Bi-National Colorectal Cancer Audit (BCCA) Governance Document

Date of effect: 22 November 2018

Intent

Introduction

1. Auspicing Body

2. Membership of the Steering Committee

3. Duties of Steering Committee Members

4. Membership of the Operations Committee

5. Duties of Operations Committee Members

6. Operations Committee Sub-Committees

7. Role of Project Manager to Steering Committee and Operations Committee

8. Review Date

Appendices

Intent

The intent of the Bi-National Colorectal Cancer Audit (BCCA) Governance Document is to define the governance arrangements for the BCCA and its committees as the primary management groups of BCCA. It defines the roles, relationships and duties of members of the relevant committees.

Introduction

The Bi-National Colorectal Cancer Audit (BCCA) was set up in 2006 as an audit across Australia and New Zealand of patients undergoing surgery for colorectal cancer. This was undertaken by collaboration between the Colorectal Society of Australia and New Zealand (CSSANZ), the Royal Australasian College of Surgeons (Research, Audit and Academic Surgery Division) and BioGrid Australia. It is now under the auspices of the CSSANZ. The audit is a voluntary process for surgeons undertaking surgery for colorectal cancer.
BCCA’s primary functions are to:

- Facilitate clinical audit
- Create a large dataset of surgical information whereby it will be possible to stratify the data and establish benchmarks.
- Monitor surgical performance by peer review
- Provide feedback to surgeons in the form of summary statistics and individual reports regarding their performance.

BCCA’s secondary functions are to:

- Facilitate research projects.
- Satisfy surgeon Clinical Professional Development (CPD) requirements
- Advance knowledge and understanding of the optimum treatment for colorectal cancer to help ensure best practice.
- Annual reporting to stakeholders

The Australian Commission on Safety and Quality in Healthcare (ACSQH) has produced a document “Operating Principles and Technical Standards for Australian Clinical Quality Registries”. This governance model is based on the recommendations in that document.

Figure 1. Schematic of the BCCA Governance Structure.

1. **Auspicing Body**

The Colorectal Surgical Society of Australia and New Zealand (CSSANZ) is the Auspicing Body for BCCA. It is a legal entity and ensures accountability of funding and that major decisions follow due
process. It employs a Project Manager on behalf of the Operations Committee and also provides administrative and budget support.

2. **Steering Committee**

The Steering Committee is responsible for overseeing BCCA. The Steering Committee will meet at least twice per year, either via teleconference or face-to-face, with extra meetings instigated when required.

**Membership**

- The Steering Committee shall be made up of eight members. The Steering Committee may appoint additional members as required and approved by the Auspicing Body.
- Chair; A CSSANZ member, they cannot be a member of the BCCA Operations Committee, nor Chair of another colorectal cancer database, or on the Council of CSSANZ. The first chair will be a CSSANZ member nominated by the Colorectal Surgical Society of Australia and New Zealand Council. Subsequent Chairs shall be nominated by the Steering Committee and approved by the Auspicing Body.
- One member of the CSSANZ Council; President or their representative.
- One member of the Royal Australasian College of Surgeons Colon and Rectal Surgery Section Executive or their representative.
- One representative recommended by the General Surgeons Australia Council.
- One representative recommended by the New Zealand Association of General Surgeons.
- A clinician with an interest in colorectal cancer
- One consumer representative.
- Chair of the BCCA Operations Committee.

Membership of the Steering Committee can be increased as the Steering Committee sees necessary and, if after establishment, the Steering Committee nominates to increase membership to include other specialists or co-opted members this can be done at their discretion.

Meetings shall be chaired by the nominated Chair of the Committee, in their absence meetings shall be chaired by a member nominated by the Chair.

Quorum is set at three committee members including the Chair or their nominated member.

Members must attend a minimum of 50% of the meeting, and if unable to attend must submit any comments or questions prior to the meeting for consideration.

The term for all Steering Committee members is three years. The maximum number of terms for the Chair is two; the maximum number of terms for other members is three.

No member of the Steering committee can also be a member of the Operations Committee other than the Chair of the Operations Committee.

Decisions are by consensus. If a consensus cannot be reached then the Steering Committee can choose to seek external advice, refer to the Auspicing Body, or in event of these two actions not
assisting in reaching consensus have a vote, where the Chair has a presiding vote if there is a deadlock.

In consultation with the Chair other people may be invited to attend meetings and present papers.

Formal minutes will be taken and distributed by the Project Manager.

### 3. Duties of Steering Committee Members

Duties are based on the recommendations in the Operating Principles and Technical Standards for Australian Clinical Quality Registries:

- Provide oversight over all BCCA activities, including that of the Operations Committee;
- Provide ongoing review of the objectives of the BCCA and its effectiveness in meeting these objectives;
- Establish policies to address issues of clinical interest or significance that may arise from time to time. These will include matters related to quality of care;
- Facilitate policy support for issues identified by the Operations Committee;
- Provide advice on the BCCA management, organization, scope, development and funding;
- Monitor the quality of the BCCA data quality management processes and timeliness of reporting; this includes, if required, restricting the distribution of data pertaining to identifiable institutions or individuals until it is confident that the data quality is sufficiently accurate and that it has the appropriate legal protection.
- Monitor policies for access to data and responses to quality of care issues identified;
- Review and advise on output from BCCA; Review and provide comment on reports published and provide advice on the collection and interpretation of data when required;
- Review publications arising from the Australian Clinical Quality Registry; and
- Review and advise on communication strategy, including communication with consumers.

### 4. Operations Committee

The Operations Committee is responsible for managing day-to-day aspects of the BCCA database. Data quality measures should be reported regularly to the Operations Committee. The Operations Committee shall meet every two months. Meetings shall be held either via teleconference or face-to-face, with extra meetings instigated when required.

Membership

- Chair; a CSSANZ member.
- Representatives as appointed of the Department of Epidemiology & Preventive Medicine, Monash University (DEPM)
- A representative of the Extended dataset (CRCAudit)
- One to eleven surgeons who regularly undertake surgery for colorectal cancer providing a broad geographic binational representation.
- Other co-opted members as required and approved by the Operations Committee.

Meetings shall be chaired by the Chair of the Operations Committee, in their absence meetings shall be chaired by a member nominated by the Chair.

Quorum is set at four committee members including the Chair or their nominated member.

Members must attend a minimum of 50% of the meeting, and if unable to attend must submit any comments or questions prior to the meeting for consideration.

The term for all Operations Committee members is three years. The maximum number of terms for the Chair is two; the maximum number of terms for other members is three.

The Chair will be elected from the members of the Operations committee. The Chair cannot be chair of another colorectal cancer database, nor can the Chair of the Operations Committee be the chair of the Clinical Quality Committee or the Research committee once they have been set up though he/she can be a member of each of those committees.

Decisions are by consensus. If there is no consensus the matter will be referred to the Steering Committee.

In consultation with the Chair other people may be invited to attend meetings and present papers.

Formal minutes will be taken and distributed by the Project Manager.

5. Duties of Operations Committee Members

Duties are based on the recommendations in the Operating Principles and Technical Standards for Australian Clinical Quality Registries:

- Be responsible for the administration of the management, staffing and budget of BCCA;
- Ensure that the data collection and data quality processes function effectively and that issues arising are dealt with in a timely and effective manner;
- Arrange for timely and appropriate statistical analysis, reporting and publication of BCCA data;
- Review BCCA data regularly and undertake necessary follow-up in accordance with policies ratified by the Steering Committee;
- Report back to the Steering Committee to ensure suitable resources are provided to facilitate action on policy-related issues;
- Ensure compliance with requirements of ethics committees and all relevant legislation;
• Provide reports and liaise as necessary with bodies providing funds to the clinical registry;
• Develop policies for access to data and responses to quality of care issues identified;
• Review all research and data requests for identified or identifiable data.
• Ensure that the annual financial report of BCCA is signed by the auditor in accordance with appropriate standards and that the reports are provided to the Steering Committee following presentation to the Auspicing Body Annual General Meeting;

6. Operations Committee Sub-Committees

A Clinical Quality Committee and a Research Committee will be established, until then the Operations Committee will take this role.

Specific duties of the Research and Clinical Quality Committee will be defined by the Operations Committee.

Role of the Research Committee

- Review data access requests for the purpose of research in a timely fashion.
- Provide critical feedback regarding research applications.
- Ensure researchers have ethical and other relevant approvals in place before recommending the Operations Committee approves data access.
- As necessary co-opt specialist members to the Research Committee as approved by the Operations Committee to help achieve core duties in a transparent and optimal manner (e.g. biostatistician, epidemiologist etc.)
- Review relevant BCCA data access, authorship and relevant policies, if deemed necessary, and make recommendations to the Operations Committee.

Role of the Clinical Quality Committee

- Develop and regularly review a risk stratification model utilising the data within the BCCA database to facilitate benchmarks.
- Develop policies, when necessary, for the Operations and Steering Committee to review that may assist in meeting duties set by the Operations Committee.
- Develop and implement procedures for identifying and managing areas of clinical concern that may arise through the data collection in BCCA.
- Develop and implement procedures for identifying areas for potential quality improvement, and when necessary make recommendations to the Operations Committee.
- Report summary findings to the Operations Committee in a deidentified manner.
- Develop and implement procedures of communication with participating surgeons who may be identified as outliers.
- Develop and implement a Clinical Quality Policy
7. **Role of Project Manager to Steering Committee and Operations Committee**

The Auspicing Body employs a Project Manager to support BCCA on behalf of the Operations Committee. The Project Manager coordinates day to day running of BCCA liaising with all groups – Auspicing Body, Steering Committee, and Operations Committee, developers, hospital sites, ethics committees, conference coordinators and all other involved parties.

The Project Manager is responsible for preparation of the Agenda for both the Steering and Operations Committee; forwarding agendas; annual calendar; issuing of papers prior to the meetings; ensuring presentations are ready for the meetings; and issuing Minutes and Actions Arising from meetings.

The Project Manager shall attend both Steering Committee and Operations Committee meetings and will seek to maintain synergy between the Auspicing Body, Steering Committee and Operations Committee.

8. **Review Date**

This document will be reviewed in two years from the date of effect.
Appendices

1. Ethics

Participation in BCCA and the related data collection is contingent on ethics approval; this is usually but not limited to the review of an Institutional Ethics Committee (IEC), it can also be via review by a hospital executive committee or Medical Advisory Committee (where an IEC is not available such as small regional or private centres).

2. Privacy

BCCA has Privacy policy that has been approved by the Auspicing body and is available on the BCCA website https://bcca.registry.org.au/.

3. Complaints

There is an independent complaints process in place for BCCA. This is via the Institutional Ethics Committee. Information about how to lodge a complaint is available of the BCCA Information Sheet this contact information is applicable for both patients and surgeons.