Division:	**Fellowship Engagement**	**Ref. No.**	**TOR-3019**
Department:	**Fellowship Services**		
Title:	**Sections**		

1. PURPOSE AND SCOPE

Sections fulfil an important role within RACS by bringing together interested Fellows wanting to engage with their sub-specialty, or multi-disciplinary and/or cross-specialty interests. Sections seek to foster and maintain the highest standards of excellence in surgical care and be guided by the needs of the patients and communities they serve.

This policy determines the objectives and activities of RACS Sections and includes rules about membership, office bearers, Section Committees and meetings.

2. KEYWORDS

Sections, Interest Groups. Memberships, Fees, Office Bearers, Section Committees, Elections, Meetings, Terms

3. BODY OF POLICY

3.1. Background

Consistent with RACS' vision and mission, Sections are encouraged to foster standards of excellence in surgical training, practice and care; provide opportunities for Section members to share their surgical expertise to address issues and concerns; support Section members by providing information and encouraging engagement; and encourage collaboration with Specialty societies and other forums as applicable.

Membership is open to any financial Fellow, Trainee or Specialist International Medical Graduate (SIMG) on a pathway to Fellowship. In line with the RACS Action Plan: Building Respect, Improving Patient Safety and the Diversity and Inclusion Plan, it is expected that Section Committees will embrace diversity, equity, and inclusion for all groups represented in the community.

3.2. RACS Sections

These Terms of Reference govern the following Sections (refer to Clause 3.11 for Section Objectives):

Sub-Specialty Sections

3.2.1. Colon and Rectal Surgery Section

3.2.2. Endocrine Surgery Section

3.2.3. Surgical Oncology Section

3.2.4. Transplant Surgery Section

3.2.5. Upper GI, HPB and Obesity Surgery Section

Multi-Disciplinary Sections

3.2.6. Medico Legal Section

3.2.7. Military Surgery Section

3.2.8. Pain Medicine and Surgery Section

3.2.9. Rural Surgery Section

3.2.10. Senior Surgeons Section

3.2.11. Surgical Directors Section

3.2.12. Women in Surgery Section

3.2.13. History, Heritage and Archives Section

3.3. Section Membership and Fees

3.3.1 Any Fellow, Trainee or SIMG on a pathway to Fellowship may self-nominate to membership of any RACS Section if they consider they can make a relevant contribution to the role of the Section.

3.3.2 Costs of membership of Sections are covered by RACS subscriptions. Costs for specific activities (courses, workshops etc) are not covered by RACS subscriptions.

3.4. Office Bearers and the Section Committee

3.4.1. The Section Committee will consist of a Chair, Deputy Chair and five Committee members.

3.4.2. In the case of the Rural Surgery Section, the Section Committee will consist of a Chair, Deputy Chair and eight Committee members to include a representative from each state and territory of Australia and both islands of Aotearoa New Zealand.

3.4.3. The History, Heritage and Archives Committee will consist of a Chair, Deputy Chair and five Committee members. At least one Younger Fellow and the Convenor of the Cowlishaw Symposium are to be co-opted if not already members of the committee.

3.4.4. The Section Committee shall be elected for a period of three years (via email or other electronic means) by the Section members prior to the Section Annual Business Meeting (ABM) held at the Annual Scientific Congress (ASC).

3.4.5. The Section Committee will have the power to invite additional members to assist with activities of the Section Committee. Invited members to the Committee who are Fellows, Trainees or SIMGs on a pathway to Fellowship, will enjoy full voting rights including voting for and being elected to officer bearer positions. Invited members to the Committee will be appointed for three years in line with Section elections, or until the specific task is completed.

3.4.6. Any Member may nominate any other member to fill any vacancy.

3.4.7. In line with the RACS Action Plan: Building Respect, Improving Patient Safety and the Diversity and Inclusion Plan, RACS recognises the benefits of diversity and inclusion on Committees. Committees may choose to co-opt for diversity by including gender, geography, rurality, and ethnicity, amongst

other diversity groups.

3.5. Elections

3.5.1. The Secretariat shall send to all Section members (via email or other electronic means) a call for nominations for the seven positions available (Chair, Deputy Chair, and five Committee members), prior to the date fixed for the Section ABM.

3.5.2. In the case of the Rural Surgery Section, the Secretariat shall send to all Section members (via email or other electronic means) a call for nominations for the ten positions available (Chair, Deputy Chair, and eight Committee members), prior to the date fixed for the Section ABM.

3.5.3. Nominees must accept or provide their nomination in writing (via email or other electronic means) and be seconded by a Section member in writing (via email or other electronic means). All completed nominations must be provided to the Secretariat by no later than 5pm AEST/AEDT on the closing date prior to the Section ABM.

3.5.4. Should there be more than seven nominations in total for the Committee for the seven positions available then an election (via email or other electronic means) is required.

3.5.5. In an election, the Secretariat shall send to all Section members (via email or other electronic means) a ballot paper prior to the Section ABM.

3.5.6. In the event of two or more candidates receiving an equal number of votes then priority in election between such candidates is determined as follows:

a. A Committee member whose term has expired shall be deemed to have received more votes than a candidate who is not on the Committee.

b. A Committee member whose term has expired and has served on the Committee for a longer continuous period, shall be deemed to have received more votes than another Committee member whose term is expiring.

c. A Committee member whose term is expiring, and who has been a Fellow, Trainee or SIMG of RACS for a longer continuous period, shall be deemed to have more votes than another Committee member whose term is expiring and has serviced the same continuous period on the Section Committee.

d. A Fellow, Trainee or SIMG of RACS for a longer continuous period shall be deemed to have received more votes than another where neither is a Committee member whose term is expiring.

e. Should priority in election not be able to be determined using the provisions above it will be determined by lot.

3.5.7. The Secretariat shall send to all Section members (via email or other electronic means) prior to the Section ABM the names of those elected to the Committee, along with the proposed agenda for that meeting.

3.5.8. At the Section ABM the new Committee shall elect a Chair and Deputy Chair. This may also be done prior to the ASC by email agreement amongst Committee members.

3.5.9. Each member of the Committee will be elected for a term of three years and shall be eligible for election for two further periods of three years to a maximum of nine years.

3.6. Section Meetings

3.6.1. The Section shall hold an ABM once a year, preferably aligned with the ASC. Four members shall constitute a quorum; and in the event of a tie the Chair will have a casting vote.

3.6.2. Scientific meetings of the Section will be held during the ASC, but not necessarily at every ASC.

3.6.3. At an ASC, when a scientific meeting of the Section is not being held, the Section ABM may be deferred until the time of the next scientific meeting of the Section.

3.6.4. Notwithstanding the above, any five Section members on two months' notice may demand that a Section ABM take place at the RACS ASC in the absence of the scientific meeting of the Section.

3.6.5. Members will receive notice of Section ABM and Section Committee meetings two weeks in advance and agenda/papers (via email or other electronic means) one week in advance.

3.7. Governance of RACS Sections

3.7.1 Each RACS Section will be governed by a Committee comprising Fellows, Trainees or SIMGs on a pathway to Fellowship, who have an interest in any aspect of the Section.

3.7.2 The Committee shall meet by teleconference (a maximum of three per year). Four members shall constitute a quorum; and in the event of a tie, the Chair will have a casting vote.

3.7.3 The Rural Surgery Section has provision for a face-to-face Committee meeting subject to budgetary approval by Council.

3.7.4 As outlined in the Terms of Reference for the Fellowship Services Committee (TOR-3013), Sections report through the Fellowship Services Committee to the Professional Standards Fellowship Services Committee.

3.7.4.1 The following Committees/Sections are required to report quarterly to the Fellowship Services Committee:

a. Medico Legal Section

b. Pain Medicine and Surgery Section

c. Rural Surgery Section

d. Senior Surgeons Section

e. Surgical Directors Section

f. Women in Surgery Section

3.7.4.2 The following Committees/Sections report annually to the Fellowship Services Committee:

a. Colon and Rectal Surgery Section

b. Endocrine Surgery Section

c. Military Surgery Section

d. History, Heritage and Archives Section

e. Surgical Oncology Section

f. Transplant Surgery Section

g. Upper Gastrointestinal, Hepatopancreatobiliary and Obesity Surgery Section

3.7.4.3. The Chairs of the following Committees/Sections are required to join the Fellowship Services Committee as members:

a. Medico Legal Section

b. Pain Medicine and Surgery Section

c. Rural Surgery Section

d. Senior Surgeons Section

e. Surgical Directors Section

f. Women in Surgery Section

3.8. Creation of a New Section

3.8.1. If a group of Fellows, Trainees or SIMGs on a pathway to Fellowship perceives the need for a new Section, application may be made through the Fellowship Services Committee and Professional Standards Fellowship Services Committee.

3.8.2. Sections should represent a large enough group whose requirements are not met by current groups within RACS, and not duplicate existing committees or societies. Such Sections should be of sufficient interest or importance that the costs of the section are warranted.

3.9. Section Surgical Funds

3.9.1. Sections may have surgical funds, which are held by RACS. Any funds lodged with RACS are “pooled” with other funds of RACS and invested with the intention of achieving a satisfactory investment return.

3.9.2. All Section Surgical Fund Financial Reports are produced by Finance on a quarterly basis and at year end, detailing expenditure and revenue.

3.9.3. All Section Secretariats may distribute the Surgical Fund Financial Reports.

3.10. General Scope of RACS Sections

3.10.1. Surgical Education and Training

The Section may have a role in advising the Board of Surgical Education and Training, via the relevant specialty training board, about elements of the curriculum and the standard of the provision of education and training, based on the RACS competencies for their sub-specialty or interests.

3.10.2 Post-Fellowship Training

The Section may have a role in advising the Education Board on elements of the curriculum and the standard of the provision of Post-Fellowship training, based on the RACS competencies for their sub-specialty or interests.

3.10.3 Surgical standards and practice

The Section may advise the Professional Standards Committee or Professional Development Committee on matters relating to surgical standards or practice, and/or policies and position statements on issues related to their area of interest.

The Section may have also have a role in promoting professional development and support services to members, which contribute to the provision of quality surgical care for the patients and communities they serve.

3.10.4. RACS Annual Scientific Congress (ASC) and Scientific Meetings

The Section shall cooperate with the organiser of the ASC to prepare and coordinate the Section scientific program at the ASC.

Many Sections attract RACS visitor funding for an educational program at the ASC. RACS visitor funding is determined by the ASC Coordinator.

Other scientific meetings may be held from time to time if there is a Council approved budget for this purpose and as decided by the Section Committee.

3.11. Section Objectives

Sub-Specialty Sections

3.11.1. Colon and Rectal Surgery Section

a. Role of RACS Section in Post-Fellowship Training

The Section has equal representation with the Colorectal Surgical Society of Australia and New Zealand (CSSANZ) on the Training Board in Colon and Rectal Surgery (TBCRS).

b. To promote research and understanding into the diagnosis and treatment of colon and rectal disease.

c. To foster excellence in the practice of colon and rectal surgery in Australia and Aotearoa New Zealand.

d. The Section convenes the Annual Sydney Colorectal Surgical meeting.

e. The Section co-convenes (with the CSSANZ) the Colorectal Spring CME meeting.

f. The Section co-convenes (with the CSSANZ) the Colorectal Tripartite meeting held in Australia.

g. The Section oversees the Mark Killingback Prize - Colon and Rectal Surgery Section.

h. The Section oversees the Colorectal Research Prizes – RACS General Surgery SET Trainees.

3.11.2. **Endocrine Surgery Section**

a. To foster and maintain the highest standards of care in Endocrine Surgery.

b. To promote research into the understanding of normal and disordered function and management of the endocrine system.

3.11.3. **Surgical Oncology Section**

a. Provide a forum for the presentation of, consultation in regards to and discussion of matters relating to the management of cancer for all fellows of RACS

b. Representation for RACS in broad issues related to cancer to external groups including governments and related organisations

c. Report to RACS Council on issues affecting fellows managing cancer

d. To develop and oversee the RACS ASC Section programmes

e. To provide a collaborative environment to facilitate training in surgical oncology.

f. To support education initiatives that relate to surgical oncology.

g. To provide support for surgical oncology research wherever possible through communication and relationship building

h. Be aware of research opportunities and ways to facilitate internal and external collaborations

i. Advocate for better data – uniformity in reporting of pathology, interventions and outcomes.

j. To advocate for our patients, our fellows, our colleagues and our community

3.11.4. **Transplant Surgery Section**

a. To participate in workforce assessments to ensure the workforce for Transplant Surgery in Australia and Aotearoa New Zealand is adequate.

b. To promote professional and community awareness and acceptance of organ and tissue donation for transplantation.

c. To promote research in the basic and clinical sciences related to transplantation.

3.11.5. Upper GI, HPB and Obesity Surgery Section

a. To foster and maintain a high standard of care in the surgery of the Upper Gastrointestinal tract and Hepato-Pancreato-Biliary system and in the surgical management of Obesity.

b. To promote research in the understanding of normal and disordered function, plus management of the Upper Gastrointestinal tract and Hepato-Pancreato-Biliary system, encompassing the oesophagus, stomach, small intestine, liver, biliary tract and pancreas.

c. Section Role in liaison with specialty societies. An important role of the Section is to be the unifying entity for the 3 divisions of surgery of the foregut.

Multi-Disciplinary Sections

3.11.6. Medico Legal Section

a. Promote an understanding of the many intersections of law with surgery and medicine.

b. Identify, develop and promote appropriate educational and scientific programs relevant to medico legal subjects, for use by the College and its Sections, Committees, specialties and Fellowship.

c. Develop and promote standards in relation to third-party reports, including independent medical examinations for medicolegal purposes, by engaging across the College and with appropriate external stakeholders.

3.11.7. Military Surgery Section

a. To promote the study of all aspects of military surgery, to foster interest in the significance of present and past surgical and anaesthetic practice in this field, and to encourage interest in the care of the injured on Service.

b. To maintain a close association with the History, Heritage and Archives Section, to ensure that the historical material of the RACS in this field is used to the best advantage of all Fellows.

c. Promote and encourage Fellows and Trainees to enlist in the Defence Forces of our two countries, to provide the surgical component of our Defence Force Health elements with the objective of supplying high quality surgical care to the personnel in our Defence Forces.

d. To develop productive relationships with all surgical specialties, particularly in relation to Trauma Surgery and surgical outreach.

e. To foster universal support to the veteran communities of Aotearoa New Zealand and Australia with an emphasis on surgery.

3.11.8. **Pain Medicine and Surgery Section**

a. To foster and maintain the highest standards of care in pain medicine and encourage the knowledge and management of pain as an essential component of surgical care. This may include:

i. Developing and maintaining guidelines for surgeons in peri-operative pain management, encouraging surgeons to take the lead and consider a holistic approach to pain management.

ii. Developing relationships and collaborating with service providers, the Faculty of Pain Medicine and the Royal Australian College of General Practitioners.

iii. Developing and guiding the education and training of pre-SET and SET trainees in pain management and surgery.

3.11.9. **Rural Surgery Section**

a. To foster excellence and equity in the practice of rural surgery in Australia and Aotearoa New Zealand.

b. To ensure the provision of quality surgical care to the populations of regional, rural and remote areas of Australia and Aotearoa New Zealand.

c. To advise RACS on the scope and nature of surgical practice in regional, rural and remote Australia and Aotearoa New Zealand.

d. To advise and assist RACS with workforce issues relating to the provision of surgical services including recruitment, retention, training and support for surgeons working in regional, rural and remote Australia and Aotearoa New Zealand.

e. To promote and co-ordinate Continuing Professional Development programs for rural surgeons in association with the State and Territory Committees, the ASC, the Professional Standards and Fellowship Services Committee, and surgical specialty societies and associations, including the Provincial Surgeons of Australia, General Surgeons Australia and the New Zealand Association of General Surgeons.

f. To oversee maintenance of data (by staff) on the budgets and progress of externally funded rural projects.

g. To consider incentives to attract Younger Fellows to geographical areas of particular need.

h. To recommend to the Fellowship Services Committee which

funding bodies the RACS should liaise with to maximise the number of hospital training places suitable for SET Trainees in regional, rural and remote areas.

i. To develop and govern the plan for the Rural Surgery Section, and to ensure that the plan is consistent with the RACS Strategic Plan.

j. To have responsibility for the nomination of rural surgeon representation to the following forums:

The Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy
Surgical Gastrointestinal Endoscopy Committee General Surgeons Australia (GSA)
Training Board of General Surgery
Regional Committees
Other relevant internal and external bodies, committees and associations as needed.

k. To refer any matters arising from individual enquiries related to industrial, regulatory and employment relations to the relevant internal and external bodies and committees.

3.11.10. Senior Surgeons Section

a. Apply senior surgeons' significant depth of knowledge about surgical performance, professionalism and patient safety to all areas of RACS activity including education, training, surgical standards and global health.

b. Provide leadership and support for RACS strategies which promote systems and culture within surgery supporting diversity and inclusion, greater equity and safer workplaces.

c. Encourage RACS initiatives which promote a shared responsibility for the physical, mental, emotional, social and occupational wellbeing of surgeons.

d. Encourage and promote the senior surgeon's commitment to lifelong learning and professional development in both technical and non-technical RACS competencies, including leadership and management, health advocacy, and scholarship and teaching.

e. Advocate on behalf of senior surgeons by being actively involved in RACS discussions, policy positions and government submissions related to senior surgeons and issues of ageing, performance and transition to retirement.

f. Provide senior surgeons, including those who are retired, semi-retired or contemplating retirement, with planning resources about retirement, addressing physical, financial, and psychological implications

3.11.11. Surgical Directors Section

a. To develop and influence the education and training of Surgical Directors and/or Directors of Surgery in leadership and management roles.

b. To promote the Building Respect and Improving Patient Safety initiative within institutions and encourage leaders to demonstrate and champion professional behaviours

c. To develop, review and support policies and position statements, on issues that affect Surgical Directors in leadership and management roles.

d. To foster research in health services and in the education and training of Surgical Directors.

e. To serve as a reservoir of issues in management and possible solutions, plus benchmark measures those members might access for assistance.

f. To promote and coordinate continuing professional development activities, mentoring and networking opportunities for Surgical Directors in leadership and management roles.

g. To promote RACS educational activities to the Fellowship.

h. To advise RACS on the scope and nature of Surgical Directors' needs for professional development services in Australia and Aotearoa New Zealand.

i. To advise and assist RACS with workforce issues relating to the provision of Surgical Directors including recruitment, retention, training and support for Surgical Directors working in Australia and Aotearoa New Zealand.

j. To assist in promotion and facilitation of the essential components of quality surgical services and treatment including:

- Maintenance of professional standards
- Continuous quality improvement and audit of outcomes
- Peer review
- Ongoing training
- Advocacy for safe and appropriate working hours for surgeons caring for the acute or injured patient to reflect best practice in the international standard of surgical care
- Research activities
- Education and training facilities
- Accreditation of hospitals for surgical training
- Advocacy for standards of service delivery
- Advocacy for sustainable surgical practice

- Advocacy for surgeon wellbeing

k. To advise RACS on responses and recommendations that relate to the leadership and management competencies for Surgical Directors requested by external organisations.

l. To promote on behalf of RACS, the role of Surgical Directors in hospital and health services management.

3.11.12. Women in Surgery Section

a. To encourage women (medical students and young doctors) to pursue a surgical career.

b. To identify and develop mechanisms to remove barriers to surgical training for women.

c. To draw on the strengths of women in surgery to enhance surgical standards.

d. To identify any negative gender discriminatory aspect of RACS business and recommend solutions.

e. To identify and draw to the attention of Council the advantages of gender inclusive RACS policies and programs.

f. To advocate that women be actively sought for representation on RACS decision making bodies.

g. To promote and identify leadership training for women in surgery. Thus, enhancing their capacity to take leadership and active roles in RACS decision making.

h. To advocate with government and non-government organisations to implement guidelines on participation of women in the surgical workforce.

i. To ensure adequate resources for women in surgical training are provided by liaison with RACS Council, its various committees, and Health departments in Australia and Aotearoa New Zealand.

j. To develop and support flexible surgical training opportunities in SET, including part time training, and job sharing for all trainees.

k. To advocate for appropriate “work life balance” for the benefit of all trainees.

l. To develop mentoring programs including networks of surgeons for mentoring and support for medical students, trainees and young surgeons.

3.11.13 History, Heritage and Archives Section

a. To advise Council on issues pertaining to the collections of historical and heritage items.

b. To ensure Council is advised on all matters relating to the College Museum, Archives and Collection. This includes significant historical events such as the centenary of the College.

c. To oversee the development policy for managing those tangible and intangible assets of the College that have heritage or historical value.

d. To oversee the ongoing accreditation of the College Museum.

e. To promote the broad study of the history of surgery, to foster interest in the social significance of present and past surgical practice, to prioritise areas of strategic importance and to encourage research in these fields.

f. To provide advice relating to matters pertaining to historical aspects of Surgical History, including the nomination of lecturers in this field and on the use of the College archives or contributing to objectives related to activities and exhibits of the Museum.

g. To oversee the organisation and conduct of the Cowlishaw Symposium. The symposium is a prestigious event, held every two years. It includes the Kenneth Fitzpatrick Russell Memorial Lecture and the presentation of papers based on texts in the Cowlishaw Collection of rare and historic medical books.

4. ALTERATIONS TO THE SECTIONS TERMS OF REFERENCE

Any alterations to this Policy are subject to the approval of RACS Council through the Fellowship Services Committee and the Professional Standards Fellowship Services Committee.

5. ASSOCIATED DOCUMENTS

Annual Scientific Congress (ASC) Management Policy - Policy

Approval of Post Fellowship Training Programs - Policy

College Coat of Arms - Policy

Colon and Rectal Surgery Section Scientific Meetings Finance Procedures – Procedure

Colorectal Tripartite Meeting Organising Committee – Document

Fellowship Services Committee - Terms of Reference TOR-3013

Investments - Distribution of Investment Income - Policy

Investments - Distribution of Investment Income - Procedure

Mark Killingback Prize - Colon and Rectal Surgery Section - Policy

Mark Killingback Prize - Colon and Rectal Surgery Section – Procedure

Colorectal Research Prizes – RACS General Surgery SET Trainees – Policy

Colorectal Research Prizes – RACS General Surgery SET Trainees - Procedure

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Memorandum of Understanding RACS Conferences and Events Management and Fellowship Services Department - Combined Australia and New Zealand Colorectal Surgical Meetings - (Colorectal Spring CME and Sydney Colorectal Surgical Meeting) – Contracts

NZAGS and GSA SET Trainees Colorectal Research Prizes - Policy

NZAGS and GSA SET Trainees Colorectal Research Prizes - Procedure

Rural Surgeons Award - Policy

Rural Surgery Section (RSS) Committee face to face meeting - Procedure

Section Elections Checklist

Section Elections Call for Nominations Form

Section Elections Ballot Paper Form

Travel and Accommodation - Policy

Approver Professional Standards Fellowship Services Committee
Authoriser Council