ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Division:	Fellowship Experience	Ref. No.	TOR-3093
Department:	Surgical Audit		
Title:	ANZELA-QI Management Committee		

1. PURPOSE AND SCOPE

This policy defines the structure and scope of the Australian and New Zealand Emergency Laparotomy Audit – Quality Improvement (ANZELA-QI) Management Committee.

2. KEYWORDS

Emergency Laparotomy, Quality Improvement, Benchmark standards, Audit

3. BODY OF POLICY

3.1 Background

The ANZELA-QI Management Committee is a management group charged with the responsibility of providing operational direction for the program which is led by the Royal Australasian College of Surgeons (RACS).

The leadership and strategic direction of the ANZELA-QI program is overseen by the ANZELA-QI Steering Committee, which reports to the Research, Audit and Academic Surgery (RAAS) Committee of the Royal Australasian College of Surgeons (RACS).

3.2 Objectives

- Provide direction and advice related to the development and maintenance of the program.
- Provide oversight of the ethical and legal obligations of the program, providing guidance and assisting with preparation of documents, submissions as needed.
- Actively engage with stakeholders, fostering a multidisciplinary and collaborative approach to promoting the program.
- Contribute to establishing standards of care appropriate to Australasian practice, ensuring any benchmarks, standards or outcomes related to the program are evidencebased and peer reviewed.
- Develop quality improvement initiatives and key performance indicators (KPIs) to drive improvement in standards of care ensuring the KPIs are relevant and contemporary, by reviewing and updating as needed.

3.3 Duties and responsibilities

The ANZELA-QI Management Committee will focus on clinical input and professional practice matters that are vital to the success of ANZELA-QI.

Responsibilities of the ANZELA-QI Management Committee will be:

- Identification and recruitment of hospitals and surgeons to ANZELA-QI
- Engagement with key stakeholders in the project
- · Support of ethics approvals for audit activities
- Determination of data fields and data collection mechanisms and key outputs

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- Ensure security of data collection and transparent access for comparative benchmarking
- · Develop recommendations about access to and ownership of data
- · Overseeing access to data for research purposes
- Report to the ANZELA-QI Steering Committee.

3.4 Powers

- The members can request in consultation with the Chief Operations and Partnerships
 Officer services from the Surgical Audit team to effectively carry out committee duties.
- The Committee may establish one or more working party or subcommittee. A working party or subcommittee may include persons who have been nominated by but are not members of the Committee.
- The Committee shall observe the rules of procedural fairness (i.e. natural justice).
- The Surgical Audit team in consultation with the Chief Operations and Partnerships
 Officer may be authorised to engage specialists to provide expert clinical or legal
 advice to the Committee where they consider it necessary to carry out their duties.

3.5 Membership

The ANZELA-QI Management Committee will comprise of:

Members:

- A Chairperson (anaesthetist or surgeon)
- A Deputy Chairperson (anaesthetist or surgeon)
- Four anaesthetists actively involved in ANZELA-QI
- Four surgeons
- Two geriatricians
- Four other members who are either a nurse or a data manager with knowledge of the audit
- A consumer representative from the Consumers Health Forum of Australia who has skills that are relevant to ANZELA-QI.
- ANZELA-QI Data Custodian

Attendees:

- RACS General Manager, RAAS
- RACS Manager, Surgical Audits

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RACS ANZELA-QI Project Lead

3.6 Tenure and method of appointment

Membership will be on an ongoing basis for a period of up to three years with the ability for a further two periods of three years.

Attendance at the scheduled meetings will be monitored by the Surgical Audit Team and reported to the Committee. The Chair, at his/her discretion can approach members of the Committee when attendance is not deemed regular enough to maintain position on the Committee. Absences of three consecutive meetings may result in end of tenure.

All nominations for appointment to the Committee and all appointments to the Committee are to be made in writing to the Chair. All appointments will be made by an expression of interest process (EOI).

The EOI will be open to surgeons and anaesthetists who are RACS or ANZCA Fellows. Other members will be sort from their appropriate field and/or through appropriate professional network.

The membership nominations will be put forward to the ANZELA-QI Steering Committee for review, selection, and approval.

The Chair may invite guest speakers or temporarily co-opt individuals or representatives of key stakeholders with specific experience, as needed. These individuals are not members but attendees:

- Attendees provide advice or expertise in areas where the Management Committee considers it has a lack of expertise or could benefit from a wider breadth of experience.
- The presence of these non-members should be noted in the agenda and minutes.
- Non-members typically only attend the meeting for the duration of the agenda item they are concerned with.
- Attendees are not involved in decision-making and have no voting rights (they are typically not present while the Management Committee deliberates and makes decisions). The RACS staff who attend may remain while decisions are deliberated although they do not vote.

3.7 Quorum

A quorum shall be 50% of the membership (not including those 'In Attendance') and must include the Chair or Deputy Chair.

Proxy representation is permitted, providing the representatives details are submitted to the Chair at least 24 hours prior to a scheduled meeting.

Decisions of the Committee shall be determined by a majority vote of those present. In the event of a tied vote the Chair will have the casting vote.

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3.8 Meetings

The Management Committee will meet by teleconference at least two times per annum. Out of session deliberations will be conducted as required.

A declaration of any conflict of interest is required and will be recorded in the minutes.

Meeting dates will be determined in advance. Agenda papers will be provided ahead of a meeting to allow members time to read and consider them.

Secretariat support is provided by the Surgical Audit Team, including maintaining appropriate records of agendas, supporting documents, minutes and action items.

3.9 Accountability and reporting structure

The Committee is accountable to the ANZELA-QI Steering Committee and the RACS Council via the Professional Standards and Fellowship Services Committee (PSFSC) and RAAS Committee (see Figure 1).

A person who acquires any information solely because of that person's membership of the Committee must not make a record of, or divulge or communicate that information to any person, except for the purpose of performing the functions of the Committee.

A report furnished by, or information made available by the Committee, must not disclose either expressly or by implication the identity of an individual who is a provider or recipient of a health service unless the individual has consented in writing to that disclosure.

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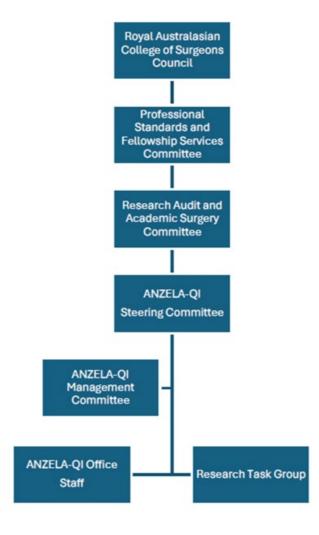
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Figure 1: Governance structure of ANZELA-QI



4. REVIEW

These terms of reference will be reviewed every three years and updated as necessary.

5. ASSOCIATED DOCUMENTS

Terms of Reference, ANZELA-QI Steering Committee

Approver: Professional Standards and Fellowship Services Committee

Authoriser: Council

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