



Royal Australasian College of Surgeons  
**Victorian Audit of Surgical Mortality**

***Understanding the new  
Fellows Interface Features***

**Victorian Audit of Surgical Mortality  
Wednesday 21 February 2024, 6.00pm (AEDT)**

Dr Adam Zimmet, Cardiothoracic Surgeon, FRACS

21 February 2024



Committed to Indigenous health



## Second-Line Assessment (SLA) - Timeline

- ✓ Request to conduct an SLA peer review (via email from regional office).
- ✓ Download documents from cloud storage (Kiteworks).
- ✓ Review document of medical notes, surgeon's surgical case form and reason for SLA.
- ✓ Prepare a 1-page report and use the guideline, upload to Kiteworks or email to regional office.
- ✓ Complete online SLA form and submit to regional office.
- ✓ Feedback sent to treating surgeon.



## What you need:

- Internet access
- Login details
- Documentation



# Correspondence

- Email request and notice for SLA sent to your nominated email address from regional office.
- Email contains **brief information about the case**.

Dear Dr Adam Zimmet,

I am writing to ask if you have the capacity and would be willing to undertake a second-line assessment at this time.

This would be for a case evaluating the care offered to a *73-year-old male patient* admitted with *Coronary artery disease + Moderate Aortic Stenosis* who *replacement 25 mm pericardial tissue valve, CABG x2 SVG-PDA, SVG-OM*.

The First-Line assessor has queried the *Haemodynamic management; diagnosis of gut ischaemia; intraoperative assessment of the aorta which may have*

If you would be willing to undertake this assessment we can arrange to have the assessment materials delivered to you electronically.

Kind Regards,

Victorian Audit of Surgical Mortality (VASM)  
Research, Audit and Academic Surgery (RAAS)



250-290 Spring Street, East Melbourne VIC 3002, Australia  
T +61 3 9249 1129 W [www.surgeons.org/vasm](http://www.surgeons.org/vasm)  
[www.surgeons.org](http://www.surgeons.org)



#### Committed to Indigenous health

RACS acknowledges the Traditional Owners of country throughout Australia and recognises their continuing connection to land, waters and community. We pay our respects to them and their cultures and to Elders both past and present.



# Kiteworks process to download document

Note: This is an assessment request - not your own case.

Thank you for agreeing to complete a VASM Second-Line Assessment.

VASM has implemented a new process to complete Second-Line Assessments online via Kiteworks (a secure file sharing platform).

New users will receive the following e-mails from **RACS Notification** ([noreply@kiteworks.surgeons.org](mailto:noreply@kiteworks.surgeons.org)) to securely access your VASM SLA documents:

1. **VASM gave you secure access to the VASM folder** (you will be required to register)
2. **Welcome to “Kiteworks”** (confirmation of account creation and account activation link)
3. **Your “Kiteworks” one-time passcode** (Multifactor authentication required to log in)

**Note:** Kiteworks is independent from RACS and your username is the e-mail address the Kiteworks notification was sent to.

The assessments are to be completed within 21 days, after this period the cases will be re-assigned to a different assessor.

Guidelines to assist you can be downloaded from <https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/surgical-mortality-audits/vasm/guidelines-for-assessors.pdf>

If you have any questions about this new process, please contact our office on 03 9249 1130 or [vasm@surgeons.org](mailto:vasm@surgeons.org).

Thank you for your participation in the Victorian Audit of Surgical Mortality (VASM).



# Kiteworks – Login



Sign in

Username or email

Next



# Kiteworks – Login



## Two factor authentication

A message with a passcode was sent to your email.

Please enter passcode sent to your email address

Passcode

Remember this device

Didn't get the passcode? [Resend](#)



# Kiteworks – Login



## Terms of service

Secure file transfer is owned and operated by ANZASM, which is managed by RACS, and may be accessed only by authorized users. Unauthorised access to or use of these systems is strictly prohibited. Authorised users are expected to use RACS systems responsibly, with restraint and in accordance with the Colleges' code of conduct and values. Authorised users must not allow others to use their passwords or access tokens.

Accessing, transmitting, storing or downloading any form of pornographic, sexually explicit or inappropriate material using any RACS resource is strictly prohibited and serious disciplinary action, including dismissal has been and will continue to be applied in such circumstances. This also includes racial slurs – gender specific comments, or any other comments that offensively addresses someone's age – sexual orientation – religious or political beliefs – national origin or disability that, would breach the Colleges equal opportunity – discrimination and sexual, harassment policies.

In addition, the documentation contained in this Kiteworks email is strictly private and confidential. The information is "privileged" by reason of State and/or Commonwealth Qualified Privilege Schemes. Under no circumstance can this information be disclosed to any other party. It is important that you do not keep any copies of the documents you have received or downloaded.

To acknowledge that you have read and understood this policy and agree to abide by this policy please check the box below.

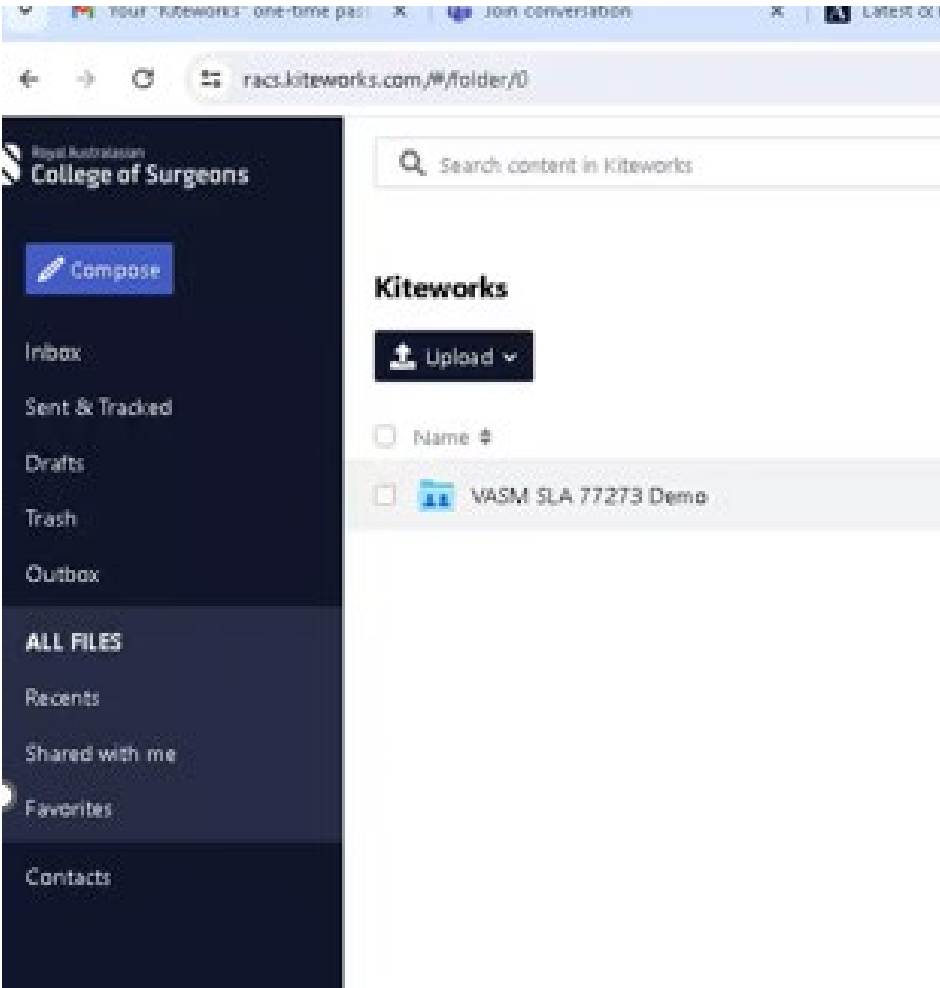
**I have read and accept the terms of service**

Sign in






# Kiteworks – Login








# Kiteworks – Download documents


Kiteworks > ... > VASM SLA 77273 Demo > **REVIEW**

5 items selected X

 ANZASM Qualified-Privilege-Declaration.pdf



**Downloads**    

 77273 Second Line Assessment Cover letter for Demo (...)  
[Open file](#)

# Kiteworks – Upload documents

Kiteworks > VASM SLAs > **VASM SLA 77273 Demo**

The screenshot illustrates the process of uploading a document in Kiteworks. It shows the navigation path: Kiteworks > VASM SLAs > **VASM SLA 77273 Demo**. The 'Upload' button is highlighted with a red box, and its dropdown menu is open, showing options for 'Upload files' and 'Upload a folder'. A yellow arrow points from the 'Upload files' option to a file list. In the file list, the file '77273 SLA Report for Demo' is selected. Another yellow arrow points from the selected file to a dialog box with the text 'All files' and an 'Open' button.

# Fellows Interface

 Royal Australasian  
**College of Surgeons**

 **RANZCOG™**  
Excellence in Women's Health

## Bi-National Audits of Surgical Mortality

From 31st May 2024 access to this website will no longer be available using ANZASM credentials to login.

Access will only be available using a RACS username which provides Multi-factor authentication (MFA) capability.

Multi-factor authentication (MFA) is one of the most effective ways to protect your valuable information and accounts against unauthorised access.

For further information on setting up a RACS username (if you have not already done so) and MFA [click here](#)

Login with RACS username

OR

Login with ANZASM credentials below

 Username

 Password

Login

 [Reset my password](#)    [Help](#)

For NSW based Fellows, please visit the [CHASM Fellows interface](#)



# Check Region

The screenshot shows the user interface of the Victorian Audit of Surgical Mortality system. At the top right, a user profile icon is circled in red, with a dropdown menu containing 'Logout' and 'Change Region'. The main header features the Royal Australasian College of Surgeons logo and the text 'Victorian Audit of Surgical Mortality'. Below the header, the page title is 'Assigned Cases and Assessments'. A navigation bar includes tabs for 'Self Notify', 'Surgical Cases', 'Delegated Cases', 'Assessments' (with a '1' notification), 'Reports', 'History & Feedback', and 'Account'. The 'Surgical Cases' section is active, displaying 'Your Pending Surgical Cases' with a 'Filter Rows' button. Below this, a table header lists columns: 'Status', 'Study No.', 'Case Specialty', 'Patient Name', and 'URN'. The table content area shows the message 'You have no pending surgical cases'.



# Fellows Interface – Assessments section

Home Help ▾

Welcome, VASM Test

Royal Australasian College of Surgeons  
**Victorian Audit of Surgical Mortality**

## Assigned Cases and Assessments

Self Notify | Surgical Cases | Delegated Cases | **Assessments 1** | Reports | History & Feedback | Account

### Your Pending Surgical Cases

Filter Rows ▾

Status ▾	Study No. ▾	Case Specialty ▾	Patient Name ▾	URN ▾
You have no pending surgical cases				

# Fellows Interface – Assessments

Welcome, VASM Test

## Assigned Cases and Assessments

Self Notify   Surgical Cases   Delegated Cases   **Assessments 1**   Reports   History & Feedback   Account

### Your Pending Assessments

Status	Study No.	Case Specialty	Date of Birth	Date of Death	Sex	Region
☰ Second Line Pending	77273	Cardiothoracic Surgery	2 Jun 1938	17 Jul 2011	Male	VASM

Filter Rows ▼

10   25   50   100

# Second-Line Form

- Left side is the Surgical Case Form
- Right side is the Second Line Form (which is blank)

Royal Australasian College of Surgeons  
Victorian Audit of Surgical Mortality

Welcome, VASM Test

### Second Line Assessment

Study Number 77273

Specialty: Cardiothoracic Surgery      Sex: Male      Age: 73  
Patient DOB: 02/06/1938      Date of Death: 17/07/2011      Admission Date: 04/07/2011

Actions    Validate Form    Save    Submit

#### Surgical Case Form

- [Inclusion criteria](#) >
- [Admission details](#) >
- [Operative details](#) >
- [Patient management](#) >
- [Trauma](#) >
- [Additional comments](#) >

#### Assessment Form

- [Assessment Appraisal](#) >
- [Risk Management](#) >
- [Clinical Management](#) >
- [Assessor Feedback](#) >

VASM thanks you for your participation in this important quality improvement initiative.





# Assessment Form

Actions ▾

Validate Form

Save ▾

Submit

## Assessment Appraisal ▾

1

### Review First Line Assessor Comments for Second Line Assessment

Haemodynamic management, diagnosis of gut ischaemia, aortic assessment



# Asks quality of medical notes

**DO NOT MARK - Any additional information must be written on a new form**  
77273  
*For demonstration purposes only*

This record was exported from InfoMedix Clinical Patient Folder (CPF) Version 2.5.0.62.254 on Thu Aug 22 10:48:28 EST 2013 by user [REDACTED]

1. Patient Details

UR number(s)	[REDACTED]
Given Name	[REDACTED]
Family Name	[REDACTED]
Date of Birth	2/6/1938
Sex	M
Address	[REDACTED]
City	[REDACTED]
Post Code	[REDACTED]

Alias(es):  
[REDACTED] ()  
[REDACTED] ()  
[REDACTED]

**EXPORTED MEDICAL RECORD**  
**DO NOT MARK**  
Any additional information must be written on a new form.  
This page will not be filed.

Welcome, VASM Test

Royal Australasian College of Surgeons  
Victorian Audit of Surgical Mortality

## Second Line Assessment

Study Number 77273

Specialty: Cardiothoracic Surgery      Sex: Male      Age: 73  
Patient DOB: 02/06/1938      Date of Death: 17/07/2011      Admission Date: 04/07/2011

Actions ▾    Validate Form    Save ▾    Submit

## Assessment Appraisal

**2**

**Medical admission notes**  
 Satisfactory     Unsatisfactory     Missing

**Medical follow up notes**  
 Satisfactory     Unsatisfactory     Missing

**Procedure notes**  
 Satisfactory     Unsatisfactory     Missing

**Case summary letter to GP**  
 Satisfactory     Unsatisfactory     Missing

# Surgical Case Form

## Operative details

10 Was an operation performed within the last admission?

Yes  No

11 Surgeon's view (before any surgery) of overall risk of death

Minimal  Small  Moderate  Considerable  
 Expected

12 Description of operation(s) (including relevant radiological or endoscopic procedures)

Date	Description	Actions
Jul 12, 2011 8:45 AM	Aortic valve replacement 25 mm pericardial tissue valve CABG x2 SVG-PDA, SVG-OM	

16 Was there a definable post-operative complication?

Yes  No

17 Was there an anaesthetic component to this death?

Yes  No  Possibly

Was death within 48 hours of last anaesthetic?

Yes  No  Unknown

Welcome, VASM Test

Royal Australasian College of Surgeons  
Victorian Audit of Surgical Mortality

### Second Line Assessment

Study Number 77273

Specialty: Cardiothoracic Surgery      Sex: Male      Age: 73  
Patient DOB: 02/06/1938      Date of Death: 17/07/2011      Admission Date: 04/07/2011

Actions ▾    Validate Form    Save ▾    Submit

## Assessment Appraisal

3 If NO OPERATION was performed, should an operation have been performed?

Yes  No  N/A



# Surgical Case Form

## Admission details

5 **ASA grade**  
 ASA 1    ASA 2    ASA 3    ASA 4    ASA 5  
 ASA 6

Emergency

8a **Was this patient treated in a critical care unit (ICU or HDU) during this admission?**  
 Yes    No

8b **Was the surgical team satisfied with the critical care unit (ICU or HDU) management of this patient?**  
 Yes    No

19 **Was DVT prophylaxis used during this admission?**  
 Yes    No



## Second Line Assessment

Study Number 77273

Specialty: Cardiothoracic Surgery

Sex: Male

Age: 73

Patient DOB: 02/06/1938

Date of Death: 17/07/2011

Admission Date: 04/07/2011

## Risk Management

4 **Assessor's view (before any surgery) of overall risk of death**  
 Minimal    Small    Moderate    Considerable  
 Expected

5 **Was this patient treated in a critical care unit (ICU or HDU) during this admission?**  
 Yes    No

6 **Was the decision on the use of DVT prophylaxis appropriate?**  
 Yes    No    Unknown

7 **Was fluid balance an issue in this case?**  
 Yes    No    Unknown



# Also refer to the medical notes

**DO NOT MARK** - Any additional information must be written on a new form

1. Patient Record - [REDACTED] **77273**  
*For demonstration purposes only*

This record was exported from InfoMedix Clinical Patient Folder (CPF) Version 2.5.0.62.254 on Thu Aug 22 10:48:28 EST 2013 by user [REDACTED]

1. Patient Details

UR number(s)	[REDACTED]
Given Name	[REDACTED]
Family Name	[REDACTED]
Date of Birth	2/6/1938
Sex	M
Address	
City	
Post Code	

DATE TIME	PROGRESS NOTES
15/7 CRS	<p><b>ICU Morning Ward Round</b> - Consultant:</p> <p><b>"FASTHUGS" Ward Round Checklist</b></p> <p>Feeding <i>IN / PN / Neither</i>                      Analgesia <i>Assessed: IN / N</i></p> <p><b>Current Issues:</b>  <i>#1 D3 post CABG d. A</i></p>

Welcome, VASM Test

Royal Australasian College of Surgeons  
**Victorian Audit of Surgical Mortality**

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**Second Line Assessment**  
 Study Number 77273

Specialty: Cardiothoracic Surgery      Sex: Male      Age: 73  
 Patient DOB: 02/06/1938      Date of Death: 17/07/2011      Admission Date: 04/07/2011

---

**4 Assessor's view (before any surgery) of overall risk of death**

Minimal   
  Small   
  Moderate   
  Considerable  
 Expected

---

**5 Was this patient treated in a critical care unit (ICU or HDU) during this admission?**

Yes   
  No

---

**6 Was the decision on the use of DVT prophylaxis appropriate?**

Yes   
  No   
  Unknown

---

**7 Was fluid balance an issue in this case?**

Yes   
  No   
  Unknown

# Surgical Case Form

## Patient management

23 If an operation occurred, do you consider management could have been improved in the following areas?

### Pre-operative management/preparation

Yes  No  N/A

### Decision to operate at all

Yes  No  N/A

### Choice of operation

Yes  No  N/A

### Timing of operation (too late, too soon, wrong time of day)

Yes  No  N/A

### Intra-operative/technical management of surgery

Yes  No  N/A

### Grade/experience of surgeon deciding

Yes  No  N/A

### Grade/experience of surgeon operating

Yes  No  N/A

### Post-operative care

Yes  No  N/A



## Second Line Assessment

Study Number 77273

Specialty: Cardiothoracic Surgery

Sex: Male

Age: 73

Patient DOB: 02/06/1938

Date of Death: 17/07/2011

Admission Date: 04/07/2011

Actions ▾

Validate Form

Save ▾

Submit

## Clinical Management

8 If an operation occurred, do you consider management could have been improved in the following areas?

### Pre-operative management/preparation

Yes  No  N/A

### Decision to operate at all

Yes  No  N/A

### Choice of operation

Yes  No  N/A

### Timing of operation (too late, too soon, wrong time of day)

Yes  No  N/A

### Intra-operative/technical management of surgery

Yes  No  N/A



# Surgical Case Form

## Patient management

24a

An area for **CONSIDERATION** is where the clinician believes areas of care **COULD** have been **IMPROVED** or **DIFFERENT**, but recognises that it may be an area of debate.

An area of **CONCERN** is where the clinician believes that areas of care **SHOULD** have been better.

An **ADVERSE EVENT** is an unintended injury caused by medical management rather than by a disease process, which is sufficiently serious to lead to prolonged hospitalisation or to temporary or permanent impairment or disability of the patient at the time of discharge, or which contributes to or causes death.

Were there any areas for **CONSIDERATION**, of **CONCERN** or **ADVERSE EVENTS** in the management of the patient? Please list in order of significance.

Yes  No



### Second Line Assessment

Study Number 77273

Specialty: Cardiothoracic Surgery

Sex: Male

Age: 73

Patient DOB: 02/06/1938

Date of Death: 17/07/2011

Admission Date: 04/07/2011

Actions ▾

Validate Form

Save ▾

Submit

9a

**Definition:** An area for **CONSIDERATION** is where the clinician believes areas of care **COULD** have been **IMPROVED** or **DIFFERENT**, but recognises that it may be an area of debate.

An area of **CONCERN** is where the clinician believes that areas of care **SHOULD** have been better.

An **ADVERSE EVENT** is an unintended injury caused by medical management rather than by a disease process, which is sufficiently serious to lead to prolonged hospitalisation or to temporary or permanent impairment or disability of the patient at the time of discharge, or which contributes to or causes death.

Were there any areas for **CONSIDERATION**, of **CONCERN** or **ADVERSE EVENTS** in the management of the patient? Please list in order of significance.

Yes  No





# Also refer to the medical notes

108. Clinical Pathway Cardiac

Activities	Day of operation		Initials		
	Date	Day	AM	PM	NO
Assessments					
Investigations					
Medications					
Observations					
Goal:					

## Second Line Assessment

Study Number 77273

Specialty: Cardiothoracic Surgery

Sex: Male

Age: 73

Patient DOB: 02/06/1938

Date of Death: 17/07/2011

Admission Date: 04/07/2011

Actions Validate Form Save Submit

9a

**Definition: An area for CONSIDERATION is where the clinician believes areas of care COULD have been IMPROVED or DIFFERENT, but recognises that it may be an area of debate. An area of CONCERN is where the clinician believes that areas of care SHOULD have been better. An ADVERSE EVENT is an unintended injury caused by medical management rather than by a disease process, which is sufficiently serious to lead to prolonged hospitalisation or to temporary or permanent impairment or disability of the patient at the time of discharge, or which contributes to or causes death. Were there any areas for CONSIDERATION, of CONCERN or ADVERSE EVENTS in the management of the patient? Please list in order of significance.**

Yes  No



# Surgical Case Form

## Admission details

9

Please describe the patient's course to death. In framing your answer, please consider the following questions:

- Why was the patient admitted?
- Was this patient transferred to your hospital?
- What was the possible diagnosis?
- What clinical investigations took place?
- What was the preoperative course?
- What was the intraoperative course?
- What was the postoperative course?
- What was the cause of death?

Please avoid using identifiable information.

Patient had long history of angina and been investigated with prior angiograms.

Welcome, VASM Test

Royal Australasian College of Surgeons  
Victorian Audit of Surgical Mortality

### Second Line Assessment

Study Number 77273

Specialty: Cardiothoracic Surgery      Sex: Male      Age: 73  
Patient DOB: 02/06/1938      Date of Death: 17/07/2011      Admission Date: 04/07/2011

Actions    Validate Form    Save    Submit

10 Do you consider this to be a preventable death?

Definitely     Probably     Probably not     Definitely not  
 Unknown

**⚠ 'Do you consider this to be a preventable death?' is required**

11 Was the outcome avoidable?

Yes     No

Was the outcome expected?

Yes     No



# Surgical Case Form

## Additional comments

27 **Was the outcome avoidable?**

Yes  No

**Was the outcome expected?**

Yes  No

28 **Additional comments**

Rest in peace Tony Stark.



## Second Line Assessment

Study Number 77273

Specialty: Cardiothoracic Surgery

Sex: Male

Age: 73

Patient DOB: 02/06/1938

Date of Death: 17/07/2011

Admission Date: 04/07/2011

Actions ▾

Validate Form

Save ▾

Submit

10 **Do you consider this to be a preventable death?**

Definitely  Probably  Probably not  Definitely not  
 Unknown

 'Do you consider this to be a preventable death?' is required

11 **Was the outcome avoidable?**

Yes  No

**Was the outcome expected?**

Yes  No



# Second-Line Assessment Form

– User Guide

<https://www.surgeons.org/-/media/Project/RACS/surgeons.org/files/surgical-mortality-audits/2023-07-27-ANZASM-Assessment-Guidelines.pdf>

Assessor Feedback

**Assessor Feedback**  
Please copy your assessor report here

(For demonstration purposes only)

The patient was a 73 year old man who underwent inpatient CABG x 2 and AVR for coronary artery disease and concomitant moderate aortic stenosis. Significant co-morbidities included end-stage renal failure secondary to diabetic nephropathy on peritoneal dialysis, known diffuse CAD, Type 2 OM on insulin, hypertension. He presented with increasing angina and repeat coronary angiography demonstrated triple vessel disease that was stable however there was no good PCI targets. He underwent his surgery at increased risk due to his co-morbidities, the major one being dialysis-dependant ESRF.

The surgery seemed to be uncomplicated, reading the operation report there did not seem to be any intra-operative issue to mention. The X-clamp and bypass times were not available in the report, however in the anaesthetic record the times did not seem



For demonstration purposes only

## Prepare a report

- Review using case documents (medical case note records and online surgical case form / pdf copy)
- Use the guideline

VASM 77273 Second Line Assessment Report

The patient was a 73 year old man who underwent inpatient CABG x 2 and AVR for coronary artery disease and concomitant moderate aortic stenosis. Significant co-morbidities included end-stage renal failure secondary to diabetic nephropathy on peritoneal dialysis, known diffuse CAD, Type 2 OM on insulin, hypertension.

He presented with increasing angina and repeat coronary angiography demonstrated triple vessel disease that was stable however there was no good PCI targets. He underwent his surgery at increased risk due to his co-morbidities, the major one being dialysis-dependant ESRF.

The surgery seemed to be uncomplicated, reading the operation report there did not seem to be any intra-operative issue to mention. The X-clamp and bypass times were not available in the report, however in the anaesthetic record the times did not seem excessive. The patient came off bypass on low dose noradrenaline infusion (according to anaesthetic chart) which slowly increased to

7mcg/kg/min. from the ICU charts (poorly photocopied) however the NA seemed to increase substantially and remained at high doses throughout the postoperative period, the patient remained profoundly vasoplegic, initially with preserved LV function but this deteriorated towards the end of the ICU stay, culminating in multiorgan failure and eventually death.

From the provided documentation, I do not have any major issues with the management of this case, only to mention that the patient had known stable CAD and moderate aortic stenosis, was there a need to operate at all? I am aware he had significant angina but was medical management maximised? This would be a tricky balance given his co-morbidities and with the value of hindsight this question can be asked but given he was forwarded for high-risk surgery the none must assume the decision to operate was carefully considered.



# Submission

- Recommend you click on SAVE to ensure your review is saved online.
- When you are finished, hit the Submit button.
- The form will be received and processed by the regional office.
- A thank you email will be sent to you to acknowledge receipt.

ortality

Welcome, VASM Test

Sex: Male

Age: 73

Date of Death: 17/07/2011

Admission Date: 01/07/2011

Actions ▾ Validate Form Save ▾ Submit



# Example of Feedback letter

## ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Patron: H.R.H. The Prince of Wales



### Victorian Audit of Surgical Mortality

15-02-2024

**DATA FOR  
DEMONSTRATION ONLY**

**COPY**

Study ID: 77273

Dear

Patient name	UMRN	DOB	Date of death
Tony Stark (fake name)		02-06-1938	17-07-2011

#### Hospital:

**Confirmed Diagnosis** Coronary artery disease + Moderate Aortic Stenosis

**Stated Cause of death** Vasoplegia, Multiorgan failure

**Operation 12/07/2011** Aortic valve replacement 25 mm pericardial tissue valve  
CABG x2 SVG-PDA, SVG-OM

The above-named patient died whilst under your care. A peer review assessment has been completed. The assessor has indicated no perceived issues in the management of the case. Please find the assessor's report attached.

We hope that you will find these comments educational. If you believe the assessment is unfair you can request a further assessment for this case.

We thank you for your continued involvement in the Victorian Audit of Surgical Mortality (VASM).

Yours sincerely,

xxx, FRACS  
Clinical Director



## Reference:

1. <https://www.surgeons.org/research-audit/surgical-mortality-audits/fellows-interface>
2. <https://asm.surgeons.org/Home>
3. <https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/surgical-mortality-audits/2023-07-27-ANZASM-Assessment-Guidelines.pdf>
4. <https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/surgical-mortality-audits/ANZASM-Fellows-Interface-Userguide.pdf>
5. [Clinical events reported by surgeons assessing their peers](#)
6. [Clinical management issues vary by specialty in the Victorian Audit of Surgical Mortality: a retrospective observational study](#)



## Acknowledgements:

- Treating Surgeons
- First and Second Line Assessors
- Hospitals – Medical Records
- VASM Regional Office
- VASM Management Committee





**Any questions?**

