Rural Health Action Plan

2025 – 2027

December 2024

Australasian College
for Emergency Medicine

acem.org.au

Introduction

We are pleased to present the Australasian College for Emergency Medicine's (ACEM; the College) second Rural Health Action Plan (RuHAP). This RuHAP marks another significant step in our ongoing commitment to improve regional, rural and remote (RRR) emergency medicine and RRR health.

As the peak professional organisation for emergency medicine (EM) in Australia and Aotearoa New Zealand, ACEM has a duty to the emergency medicine profession and the wider community to uphold the highest possible standards of emergency medicine care.

Led by the Regional, Rural and Remote Advisory Committee (RRRAC), the RuHAP supports our purpose to advance emergency medicine by creating a more equitably distributed workforce, increasing RRR training opportunities and ensuring these opportunities are readily available for all colleagues providing emergency care to RRR communities, and supporting improvements to service provision, planning and development. We will do this through careful collaboration and advocacy and will ensure that all activities are supported with a thorough evidence base. Importantly, this RuHAP also brings in other colleagues working in RRR emergency medicine, including general practitioners, rural generalists and rural hospitalists.

We are proud of our achievements since the introduction of our first RuHAP in 2021, which includes the development and launch of ACEM's RRR e-learning modules, successful attainment of Federal funding to trial blended supervision and Accredited Training Networks in RRR areas, and delivery of the inaugural and hugely successful Regional, Rural and Remote Emergency Medicine Conference 2024. ACEM also launched the *State of Emergency Report: Regional, Rural and Remote* that presents the numbers behind the crisis in the RRR acute health system and provides careful analysis of concrete data.

Implementing this second RuHAP signals ACEM's readiness to elevate RRR emergency medicine, develop and strengthen relationships, engage members, trainees and other stakeholders in RRR emergency medicine, and pilot innovative strategies focused on building and upskilling the EM workforce.

Getting these steps right will ensure the sustainability of future RuHAPs and initiatives to improve RRR emergency medicine.

Thank you to past and present members of the RRRAC for your work in driving the development of this new RuHAP – in particular, the working group who dedicated their time to ensure it is innovative and strategic and will drive health equity for RRR communities.

We encourage you to read this document and consider how you and your emergency department are contributing to supporting rural emergency care services.

Dr Stephen Gourley
ACEM President

Dr Juan Carlos Ascencio-Lane
Chair
ACEM Regional, Rural and Remote Advisory Committee

Strategic priorities and actions

Strategic priority 1: Workforce sustainability

Strategic objective:	**ACEM supports the attraction, growth and retention of the emergency medicine workforce in regional, rural and remote areas in order to provide a sustainable service to the community.**
Focus areas:	1. Promote sustainable careers in regional, rural and remote emergency medicine. 2. Provide resources to maintain a skilled and engaged regional, rural and remote emergency medicine workforce. 3. Support current regional, rural and remote emergency physician wellbeing. 4. Increase the number of ACEM trainees, Fellows and Associates who work in regional, rural and remote sites.

Strategic priority 1: Workforce sustainability action items

1.1	Maintain, update and promote resources and activities on the ACEM regional, rural and remote webpage that enhance emergency care delivery in regional, rural and remote settings, including and with respect to: a. Open access to improve accessibility for physicians and remote services. b. Sharing and promoting ACEM external advocacy efforts relevant to regional, rural and remote emergency medicine. c. The provision of information and links to relevant ACEM initiatives, including the ACEM regional, rural and remote EM Network of Practice (refer Item 4.2); digital learning resources for regional, rural and remote emergency medicine; Quality Standards for Emergency Departments and Hospital-Based Emergency Care Services and Quality Standards Toolkit. d. The promotion of ACEM events, scholarships and awards, reports and research. e. The provision of links to relevant journals (*Australian Journal of Rural Health* and *Rural and Remote Health*), resources, and tools and services external to ACEM, including the National Rural Health Alliance (NRHA) Information Hub (in development), Rural Health Workforce Mapping Tool, Hauora Taiwhenua Rural Health Network, Australian College of Rural and Remote Medicine (ACRRM) and Royal Australian College of General Practitioners (RACGP) Rural.
1.2	Increase the visibility of regional, rural and remote emergency medicine, through a strength-based lens with ACEM members, trainees, and affiliates, the wider community and the media by: a. Profiling and celebrating the stories and achievements of ACEM trainees, Fellows and Associates working in regional, rural and remote areas in *YourED* and at ACEM conferences. b. Submitting and promoting research and articles in relevant journals, including the *Emergency Medicine Australasia*, *Australian Journal of Rural Health* and *Rural and Remote Health*.
1.3	Through established ACEM Emergency Medicine Education and Training EMET networks (refer Item 2.11): a. Further strengthen peer-to-peer support for regional, rural and remote physicians. b. Enhance collaboration within and between emergency departments and emergency care centres.

1.4	Support professional development, sustainability and wellbeing of the regional, rural and remote emergency medicine workforce by: a. Providing in-person and virtual mentorship opportunities for ACEM trainees, Fellows and Associates via ACEM's Mentor Connect program. b. Providing leadership training opportunities reflective of regional, rural and remote emergency care settings. c. Developing resources to support wellbeing, job satisfaction and workplace engagement relevant for the emergency medicine workforce in regional, rural and remote settings. d. Advocating for workplace strategies that facilitate participation of rural physicians in educational, training and other professional development opportunities distant from their place of work such as: i. Roster back-fill, travel costs support, and paid professional development leave. ii. Agreements with metropolitan and larger regional centres to recognise credentialling, maintain leave benefits, and facilitate in-person learning opportunities.
1.5	Advocate for members and trainees to move seamlessly between placement sites (public and private) and jurisdictions (regions, interstate and Aotearoa New Zealand) without the loss of entitlements, benefits or standing to complete a greater proportion of their training in regional, rural and remote locations.
1.6	Support mentoring for regional, rural and remote directors of emergency medicine and directors of emergency medicine training.

Strategic priority 2: Education and training

Strategic objective:	**ACEM supports the attainment and maintenance of safe emergency medicine practice in regional, rural and remote settings through education and training opportunities.**
Focus areas:	1. Increase the number and proportion of FACEM trainees that pursue Fellowship training in regional, rural and remote areas. 2. Encourage doctors and trainees working in regional, rural and remote areas to undertake the ACEM Associateship Training Programs. 3. Support education and training needs in regional, rural and remote areas that enable physicians to further their emergency medicine practice. 4. Promote the ACEM CPD Program as the CPD destination of choice for regional, rural and remote doctors with a special interest or who work in emergency medicine.

Strategic priority 2: Education and training action items	
2.1	Attract doctors to regional, rural and remote ACEM Fellowship training pathways by: a. Engaging with medical students, early career doctors, ACEM Associates, and EMET networks. b. Promoting the ACEM Regional, Rural and Remote Placement Information Guide which outlines current rural training pathway options and placement site offerings. c. Advocating for and promoting funding and accommodation support for regional, rural and remote placements.
2.2	Establish ACEM scholarships and awards to support FACEM trainees in regional, rural and remote areas to: a. Attend ACEM, National Rural Health Alliance and Hauora Taiwhenua Rural Health Network education opportunities and conferences. b. Undertake placement opportunities in metropolitan emergency departments or Special Skills Placements in Indigenous Health or Rural/Remote Health. c. Propose to the ACEM Foundation that rural health becomes a fourth pillar.
2.3	Enhance accessibility of education and training opportunities for ACEM members in regional, rural and remote areas by: a. Undertaking regular gap analyses of regional, rural and remote training and education programs and addressing gaps. b. Identifying and promoting areas of specialist skills training that regional, rural and remote sites are ACEM-accredited for, or could become ACEM-accredited. c. Exploring innovative ways to support member access to other areas of specialist skills training while remaining in regional, rural and remote areas. d. Advocating for metropolitan and tertiary hospitals to increase virtual access to education and training for the regional, rural and remote emergency medicine workforce. e. Facilitating access to ACRRM, RACGP and Royal New Zealand College of General Practitioners (RNZCGP) Division of Rural Hospital Medicine (DRHM) resources and opportunities as partners to ACEM education and training.

2.4	Increase the number and proportion of regional, rural and remote emergency departments accredited for FACEM training by 10 per cent over the next five years. This will be achievable with implementation of blended supervision initiatives (refer Item 2.5) and Accredited Training Networks (refer Item 2.6).
2.5	Implement training standards that incorporate remote and blended supervision models for FACEM trainees and Associateship Training Program trainees that: a. Facilitate placement, learning and supervision at regional, rural and remote training sites and Accredited Training Networks. b. Develop processes to recognise eligible Fellows of ACRRM, RACGP, RNZCGP DRHM, and RACP with additional expertise in emergency medicine to become ACEM training supervisors in regional, rural and remote EDs in a blended model of supervision. c. Enable eligible Fellows of ACRRM, RACGP, RNZCGP DRHM, and RACP with expertise in emergency medicine to become ACEM training supervisors in regional, rural and remote sites and Accredited Training Networks. d. Increase the number of regional, rural and remote sites that are ACEM accredited ED placement sites where FACEM trainees and Associateship Training Program trainees can work under supervision.
2.6	Develop and implement Accredited Training Networks that: a. Enable longitudinal trainee commitment to rural sites while allowing flexibility within emergency medicine training pathways. b. Facilitate access to diverse clinical placements for FACEM trainees and Associateship Training Program trainees. c. Strengthen structured Fellowship training pathways. d. Encourage relationship building, strengthen communication channels and improve integration of regional networks and training pathways.
2.7	Maintain training standards at regional, rural and remote accredited training sites and Accredited Training Networks by: a. Facilitating regular accessible (onsite or virtual) upskilling for Fellow and Associate supervisors, and Workplace-based Assessment (WBA) Assessors. b. Scheduling regular review and feedback from blended supervision sites and Accredited Training Networks to ensure high quality trainee-based outcomes. c. Providing mentorship to directors of emergency medicine training in regional, rural and remote sites and Accredited Training Networks.

2.8	Progress implementation of a core minimum six-month rural training placement as part of the FACEM Training Program to: a. Increase trainee clinical exposure, diversify experience and enhance clinical expertise. b. Improve trainee understanding of regional, rural and remote health system strengths and limitations. c. Improve trainee knowledge of retrieval and transfer processes that aligns with the Pre-hospital and Retrieval Medicine Training Program (refer Items 3.5c and 3.5d). d. Enhance trainee understanding of rural patient journeys and contribute to better patient-centred care across the emergency care system. e. Integrate with the work of the Workforce Planning Committee.
2.9	Explore opportunities and innovative technologies to undertake ACEM assessments and examinations while physically located in regional, rural and remote sites.
2.10	ACEM collaborates with other specialist colleges including ACRRM, RACGP, RNZCGP DRHM and RACP to explore reciprocal recognition and alignment of prior learning in emergency medicine practice and medical trainee supervision: a. For supervisors of FACEM and Associateship Training Program trainees. b. For participants in the ACEM Associateship Training Programs. c. Reciprocal recognition for ACEM members and trainees who seek to pursue qualifications with ACRRM, RACGP or RNZCGP DRHM. d. Reciprocal recognition for members and trainees of ACRRM, RACGP or RNZCGP DRHM who seek to pursue qualifications with ACEM.
2.11	Advocate for ongoing funding for the ACEM EMET program to provide (refer also Item 1.4): a. Educational material, workshops and upskilling in regional, rural and remote emergency medicine. b. Team building and collaboration opportunities for regional, rural and remote emergency physicians and teams. c. Guidance on current emergency medicine practice by sharing ACEM standards, guidelines and policies.
2.12	Engage with ACEM's Indigenous Health Committee to: a. Develop strategies to support Aboriginal, Torres Strait Islander and Māori trainees who pursue training in regional, rural and remote sites closer to Country and Community. b. Ensure ACEM Indigenous Health and Cultural Safety resources remain relevant to regional, rural and remote contexts. c. Ensure that ACEM regional, rural and remote educational resources are developed and reviewed with an Indigenous Health lens.
2.13	Engage with the Inclusion Committee to develop strategies to support culturally and linguistically diverse trainees, international medical graduates and specialist international medical graduates who pursue training in regional, rural and remote sites.

Strategic priority 3: Service provision, planning and development

Strategic objective:	**ACEM supports equitable access to emergency care through improved service provision, planning and development in regional, rural and remote areas.**
Focus areas:	1. Promote continuous quality improvement of regional, rural and remote emergency medicine practice. 2. Build clinical and health system network relationships and enhance integration across the emergency health system to improve patient outcomes. 3. Provide guidance to government and healthcare providers on standards and requirements for regional, rural and remote emergency medicine care.

Strategic priority 3: Service provision, planning and development action items	
3.1	Ensure ACEM emergency medicine standards, policies and guidelines are regularly audited and remain relevant to emergency medicine care in regional, rural and remote settings.
3.2	The Regional, Rural and Remote Advisory Committee (RRRAC) provides direct input into standards, policies and guidelines that are specific to regional, rural and remote emergency care.
3.3	The RRRAC provides direct input into the ACEM Workforce Planning Strategy and other workforce initiatives.
3.4	The RRRAC provides regular input to the ACEM Quality Standards for Emergency Departments and Hospital-Based Emergency Care Services and Quality Standards Toolkit to ensure: a. The standards are relevant for regional, rural and remote emergency settings. b. The standards are accessible for regional, rural and remote emergency medicine physicians and services. c. Rural scenarios and success stories are included.
3.5	Develop and promote strategies to improve emergency care network relationships and integration across the health system, including and in relation to: a. 24-hour access for regional, rural and remote physicians to emergency medicine and critical care expertise. b. Metropolitan sites partnering with regional, rural and remote sites through Accredited Training Networks which facilitate: i. training rotations into regional, rural and remote sites and vice versa. ii. upskilling rotations for rural practitioners into metropolitan centres and vice versa. iii. sharing of education and learning opportunities. iv. Increased clinical support. c. Addressing transfer block though initiatives and education that ensure receiving sites are responsive to the needs and challenges of inter-hospital referral, retrieval and transfer from less-resourced sites. d. The review of patient transfer pathways and processes to identify system gaps and risks, and provide recommendations to maximise efficient use of transfer services, in collaboration with the Conjoint Committee of Pre-hospital and Retrieval Medicine and intensive care paramedics.

3.6	Lead advocacy in collaboration with the ACEM Emergency Telehealth Network for safe, effective and efficient integration of telehealth modalities into regional, rural and remote settings that enhance, but do not replace, face-to-face emergency care.
3.7	Engage with ACEM's Indigenous Health Committee to: a. Promote the use of language and cultural interpreters within regional, rural and remote emergency settings. b. Promote and advocate for Aboriginal Health Workers, Practitioners and Liaison Officers (Australia), and Māori Health Workers (Aotearoa New Zealand) as members of the emergency care team in regional, rural and remote areas. c. Explore opportunities to better understand current and potential scope of Indigenous Health Worker roles in emergency care settings in regional, rural and remote sites.
3.8	Advocate for targeted support for Specialist International Medical Graduates, and International Medical Graduates who work in regional, rural and remote emergency medicine settings, to: a. Address the challenges of: i. Isolation from clinical peers. ii. Orientation to Australian/Aotearoa New Zealand healthcare system processes and expectations. iii. Integration into rural communities to build a sense of belonging and inclusion for physicians and their families. iv. Discrimination and racism. b. Improve pathways to the FACEM Training Program.
3.9	Promote organisational and community connection strategies that support workforce attraction and retention in regional, rural and remote emergency services.

Strategic priority 4: Collaboration and advocacy

Strategic objective:	**ACEM commits to supporting a strong regional, rural and remote community of practice model with a focus on collaboration and advocacy.**
Focus areas:	1. Strengthen relationships between emergency physicians, departments and across networks. 2. Build collaborative partnerships with the wider regional, rural and remote health practice community. 3. Drive advocacy initiatives aligned with the priorities of the regional, rural and remote emergency medicine workforce and the communities they serve.

Strategic priority 4: Collaboration and advocacy action items	
4.1	Review relevant ACEM committees, working groups, advisory groups and networks to ensure they have designated regional, rural and remote member representation.
4.2	Establish an ACEM Regional, Rural and Remote Emergency Medicine (RRREM) community of practice model to: a. Create peer support networks for members and affiliates. b. Strengthen local community and regional relationships. c. Facilitate sharing and collaboration for improvement and innovation. d. Promote educational opportunities and resources relevant to members. e. Promote standards, professional skills and expectations for emergency care provision in regional, rural and remote settings. f. Promote community events to enhance member inclusion, belonging and wellbeing. g. Enable member engagement with advocacy efforts. h. Integrate with the ACEM regional, rural and remote webpage information (refer Item 1.1).
4.3	Host a Regional, Rural and Remote Emergency Medicine Conference every two to three years in collaboration with key stakeholders including ACRRM, RACGP and RNZCGP DRHM.
4.4	Strengthen collaboration through the development and implementation of memoranda of understanding with ACRRM, RACGP and RNZCGP DRHM, to facilitate opportunities that are mutually beneficial by: a. Inviting representatives from these colleges to participate on relevant ACEM working groups and projects that support provision of regional, rural and remote emergency care. b. Promoting the EM Associateship Training Programs to their members and trainees with interests in emergency medicine. c. Promoting ACEM CPD opportunities with regional, rural and remote members of other specialist medical colleges.
4.5	Strengthen partnerships with regional, rural and remote communities through: a. Membership of peak bodies and organisations, including the National Rural Health Alliance and Hauora Taiwhenua Rural Health Network. b. Promotion of affiliated regional, rural and remote organisations' events, resources and other content to ACEM members.

4.6	ACEM continues to be regarded and acknowledged by government, peak bodies and the wider community as a trusted voice and authority on regional, rural and remote emergency care demonstrated by: a. The visibility of ACEM and members in regional, rural and remote emergency medicine advocacy. b. Requests for participation of ACEM and members in government enquiries and submissions. c. Ongoing relationships that facilitate direct advocacy to local, state and federal ministers and other governmental decision-makers. d. Supporting and participating in advocacy efforts undertaken by key rural health entities including the ACRRM, RNZCGP DRHM, RACGP Rural, National Rural Health Alliance and Hauora Taiwhenua Rural Health Network. e. Aligning ACEM advocacy with rural peak bodies and other medical colleges where appropriate.
4.7	In collaboration with ACEM's Indigenous Health Committee: a. Develop strategies to build relationships with and be responsive to the priorities and needs of local Māori, Aboriginal and Torres Strait Islander communities in regional, rural and remote settings. b. Be responsive to the priorities of Whānau Ora and Aboriginal Community Controlled Health Organisations in regional, rural and remote emergency medicine.
4.8	Develop resources and strategies that support regional, rural and remote emergency departments to engage with their local communities to: a. Ensure the ED is responsive to community needs. b. Support community wellbeing and resilience in response to and recovery from climate-related events and natural disasters.
4.9	Collaborate with consumer representative health groups and organisations, in particular the Consumers Health Forum of Australia and Wāhi Whakawhiti Kōrero Hauora – Consumer Health Forum Aotearoa, to ensure issues of regional, rural and remote health are identified, promoted and discussed with consumers.

Strategic priority 5: Research and evidence

Strategic objective:	**ACEM recognises and promotes the importance of research and evidence in the practice of regional, rural and remote emergency medicine.**
Focus areas:	1. Assess, utilise and develop evidence-based best practice that meets the needs of regional, rural and remote patients, carers and communities. 2. Develop methods to assess and monitor access to and quality of sustainable emergency medicine services in regional, rural and remote areas. 3. Build capacity and skills to undertake emergency medicine research in regional, rural and remote settings.

Strategic priority 5: Research and evidence action items

5.1 Conduct environmental scans to identify:

a. Current research capacity and skills in regional, rural and remote emergency care settings.

b. Physicians with interest in developing regional, rural and remote ED research capacity.

c. Opportunities to engage in formal partnership with external organisations including, but not limited to, local/regional health research units, universities, clinical trials networks and other specialist colleges.

5.2 Explore opportunities for a Rural EM Research Network to:

a. Facilitate and promote physician-initiated, collaborative research in regional, rural and remote emergency medicine settings.

b. Understand and utilise large scale, routinely collected health systems data from regional, rural and remote sites to:

   i. Better understand emergency medicine in regional, rural and remote contexts.

   ii. Determine gaps and focus areas for future research.

   iii. Develop metrics applicable to regional, rural and remote emergency medicine practice.

   iv. Monitor trends and impacts.

c. Encourage publication of evidence-based regional, rural and remote emergency medicine content for the EMA journal, ACEM Annual Scientific Meeting and ACEM Regional, Rural and Remote Emergency Medicine Conference.

d. Promote emergency medicine research in regional, rural and remote contexts.

5.3 Embed strategies to promote and reward high-quality research in the field of regional, rural and remote emergency medicine by:

a. Establishing an award for research in regional, rural and remote emergency medicine.

b. Providing a minimum of one position on the Research Committee for a regional, rural and remote ordinary FACEM member.

c. Establishing a regional, rural and remote emergency medicine research workshop to be delivered at the Regional, Rural and Remote EM Conference.

d. Exploring partnerships to further develop member expertise in regional, rural and remote research settings.

5.4	Conduct a gap analysis and explore opportunities to address the gaps, in relation to: a. Rural and remote emergency medicine research. b. High-yield research pathways applicable to regional, rural and remote settings. c. Research and data collection relating to the emergency care of Aboriginal and Torres Strait Islander peoples and Māori.
5.5	Explore opportunities for regional, rural and remote sites to contribute data to ACEM's Clinical Quality ED Data Registry for research and quality improvement.
5.6	Produce a biennial report on regional, rural and remote emergency medicine for accredited and non-accredited emergency departments with specific reference to: a. Time-based performance metrics, including with respect to patient flow, referral and transfer. b. Subgroup analysis for cohorts with specific needs including Indigenous patients, mental health, paediatric and geriatric patients. c. Regional, rural and remote workforce trends and deficiencies.
5.7	Collaborate with government agencies and relevant organisations on emergency medicine workforce modelling that is stratified by rurality.

Australasian College for Emergency Medicine
34 Jeffcott St
West Melbourne VIC 3003
Australia
+61 3 9320 0444
admin@acem.org.au

acem.org.au