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 and subsidiary committees. The Board shall have the delegated powers required to exercise responsibility for the regulation and delivery of the Surgical Education and Training Program (SET) in Plastic and Reconstructive Surgery in Australia.

2. KEYWORDS

Responsibilities, Composition, Powers, Quorum, Governance

3. BODY OF POLICY

3.1. Structure of the Board and its Subsidiary Committees

The regulation and administration of the SET in Plastic and Reconstructive Surgery in Australia is conducted through the following governance structure:

- Australian Board of Plastic and Reconstructive Surgery (ABPRS), reporting to the Board of Surgical Education and Training
  - New South Wales/Australian Capital Territory Regional Subcommittee, reporting to the ABPRS
  - Queensland Regional Subcommittee, reporting to the ABPRS
  - South Australian Regional Subcommittee, reporting to the ABPRS
  - Victorian/Tasmanian Regional Subcommittee, reporting to the ABPRS
  - Western Australian Regional Subcommittee, reporting to the ABPRS

3.2. Composition

3.2.1. The Board 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 Board, being an Australian resident Fellow of RACS in Plastic and Reconstructive Surgery

c. A Deputy Chair, elected by and from the membership of the Board, 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 Board)  
j. Senior Examiner of Plastic and Reconstructive Surgery  
k. Plastic and Reconstructive Surgery Specialty Elected Councillor  
l. Australian Trainee Representative  
m. An External Representative  

3.2.2. The Board 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 Board.  

3.2.4. RACS recognises that there are positive benefits from diverse membership. The Board 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 Surgical Education and Training.  
   • The Board 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  

3.2.6. The Chair and Deputy Chair shall be elected for a term of 2 years, and are eligible for re-election, so long as they shall not exceed 9 years in total on the Board.  

3.2.7. A replacement shall be elected for any Regional Subcommittee Chair elected as Board Chair.  

3.2.8. The Executive of the Board may exercise such powers as delegated to it by the full Board and shall consist of the following members:  
   a. The Chair  
   b. The Deputy Chair  
   c. The President (or nominee) of the ASPS  
   d. One other member, elected by and from the Board  

3.2.9. The External Representative is appointed in accordance with the External Co-opted Members on Committees and Boards policy, oversighted by the RACS Vice President and with the participation of the Board Chair.  

3.2.10. Others may attend meetings of the Board or the Executive with the permission of the Chair.  

3.2.11. Membership of the Board as an elected and/or co-opted member shall not exceed a maximum of 9 years without the permission of the Censor in Chief
3.3. Powers and Responsibilities

3.3.1. The Board has responsibility for the following activities in accordance with approved RACS policy and which are outlined in detail in the Collaboration Agreement between ASPS and RACS:

a. Determination of training 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 training 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 training program
n. Trainee dismissal due to performance or behavioural issues
o. Assessment of clinical practice of IMGs
p. Joint recommendation to the Board of SET, 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).
q. Recommendation of changes to existing and draft RACS policies

3.3.2. Should any conflict arise in the performance of RACS and ASPS activities the Board shall advise the Chair of the Board of Surgical Education and Training at the earliest opportunity.

3.4. Reporting

3.4.1. The Chair of the Board is a member of the RACS Board of Surgical Education and Training with full voting rights.

3.4.2. The Chair may attend any meeting of the RACS Education Board. The Board shall provide reports to the RACS Board of Surgical Education and Training for delegated RACS activities identified within the Collaborative Agreement.

3.4.3. The Board shall provide reports to the specialist society for delegated Society activities identified within the Collaborative Agreement.
3.5. Regional Subcommittees of the Board

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.

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 Board

3.6.1. The Regional subcommittee is responsible for:
   b. Recommendations of rotation status to the Board.
   c. Referral of issues to the Board.

3.7. Conduct of Meetings

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

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

3.7.3. Decisions of the Board, 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. A Board recommendation must be formally stated and carried.

3.7.5. A Board may make a decision by email in the following way:
   a. A written resolution approved by electronic mail 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.
   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 electronic mail messages each indicating the identity of the sender,
      ● The text of the recommendation and the sender’s agreement or disagreement to the recommendation.

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

3.7.7. The quorum of the Board Executive is 3 members.

3.7.8. The secretariat to the Board 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 Board 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 Board must, if they have not already done so, complete the training courses listed in 3.8.3 within six (6) months of taking up their position.

3.8.3. Mandatory training courses for specialty training board members are
   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 eLearning modules are also recommended:
   a. Supervisors and Trainers for SET (SAT SET) eLearning Module
   b. Keeping Trainees on Track (KTOT) eLearning Module

3.8.5. Board members are recommended to become members of the Academy of Surgical Educators (ASE) to assist acquiring ongoing development as an educator.

4. ASSOCIATED DOCUMENTS

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