

**Victorian Audit of Surgical Mortality
Agreement of Consultation Participation - RACS**

Victorian Audit of Surgical Mortality conducts confidential enquiries of surgical deaths in Victoria

IMIS ID:

Full Name:

Full Address:

Please complete the following (tick appropriate box for each statement)

- 1. I am a practising surgeon and wish to confirm my willingness to participate in the Victorian Audit of Surgical Mortality and subject my cases to peer review by a College member.**

☒ I agree to participate

- 2. I am willing to be:**

A first-line assessor

☐ Agree

☐ Disagree

A second-line assessor

☐ Agree

☐ Disagree

If you are willing to be a VASM assessor please also sign the attached 'Declaration and Undertaking by Assessor' form.

- 3. I have retired from clinical practice** ☐

- 4. My surgical specialties:**

Sub-specialties:

I work at the following hospitals:

Preferred method of correspondence for case record forms and first-line assessments:

- ☒ Electronic interface forms can be completed and submitted online. Your username and password will be emailed to the following address unless otherwise requested:

Signature:

Date:

"By submitting this form to the Mortality Audit, I agree that Australian and New Zealand Audit of Surgical Mortality (ANZASM) may inform the Professional Standards Department of my involvement with the surgical mortality audit, to confirm my compliance with Continuing Professional Development (CPD) requirements."

For the latest VASM report visit: www.surgeons.org/vasm.

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS
DECLARATION AND UNDERTAKING BY ASSESSOR
VICTORIAN AUDIT OF SURGICAL MORTALITY (“VASM”)

I, the undersigned, in connection with my appointment as a 1st or 2nd line Assessor for VASM, agree and declare as follows:

Confidentiality

1. I agree that all information obtained by me through my participation as a 1st or 2nd line Assessor for VASM will be kept strictly confidential, and not disclosed to any other person.
2. I acknowledge that VASM is a registered qualified privilege scheme under Part VC of the Health Insurance Act 1973 (Commonwealth), to which statutory confidentiality applies.
3. I acknowledge that any breach of statutory confidentiality under the Health Insurance Act 1973 may make me liable for criminal penalties under that Act.
4. I acknowledge that the protection provided by legislation and the College does not necessarily cover breaches of this undertaking.

Assessors involved in peer review of their colleagues must be of good professional standing and appropriately qualified. Fellows who do not meet these requirements, or who may be subject to adverse proceedings before any Medical Board or other professional authority, should exempt themselves, or may be required by the College to exempt themselves, from the role of assessor until the proceedings have been satisfactorily resolved.

1. I confirm that I am not aware of any matter or circumstances which would prevent me from independently assessing audits of surgical mortality in accordance with VASM requirements.
2. I am not currently under investigation for, or have not been found guilty of, any professional matter, including breach of professional confidentiality.
3. I am currently compliant with RACS CPD requirements and actively involved in clinical practice or within two year of ceasing practice.

IMIS ID:

Full name (include title):

Full address:

Signature:

Date: