



AUSTRALASIAN COLLEGE
FOR EMERGENCY MEDICINE

STATEMENT

Document No: S27
Approved: Mar-02
Last Revised: Jul-12
Version No: 02

STATEMENT ON RURAL EMERGENCY MEDICINE

1. INTRODUCTION

This document outlines the position of the Australasian College for Emergency Medicine (the College) on support for rural doctors who provide emergency medical care to communities, and who are not Fellows of the College (FACEMs).

2. POSITION

The College believes all people should have access to high quality emergency medicine care. ACEM acknowledges the valuable role played in the provision of emergency care in rural areas by doctors who are not FACEMs. Whilst remote communities may not be able to sustain full-time FACEMs, doctors in such areas should have access to advice, educational opportunities and clinical support from FACEMs within their rural emergency medicine network. Clinical support may take many forms including, but not confined to, telephone advice, telemedicine and medical retrievals. This should be adequately resourced and not compromise clinical services at the regional or metropolitan hospital.

3. PROCEDURE AND ACTIONS

ACEM endorses the concept of rural emergency medicine networks in which regional base or metropolitan hospitals provide outreach services to local non-specialist practitioners. Such outreach services should include clinical support, professional development and continuing education. It should also include the development and implementation of policies and procedures in emergency medicine, and sound clinical governance.

ACEM believes that every rural community in Australia and New Zealand should be part of an emergency medicine network, and that each network will have an appointed director who possesses Fellowship of the ACEM. The role of the director will be predominantly to oversee the development and maintenance of the emergency medicine network.

4. DATES AND NOTES

Approved by Council: *March 2002*

Reviewed and approved: July 2012

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