

Division:	Fellowship and Standards	Ref. No.	FES-FEL-054
Department:	Fellowship Services		
Title:	Sections Terms of Reference		

1. PURPOSE AND SCOPE

This policy determines the function of RACS Sections and includes membership rules, fees, activities and roles.

2. KEYWORDS

Sections, Interest Groups. Memberships, Fees, Office Bearers, Section Committees, Elections, Meetings, Terms

3. BODY OF POLICY

3.1. Background

RACS Sections were first formed to cater for the specific needs of groups of Fellows.

In recent times a number of surgical societies have been formed that replace the functions of some Sections. There continues to be a need for a number of surgeons to be supported in interest groups (Sections) particularly (but not limited to) where the interest is multidisciplinary or cross specialty.

RACS is aware of the need for support for smaller groups of sub-specialists, however it is also mindful of equity issues involved in providing support to some sub-specialty groups while others may be self-supporting.

RACS continues to support sub-specialties, multi-disciplinary or cross-specialty groups that provide educational, professional development or support services to a cross-section of the fellowship.

RACS aims to make freely available to Sections, a forum for the provision of educational, professional development and support service via membership to financial Fellows, Trainees or International Medical Graduates (IMGs) on a pathway to Fellowship.

Sections are now governed by these Terms of Reference.

3.2. Objectives

These Terms of Reference govern the following Sections (refer to Clause 3.14 for Section Objectives):

Sub-Specialty Sections

- 3.2.1. Colon and Rectal Surgery Section
- 3.2.2. Endocrine Surgery Section
- 3.2.3. Surgical Oncology Section
- 3.2.4. Transplant Surgery Section
- 3.2.5. Upper GI, HPB and Obesity Surgery Section

Multi-Disciplinary Sections

- 3.2.6. Medico Legal Section
- 3.2.7. Military Surgery Section
- 3.2.8. Pain Medicine Section
- 3.2.9. Rural Surgery Section

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- 3.2.10. Senior Surgeons Section
- 3.2.11. Surgical Directors Section
- 3.2.12. Women in Surgery Section

3.3. Section Membership and Fees

Any Fellow, Trainee or IMG may self-nominate to membership of any RACS Section that he/she feels can provide a useful or necessary educational experience or service.

Costs of membership of these Sections are covered by RACS subscriptions. Costs for specific activities (courses, workshops etc) will need to be recovered by alternative means.

- 3.3.1. Membership of the Section will be available to Fellows, Trainees or IMGs on a pathway to Fellowship who have an interest in any aspect of Section.
- 3.3.2. Invited members to the Section who do not qualify under 3.3.1. may be invited if they have a specific interest and/or expertise related to the Section. After invitation such members may participate in the business of the Section. However they shall have no voting rights and may not be elected to office. A membership fee may be payable for non Fellows.

3.4. Office Bearers and the Section Committee

- 3.4.1. The Section Committee will consist of a Chair, Deputy Chair and five Committee members.
- 3.4.2. In the case of the Rural Surgery Section, the Section Committee will consist of a Chair, Deputy Chair and eight Committee members to include a representative from each state and territory of Australia and both islands of New Zealand.
- 3.4.3. The Section Committee shall be elected (via email or other electronic means) by the Section members prior to the Section Annual Business Meeting (ABM) held at the Annual Scientific Congress (ASC).
- 3.4.4. The Section Committee will have power to invite additional members to assist with activities of the Section Committee. Invited members to the Committee who are Fellows, Trainees or IMGs will enjoy full voting rights including voting for and being elected to officer bearer positions. Invited members to the Committee will be appointed for three years in line with Section elections, or until the specific task is completed.
- 3.4.5. Any Member may nominate any other member to fill any vacancy.
- 3.4.6. In line with the RACS Diversity & Inclusion Plan, RACS seeks to increase diversity on our committees.

3.5. Elections

- 3.5.1. The Section Committee shall be elected prior to the Section ABM every three years.
- 3.5.2. The Secretariat shall send to all Section members (via email or other electronic means) a call for nominations for the seven positions available (Chair, Deputy Chair, and five Committee members), prior to the date fixed for the Section ABM.
- 3.5.3. In the case of the Rural Surgery Section the Secretariat shall send to all Section members (via email or other electronic means) a call for

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nominations for the ten positions available (Chair, Deputy Chair, and eight Committee members), prior to the date fixed for the Section ABM.

- 3.5.4. All nominations proposed and seconded in writing by a Section member, and accepted by the nominee in writing, are to be returned to the Secretariat by no later than 5 pm AEST/AEDT on the closing date prior to the Section ABM.
- 3.5.5. Should there be more than seven nominations in total for the Committee for the seven positions available then an election (via email or other electronic means) is required.
- 3.5.6. The Secretariat shall send to all Section members (via email or other electronic means) a ballot paper prior to the Section ABM.
- 3.5.7. The ballot paper is to be returned to the Secretariat by no later than 5 pm AEST/AEDT on the closing date prior to the Section ABM.
- 3.5.8. The Secretariat shall send to all Section members (via email or other electronic means) prior to the Section ABM the names of those elected to the Committee, along with the proposed agenda for that meeting.
- 3.5.9. At the Section ABM the new Committee shall elect a Chair and Deputy Chair. This may also be done prior to the ASC by email agreement amongst members.
- 3.5.10. Each member of the Committee will be elected for a term of three years and shall be eligible for election for two further periods of three years to a maximum of nine years.
- 3.5.11. In the event of two or more candidates receiving an equal number of votes then priority in election between such candidates is determined as follows:
- a. A retiring Committee member shall be deemed to have received more votes than a candidate who is not a retiring Committee member.
 - b. A retiring Committee member who has served on the Committee for a longer continuous period shall be deemed to have received more votes than another retiring Committee member.
 - c. A retiring Committee member who has been a Fellow, Trainee or IMG of RACS for a longer continuous period shall be deemed to have more votes than another retiring Committee member who has serviced the same continuous period on the Section Committee.
 - d. A Fellow, Trainee or IMG of RACS for a longer continuous period shall be deemed to have received more votes than another where neither is a retiring Committee member.
 - e. Should priority in election not be able to be determined using the provisions above it will be determined by lot.

3.6. Section Meetings

- 3.6.1. The Section shall hold a face-to-face ABM once a year at the ASC. Four members shall constitute a quorum; and in the event of a tie the Chair will have a casting vote.
- 3.6.2. Scientific meetings of the Section will be held during the course of the ASC, but not necessarily at every ASC.

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- 3.6.3. At an ASC, when a scientific meeting of the Section is not being held, the Section ABM will be deferred until the time of the next scientific meeting of the Section.
- 3.6.4. Notwithstanding the above, any five members on two months' notice may demand that a Section ABM take place at the RACS ASC in the absence of the scientific meeting of the Section.
- 3.6.5. Members will receive notice of Section ABM and Section Committee meetings two weeks in advance and agenda/papers (via email or other electronic means) one week in advance.

3.7. Governance of RACS Sections

Each RACS Section will be governed by a Committee comprising Fellows, Trainees or IMGs on pathway to Fellowship who have an interest in any aspect of the Section. The Committee shall meet by teleconference (a maximum of three per year). Four members shall constitute a quorum; and in the event of a tie the Chair will have a casting vote.

Sections report through the Fellowship Services Committee to the Professional Development and Standards Board.

3.8. Creation of a new Section

If a group of Fellows, Trainees or IMGs perceives the need for a new Section, application may be made through the Fellowship Services Committee and Professional Development and Standards Board.

Sections should represent a large enough group of similar interest, whose requirements are not met by current groups within RACS. Such Sections should be of sufficient interest or importance that the costs of the section are warranted, and not duplicate activities already catered for.

3.9. Activities of Sections

3.9.1. Role of RACS Section in Surgical Education and Training

The Section may have a role in determining aspects of the curriculum and the standard of the provision of education and training, based on the RACS Competencies for their sub-specialty. This will be by way of advice to the Board of Surgical Education and Training, through their relevant specialty training board.

3.9.2. Role of RACS Section in Post-Fellowship Training

The Section may have a role in determining aspects of the curriculum and the standard of the provision of post-fellowship training, based on the RACS Competencies for their sub-specialty. This will be by way of advice to the Post Fellowship Education and Training Committee (PFETC).

3.9.3. Role of RACS Section in Surgical Standards and Practice

The Section may have a role in the provision of advice relating to surgical standards or practice. This will be by way of advice to the Professional Standards Committee or Professional Development Committee.

3.9.4. To cooperate with the organiser of the ASC to prepare and coordinate the section scientific programs at the ASC.

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- 3.9.5. Other scientific meetings may be held from time to time if there is a Council approved budget for this purpose and as decided by the Committee.
- 3.9.6. Rural Surgery Section has provision for a face-to-face Committee meeting subject to budgetary approval by Council.
- 3.9.7. Many Sections attract RACS Visitor funding for an educational program at the ASC. RACS Visitor funding is determined by the ASC Coordinator and Committee and is subject to approval by Council.

3.10. Section Surgical Funds

- 3.10.1. Sections can have surgical funds being held by RACS. The funds lodged with RACS are “pooled” with other funds of the RACS and invested with the intention of achieving a satisfactory investment return.
- 3.10.2. All Section Surgical Fund Financial Reports are produced by Finance on a quarterly basis and at year end, detailing expenditure and revenue.
- 3.10.3. All Section Secretariats may distribute the Surgical Fund Financial Reports.

3.11. Section Objectives

Sub-Specialty Sections

- 3.11.1. Colon and Rectal Surgery Section
- a. Role of RACS Section in Post-Fellowship Training
The Section has equal representation with the Colorectal Surgical Society of Australia and New Zealand (CSSANZ) on the Training Board in Colon and Rectal Surgery (TBCRS).
 - b. To promote research and understanding into the diagnosis and treatment of colon and rectal disease.
 - c. To foster excellence in the practice of colon and rectal surgery in Australia and New Zealand.
 - d. The Section convenes the Annual Sydney Colorectal Surgical meeting.
 - e. The Section co-convenes (with the CSSANZ) the Colorectal Spring CME meeting.
 - f. The Section co-convenes (with the CSSANZ) the Colorectal Tripartite meeting held in Australia.
 - g. The Section oversees the Mark Killingback Prize - Colon and Rectal Surgery Section.
 - h. The Section oversees the Colorectal Research Prizes – RACS General Surgery SET Trainees.
- 3.11.2. Endocrine Surgery Section
- a. To foster and maintain the highest standards of care in Endocrine Surgery.
 - b. To promote research into the understanding of normal and disordered function and management of the endocrine system.

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- 3.11.3. Surgical Oncology Section
- a. To foster and maintain the highest standards of care in Surgical Oncology.
- 3.11.4. Transplant Surgery Section
- a. To participate in workforce assessments to ensure the workforce for Transplant Surgery in Australia and New Zealand is adequate.
 - b. To promote professional and community awareness and acceptance of organ and tissue donation for transplantation.
 - c. To promote research in the basic and clinical sciences related to transplantation.
- 3.11.5. Upper GI, HPB and Obesity Surgery Section
- a. To foster and maintain a high standard of care in the surgery of the Upper Gastrointestinal tract and Hepato-Pancreato-Biliary system and in the surgical management of Obesity.
 - b. To promote research in the understanding of normal and disordered function, plus management of the Upper Gastrointestinal tract and Hepato-Pancreato-Biliary system, encompassing the oesophagus, stomach, small intestine, liver, biliary tract and pancreas.
 - c. Section Role in liaison with specialty societies. An important role of the Section is to be the unifying entity for the 3 divisions of surgery of the foregut.
- Multi-Disciplinary Sections
- 3.11.6. Medico Legal Section
- a. To assist in the development and identification of professional development activities and standards of practice as they relate to medico legal activities.
- 3.11.7. Military Surgery Section
- a. To promote the study of all aspects of military surgery, to foster interest in the significance of present and past surgical and anaesthetic practice in this field, and to encourage interest in the care of the injured on Service.
 - b. To maintain a close association with the RACS Archives and Library Committees, to ensure that the historical material of the RACS in this field is used to the best advantage of all Fellows.
 - c. Promote and encourage Fellows and trainees to enlist in the Defence Forces of our two countries, to provide the surgical component of our Defence Force Health elements with the objective of supplying high quality surgical care to the personnel in our Defence Forces.
 - d. To develop productive relationships with all surgical specialties, particularly in relation to Trauma Surgery and surgical outreach.
 - e. To foster universal support to the veteran communities of New Zealand and Australia with an emphasis on surgery.
- 3.11.8. Pain Medicine Section

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Title:	Sections Terms of Reference		

- a. To foster and maintain the highest standards of care in Pain Medicine.
- 3.11.9. Rural Surgery Section
- a. To ensure the provision of quality surgical care to the populations of regional, rural and remote areas of Australia and New Zealand.
- b. To advise RACS on the scope and nature of surgical practice in regional, rural and remote Australia and New Zealand.
- c. To advise and assist RACS with workforce issues relating to the provision of surgical services including recruitment, retention, training and support for surgeons working in regional, rural and remote Australia and New Zealand.
- d. To promote and co-ordinate Continuing Professional Development programs for rural surgeons in association with the State and Regional Committees, the ASC, the Professional Development and Standards Board, the Provincial Surgeons of Australia, General Surgeons Australia and the New Zealand Association of General Surgeons.
- e. To oversee maintenance of data (by staff) on the budgets and progress of externally funded rural projects.
- f. To consider incentives to attract Younger Fellows to geographical areas of particular need.
- g. To recommend to the Fellowship Services Committee which funding bodies the RACS should liaise with to maximise the number of hospital training places suitable for SET Trainees in regional, rural and remote areas.
- h. To develop and govern the plan for the Rural Surgery Section, and to ensure that the plan is consistent with the RACS strategic plan.
- i. To have responsibility for the nomination of rural surgeon representation to the following forums:
- The Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy
Surgical Gastrointestinal Endoscopy Committee
General Surgeons Australia (GSA)
Training Board of General Surgery
Regional Committees
Other relevant internal and external bodies, committees and associations as needed.
- 3.11.10. Senior Surgeons Section
- a. To apply the knowledge and experience of Senior Surgeons to advancement of surgical standards in Australia and New Zealand.
- b. To advise RACS, through Fellowship Services, Professional Development, and Regional Committees, on issues relevant to Senior Surgeons.

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- c. To promote and facilitate ongoing involvement of Senior Surgeons in specific RACS activities related to surgical recruitment, training, mentoring and credentialing.
- d. To demonstrate and support the need for respect, equity, diversity and cultural sensitivity in the working environment.
- e. To provide leadership and maturity in the establishment of a RACS Fellowship without harassment or discrimination.
- f. To facilitate identification of, and collegiate support for, all surgeons requiring personal and professional advice regarding finance and ability to operate.
- g. To assist in preparation towards retirement, including convening of suitable "Building Towards Retirement" workshops as required.
- h. To address specific areas of potential medico legal problems arising from physical and mental disabilities, particularly related to ageing.
- i. To advise RACS Council, through the Fellowship Services Committee, regarding the need for reassessments and credentialing standards for CPD for semi-retired surgeons.
- j. To be actively involved in any future RACS discussions regarding compulsory age of retirement.
- k. To maintain a forum for discussion and communication of matters affecting Senior Surgeons through the Annual Scientific Congress and State or Regional programs.
- l. To promote the ability and experience of senior surgeons in teaching activities.

3.11.11. Surgical Directors Section

- a. To develop and influence the education and training of Surgical Directors and/or Directors of Surgery in leadership and management roles.
- b. To develop, review and support policies and position statements, on issues that affect Surgical Directors in leadership and management roles.
- c. To foster research in health services and in the education and training of Surgical Directors.
- d. To serve as a reservoir of issues in management and possible solutions, plus benchmark measures those members might access for assistance.
- e. To promote and coordinate continuing professional development activities, mentoring and networking opportunities for Surgical Directors in leadership and management roles.
- f. To serve as a resource of and promulgate principles of continuous quality improvement throughout institutions in Australia and New Zealand.
- g. To promote RACS educational activities to the Fellowship.

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Title:	Sections Terms of Reference		

- h. To advise RACS on the scope and nature of Surgical Directors needs for professional development services in Australia and New Zealand.
- i. To advise and assist RACS with workforce issues relating to the provision of Surgical Directors including recruitment, retention, training and support for Surgical Directors working in Australia and New Zealand.
- j. To assist in promotion and facilitation of the essential components of quality surgical services and treatment including:
 - Maintenance of professional standards
 - Continuous quality improvement and audit of outcomes
 - Peer review
 - Ongoing training
 - Advocacy for safe and appropriate working hours for surgeons caring for the acute or injured patient to reflect best practice in the international standard of surgical care
 - Research activities
 - Education and training facilities
 - Accreditation of hospitals for surgical training
 - Advocacy for standards of service delivery
- k. To advise RACS on responses and recommendations that relate to the leadership and management competencies for Surgical Directors requested by external organisations.
- l. To promote on behalf of RACS, the role of Surgical Directors in hospital and health services management.
- m. To advocate for sustainable surgical practice.

3.11.12. Women in Surgery Section

- a. To encourage women (medical students and young doctors) to pursue a surgical career.
- b. To identify and develop mechanisms to remove barriers to surgical training for women.
- c. To draw on the strengths of women in surgery to enhance surgical standards.
- d. To identify any negative gender discriminatory aspect of RACS business and recommend solutions.
- e. To identify and draw to the attention of Council the advantages of gender inclusive RACS policies and programs.
- f. To advocate that women be actively sought for representation on RACS decision making bodies.
- g. To promote and identify leadership training for women in surgery. Thus enhancing their capacity to take leadership and active roles in RACS decision making.

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- h. To advocate with government and non-government organisations to implement guidelines on participation of women in the surgical workforce.
- i. To ensure adequate resources for women in surgical training are provided by liaison with RACS Council it's various committees, and Health departments in Australia and New Zealand.
- j. To develop and support flexible surgical training opportunities in SET, including part time training, and job sharing for all trainees.
- k. To advocate for appropriate "work life balance" for the benefit of all trainees.
- l. To develop mentoring programs including networks of surgeons for mentoring and support for medical students, trainees and young surgeons.

4. ALTERATIONS TO THE SECTIONS TERMS OF REFERENCE

Any alterations to this Policy are subject to the approval of RACS Council through the Fellowship Services Committee and the Professional Development and Standards Board (PDSB).

5. ASSOCIATED DOCUMENTS

Approval of Post Fellowship Training Programs - Policy

College Coat of Arms - Policy

Colon and Rectal Surgery Section Scientific Meetings Finance Procedures – Procedure

Colorectal Tripartite Meeting Organising Committee - Document

Investments - Distribution of Investment Income - Policy

Investments - Distribution of Investment Income - Procedure

Mark Killingback Prize - Colon and Rectal Surgery Section - Policy

Mark Killingback Prize - Colon and Rectal Surgery Section – Procedure

Colorectal Research Prizes – RACS General Surgery SET Trainees – Policy

Colorectal Research Prizes – RACS General Surgery SET Trainees - Procedure

Memorandum of Understanding RACS Conferences and Events Management and Fellowship Services Department - Combined Australia and New Zealand Colorectal Surgical Meetings - (Colorectal Spring CME and Sydney Colorectal Surgical Meeting) – Contracts

NZAGS and GSA SET Trainees Colorectal Research Prizes - Policy

NZAGS and GSA SET Trainees Colorectal Research Prizes - Procedure

Post Fellowship Education and Training Committee: Terms of Reference - Policy

Rural Surgeons Award - Policy

Rural Surgery Section (RSS) Committee face to face meeting - Procedure

Section Elections Checklist

Section Elections Call for Nominations Form

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POLICY

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

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Section Elections Ballot Paper Form

Travel and Accommodation - Policy

Approver Professional Development and Standards Board
Authoriser Council

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