



Australasian College
for Emergency Medicine

Clinical privileges for emergency physicians

Policy P07

Document Review

Timeframe for review:	Every three years, or earlier if required.
Document authorisation:	Council of Advocacy, Practice and Partnerships
Document implementation:	Standards and Endorsement Committee
Document maintenance:	Policy Officer

Revision History

Version	Date	Pages revised / Brief Explanation of Revision
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.

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 departments in Australia and New Zealand.

2. Policy

An emergency physician must be registered with the Medical Board of Australia (MBA) or Medical Council of New Zealand (MCNZ), and possess the 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 utilise the term 'Fellow of ACEM (FACEM)' to describe their position.

Emergency physicians who must practise 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 to perform duties outside their usual role provided there is mutual agreement between the emergency physician and the employing authority.

3. Policy and actions

The clinical privileges of an emergency physician extend to direct clinical patient care, the supervision of junior medical 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 College activities to further emergency medicine.

All emergency physicians will have membership of the hospital's Department of Emergency Medicine proportional to their full or fractional appointment.

Emergency medicine is not solely practised in the ED and, by the mutual agreement of the appropriate authority, emergency physician clinical privileges may extend outside the ED and may include:

- Clinical assessment of the deteriorating patient
- Clinical work in short stay units
- Clinical work in diagnostic units
- Clinical work in medical assessment units
- Clinical work in toxicology services
- Duties under the local Mental Health Legislation
- Transporting patients outside the hospital premises such as inter-facility transports
- Clinical work in intensive care
- Clinical work in rapid response teams (e.g. MET Call or Code Blue)
- 'Hospital in the Home'
- Clinical work in telemedicine
- Clinical work in other inpatient services as negotiated locally.



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