Australasian College
for Emergency Medicine

Victoria Election 2026

Australasian College for Emergency Medicine Election Priorities

Priority 1:
Reduce violence against emergency department staff

Violence in Victorian emergency departments (EDs) is escalating and should never be accepted as just 'part of the job' for healthcare workers. ED staff are being punched, threatened and abused while trying to care for people who are at their most vulnerable. It is critical that governments and health services respond clearly and consistently to eliminate violence against healthcare workers.

On this issue, the Australasian College for Emergency Medicine (ACEM) and the College of Emergency Nursing Australasia (CENA) hold a joint position, reflecting a united view from the emergency medical and nursing workforce.

Action needed:

- **Dedicated security in every ED:** Ensure every Victorian ED has dedicated ED security officers, trained specifically to work in healthcare settings and skilled in de-escalation, employed as part of the ED clinical team and available 24/7, with dedicated funding to support appropriate FTE for these roles.
- **Statewide leadership and accountability:** Re-establish the Victorian Violence in Healthcare Taskforce, with a direct reporting line to the Minister for Health. The taskforce would bring together frontline clinicians, health services, government and key agencies to drive a more coordinated statewide response to violence against healthcare workers and help ensure this remains a clear government priority.

'I've had colleagues physically and verbally attacked, and our members are increasingly reporting occupational violence simply for trying to do their jobs. Government needs to treat this as the serious safety issue it is. We are trained to care for people, not to defend ourselves from them. Healthcare is a specialised setting. Nurses, doctors and staff are trained for the environment we work in, and security should be too.' - **Associate Professor Kelli Innes, Emergency Nurse, National President CENA**

'Our staff are being punched, bitten, spat at and threatened. This isn't 'part of the job', and it never should be. It's dangerous for staff, and it's dangerous for the patients around them who are trying to get care. The best protection is prevention. That means security staff who are trauma-informed and skilled in de-escalation, working alongside us.' - **Associate Professor Mark Putland, Emergency Physician, Chair ACEM VIC Branch**

Priority 2:
Reduce unsafe overcrowding and bed block

No patient should remain in the ED for 24 hours

ED wait times are fundamentally about patient safety. Long stays in overcrowded EDs increase the risk of delayed care, avoidable deterioration and harm. EDs are designed for rapid assessment, stabilisation and short-term treatment, not prolonged inpatient care in overcrowded corridors and cubicles. A patient remaining in an ED for 24 hours represents an unacceptable risk to patient safety.

In previous decades, Victoria was a national leader in avoiding 24-hour ED stays, but these extended stays are becoming increasingly common. The number of ED presentations with a length of stay over 24 hours has grown more than tenfold in a decade, from 858 in 2014-15 to 10,320 in 2024-25. Provisional VAHI data to March 2026 shows this trend continuing, with 10,416 presentations recorded since July 2025 alone, a 43 per cent rise on the same period the year before. The increase has been sharpest in regional, rural and remote EDs.

Action needed:

Issue a Ministerial Directive that no patient should remain in a Victorian emergency department for more than 24 hours.

- The directive should establish that 24 hours represents a critical safety threshold requiring urgent whole-of-hospital escalation and intervention.
- The system's ongoing goal should be to move towards a 12-hour (or shorter) standard, consistent with the evidence supporting time-based targets and patient safety.

Fund local solutions to bed block

Many patients could receive safe and appropriate care outside hospital if the right services and pathways were available and easy to access. By expanding community, home-based and post-acute care options, Victoria could help more patients transition safely out of hospital sooner and avoid unnecessary admissions.

Local health services are often best placed to identify the barriers preventing patients from moving safely through the health system and the opportunities to improve patient flow in their communities. A dedicated fund would enable health services to identify and implement solutions tailored to local needs.

Action needed:

Establish a $60 million Victorian Hospital Flow Innovation Fund to support health services to adopt, expand or develop solutions that address local barriers to patient flow.

- The fund should support initiatives that bring together hospital, community, aged care and primary care providers to improve patient flow, with grants of up to $2 million per initiative.
- This would build upon the recent $58.4 million investment in ED capacity as the practical next step in recognising that flow depends on good practice beyond the ED.

More hospital beds to meet growing demand

Victoria currently has fewer public hospital beds per person than the national average, with demand on hospitals continuing to rise. A growing and ageing population, rising rates of chronic disease and sustained pressure on hospital capacity mean additional inpatient beds are an essential part of improving patient flow and reducing bed block across the health system.

Expanding community and home-based care can help reduce avoidable admissions and support earlier discharge. However, even the most efficient health system still requires enough staffed inpatient capacity to safely meet community demand.

Action needed:

Commit to delivering at least 2000 additional staffed inpatient beds across Victoria by 2030-31 to reduce unsafe levels of bed block and emergency department overcrowding, allocated according to operational need.

Priority 3:
Strengthen emergency care in regional and rural Victoria

Regional and rural Victorians deserve timely access to safe, high-quality emergency care close to home. In many parts of Victoria, local emergency care is delivered by small and stretched workforces, which can compromise quality care.

Emergency care is not delivered by Fellows of the Australasian College for Emergency Medicine (FACEMs) alone. In many parts of Victoria, EDs and urgent care services rely heavily on medical practitioners, rural generalists and non-FACEM doctors providing frontline emergency care. Strengthening their emergency medicine skills helps improve patient care, workforce capability and system resilience by reducing unnecessary transfers, supporting faster patient assessment and stabilisation, and keeping patients closer to home.

However, investment in emergency medicine training can come with significant financial and logistical barriers, including program costs, supervision requirements and the need for backfill while staff undertake training. Regional and rural hospitals in particular often lack the experienced clinicians on site to lead training at all.

Digital learning technologies offer a practical way to bring training to where clinicians already are, rather than requiring them to leave their community to access it. In line with Victoria's Virtual Care Strategy, which identifies tele-education as a core part of virtual care delivery, investment in virtual supervision, digital assessment tools and online exam preparation resources would allow experienced supervisors to support trainees remotely, building on existing infrastructure such as Healthdirect Video Calls. This would give regional and rural trainees equitable access to supervision and preparation without the cost and disruption of relocating.

Action needed:

Provide $12 million to fund regional and rural emergency medicine training, supervision and support to grow the pipeline of trained emergency doctors across Victoria, including:

- $2 million to support up to 250 more regional and rural doctors to undertake emergency medicine training through ACEM's Associateship Training Programs.
- $2.5 million in grants to support regional and rural hospitals to provide supervision, training and clinical support for trainees.
- $5 million in grants to provide backfill support to enable clinicians in regional and rural communities to undertake additional emergency medicine training.
- $2.5 million to provide digital learning technologies in regional and rural emergency medicine settings to support virtual education, assessment preparation and remote supervision.

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.

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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 Te Tiriti o Waitangi partners in Aotearoa New Zealand.

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