

Portfolio:	Education	Ref. No.	ETA-SET-059
Team:	Surgical Education and Training		
Title:	New Zealand Board in General Surgery Terms of Reference		

1. PURPOSE AND SCOPE

The purpose of this policy is to define the Terms of Reference for the New Zealand Board in General Surgery and its subsidiary committee. The Board and its subsidiary committees are governance committees of the Royal Australasian College of Surgeons (RACS).

The New Zealand Board in General Surgery and its subsidiary committees are responsible for the regulation and delivery of the Surgical Education and Training Program in General Surgery in New Zealand.

2. KEYWORDS

Responsibilities, Composition, Training Committees, Method of Election, Duties, Quorum, Governance.

3. BODY OF POLICY

3.1. Structure of the Board and its Subsidiary Committees

The regulation and administration of the Surgical Education and Training (SET) Program in General Surgery is conducted through the following governance structure:

- 3.1.1. New Zealand Board in General Surgery (NZBiGS), which reports to the Board of Surgical Education and Training (BSET).
- 3.1.2. New Zealand Training Committee which reports to New Zealand Board in General Surgery.

3.2. The New Zealand Board in General Surgery

- 3.2.1. The New Zealand Board in General Surgery shall consist of the following members with voting rights:
 - a. Chair of the New Zealand Board in General Surgery
 - b. Deputy Chair of the Board and International Medical Graduate (IMG) representative
 - c. New Zealand Training Committee Chair or representative
 - d. RACS Senior Examiner (or nominee), General Surgery, New Zealand
 - e. RACS Specialty Elected Councillor for General Surgery
 - f. New Zealand Trainee Representative
 - g. An Academic/Research Representative
 - h. A member from the New Zealand Training Committee representing Metropolitan Hospitals – these are North Shore, Auckland City, Middlemore, Waikato, Wellington, Hutt, Christchurch and Dunedin
 - i. A member from the New Zealand Training Committee representing Provincial Hospitals – these are Whangarei, Tauranga, Rotorua, New Plymouth, Hawkes Bay, Palmerston North, Nelson
 - j. A member from the New Zealand Training Committee representing Rural Hospitals – these are Gisborne, Whanganui or Invercargill
 - k. A Community Representative

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- 3.2.2. The New Zealand Board in General Surgery shall consist of the following non-voting members:
- a. Immediate Past Board Chair
 - b. New Zealand Association of General Surgeons (NZAGS) General Manager Policy, Projects & Education (if not acting as Secretariat)
 - c. New Zealand Board in General Surgery Secretariat
 - d. President (or proxy) of NZAGS
 - e. Other co-opted members as required
- 3.2.3. The RACS Chief Executive Officer (or his/her delegate) may attend any meeting of the New Zealand Board in General Surgery and the President of the RACS may Chair any meeting with appropriate notice.
- 3.2.4. The Chief Executive (or equivalent) of NZAGS may attend any meeting of the New Zealand Board in General Surgery.
- 3.2.5. The RACS President and the Censor in Chief are ex-officio members of the New Zealand Board in General Surgery.
- 3.2.6. RACS recognises that there are positive benefits from diverse membership. The New Zealand Board in General Surgery should co-opt members to improve board diversity, particularly in relation to gender, ethnicity, medical education, qualifications and geography.
- 3.2.7. Members specified in 3.2.1.a - 3.2.1.j must have an appointment at an institution accredited for Surgical Education and Training
- 3.2.8. The Chair of the New Zealand Training Committee will become the Chair of the New Zealand Board in General Surgery on completion of their three (3) year term on the New Zealand Training Committee. If for any reason the New Zealand Training Committee Chair is not able to take up this role the New Zealand Board in General Surgery may elect a chair from one of the three hospital representatives. The position will be held for a three (3) year term. Elections will be held in October every three (3) years, preceding the change of Chair in July (or at the time of the second face to face meeting of NZBiGS) of the following year.
- 3.2.9. The Deputy Chair of New Zealand Board in General Surgery will be the current New Zealand Training Committee Chair. If for any reason the New Zealand Training Committee Chair is not able to take up this role the Board may elect a deputy chair from the current New Zealand Training Committee. The position will be held for a three (3) year term. Elections will be held in October every three (3) years, preceding the change of Deputy Chair in July (or at the time of the second face to face meeting of the Board) of the following year. Whilst it is generally expected that the Deputy Chair will succeed as the Chair of the New Zealand Board in General Surgery, formal nomination and election to the Chair will occur according to 3.2.8.
- 3.2.10. The Specialty Elected Councillor is responsible for facilitating communication of key education issues between Council, Education Board and the New Zealand Board in General Surgery.

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- 3.2.11. Membership of the New Zealand Board in General Surgery in a specific representative role shall not exceed a maximum of nine (9) consecutive years without the permission of the Censor in Chief.
- 3.2.12. Non- New Zealand Board in General Surgery members and New Zealand Training Committee members may attend New Zealand Board in General Surgery meetings with the permission of the Chair.
- 3.2.13. Recommendations from New Zealand Board in General Surgery with financial, political, resourcing and/or operational implications for NZAGS should be referred to the NZAGS Executive for consideration and advice.
- 3.2.14. The Community Representative is appointed by a process approved by Council and oversighted by the RACS Vice President.
- 3.2.15. The quorum of New Zealand Board in General Surgery is five (5) voting members or 50% of the membership with voting rights.
- 3.2.16. The New Zealand Board in General Surgery may appoint previous members of the New Zealand Training Committee as the Metropolitan, provincial or rural hospital representatives provided they were on the New Zealand Training Committee within three years of appointment to the New Zealand Board in General Surgery.

3.3. New Zealand Board in General Surgery meetings

- 3.3.1. The New Zealand Board in General Surgery will convene approximately every second month, by teleconference and/or face-to-face. Meetings by teleconference should predominantly focus on operational matters including items relating to the progression of trainees
- 3.3.2. In any two-(2)-year cycle the New Zealand Board in General Surgery should hold a minimum of six (6) face- to-face meetings (i.e. three (3) per year). Face to face meetings should prioritise strategic, policy, and curriculum matters. The meeting may also be a workshop.
- 3.3.3. An extraordinary meeting of the New Zealand Board in General Surgery may be convened by the Chair, provided seven (7) days' notice is given to New Zealand Board in General Surgery members specifying the general nature of the business to be discussed. No other business shall be discussed at an extraordinary meeting of the New Zealand Board in General Surgery.
- 3.3.4. New Zealand Board in General Surgery Members may elect a proxy for times of absence where voting is required.
- 3.3.5. The New Zealand Board in General Surgery Secretariat will be provided through NZAGS.
- 3.3.6. A New Zealand Board in General Surgery recommendation must be formally stated and carried.
- 3.3.7. A New Zealand Board in General Surgery may decide 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.

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- 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.

3.3.8. All dissenting views shall be recorded. A member choosing to abstain from a vote shall also be recorded.

3.3.9. A motion to review or defer consideration of a recommendation may be permissible in the following circumstances:

- a. The matter needs to be referred to the New Zealand Training Committee for consideration.
- b. The matter needs to be referred to the NZAGS Executive for consideration and advice
- c. Where a vote is marginal and the Chair has been required to exercise a casting vote.
- d. A New Zealand Training Committee representative can demonstrate that the recommendation is incompatible with its local training environment.
- e. The agenda of New Zealand Board in General Surgery meetings should be structured so that strategic, policy or curriculum matters are prioritised at the face to face meetings.

3.4. Powers of the New Zealand Board in General Surgery

The New Zealand Board in General Surgery has responsibility for:

- 3.4.1. Recommendations to the Board of SET for substantive changes to the Surgical Education and Training Program in General Surgery.
- 3.4.2. Approval of General Surgery curricula content and structure for the RACS nine competencies via the Bi-National Curriculum Conference (BCC) made up of representatives of NZAGS and GSA.
- 3.4.3. Approval of the overall curriculum content and structure for General Surgery in conjunction with the BCC.
- 3.4.4. Liaising with the General Surgery Court of Examiners to reconcile the delivery of the SET program with the Fellowship Examination and to facilitate blueprinting.
- 3.4.5. Determining standards to be achieved to qualify for Fellowship of RACS in the Specialty of General Surgery.
- 3.4.6. Determining the criteria to be achieved by trainees to be eligible to present for the Fellowship Examination.
- 3.4.7. Approval of "all of specialty" recommendations from the New Zealand Training Committee, including changes to SET Program Regulations, approval of Surgical Supervisors and Accreditation of clinical training posts.

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- 3.4.8. Approval of applications for admission to Fellowship (delegated to the Chair) upon recommendation from the New Zealand Training Committee.
- 3.4.9. Review of poor performance in examinations.
- 3.4.10. Referral to the NZAGS Executive to seek advice on the financial, resourcing, political and/or operational implications in implementing a recommendation or initiative. Referrals for advice will specify a desired and reasonable timeframe for a response. Any member of the New Zealand Board in General Surgery may, through the Chair, request that a referral be made for a recommendation, initiative or agenda item of the New Zealand Board in General Surgery.
- 3.4.11. Working groups and committees convened to undertake specific projects in line with the General Surgery Curriculum. Membership of such groups will be determined by the Board and representation should be appropriate to the function of each group or committee as outlined in specific Terms of Reference. Activities undertaken by groups or committees of the Board may require input from the NZAGS Executive as outlined in 3.4.10.
- 3.4.12. Nomination of representatives to relevant RACS educational committees to represent the views of the New Zealand Board in General Surgery.
- 3.4.13. Assessment of clinical practice of IMGs on pathway to a General Surgery Fellowship in New Zealand.
- 3.4.14. Recommendation to the Board of SET (or its Executive) of changes to an IMG's pathways to fellowship.
- 3.4.15. Creation of, and approval of recommendations from, ad hoc subcommittees required to support RACS policy and New Zealand Board in General Surgery regulations.
- 3.4.16. Recommendation of changes to existing and draft RACS policies.
- 3.4.17. Approval of Training Committee recommendations to the New Zealand Board in General Surgery.
- 3.4.18. Other duties as delegated by Council or its subsidiary boards and committees.
- 3.4.19. Noting of the Specialty Specific Training fee approved by NZAGS for New Zealand trainees.
- 3.4.20. Dismissal of New Zealand trainees upon thorough review of documentation pertaining to reason for dismissal.
- 3.4.21. Selection and appointment of new trainees in New Zealand.
- 3.4.22. Quality Assurance reporting to the Education board, as agreed in the Partnering Agreement with RACS.

3.5. Powers of New Zealand Training Committee

The New Zealand Training Committee is responsible for:

- 3.5.1. Review and approval of the clinical assessment of trainees.
- 3.5.2. Trainee progression in the program (interruption, deferral, probation, etc.).
- 3.5.3. Approval and monitoring of research activities.

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- 3.5.4. Variation to individual training requirements resulting from unsatisfactory rotations, examination reviews, etc.
- 3.5.5. Referral to the New Zealand Board in General Surgery of any of the above items where a consensus of the New Zealand Training Committee cannot be reached.
- 3.5.6. Performance management of trainees.
- 3.5.7. Recommendations to the New Zealand Board in General Surgery for accreditation of existing and new training posts.
- 3.5.8. Approval to present for the Fellowship examination (delegated to the Chair).
- 3.5.9. Approval of applications for admission to Fellowship (delegated to the Chair).
- 3.5.10. Education and training activities and programs.
- 3.5.11. Recommending variations to the Training Regulations that comply with RACS Policies and that reflect local needs for training and trainee selection. Variations to the Training Regulations must be presented to the New Zealand Board in General Surgery for approval.
- 3.5.12. Selection and appointment of new trainees within New Zealand.
- 3.5.13. Noting of the Specialty Specific Trainee Fees recommended by NZAGS for New Zealand trainees.
- 3.5.14. Quality Assurance reporting to the Education Board, as agreed in the Partnering Agreement with RACS.

3.6. Governance and reporting

- 3.6.1. All meetings of the New Zealand Board in General Surgery and the New Zealand Training Committee must have a formal agenda and must be minuted.
- 3.6.2. To protect RACS against liability and to avoid conflict of interest, where members are also members of a Specialty Society, New Zealand Board in General Surgery or New Zealand Training Committee, meetings of the RACS Boards and New Zealand Training Committee may not be held concurrently but may be held consecutively.

3.7. Training and Continuing Education

- 3.7.1. All members of the New Zealand Board in General Surgery 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.
- 3.7.2. 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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- 3.7.3. New Zealand Board in General Surgery members are recommended to become members of the Academy of Surgical Educators (ASE) to assist acquiring ongoing development as an educator.

4. ASSOCIATED DOCUMENTS

Curriculum 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