1. PURPOSE AND SCOPE

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

The 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.

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 of the Board in General Surgery (BiGS), which reports to the Board of Surgical Education and Training (BSET):

- New South Wales/Australian Capital Territory Training Committee
- New Zealand National Training Committee
- Queensland Training Committee
- South Australian/Northern Territory Training Committee
- Victorian/Tasmanian Training Committee
- Western Australia Training Committee

3.2. The Board in General Surgery

3.2.1. The Board in General Surgery shall consist of the following members with voting rights:

a. Chair of the Board
b. Deputy Chair of the Board and IMG representative
c. New Zealand National Training Committee Chair or representative
d. NSW/ACT Training Committee Chair or representative
e. QLD Training Committee Chair or representative
f. SA/NT Training Committee Chair or representative
g. VIC/TAS Training Committee Chair or representative
h. WA Training Committee Chair or representative
i. RACS Senior Examiner(s), General Surgery
j. RACS Specialty Elected Councillor for General Surgery
k. General Surgery representative on the RACS Surgical Sciences and Clinical Examination Committee
l. RACS Rural Representative
m. Australian Trainee Representative
n. New Zealand Trainee Representative
3.2.2. The Board in General Surgery shall consist of the following non-voting members:
   a. Immediate Past Board Chair (12 month term)
   b. NZAGS General Manager Policy, Projects & Education
   c. GSA Director - Education & Training
   d. Board in General Surgery Secretariat
   e. President (or proxy) of GSA
   f. President (or proxy) of NZAGS
   g. Other co-opted members as required

3.2.3. The RACS Chief Executive Officer (or his/her delegate) may attend any meeting of the Board and the President of the RACS may Chair any meeting with appropriate notice.

3.2.4. The Chief Executive (or equivalent) of GSA and NZAGS may attend any meeting of the Board.

3.2.5. The RACS President and the Censor in Chief are ex-officio members of the Board.

3.2.6. 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.

3.2.7. Members specified in 3.2.1 (a-h) 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 3.2.7 for the remaining term of their appointment. All new elections must be compliant with 3.2.7

3.2.8. The Chair of the Board will be elected from within the current Board with equal opportunity for the Deputy Chair or any current or former Training Committee Chair to stand for election. The position will be held for a two (2) year term. Elections will be held in September every two (2) years, preceding the change of Chair in June (or at the time of the second face to face meeting of the Board) of the following year.

3.2.9. The Deputy Chair of the Board will be elected from within the current Board with equal opportunity for any current or former Training Committee Chair to stand for election. The position will be held for a two (2) year term. Elections will be held in September every two (2) years, preceding the change of Deputy Chair in June (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 Board, formal nomination and election to the Chair will occur according to 3.2.7.

3.2.10. Membership of the Board in a specific representative role shall not exceed a maximum of nine (9) consecutive years without the permission of the Censor in Chief.
3.2.11. Non-Board members may attend Board meetings with the permission of the Chair.

3.2.12. Each member of the Board is equally accountable and responsible for acting according to RACS Policy and in the best interests of both trainees and NZAGS and GSA Societies.

3.2.13. Recommendations from the Board with financial, political, resourcing and/or operational implications for the Societies should be referred to the Project Management Committee 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 the Board is seven (7) voting members or 50% of the membership with voting rights.

3.3. **Board in General Surgery meetings**

3.3.1. The Board will convene approximately once a month, usually by teleconference. 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 Board should hold a minimum of six (6) face-to-face meetings (i.e. three (3) per year). It is expected that one (1) of these meetings in each two (2) year cycle should be held in New Zealand. Face to face meetings should focus as a priority on strategic, policy, and curriculum matters.

3.3.3. An extraordinary meeting of the Board may be convened by the Chair, provided seven (7) days’ notice is given to Board members specifying the general nature of the business to be discussed. No other business shall be discussed at an extraordinary meeting of the Board.

3.3.4. Board Members must elect a proxy for times of absence where voting is required.

3.3.5. The Board Secretariat will be provided through the Societies.

3.3.6. A Board recommendation must be formally stated and carried.

3.3.7. A Board (inc. subcommittees) 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.

3.3.8. 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 a Training Committee for consideration

b. The matter needs to be referred to the Project Management Committee for consideration and advice

c. Where a vote is marginal and the Chair has been required to exercise a casting vote

d. A Training Committee representative can demonstrate that the recommendation is incompatible with its local training environment

3.3.10. The agenda of Board meetings should be structured so that strategic, policy or curriculum matters are prioritised at the three (3) face to face meetings.

3.4. Powers of the Board in General Surgery

3.4.1. The Board in General Surgery has responsibility for:

a. Recommendations to the Board of SET for substantive changes to the Surgical Education and Training Program in General Surgery

b. Approval of General Surgery curricula content and structure for the RACS nine competencies

c. Approval of the overall curriculum content and structure for General Surgery

d. Liaising with the General Surgery Court of Examiners to reconcile the delivery of the SET program with the Fellowship Examination and to facilitate blueprinting

e. Determining standards to be achieved to qualify for Fellowship of RACS in the Specialty of General Surgery

f. Determining the criteria to be achieved by trainees to be eligible to present for the Fellowship Examination

g. Approval of “all of specialty” recommendations from subsidiary committees, including changes to SET Program Regulations, approval of Surgical Supervisors and Accreditation of clinical training posts

h. Approval of applications for admission to Fellowship (delegated to the Chair) upon recommendation from Training Committees, as outlined in 3.6.1.i.

i. Review of poor performance in examinations

j. Referral to the Project Management Committee 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 Board may, through the Chair, request that a referral be made for a recommendation, initiative or agenda item of the Board.

k. Working groups and committees convened to undertake specific activities in line with the General Surgery Curriculum. Membership of...
such groups and committees 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 Project Management Committee as outlined in 3.4.1.i.

i. Nomination of representatives to relevant RACS educational committees to represent the views of the Board

m. Assessment of clinical practice of IMGs on pathway to a General Surgery Fellowship in Australia and, where requested, New Zealand

n. Recommendation to the Board of SET (or its Executive) of changes to an IMG’s pathways to fellowship

o. Creation of, and approval of recommendations from, ad hoc subcommittees required to support RACS policy and Board regulations

p. Recommendation of changes to existing and draft RACS policies

q. Approval of Training Committee recommendations to the Board

r. Other duties as delegated by Council or its subsidiary boards and committees

s. Noting of the Specialty Specific Training fee approved by GSA for Australian trainees and NZAGS for New Zealand trainees

t. Dismissal of Australian and New Zealand trainees upon thorough review of documentation pertaining to reason for dismissal

u. Selection and appointment of new trainees in Australia and New Zealand (refer 3.7 b for New Zealand)

v. Quality Assurance reporting to the Education Board, as agreed in the Partnering Agreement with the RACS

3.5. National and Regional Training Committees of BiGS

3.5.1. The membership of each National and Regional Training Committee shall consist of all the Board appointed surgical supervisors of hospitals or training hubs within the designated region.

3.5.2. Each National and Regional Training Committee will include a co-opted Trainee Representative.

3.5.3. The Chair will be elected by the Training Committee from within its membership; the tenure will not be for less than two (2) years or more than four (4) years.

3.5.4. The Deputy Chair will be elected by the Training Committee from its membership; the tenure will not be for less than two (2) years or more than four (4) years.

3.5.5. For Training Committees with 20 or fewer voting members, the quorum shall be 50% of voting members. For Training Committees greater than 21 voting members, the quorum shall be the lesser of 15 members with voting rights or 50% of voting members.

3.5.6. The Chair of the Board may attend any Training Committee meeting with appropriate notice.
3.6. Powers of New Zealand National Training Committee and Australian Regional Training Committees

3.6.1. The Training Committees are responsible for:

a. Review and approval of the clinical assessment of trainees
b. Trainee progression in the program (interruption, deferral, probation, etc.)
c. Approval and monitoring of research activities
d. Variation to individual training requirements resulting from unsatisfactory rotations, examination reviews, etc.
e. Referral to the Board of any of the above items where a consensus of the Training Committee cannot be reached
f. Performance management of trainees
g. Recommendations to the Board for accreditation of existing and new training posts
h. Approval to present for the Fellowship examination (delegated to the Chair)
i. Approval of applications for admission to Fellowship (delegated to the Chair)
j. Local education and training activities and programs

3.7. Additional Powers delegated to New Zealand National Training Committee

In addition to the powers outlined in section 3.6, the New Zealand National Training Committee has responsibility for:

a. 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 Board for approval.
b. Selection and appointment of new trainees within New Zealand
c. Noting of the Specialty Specific Trainee Fees recommended by NZAGS for New Zealand trainees
d. Quality Assurance reporting to the Education Board, as agreed in the Partnering Agreement with RACS

3.8. Governance and reporting

3.8.1. All meetings of the Board and the Training Committees must have a formal agenda and must be minuted.

3.8.2. To protect RACS against liability and to avoid conflict of interest, where members are also members of a Specialty Society, Board or Committee, meetings of the RACS Boards and Training Committees may not be held concurrently but may be held consecutively.
3.9. Training and Continuing Education

3.9.1. 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

3.9.2. 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

3.9.3. 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

   Board in General Surgery Project Management 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