

Portfolio	Education	Ref. No.	ETA-SET-040
Team:	Surgical Training		
Title:	Board of Otolaryngology Head and Neck Surgery Terms of Reference		

1. PURPOSE AND SCOPE

The purpose of this policy is to define the terms of reference for the Board of Otolaryngology Head and Neck Surgery and its subsidiary committees. The Board of Otolaryngology Head and Neck Surgery has been delegated the powers required to exercise responsibility for the regulation and delivery of the Surgical Education and Training Program in Otolaryngology Head and Neck Surgery.

2. KEYWORDS

Responsibilities, Composition, Powers, Quorum, Governance

3. BODY OF POLICY

3.1. The Australia and New Zealand Board of Otolaryngology Head and Neck Surgery

- 3.1.1. The Board of Otolaryngology Head and Neck Surgery (Board) shall consist of the following members with voting rights:
- a. Chair of the Board
 - b. New Zealand National Training and Education Committee Chair or representative
 - c. NSW/ACT/NT Training Committee Chair or representative
 - d. QLD Training Committee Chair or representative
 - e. SA Training Committee Chair or representative
 - f. VIC/TAS Training Committee Chair or representative
 - g. WA Training Committee Chair or representative
 - h. Otolaryngology Head and Neck Surgery representative on the Surgical Sciences and Clinical Examination Committee
 - i. Academic Representative
 - j. Younger Fellows Representative (when no Younger Fellow is elected to the Board)
 - k. President (or nominee) of the Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS)
 - l. President (or nominee) of the New Zealand Society of Otolaryngology Head and Neck Surgery (NZSOHNS)
 - m. RACS Senior Examiner, Otolaryngology Head and Neck Surgery
 - n. RACS Specialty Elected Councillor for Otolaryngology Head and Neck Surgery
 - o. Trainee Representatives from Australia and New Zealand
 - p. Community Representative
 - q. International Medical Graduate Representative

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- 3.1.2. The Board may co-opt members as required. Co-opted members are appointed for a maximum of 12 months and may be reappointed for a further period or periods.
- 3.1.3. The RACS President and Censor in Chief are ex officio members of the Board.
- 3.1.4. 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.
- 3.1.5. Members specified in 3.1.1 (a-j) must have an appointment at an institution accredited for Surgical Education and Training.
- 3.1.6. The Board Chair and members in office at 1 October 2016 are exempt from 3.1.5 for the remaining term of their appointment. All new members must be compliant with clause 3.1.5.
- 3.1.7. RACS Chief Executive Officer or their delegate may attend any meeting of the Board.
- 3.1.8. The Chief Executive Officer and SET Administrator, ASOHNS may attend any meeting of the Board.
- 3.1.9. The Chair of the Board shall be elected by a majority vote of the Board members with voting rights for a three (3) year term and shall be eligible for re-election for a following three (3) year term.
- 3.1.10. Regional Chair Positions of the Board are elected by a majority vote of the Regional Training Board members.
- 3.1.11. Regional members may serve in that position for a maximum of three (3) terms.
- 3.1.12. The Senior Examiner is elected by the membership of the RACS respective Specialty Court. The Senior Examiner is appointed for a term of two (2) years.
- 3.1.13. The period of membership of members specified in 3.1.1 (a-j) and/or co-opted member shall not exceed a maximum of nine (9) years without the permission of the Censor in Chief.
- 3.1.14. Other members who are on the Board by right of their position on another committee serve for the period that they hold that position. If they were previously Regional members their total period on the Board may exceed nine (9) years.
- 3.1.15. The Specialty Elected Councillor is elected to the RACS Council. The elected term of office is three (3) years and the maximum tenure is nine (9) years.
- 3.1.16. The Trainee Representative shall hold office for a maximum tenure of two (2) years. The Trainee Representative shall be elected by trainees in a process approved by each training fraternity.

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- 3.1.17. The Community Representative is appointed by a process approved by Council and oversighted by the RACS Vice President.
- 3.1.18. The IMG Representative reports to BSET and the maximum tenure is nine (9) years.
- 3.1.19. Each member of the Board is equally accountable and responsible for acting according to RACS policy. The President and the Censor in Chief are ex-officio members of the Board.

3.2. Powers of the Board of Otolaryngology Head and Neck Surgery

- 3.2.1. The Board of Otolaryngology Head and Neck Surgery has responsibility for the following RACS activities:
- a. Recommendations to the Board of Surgical Education and Training for substantial changes to the Surgical Education and Training Program in Otolaryngology Head and Neck Surgery.
 - b. Determining standards to be achieved to qualify for Fellowship of RACS in the Specialty of Otolaryngology Head and Neck Surgery.
 - c. Approval of Otolaryngology Head and Neck Surgery curricula content and structure for the competencies of Medical Expertise and Technical Expertise.
 - d. Approval of the overall curriculum content and structure for Otolaryngology Head and Neck Surgery.
 - e. Liaison with, and the provision of curriculum information to, the Otolaryngology Head and Neck Surgery Court of Examiners to facilitate blueprinting of the SET program to the Fellowship Examination.
 - f. Determining the criteria to be achieved by trainees to be eligible to present for the Fellowship Examination.
 - g. Appointment of representatives to the Surgical Sciences and Clinical Examinations Committee, who represent the views of the Specialty Training Board.
 - h. Approval of Training Regulations that are supported by ASOHNS and NZSOHNS and comply with RACS principles-based policies.
 - i. Appointment of new trainees.
 - j. Dismissal of trainees.
 - k. Accreditation of clinical training posts.
 - l. Approval of the assessment of performance in clinical rotations.
 - m. Status of trainees in the program (interruption, deferral, probation, etc).
 - n. Quality Assurance Reporting to the Education Board, as agreed in the Collaboration Agreement with RACS.
 - o. Assessment of clinical practice of IMGs.
 - p. Review of poor performance in examinations.

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- q. Variation to individual training requirements resulting from failed rotations, examination reviews, etc.
- r. Recommendation to the Board of Surgical Education and Training (or its Executive) of changes to an IMG's pathway to Fellowship.
- s. Creation of, and approval of recommendations from, ad hoc subcommittees required to support RACS policy and Board regulations.
- t. Recommendation of changes to existing and draft RACS policies.
- u. Approval of applications to present for the Fellowship Examination (delegated to the Chair).
- v. Approval of applications for admission to Fellowship (delegated to the Chair).
- w. Co-opt additional members of the Board, as required. Co-opted members are appointed for a maximum term of one (1) year but may be reappointed.
- x. Approval of the Specialty Specific Training Fee recommended by ASOHNS and NZSOHNS (and RACS for delegated specialty specific activities).
- y. Other duties as delegated by Council or its subsidiary boards and committees.

3.3. Conduct of Board Meetings

- 3.3.1. All meetings of the Board must have a formal agenda and be minuted.
- 3.3.2. Decisions of the Board or Executive shall be made by a majority of the membership. In the event of a tied vote, the Chair shall have a casting vote.
- 3.3.3. A Board recommendation must be formally stated and carried.
- 3.3.4. The Board may make a decision by email in the following way:
 - a. A written resolution approved by electronic mail by 50% 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.
- 3.3.5. A quorum of the Board shall be 50% of the membership with voting rights.

3.4. Board Executive

- 3.4.1. The Board Executive shall comprise the Chair, ASOHNS President (or nominee), NZSOHNS President (or nominee) and Senior Examiner.

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- 3.4.2. The Board Executive may meet in person, by teleconference or vote on propositions electronically.
- 3.4.3. The quorum of the Board Executive is three (3) members.
- 3.4.4. The Board Executive shall exercise such powers as delegated by the Board.
- 3.4.5. Decisions of the Board Executive shall be made by a majority of the membership. In the event of a tied vote, the Chair shall have a casting vote.

3.5. Powers and Composition of the Regional Training Subcommittees of the Board of Otolaryngology Head and Neck Surgery

- 3.5.1. The regional subcommittees of the Board are comprised of the Surgical Supervisors of accredited training posts in the designated region. A Chair is elected by and from the membership of the regional committee.
- 3.5.2. Powers of the Board are:
- a. review of the clinical assessment of trainees
 - b. recommendations of rotation status to the BOHNS
 - c. referral of issues to the BOHNS.
- 3.5.3. The NZ Training Subcommittee is delegated the authority to appoint trainees.

3.6. Reporting

- 3.6.1. The BOHNS Chair is a member of the RACS Board of Surgical Education and Training with full voting rights.
- 3.6.2. The BOHNS Chair may observe any meeting of the RACS Education Board.
- 3.6.3. The Board shall provide reports to the RACS Board of Surgical Education and Training for delegated RACS activities identified within the Collaboration Agreement.

3.7. Training and Continuing Education

- 3.7.1. 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)
 - b. advanced training in recognising, managing and preventing Discrimination, Bullying and Sexual Harassment
 - c. Supervisors and Trainers for SET (SAT SET) eLearning module
 - d. Keeping Trainees on Track (KTOT) eLearning module.

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- 3.7.2. 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

There are no associated documents with this policy.

5. COMMUNICATION

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

Approver Education Board
Authoriser Council

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