



TOR-2005

Board of Neurosurgery

1. Purpose and scope

- 1.1. The Royal Australasian College of Surgeons (RACS) and the Neurosurgical Society of Australasia
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3. Eligibility

- 3.1. To be eligible for election to the Board Chair position, the nominee must:
- hold an existing elected position on the Board, with the exception of the trainee representative position;
 - be a Fellow of the RACS currently practising in Neurosurgery;
 - be a full member of the NSA;
 - satisfy the mandatory training requirements in clause 3.7;
 - have an appointment at an institution accredited for the SET Program;
 - not have any RACS level 2 and 3 sanctions (including ongoing restrictions);
 - meet the compliance requirements for RACS Continuing Professional Development Program; and
 - have no conditions or restrictions attached to their medical registration.
- 3.2. To be eligible for other elected positions, with the exception of the trainee representative position, the nominee must:
- be a Fellow of the RACS currently practising in Neurosurgery;
 - be a full member of the NSA;
 - satisfy the mandatory training requirements in clause 3.7;
 - have an appointment at an institution accredited for the SET Program;
 - not have any RACS level 2 and 3 sanctions (including ongoing restrictions);
 - meet the compliance requirements for RACS Continuing Professional Development Program; and
 - have no conditions or restrictions attached to their medical registration.
- 3.3. To be eligible for election to the trainee representative position the nominee must:
- be an active trainee in the SET Program;
 - be a member of the NSA;
 - not have had an Unsatisfactory Performance Notice.
- 3.4. To be eligible for appointment to the younger Fellow representative position the nominee must:
- be a Fellow of the RACS currently practising in Neurosurgery;
 - have obtained their RACS Fellowship in Neurosurgery within the last 10 years;
 - be a full or provisional member of the NSA;
 - satisfy the mandatory training requirements in clause 3.7;
 - have an appointment at an institution accredited for the SET Program;
 - not have any RACS level 2 and 3 sanctions (including ongoing restrictions);
 - meet the compliance requirements for RACS Continuing Professional Development Program; and
 - have no conditions or restrictions attached to their medical registration.
- 3.5. To be eligible for appointment to the rural neurosurgeon representative position the nominee must:
- be a Fellow of the RACS currently practising in Neurosurgery;

- b. be a full or provisional member of the NSA;
- c. have an appointment as a neurosurgeon in a rural, regional or provincial institution, or satisfy the RACS definition of a Rural Focused Urban Specialist being a neurosurgeon who provides services to rural, regional and provincial colleagues and patients such as outreach/telehealth, clinics and patient transfers to urban institutions;
- d. satisfy the mandatory training requirements in clause 3.7;
- e. not have any RACS level 2 and 3 sanctions (including ongoing restrictions);
- f. meet the compliance requirements for RACS Continuing Professional Development Program;
and

4.6. Members who hold appointed or co-opted positions do so for the term of office determined by the Board which shall not exceed three years.

4.7. Members may hold elected and ex-officio positions simultaneously.

5. Election and Appointment

5.1. The election of the Board Chair shall be determined by a ballot of the Board members with voting rights (see clause 6.1). A majority of the ballots cast is required to elect the Board Chair. If a majority is not attained in any ballot, there shall be additional ballot rounds excluding the candidate with the lowest number of votes each round until a majority is achieved. In the event of an equality

- l. Appointment of representatives to the Surgical Sciences and Clinical Examinations Committee, who represent the views of the Board;
- m. Participation in the budgeting and fee determination processes for the SET Program;
- n. Recommendation of changes to existing and draft policies;
- o. Assessment of clinical practice of international medical graduates; and
- p. Recommendation to the RACS on changes to an international medical graduate's pathway to Fellowship.

7.5.

Should any conflict arise in the performance of RACS and NSA Service activities, the Board will advise the Chair of the RACS Committee of Surgical Education and Training at the earliest opportunity.