



Australasian College
for Emergency Medicine

Interim Statement on Scope of a FACEM

S1024 V1

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1.0	Jun-2026	Approved by the ACEM Board

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1. Purpose and background

The skills and training required for a Fellow of the Australasian College for Emergency Medicine (FACEM) must equip them to deliver safe, effective and compassionate emergency care to communities with increasingly complex health needs. These capabilities must also support the development of satisfying and sustainable careers in emergency medicine (EM) and beyond.

A key challenge for the College is clearly defining the contemporary role of a FACEM in the emergency department (ED). The responsibilities of FACEMs continue to evolve in response to:

- Increasing patient acuity and complexity
- Expanding multidisciplinary models of care
- Growing system pressures
- Broader scope of practice among non-medical health professionals

Despite these changes, ACEM has not yet formally articulated how the FACEM role has shifted over time.

The FACEM Training Program Curriculum outlines eight broad domains that describe the essential knowledge, skills and attributes expected of emergency medicine physicians. These domains are designed to prepare FACEMs to practise effectively in a culturally diverse and continuously evolving healthcare environment.

Clearly articulating the scope of practice of FACEMs in emergency medicine — including the knowledge, skills and attributes in which they are educated, competent, authorised and accountable — is essential. Doing so will:

- Clarify the FACEMs role within the ED and the broader health system
- Support workforce planning and service design
- Promote patient safety and quality of care
- Provide guidance as scopes of practice for non-medical health professionals continue to expand

A clearly defined scope of practice ensures that FACEMs' unique contributions to patient care, clinical leadership, and system stewardship are recognised and appropriately utilised.

2. Considerations

21 Activity and Task Substitution by Extended Scope Practitioners

To meet patient demand, there is increasing pressure to expand ED teams to include greater numbers of extended scope practitioners, such as nurse practitioners and allied health professionals, and to increase utilisation of other non-medical practitioners, including physician assistants and extended role paramedics. While these roles can contribute to ED care delivery, workforce expansion must ensure that:

- Patients continue to receive high-quality, specialist-led care
- EDs remain appropriately resourced
- All practitioners are well supported
- Workloads are sustainable
- The supervisory burden for FACEMs is not excessive and FACEM trainees remain well supported

Expansion of non-medical practitioner roles must be balanced, clearly governed and aligned with patient safety principles

22 FACEM Scope Expansion

FACEMs have experienced gradual expansion of clinical responsibilities beyond traditional emergency medicine boundaries. This expansion has been driven by:

- Workforce shortages
- Health system pressures
- Evolving models of care

While this may improve access and continuity of care, it also raises important considerations, including:

- Maintaining depth of expertise
- Preserving role clarity with other specialties
- Workload sustainability
- Training adequacy
- Medico-legal risk

Defining the scope of a FACEM is therefore essential to ensure appropriate practice boundaries while allowing flexibility in evolving health systems.

23 Recency of Practice

To meet the Medical Board of Australia, AHPRA registration or the Medical Council of New Zealand standards for Recency of Practice, FACEMs must have practiced within their scope of practice for a minimum total of:

- 152 hours in one year (four weeks full-time equivalent), OR
- 456 hours over three consecutive registration periods.

With increasing numbers of FACEMs working in roles outside traditional ED settings, uncertainty has emerged regarding which clinical and non-clinical hours may count toward recency of practice as a Specialist Emergency Physician.

Clarification of scope is therefore directly relevant to registration compliance and workforce sustainability.

24 Curriculum Alignment

FACEMs are expected to meet the minimum standards as defined in the ACEM Curriculum. Curriculum review and the definition of the FACEM scope are inherently interdependent, with each informing and aligning with the other.

25 Entrustable Areas of Practice

An Entrustable Areas of Practice (EAP), also known as “entrustable professional activities” is a core professional task that a specialist is expected to perform independently and competently in routine clinical practice. EAPs integrate knowledge, skills, clinical judgment, and professional behaviours required for safe and effective care.

Many jurisdictions have implemented competency-based postgraduate frameworks incorporating EAPs. The International Federation for Emergency Medicine has developed EAPs for independent practice as an Emergency Medicine Specialist.

EAPs can assist in bridging competency frameworks and real-world clinical practice. However, they may also raise concerns regarding:

- Task substitution by other professional groups
- Scope of practice boundaries
- Consistency of training and assessment standards
- Medico-legal accountability
- Maintenance of quality and patient safety

ACEM currently incorporates three EAPs within the FACEM standards described in Section 2.1.

3. Current State

FACEMs are currently expected to have the knowledge, skills and attributes as outlined in the FACEM Training Program Curriculum. For independent practice as an emergency physician, the following is required for the eight domains:

Domain	Minimum Requirement for a FACEM
Medical Expertise	Deliver safe and effective care to all presentations and through all stages of the patient's journey in the emergency department.
Communication	Establish optimal rapport, and communicate effectively in complex circumstances, with speed and accuracy, with patients of all ages and cultures, families/whānau and caregivers, and colleagues of all disciplines.
Health Advocacy	Protect and advance the health and wellbeing of any individual patients, communities and populations.
Leadership and Management	Provide clinical supervision, management and leadership and actively foster a culture of patient safety. Participate in quality improvement activities to create a departmental administrative framework to support safe clinical practice.
Prioritisation and Decision Making	Utilise strategies to prioritise tasks and optimise decision making to deliver the highest quality patient care, often with limited available information. Demonstrate continued situational awareness with increased task loading within the ED and as well as the hospital environment.
Professionalism	Practice ethically and adhere to medicolegal requirements, adopt and role model sound wellbeing practices, and actively commit to and promote the maintenance of professional standards.
Scholarship and Teaching	Make sound judgements regarding the creation, translation, application and dissemination of medical knowledge. Commit to independent advancement and maintenance of own professional skills and knowledge, as well as contributing to the teaching of others.

Domain	Minimum requirement for a FACEM
Teamwork and Collaboration	Effectively manage and participate in an interprofessional team, particularly at times of high stress and medical emergency.

3.1 ACEM Entrustable Areas of Practice

From the minimum FACEM standards, there are three entrustable areas of practice in emergency medicine:

1. **High-quality patient care.** The FACEM provides optimal care for any single patient through the application of knowledge and skills across the domains of Medical Expertise, Prioritisation and Decision Making, Health Advocacy, Communication, and Professionalism. This entrustable area of practice is assessed throughout the FACEM Training Program in Workplace-based Assessments, in-Training Assessments, the Paediatric Emergency Requirement and Examinations
2. **Professional workplace performance.** The FACEM performs at their best in the dynamic and demanding environment, that is the emergency department by integrating knowledge and skills in the domains of Communication, Teamwork and Collaboration, Leadership and Management, and Professionalism. This area of entrustable practice is assessed during training in Shift Reports and In- Training Assessments.
3. **Commitment to career longevity.** The FACEM possesses skills and values that sustain them throughout their career utilising skills in the domains of Scholarship and Teaching, and Professionalism. This entrustable area of practice is assessed during the FACEM Training Program in In-Training Assessments.





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