

<b>Portfolio:</b>	<b>Education</b>	<b>Ref. No.</b>	<b>ETA-SET-031</b>
<b>Team:</b>	<b>Surgical Education and Training</b>		
<b>Title:</b>	<b>Australian Board of Plastic and Reconstructive Surgery and Regional Subcommittees Terms of Reference</b>		

## 1. PURPOSE AND SCOPE

The purpose of this policy is to define the Terms of Reference for the Australian Board of Plastic and Reconstructive Surgery (ABPRS) and subsidiary committees. The ABPRS shall have the delegated powers required to exercise responsibility for the regulation and delivery of the Surgical Education and Training (SET) Program in Plastic and Reconstructive Surgery in Australia.

## 2. KEYWORDS

Responsibilities, Composition, Powers, Quorum, Governance

## 3. BODY OF POLICY

### 3.1. Structure of the ABPRS and its Subsidiary Committees

- 3.1.1. The ABPRS reports to the Board of Surgical Education and Training (BSET).
- 3.1.2. The following Regional Subcommittees report to the ABPRS:
- a. New South Wales/Australian Capital Territory;
  - b. Queensland;
  - c. South Australian;
  - d. Victorian/Tasmanian; and
  - e. Western Australian.

### 3.2. Composition

- 3.2.1. The ABPRS shall consist of the following members as a minimum:
- a. The President (or nominee) of the Australian Society of Plastic Surgeons (ASPS);
  - b. A Chair, elected by and from the membership of the ABPRS, being an Australian resident Fellow of RACS in Plastic and Reconstructive Surgery;
  - c. A Deputy Chair, elected by and from the membership of the ABPRS, being an Australian resident Fellow of RACS in Plastic and Reconstructive Surgery;
  - d. Chair, New South Wales/Australian Capital Territory Regional Subcommittee;
  - e. Chair, Queensland Regional Subcommittee;
  - f. Chair, South Australian Regional Subcommittee;
  - g. Chair, Victorian/Tasmanian Regional Subcommittee;
  - h. Chair, Western Australian Regional Subcommittee;
  - i. A Younger Fellows Representative (when no Younger Fellow already on the ABPRS);
  - j. Senior Examiner of Plastic and Reconstructive Surgery;

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- k. Plastic and Reconstructive Surgery Specialty Elected Councillor;
  - l. Australian Trainee Representative; and
  - m. A Community Representative.
- 3.2.2. The ABPRS may co-opt Fellows as required. Co-opted members are appointed for a maximum of 12 months and may be reappointed for a further period or periods.
- 3.2.3. The RACS President and Censor in Chief are ex officio members of the ABPRS.
- 3.2.4. RACS recognises that there are positive benefits from diverse membership. The ABPRS should co-opt members to improve board diversity, particularly in relation to gender, ethnicity, medical education qualifications and geography.
- 3.2.5. Members specified in 3.2.1 (b-i) must have an appointment at an institution accredited for SET.
- 3.2.6. The ABPRS Chair and members in office at 1 October 2016 are exempt from 3.2.5 for the remaining term of their appointment. All new elections must be compliant with 3.2.5.
- 3.2.7. The Chair and Deputy Chair shall be elected for a term of two years, and are eligible for re-election, so long as they shall not exceed nine years in total on the ABPRS.
- 3.2.8. A replacement shall be elected for any Regional Subcommittee Chair elected as ABPRS Chair.
- 3.2.9. The Executive of the ABPRS may exercise such powers as delegated to it by the full ABPRS and shall consist of the following members:
- a. Chair;
  - b. Deputy Chair;
  - c. President (or nominee) of the ASPS; and
  - d. One other member elected by and from the ABPRS.
- 3.2.10. The Community Representative is appointed in accordance with the Engagement of Community Members and Expert Advisors on RACS Committees and Boards Regulation, overseen by the RACS Vice President and with the participation of the Chair, ABPRS.
- 3.2.11. Others may attend meetings of the ABPRS or the Executive with the permission of the Chair.
- 3.2.12. Membership of the ABPRS as an elected and/or co-opted member shall not exceed a maximum of nine years without the permission of the Censor in Chief.

### 3.3. Powers and Responsibilities

- 3.3.1. The ABPRS has responsibility for the following activities in accordance with approved RACS regulations and policies, which are outlined in detail in the Collaboration Agreement between ASPS and RACS:

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- a. Determination of SET program requirements;
- b. Implementation of the curriculum as approved by the Plastic and Reconstructive Surgery Oversight Committee;
- c. Recommendation of curriculum changes to the Plastic and Reconstructive Surgery Oversight Committee;
- d. Development of SET program regulations;
- e. Selection of Trainees;
- f. Standards and accreditation of training positions;
- g. Allocation of Trainees to accredited training positions;
- h. Appointment of surgical supervisors;
- i. Management of Trainee assessment, progression and performance;
- j. Provision of curriculum information to the Court of Examiners;
- k. Assessment of eligibility to present for the Fellowship Examination;
- l. Review of poor performance in examinations;
- m. Assessment of Trainee completion of the SET program;
- n. Trainee dismissal due to performance or behavioural issues;
- o. Assessment of clinical practice of SIMGs;
- p. Joint recommendation to BSET, with the New Zealand Board of Plastic and Reconstructive Surgery, of substantial changes to the scope and curriculum of training in Plastic and Reconstructive Surgery (determined by the Oversight Committee); and
- q. Recommendation of changes to existing and draft RACS regulations and policies.

3.3.2. Should any conflict arise in the performance of RACS and ASPS activities the ABPRS shall advise the Chair, BSET at the earliest opportunity.

### 3.4. Reporting

- 3.4.1. The ABPRS Chair is a member of BSET with full voting rights.
- 3.4.2. The ABPRS Chair may observe any meeting of the RACS Education Board.
- 3.4.3. The ABPRS shall provide reports to BSET for delegated RACS activities identified within the Collaboration Agreement.
- 3.4.4. The ABPRS shall provide reports to the specialist society for delegated Society activities identified within the Collaboration Agreement.

### 3.5. Regional Subcommittees of the ABRPS

- 3.5.1. The membership of the Regional Subcommittee comprises all Surgical Supervisors of approved posts within the designated region.
- 3.5.2. Members may be co-opted, with full voting rights.
- 3.5.3. A Chair will be elected by the Regional Subcommittee from its membership, for a two year term.

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3.5.4. A Deputy Chair will be elected by the Regional Subcommittee from its membership, for a two year term.

### **3.6. Powers of Regional Subcommittees of the ABPRS**

3.6.1. The Regional subcommittee is responsible for:

- a. Review of the clinical assessment of Trainees;
- b. Approval of Trainees to progress to higher stages of training;
- c. Recommendations of rotation status to the ABPRS; and
- d. Referral of issues to the ABPRS.

### **3.7. Conduct of Meetings**

3.7.1. All meetings of the ABPRS and Regional Subcommittees must have a formal agenda and must be minuted.

3.7.2. All members of the ABPRS, Executive and Regional Subcommittees shall have voting rights.

3.7.3. Decisions of the ABPRS, Executive and Regional Subcommittee shall be made by a majority of the membership. In the event of a tied vote, the Chair shall have a casting vote.

3.7.4. An ABPRS recommendation must be formally stated and carried.

3.7.5. An ABPRS may make a decision by email in the following way:

- a. A written resolution approved by email by 75% of all members eligible to vote is taken to be a decision of the members passed at a meeting of the members duly convened and held; and
- b. The resolution takes effect on the date of which the last member responds and will consist of the following information:
  - the printed record of several email messages each indicating the identity of the sender; and
  - The text of the recommendation and the sender's agreement or disagreement to the recommendation.

3.7.6. A quorum of the ABPRS and Regional Subcommittees is 50% of the membership.

3.7.7. The quorum of the ABPRS Executive is three members.

3.7.8. The secretariat to the ABPRS or Regional Committee and the RACS CEO (or delegate) may attend meetings.

### **3.8. Training and Continuing Education**

3.8.1. All current members of the ABPRS must, if they have not already done so, complete the courses listed in 3.8.3 by the end of 2017.

3.8.2. All new members of the ABPRS must, if they have not already done so, complete the training courses listed in 3.8.3 within six months of taking up their position.

3.8.3. Mandatory training courses for specialty training board members are:

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- 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.
- 3.8.4. The following RACS professional development activities are also recommended:
- a. Induction for Surgical Supervisors and Trainers (ISST) blended learning; and
  - b. Keeping Trainees on Track (KTOT) eLearning module
- 3.8.5. APBRS and Regional Subcommittee members are recommended to become members of the Academy of Surgical Educators (ASE) to assist acquiring ongoing development as an educator.

#### 4. ASSOCIATED DOCUMENTS

Engagement of Community Members and Expert Advisors on RACS Committees and Boards Regulation

Plastic and Reconstructive Surgery Oversight Committee Terms of Reference

#### 5. COMMUNICATION

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

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

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