

<b>Division:</b>	<b>Fellowship Engagement</b>	<b>Ref. No.</b>	<b>TOR-3022</b>
<b>Department:</b>	<b>Professional Standards</b>		
<b>Title:</b>	<b>Trauma Subcommittees</b>		

## 1. PURPOSE AND SCOPE

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

## 2. KEYWORDS

Terms of Reference, Trauma Subcommittees

## 3. BODY OF POLICY

### 3.1. Background

The College recognises its responsibilities to contribute towards reducing the incidence of death and severity of disability resulting from injury. The major goal of the Trauma Committee and its Subcommittees is to minimize the burden of injury on individuals and society, through injury prevention activities and promoting optimal trauma care. The ultimate 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 RACS Trauma Committee and its Subcommittees are based on a tradition of research, the application of fact to a defined problem and inter-disciplinary organization. Using an integrated, cooperative approach with other organizations and the community can give surgeons confidence that they will be able to achieve the highest standards of surgical care.

The College Trauma Committee was instrumental in introducing the Advanced Trauma Life Support (ATLS) program to Australasia in 1988 (known as Early Management of Severe Trauma [EMST] in Australia and New Zealand). The Trauma Committee fully supports the EMST program and remains strongly committed to, and involved in, the program and its continuing development. The EMST Committee reports to Council via the Education Board.

### 3.2. The Subcommittees and areas of interest

In keeping with the inter-disciplinary approach to trauma care and prevention, the Trauma Committee is divided into Subcommittees and areas of interest surrounding the following areas:

#### Prevention

- 3.2.1. Road Trauma Advisory Subcommittee
- 3.2.2. Disaster Preparedness (standing item on Trauma Committee agenda)

#### Education

- 3.2.3. Definitive Surgical Trauma Care (DSTC) Course Subcommittee
- 3.2.4. Trauma Education (standing item on Trauma Committee agenda)

#### Regions

- 3.2.5. Regional Trauma Committee
- 3.2.6. Rural Trauma (including Indigenous Health) (standing item on Trauma Committee agenda)

<b>Division:</b>	<b>Fellowship Engagement</b>	<b>Ref. No.</b>	<b>TOR-3022</b>
<b>Department:</b>	<b>Professional Standards</b>		
<b>Title:</b>	<b>Trauma Subcommittees</b>		

### Quality Assurance and Continuous Improvement

3.2.7. Trauma Quality Improvement Subcommittee

3.2.8. Trauma Verification Subcommittee

### 3.3. Objectives

#### 3.3.1. Road Trauma Advisory Subcommittee

The objective is to eliminate death and injury on our roads

- a. To advocate for zero road deaths and serious injuries in Australia and New Zealand.
- b. To identify and support initiatives to eliminate road trauma
- c. To focus available RACS resources in the best interests of maintaining road safety for all road users
- d. To support, facilitate and encourage all aspects of training and education, including the public, in regard to road trauma
- e. To develop links with select groups that have an interest in road trauma
- f. To develop and support a trauma system specifically in regard to road trauma
- g. To progress, to the highest standard, provision of rehabilitation following road trauma
- h. To advocate for the collection of road trauma statistics is maintained on a national basis

#### 3.3.2. Definitive Surgical Trauma Care (DSTC) Course Subcommittee

The DSTC course is recommended by the RACS Trauma Committee for all surgeons involved in the management of major trauma and all rural surgeons. The DSTC Course Subcommittee's role is to provide advice and support, linking trauma surgery and education in Australia and New Zealand to international trauma professional bodies. The objectives and responsibilities are:

- a. To advise on the relationship of the DSTC course to trauma surgery curricula of the specialty training programs of the College and the curriculum of the ANZ Association for the Surgery of Trauma (ANZAST) as it evolves
- b. To encourage a mutually beneficial relationship between International Association of Trauma Surgery and Intensive Care (IATSIC), RACS, DSTC course directors and DSTC secretariat
- c. To provide advice and guidance about the nature of support which might be provided by Australia and New Zealand DSTC course programs to new DSTC course programs in other countries.

#### 3.3.3. Regional Trauma Committees

There should be Regional Trauma Committees for each region wherever possible. The Regional Trauma Chairs will attend the Trauma Committee face-to-face meeting during College 'Trauma Week' and meet informally during Trauma Week to discuss trauma issues in the various regions. The

Approved By: Director, Fellowship and Standards

Original Issue: October 2006

Document Owner: Fellowship Services

Version: 5

Approval Date: June 2017

<b>Division:</b>	<b>Fellowship Engagement</b>	<b>Ref. No.</b>	<b>TOR-3022</b>
<b>Department:</b>	<b>Professional Standards</b>		
<b>Title:</b>	<b>Trauma Subcommittees</b>		

goals and objectives of the Regional Trauma Committees will be to support the Trauma Committee by assisting with the following:

- a. Implementation of College Policy on trauma prevention and management
- b. Encouragement of cooperation between hospitals involved in the delivery of trauma care
- c. Encouragement of participation of all Fellows in any activity and provision of guidance in regard to trauma and road trauma and advocacy at every level with due regard to RACS guidelines, position papers and synergies.
- d. Focus on trauma, road trauma and safety with a commitment to prevention, pre-hospital care, emergency assessment and surgery, reconstructive surgery, rehabilitation and assessment of disability
- e. Maintenance of the highest standard of care in trauma surgery in its broadest sense
- f. Facilitation of and support of education and training throughout the medical and whole community in regard to all aspects of trauma
- g. Liaison and cooperation between the relevant surgical disciplines
- h. Support for the accrual of evidence to enable best practice in trauma care delivery supporting the development of a bi-national internationally benchmarked trauma register
- i. Feedback from the broad Fellowship in regard to any initiative to evolve best practice in trauma care
- j. Close working arrangements with the RACS Regional Committees to ensure that trauma items of regional significance are well managed and communication is maximised bi-nationally

#### **3.3.4. Trauma Quality Improvement Subcommittee**

The Trauma Quality Improvement (TQI) Subcommittee is founded on the need to evaluate and improve trauma systems in Australia and New Zealand and to encourage and support the development of registries bi-nationally. TQI has as its objectives:

- a. To identify / establish trauma performance indicators
- b. To identify systems for monitoring, reporting and analysing performance
- c. Benchmarking of trauma services
- d. To identify strategies for trauma quality improvement
- e. To advocate for research for improving all aspects of trauma care
- f. To set standards for and promotion of national trauma registries in Australia and New Zealand
- g. To collaborate with the RACS Trauma Verification Subcommittee in the use and promotion of trauma quality improvement strategies

#### **3.3.5. Trauma Verification Subcommittee**

Approved By:	Director, Fellowship and Standards	Original Issue:	October 2006
Document Owner:	Fellowship Services	Version:	5
		Approval Date:	June 2017
		Review Date:	June 2020

<b>Division:</b>	<b>Fellowship Engagement</b>	<b>Ref. No.</b>	<b>TOR-3022</b>
<b>Department:</b>	<b>Professional Standards</b>		
<b>Title:</b>	<b>Trauma Subcommittees</b>		

There are separate terms of reference for the Trauma Verification Subcommittee.

### 3.4. Duties and Responsibilities of all Trauma Subcommittees

- 3.4.1. To advise the College on the scope and nature of surgical practice in trauma services in Australia and New Zealand.
- 3.4.2. To advise and assist the College 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.
- 3.4.3. To assist in promotion and facilitation of the essential components of quality surgical care for trauma patients including:
- a. Maintenance of professional standards
  - b. Audit
  - c. Peer review
  - d. Ongoing training and maintenance of skills
  - e. Advocating for safe and appropriate working hours for surgeons caring for the injured patient to reflect best practice in the international standard of trauma care
  - f. Research activities
  - g. Education and training facilities
  - h. Accreditation of hospitals for trauma training
- 3.4.4. To advise the College on responses and recommendations that relate to the care of the trauma (injured) patient when requested of the College by external organisations.
- 3.4.5. The Chair of each Trauma Subcommittee will submit reports to the Chair of the RACS Trauma Committee at least yearly, in November, or will do so twice-yearly with a second report in May if required.
- 3.4.6. To attend the face to face Trauma Subcommittee meetings held during 'Trauma Week' and the ASC

### 3.5. Powers

Such powers as delegated by the Trauma Committee Terms of Reference.

### 3.6. Membership

- 3.6.1. The size and composition of the membership of the Trauma Subcommittees will vary according to the specific requirements as determined by the Trauma Committee.
- 3.6.2. Membership Trauma Subcommittees [Regional Trauma Subcommittees listed under 3.6.3]
- a. The maximum term for Trauma Subcommittee membership is 9 years. Membership of Trauma Subcommittees is by invitation, and will be subject to approval by the College Trauma Committee. Membership may be comprised of Fellows, Fellows of other medical

<b>Division:</b>	<b>Fellowship Engagement</b>	<b>Ref. No.</b>	<b>TOR-3022</b>
<b>Department:</b>	<b>Professional Standards</b>		
<b>Title:</b>	<b>Trauma Subcommittees</b>		

colleges and others with a particular interest in trauma, with Fellows of RACS forming the majority.

- b. To retain membership, members are encouraged to attend at least one meeting per year.

#### 3.6.3. Membership of Regional Trauma Subcommittees

- a. Each of the Regional Trauma Committees determines the composition of its membership with an emphasis on local representation.
- b. The appointment of the Chair of a Regional Trauma Subcommittee will be recommended by that Regional Trauma Subcommittee and approved by the Trauma Committee.
- c. The Chair or a member of each of the Regional Trauma Committees will also be member of the Road Trauma Advisory Subcommittee representing their relevant region.
- d. Each of the RACS Regional Committees will be eligible to appoint a representative to the Regional Trauma Committee, and such representative will report regularly to the relevant local RACS Regional Committee.

### 3.7. Office Bearers of the Subcommittee

- 3.7.1. The Office Bearers of Trauma Subcommittees will consist of the Chair and Deputy Chair.
- 3.7.2. Office Bearers will be appointed to their Office by the Trauma Committee for three years, with the right to reappointment for a further two terms of three years.
- 3.7.3. Except for the Regional Trauma Chairs Subcommittee, Office Bearers on Subcommittees will be appointed by the Trauma Committee and may be from any of the members.
- 3.7.4. From time to time Office Bearers of Subcommittees may be required to attend meetings of the Executive of the Trauma Committee to keep the Executive informed of current trauma activities.
- 3.7.5. Any member may nominate any other member to fill any Office Bearer's position

### 3.8. Meetings of the Trauma Subcommittee

- 3.8.1. The Trauma Subcommittee will whenever possible meet face-to-face twice per year (during Trauma Week and the ASC). The Committee will meet by teleconference at least once per year.
- 3.8.2. The Trauma Subcommittee quorum will consist of 40% of the membership, and in the event of a tied vote the Chair will have a casting vote.
- 3.8.3. Members will receive twenty-eight days' notice of the Trauma Subcommittee meetings.

### 3.9. Reporting Structure

- 3.9.1. The Trauma Subcommittees report via the Trauma Committee to the Fellowship Services Committee and ultimately to the Professional Development and Standards Board.

Approved By:	Director, Fellowship and Standards	Original Issue:	October 2006
Document Owner:	Fellowship Services	Version:	5
		Approval Date:	June 2017
		Review Date:	June 2020

<b>Division:</b>	<b>Fellowship Engagement</b>	<b>Ref. No.</b>	<b>TOR-3022</b>
<b>Department:</b>	<b>Professional Standards</b>		
<b>Title:</b>	<b>Trauma Subcommittees</b>		

### 3.10. Alterations to the Terms of Reference

Any alterations to this Policy are subject to the approval of College Council through the Fellowship Services Committee and the Professional Development and Standards Board (PDSB).

## 4. ASSOCIATED DOCUMENTS

Terms of Reference - Trauma Committee

**Approver** Professional Development and Standards Board  
**Authoriser** Council