

Portfolio :	Fellowship Engagement	Ref. No.	TOR-4000
Department:	Global Health		
Title:	Global Health Section		

1. PURPOSE AND SCOPE

This policy determines the function of RACS Global Health Section and includes membership rules, fees, activities and roles.

2. KEYWORDS

Sections, Interest Groups, Global Health, International Engagement, Steering Group, Memberships, Fees, Office Bearers, Section Committees, Elections, Meetings, Terms

3. BODY OF POLICY

3.1. Background

RACS Sections cater for the specific needs of interest groups of Fellows where the interest is multidisciplinary or cross specialty.

RACS aims to make freely available to Sections, a forum for the provision of educational, professional development and support service via membership to financial Fellows, Trainees or Specialist International Medical Graduates (SIMGs) on a pathway to Fellowship.

The Global Health Section provides a forum for surgeons from all disciplines and other professionals engaged in global health to connect and support the RACS Global health Strategic Plan.

The Global Health Section is governed by these Terms of Reference.

3.2. Objectives

The focus of the Global Health Section is on coordinated capacity building efforts in order to meet the WHO Sustainability Development Goals in Health. The objectives of the section are to promote:

- 3.3.1 The timely access to safe affordable surgical care for people in our region
- 3.3.2 Partnerships to advance professional development through health education, along with systems development

3.3. Membership and Fees

3.3.1 Any RACS Fellow, surgical Trainee or Specialist International Medical Graduate (SIMG) on a pathway to Fellowship, specialist medical staff registered with AHPRA or surgeons in partner countries and doctors nominated by the relevant Ministry of Health as their Clinical Lead, representing a country or region may self-nominate to membership of this Section.

3.3.2 The Section may invite or accept on application, additional members who do not qualify under 3.3.1 if they have a specific interest and/or expertise related to the Section. This may include medical students, junior doctors, nurses, other health professionals, non-medical professionals providing skilled support on application: e.g. community advisors, pro-bono skills based professional members such as legal, financial, fundraisers. Such members may participate in the Section's business; however they shall have no voting rights and may not be elected to a representative position. A membership fee may be payable for non-Fellows.

3.3.3 In line with the RACS Diversity and Inclusion Plan, RACS seeks to increase diversity on its sections.

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- 3.8.2 The Section will normally have four ASC Conveners at any one time; two for each of the next two upcoming ASCs.
- 3.8.3 ASC Conveners will communicate regularly with the Chair of Global Health, and the Section representatives for IEC, GHPSG and Fellowships.
- 3.8.4 The ASC Conveners for each year are the primary source of advice on the Section's ASC program.
- 3.8.5 ASC Conveners may convene informal teleconferences to discuss Section ASC programs (a maximum of three per year, and a maximum of eight members). No quorum is required. No agenda / minutes will be provided for these teleconferences.

3.9. Section Meetings

- 3.9.1 A Section AM may be held during the ASC when there is a scientific meeting of the Section. The time and place of the meeting will be determined by the Section Chair. Five Section members shall constitute a quorum; and in the event of a tie the IEC representative or delegate will have a casting vote.
- 3.9.2 Section scientific meetings will be held during the ASC, but not necessarily at every ASC.
- 3.9.3 At an ASC where a Section scientific meeting is not being held, the AM / forum will be deferred until the next Section scientific meeting.
- 3.9.4 Members will receive notice of the Section AM at least two weeks in advance, and agenda / papers at least one week in advance.

3.10.