



## Australasian College for Emergency Medicine

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# Submission to the Department of Prime Minister and Cabinet – Commonwealth Government COVID-19 Response Inquiry

## About ACEM

ACEM is a not-for-profit organisation responsible for the training and ongoing education of emergency physicians, and for the advancement of professional standards in emergency medicine in Australia and Aotearoa New Zealand. As the peak professional organisation for emergency medicine, ACEM has a vital interest in ensuring the highest standards of medical care are provided for all patients presenting to emergency departments (EDs).

## 1. Introduction

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to make a submission to the Department of Prime Minister and Cabinet's Commonwealth Government COVID-19 Response Inquiry (the Inquiry).

COVID-19 placed an unparalleled level of strain on Australia's healthcare system – and whilst Australia navigated these times better than many other comparable countries, the pandemic highlighted the extreme vulnerability of the nation's hospital and healthcare system.

Despite the World Health Organization's (WHO) declaration that COVID-19 is no longer a public health emergency of international concern, the prevalence of disease continues to have impacts on Australia's population and the healthcare system, and there will undoubtedly be an enduring legacy that may take decades to recover from.

## 2. The Pre-COVID Health System

Prior to 2020, Australia's modern healthcare system had not truly been tested. The added pressure of a global pandemic on an already overburdened health system sent it into a full-blown crisis, which had a diabolical effect on the ability of the system to respond to the health care needs of Australians.

Those working in the health sector were acutely aware, and routinely warned politicians and policymakers, that the health system would collapse unless Commonwealth and State governments addressed:

- Systematic underfunding of health care;
- Fragmented health system design;
- Severe workforce shortages, most acutely experienced by health services in regional, rural and remote Australia;
- Limited access to social services; and
- An ageing population with increasingly complex needs.

### 3. Increased Emergency Department Pressures

A comparison between pre-pandemic and pandemic data from the Australian Institute of Health and Welfare (AIHW)<sup>1</sup> on ED length of stay (EDLOS) and proportion of patients by triage category shows a dramatic increase to the wait times of patients during the pandemic. This led to unprecedented levels of ED overcrowding, as ED teams tried their hardest to see patients as quickly as possible. The increased waiting times are largely attributed to the frequent changes to protocols for infectious disease management, confusing and contradictory public health messaging, and a surge in community demand for health care in EDs that would typically be provided by primary care services.

At the beginning of COVID-19 lockdowns in April – June 2020 there was a reduction in ED presentations of 17.3% compared to pre-COVID-19 levels, before presentations increasing back to pre-COVID-19 levels by the end of 2020. There were smaller reductions in the number of ED presentations during other waves of COVID-19 in July-Sep of 2021 and Jan – March of 2022. Yet ED presentations always increased back to and above pre-COVID-19 levels, and appear to be continuing their upward trend. Furthermore, AIHW data on EDLOS for both admitted and discharged patients show that waiting times are continuing to climb.

### 4. Emergency Department Workforce

The immense strain that EDs have been under since the advent of COVID-19 has correlated with a significant rise in attrition rates of ED staff. EDs across Australia continue to grapple with chronic shortages of senior medical and senior nursing staff. The combined experience that has been lost will take at least a decade to replace, as more junior staff upskill, and the remaining senior staff take on additional work and risk.

Qualitative data gathered from the College's 2022 Sustainable Workforce Survey on the impact of COVID-19 includes worsening understaffing (due to sick leave, staff leaving the workforce, challenges with staff recruitment, etc.), increasing stress/burnout, deteriorating access block; and the struggles of communicating effectively with colleagues and patients through personal protective equipment (PPE).

The pandemic exposed the fragmented nature of workforce supply and demand modelling across the nation, and highlighted the importance of ensuring there is sufficient redundancy to account for staff absences related to planned and unplanned leave, as well as unpredictable surges in patient presentations due to disasters, public health crises and other major events.

### 5. The FACEM Training Program

COVID-19 had a significant impact on the College's ability to deliver the FACEM Training Program. ACEM was able to respond with a series of prompt, yet carefully considered modifications to the FACEM Training Program to ensure that the College's Trainees could continue to progress their emergency medicine training.

One of the most significant impacts was the unfortunate but necessary decision to cancel the 2020.1 Primary Viva and Fellowship Written examinations, and to postpone both the Primary Written Examination to October 2020 and the Fellowship Clinical Examination to December 2020.

Throughout 2020 and 2021, ACEM's Council of Education oversaw modifications to the FACEM Training Program including, but not limited to, the method of staging examinations, Specialist International Medical Graduates (SIMGs) assessment interviews via videoconference and trialling hybrid accreditation inspections, among many more initiatives that needed to be operationalised and continually evaluated in a short space of time.

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<sup>1</sup> Australian Institute of Health and Welfare (AIHW). Emergency Department Care. AIHW, Canberra: 2023 [accessed 18 December 2023]. Available from: <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care>

## 6. Recommendations

COVID-19 has seen rapid changes in EDs and within the healthcare system more generally. The challenge of delivering safe, timely, and effective patient-centred care under these circumstances presents opportunities for community-building, better communication, and system reform.

Commonwealth and State and Territory governments have a shared responsibility to ensure that system design, including funding, strategies, processes and functions across the entire system better meet the healthcare needs of the community, and are adequately prepared to respond to future disasters, public health crises and other major events.

ACEM recommends:

1. The Commonwealth must match State and Territory government hospital funding in a 50/50 cost sharing arrangement;
2. Increase the public hospital inpatient bed capacity, with a health system wide initial target of 90%, aiming for 85%<sup>2</sup>;
3. Commit to the evidence-based solutions to access block contained in the Sax Institute review;
4. Adopt ACEM's Hospital Access Targets (HAT)<sup>3</sup>, as part of health system-wide targets for admitted and non-admitted patients' transit through the hospital;
5. Establish mechanisms to allow for consistent and accurate monitoring of (i) real time workforce needs and (ii) supply and demand modelling to inform medium and long-term health workforce needs;
6. Raise the level of investment into programs and initiatives aimed at recognising and retaining the current health workforce;
7. Increase the number of clinical and non-clinical support staff in hospitals to allow clinicians to practice to the top of their scope; and

## 7. Contact

Thank you again for the opportunity to provide this submission. ACEM welcomes the opportunity to participate further in this Inquiry, including to provide evidence directly to the Committee.

Yours sincerely,



Dr Stephen Gourley  
President  
Australasian College for Emergency Medicine

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<sup>2</sup> Frommer, M & Marjanovic, S. Access block: A review of potential solutions. Sax Institute, 2022.

<sup>3</sup> Australasian College for Emergency Medicine (ACEM). Solutions to Access Block. ACEM, Melbourne [accessed 18 December 2023]. Available at: [https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Better-Outcomes-for-Patients/Access-Block-\(1\)/Hospital-Access-Targets](https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Better-Outcomes-for-Patients/Access-Block-(1)/Hospital-Access-Targets)