

<b>Portfolio:</b>	<b>Education and Training Administration</b>	<b>Ref. No.</b>	<b>TOR-2005</b>
<b>Team</b>	<b>Surgical Training</b>		
<b>Title:</b>	<b>Board of Neurosurgery</b>		

## 1. PURPOSE AND SCOPE

The Royal Australasian College of Surgeons (RACS) and the Neurosurgical Society of Australasia (NSA) have established a Specialty Training Board (the Board) for the conduct and oversight of the Surgical Education and Training Program in Neurosurgery (the Specialty Training Program). The purpose of this policy is to define the Terms of Reference for the Board.

## 2. KEYWORDS

Responsibilities, Composition, Powers, Quorum, Governance

## 3. BODY OF POLICY

### 3.1. Composition

- 3.1.1. The Board shall consist of the following members:
- a. An elected Board Chair;
  - b. Nine elected members including at least one from Aotearoa New Zealand and no more than two from any individual state or territory of Australia based on the principal place of practice;
  - c. An elected trainee representative;
  - d. The President of the NSA or nominee ex-officio;
  - e. The Senior Examiner in Neurosurgery ex-officio;
  - f. The Chair of the NSA Examinations Committee ex-officio;
  - g. The RACS Specialty Elected Councillor for Neurosurgery ex-officio;
  - h. A Community Member Co-opted;
  - i. An appointed younger Fellows representative if there is no member satisfying the eligibility criteria appointed or elected by an alternate clause;
  - j. An appointed rural neurosurgeon representative if there is no member satisfying the eligibility criteria appointed or elected by an alternate clause.
- 3.1.2. The RACS and NSA recognises that there are positive benefits from diverse membership. The Board may co-opt additional members to improve board diversity, particularly in relation to gender, ethnicity, medical education qualifications and geography.
- 3.1.3. The RACS President, Censor in Chief and Chief Executive Officer or nominee may attend any meeting of the Board.
- 3.1.4. The staff of the NSA may attend any meeting of the Board.
- 3.1.5. Others may attend any meeting with the permission of the Chair.

### 3.2. Eligibility

- 3.2.1. To be eligible for election to the Board Chair position, the nominee must:
- a. hold an existing elected position on the Board, with the exception of the trainee representative position;
  - b. be a Fellow of the RACS currently practising in Neurosurgery;

<b>Portfolio:</b>	<b>Education and Training Administration</b>	<b>Ref. No.</b>	<b>TOR-2005</b>
<b>Team</b>	<b>Surgical Training</b>		
<b>Title:</b>	<b>Board of Neurosurgery</b>		

- c. be a full member of the NSA;
  - d. satisfy the mandatory training requirements in clause 3.2.7;
  - e. have an appointment at an institution accredited for the Specialty Training Program;
  - f. not have any RACS level 2 and 3 sanctions (including ongoing restrictions);
  - g. meet the compliance requirements for RACS Continuing Professional Development Program; and
  - h. have no conditions or restrictions attached to their medical registration.
- 3.2.2. To be eligible for other elected positions, with the exception of the trainee representative position, the nominee must:
- a. be a Fellow of the RACS currently practising in Neurosurgery;
  - b. be a full member of the NSA;
  - c. satisfy the mandatory training requirements in clause 3.2.7;
  - d. have an appointment at an institution accredited for the Specialty Training Program;
  - e. not have any RACS level 2 and 3 sanctions (including ongoing restrictions);
  - f. meet the compliance requirements for RACS Continuing Professional Development Program; and
  - g. have no conditions or restrictions attached to their medical registration.
- 3.2.3. To be eligible for election to the trainee representative position the nominee must:
- a. be an active trainee in the Specialty Training Program;
  - b. be a member of the NSA;
  - c. not have had an Unsatisfactory Performance Notice.
- 3.2.4. To be eligible for appointment to the younger Fellow representative position the nominee must:
- a. be a Fellow of the RACS currently practising in Neurosurgery;
  - b. have obtained their RACS Fellowship in Neurosurgery within the last 10 years;
  - c. be a full or provisional member of the NSA;
  - d. satisfy the mandatory training requirements in clause 3.2.7;
  - e. have an appointment at an institution accredited for the Specialty Training Program;
  - f. not have any RACS level 2 and 3 sanctions (including ongoing restrictions);

<b>Portfolio:</b>	<b>Education and Training Administration</b>	<b>Ref. No.</b>	<b>TOR-2005</b>
<b>Team</b>	<b>Surgical Training</b>		
<b>Title:</b>	<b>Board of Neurosurgery</b>		

- g. meet the compliance requirements for RACS Continuing Professional Development Program; and
  - h. have no conditions or restrictions attached to their medical registration.
- 3.2.5. To be eligible for appointment to the rural neurosurgeon representative position the nominee must:
- a. be a Fellow of the RACS currently practising in Neurosurgery;
  - b. be a full or provisional member of the NSA;
  - c. have an appointment as a neurosurgeon in a rural, regional or provincial institution, or satisfy the RACS definition of a Rural Focused Urban Specialist being a neurosurgeon who provides services to rural, regional and provincial colleagues and patients such as outreach/telehealth, clinics and patient transfers to urban institutions;
  - d. satisfy the mandatory training requirements in clause 3.2.7;
  - e. not have any RACS level 2 and 3 sanctions (including ongoing restrictions);
  - f. meet the compliance requirements for RACS Continuing Professional Development Program; and
  - g. have no conditions or restrictions attached to their medical registration.
- 3.2.6. To be eligible for appointment to the Community Member position, the nominee must satisfy the requirements and conditions outlined in the RACS Regulation: Engagement of Community Members and Expert Advisors on RACS Committees and Boards.
- 3.2.7. All Board members, except the Community Member and the trainee representative, must complete the following mandatory training as specified in the RACS Building Respect & Improving Patient Safety Action Plan:
- a. training in adult education principles (the Foundation Skills for Surgical Educators course or approved comparable training); and
  - b. advanced training in preventing discrimination, bullying and sexual harassment.
- 3.2.8. Board members must complete the mandatory training in clause 3.2.7 prior to appointment, or within 6 months of appointment for ex-officio positions.
- 3.2.9. Members must satisfy the eligibility criteria for the duration of their term.
- 3.2.10. If there is a change in circumstances and a member no longer satisfies the eligibility criteria, their term on the Board will automatically cease.
- 3.2.11. If a Board member fails to attend three Board meetings either consecutively, or in a single calendar year, their term on the Board will automatically cease unless an exception has been granted by the Board.

<b>Portfolio:</b>	<b>Education and Training Administration</b>	<b>Ref. No.</b>	<b>TOR-2005</b>
<b>Team</b>	<b>Surgical Training</b>		
<b>Title:</b>	<b>Board of Neurosurgery</b>		

### 3.3. Terms

- 3.3.1. The Board Chair shall hold office for up to three years after election and shall be eligible for re-election, subject to a maximum tenure of nine years inclusive of any time served as an elected member.
- 3.3.2. The elected Board positions, with the exception of the trainee representative position, shall hold office for up to three years after election and shall be eligible for re-election, subject to a maximum tenure of nine years inclusive of any time served as Board Chair.
- 3.3.3. The trainee representative shall hold office for one year and shall be eligible for re-election for a further period of one year, subject to a maximum tenure of two years.
- 3.3.4. Members who hold ex-officio positions do so for the term of office of that position.
- 3.3.5. The Community Member shall be appointed for a term of three years. Reappointment may occur by agreement of the Board, NSA and the RACS for a further two terms of three years.
- 3.3.6. Members who hold appointed or co-opted positions do so for the term of office determined by the Board which shall not exceed three years.
- 3.3.7. Members may hold elected and ex-officio positions simultaneously.

### 3.4. Election and Appointment

- 3.4.1. The election of the Board Chair shall be determined by a ballot of the Board members with voting rights (see clause 3.5.1). A majority of the ballots cast is required to elect the Board Chair. If a majority is not attained in any ballot, there shall be additional ballot rounds excluding the candidate with the lowest number of votes each round until a majority is achieved. In the event of an equality of votes when only two candidates remain, the Board Chair at the time of the ballot shall have the casting vote.
- 3.4.2. The determination of other elected Board positions, with the exception of the trainee representative position, shall be determined by a single ballot. In the event of an equality of votes, the Board Chair shall have the casting vote. Those eligible to participate in the ballot process must:
- a. be a Fellow of the RACS currently practising in Neurosurgery; and
  - b. a full member of the NSA.
- 3.4.3. The election of the trainee representative position shall be determined by a single ballot. In the event of an equality of votes, the trainee representative at the time of the ballot shall have the casting vote. Those eligible to participate in the ballot process must:
- a. be a trainee in the Specialty Training Program; and
  - b. a member of the NSA.
- 3.4.4. Appointment to the Community Member position shall be made in accordance with the RACS regulation: Engagement of Community Members and Expert Advisors on RACS Committees and Boards, subject to mutual agreement by the Board, NSA and the RACS.

<b>Portfolio:</b>	<b>Education and Training Administration</b>	<b>Ref. No.</b>	<b>TOR-2005</b>
<b>Team</b>	<b>Surgical Training</b>		
<b>Title:</b>	<b>Board of Neurosurgery</b>		

- 3.4.5. Nominees for other appointed and co-opted positions must be put forward by an existing Board member. The appointment or co-option shall be determined by a single ballot of the Board members with voting rights (see clause 3.5.1). In the event of an equality of votes, the Board Chair shall have the casting vote.

**3.5. Conduct of Meetings**

- 3.5.1. The members of the Board identified in clause 3.1.1 shall have voting rights.
- 3.5.2. A quorum of the Board is any five members with voting rights.
- 3.5.3. All meetings of the Board must have a formal agenda and must be minuted.
- 3.5.4. Decisions will be made by a majority vote of Board members with voting rights participating in the meeting. A resolution must be formally stated and passed.
- 3.5.5. The Board may meet in person, by teleconference or may approve a resolution as a circular resolution, at the discretion of the Board Chair.
- 3.5.6. The Board may make a decision by circular resolution (by email).
- 3.5.7. Circular resolutions:
- a. must be sent to all Board members and all Board members must be given the opportunity to participate in the decision;
  - b. must include a voting deadline;
  - c. must be withdrawn if any Board member request by email before the voting deadline that the matter be dealt with in a meeting rather than by circular resolution;
  - d. must be responded to by email before the voting deadline for the vote to be valid, with all responses retained;
  - e. must have 75% of eligible Board members cast a valid vote in favour of the resolution for the resolution to pass;
  - f. are dated as passed on the voting deadline date if the requisite majority of valid votes in favour is received; and
  - g. must be noted and recorded in the minutes of the next scheduled Board meeting.
- 3.5.8. Each member of the Board is equally accountable and responsible for acting according to RACS and NSA policy.
- 3.5.9. In the absence of the Board Chair, the Board will elect from among its elected members an Acting Board Chair.
- 3.5.10. The Board may continue to act despite a vacancy in their composition.

**3.6. Role and Powers of the Board**

- 3.6.1. When acting in relation to RACS matters and delivery of the RACS Services, the Board shall be deemed to be a committee of the RACS and acting on behalf of the RACS.

---

Authorised By	<b>EGM, Education Partnerships</b>	<b>Original Issue:</b>	September 2013
Document Owner	<b>Manager, Surgical Training</b>	<b>Version:</b>	6
		<b>Approval Date:</b>	April 2022
		<b>Review Date:</b>	April 2025

---

<b>Portfolio:</b>	<b>Education and Training Administration</b>	<b>Ref. No.</b>	<b>TOR-2005</b>
<b>Team</b>	<b>Surgical Training</b>		
<b>Title:</b>	<b>Board of Neurosurgery</b>		

- 3.6.2. When acting in relation to NSA matters and delivery of the NSA Services, the Board shall be deemed to be a committee of the NSA and acting on behalf of the NSA.
- 3.6.3. RACS Services and NSA Services are specified in the Service Agreement between the RACS and the NSA. Where not specified in the Service Agreement, the service is deemed to be a RACS Service.
- 3.6.4. The Board has responsibility for the following services:
  - a. Selection of trainees;
  - b. Determination of the Specialty Training Program requirements;
  - c. Development and delivery of the curriculum;
  - d. Accreditation and management of clinical training positions;
  - e. Preparation of detailed Specialty Training Program regulations;
  - f. Overseeing the administration of clinical training;
  - g. Management of trainees experiencing difficulty;
  - h. Dismissal of trainees;
  - i. Appointment and training of supervisors;
  - j. Communication with the Neurosurgery Court of Examiners to facilitate blueprinting of the Fellowship Examination;
  - k. Review of significantly poor performance by a Fellowship Examination candidate;
  - l. Appointment of representatives to the Surgical Sciences and Clinical Examinations Committee, who represent the views of the Board;
  - m. Participation in the budgeting and fee determination processes for the Specialty Training Program;
  - n. Recommendation of changes to existing and draft policies;
  - o. Assessment of clinical practice of international medical graduates; and
  - p. Recommendation to the RACS on changes to an international medical graduate’s pathway to Fellowship.
- 3.6.5. Should any conflict arise in the performance of RACS and NSA Service activities, the Board will advise the Chair of the RACS Board of Surgical Education and Training at the earliest opportunity.
- 3.6.6. The Board may delegate some of its responsibilities to individuals or committees and boards (delegates). Delegates are answerable to the Board and delegations of authority must be exercised in accordance with any limits approved by the Board.
- 3.6.7. The Specialty Elected Councillor is responsible for facilitating communication of key education issues between RACS Council, RACS Education Board and the Board.

<b>Portfolio:</b>	<b>Education and Training Administration</b>	<b>Ref. No.</b>	<b>TOR-2005</b>
<b>Team</b>	<b>Surgical Training</b>		
<b>Title:</b>	<b>Board of Neurosurgery</b>		

### 3.7. Reporting

- 3.7.1. The Board Chair shall be a member of the RACS Board of Surgical Education and Training with voting rights.
- 3.7.2. The Board Chair shall be a member of the NSA Board with voting rights.
- 3.7.3. The Board Chair may observe any meeting of the RACS Education Board.

## 4. ASSOCIATED DOCUMENTS

There are no associated documents with this policy.

**Approver** Education Board  
**Authoriser** Council