director at the Australia and New Zealand Trauma Society (ANZTS). Both directors are also members of the Australia and New Zealand Trauma Quality Improvement Program (ANZTQIP), contributing to strategic leadership and quality improvement initiatives and providing expert guidance on evidence-based trauma care management at a binational forum.

The Acting Director Disaster Preparedness and Response is a member of the NEMA Deployment Working Group and proxy for Professor Notaras on the NT Northern Region Medical Group.

j) Timely responses to requests for information, technical advice and assistance from Health

DPRT provided information and advice to DFAT Global Health Division on the New Zealand measles outbreak and potential outcomes for neighbouring Pacific nations.

k) Establishing and maintaining collaborative relationships with jurisdictional health departments and relevant local, national and international organisations or countries, to enhance NCCTRC's role as a hub for health emergency response

The NCCTRC was invited to visit Saab Australia's Defence and Security corporate facility in Brisbane, a secure site dedicated to the manufacturing, maintenance and storage of deployable mobile hospitals for the Australian Defence Force (ADF) in September. The purpose-built facility, opened in 2022, supports the delivery of 550 deployable health modules and includes specialist technician areas, maintenance workshops, training spaces, storage facilities and outdoor exercise zones for equipment familiarisation.

The visit provided an opportunity to observe firsthand the ADF's preparedness and the capability of its deployable health infrastructure. It also strengthened relationships between NCCTRC and Saab Australia, supporting ongoing collaboration in operational readiness, deployable health systems and national resilience.

Regional Engagement Program

The NCCTRC's Regional Engagement Program (REP), is funded by DFAT to strengthen health emergency response capacities in the Pacific and Timor-Leste through support of emergency and critical care medicine and nursing, rehabilitation care and EMT support. During the reporting period, the following activities were undertaken.

Stakeholder engagement

- ongoing collaboration with Regional Emergency and Critical Care Systems Strengthening Initiative (RECSI) including attendance at their annual review
- ongoing collaboration with PHOENIX
- formalised membership of WHO Acute Care Action Network (ACAN) initiative
- ongoing membership of World Rehabilitation Alliance – Emergencies Workstream
- ongoing engagement with WHO Rehabilitation in Emergencies Toolkit Technical Working Group (TWG) and Communities of Practice (CoP)
- collaboration with the Pacific Island Society for Emergency Care (PISEC)
- leading the organisation and logistics for the Emergency Medical Team Coordination Cell (EMTCC) course held in Darwin in October 2025 with collaboration from WHO Geneva and WHO WPRO.
- attending the Whole of Government and Joint Governance Group meetings in Canberra, September 2025.

Regional activities

- NurseTOK webinars bimonthly
- 7 to 10 October 2025 all REP countries attended the Emergency Medical Team Coordination Cell (EMTCC) course held in Darwin. Representatives from AUSMAT, New Zealand Medical Assistance Team (NZMAT) and Japan International Cooperation Agency (JICA) also participated.
- support for 4 medical staff from PNG, Solomon Islands and Vanuatu to attend and present at the ANZTS Trauma Conference 22 to 24 October 2025 in Wellington, NZ
- support of the Tokushukai EMT (Japan) and the PNG EMT (PNG) with mentorship and expertise
- collaboration with SPC on developing a health component to their Pacific Incident Management System (PacIMS) Course.
- Timor-Leste
    - observerships ongoing
- PNG
    - 6 to 10 October 2025 BASICS for Nurses Course
    - 17 to 21 November 2025 MIMMS GIC and HMIMMS
- Fiji
    - 28 to 30 October 2025 inaugural Republic of Fiji Military Forces (RFMF) MIMMS
    - 1 to 5 December 2025 MIMMS/HMIMMS
- Tonga
    - 3 to 7 October 2025 MIMMS/HMIMMS

Public Health Operations in Emergencies for National Strengthening in the Indo-Pacific (PHOENIX)

The NCCTRC, through the DFAT-funded PHOENIX program, continues to work with 22 countries in the Indo-Pacific to strengthen pandemic preparedness and outbreak response systems and capacity.

During the reporting period, the following activities were undertaken:

Stakeholder engagement

- country planning meetings held with staff from ministries of health from Thailand, Papua New Guinea, Philippines, Samoa, Tonga, Solomon Islands, Timor-Leste, Fiji, Vietnam, Laos, Indonesia, Kiribati, Vanuatu, Malaysia and Palau
- meetings held with DFAT posts and WHO Country Office for the above countries as well as WHO WPRO
- meetings held with non-government organisations including SPC, Resolve to Save Lives, Belmont University, Care Timor-Leste, RHTO Timor-Leste and the University of Newcastle
- face-to-face stakeholder engagement meetings in Thailand, Timor-Leste and the Philippines.

Training

- 29 September to 3 October 2025 GOARN Leadership (Tier 3) Training in Bangkok, Thailand
- 12 to 14 November 2025 Communicable Disease in Health Emergencies Training in Nuku'alofa, Tonga
- 2 to 4 December 2025 Social Web Information Environment Assessment in Manila, Philippines
- 2 to 4 December 2025 Trainer-of-Trainer Course in Manila, Philippines.

Plans and reporting

- January to June 2025 DFAT Partnerships for a Healthy Region Initiative Report was accepted in August 2025.

l) Consulting with and reporting to the JGG on activities undertaken by the NCCTRC that involve other Commonwealth agencies, Australian jurisdictional governments and international organisations or governments

Key updates were provided at the JGG meetings on 25 September and 4 June 2025, highlighting collaboration with various partners.

- National Field Exercise including significant Territory, national and international engagement
- first full build of the Type 2 field hospital since 2016, providing a valuable opportunity to test the capability and logistics (noting individual modules have been tested and used during this period)
- 3 training courses held in conjunction with the build: AUSMAT Refresher, Surgical and Health Logistics
- the Deployable Teams Day (held in conjunction with DFAT) held during the National Field Exercise to bring together teams to better understand how they deploy and their skill sets
- KPMG engaged to undertake the Functional and Efficiency Review on behalf of NCCTRC, a key performance milestone due at the end of November 2025
- WHO EMT Coordination Cell Training scheduled in October 2025 including attendance by international partners (15 AUSMAT members completed this course)
- Tokushukai EMT (Japan) Type 1 mobile mentorship for EMT verification
- PNG EMT Type 1 mobile mentorship for EMT verification
- preparation for Tropical Cyclone Fina (Darwin) November 2025
- developed and finalised NCCTRC's Research Strategy (2025 – 2030) including research policy guidelines and terms of reference for Research Governance Committee RDH Trauma Service participation in national and international clinical trials
- maintaining local trauma registry and contributing to national trauma registry
- ongoing facilitation of NT Health CivMil briefings and supported planning and deployment of embedded ADF clinical team rotations in the NT.

m) Providing advanced notice to the JGG when publications, reports or other relevant documentation are to be released

Nil publications were provided to the JGG by NCCTRC in this reporting period.

Training and research

n) Organising and conducting exercises (including tabletop) and training programs in multiple major/regional cities across Australia over the period of the agreement, to support the development of essential health care workforce competencies and capabilities required for health emergency responses

Tropical Cyclone Fina

Tropical Cyclone Fina impacted across the Top End of the Northern Territory from 21 to 23 November 2025, passing Darwin on 22 November as a category 3 system, the strongest cyclone to impact Darwin since 1974, Tropical Cyclone Tracy.

NCCTRC prepared an incident management room at HQ, tracking the cyclone activity, local alerts and directions. The NCCTRC prepared the Bees Creek Training facility and HQ sites in readiness, maintained an on-call roster for any local response and prepared staff with briefings.

o) Facilitate and organise training exercises, for example Humanitarian Assistance and Disaster Relief (HADR) exercises, as mutually agreed by NCCTRC and Health

No information to provide in this reporting period.

p) Leading, coordinating and conducting research activities that inform and influence protocols and decision-making processes for health emergency responses

NCCTRC research strategy

To enhance NCCTRC's research agenda, the NCCTRC is developing an NCCTRC research strategy. This work will prioritise research undertaken at NCCTRC, to ensure that it informs and influences emergency response in the future.

The NCCTRC Research Strategy (2025 – 2030) was developed for extensive consultative across 2 research strategy workshops with the NCCTRC senior leadership team on 16 July 2025 and 8 August 2025. The NCCTRC Research Strategy was endorsed by the executive on 28 October 2025. This first of its kind comprehensive strategy for the organisation paves the way for future research prioritisation, partnerships and capacity building in the region.

The NCCTRC, in partnership with Deakin University, has initiated formal research into the AUSMAT national training programs. This evaluation of the refresher training assessed the alignment of AUSMAT courses with defined training objectives, ensuring they remain fit-for-purpose in an evolving emergency response landscape. The first course to undergo formal evaluation was the AUSMAT Refresher in August 2025, with the evaluation report being finalised and manuscripts being developed for publication.

The outcomes of this research will directly inform the comprehensive AUSMAT training review scheduled for completion by the end of November 2026. This creates a valuable opportunity to integrate findings into the forward work of the Functional and Efficiency Assessment (FFA), particularly in relation to workforce capability, training efficacy and deployment readiness.

By embedding this evaluation within the FFA framework, NCCTRC is reinforcing its commitment to continuous improvement, evidence-based practice and strategic alignment across national emergency health preparedness initiatives.

The NCCTRC, in partnership with the WHO, conducted the first ever formal evaluation of the WHO Emergency Medical Team Coordination Cell (EMTCC) Course for the Western Pacific, held in Darwin from 7 to 10 October 2025. The evaluation report and manuscripts are being developed and finalised for early 2026. This evaluation will inform future curriculum development and implementation of the course globally by WHO and specifically for the Pacific region.

Clinical audits and clinical trials

During this reporting period, the Trauma Service conducted a clinical audit of the prevalence of Missed Trauma Team activation from 1 January to 30 June 2025. This will be presented to the RDH Trauma Management Committee and has been accepted for presentation at the 2026 SWAN Conference in Sydney (27 and 28 March 2026).

The Trauma Service has continued to lead the EPO-Trauma clinical trial and has continued to provide support to other clinical trials relevant to trauma care at RDH including FIESTY II led by the RDH Emergency Department and PREDICT- TBI and PRECISION-TBI, both led by the RDH intensive care team.

An audit on the characteristics, management and outcomes of pelvic trauma in the top end of the Northern Territory was completed for the period from 1 January 2018 to 31 December 2023. A poster presentation detailing these findings was presented at the 2025 SWAN conference in Sydney.

q) Supporting the development, implementation and/or review of international initiatives that facilitate timely and effective health emergency responses domestically and internationally (for example the WHO EMT initiative)

Defence Force collaboration

Ongoing collaboration and partnership continue with Defence.

The Acting Director Disaster Preparedness and Response has been selected to be a member of the inaugural WHO Emergency Medical Team Coordination Cell Technical Working Group.

Two senior AUSMAT members, one perioperative nurse and one anaesthetist, have been selected to be members of the inaugural WHO Specialist Surgical Cell Technical Working Group.

r) In consultation with Health, developing new capability areas for AUSMAT

NCCTRC has developed and implemented the following resources during the reporting period:

Publications

Poster publications

- Morrow M, et al. Medicine kits for non-medical personnel. Poster presentation. FIP World Congress 2025; Copenhagen, Denmark.
- Morrow M, et al. Sustainable practices in the maintenance of an emergency medical team medicine cache. Poster presentation. FIP World Congress 2025; Copenhagen, Denmark.
- McWiggan J, et al. Review of an Emergency Medical Team (EMT) Type 2 medicine cache. Poster presentation. FIP World Congress 2025; Copenhagen, Denmark.
- McWiggan J, et al. Development and use of an automated electronic vaccination database for a volunteer deployable workforce. Poster presentation. FIP World Congress 2025; Copenhagen, Denmark.

5 Trauma Service clinicians attended the ANZTS Conference in Wellington, NZ, in October 2025 with the following presentations:

Poster presentations

1. "Behind the Bang", Burns and associated traumatic injuries associated with Territory Day in NT 10-year review, a joint venture with RDH Plastics and Trauma service
2. "Trauma in the Tropics", 6-month review of the MDT TNT Sim-scenario based training provided to the MDT team at RDH that provides a safe environment for teams to work together under pressure while strengthening communication and trust

Oral presentations

1. Neurosurgical outcomes based on delay
2. Grabbing the bull by the horns – Adult traumatic brain injuries at Royal Darwin Hospital, a clinical audit that identified gaps in early rehabilitation
3. Remote, Resilient, Remarkable: A trauma service that thrives in the face of distance, diversity and demand Trauma Service Nursing Director Attended Hip Fest in Melbourne (November 2025).

Royal Darwin Hospital ranked among the top 10 performing hospitals in Australia and New Zealand, as acknowledged by ANZHFR. The Trauma Service actively contributes to this achievement through consistent data collection and reporting, as well as the MDT clinical management of hip fractures at RDH.

NCCTRC key events and engagements

15 July 2025 - Minister Kristy McBain MP Minister for Regional Development, Local Government and Territories, and Minister for Emergency Management

22 July 2025 - Joe Buffone PSM and Deputy Coordinator General and David Long, Assistant Coordinator-General for National Crisis Operations National Emergency Management Agency

24 July 2025 - World Federation of Neuroscience Nurses and Australasian Neuroscience Nurses Association

24 July 2025 – United States Marine Core tour of Bees Creek Training Facility and EMT2 tour including logistics

29 July 2025 – Marion Orchison and Dr David Story, Melbourne University, EMT2 tour

5 August 2025 – DFAT Deployable Teams attendees, EMT2 and HQ tour

7 August 2025 – National database administrators, EMT2 and HQ tour

7 August 2025 – VIP tours of EMT2 (Allied health staff, NT Health Staff, NT Police TRG)

8 August 2025 - VIP tours of EMT2 (Ministers, Inpex, Qantas)

10 August 2025 – Benjamin Ryan, Professor, Frist College of Medicine Belmont University

13 August 2025 – Deputy Chief Minister Gerard Maley, Andrew Mackay Member for Goyder, Collene Bremner Acting Commissioner NTFRES, EMT2 tour

20 August 2025 – Consul of the Republic of Indonesia, Mr Bagus Hendraning Kobarsih

28 August 2025 - Timor-Leste MoH Public Health Institute and Menzies Timor-Leste

3 September 2025 – NT Business Events Team, HQ tour

18 September 2025 - Major Nathan George, S8 Force Modernisation from the 2nd Health Brigade, HQ tour

21 October 2025 - World Health Organization's (WHO) Dr Abdi Mahamud, Director of Health Emergency Alert and Response Operations from the WHO Health Emergencies Programme, and Flavio Salio, Head of the Global Health Emergency Corps

22 October 2025 - Australia's Chief Medical Officer, Professor Michael Kidd AO

23 October 2025 - ACHSM Conference Tour 50 people

3 November 2025 - Sean Starmer, Assistant Secretary, Indo-Pacific Centre for Health Security, Department of Foreign Affairs and Trade and the Health Emergency Preparedness and Response Assistant Director Bridget Griffen

10 November 2025 - Michael Murphy, Chief Executive Officer RFDS

11 November 2025 - Jara Dean, Northern Territory Auditor General

11 November 2025 - Craig Rogan and Sarah Schmidt, Directors Risk and Emergency Management Branch, National Disability Insurance Agency

3 December 2025 – United States Consular Deputy Chief, Michael Murphy and Melody Salazar, American Citizen Services US Consulate General Melbourne

11 December 2025 - Royal Flying Doctors Service SA/NT Board

15 December 2025 - Flinders University Medical School Dean