

<b>Portfolio:</b>	<b>Education Development and Delivery</b>	<b>Ref. No.</b>	<b>TOR-2024</b>
<b>Team:</b>	<b>Skills Training</b>		
<b>Title:</b>	<b>EMST Committee</b>		

**1. PURPOSE AND SCOPE**

To provide the terms of reference for the Early Management of Severe Trauma (EMST) Committee.

**2. KEYWORDS**

EMST, Committee, Terms of Reference

**3. BODY OF POLICY**

**3.1. Background**

The EMST Committee has direct responsibility for the effective organisation of the EMST program which teaches a fundamental system of trauma care to doctors of any discipline. Committee members and faculty are drawn from the varied surgical and non-surgical specialties. Attendance at an EMST course is a mandated requirement of the Surgical Education and Training (SET) program.

In line with the RACS Diversity and Inclusion plan, RACS seeks to increase diversity on our committees, particularly the representation of women. The EMST Committee will continue to take proactive steps to achieve this. Efforts will be made during the election of new members to achieve at least 40% female representation where possible.

**3.2. Objectives**

- 3.2.1. To oversee the conduct of the EMST program throughout Australia and Aotearoa New Zealand according to the policy and standards of the Advanced Trauma Life Support (ATLS®) sub-committee of the American College Surgeons (ACS) Committee on Trauma.
- 3.2.2. To oversee the continued development of the EMST program throughout Australia and Aotearoa New Zealand as required.
- 3.2.3. To govern and oversee the review of curriculum and materials necessary to the EMST program.
- 3.2.4. To be responsible for the EMST program in the Southwest-Pacific region.
- 3.2.5. To maintain a close professional and collaborative relationship with the ATLS® sub-committee of the ACS Committee on Trauma and the broader ATLS® international community.
- 3.2.6. To work within the Memorandum of Understanding with the ATLS® sub-committee of the ACS Committee on Trauma.

**3.3. Duties and Responsibilities**

- 3.3.1. To develop and initiate strategies to support the ongoing delivery of the EMST program to medical practitioners caring for injured patients as part of their ongoing post-graduate education or during specialty training and encourage collegiate support from RACS Fellows and other specialty groups.
- 3.3.2. To review and develop the EMST program curriculum to ensure the highest quality and standards of care in the initial treatment of severely injured patients, having relevance to Australian and Aotearoa New Zealand practice and the requirements of surgical and other specialty trainees.

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<b>Approved By:</b>	<b>EGM Education Development and Delivery</b>	<b>Original Issue:</b>	October 2008
<b>Document Owner:</b>	<b>Manager, Education Services Skills Training</b>	<b>Version:</b>	6
		<b>Approval Date:</b>	March 2023
		<b>Review Date:</b>	March 2026

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- 3.3.3. To optimise the care of severely injured patients and to foster a sustained enthusiastic commitment to quality trauma care through the EMST program.
- 3.3.4. To promote the EMST program.
- 3.3.5. To recruit, train and maintain EMST faculty from amongst RACS Fellows and other specialty groups.
- 3.3.6. To report to the Prevocational and Skills Education Committee (PSEC) on matters relevant to EMST.
- 3.3.7. Through the Chair, ensure that the EMST program maintains its relevance to Australian and Aotearoa New Zealand trauma care within the broader context of the ATLS® international program development.

**3.4. Powers**

The Committee has such executive powers, supervisory functions and decision-making authority as PSEC delegates in relation to the EMST program.

**3.5. Composition**

Members of the EMST Committee are drawn from EMST faculty.

**3.5.1. Committee representation**

- a. Across the Committee roles, there must be broad representation of the major specialties involved with EMST including surgical (50% of the Committee), emergency medicine, anaesthesia, general practice and intensive care.
- b. RACS recognises that there are positive benefits from diverse membership. The Committee will consider co-opting members to improve Committee diversity, particularly in relation to gender and ethnicity.

**3.5.2. Members**

The Committee comprises:

- a. Chair
- b. Chair Elect or Deputy Chair
- c. Regional Representatives (6)
  - Australian Capital Territory & New South Wales
  - Aotearoa New Zealand
  - Queensland
  - South Australia & Northern Territory
  - Tasmania & Victoria
  - Western Australia
- d. Rural Representative (1)
- e. Members at Large (4-6), recommend representative from:
  - Anaesthetics
  - Intensive Care
  - Emergency Medicine
  - General Practice
- f. SET Trainee, Younger Fellow or SIMG who is an EMST Instructor

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- g. Australian Defence Force (ADF) Representative

In attendance

- a. Executive General Manager, Education Development and Delivery
- b. Manager, Education Services
- c. National Nurse Coordinator(s)
- d. EMST Administrative Staff

**3.5.3. Executive**

The Executive consists of:

- a. Chair
- b. Chair Elect or Deputy Chair
- c. Committee Members (2)

In attendance:

- a. Manager, Education Services
- b. National Nurse Coordinator(s)
- c. EMST Administrative Staff

**3.6. Terms of Office and Method of Appointment**

3.6.1. The maximum consecutive period of service for any member of the Committee is nine years.

**3.6.2. Chair**

- a. Is a RACS Fellow who is a current Committee member, elected by Committee members and noted by PSEC.
- b. Is a Committee representative on PSEC.
- c. Is elected for a two-year term with the option to stand for a maximum of three terms.
- d. The Chair’s tenure will generally align with the curriculum review cycle in recognition of the importance of the continuity of surgical leadership and consistency in the relationship with ATLS during periods of development.
- e. The Chair is expected to attend and participate in ATLS meetings (American College of Surgeons and Region XVI).

**3.6.3. Chair Elect**

- a. Must be nominated during the final term of the Chair’s tenure to allow for succession planning and adequate handover.
- b. Is a RACS Fellow who is a current Committee member, elected by Committee members and noted by PSEC.
- c. Will become the next Chair and supports the current Chair during the last two years of their tenure.
- d. Will fulfil the duties of the Chair in their absence or at their request.

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- e. Is elected for a two-year term with a maximum tenure of one term.

**3.6.4. Deputy Chair**

- a. The position of Deputy Chair is not required when a Chair Elect has been nominated.
- b. Existing Committee members including non-FRACS members from other Specialist Medical Colleges (i.e. Anaesthetics, Intensive Care, Emergency Medicine, General Practice or the ADF) are eligible for appointment.
- c. Will fulfil the duties of the chair in their absence or at their request.
- d. Is one year term with the option of reappointment to a maximum of six years or until a Chair Elect is nominated.
- e. The Deputy Chair may be nominated as the Chair Elect if they are a RACS Fellow.

**3.6.5. Committee Members**

- a. Members are appointed for a three-year term with the option of an additional two terms.
- b. New members are elected by current Committee members.
- c. At the discretion of the Committee, members may be required to justify their continued membership if they fail to attend, in full, two consecutive face-to-face meetings.

**3.7. Meetings**

- 3.7.1. The EMST Committee shall engage in meetings, teleconferences and workshops as required ensuring the appropriate ongoing management of the EMST Program. The Committee will convene for at least two face to face meetings annually.
- 3.7.2. Persons deemed appropriate and necessary may be invited to attend all or part of meetings/teleconferences but will not have any voting rights.
- 3.7.3. A quorum is the majority of the Committee or in the case of the executive the Chair and two members.

**3.8. Accountability**

- 3.8.1. The EMST Committee is accountable to the Education Board through PSEC.

**3.9. Reporting**

- 3.9.1. The Committee's meetings will be recorded in minutes.

**4. ASSOCIATED DOCUMENTS**

No associated documents

**Approver** Education Committee  
**Authoriser** Council

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