1. PURPOSE AND SCOPE

This policy outlines the College’s approach to the management of nominations for RACS or surgeon representatives to external bodies.

Surgeon nominees are distinguished from RACS representatives in that they do not represent the College’s view but rather bring a surgical perspective to a body’s deliberations.

2. KEYWORDS

Representative, external body, RACS delegate, RACS Representative, Education Board, EB, Professional Development and Standards Board, PDSB

3. BODY OF POLICY

3.1. Background

External representation provides RACS with an opportunity to promote its strategic objectives, positions and to contribute to the outcomes of the external body for the advancement of surgical practice in Australia and New Zealand.

RACS receives numerous requests for representation and nominees to external bodies. Where the request is relevant to surgery and/or the strategic objectives of RACS, the College will nominate representative/s with the appropriate experience and expertise.

3.2. Allocation of Nominees

3.2.1. Initial Management of Requests

All New Zealand specific requests will be overseen by the New Zealand Office and New Zealand National Board (NZNB).

Where the matter is specific to a state or territory, the request will be overseen by the relevant state or territory committee.

All other requests relating to Australian or international matters will be referred to the Vice President’s Office for triage.

3.2.2. Alignment of proposed appointment

Where the matter is specific to New Zealand or an Australian State/Territory, the NZNB or State or Territory Committee will have responsibility for sourcing and briefing an appropriate representative.

In some cases the President or suitable Councillor may be appropriate (e.g. ministerial appointments).

All other requests are managed by the relevant portfolio committee (i.e. Fellowship Services, Professional Standards, Education Board, Global Health) who will determine eligible candidates for appointment.

A Board or Committee may seek advice from the Executive Director for Surgical Affairs (EDSA) to help identify a representative or nominee.

Where the Vice President’s Office consider that another organisation (i.e. specialty society or association) may be a more appropriate positioned to nominate or appoint a representative, the request may be referred for their action.
If the request is not relevant to surgery or RACS strategic objectives, the Vice President's Office may elect to decline the request.

3.2.3. Reporting

Surgeons who are not representatives of RACS are not required to provide a formal report back to the College.

Surgeons who are acting as a RACS representative are required to provide a progress/update report/s as appropriate.

To support the representative in undertaking this task, RACS will provide them with an overview of reporting deadlines, background and existing RACS positions/correspondence and a key contact at the College to support them in their representation.

3.2.4. Record of Key Information

Where there is insufficient information provided by the external body to progress the request, the Vice President’s Office will request further information.

All information pertaining to RACS representatives and surgeon nominee will be recorded in Sharepoint.

The portfolio staff member is responsible for ensuring accurate records are kept of RACS representatives and surgeon nominees.

4. ASSOCIATED DOCUMENTS

RACS and Surgeon Representatives to External Bodies Process Map

RACS and Surgeon Representatives Register

Approver: Chief Executive Officer
Authoriser: Council