

Division:	Education Portfolio	Ref. No.	ETA-SET-032
Department:	Surgical Education and Training		
Title:	New Zealand Board of Plastic and Reconstructive Surgery Terms of Reference		

1. PURPOSE AND SCOPE

The purpose of this policy is to define the Terms of Reference for the New Zealand Board of Plastic and Reconstructive Surgery and subsidiary committees. The Board shall have the delegated powers required to exercise responsibility for the regulation and delivery of the Surgical Education and Training Program in their specialty.

2. KEYWORDS

Responsibilities, Composition, Powers, Quorum, Governance

3. BODY OF POLICY

3.1. Composition

- 3.1.1. The Boards shall consist of the following members as a minimum:
- a. The President (or nominee) of the New Zealand Association of Plastic Surgeons (NZAPS)
 - b. A Chair, elected by and from the membership of the Board, being a New Zealand resident Fellow of RACS in Plastic and Reconstructive Surgery
 - c. A Deputy Chair, elected by and from the membership of the Board, being a New Zealand resident Fellow of RACS in Plastic and Reconstructive Surgery
 - d. Supervisors of training in Plastic and Reconstructive Surgery in New Zealand.
 - e. The Senior Examiner of Plastic and Reconstructive Surgery
 - f. The Plastic and Reconstructive Surgery Specialty Elected Councillor
 - g. A Younger Fellows Representative (when no Younger Fellow is already on the Board)
 - h. A New Zealand Trainee Representative
 - i. A Community Representative
- 3.1.2. 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.
- 3.1.3. Members specified in 3.1.1 (b-d) 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 3.1.3 for the remaining term of their appointment. All new elections must be compliant with 3.1.3
- 3.1.4. The Board may co-opt Fellows as a required. Co-opted members are appointed for a maximum of 12 months and may be reappointed for a further period or periods.
- 3.1.5. The RACS President and Censor in Chief are ex officio members of the Board.

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- 3.1.6. The Chair and Deputy Chair shall be elected for a term of 2 years, and are eligible for re-election, so long as they shall not exceed 9 years in total on the Board.
- 3.1.7. The Executive of the Board may exercise such powers as delegated to it by the full Board and shall consist of the following members:
- a. The Chair
 - b. The Deputy Chair
 - c. The President (or nominee) of NZAPS.
- 3.1.8. The Community Representative is appointed by a process approved by Council and oversighted by the RACS Vice President.
- 3.1.9. Membership of the Board as an elected and/or co-opted member shall not exceed a maximum of 9 years without the permission of the Censor in Chief.
- 3.1.10. Others may attend meetings of the Board or the Executive with the permission of the Chair.

3.2. Powers and Responsibilities

- 3.2.1. The Board has responsibility for the following activities in accordance with approved RACS policy and which are outlined in detail in the Collaboration Agreement between NZAPS and RACS:
- a. Determination of training program requirements
 - b. Implementation of the curriculum as approved by the Plastic and Reconstructive Surgery Oversight Committee
 - c. Recommendation of curriculum changes to the Plastic and Reconstructive Surgery Oversight Committee
 - d. Development of training program regulations
 - e. Selection of trainees
 - f. Standards and accreditation of training positions
 - g. Allocation of trainees to accredited training positions
 - h. Appointment of surgical supervisors
 - i. Management of trainee assessment, progression and performance
 - j. Provision of curriculum information to the Court of Examiners
 - k. Assessment of eligibility to present for the Fellowship Examination
 - l. Review of poor performance in examinations
 - m. Assessment of trainee completion of the training program
 - n. Trainee dismissal due to performance or behavioural issues
 - o. Assessment of clinical practice of IMGs
 - p. Joint recommendation to the Board of SET, with the New Zealand Board of Plastic and Reconstructive Surgery, of substantial changes to the scope and curriculum of training in Plastic and Reconstructive Surgery (determined by the Oversight Committee).
 - q. Recommendation of changes to existing and draft RACS policies

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3.2.2. Should any conflict arise in the performance of RACS and NZAPS activities the Board shall advise the Chair of the Board of Surgical Education and Training at the earliest opportunity.

3.3. Conduct of Meetings

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

3.3.2. All members of the Board and the Executive shall have voting rights.

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

- a. 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.

3.3.4. The Board 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.

3.3.5. The secretariat to the Board and the RACS CEO (or delegate) may attend meetings.

3.3.6. A quorum of the Board is 50% of the membership.

3.3.7. The quorum of the Board Executive is 3 members.

3.4. Reporting

3.4.1. The Chair of the Board is a member of RACS Board of Surgical Education and Training with full voting rights.

3.4.2. The Chair may attend any meeting of RACS Education Board. The Board shall provide reports to RACS Board of Surgical Education and Training for delegated RACS activities identified within the Collaborative Agreement.

3.4.3. The Board shall provide reports to NZAPS for delegated Society activities identified within the Collaborative Agreement.

3.5. Training and Continuing Education

3.5.1. 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.

3.5.2. The following RACS eLearning modules are also recommended:

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- a. Supervisors and Trainers for SET (SAT SET) eLearning Module
 - b. Keeping Trainees on Track (KTOT) eLearning Module
- 3.5.3. 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

Plastic and Reconstructive Surgery Oversight 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