

Portfolio:	Education	Ref. No.	ETA-SET-058
Team:	Surgical Education and Training		
Title:	Australian Board in General Surgery Terms of Reference		

1. PURPOSE AND SCOPE

The purpose of this policy is to define the Terms of Reference for the Australian 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 Australian 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 in Australia.

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

3.1.1. The regulation and administration of the Surgical Education and Training (SET) Program in General Surgery is conducted through the following governance structure of the Australian Board in General Surgery (the Board), which reports to the Board of Surgical Education and Training (BSET):

- a. New South Wales/Australian Capital Territory Training Committee
- b. Queensland Training Committee
- c. South Australian/Northern Territory Training Committee
- d. Victorian/Tasmanian Training Committee
- e. Western Australia Training Committee

3.2. The Australian Board in General Surgery

3.2.1. The Australian 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. NSW/ACT Training Committee Chair or representative
- d. QLD Training Committee Chair or representative
- e. SA/NT Training Committee Chair or representative
- f. VIC/TAS Training Committee Chair or representative
- g. WA Training Committee Chair or representative
- h. RACS Senior Examiner(s), General Surgery
- i. RACS Specialty Elected Councillor for General Surgery
- j. General Surgery representative on the RACS Surgical Sciences and Clinical Examination Committee
- k. RACS Rural Representative

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- l. Australian Trainee Representative
- m. A Community Representative
- 3.2.2. The Australian Board in General Surgery shall consist of the following non-voting members:
 - a. Immediate Past Board Chair (12-month term)
 - b. New Zealand Board in General Chair or representative
 - c. GSA Director - Education & Training
 - d. GSA Manager - Education & Training
 - e. President (or proxy) of GSA
 - f. Other co-opted members as required
- 3.2.3. The RACS Chief Executive Officer (or his/her delegate) or RACS President may attend any meeting of the Board.
- 3.2.4. 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.
- 3.2.5. Members specified in 3.2.1.a - 3.2.1.g must have an appointment at an institution accredited for Surgical Education and Training.
- 3.2.6. The Board Chair and members in office at 1 October 2016 are exempt from 3.2.5 for the remaining term of their appointment. All new elections must be compliant with 3.2.5.
- 3.2.7. 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 following the June meeting of the following year.
- 3.2.8. 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 following the June 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.
- 3.2.9. The Specialty Elected Councillor is responsible for facilitating communication of key education issues between Council, Education Board and the Board.
- 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.

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- 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 GSA Societies.
- 3.2.13. Recommendations from the Board with financial, political, resourcing and/or operational implications for the Societies will be referred to GSA 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. Australian Board in General Surgery meetings

- 3.3.1. The Board will convene a minimum of five (5) face to face meetings per year, with teleconferences schedules as required.
- 3.3.2. 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.
- 3.3.3. Board Members must elect a proxy for times of absence where voting is required.
- 3.3.4. The Board Executive Support will be provided through GSA.
- 3.3.5. A Board recommendation must be formally stated and carried.
- 3.3.6. A Board (inc. subcommittees) may decide 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.
- 3.3.7. All dissenting views shall be recorded. A member choosing to abstain from a vote shall also be recorded.
- 3.3.8. 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 GSA for consideration and advice.
 - c. Where a vote is marginal and the Chair has been required to exercise a casting vote.

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

3.4. Role and Powers of the Australian Board in General Surgery

The Australian Board in General Surgery has responsibility for the following as it pertains to the Australian General Surgery Training Program:

- 3.4.1. Selection and appointment of new trainees.
- 3.4.2. Recommendations to the Board of SET for substantive changes to the Surgical Education and Training Program in General Surgery in Australia.
- 3.4.3. Approval of General Surgery program and structure aligned to the RACS nine competencies.
- 3.4.4. Approval of the overall curriculum content for General Surgery in conjunction with the New Zealand Board in General Surgery, and with advice from the Binational Advisory Curriculum Committee.
- 3.4.5. Liaising with the General Surgery Court of Examiners to reconcile the delivery of the SET program with the Fellowship Examination and to facilitate blueprinting.
- 3.4.6. Determining standards to be achieved to qualify for Fellowship of RACS in the Specialty of General Surgery.
- 3.4.7. Determining the criteria to be achieved by trainees to be eligible to present for the Fellowship Examination.
- 3.4.8. Approval of recommendations from subsidiary committees, including changes to SET Program Regulations, trainee requests, approval of Surgical Supervisors and Accreditation of clinical training posts.
- 3.4.9. Approval of applications to present for the Fellowship Examination (delegated to the Chair or Deputy Chair) upon recommendation from Training Committees, as outlined in 3.6.10.
- 3.4.10. Approval of applications for admission to Fellowship (delegated to the Chair or Deputy Chair) upon recommendation from Training Committees, as outlined in 3.6.11.
- 3.4.11. Review of poor performance in examinations (delegated to either the Chair, Deputy Chair or Training Committee Chair as required through RACS Policy).
- 3.4.12. Referral to GSA to seek advice on the financial, resourcing, political and/or operational implications in implementing a recommendation or initiative.
- 3.4.13. Working groups and committees convened to undertake specific activities in line with the General Surgery Curriculum or Program.
- 3.4.14. Nomination of representatives to relevant RACS educational committees to represent the views of the Board.
- 3.4.15. Assessment of clinical practice of IMGs on pathway to a General Surgery Fellowship in Australia and, where requested, New Zealand.
- 3.4.16. Recommendation to the Board of SET (or its Executive) of changes to an IMG's pathways to fellowship.

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- 3.4.17. Creation of, and approval of recommendations from, ad hoc subcommittees required to support RACS policy and Board regulations.
- 3.4.18. Recommendation of changes to existing and draft RACS policies.
- 3.4.19. Approval of Training Committee recommendations to the Board.
- 3.4.20. Other duties as delegated by Council or its subsidiary boards and committees.
- 3.4.21. Dismissal of Australian trainees upon thorough review of documentation pertaining to reason for dismissal.
- 3.4.22. Selection and appointment of new trainees.
- 3.4.23. Quality Assurance reporting to the Education Board, as agreed in the Partnering Agreement with the RACS.

3.5. Training Committees of the Australian Board in General Surgery

- 3.5.1. The membership of the Training Committee shall consist of all the Board appointed surgical supervisors of hospitals or training hubs, where applicable, within the designated region.
- 3.5.2. Each Training Committee will include a 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 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 the Australian Training Committees

The Training Committees are responsible for:

- 3.6.1. Review and approval of the clinical assessment of trainees.
- 3.6.2. Trainee progression in the program.
- 3.6.3. Review and recommendation for approval of trainee requests.
- 3.6.4. Approval and monitoring of research activities.
- 3.6.5. Variation to individual training requirements resulting from unsatisfactory rotations, examination reviews, etc.
- 3.6.6. Referral to the Board of any of the above items where a consensus of the Training Committee cannot be reached.
- 3.6.7. Performance management of trainees.

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- 3.6.8. Review and recommendation to the Board for dismissal of trainees pertaining to unsatisfactory performance.
- 3.6.9. Recommendations to the Board for accreditation of existing and new training posts.
- 3.6.10. Approval to present for the Fellowship examination (delegated to the Chair).
- 3.6.11. Approval of applications for admission to Fellowship (delegated to the Chair).
- 3.6.12. Local education and training activities and programs.
- 3.6.13. Determination of number of selection offers.

3.7. Governance and reporting

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

3.8. Training and Continuing Education

- 3.8.1. 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.
- 3.8.2. 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.
- 3.8.3. 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

General Surgery Binational Advisory Curriculum 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

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