1. PURPOSE AND SCOPE

This policy outlines the Terms of Reference for the Professional Standards and Advocacy Committee (PSAC). Previously Professional Development and Standards Board (PDSB).

As a Fellowship based organisation, the Royal Australasian College of Surgeons commits to ensuring the highest standard of safe and comprehensive surgical care for the community we serve through excellence in surgical education, training, professional development and support.

The PSAC is accountable to Council for providing the policy framework to ensure maintenance of competence of Fellows and provision of high-quality surgical care to patients. The Committee is responsible for the provision of services and products to Fellows of RACS that are consistent with this overall aim and which represent value for money for Fellows subscriptions.

2. KEYWORDS

Terms of Reference, Professional Standards and Advocacy Committee

3. BODY OF POLICY

3.1. Objectives

3.1.1. To advise Council on matters pertaining to the Fellowship and surgical standards

3.1.2. To provide a Continuing Professional Development (CPD) Program and associated standards

3.1.3. To support surgical research and administer scholarships for surgeons and trainees for surgically-related research.

3.2. Duties and Responsibilities

3.2.1. To oversee all RACS fellowship activities with a focus on coordination, integration, achievement of goals and risk management.

3.2.2. To provide ongoing strategic support and oversight for policy and advocacy matters relating to surgery and to oversee RACS responses and position relating to sustainability in healthcare, and environmental sustainability in surgical practice.

3.2.3. To collaborate with, seek advice from, and consider the interests of all Specialty Associations, Societies and special interest groups with regard to RACS fellowship activities. These include:

- Professional standards
- CPD
- Innovation and scholarship in surgical education
- Library and web-based or on-line services
- Fellowship – stages and transitions of practice – admission, re-entry, retirement etc
- Fellowship sections and interest groups
- Conference and events management
- Surgical research and scholarships
- Advocacy matters and position papers

3.2.4. To oversee the RACS CPD Program and to promote compliance.
3.2.5. To set standards and provide guidelines for effective and varied methods of continuing education and professional development recognised within the RACS CPD Program.

3.2.6. To set standards for credentialing and defining scope of practice during the stages of a surgical career.

3.2.7. To set standards relating to surgical competence and performance.

3.2.8. To promote standards and participation in surgical audit and peer review.

3.2.9. To ensure that the interests of all surgeons are recognised, including specific groups such as:
- Surgeons working in rural and regional areas
- Younger Fellows
- Female surgeons
- Surgeons who are approaching retirement
- Senior surgeons
- Surgeons with special interests and areas of practice (e.g. Trauma, Medico Legal etc)
- Aboriginal and Torres Strait Islander and Māori Surgeons

3.2.10. To ensure appropriate communication channels are in place for the provision of feedback to, and discussion with the Education portfolio with respect to professional development activities.

3.2.11. To ensure appropriate engagement in the planning and review of the Annual Scientific Congress.

3.2.12. To advise on strategic alliances which RACS should pursue through its events department.

3.2.13. To ensure appropriate development of research activities of RACS, including ASERNIP-S and research scholarships.

3.2.14. To advise on strategies for research funding for the RAS Division, including ASERNIP-S.

3.2.15. To support activities in the area of Academic Surgery.

3.2.16. To support and promote Surgical Audits and the RACS MALT Program.

3.2.17. To establish priorities for the Fellowship portfolio, including budget priorities.

3.3. Powers
The Committee has such executive powers, supervisory functions and decision-making authority as the Council delegates to it from time to time.

3.4. Composition and Size
The Committee is composed of Office Bearers, Council members and the Specialty Societies and Associations.
Membership comprises:

3.4.1. Chair PSAC
   Chair Professional Standards
   Chair Health Policy and Advocacy
   Chair Fellowship Services
   Chair Research and Academic Surgery
   Chair Surgical Audit
   Chair ASC Planning and Review

3.4.2. Censor in Chief

3.4.3. Expert Community Advisor/s

3.4.4. Specialty Society representatives:
   Australian and New Zealand Association of Paediatric Surgeons
   Australian and New Zealand Society of Vascular Surgery
   Australian Orthopaedic Association
   Australian and New Zealand Society of Cardiac and Thoracic Surgeons
   Australian Society of Otolaryngology – Head and Neck Surgery
   Australian Society of Plastic Surgeons
   General Surgery Australia
   Neurosurgical Society of Australasia
   New Zealand Association of General Surgeons
   New Zealand Association of Plastic Surgeons
   New Zealand Orthopaedic Association
   New Zealand Society of Otolaryngology – Head and Neck Surgery
   Urological Society of Australia and New Zealand

3.4.5. In attendance:
   Executive Director of Surgical Affairs (Australia)
   Surgical Advisor/s (New Zealand)
   Chief Executive Officer
   Executive General Manager, Fellowship Engagement
   Chief Operations Officer
   Executive General Manager, Education
   Surgical Director, Research and Evaluation

3.4.6. Co-opted attendance, at the discretion of the Committee Chair and/or the President.
   (Note: co-opted attendance will be for a defined period determined by the Committee Chair)

The President, Councillors and the Chief Executive Officer are able to attend any meeting and the President may chair any meeting.
Staff of RACS shall attend Committee meetings as requested by the Chair of the Committee.

3.5. Tenure and Method of Appointment

Terms of office for Council members are reflected by appointment through Council. The Specialty Associations and Societies each appoint a representative to the Committee, normally for a three-year term.

The Chair and five Deputy Chairs will be elected by Council.

3.6. Meetings

The Committee will hold three face-to-face meetings per year. Invitees may be invited to attend all or part of a meeting but will not have any voting rights.

3.7. Quorum

A quorum shall be a majority of the membership of the Committee.

3.8. Accountability

The Committee is accountable directly to Council for fulfilment of the duties and responsibilities outlined in the terms of reference and for the fulfilment of any other matters delegated by Council.

3.9. Reporting

The Committee’s proceedings will be recorded in minutes and reported to Council as Council determines.

3.10. Executive of the PSAC

The Executive of the PSAC will be responsible for governance oversight of issues that arise in the period between meetings of the PSAC and will progress important issues expeditiously. The Executive will have the same powers as the PSAC.

Minutes and relevant correspondence will be made available to the PSAC.

3.10.1. The membership of the PSAC Executive will comprise:

Chair, PSAC
Chair, Professional Standards
Chair, Fellowship Services
Chair, Research and Academic Surgery
Chair, Surgical Audit
Chair, Health Policy and Advocacy
Chair ASC Planning and Review
Censor in Chief

3.10.2. In attendance:

Executive Director of Surgical Affairs (Australia)
Surgical Advisor/s (New Zealand)
Chief Executive Officer
Executive General Manager, Fellowship Engagement
Chief Operations Officer
Surgical Director, Research and Evaluation
4. **ASSOCIATED DOCUMENTS**

   No documents associated with this policy.

**Approver-Authoriser**  Council