



# **Emergency Medicine Preparedness for Population Ageing**

ACEM Statement of Commitment



Australasian College  
for Emergency Medicine

[acem.org.au](http://acem.org.au)

## 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.

## 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.

# Mission

ACEM advocates for the growing number of older persons in Australia and Aotearoa New Zealand to have equitable access to person-centred emergency care, optimising healthcare outcomes and improving the sustainability of acute services for all users.

## Background

Australia and Aotearoa New Zealand are at population tipping points, with emergency department (ED) presentations by older persons escalating exponentially. Assuming medium population growth compared with 2010, ED presentation projections for 2050 reveal a 177 per cent increase in total ED presentations, with an increase to 242 per cent and 411 per cent in ED presentations by people aged 65–84 and 85+ years respectively.<sup>1</sup> Increasing environmental disasters and extreme weather events will have an excessive effect on older adults, manifesting as surges in already overstretched EDs.<sup>2</sup>

Older persons represent around a quarter of ED presentations in absolute terms<sup>3</sup>, but due to the complex nature of their health needs and community expectations of healthcare, the projected growth in older person presentations will, without urgent strategic action, have disproportionate impacts on healthcare systems. This is due to:

- greater susceptibility to physical, social and psychological vulnerability
- higher acuity, complexity, and admission rates
- longer ED and inpatient lengths of stay
- increased multidisciplinary care needs
- higher vulnerability to hospital acquired complications
- gaps in workforce capacity, skills and knowledge

Exponential ageing of the populations in Australia and Aotearoa New Zealand is a fact. But limited action has been taken to prepare for the volume and complexity of associated acute care needs. Capacity against some indices is in fact declining, with the number of beds available for every 1000 Australians aged over 65 in 2025 at the record low number of 14.3, less than half of the capacity in the early 1990s.<sup>4</sup>

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1 Burkett E, Martin-Khan MG, Scott J, Samanta M, Gray LC. Trends and predicted trends in presentations of older people to Australian emergency departments: effects of demand growth, population aging and climate change. *Aust Health Rev.* 2017 Jul;41(3):246-253.

2 Romanello M, Napoli CD, Green C et al. The 2023 report of the Lancet Countdown on health and climate change: the imperative for a health-centred response in a world facing irreversible harms. *Lancet.* 2023 Dec 16;402(10419):2346-2394

3 People over the age of 65 accounted for 22.4% per cent of presentations to ACEM-accredited EDs between 01 July 2022 and 30 June 2023. Australasian College for Emergency Medicine. Annual Site Census 2024. Melbourne (AU): ACEM; Sept 2024.

4 Australian Medical Association. Public Hospital Report Card. Canberra (AU): AMA; Feb 2025.

# Statement

ACEM is committed to improving healthcare outcomes for older persons. As the population ages across Australia and Aotearoa New Zealand, an ever-increasing number of older persons with complex health and social needs will require access to high-quality acute services. Where acute care needs are outside of the scope of the GP, the ED is often the best equipped and safest place for the delivery of unplanned emergency care. Care must be equitable, person-centred (including shared decision-making and care planning)<sup>5</sup> and delivered in a therapeutic and safe environment wherever the patient presents.

The needs of older persons from Aboriginal and Torres Strait Islander and Māori communities must be prioritised. Indigenous peoples have a higher level of frailty at younger ages, with a formal definition of 'old' that is different from non-indigenous people. ACEM will continue to highlight this disparity in healthcare and health outcomes and promote culturally safe approaches to closing this gap.

ACEM will provide EM physicians with the training and education required to deliver excellence in the care of older persons. However, EDs rely heavily on the skills and knowledge of a multidisciplinary team. The response requires commitment to the resourcing of cross-sector, multidisciplinary solutions. Strengthening primary care and aged care services will be vital alongside universal improvements in the provision of preventative medicine to older populations.

In order to mitigate the effects of projected growth in ED demand, governments will need to reinforce priority care sectors (including increased workforce capacity), explore innovative care models of proven effectiveness, improve service coordination and accountability, and provide appropriate funding structures. A greater recognition is demanded of the role of EDs in transitioning care within an integrated system. Infrastructural improvements must support primary, secondary, tertiary and community care providers in transitioning care.

## Commitments and deliverables

Preparing emergency medicine (the College and ED physicians) for anticipated changes in the age profile of presenting populations in Australia and Aotearoa New Zealand requires actions that are impactful, measurable and attainable. To consider these opportunities, the ACEM Board established the ACEM Preparedness for Population Ageing Working Group (APPA WG), with the objective of developing broad strategic commitments and related deliverables for the College.



<sup>5</sup> Australian Commission on Quality and Safety in Health Care. Person Centred Care [Internet]. Canberra (AU): ACQSHC [cited 2025 Nov 23]. Available at: [www.safetyandquality.gov.au/our-work/partnering-consumers/person-centred-care](http://www.safetyandquality.gov.au/our-work/partnering-consumers/person-centred-care)

# Commitments

## Training and education

The ability to provide person-centred care to patients of any age is a fundamental requirement for all EM specialists. ACEM commits to ensuring that a robust understanding of all aspects of geriatric emergency medicine (GEM) is embedded in ACEM curricula and training programs, enabling trainees to develop appropriate skills in differential diagnoses and address the immediate care goals of older persons.

ACEM supports the education and upskilling of established emergency medicine physicians. This will involve developing a comprehensive collection of educational resources in the care of older persons, in support of continuing professional development and associated pathways.

## Emergency department workforce

ACEM advocates for EDs that are appropriately staffed (and designed) to reflect the increased medical complexity and specific functional and psychosocial needs of older persons. We will support health system decision-makers in understanding the predicted demographics of presenting populations and the extra resourcing needed to meet increased attendance by older persons.

The College advocates for emergency specialist-led multidisciplinary teams in the emergency assessment and management of older persons.

## Emergency medicine standards

ACEM promotes person-centred care for older persons through our policies. We will foster increased stakeholder engagement, including community involvement, in the collaborative development, co-design and promotion of joint or standalone College standards in this area.

## Research and innovation

ACEM promotes research and research partnerships that are informed by this Statement of Commitment. ACEM undertakes high-quality data analysis and critical appraisal that informs and supports stated deliverables.

ACEM works to strengthen the culture, profile, skills base and capacity of EM research and the use of evidence in advancing healthcare outcomes. ACEM advocates for the routine inclusion of older persons in research studies.

## Advocacy and collaboration

ACEM seeks to inform decision-makers on mechanisms to achieve equitable access to person-centred emergency care for older persons, supporting people to be active in their care and care delivery including where and how they would prefer care to be provided. ACEM advocates specifically for increased uptake of meaningful patient-centred Advance Care Planning (ACP), expressed in standardised language and form, and accessible to health consumers and providers within a common digital platform.

The ageing population requires whole of healthcare system preparedness. ACEM strengthens the multi-disciplinary approach to the care of older patients through collaboration with consumers and stakeholder organisations.

# Deliverables

## Training and education

1. ACEM will undertake a specific mapping exercise prior to the full curricula review in 2027, with one of the key objectives being to purposefully increase the visibility of GEM content.
2. ACEM will provide a GEM-specific continuing professional development pathway, with educational GEM resources curated or licensed as necessary.
3. ACEM will review and ensure that assessments for all training programs have sufficient and proportionate focus on older persons and/or those with frailty or other geriatric syndromes.

## Emergency department workforce

4. ACEM will provide member access to predictive demographics by region (using existing analytics or through partnership with government agencies) and flag potential ageing-related resourcing implications to Directors of Emergency Medicine.

## Emergency medicine standards

5. ACEM will audit all ACEM position statements, guidelines and policies ('standards') to ensure that they include appropriate advice and direction to support optimal emergency care for older persons.
6. ACEM will publish an advisory on GEM older-person friendly language that defines standardised terminology and supports the avoidance of unconscious bias and unintended ageism.

## Research and innovation

7. ACEM will advocate at federal and national level for specific GEM research funding streams. We will highlight that inclusion of older persons and those with cognitive impairment in clinical research trials is fundamental to supporting evidence-based care of these patients.
8. ACEM will, in 2026, publish a *State of Emergency* (Care of Older Persons) ACEM report, alongside a report card on ACEM activities conducted in support of the commitments made in this document.

## Advocacy and collaboration

9. ACEM will advocate for age-disaggregated reporting and trending of mortality rates by defined age-groups in order to ensure timely detection of fluctuation in mortality rates that correspond with changes in health policy or service delivery.
10. ACEM will take the lead in advocating for a cross-sector summit on healthcare for ageing populations
11. ACEM will work with other relevant stakeholders to enhance community perceptions of advance care planning as a beneficial health-seeking behaviour that facilitates the delivery of person-centred and goal-concordant care
12. ACEM will conduct specific advocacy with University Deans on embedding preparedness for population ageing, including GEM, in undergraduate curricula.



**Dr Stephen Gourley**  
President  
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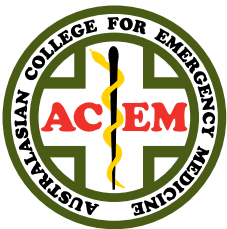
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