

Division:	Research, Audit and Academic Surgery	Ref. No.	TOR-3087
Department:	Australian and New Zealand Audit of Surgical Mortality		
Title:	ACT Audit of Surgical Mortality (ACTASM) Management Committee		

1. PURPOSE AND SCOPE

This policy defines the structure and scope of the Australian Capital Territory Audit of Surgical Mortality (ACTASM) Management Committee. As a fellowship-based organisation, the Royal Australasian College of Surgeons commits to ensuring the highest standard of safe and comprehensive surgical care for the community we serve through excellence in surgical education, training, professional development and support.

2. KEYWORDS

ACT, Audit, Australasian, Mortality

3. BODY OF POLICY

The RACS Council, in 2004 endorsed coordinating the bi-national roll out of Audits of Surgical Mortality. To ensure appropriate governance, standardization and consistency ACTASM is a component of a bi-national approach and is a member of the Australian and New Zealand Audit of Surgical Mortality (ANZASM) Steering Committee which assists in managing and coordinating the roll-out and maintenance of the audits. The ACT Department of Health provides funding for the ACTASM project and has representation on the ACTASM Management Committee.

This Management Committee will monitor the structures and processes involved in the ACTASM quality assurance activity.

3.1 ACTASM Management Committee

- Will oversee the Audit's contractual services.
- Is responsible for the endorsement of the publications of all reports generated by ACTASM.
- Will discuss the future direction of the project and the related requirements for such matters.
- Will determine any issues related to Qualified Privilege or ACT Privacy Legislation.
- Will determine a response to any serious issues identified relating to inappropriate or inadequate practice and indications of major system issues as allowed by QP legislation.
- Will report to ANZASM Steering Committee
- Will review regular reports to DHS
- Aim for 100% participation compliance. One mechanism is mandatory participation of audit through CPD.

3.2 Membership

Members of the ACTASM Management Committee:

- ACTASM Clinical Director (Chair)
- RACS – ACT State Surgical Specialty Members and State Chair or Representative of Regional Committee
- ACT Department of Health representatives (maximum of two)
- One registered and practising surgeon, nominated by RANZCOG to represent RANZCOG participating surgeons

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- One registered and practicing anaesthetist, nominated by ANZCA to represent ANZCA participating anaesthetists
- In attendance - Project Staff from ACTASM and ANZASM (non – voting membership)
- ACTASM project staff will provide secretarial support and services to the Committee.

3.3 Membership of the Committee

Membership of the ACTASM Management Committee will be for a 3-year term with a possible extension for 2 more terms (up to 9 years total). Term limits do not apply to the Clinical Director or to nominated representatives from other organizations. Expressions of interest for Committee membership will be sought through appropriate RACS communication channels.

3.4 Meetings

The ACTASM Management Committee will meet at least twice per year. Meeting dates will be determined in advance and agendas will be available at least 3 business days prior to meeting. Minutes will be available within 5 business days of meeting.

A quorum will consist of half the number of permanent appointments plus one member. Committee decisions (either during scheduled meetings or out-of-session) will require approval by a quorum.

4. PUBLICATIONS

All publications arising from ACTASM activities will be submitted to the ACTASM Management Committee, the ANZASM Steering Committee, the Surgical Audit Committee and the Professional Standards & Advocacy Committee for noting.

5. PROCEDURES

5.1 Access

RACS staff (including Fellows and Trainees) have access to this policy.

5.2 Communication

The ACTASM Committee members will be notified of any changes to this policy via mail or email.

Approver CEO
Authoriser Council

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