

Australasian College
for Emergency Medicine

South Australian Election 2026

Australasian College for Emergency Medicine Election Priorities

South Australians are waiting too long for care because hospitals are full and emergency departments (EDs) are under constant pressure. This is not a problem that EDs can solve alone.

The Australasian College for Emergency Medicine (ACEM) is calling on all parties to back practical, system-wide solutions that will keep patients safe, support the emergency medicine workforce and ensure equitable access to high-quality care across the state.

Priority 1:

Keep patients safe and hospitals flowing

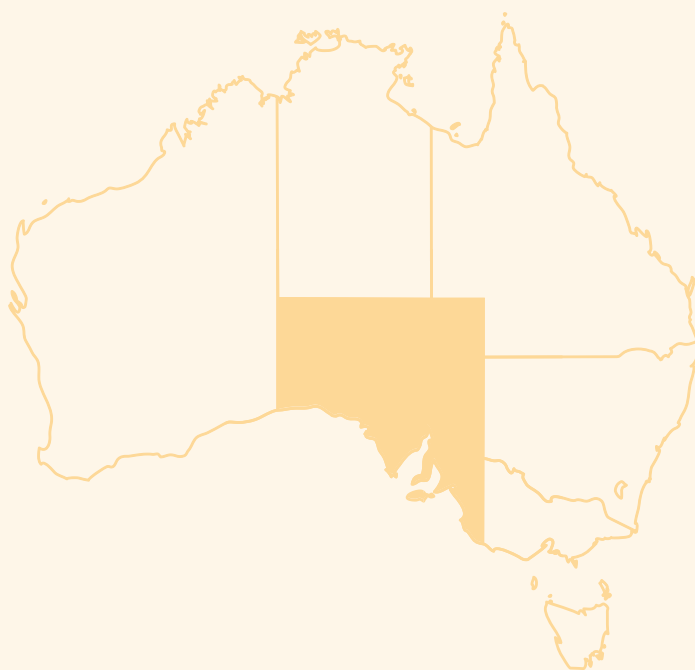
- Ministerial directives to ensure no one waits longer than 24 hours in South Australian EDs, and keep patients safer by sharing the load across the whole hospital
- More doctors and allied health services available outside business hours
- Expand non-acute and maintenance care services

Priority 2:

Support emergency medicine training in regional and rural South Australia

Priority 3:

Streamlined approval process for doctors to work across sites



Priority 1:

Keep patients safe and hospitals flowing

Ministerial directive: Putting patient safety first across the whole hospital system

Directive 1: No one waits longer than 24 hours in a South Australian ED

What we're asking for

Issue a ministerial directive that no patient remain in a South Australian ED for more than 24 hours.

The Directive should make it clear that 24 hours is a safety threshold, not a target – a timeframe that should never be routinely reached. The system's ongoing goal should be to move towards a 12-hour (or shorter) standard, consistent with the evidence supporting time-based targets and patient safety.

Why this matters

Prolonged stays in EDs are a serious patient safety risk. Evidence shows that the longer a patient remains in an ED, the greater the risk of harm and clinical deterioration. This disproportionately affects people presenting with mental health-related conditions or symptoms. They are more likely to experience extended waits, and long periods in busy, noisy environments like the ED can be deeply distressing, exacerbate symptoms and increase the risk of harm.

ACEM has developed the Hospital Access Targets (HAT) and has recommended that they be adopted and publicly reported on. By treating 24 hours as a 'never event', the system acknowledges that delays of this length are incompatible with safe, high-quality care.

At the same time, setting a longer-term aim of 12 hours provides a clear direction for hospital flow, supports teamwork across emergency, inpatient and discharge services, and ensures the targets are meaningful and put patient safety first.

Directive 2: Keep patients safe by sharing the load across the whole hospital

What we're asking for

Issue a ministerial directive for a hospital-wide safety mechanism that ensures when EDs become critically overcrowded, compulsory over-census protocols are activated. This would require inpatient wards to operate above their nominal bed capacity in order to reduce the number of admitted patients waiting in the ED.

Why this matters

ACEM recognises that system-wide capacity constraints put enormous pressure on inpatient teams as well as EDs. These are whole-of-hospital challenges that require whole-of-hospital solutions. It is safer for patients – and for staff – when risk is shared across the hospital rather than highly-concentrated in the ED.

By implementing compulsory over-census protocols, admitted patients can be moved under the care of their inpatient teams, while the ED can continue treating new emergencies safely and effectively. This prevents harm, reduces overcrowding and reinforces that patient safety is a shared obligation, not a localised problem.

More doctors and allied health services outside business hours

What we're asking for

Increase investment and prioritise the implementation of a seven-day hospital service model across South Australia, with increased availability of doctors, pharmacists, allied health professionals and diagnostic services outside standard business hours.

Why this matters

EDs are open 24/7 – but the rest of the health system is not.

Across Australia, a significant proportion of ED presentations occur during evenings and weekends, when access to inpatient teams, pharmacy, diagnostics and allied health services is limited. This means patients who could otherwise be admitted, transferred or discharged must often wait until the next working day or after the weekend, which contributes to overcrowding, bed block and ramping. By ensuring key hospital services operate seven days a week, the system can maintain flow, reduce ED length of stay, and provide safer, timelier care for patients.

Expand non-acute services to improve patient flow and reduce bed block

What we're asking for

Commit to expanding non-acute services across South Australia to help patients transition safely to the next stage of care and recovery.

Why this matters

Many people in hospital no longer need acute medical care but aren't ready or able to safely be discharged. Some need lower-intensity care to help them recover before returning home, and for others the next stage of support – such as aged care, NDIS services or recovery accommodation – is not available when needed.

Without non-acute care options, acute hospital beds remain occupied and EDs become overcrowded. Evidence shows transitional care models can free up beds, improve patient flow through the hospital, and ensure patients are receiving the right level of care and support for their needs.

Priority 2:

Support emergency medicine training in regional and rural South Australia

What we're asking for

ACEM calls on all parties to commit \$5.35 million over four years to introduce new emergency medicine training opportunities in regional and rural South Australia.

Why this matters

Access to healthcare shouldn't depend on where you live. However, across South Australia regional and rural communities experience greater barriers to timely emergency care because of workforce shortages, distance, and limited opportunities to train and retain doctors locally.

Regional and rural hospitals offer dynamic, diverse and rich learning environments, which contribute to creating highly skilled and well-rounded emergency physicians. Effective clinicians don't just deliver care – they build continuity, commitment and trust with the communities they serve. The best way to achieve this is through first-hand experience. Growing the number of regional and rural training opportunities also attracts doctors to new areas and supports locals to train and work closer to home.

Priority 3:

Streamlined approval process for doctors to work across sites

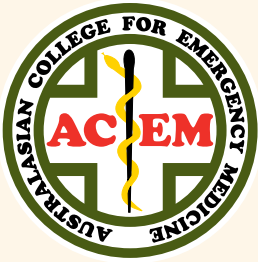
What we're asking for

ACEM calls on all parties to introduce a single, statewide process to recognise doctors' credentials across hospitals, reducing duplication and improving flexibility to fill workforce gaps.

Why this matters

Right now, doctors must repeat time-consuming credentialing processes for every hospital where they work. This limits flexibility, delays staffing solutions, and contributes to workforce gaps.

A single, consistent system would make it easier to share staff across hospitals, reduce administrative burden, and improve access to timely emergency care for patients across South Australia.



About ACEM

The Australasian College for Emergency Medicine (ACEM; the College) is the not-for-profit organisation responsible for training emergency physicians and the advancement of professional standards in emergency medicine in Australia and Aotearoa New Zealand.

Our vision is to be the trusted authority for ensuring clinical, professional, and training standards in the provision of quality, evidence-based, patient-centred emergency care.

Our mission is to promote excellence in the quality of emergency care to all communities through our committed and expert members.

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Acknowledgement

ACEM acknowledges the Wurundjeri people of the Kulin Nation as the Traditional Custodians of the lands upon which our office is located. We pay our respects to ancestors and Elders, past, present and future, for they hold the memories, traditions, culture and hopes of Aboriginal and Torres Strait Islander peoples of Australia.

In recognition that we are a bi-national College, ACEM acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.