

<b>Division:</b>	<b>Fellowship Engagement</b>	<b>Ref. No.</b>	<b>TOR-3103</b>
<b>Department:</b>	<b>Morbidity Audits</b>		
<b>Title:</b>	<b>MALT Committee</b>		

## 1. PURPOSE AND SCOPE

This policy defines the structure and scope of the MALT Committee.

## 2. KEYWORDS

Morbidity, Audit, Logbook, MALT, Terms of Reference, TOR

## 3. BODY OF POLICY

### 3.1. Background

The MALT Committee is an advisory group charged with the responsibility of providing leadership and strategic direction for the Morbidity Audit and Logbook Tool (MALT) managed by the Morbidity Audits Team in the Research, Audit and Academic Surgery (RAAS) Division of the Royal Australasian College of Surgeons (RACS).

The responsibilities of the MALT Committee were previously undertaken by the Morbidity Audit Committee (MAC) and earlier by the Logbooks and Clinical Audit Oversight Committee (LCAOC).

### 3.2. Objectives

- To provide strategic direction and advice related to the development and maintenance of the system
- To provide guidance and feedback to ensure that MALT continues to meet the needs of RACS membership and relevant stakeholders such as training boards and specialty societies
- To promote collaboration with specialty groups.

### 3.3. Duties and responsibilities

- To provide guidance and advice related to the development and maintenance of MALT, additionally be available for Morbidity Audits Team when clinical advice may be sought
- To promote the use of MALT amongst RACS members and RACS specialty training boards
- Be familiar with the system and its main features
- To attend scheduled meetings and actively contribute.

### 3.4. Powers

- The Committee can request services from members of the Morbidity Audits Team to effectively carry out Committee duties
- The Committee will liaise with the Surgical Audit Committee (SAC) regarding audit issues which are seen to be in common and relevant to both Committees
- The Committee may establish one or more subcommittees. A 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)

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- The Committee may authorise staff 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 Morbidity Audits Committee will comprise of -

Members:

- A Chairperson (as endorsed by Chair of the SAC)
- A Deputy Chair (as appointed by Chair MALT Committee)
- Representation for Surgical Specialty/Training Board which mandate MALT use
- Surgical supervisor representatives
- A Younger Fellow representative
- A representative from RACSTA
- A Fellow undertaking subspecialisation representative
- A SET representative
- An IMG representative
- A J-Doc representative
- A Locum representative

Attendees:

- Surgical Audit Manager
- Morbidity Audits Team Leader
- Morbidity Audits Support Officer (Secretariat)

### 3.6. Tenure and method of Appointment

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

Attendance at the scheduled meetings will be monitored by the Morbidity 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 3 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.

### 3.7. Meetings

The MALT Committee will meet by teleconference at least every 6 months but as frequently as every three months.

Meeting dates will be determined in advance. Agenda papers will be provided ahead of a meeting (at least 5 working days plus a weekend) to allow members time to read and consider them.

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### 3.8. Quorum

A quorum shall be 4 members (not including those 'In Attendance'). If a quorum is not met within 30 minutes after the designated start time of the meeting, that meeting shall be deferred to a date as determined by the Chair.

Decisions of the Committee shall be determined by a majority vote of those present. In the event of a tied vote the Committee Chair will have the casting vote. In instances where not all members are present, the Morbidity Audit Team may contact the members outside of the meeting to seek opinions/advice.

### 3.9. Accountability and reporting structure

The Committee is accountable to the Surgical Audit Committee and the College Council via the Professional Development and Standards Board.

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.

## 4. ASSOCIATED DOCUMENTS

No documents associated with this policy.

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

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