

Portfolio:	Education	Ref. No.	TOR-2029
Team:	Surgical Education and Training		
Title:	Committee of Paediatric Surgery		

1. PURPOSE AND SCOPE

The Royal Australasian College of Surgeons (RACS) and the Australian and New Zealand Association of Paediatric Surgeons (ANZAPS) have established the Committee of Paediatric Surgery (the Committee) for the conduct and oversight of the Surgical Education and Training (SET) Program in Paediatric Surgery. The purpose of this policy is to define the Terms of Reference for the Committee.

2. KEYWORDS

Responsibilities, Composition, Powers, Quorum, Governance

3. BODY OF POLICY

3.1. Committee Composition

- 3.1.1. The Committee shall consist of a minimum of 13 and a maximum of 18 members:
- a. Chair
 - b. Deputy Chair
 - c. Australian and New Zealand Association of Paediatric Surgery (ANZAPS) President (or nominee) (ex officio)
 - d. Aotearoa New Zealand Representative
 - e. NSW/ACT Representative
 - f. QLD Representative
 - g. SA/NT Representative
 - h. VIC/TAS Representative
 - i. WA Representative
 - j. Senior Examiner, Paediatric Surgery (ex officio)
 - k. Specialty Elected Councillor for Paediatric Surgery (ex officio)
 - l. Younger Fellow Representative appointed if there is no elected member satisfying the eligibility criteria
 - m. Trainee Representative
 - n. Community Representative
 - o. SIMG Coordinator
 - p. Immediate Past Committee Chair
 - q. Up to three Co-opted members (non-voting)
- 3.1.2. The RACS President and Censor in Chief are ex officio members of the Committee.
- 3.1.3. Any Committee Member may resign as a member by giving at least three months' notice in writing of their intention to resign to the Chair.

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3.1.4. Where a casual vacancy is created the Committee will continue to function validly until the vacancy can be filled.

3.2. Attendees

3.2.1. The RACS Chief Executive Officer (or delegate) may attend any meeting of the Committee.

3.2.2. The Paediatric Surgery Executive Officer may attend any meeting of the Committee.

3.2.3. Others may attend any meeting of the Committee with the permission of the Chair.

3.3. Eligibility

3.3.1. To be eligible for appointment on the Committee, with the exception of the Trainee Representative and Community Representative, the nominee must:

- a. be a Fellow of RACS or a Vocationally Registered Paediatric Surgeon practicing in Paediatric Surgery; and
- b. be a full member of ANZAPS; and
- c. have an appointment at an institution accredited for the SET Program in Paediatric Surgery; and
- d. satisfy the mandatory training requirements specified in these Terms of Reference; and
- e. have no conditions or restrictions attached to their medical registration; or
- f. not have any RACS level 2 and 3 sanctions (including ongoing restrictions).

3.3.2. In addition to the criteria outlined in 3.3.1, the Younger Fellow Representative must have obtained their RACS Fellowship in Paediatric Surgery within the last 10 years.

3.3.3. Members holding an existing position on the Committee are eligible to nominate for election to the Chair or Deputy Chair positions.

3.3.4. In exceptional circumstances, the Committee may accept nominations via an expression of interest if existing members are unwilling to nominate for election to the Chair or Deputy Chair positions. The eligibility criteria must be satisfied before accepting an external nomination for election and appointment.

3.3.5. The Community Representative is appointed in accordance with the RACS regulation: Engagement of Community Members and Expert Advisors on RACS Committees and Boards.

3.3.6. Members must satisfy the eligibility criteria for the duration of their term.

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3.3.7. If there is a change in circumstances and a member no longer satisfies the eligibility criteria, their term on the Committee will automatically cease.

3.3.8. If a member fails to attend three Committee meetings either consecutively, or in a single calendar year, their term on the Committee will automatically cease unless an exception has been granted by the Chair.

3.4. Method of Appointment

3.4.1. The Chair and Deputy Chair are elected by and from the membership of the Committee, for a two-year term.

3.4.2. Australian State and Territory Representatives are elected by RACS Fellows from the relevant state of the specialty. In the event of a tie, the Chair of the Committee has a casting vote.

3.4.3. The Aotearoa New Zealand Representative is elected from RACS Fellows and Vocationally Registered Paediatric Surgeons in and Aotearoa New Zealand. In the event of a tie, the Chair of the Committee has a casting vote.

3.4.4. The SIMG Coordinator is elected by the Executive Committee of ANZAPS.

3.4.5. The Trainee Representative is elected by the Trainees of Paediatric Surgery.

3.4.6. The Community Representative is appointed in accordance with the RACS regulation: Engagement of Community Members and Expert Advisors on RACS Committees and Boards.

3.4.7. Members co-opted for a special purpose are appointed via an Expression of Interest process.

3.4.8. RACS recognises that there are positive benefits from diverse membership. The Committee should co-opt members to improve Committee diversity, particularly in relation to gender, ethnicity, medical education qualifications and geography.

3.5. Terms of Office

3.5.1. Membership of the Committee shall not exceed a maximum of 9 years without the authorisation of the Censor in Chief.

3.5.2. The following positions will hold office for no less than two years:

- a. Chair
- b. Deputy Chair
- c. Immediate Past Chair
- d. In extenuating circumstances, the Committee can exercise its discretion to extend the term. The Chair and Deputy Chair can hold office for a maximum of two consecutive terms.

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- 3.5.3. The following positions will hold office for three years and up to a maximum of three terms:
- Australian State and Territory Representatives
 - Aotearoa New Zealand Representative
 - Younger Fellow Representative
 - SIMG Coordinator
 - Community Representative
 - In extenuating circumstances, the Committee can exercise its discretion to extend the term.
- 3.5.4. The following positions will hold office for as long as they hold the relevant other office:
- President (or nominee) of ANZAPS
 - Senior Examiner, Paediatric Surgery
 - Specialty Elected Councillor for Paediatric Surgery
- 3.5.5. The Trainee Representative will hold office for up to 24 months.
- 3.5.6. Co-opted members' terms of office are determined by the Committee for a defined period and reviewed annually.

3.6. Responsibilities of individual positions

- 3.6.1. Each member of the Committee is equally accountable and responsible for acting according to RACS Policy.
- 3.6.2. The Specialty Elected Councillor is responsible for facilitating communication of key education issues between Council, Education Committee and the Committee.
- 3.6.3. The SIMG Coordinator is responsible for reviewing the clinical assessments for the SIMGs and facilitating communication of key issues between the SIMG Committee and the Committee.
- 3.6.4. The Australian State and Territory Representatives and Aotearoa New Zealand Representative are responsible for facilitating communication of key issues to the Fellows and or Vocationally Registered Paediatric Surgeons in their respective state, territory or Aotearoa New Zealand.
- 3.6.5. The Younger Fellow Representative and the Trainee Representative are responsible for facilitating communication of key issues between the Younger Fellows and Trainees.

3.7. Role and Powers of the Committee of Paediatric Surgery

- 3.7.1. The Committee of Paediatric Surgery has responsibility for the following RACS activities:

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- a. Recommendations to the Committee of Surgical Education and Training (CSET) for substantial changes to the Surgical Education and Training Program in Paediatric Surgery.
- b. Determining standards to be achieved to qualify for Fellowship of RACS in the Specialty of Paediatric Surgery.
- c. Approval of Paediatric Surgery curricula content and structure for the competencies of Medical Expertise and Technical Expertise.
- d. Approval of the overall curriculum content and structure for Paediatric Surgery.
- e. Liaison with, and the provision of curriculum information to, the Paediatric Surgery Court of Examiners to facilitate blueprinting of the SET program to the Fellowship Examination.
- f. Determining the criteria to be achieved by Trainees to be eligible to present for the Fellowship Examination.
- g. Appointment of representatives to the Surgical Sciences and Clinical Examinations Committee, who represent the views of the Specialty Training Committee.
- h. Approval of Training Regulations that are supported by ANZAPS and comply with RACS Principles based policies.
- i. Appointment of new Trainees.
- j. Dismissal of Trainees.
- k. Accreditation of clinical training posts.
- l. Approval of the Assessment of performance in clinical rotations.
- m. Determining the status of Trainees in the program (interruption, deferral, probation, etc.).
- n. Quality Assurance Reporting to the Education Committee, as agreed in the Collaboration Agreement with RACS.
- o. Assessment of clinical practice of SIMGs.
- p. Review of poor performance in examinations.
- q. Variation to individual training requirements resulting from failed rotations, examination reviews, etc.
- r. Recommendation to the CSET (or its Executive) of changes to an SIMG's pathways to fellowship.
- s. Creation of, and approval of recommendations from, ad hoc subcommittees required to support RACS policy and Committee regulations.
- t. Recommendation of changes to existing and draft RACS policies.
- u. Approval of applications to present for the Fellowship Examination (delegated to the Chair).
- v. Approval of applications for admission to Fellowship (delegated to the Chair).

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- w. Approval of the Specialty Specific Training Fee recommended by RACS Administration.
- x. Other duties as delegated by Council or its subsidiary boards and committees.

3.8. Conduct of Meetings

- 3.8.1. The Committee shall hold four (4) meetings per year and such other meetings as it deems necessary.
- 3.8.2. All meetings of the Committee must have a formal agenda with the business recorded in the minutes and actions.
- 3.8.3. The quorum shall be the majority of membership, i.e. a minimum of seven (7) members, including at least one member from Australia and one member from Aotearoa New Zealand.
- 3.8.4. Recommendations must be formally stated and carried.
- 3.8.5. Decisions shall be made by majority vote, i.e. 50% plus one vote of members present at a meeting.
- 3.8.6. In the event of a tied vote, the Chair shall have a casting vote.
- 3.8.7. The Committee may make a decision by circular resolution (by email).
Circular resolutions:
 - a. must be sent to all Committee members and all Committee members must be given the opportunity to participate in the decision;
 - b. must include a voting deadline;
 - c. must be withdrawn if any Committee member requests 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 Committee members cast a 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 Committee meeting.

3.9. Committee Executive

- 3.9.1. The Committee Executive shall comprise the Chair, Deputy Chair, Society President and Senior Examiner.
- 3.9.2. The Committee Executive may meet in person, by teleconference or vote on recommendations electronically.

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- 3.9.3. The quorum of the Committee Executive is three (3) members.
- 3.9.4. The Committee Executive shall exercise such powers as delegated by the Committee.
- 3.9.5. Decisions of the Committee Executive shall be made by a majority of the membership. In the event of a tied vote, the Chair shall have a casting vote.

3.10. Reporting

- 3.10.1. The Chair of the Committee is a member of RACS Committee of Surgical Education and Training with full voting rights.
- 3.10.2. The Chair may observe any meeting of RACS Education Committee.
- 3.10.3. The Committee shall provide reports to RACS Committee of Surgical Education and Training for delegated RACS activities identified within the Collaboration Agreement.

3.11. Training and Continuing Education

- 3.11.1. All members of the Committee, except the Community Representative and Trainee Representative, must, within six (6) months of taking office complete the following mandatory training courses if not already completed:
 - a. training in adult education principles (the Foundation Skills for Surgical Educators (FSSE) or approved comparable training) and;
 - b. advanced training in recognising, managing and preventing Discrimination, Bullying and Sexual Harassment
- 3.11.2. The following RACS eLearning modules are also recommended:
 - a. Supervisors and Trainers for SET (SAT SET) eLearning Module
 - b. Keeping Trainees on Track (KTOT) eLearning Module
- 3.11.3. Committee members are recommended to become members of the Academy of Surgical Educators (ASE) to assist acquiring ongoing development as an educator.

4. ASSOCIATED DOCUMENTS

There are no associated documents with this policy.

5. COMMUNICATION

The most recent version of the policy will be available on the RACS website.

Approver Education Committee
Authoriser Council

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