

<b>Division:</b>	<b>Research, Audit and Academic Surgery</b>	<b>Ref. No.</b>	<b>TOR-3098</b>
<b>Department:</b>	<b>ANZASM</b>		
<b>Title:</b>	<b>Victorian Audit of Surgical Mortality (VASM) Management Committee</b>		

## 1. PURPOSE AND SCOPE

This policy defines the structure and scope of the Victorian Audit of Surgical Mortality (VASM) 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

Victorian, Audit, Australasian, Mortality

## 3. BODY OF POLICY

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

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

### 3.1. VASM Steering Committee

- Will oversee the Audit's contractual services.
- Is responsible for the endorsement of the publications of all reports generated by VASM.
- Will discuss the future direction of the project and the related requirements for such matters.
- Will determine any issues related to Qualified Privilege or Victorian 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.
- Aim for 100% participation compliance. One mechanism is mandating of audit through CPD.
- Will develop close collaboration with the Victorian Perioperative Consultative Council.
- Will report to ANZASM Steering Committee.
- Will review regular reports to SCV DHHS.

Approved By: Manager, Surgical Audits

Document Owner: Project Manager, VASM

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### 3.2. Membership

Members of the VASM Management Committee:

- VASM Clinical Director (Chair).
- Chair – Victorian State Committee.
- RACS – Victorian State Surgical Specialty Members.
- RANZCOG – Obstetric and Gynaecology Representative.
- Anaesthetic Representative.
- RACMA – Medical Administrator Representative.
- AIDA – Indigenous Doctors Representative.
- Safer Care Victoria (maximum two).
- Victorian Perioperative Consultative Council (maximum 2).
- Consumer representative (maximum 2).
- In attendance - Project Staff from VASM and ANZASM and Victorian Department of Human Services (non – voting membership).
- VASM project staff will provide secretarial support and services to the Committee

### 3.3. Membership of the Committee

Membership of the VASM 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 organisations. Expressions of interest for Committee membership will be sought through appropriate RACS communication channels.

All nominations will be put forward to VASM Management Committee for a decision to appoint members.

### 3.4. Meetings

The VASM Management Committee will meet 3 times a 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. The meetings will be tape recorded and the record saved to the electronic Committee folder once the minutes of a meeting are approved.

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.

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#### 4. PUBLICATIONS

All publications arising from VASM activities will be submitted to the VASM 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 VASM Committee members will be notified of any changes to this policy via mail or email.

#### 6. ASSOCIATED DOCUMENTS

No documents associated with this policy.

**Approver** CEO  
**Authoriser** Council