1. PURPOSE AND SCOPE
This policy defines the structure and scope of the Morbidity Audits Committee (MAC).

2. KEYWORDS
Morbidity, Audit, Logbook, MALT, NBCA, BQA, ANZELA-QI, LCAOC, Terms of Reference, TOR

3. BODY OF POLICY

3.1. Background
The Morbidity Audits Committee is an advisory group charged with the responsibility of providing leadership and strategic direction for the logbook and audit systems run by the Morbidity Audits Team in the Research, Audit and Academic Surgery Division of the Royal Australasian College of Surgeons.

The responsibilities of the Morbidity Audits Committee were previously undertaken by the Logbooks and Clinical Audit Oversight Committee (LCAOC). The scope and membership of the LCAOC committee has been broadened under the new title.

The projects overseen by the Committee include but are not limited to:

3.1.1. The Morbidity Audit and Logbook Tool (MALT)
The Morbidity Audit and Logbook Tool (MALT) allows for the electronic capture of surgical training and assessment experience as well as the ability for surgical audit.

3.1.2. BreastSurgANZ Quality Audit (BQA)
The BreastSurgANZ Quality Audit is a clinical audit developed with the aim of improving quality of care by surgeons for patients with early breast cancer in Australia and New Zealand. It was originally initiated as a pilot study in 1998 and has been running continuously since that time.

The BQA provides surgeons with a self-audit tool to monitor their own surgical practice in relation to evidence based standards, as well as participating in a quality improvement cycle. The data is also used in a de-identified and aggregated form for research into breast cancer treatment in Australia and New Zealand.

3.2. Objectives
- To provide strategic direction and advice for the further development of the Morbidity Audit and Logbook Tool (MALT) system.
- To provide guidance and feedback to ensure that the MALT system best meets the needs of Trainees and Fellows.
- To promote the use of MALT amongst all Trainees and Fellows
- To promote collaboration with specialty groups
- To provide existing fee for service audits such as BQA with guidance.
- To monitor the progress of activities undertaken by College staff in relation to existing fee for service audits such as BQA
To support the Morbidity Audits Team in tender applications for new clinical audit projects.

3.3. Duties and Responsibilities

- To provide strategic direction to and guide the development, implementation and maintenance of Morbidity Audits Team activities.
- Create initiatives to maximise the outcomes of Morbidity Audit endeavours.

3.4. Powers

- The Committee will liaise with the Professional Standards Committee in regards to audit issues which are seen to be in common and relevant to both Committees.
- The committee can request services from members of the Morbidity Audits Team in order to effectively carry out Committee duties.
- The Committee may delegate responsibilities to members of the Committee as required.
- 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).
- 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:

- A Chairperson (as nominated by Chair of the Surgical Audit Committee)
- A Deputy Chair
- Chair, Professional Development and Standards Board
- Surgical Audit Committee representative
- RACS Councillor
- Surgical Specialty/Training Board representatives
- New Zealand National Board representative
- Younger fellows representative
- Representative from RACSTA
- IMG representative
- Representative from each RACS committee that provides direction to individual audits operated by the Morbidity Audits Department

Attendees:

- CEO, RACS
The secretariat shall be provided by a Morbidity Audits Project Officer.

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 two further periods of three years.

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 Morbidity Audit Committee will meet at least every 4 months by teleconference.

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

3.8. Quorum

A quorum shall be 3 members of the Board. 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 Chairperson.

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.

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 as a result 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.