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| Division | Fellowship Engagement | Ref. No. | TOR-3014 |
| Department | Professional Standards | | |
| Title | Trauma Committee | | |

1. PURPOSE AND SCOPE

This document defines the terms of reference for the RACS Trauma Committee.

2. KEYWORDS

Terms of Reference, Trauma Committee

3. BODY OF POLICY

3.1. Background

RACS recognises a responsibility to contribute towards reducing the frequency of death and disability resulting from injury. The Trauma Committee aims to achieve successful outcomes in reducing the effects from injury, by both optimal care of injured patients and community-based prevention initiatives. The goal is to maintain the highest standards of care in trauma surgery in its broadest sense.

The treatment of trauma depends on a complex matrix of care modalities, all of which can affect the outcome for the patient. The activities of the Trauma Committee are based on a tradition of research, the application of fact to a defined problem and inter-disciplinary organisation. Using an integrated, cooperative approach with other organisations and the community achieves the best possible outcome for the trauma patient.

3.2. Objectives

- 3.2.1 To advocate for optimal trauma management in Australia and New Zealand
- 3.2.2 To liaise with the Australian and New Zealand Association for the Surgery of Trauma (ANZAST) re the education and training of trauma surgeons including Early Management of Severe Trauma (EMST) and Definitive Surgical Trauma Care (DSTC) courses.
- 3.2.3 To be responsible for the full range of issues relating to development and implementation of policies and position statements, on optimal trauma management, prevention of injury, care of trauma patients, workforce and education for the community.
- 3.2.4 To foster research in education and training of trauma surgeons and surgical trainees, prevention of injury and care of trauma patients.
- 3.2.5 To promote and coordinate continuing professional development programs for Trauma surgeons.
- 3.2.6 To advise RACS on trauma education development on matters concerning trauma education. - The Trauma Committee may have a role in determining aspects of the curriculum and the standard of provision of education and training (Surgical Education and Training (SET) and Post-Fellowship Education and Training (PFET)) through ANZAST.
- 3.2.7 To continue an interest in Disaster Preparedness by retaining this topic as a standing agenda item at Trauma Committee meetings.
- 3.2.8 To engage with specialty societies and States and Territories of Australia and New Zealand on trauma issues.

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3.3. Duties and Responsibilities

- 3.3.1 To advise RACS on the scope and nature of surgical practice in trauma services in Australia and New Zealand.
- 3.3.2 To advise and assist RACS with workforce issues relating to the provision of trauma surgical services including recruitment, retention, training and support for surgeons working in trauma services in Australia and New Zealand.
- 3.3.3 To assist in promotion and facilitation of the essential components of quality surgical care for trauma patients including:
- Maintenance of professional standards
 - Audit
 - Peer review
 - Ongoing training
 - Advocacy for safe and appropriate working hours for surgeons caring for the injured patient to reflect best practice in the international standard of trauma care
 - Research activities
 - Education and training facilities
 - Accreditation of hospitals for trauma training
- 3.3.4 To develop and prepare RACS responses and recommendations that relate to the care of the trauma patient and trauma prevention.
- 3.3.5 To collaborate and consider interests of all specialty societies, interest groups, key stakeholders and State and Territory committees of Australia and New Zealand with regard to trauma care and trauma prevention.

3.4. Powers

The Trauma Committee will have powers to recommend policy, prepare position papers and make decisions in relation to Trauma Surgery as delegated to it from time to time by the Professional Standards Committee.

3.5. Composition and Size

- 3.5.1 Membership shall consist of
- One Member of Council
 - Chair Road Trauma Advisory subcommittee
 - Chair Trauma Verification subcommittee
 - Chair DSTC subcommittee
 - Chair Trauma Quality Improvement subcommittee
 - Chair EMST Committee
 - Chair NZ Trauma Committee
 - One Fellow representing general surgery
 - One Fellow representing vascular surgery
 - One Fellow representing orthopaedic surgery
 - One Fellow representing neurosurgery
 - One Fellow representing paediatric surgery
 - One Fellow representing plastic surgery
 - One Fellow representing rural surgery
 - One Fellow representing military surgery
 - One Fellow representing burns surgery

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- One representative of the Australian and New Zealand College of Anaesthetists
- One representative of the College of Intensive Care Medicine
- One representative of the Australasian College of Emergency Medicine
- One Fellow representing Australian and New Zealand Association for the Surgery of Trauma (ANZAST)

3.5.2 Co-option of additional Fellows as appropriate.

3.6. Office Bearers and the Committee

3.6.1 The Chair will be elected by majority vote of the Committee for a term of three years and be eligible for a further term.

3.6.2 To satisfy the need to address NZ media and NZ agencies in a timely manner for NZ trauma related matters a NZ Co-Chair can be appointed. The NZ Trauma Committee and NZ representatives on the Trauma Committee will nominate an appointee.

3.6.3 Committee members will be appointed for a three-year term and will be eligible for two further periods of three years to a maximum of nine years.

3.6.4 The appointment of the Chair will be ratified by the Professional Standards Committee.

3.6.5 Any Member may nominate any other member to fill any vacancy.

3.8. Meetings of the Trauma Committee

3.8.1 The Trauma Committee will meet three times per year with at least one face-to-face meeting.

3.8.2 A quorum will be a voting majority of the membership.

3.8.3 Approval of resolutions, responses and recommendations by email communication is acceptable.

3.9. Reporting

3.9.1 The Committee reports regularly via the Professional Standards Committee (PSC) to the Professional Development and Standards Board.

3.9.1 All subcommittees and working parties will report to the Trauma Committee.

4. ASSOCIATED DOCUMENTS

Terms of Reference - Trauma subcommittees

Approver Chief Executive Officer
Authoriser Professional Development and Standards Board