

Memorandum of Understanding between Australian and New Zealand Association for the Surgery of Trauma and the Australasian Trauma Society.

ANZAST = Australian and New Zealand Association for the Surgery of Trauma.

ATS = Australasian Trauma Society

RACS= Royal Australasian College of Surgeons

Preamble

Surgical specialty societies exist to serve their members in a particular surgical specialty. Some reach across several surgical disciplines. These societies work under memoranda of understanding with the RACS to administer and deliver surgical training programs, post fellowship training programs, and convene the specialty program at the RACS Annual Scientific Conference. Surgical specialty societies also advocate for the care of their patients as well as the surgeons who treat them.

ANZAST has been formed to oversee post surgical Fellowship experience in the care of injured patients, to promote excellence in surgical care of trauma patients and to advocate on behalf of severe trauma patients and the surgeons who care for them.

The ATS was formed to bring together those with a special interest in the care of the injured patient to promote the highest standard of patient care, education, organisation and research in the field of accidental injury. It has a broad membership base reaching out to all clinicians involved in care of the injured.

Goals

The objective of this MOU is to:

- articulate the roles and responsibilities of ANZAST and ATS in relation to membership
- provide a framework for dialogue between the two groups
- establish a clear pathway for the further development of the relationship and fostering the goals of each organization

Shared membership.

Membership of ANZAST is available only to surgeons and surgical trainees. Members of ANZAST fall into two broad categories – those for whom surgical trauma care is the main focus of their clinical practice and those for whom surgical trauma care is part of their practice.

Many surgeons have contributions to make to the care of the injured as described in the Constitution of the ATS and would value the benefits of membership of the ATS.

The ATS in turn would benefit from having a greater number of surgeons amongst their membership. To simplify the process for simultaneous membership of both the ANZAST and the ATS it is proposed that there be a class of membership of the ANZAST that includes membership of the ATS

The ATS has some members who are surgeons. Similar reciprocal benefits would ensue if these surgical members of the ATS were also members of the ANZAST..

A single membership fee would entitle joint members to all the benefits of ANZAST and the ATS. For administrative simplicity it is proposed that joint membership is managed by ANZAST and this organisation collects the fees for joint membership and forwards the names and relevant component of the fees to the ATS

Responsibilities of Members

Persons who are joint members of both the ATS and ANZAST are bound by the Constitutions of each organisation

Benefits of Joint Membership

Benefits resulting from membership of the ATS include:

- Subscription to INJURY
 - ~ Full electronic access to the journal
 - ~ Hard copy issues of the non-Orthopaedic issues Jan/May/Sept
- Quarterly newsletter - Trauma Talk
- Reduced registration at the annual Trauma 20XX conference

Benefits resulting from membership of ANZAST include:

- Subscription to the Journal of Trauma and Acute Care Surgery
 - ~ Full electronic access to the journal
 - ~ Hard copy issues monthly
- Access to members only CPD program
- Reduced registration at ANZAST meetings and workshops

Mutual Representation on Governing Bodies

A surgeon member of ANZAST will be appointed the ATS liaison officer to directly communicate ANZAST activity, particularly as it relates to ATS members.

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Ideally a surgeon who is a member of both organisations should be on the executive group of both organisations. However, until such time as the mutual relationship is deemed constructive and there is a will to change the Constitution of both organisations such an arrangement will be at the discretion of the membership of the ATS and ANZAST.

Shared Responsibilities

Curriculum Development.

The ATS has no present role in educational program delivery. However the sharing of information between Executives envisaged above is expected to guide ANZAST and ensure curriculum development or change to meets current clinical needs.

Research.

It is proposed both ATS and ANZAST actively, separately and together, foster research on trauma prevention, care and outcomes.

It is proposed every effort be made to foster cooperative and multi-institutional and multi-region research.

Clinical meetings.

The ATS regularly meets with other trauma related organisations. While ANZAST has yet to develop an independent conference program there is intent to explore opportunities for joint meetings. Such joint meetings would develop on the basis of a separate MOU relating to conference organisation and the relative exposure of the organisations to financial risk and potential benefit.

Financial Relationship

This is described above under “Shared Membership”.

This MOU was presented and accepted at the following meetings:

Australian and New Zealand Association for the Surgery of Trauma Executive Meeting:

5th September 2012. 6:00PM AEST. Via Teleconference.

16th Australasian Trauma Society Annual General Meeting:

27th October 2012. 3:00PM (AWDST). Perth Convention and Exhibition Centre, Perth, WA.