

TOR-2059

Board of Urology

1. Purpose and scope

- 1.1. To define the Terms of Reference for the Board of Urology (Board) and its subsidiary committees. The Board has been delegated the powers required to exercise responsibility for the regulation and delivery of the Surgical Education and Training (SET) Program in Urology provided by the Royal Australasian College of Surgeons (RACS).

2. Keywords

Governance, role and powers, composition, attendees, eligibility, method of appointment, term, conduct of meetings, conflicts of interest

3. Governance of the SET program in Urology

3.1. Hierarchy

- 3.1.1. The governance hierarchy for the Surgical Education and Training (SET) Program in Urology is:
- a. the Committee of Surgical Education and Training (CSET);
 - b. the Board (of Urology);
 - c. the Regional Training Committees, being:
 - NSW/ACT Regional Training Committee;
 - NZ Regional Training Committee;
 - QLD Regional Training Committee;
 - SA/NT Regional Training Committee;
 - VIC (including TAS) Regional Training Committee; and
 - WA Regional Training Committee.

3.2. Relationships

- 3.2.1. As a reflection of the relationship between the Board and related entities:
- a. the Board Chair will be a member of the CSET with full voting rights;
 - b. the Board Chair will be a member of the Urological Society of Australia and New Zealand (USANZ) Board of Directors with full voting rights;
 - c. the Board Chair may observe any meeting of RACS Education Committee; and
 - d. the Board must provide reports to the CSET for delegated RACS activities identified within the Collaboration Agreement.
 - e. the Specialty Elected Councillor is responsible for facilitating communication of key education issues between Council, Education Committee and the Board.

4. Board of Urology

4.1. Role and powers

4.1.1. The Board has responsibility for the following RACS activities:

- a. recommendations to the CSET for substantial changes to the SET Program in Urology;
- b. determining standards to be achieved to qualify for Fellowship of RACS in the Specialty of Urology;
- c. approval of urology curriculum and content and structure for the teaching of technical and non-technical competencies;
- d. liaison with, and the provision of curriculum information to, the Urology Court of Examiners to facilitate blueprinting of the SET Program to the Fellowship Examination;
- e. determining the criteria to be achieved by trainees to be eligible to present for the Fellowship Examination;
- f. appointment of representatives of the Board to the Surgical Sciences and Clinical Examinations (SSE&CE) Committee, to represent the views of the Board;
- g. approval of Training Regulations that comply with RACS Principles-based policies;
- h. appointment of new trainees;
- i. initiation the trainee dismissal process;
- j. accreditation and disaccreditation of clinical training posts;
- k. approval of the assessment of performance in clinical rotations;
- l. status of trainees in the program (interruption, deferral, probation, etc.);
- m. Quality Assurance Reporting to RACS Education Committee, as agreed in the Collaboration Agreement with RACS;
- n. assessment of clinical practice of Specialist International Medical Graduates (SIMG);
- o. review of poor performance in examinations;
- p. variation to individual training requirements resulting from failed rotations, examination reviews, etc.;
- q. recommendation to the CSET (or its Executive) of changes to a SIMG's pathway to fellowship;
- r. creation of, and approval of recommendations from, ad hoc subcommittees of the Board required to support RACS policy and Board regulations;
- s. recommendation of changes to existing and draft RACS policies;
- t. approval of applications to present for the Fellowship Examination (delegated to the Chair);
- u. approval of applications for admission to Fellowship (delegated to the Chair); and
- v. co-opting additional members of the Board, as required.
- w. other duties as delegated by Council or its subsidiary committees.
- x. each member of the Board is accountable and responsible for acting according to RACS policies.

4.2. Composition

4.2.1. The Board will have the following members:

- a. Board Chair;
- b. Deputy Chair;

- c. NZ Regional Training Committee Chair, or representative;
- d. NSW/ACT Regional Training Committee Chair, or representative;
- e. QLD Regional Training Committee Chair, or representative;
- f. SA/NT Regional Training Committee Chair, or representative;
- g. VIC/TAS Regional Training Committee Chair, or representative;
- h. WA Regional Training Committee Chair, or representative;
- i. President of the USANZ, or nominee;
- j. RACS Senior Examiner, Urology;
- k. RACS Specialty Elected Councillor for Urology;
- l. SIMG Representative;
- m. Trainee Representative;
- n. External Representative;
- o. Immediate Past Board Chair
- p. Co-opted members

4.2.2. If, at any time, none of the Board members in paragraphs 4.2.1.a - 4.2.1.l are considered a Younger Fellow, an additional member will be co-opted as the Younger Fellow Representative:

4.2.3. Where clause 4.2.1 states that a member's place may be taken by their representative or their nominee, then any reference elsewhere in these Terms of Reference to that member will be construed to include a reference to that member's representative or their nominee, as the case may be.

4.2.4. The Board will continue to function validly if any of the above positions are vacant.

4.2.5. RACS President and Censor in Chief are ex officio members of the Board.

4.2.6. Any Board member may resign as a member by giving at least one month's notice in writing of their intention to resign to the Chair.

4.3. Attendees

4.3.1. The USANZ CEO, Education and Training Manager and Training Administrator may attend any meeting of the Board.

4.3.2. Others may attend any meeting of the Board with the permission of the Chair.

4.4. General eligibility

4.4.1. Subject to any express statements to the contrary in these Terms of Reference, members must satisfy the eligibility criteria for the duration of their term. If a member ceases to satisfy the eligibility criteria relating to their position:

- a. less than or equal to 4 months before the end of their term, they can choose to continue until the end of their term; and
- b. more than 4 months before the end of their term, they may be removed from the Board at the discretion of the Chair, and their position declared vacant.

- 4.4.2. Board members cease to be eligible for membership unless they have satisfactorily completed the mandatory training as specified in the RACS Building Respect & Improving Patient Safety Action Plan:
- a. training in adult education principles (the Foundation Skills for Surgical Educators course or approved comparable training); and
 - b. advanced training in preventing discrimination, bullying and sexual harassment, within the following periods:
 - c. for members on the Board at the time these Terms of Reference are adopted, within six months of adoption
 - d. for all others, within six months of becoming a member.
- 4.4.3. Board members are recommended to consider undertaking the following RACS eLearning modules during their terms:
- a. Induction for Supervisors and Trainers Course
 - b. Keeping Trainees on Track (KTOT) eLearning Module
- 4.4.4. Board members are recommended to become members of the Academy of Surgical Educators (ASE) to assist acquiring ongoing development as an educator.
- 4.5. Member-specific eligibility**
- 4.5.1. To be eligible to be the Board Chair or Board Deputy Chair, a person must:
- a. hold an existing position on the Board, unless there are no eligible Board members wishing to nominate for Board Chair or Board Deputy Chair, in which case a person who is not a Board member may nominate;
 - b. comply with the eligibility requirements in paragraph 4.5.2.
- 4.5.2. To be eligible to be a Regional Training Committee Chair, a person must:
- a. be a Fellow of the RACS practicing in Urology;
 - b. be a full member of the USANZ; and
 - c. have an appointment at an institution accredited for the SET Program in Urology.
- 4.5.3. To be eligible to be the SIMG Representative, a person must:
- a. have had previous experience on the Board of Urology or its sub-committees; and
 - b. be a Fellow of the RACS practicing in Urology; and
 - c. be a full member of the USANZ.
- 4.5.4. To be eligible to be a Younger Fellow Representative, a person must:
- a. at all times during their membership of the Board, have been a Fellow of RACS practicing in Urology less than 10 years;
 - b. be a full member of the USANZ; and
 - c. have an appointment at an institution accredited for the SET Program in Urology.
- 4.5.5. To be eligible to be the RACS Senior Examiner or RACS Specialty Elected Councillor for Urology, a person must be a Fellow of the RACS practicing in Urology.

- 4.5.6. To be eligible to be the Trainee Representative, a person must:
- for the duration of the membership of the Board, be a Trainee in the SET Program in Urology;
 - be a Regional Trainee Representative; and
 - not be encumbered unreasonably with Board duties to the detriment of training progression.
- 4.5.7. Eligibility to be the External Representative will be determined in accordance with the applicable RACS policy.

4.6. Method of appointment

- 4.6.1. The offices of Chair and Deputy Chair of the Board will be filled by an election among members of the Board.
- 4.6.2. The office of Regional Training Committee Chair for each region will be filled by an election among the members of each Regional Training Committee.
- 4.6.3. The following members of the Board are ex officio members:
- RACS President;
 - RACS Censor in Chief;
 - President of USANZ;
 - RACS Senior Examiner, Urology; and
 - RACS Specialty Elected Councillor for Urology.
- 4.6.4. The Chair, at their discretion, will invite an appropriate person or persons to nominate for the position of SIMG Representative and Younger Fellow Representative, if applicable. Where there is more than one nominee, the Board will elect the SIMG Representative or the Younger Fellow Representative.
- 4.6.5. The Trainee Representative will be elected by the Trainee members of USANZ.
- 4.6.6. The External Representative will be appointed by the Board via an Expression of Interest process .
- 4.6.7. Members may be co-opted for a special purpose at the discretion of the Board..
- 4.6.8. The RACS recognises that there are positive benefits from diverse membership. The Board will consider co-opting members to improve board diversity, particularly in relation to gender, ethnicity, medical education, qualifications and geography.

4.7. Terms

- 4.7.1. The following provisions apply to the term of office for the Chair, the Deputy Chair and Immediate Past Chair:
- the term is two years;
 - the Board member elected as Chair must vacate their previous office on becoming Chair;
 - the Board member elected as Deputy Chair may retain their previous office as well as holding the office of Deputy Chair;
 - an incumbent Chair or Deputy Chair will not be eligible to be a candidate for re-election unless the Board specifically resolves that they are eligible; and
 - the term for each office is in addition to any previous term on the Board in any other capacity.

- 4.7.2. The following provisions apply to the term of office for each Regional Training Committee Chair and the SIMG Representative:
- a. the term is two years;
 - b. a person can hold office for a maximum of two consecutive terms; and
 - c. in extenuating circumstances, the Board can exercise its discretion to extend the term.
- 4.7.3. Persons who are members of the Board ex-officio will be members of the Board for as long as they hold the relevant other office.
- 4.7.4. The following provisions apply to the term of office for the Younger Fellow Representative, and the Trainee Representative:
- a. the term is two years;
 - b. an incumbent will not be eligible to be a candidate for re-appointment unless the Board specifically resolves that they are eligible; and
 - c. In extenuating circumstances, the Board can exercise its discretion to extend the term.
- 4.7.5. Co-opted members are appointed by the Board for a maximum period of 12 months and may be reappointed by the Board for a further period or periods
- 4.7.6. In calculating the terms of office for existing Board members at the time these Terms of Reference are introduced, all previous terms of office will be recognised.
- Note: RACS's policy on the maximum number of years a person may be a member of a Surgical Training Board apply to the maximum number of years a person may be a member of the Board. In 2017, that number was 9 years.*

4.8. Board Executive

- 4.8.1. The Board Executive comprises the Chair, Deputy Chair, President of the USANZ, RACS Senior Examiner, Urology and RACS Specialty Elected Councillor for Urology
- 4.8.2. The Board Executive may meet in person, by teleconference or vote on propositions electronically.
- 4.8.3. The quorum of the Board Executive is 3 members and must include the Chair or Deputy Chair.
- 4.8.4. The Board Executive may exercise any powers delegated by the Board.
- 4.8.5. Resolutions are made by a simple majority vote of Board Executive members participating in the meeting. In the event of a tied vote, the Chair will have a deliberative vote and a casting vote.

4.9. Conduct of meetings

- 4.9.1. Ordinary meetings of the Board must be held not less than four times a year at a time and place to be determined by the Chair in consultation with the Deputy Chair.
- 4.9.2. At least 5 days written notice of ordinary meetings must be given, including an agenda, which may be reasonably amended at any time before or during the meeting.
- 4.9.3. A special meeting of the Board may be called by the Chair, with members being given at least 1 day written notice of the meeting, including an agenda, which may be reasonably amended at any time before or during the meeting.

- 4.9.4. Notice of a special meeting must specify the business to be considered and, in the absence of unanimous agreement of members to the contrary, no un-notified business may be considered at the meeting.
- 4.9.5. Each member of the Board has a right to vote.
- 4.9.6. Co-opted Members do not have a right to vote except on the issues in respect of which they have been co-opted.
- 4.9.7. Attendees do not have a right to vote.
- 4.9.8. The quorum for the Board is 50% of members entitled to vote.
- 4.9.9. Resolutions are made by a simple majority vote of Board members participating in the meeting. In the event of a tied vote, the Chair will have a deliberative vote and a casting vote. Resolutions must be formally stated and passed.
- 4.9.10. The Board may meet in person, by teleconference or may approve a resolution by email, at the discretion of the Board Chair.
- 4.9.11. The Board may make a resolution by email as follows:
 - a. a written resolution approved by email by 75% of all members is taken to be a resolution of the members passed at a Board meeting duly convened and held;
 - b. the resolution takes effect on the date on which at least 75% of members have voted either in favour or against the motion; and
 - c. the record of the resolution will consist of the printed electronic mail messages of all members responding to the motion.
- 4.9.12. Resolutions made by whatever means (i.e. in person, by teleconference or via email) will be equally binding.
- 4.9.13. Minutes of all meetings must be recorded, and copies of the minutes distributed to all those entitled to attend meetings of the Board before the next meeting.
- 4.9.14. No business may be considered at a meeting of the Board until the minutes of the previous meeting have been confirmed or otherwise disposed of. No discussion of the minutes is permitted except as to their accuracy.
- 4.9.15. Minutes of a meeting must be confirmed by resolution and signed by the Chair at the next meeting. Minutes confirmed will be taken as evidence of proceedings of that meeting.

4.10. Conflicts of interest

- 4.10.1. RACS Conflict of Interest Policy will apply.

5. Regional Training Committees

5.1. Role and powers

- 5.1.1. Each Regional Training Committee is responsible for:
 - a. review of the clinical assessment of trainees;
 - b. recommendations of rotation status to the Board;
 - c. referral of issues to the Board; and

d. dissemination of information from the Board.

5.2. Composition, attendees, method of appointment and term

- 5.2.1. The membership of each Regional Training Committee comprises the Training Supervisors of accredited SET Urology training posts within that region.
- 5.2.2. A Chair will be selected by the Regional Training Committee from its membership, for a term of two years. A person can hold office for a maximum of two consecutive terms.
- 5.2.3. A Deputy Chair will be selected by the Regional Training Committee from its membership, for a two year term. A person can hold office for a maximum of two consecutive terms.
- 5.2.4. Regional Training Committees may co-opt members (e.g. a Trainee Representative).
- 5.2.5. All Regional Training Committee members are eligible to vote but co-opted members are not eligible to vote except on the issues in respect of which they have been co-opted.
- 5.2.6. The Board Chair may attend the meeting of any Regional Training Committee with appropriate notice.
- 5.2.7. The staff of the USANZ may attend Regional Training Committee meetings.

5.3. Conduct of meetings

- 5.3.1. The same rules that apply to conduct of Board meetings under clause 4.9 of these Terms of Reference apply to conduct of Regional Training Committee meetings. For the avoidance of doubt, any Trainee Representative co-opted on to a Regional Training Committee does not have a right to vote.

5.4. Conflicts of interest

- 5.4.1. The same rules that apply to conflicts of interest for the Board under clause 4.10 of these Terms of Reference apply to conflicts of interest for Regional Training Committees.

6. Associated Documents

- 6.1. There are no associated documents with this policy.

7. Communication

- 7.1. The most recent version of the policy will be available on RACS website.

8. Information

Title	Board of Urology
Document number	TOR-2059
Version	6
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