

Terms Of Reference

Cardiothoracic Surgery Training Committee

Purpose and Scope

- 1.1. To define the terms of reference for the Cardiothoracic Surgery Training Committee and its subsidiary committees. The Cardiothoracic Surgery Training Committee and its subsidiaries are governance committees of the Royal Australasian College of Surgeons.
- 1.2. The Cardiothoracic Surgery Training Committee has been delegated the powers required to exercise responsibility for the regulation and delivery of the Surgical Education and Training Program in Cardiothoracic Surgery.

2. Definitions

- 2.1. Words and phrases used in the terms of reference have the following meaning unless the context requires otherwise:
 - a. **Committee or the Committee** shall mean the Cardiothoracic Surgery Training Committee
 - b. **CSET** shall mean the Committee of Surgical Education and Training
 - c. **SET Program** shall mean the Surgical Education and Training Program
 - d. **ANZSCTS** shall mean the Australian and New Zealand Society of Cardiac and Thoracic Surgery
 - e. **CPD** shall mean Continuing Professional Development
 - f. **SIMG** shall mean a Specialist International Medical Graduate

3. Overview

- 3.1. The Committee advises Committee of Surgical Education and Training on matters concerning the Cardiothoracic Surgery Education and Training (SET) Program. The Committee is also responsible for the governance of the Cardiothoracic Surgery Education and Training (SET) Program.
- 3.2. In line with the RACS Diversity and Inclusion plan, RACS seeks to increase diversity on our committees. The Committee will continue to take proactive steps to achieve this.

4. Objectives

- 4.1. To recommend to the CSET for substantial changes to the SET Program in Cardiothoracic Surgery.
- 4.2. To determine standards to be achieved to qualify for Fellowship of RACS in Cardiothoracic Surgery.
- 4.3. To approve Cardiothoracic Surgery curricula content and structure for the competencies of medical expertise and technical expertise.

- 4.4. To approve the overall curriculum content and structure for Cardiothoracic Surgery.
- 4.5. To liaise with, and the provision of curriculum information to the Cardiothoracic Surgery Court of Examiners to facilitate blueprinting of the SET program to the Fellowship examination.
- 4.6. To determine the criteria to be achieved by trainees to be eligible for the Fellowship examination.
- 4.7. To appoint representatives to the Surgical Sciences and Clinical Examinations Committee, who represent the views of the Cardiothoracic Training Committee.
- 4.8. To approve the training and selection regulations that are supported by ANZSCTS and comply with RACS principles- based policies and other RACS policies as applicable.

5. Duties and Responsibilities

- 5.1. The Committee has responsibility for the following RACS activities:
 - a. Appointment of new Trainees.
 - b. Dismissal of Trainees.
 - c. Accreditation of clinical training posts.
 - d. Approval of the assessment of performance in clinical rotations.
 - e. Status of Trainees in the program (interruption, deferral, probation, etc.)
 - f. Quality assurance reporting to the Education Committee, as agreed in the collaboration agreement with RACS.
 - g. Assessment of clinical practice of SIMGs.
 - h. Review of poor performance in examinations.
 - i. Variation to individual training requirements resulting from failed rotations, examination reviews, etc.
 - j. Recommendation to the CSET (or its Executive) of changes to an SIMG's pathway to Fellowship.
 - k. Creation of, and approval of recommendations from, ad hoc subcommittees required to support RACS policy and the Cardiothoracic Training and Selection Regulations.
 - l. Recommendation of changes to existing and draft RACS policies.
 - m. Approval of applications to present for the Fellowship examination (delegated to the Chair).
 - n. Approval of applications for admission to Fellowship (delegated to the Chair).
 - o. Approval of the specialty specific training fee recommended by RACS administration.
 - p. Co-opt additional members of the Committee, as required. Co-opted members are appointed for a maximum term of one (1) year but may be reappointed.
 - q. Other duties as delegated by Council or its subsidiary boards and committees.

6. Authority

- 6.1. The Committee has such executive powers, supervisory functions and decision-making authority as the CSET, Education Committee and Council determines.

7. Composition

- 7.1. The Committee shall comprise of the following members with voting rights:

- a. Seven (7) general members, elected to represent the states and territories of Australia, and Aotearoa New Zealand
 - b. The Senior Examiner, Cardiothoracic Surgery (ex-officio)
 - c. The Cardiothoracic Surgery Representative on the Surgical Sciences and Clinical Examination (SSE and CE) Committee (ex-officio)
 - d. The Specialty Elected Councillor for Cardiothoracic Surgery (ex-officio)
 - e. The President (or nominee) of ANZSCTS (ex-officio)
 - f. A Younger Fellow Representative (co-opted when no elected member satisfies the eligibility criteria of a younger Fellow)
 - g. Thoracic Representative (co-opted when no elected member satisfies the criteria of a Thoracic Fellow)
 - h. A Paediatric Cardiothoracic Fellow (co-opted when no elected member satisfies the criteria of a Paediatric Cardiothoracic Fellow)
 - i. An AoNZ Fellow (co-opted when no elected member satisfies the criteria of a AoNZ Fellow)
 - j. The Trainee Representative (ex-officio and non-Fellow)
 - k. The Community Representative (co-opted and non-Fellow)
 - l. The Immediate Past Chair (co-opted)
 - m. The Immediate Past ANZSCTS President (co-opted)
 - n. The RACS President and Censor in Chief may attend any meetings as ex officio members.
 - o. The Trainee Course Supervisor (co-opted)
- 7.2. RACS recognises that there are positive benefits from diverse membership. The Committee will co-opt members to improve diversity, particularly in relation to gender, ethnicity, medical education qualifications and geography.
- 7.3. The following have a permanent invitation to attend any Committee meetings:
- a. RACS Chief Executive Officer or their delegate
 - b. The Cardiothoracic Surgery Executive Officer
- 7.4. The Committee Executive which shall comprise the following members:
- a. Committee Chair
 - b. Committee Deputy Chair
 - c. ANZSCTS President
 - d. Senior Examiner
- 7.5. The Committee Executive may meet in person, by teleconference or vote on propositions electronically.
- 7.6. The Committee Executive shall exercise such powers as delegated by the Committee.
- 7.7. Decisions of the Committee Executive shall be made by a majority of the membership. In the event of a tied vote, the Chair shall have a casting vote.

8. Tenure and Methods of Appointment

8.1. Eligibility

- a. The general members representing the states and territories of Australia and Aotearoa New Zealand are eligible for nomination and election to the Chair and/or Deputy Chair positions.
- b. All members, except for the Trainee and Community Representatives must:
 - Have an appointment at an institution accredited for Surgical Education and Training in Cardiothoracic Surgery
 - Meet the compulsory compliance requirements for the CPD program
 - Must not have any RACS level 2 and 3 sanctions (including ongoing restrictions)
 - A Younger Fellow Representative must have obtained their Fellowship in Cardiothoracic Surgery within the last 10 years
 - Ex-officio members must satisfy the criteria of the respective RACS committee on which they serve

8.2. Meeting Attendance

- a. All general, co-opted and ex-officio members must attend a minimum of 75% of meetings in any calendar year.
- b. All general, co-opted and ex-officio members must attend at least one face to face meeting in any calendar year.
- c. General, co-opted, or ex-officio members who attend fewer than 75% of meetings in any calendar year, or who fail to notify the committee of their absence, will be required to discuss their continued membership with the Committee Chair

8.3. Cardiothoracic Surgery Training Committee

- a. The Chair and Deputy Chair are elected by the voting membership of the Committee. Appointment is for a three (3) year term. The Chair and Deputy Chair may serve a maximum of two (2) terms.
- b. The general members representing the states and territories of Australia are elected from the Cardiothoracic Fellowship. In the event of a tie, the Chair has a casting vote.
- c. The Aotearoa general member is elected from the Cardiothoracic Fellowship in Aotearoa New Zealand. In the event of a tie, the Chair has the casting vote.
- d. General members may serve in that position for a maximum of three (3), three (3) year terms.
- e. The Community Representative is co-opted via an expression of interest in accordance with RACS Regulations: Engagement of Committee members and Expert Advisors on RACS Committees and Boards.
- f. Each member is equally accountable and responsible for acting according to RACS Policy.
- g. The Committee reviews the terms of office for co-opted members annually. Co-opted members can be reappointed for further periods as needed to a maximum of nine (9) years.
- h. Elected membership on the Committee shall not exceed a maximum of nine (9) years without the permission of the Censor in Chief.

8.4. Training and Continuing Professional Development

- a. All committee members who are Fellows or SIMGs must, if they have not already done so, complete the following training courses within six (6) months of taking up their position:

- Training in Adult Education Principles (the Foundation Skills for Surgical Educators (FSSE) or approved comparable training)
 - Advanced training in recognising, managing and preventing discrimination, bullying and sexual harassment
 - Introduction to Operating with Respect
- b. The following RACS e-Learning modules are also recommended:
- Induction for Surgical Supervisors and Trainers
 - Keeping Trainees on Track (KTOT)
 - Difficult Conversations with Underperforming Trainees
- c. Committee members are recommended to become members of the Academy of Surgical Educators to assist ongoing development as an educator.

9. Meetings

- 9.1. All meetings of the Committee must have a formal agenda and must be minuted.
- 9.2. The Committee may meet in person or remotely.
- 9.3. Any Committee recommendation must be formally stated and carried.
- 9.4. Decisions of the Committee shall be made by a majority of the voting membership present at the meeting. In the event of a tied vote, the Chair shall have a casting vote.
- 9.5. Committee may make a decision by email resolution 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:
- a 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.
- c. The resolution must be noted and recorded in the minutes of the next scheduled meeting.
- 9.6. Others may attend the meeting with the approval of the Chair.

10. Quorum

- 10.1. A quorum of the Committee is 50% of the voting membership, including at least one member from Australia and one member from Aotearoa New Zealand.
- 10.2. A quorum of the Executive is three (3) members.

11. Accountability

- 11.1. Each member of the Committee is equally accountable and responsible for acting according to RACS Policy and in the best interests of both Trainees and ANZSCTS Societies.

12. Reporting

- 12.1. The Committee shall provide reports to the RACS Committee of Surgical Education and Training for delegated RACS activities identified within the Collaboration Agreement.

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

12.3. The Chair may attend any meeting of the RACS Education Committee.

13. Secretariat

13.1. The Committee executive support will be provided through RACS.

14. Communication

14.1. The most recent version of this document will be available on the RACS website.

15. Information

Title	Cardiothoracic Surgery Training Committee Terms of Reference.
Document number	TOR-2088 (previously ETA-SET-034)
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Enquiries	Cardiothoracic.surgery@surgeons.org