

<b>Division:</b>	<b>Fellowship Experience</b>	<b>Ref. No.</b>	<b>TOR-3182</b>
<b>Department:</b>	<b>Professional Standards</b>		
<b>Title:</b>	<b>State and Territory Trauma Committees</b>		

## 1. PURPOSE AND SCOPE

These Terms of Reference establish the RACS State and Territory Trauma Committees.

## 2. KEYWORDS

Trauma, Road Safety, Advocacy, Quality Improvement, Trauma Care

## 3. BODY OF POLICY

The RACS State and Territory Trauma Committees are responsible for coordinating jurisdictional surgical trauma-related activities in their state and/or territory.

They support the promotion and maintainance of the highest standards of care in trauma surgery in its broadest sense, using an integrated and collaborative approach with other organisations to achieve the best possible outcome for the trauma patient.

### 3.1. Duties and Responsibilities

The RACS State and Territory Trauma Committees duties and responsibilities include:

- 3.1.1. advise RACS on the scope and nature of surgical practice in trauma services in each jurisdiction in Australia.
- 3.1.2. In collaboration with the RACS Trauma Committee, provide input the development and implementation of policies and position statements on optimal trauma management, prevention of injury, care of trauma patients, workforce and education.
- 3.1.3. Collaborate and engage stakeholders including surgical specialty and sub-specialty groups, state and/or territory trauma networks and/or committees, hospitals and area health networks and regulatory agencies on trauma care, prevention and advocacy in each jurisdiction.
- 3.1.4. Advise and assist RACS with workforce issues relating to the provision of trauma surgical services including recruitment, retention, training and support for surgeons working in trauma services in each State and Territory.
- 3.1.5. Support the RACS Trauma Committee in fostering research in education and training of trauma surgeons.
- 3.1.6. Assist the Trauma Care Verification Program with the coordination and implementation of verification visits in each state and territory (where required).

### 3.2. Powers

The State and Territory Trauma Committees will have powers to make recommendations to the RACS Trauma Committee. These recommendations regarding local advocacy and surgical service delivery in trauma care. Support for advocacy work or if national issues are raised at the local level can be obtained through the secretariat of the RACS Trauma Committee or the Health Policy and Advocacy Committee. This

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relates to trauma and road safety related activity including submissions, government engagement, media activity and professional development.

### 3.3. Composition and Size

Membership of the State and Territory Trauma Committees will consist of:

- 3.3.1 Chair, State and/or Territory Trauma Committee
- 3.3.2 up to 9 other members who are Fellows from as wide a range of specialties as possible. One of these members to be from a regional, rural area and one representative to be a younger fellow.
- 3.3.3 co-option of up to 10 members who are non RACS fellows that can be drawn from the following professional areas with appropriate trauma experience:
- Other medical colleges and medical specialties
  - First responders
  - Data analytics
  - Research
  - Education and training
  - Policy and Advocacy

In Attendance:

- 3.3.4 Chair, RACS Trauma Committee by invitation
- 3.3.5 Policy and Standards Lead (Professional Standards) by invitation
- 3.3.6 Secretariat (local office / regional / combined)

### 3.4 Tenure and Method of Appointment

In line with Council terms of appointment, a term of office shall be for a maximum of three years, and membership shall be for a maximum of three terms. Links with State and territory based trauma committee or networks providing service delivery. Co-option will require a vote of the Committee members to be approved.

#### 3.4.1 Chair

The position of Chair is voted on and then nominated from the Committee. Nomination is then ratified by RACS Trauma Committee at their next meeting. The Chair position can be held for no more than 2 x 3 year terms.

#### 3.4.2 Link with RACS Trauma Committee

Chair / representative attend national trauma meetings and provide reports / updates. Provide active input into the discussions at the meetings. Mandatory attendance at the November meeting of the RACS Trauma Committee and at the meeting held at the ASC.

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**3.5 Meetings**

There shall be between 2 and 6 meetings each year. Subject to budget and local meeting practices these can be face to face, hybrid or videoconference.

The RACS Trauma Chair is available to attend meetings and offer support where needed.

**3.6 Quorum**

A quorum shall be a voting majority of the membership of the committee. In the absence of the Chair, the RTC shall nominate an Acting Chair. If a temporary Chair cannot be determined for that one meeting, a majority vote made by the committee will decide the outcome.

**3.7 Accountability and Reporting Structure**

The State and Territory Trauma Committees report to the RACS Trauma Committee which is then accountable to the PSC. The State and Territory Trauma Committees must maintain a link with their local RACS State and Territory Committee and the local departmental committee / network which governs trauma care in the state and territory.

**Approver** Professional Standards Committee  
**Authoriser** Council