



Australasian College
for Emergency Medicine

Clinical Privileges for Emergency Physicians

Policy P07

Document review

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Revision history

Version	Date	Revisions
1	Jul 1995	Approved by Council
2	Nov 2003	Approved by Council
3	Mar 2011	Approved by Council
4	Jul 2016	Template updated. Sections 1 & 2: Clarification of qualifications required to use the term 'FACEM'. Section 3: 'Procedure and Actions' section expanded to include additional emergency physician clinical privileges.
5	Sept 2019	New template adopted; content reviewed.
6	Mar 2023	Update to roles external to the ED

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1. Purpose and scope

This document is a policy of the Australasian College for Emergency Medicine (ACEM) and relates to the hospital appointment of Fellows of ACEM.

This Policy is applicable to emergency physicians in Australia and Aotearoa New Zealand.

2. Credentials

An emergency physician must be registered with the Australian Health Practitioners Regulatory Agency (AHPRA) or Medical Council of New Zealand (MCNZ), and possess Fellowship of ACEM (or a postgraduate emergency medicine fellowship that has been assessed by ACEM to be equivalent in standing) in order to be qualified in the specialty of emergency medicine. Upon receipt of these qualifications, the emergency physician will be entitled to utilize the term 'Fellow of ACEM (FACEM)' to describe their position.

Emergency physicians who must practice with conditional registration, or with restrictions placed upon their registration, have a duty to fully and openly disclose those conditions or restrictions.

Emergency physicians should have the experience appropriate to the seniority of the appointment.

Emergency physicians may be remunerated for performing duties outside their usual role provided there is mutual agreement between the emergency physician and the employing authority.

3. Clinical Privileges

The clinical privileges of an emergency physician extend to direct clinical patient care, the supervision of clinical staff, clinical support duties and risk management activities. These activities include, but are not limited to, quality assurance, teaching, research, and participation in activities that relate to the maintenance of professional standards, and professional activities to further emergency medicine.

The skill set associated with emergency medicine is also applicable to settings outside of the emergency department including, but not limited to:

- Clinical supervision, policy, and governance
- Clinical work in pre-hospital and retrieval medicine
- Clinical work in wilderness medicine
- Clinical work under government bodies
- Clinical work in disaster and other event management
- Clinical work in outreach services (e.g. hospital in the home, hospital in the nursing home)
- Clinical work in virtual care/telemedicine
- Clinical review of quality and patient safety
- Clinical work in other hospital departments outside the ED as approved by the hospital



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