ACEM/JLA Priority Setting Partnership for Emergency Care Research in Australia and Aotearoa New Zealand

PROTOCOL (Version 10: FINAL: 20/08/2026)

1. Purpose and Background

The Australasian College for Emergency Medicine (ACEM) Clinical Trials Network (CTN) promotes the conduct of high-quality investigator-initiated multi-centre clinical trials across emergency care topics in Australia and Aotearoa New Zealand. The CTN consists of an appointed network executive and a broad membership base of emergency care researchers.

Following successful advocacy by the CTN, this protocol establishes how ACEM will conduct a Priority Setting Partnership (PSP) for Emergency Care Research in Australia and Aotearoa New Zealand in partnership with the James Lind Alliance (JLA).

2. Aims and Objectives

The aim of the ACEM/JLA PSP is to identify uncertainties with respect to emergency care from consumer and clinical perspectives in Australia and Aotearoa New Zealand, and then prioritise which are the most important to address over the next five years.

The objectives of the ACEM/JLA PSP for Emergency Care Research are to:

- Work with consumers and clinicians to identify uncertainties (unanswered or partially answered questions) in emergency care research in Australia and Aotearoa New Zealand that can be addressed by future research.
- Find consensus on a prioritised list of questions for emergency care research.
- Publicise the results to the emergency care community, the broader health sector and the care seeking public.
- Inform proactive identification of strategic priorities for research supported advocacy.
- Further support ACEM Research Advisory Committee determination of whether a research proposal is suitable for endorsement by ACEM.
- Create awareness of the ACEM/JLA priorities in international and national grant schemes.
- Advocate to government, and community and research bodies for long-term funding to address identified research priorities.

3. Scope

The scope of the ACEM/JLA PSP is as follows:

> *The identification of research priorities for patients aged 18 years and over that presented to the emergency department (ED)[1] for emergency care in Australia and Aotearoa New Zealand.*

The PSP will focus on EDs that are Level 3 to 6 sites according to ACEM classification (see footnote). That service model is well understood by the public, and accounts for the majority of FACEM-lead emergency care in Australia and Aotearoa New Zealand. We acknowledge that

[1] Defined as Level 3 to Level 6 emergency departments (EDs) in the *ACEM Statement on the Role Delineation of Emergency Departments and Other Hospital-based Emergency Care Services* (S12, June 2025). Level 3 sites are designated as EDs with a 'transition' model of care. They are located in a rural or remote hospital designed to receive emergency presentations. They are designed to assess all emergency presentations and provide definitive care when resources are available. They receive ambulances but are bypassed by patients requiring time-critical management not available onsite.

models of emergency care are changing and envisage a future refresh of research priorities by ACEM within the next decade.

Any paediatric priorities (age 0 to 17 years) will be recorded and shared with the Paediatric Research in Emergency Departments International Collaborative (PREDICT) Network. Any prehospital priorities received will be recorded and shared with relevant partners including the Australasian College of Paramedicine, and the Royal Australasian College of General Practitioners (RACGP). Any priorities received that relate to virtual ED or emergency telehealth will be shared with relevant ACEM entities.

4. Expected Benefits

A transparent, formalised and published list of emergency care research priorities will be beneficial to ACEM, funding bodies, and external partners across multiple domains:

- **Grant competitiveness**: Provides a clear research agenda that strengthens applications to national and international funding bodies.
- **Consumer involvement**: Builds trust and credibility by ensuring that patient and community voices shape emergency medicine research priorities.
- **Research efficiency**: Reduces duplication and fragmentation by focusing resources on the most pressing and relevant questions.
- **Capacity building**: Trains and mentors emerging clinician-researchers in research prioritisation, evidence synthesis, and collaborative methods.
- **Policy impact**: Produces a priority list that can be used in ACEM's advocacy with government and health system stakeholders.
- **Replicable Process**: Establishes a replicable process that can be refreshed periodically to keep research aligned with evolving needs.
- **Equity focus**: Ensures the priorities reflect the needs of under-served groups, including Aboriginal, Torres Strait Islander and Māori communities, and rurally based patients.
- **Knowledge translation**: Creates a foundation for future workshops and grant development sessions, directly accelerating translation of research priorities into funded projects.
- **International recognition**: Positions ACEM as a leader in priority-setting partnerships in the Southern Hemisphere, enhancing its global reputation.
- **Strategic alignment**: Direct alignment with the ACEM 2025–2030 Strategy to reinforce its research and advocacy goals, and with the remit of the ACEM Foundation to support impactful, collaborative research.
- **Core values**: Promotes the ACEM core value of 'collaboration' by bringing together clinicians, consumers, and research partners.

JLA-supported PSPs have been conducted in emergency care and paediatric emergency care in the UK, and globally in major trauma. The priorities identified in PSPs have often been used by UK research bodies and medical colleges to determine what projects to fund.

5. Partnership with the James Lind Alliance (JLA)

ACEM has established a partnership with the James Lind Alliance (JLA) to undertake a Priority Setting Partnership (PSP). The JLA is a non-profit initiative that brings together consumers, carers and clinicians to conduct PSPs. JLA is based in the UK and funded by the National Institute for Health and Care Research and hosted by the School of Healthcare Enterprise and Innovation, University of Southampton.[2]

[2] James Lind Alliance. Setting up a Priority Setting Partnership: Some questions answered. JLA: Southampton April 2023.

The aim of JLA supported PSPs is to 'help ensure that those who fund health research are aware of what really matters to people who need the research in their everyday lives.'[3] The JLA is a trusted neutral third party that has a track record of bringing together consumers and clinicians. The JLA has supported to completion 150 PSPs in the UK and internationally.

The JLA supports a growing body of PSPs in Australia and Aotearoa New Zealand and continues to build capacity in Australia by training domestic facilitators in partnership with the University of Queensland. It is open to building further capacity as part of the ACEM/JLA PSP for emergency care to enable local facilitation of future PSPs in Australia and Aotearoa New Zealand. We will invite the Australian Health Research Alliance NHMRC-accredited Research Translation Centres to be observers in the research prioritisation exercise.

The JLA Advisor will work closely with the Clinical Lead, Information Specialist and Project Coordinator to ensure completion of the PSP.

6. Steering Committee

The ACEM Research Prioritisation Steering Committee (RPSC) has been established as an entity of the ACEM Research Advisory Committee. The purpose of the RPSC is to provide expertise and direction with respect to the PSP for Emergency Care Research.

Members will participate in all aspects of the project and will draw on their professional networks to ensure broad participation of the emergency care community in the PSP. The RPSC will publicise the final priorities, sharing directly with policy makers and funders.

The RPSC is chaired by the JLA Advisor. This facilitates a standardised approach and enables the JLA to serve as a neutral guide encouraging equal participation by consumers and clinicians.

7. Partners

Organisations will be invited to take part in the PSP as Partners. It is important that all organisations which can reach and advocate for the following groups are invited to be involved in the ACEM/JLA PSP:

- People presenting to the ED for emergency care and their Whānau/family or carers.
- Doctors, nurses and professionals allied to medicine with clinical experience of working in the ED.

8. Methodology for Research Prioritisation

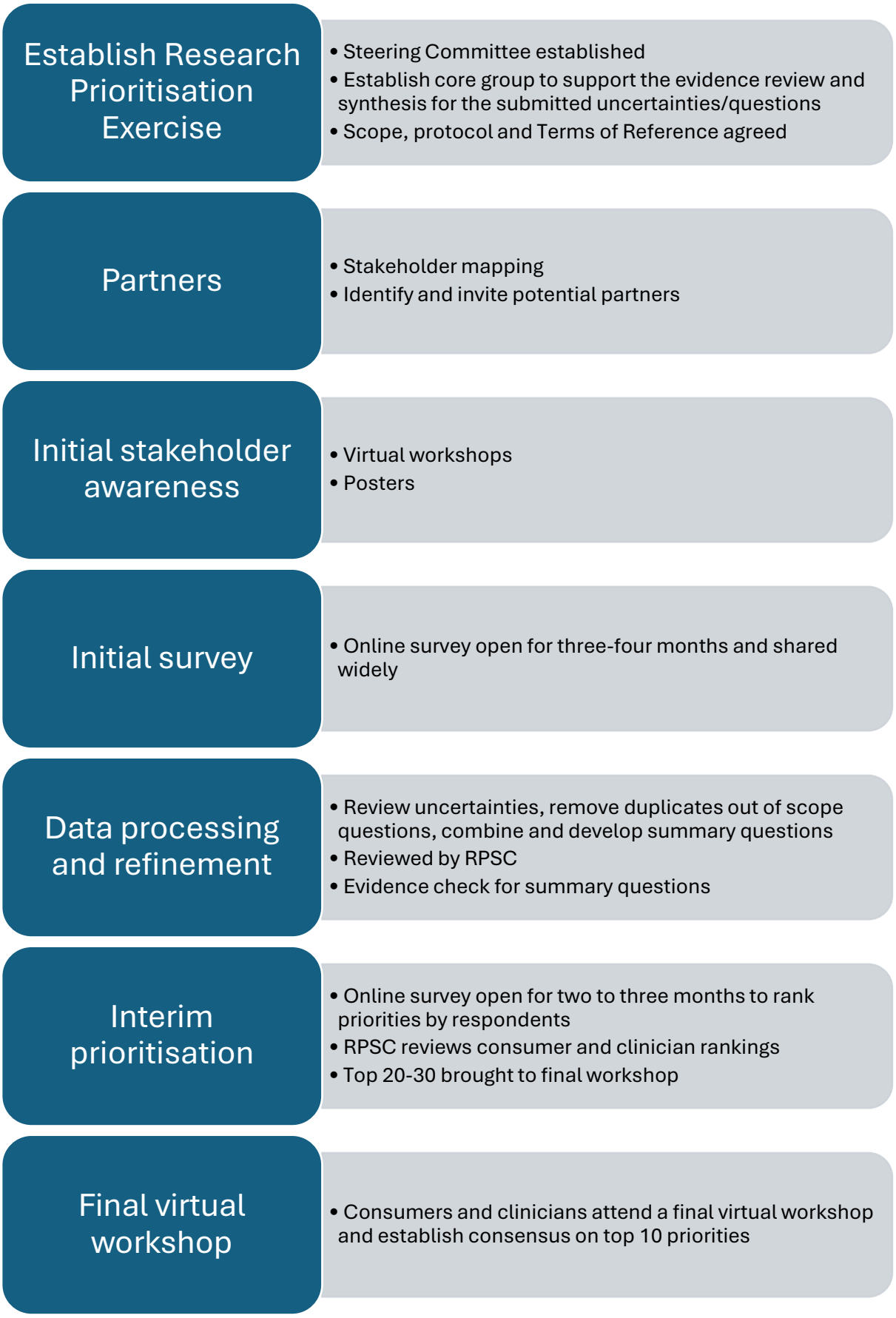
The ACEM/JLA PSP is iterative and dependent on the active participation and contribution of different groups. The methods adopted in any stage will be agreed through consultation between the partners and guided by the ACEM/JLA PSP aims and objectives. The following principles will underpin the ACEM/JLA PSP: [4]

- Transparency.
- Balanced inclusion of consumers' and clinicians' interests and perspectives.
- Exclusion of groups/organisations with significant competing or commercial interests.
- Robust audit trail documenting the project from submitted uncertainties to final priority list.
- Priority setting conducted only after uncertainties have been verified as unanswered.

The ACEM/JLA PSP will progress through seven key steps (Figure 1 below).

[3] Ibid.
[4] Ibid.

Figure 1: Schematic overview of the JLA/ACEM CTN Priority Setting Partnership (PSP)



Step 1. Establishment of the Steering Committee

The RPSC Terms of Reference establish it as a reporting entity of the ACEM Research Advisory Committee. Representation has been sought from consumers, emergency physicians, emergency nurses and allied health professionals working in emergency care across Australia and Aotearoa New Zealand. The RPSC will review, finalise and sign off the protocol.

The RPSC will be chaired by the JLA Advisor who will serve as a neutral guide and encourage equal participation from both consumers and clinicians while ensuring adherence to the principles and methodology set out in the protocol.

Step 2. Identification of Partners (inc. bodies that represent or advocate for consumers)

The RPSC will conduct stakeholder mapping and be responsible for identifying potential partner organisations to be involved in the ACEM/JLA PSP. ACEM entities including the Research Advisory Committee, Equity and Inclusion Committee, Manaaki Mana Advisory Group, Indigenous Health Committee, Council of Advocacy, Practice and Partnerships (CAPP), Community Member Reference Group and the Clinical Trials Network (CTN) and ED Epidemiology Network (EDEN) will also be requested to identify potential partners.

Potential partners will be contacted and informed of the establishment and aims of the ACEM/JLA PSP, with an invitation to participate. The Clinical Lead will draft the invitation specific to potential groups, for distribution through various mechanisms. For example, the ACEM Bulletin, Emergency Medicine Australasia (EMA) editorial and other newsletters, emails and social media channels.

Step 3. Stakeholder Awareness Raising

Virtual workshops will be organised by the RPSC via ACEM to explain the purpose of the ACEM/JLA PSP and encourage involvement from a wide range of potential stakeholders. A poster / banner will be developed and shared via ACEM to raise awareness. The initial stakeholder awareness raising will have several key objectives:

- To introduce the RPSC.
- To present the proposed plan for the ACEM/JLA PSP.
- To identify potential partner organisations which will commit to the ACEM/JLA PSP and identify individuals who will represent those organisations.
- To generate support for and encourage participation in the process.
- To establish principles upon which an open, inclusive and transparent mechanism can be based for contributing to, reporting and recording the progress of the ACEM/JLA PSP.

Step 4. Identifying Unanswered Questions

An online survey will be developed and shared for three to four months to allow consumers and clinicians to submit uncertainties and unanswered questions in emergency care. The survey will be written in lay language and piloted with patients, consumers and clinicians prior to launch.

Respondents will be able to submit a question or topic in free text format with the option to provide a PICO (population, intervention, comparator and outcome) and PECO (population, exposure, comparator and outcome.

Demographic information will be collected for respondents including role, years of experience in emergency care, state/territory, country, age, identification as Indigenous or First Nations (Aboriginal, Torres Strait Islander or Māori) and gender. When the respondent is a health professional, data will be collected on whether they are research involved or active.

Various methods will be used to disseminate the survey and support completion by patients, carers and consumers. These include the following:

- Links to the survey will be promoted and distributed by ACEM, RPSC members and partners via email, dedicated ACEM webpages, QR-embedded posters, social media posts, College newsletters and at ACEM events and conferences.
- RPSC member-facilitated meetings/forums with patients, consumers and clinicians. If patients or consumers are unable to fill in the survey at the meetings, Steering Committee members can complete it on their behalf.
- The information from completed paper forms can be uploaded on behalf of patients, carers or consumers by RPSC members or partners.

Step 5. Data Processing and Refining Questions

The Information Specialist (with support) will be responsible for reviewing all submissions, removing duplicates and/or out-of-scope questions and collating a set of summary questions for the RPSC to assess and review.

The aim is to develop a set of collated questions which are clear, addressable by research and understandable by all. This long list of summary questions will be checked against existing evidence to ensure they are true unanswered questions. An unanswered question can be identified by the lack of reliable systematic reviews of evidence addressing the question, or where up-to-date systematic reviews of evidence show that uncertainty exists. Clinical trials registries, for example the ANZCTR and Clinical Trials.gov, will also be checked to see if funding has been allocated to answering the question.

Step 6. Prioritisation: Interim and Final Stages

The aim of the final stage of the ACEM/JLA PSP is to find consensus on a short-list of uncertainties. Progression from a long list of uncertainties to a shorter list (for example, up to 30) will be achieved by conducting a second survey. Respondents will be asked to select their top 10 priorities from the indicative questions. The interim survey will be disseminated through the same means as the initial survey, for a two-to-three-month window.

It is envisaged that separate rankings will be generated for consumers and clinicians to ensure equitable representation of stakeholder groups. The Steering Committee will review the final rankings and chose a manageable list of questions for discussion at the final workshop.

The final stage, identifying the highest prioritised uncertainties, is likely to be conducted by virtual workshop, using group discussions and plenary sessions. The methods used for this prioritisation process will be determined by consultation with the JLA Advisor and JLA facilitators. Ideally participants in the final virtual workshop will be representative of age, gender, geographical location and patient and professional background. The JLA Advisor will facilitate this process and ensure transparency, accountability and fairness. Participants will be expected to declare their interests in advance of this meeting.

Step 7. Dissemination of Results

It is anticipated that the findings of the ACEM/JLA PSP will be published in a peer reviewed journal and shared at the ACEM Annual Scientific Meeting (ASM) and other ACEM events/meetings to raise awareness of the priorities. ACEM will share the findings with members through both internal and external communications mechanisms.

The findings will be used to advocate with emergency care policy makers and research agenda-setting organisations, as well as funding bodies. The broader emergency care community will be encouraged to develop clinical trials and other research proposals to submit to funders.