

Division:	Education and Training Administration	Ref. No.	ETA-SET-034
Department:	Surgical Training		
Title:	Board of Cardiothoracic Surgery Terms of Reference		

1. PURPOSE AND SCOPE

The purpose of this policy is to define the Terms of Reference for the Board of Cardiothoracic Surgery and its subsidiary committees. The Board of Cardiothoracic Surgery has been delegated the powers required to exercise responsible for the regulation and delivery of the Surgical Education and Training Program in Cardiothoracic Surgery.

2. KEYWORDS

Responsibilities, Composition, Powers, Quorum, Governance

3. BODY OF POLICY

3.1. The Board of Cardiothoracic Surgery

- 3.1.1. The Board of Cardiothoracic Surgery (Board) shall consist of the following members with voting rights:
- a) The President (or nominee) of the Australian and New Zealand Society of Cardiac and Thoracic Surgeons (ANZSCTS).
 - b) 5 General Members, elected to represent the states and territories of Australia, and New Zealand
 - c) The Senior Examiner, Cardiothoracic Surgery
 - d) Cardiothoracic Surgery representative on the Surgical Sciences and Clinical Examination Committee
 - e) The Specialty Elected Councillor for Cardiothoracic Surgery
 - f) A Younger Fellow Representative (when no younger Fellow is elected to the Board)
 - g) Thoracic Representative
 - h) A Trainee Representative
 - i) A Community Representative
- 3.1.2. Members specified in 3.1.1 (b) must have an appointment at an institution accredited for Surgical Education and Training
- 3.1.3. The RACS President and Censor in Chief are ex officio members of the Board.
- 3.1.4. 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.
- 3.1.5. The RACS Chief Executive Officer or his/her delegate may attend any meeting of the Board.
- 3.1.6. The Executive Officer of the Board of Cardiothoracic Surgery may attend any meeting of the Board.
- 3.1.7. The Chair of the Board shall be a General Member elected by the members of the Board for a three year term. The Chair may serve a maximum of two (2) terms.

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- The Board Chair and members in office at 1 October 2016 are exempt from 3.1.2 for the remaining term of their appointment. All new elections must be compliant with clause 3.1.2.

- 3.1.8. The Deputy Chair of the Board shall be a General Member elected by the members of the Board for a three year term. The Deputy Chair may serve a maximum of two (2) terms.
- 3.1.9. General positions to the Board are elected from the Fellowship of the specialty. In the event of a tie, the Chair of the Board has a casting vote.
- 3.1.10. General members may serve in that position for a maximum of three (3) terms.
- 3.1.11. The Thoracic Representative position on the Board is elected from the Fellowship of the specialty. In the event of a tie, the Chair of the Board has a casting vote.
- 3.1.12. The Community Representative is appointed by a process approved by Council and oversighted by the RACS Vice President.
- 3.1.13. Other members who are on the Board by right of their position on another committee serve for the period that they hold that position. If they were previously General Members their total period on the Board may exceed nine years.
- 3.1.14. Each member of the Board is equally accountable and responsible for acting according to RACS Policy.
- 3.1.15. The President and the Censor in Chief are ex-officio members of the Board.
- 3.1.16. The Board may co-opt members as required. Co-opted members are appointed for a maximum of 12 months and may be reappointed for further periods...
- 3.1.17. 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

3.2. Powers of the Board of Cardiothoracic Surgery

- 3.2.1. The Board of Cardiothoracic Surgery has responsibility for the following RACS activities:
- a) Recommendations to the Board of Surgical Education and Training for substantial changes to the Surgical Education and Training Program in Cardiothoracic Surgery.
 - b) Determining standards to be achieved to qualify for Fellowship of RACS in the Specialty of Cardiothoracic Surgery.
 - c) Approval of Cardiothoracic Surgery curricula content and structure for the competencies of Medical Expertise and Technical Expertise.
 - d) Approval of the overall curriculum content and structure for Cardiothoracic Surgery.
 - e) Liaison with, and the provision of curriculum information to, the Cardiothoracic Surgery Court of Examiners to facilitate blueprinting of the SET program to the Fellowship Examination.

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- 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 Board.
- h) Approval of Training Regulations that are supported by ANZSCTS 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) Status of trainees in the program (interruption, deferral, probation, etc.)
- n) Quality Assurance Reporting to the Education Board, as agreed in the Collaboration Agreement with RACS.
- o) Assessment of clinical practice of IMGs.
- p) Review of poor performance in examinations.
- q) Variation to individual training requirements resulting from failed rotations, examination reviews, etc.
- r) Recommendation to the Board of Surgical Education and Training (or its Executive) of changes to an IMG's pathway to fellowship.
- s) Creation of, and approval of recommendations from, ad hoc subcommittees required to support RACS policy and Board 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).
- w) Approval of the Specialty Specific Training Fee recommended by RACS Administration.
- x) Co-opt additional members of the Board, as required. Co-opted members are appointed for a maximum term of one (1) year, but may be reappointed.
- y) Other duties as delegated by Council or its subsidiary boards and committees.

3.3. Conduct of Board Meetings

- 3.3.1. All meetings of the Board must have a formal agenda and must be minuted.
- 3.3.2. Decisions of the Board shall be made by a majority of the membership. In the event of a tied vote, the Chair shall have a casting vote.
- 3.3.3. A Board recommendation must be formally stated and carried.

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- 3.3.4. 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.
- 3.3.5. Others may attend the meeting with the approval of the Chair.
- 3.3.6. A quorum of the Board is 50% of the membership, including at least one member from Australia and one member from New Zealand.

3.4. Board Executive

- 3.4.1. The Board Executive shall comprise the Chair, Deputy Chair, Society President and Senior Examiner.
- 3.4.2. The Board Executive may meet in person, by teleconference or vote on propositions electronically.
- 3.4.3. The quorum of the Board Executive is 3 members
- 3.4.4. The Board Executive shall exercise such powers as delegated by the Board.
- 3.4.5. Decisions of the Board Executive shall be made by a majority of the membership. In the event of a tied vote, the Chair shall have a casting vote.

3.5. Reporting

- 3.5.1. The Chair of the Board is a member of the RACS Board of Surgical Education and Training with full voting rights.
- 3.5.2. The Chair may attend any meeting of the RACS Education Board.
- 3.5.3. The Board shall provide reports to the RACS Board of Surgical Education and Training for delegated RACS activities identified within the Collaboration Agreement.

3.6. Training and Continuing Education

- 3.6.1. All members of the Board must, if they have not already done so, complete the following training courses within six (6) months of taking up their position:
- 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
- 3.6.2. 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

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- 3.6.3. 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

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 Board

Authoriser Council