Royal Australasian College of Surgeons

TOR-2023

Committee of Surgical Education and Training

1. Purpose and scope

1.1. As a Fellowship based organisation, the Royal Australian College of Surgeons (RACS) commits to ensuring the highest standard of safe and comprehensive surgical care for the community we serve through excellence in surgical education, training, professional development and support.

1.2. The Committee of Surgical Education and Training (CSET) is responsible for ensuring consistent quality of education and training across all Surgical Education and Training (SET) programs in Australia and Aotearoa New Zealand.

2. Objectives

To effect this purpose, CSET will

2.1. Collaborate on quality assurance for the delivery of the SET programs

2.2. Monitor and evaluate against educational standards, provide advice and make recommendations in relation to new or amended training programs including:

a. SET program requirements;
b. Generic and specialised training curricula;
c. Supervisor support programs;
d. Trainee assessment;
e. Assessment of Specialist International Medical Graduates (SIMG);

2.3. Ensure compliance to the Australian Medical Council (AMC) / Medical Council of New Zealand (MCNZ) accreditation requirements.

2.4. Support the development of new educational initiatives.

2.5. Advise the Education Committee on policy matters relating to the SET program.

2.6. Report on significant risks associated with education and training as appropriate.

2.7. Ensure all recommendations made by CSET consider any relevant differences between the Australian and Aotearoa New Zealand contexts.

2.8. Support the specialties in promoting a strong culture of cooperation and respect.

3. Governance

3.1. The RACS Council was established to operate in accordance with the constitution and regulations.

3.2. The Education Committee has the authority to develop, regulate and approve all educational activities under the governance of RACS as delegated by Council.

3.3. The CSET is a committee of RACS reporting to the Education Committee providing oversight of the RACS Surgical Education and Training programs. CSET includes representation from the Specialty Training Committees/Boards responsible for the delivery of the surgical education and training programs in Cardiothoracic, General, Neurosurgery, Orthopaedic, Otolaryngology Head and Neck, Paediatric, Plastic and Reconstructive, Urology and Vascular surgery.

3.4. Specialty Societies manage and provide administrative support for the Specialty Training Committee/Boards.

a. Specialty Training Committee/Boards report to the CSET on their delegated responsibility as specified in the individual Specialty Training Committee/Board's terms of reference.

b. The SET Board of Neurosurgery is a joint committee of RACS and the Neurosurgical Society of Australasia (NSA). It performs the duties of a Specialty Training Committee for neurosurgery in Australia and New Zealand and is bound by the RACS policies.

c. The Australian Orthopaedic Association Federal Training Committee (AOA FTC) performs the duties of a Specialty Training Committee for Orthopaedic Surgery in Australia and is bound by RACS policies but is not a committee of RACS. It is bound by RACS principle-based policies as outlined in the AOA/RACS Service Agreement.

3.5. The relationship between Specialty Societies and RACS are the subject of separate agreements, each of which, may vary in detail.

3.6. Notwithstanding 3.4a,b and c, the Specialty Training Committee/Board, is responsible to Council through the Education Committee

4. Membership

4.1. 23 Members, with full voting rights include:

a. CSET Chair
b. President (ex officio)
c. Censor in Chief (or nominated delegate)
d. Chair, SIMG Committee (or nominated delegate)
e. Chair, Court of Examiners (or nominated delegate)
f. Chair, Board of Cardiothoracic Surgery (or nominated delegate)
g. Chair, Australian Board in General Surgery (or nominated delegate)
h. Chair, Aotearoa New Zealand Committee in General Surgery (or nominated delegate)
i. Chair, SET Board of Neurosurgery (or nominated delegate)
j. Chair, New Zealand Orthopaedic Training Board (or nominated delegate)
k. Chair, AOA Federal Training Committee (or nominated delegate)
l. Chair, Committee of Otolaryngology Head and Neck Surgery (or nominated delegate)
m. Chair, Committee of Paediatric Surgery (or nominated delegate)
n. Chair, Australian Board of Plastic and Reconstructive Surgery (or nominated delegate)
o. Chair, New Zealand Board of Plastic and Reconstructive Surgery (or nominated delegate)
p. Chair, Board of Urology (or nominated delegate)
q. Chair, Board of Vascular Surgery (or nominated delegate)
r. Aotearoa New Zealand Censor or Aotearoa New Zealand Deputy Censor
s. RACSTA Representative
t. Community Advisor
u. Chair, Prevocational and Skills Education Committee (PSEC)
v. Chair, Surgical Science and Clinical Examination Committee (SSE&CE)
w. Chair of the Aotearoa New Zealand National Subcommittee of the Committee of Otolaryngology Head and Neck Surgery

4.2. The CSET Chair may co-opt members for a special purpose. Co-opted members attend committee meetings at the discretion of the Chair but shall have no voting rights.

5. Method of Appointment and Tenure

5.1. The CSET Chair, Censor in Chief, and Chairs of RACS education committees including the SIMG Committee, Court of Examiners, PSEC are Councillors elected in accordance with the constitution and have tenure on CSET while they hold office.

5.2. As the nominated delegate for the CSET Chair, the SIMG Committee Chair is appointed to the role of CSET Deputy Chair and will exercise all powers and duties of the CSET Chair if requested by the CSET Chair or if the CSET Chair is incapacitated.

5.3. The Specialty Training Committee/Board Chairs and the SET Board of Neurosurgery are appointed in accordance with their respective Terms of Reference and have tenure on CSET for the duration of their appointment.

5.4. The AOA FTC Chair is elected in accordance with AOA policy. The AOA FTC Chair has the same rights and duties as a Specialty Training Committee/Board Chair.

5.5. The Chair of the SSE & CE Committee is appointed by the Education Committee. Tenure is for a period of 3 years with the option to reappoint for a further two terms, to a maximum of 9 years.

5.6. The New Zealand Censor is a Fellow of the College, resident in Aotearoa New Zealand and is recommended for appointment by the Aotearoa New Zealand National Committee. The appointment is approved by Education Committee and noted by Council. Tenure is for a period of 3 years with the option to reappoint for a further two terms, to a maximum of 9 years.

5.7. The Trainee Representative is appointed in accordance with the Terms of Reference of the RACS Trainees' Association (RACSTA) and is a member of CSET for the duration of their appointment.

5.8. The Community Advisor is appointed in accordance with RACS regulation: Engagement of Community Members and Expert Advisors on RACS Committees and Boards.

5.9. Co-opted members attendance will be for a defined period determined by the CSET Chair.

6. Duties and Responsibilities

6.1. Each member of the CSET is equally accountable and has a duty of care to diligently act and conduct business in good faith.

6.2. CSET members must not place themselves in a position of conflict of interest whereby their obligations to satisfy their duties and responsibilities are compromised, potentially compromised or perceived to be compromised. No member may use their position, their authority or any information received to obtain an advantage for themselves or cause detriment to others.

6.3. Duties specific to the delivery of the SET program include:

a. To identify issues and recommend changes to policy, regulations and/or processes in association with the delivery of the SET programs.

b. To ensure appropriate engagement in identifying, planning, addressing feasibility of implementation, review and provision of advice on new projects, initiatives or policy.

c. To ensure channels of communication are in place for the provision of feedback on amendments to policy, regulations or processes.

d. To consider requirements and conditions from regulators, i.e. AMC/MCNZ and provide advice and agreed action in order that the SET programs comply.

e. To collaborate with other SET programs within areas of mutual benefit, to facilitate best practice

f. To provide advice on the development and coordinated delivery of the generic aspects of the SET program, including but not limited to education related professional skills curricula, accreditation of training sites.

g. To ratify Specialty Training Committees' decisions on the accreditation of hospital training posts, surgical supervisors and changes in trainee status.

h. Other duties as instructed by Council or its subsidiary committees.

6.4. Responsibilities of individual members:

a. The CSET Chair provides advice and support to Specialty Training Committee/Board Chairs, the SET Board of Neurosurgery, and AOA FTC as required. The CSET Chair is a member of, and represents CSET, on the Education Committee and Council.

b. The Censor in Chief (CIC) as the Chair of the Education Committee is responsible for education policy, the maintenance of surgical education, training, examination and other assessment standards. Accordingly, the CIC provides advice and leadership to the CSET.

c. The Chair of the SIMG Committee deputises for the CSET Chair and has specific responsibility for the oversight of RACS's management and administration of the assessment of SIMGs.

d. The Aotearoa New Zealand Censor or Deputy represents the Censor in Chief in Aotearoa New Zealand and is responsible for the management and administration of SIMG interviews in Aotearoa New Zealand.

e. Specialty Training Committee/Board Chairs, Chair, SET Board of Neurosurgery, and Chair, AOA FTC are responsible for communicating decisions of their respective Specialty Training Committee/Boards, and for providing advice and guidance on behalf of their specialties.

f. Examination activities and results are reported to CSET by the SSE&CE Chair and the Chair of the Court of Examiners. The Chair of the Court of Examiners is also responsible for the relationship between the CSET and the Court of Examiners.

g. The PSEC Chair reports on prevocational activities of the College including JDocs participation and activity and provides guidance from the prevocational aspect into preparation for SET training and optimising equity in selection criteria.

h. The Trainee Representative reports on the RACSTA activities, giving advice and guidance to the CSET from a trainee perspective.

i. The Community Member is responsible for bringing a non-surgical perspective to the deliberations of CSET

7. Meetings

7.1. The CSET will hold a minimum of three meetings per year.

7.2. All meetings of the CSET must have a formal agenda and be minuted.

7.3. Recommendations must be formally stated and carried.

7.4. RACS Specialty Elected Councillors Society Presidents and SET Training Managers, may attend any CSET meeting but do not have voting rights.

7.5. Invitees may be invited to attend all or part of the meeting at the discretion of the CSET Chair but will not have voting rights.

7.6. Staff with a permanent invitation to attend:

a. Chief Executive Officer
b. Executive General Manager, Education Pathways
c. General Manager Education Services
d. CSET Secretariat
e. Other staff shall attend meetings at the request of the CSET Chair.

8. CSET Executive

8.1. Activities that arise in the period between meetings of CSET requiring expeditious progress are addressed by the CSET Executive though circular resolution.

8.2. The CSET Executive have specific responsibility for

a. reviewing and making recommendations to approve Trainees/SIMGs applying for admission to Fellowship;

b. approving SIMG specialist assessment recommendations or variation

c. other duties as delegated by the CSET from time-to-time

8.3. The Executive of CSET shall consist of

a. The CSET Chair
b. Chair, SIMG Committee (Deputy Chair)
c. Censor in Chief
d. Aotearoa New Zealand Censor or Aotearoa New Zealand Deputy Censor
e. Chair Court of Examiners
f. Two Specialty Chairs (nominated and elected by the Specialty Training Committee/Board Chairs, including the Chair, Board of Neurosurgery and Chair, AOA FTC)

9. Quorum and Decisions

9.1. A quorum shall be a more than one half of the total voting membership i.e. 12 members present at the meeting shall constitute a quorum.

9.2. Decisions of the CSET shall be made by a majority vote, i.e. 50% plus one vote of members present at the meeting.

9.3. In the event of a tied vote, the Chair shall have a casting vote.

10. Circular Resolutions of CSET executive

10.1. Criteria for decisions by CSET Executive via circular resolution are as follows:

a. a written recommendation circulated by email;
b. requires 75% of eligible CSET Executive members (must include the CIC) to cast a vote in favour of the resolution;
c. to be taken as a decision of the members passed at a meeting of the members duly convened and held.

10.2. The resolution takes effect on the date of which the last member responds and will consist of the following information:

a. A record of all email messages indicating the identity of the sender;
b. the text of the recommendation and the sender's agreement or disagreement to the recommendation;
c. the decision entered into the decisions register for noting at the next CSET meeting.

11. Accountability

11.1. The CSET is accountable to Council through the Education Committee for the fulfillment of duties and responsibilities outlined in the terms of reference and for any other matters as delegated by Council.

12. Definitions

12.1. **RACS** means the Royal Australasian College of Surgeons

12.2. **CSET** means the Committee of Surgical Education and Training

12.3. **Constitution** means the Constitution of the College (RACS) as amended from time to time

12.4. **Nominated Delegate** means a person taking the place of a chair member of the Committee of Surgical Education and Training. The nominated delegate will hold the position for the duration of the term of the chair member they are replacing.

12.5. **Regulate** *(function)* is to control, direct business or bring order according to rule.

12.6. **Oversight** *(function)* is to review, monitor and guide management of policies, programs and projects, etc. to ensure they are achieving the expected results, represent value and are in compliance with applicable laws, regulations or standards.

13. Associated Documents

RACS Constitution
Education Committee Terms of Reference
Specialist International Medical Graduate (SIMG) Committee Terms of Reference
Cardiothoracic Surgery Training Committee Terms of Reference
Australian Board in General Surgery Terms of Reference
Aotearoa New Zealand Committee in General Surgery Terms of Reference
Board of Neurosurgery Terms of Reference
Board of Otolaryngology Head and Neck Surgery Terms of Reference
New Zealand Board of Orthopaedic Surgery Terms of Reference
Committee of Paediatric Surgery Terms of Reference
Australian Board of Plastic and Reconstructive Surgery Terms of Reference
New Zealand Board of Plastic and Reconstructive Surgery Terms of Reference
Board of Urology Terms of Reference
Board of Vascular Surgery Terms of Reference

14. Information

Title	Committee of Surgical Education and Training
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