

<b>Portfolio</b>	<b>CEO and Governance</b>	<b>Ref. No.</b>	<b>POL-1032</b>
<b>Department</b>	<b>Marketing &amp; Communications</b>		
<b>Title</b>	<b>Media</b>		

## 1. PURPOSE AND SCOPE

The Media Policy addresses how the Royal Australasian College of Surgeons (RACS) presents information to media and responds to media inquiries and to issues presented in the media.

This policy applies to all RACS staff, Fellows, Trainees and Specialist International Medical Graduates (SIMGs). Temporary/seconded employees, private contractors and consultants will also be required to comply with this policy, should they be required to have any interface with media.

For the purposes of this policy the 'media' includes, but is not limited to, newspapers, magazines, journals, bulletins, newsletters, radio programs, television programs and electronic media such as online journals, online news websites including alternative news websites, weblogs, podcasts, electronic newsletters, electronic noticeboards and social media sites (including but not limited to Facebook, Instagram, YouTube, LinkedIn, Twitter, weblogs, Flickr, forums and discussion boards).

## 2. KEYWORDS

Media, media enquiries, media releases, spokespeople.

## 3. BODY OF POLICY

### 3.1. Background

RACS' mission is to be the leading advocate for surgical standards, education and professionalism in surgery. One significant way that RACS advances this mission is through expressing and addressing surgical issues publicly in the media.

As the primary authority and public face of surgery in Australia and Aotearoa New Zealand, RACS has a responsibility to both the public and all members to ensure that RACS' media responses are accurate, authoritative, reassuring and timely.

Successful management of RACS' interactions with the media ensures that the public profile and reputation of RACS and its members is positively maintained, reinforced and enhanced.

### 3.2. Issues

In line with RACS' mission, there are topics and issues which are appropriate for RACS to engage with the media. These topics and issues may include, but are not limited to:

- Government health policy as it affects surgery in Australia and Aotearoa New Zealand;
- Statements made by other aligned health agencies;
- Surgical education and training
- Authenticated new surgical research;
- New surgical procedures and operations;
- RACS research or individual surgical research;
- The work of RACS Committees and specialty societies
- Individual surgical excellence; or
- Human interest stories where individual surgeons are highlighted for leadership or excellence in areas other than their surgical skills.

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RACS **will not** engage with the media in relation to:

- Issues that concern an individual Fellow, Trainee or SIMGs remuneration, fees for service, competency or ability;
- The rating or ranking of Fellows;
- The rating or ranking of hospitals;
- Matters which are currently under review by a regulator or other legal authority;
- The promotion of any surgical product or procedure for commercial advantage; and
- Matters which are not connected to surgery.

### 3.3. Media enquiries

Any media enquiry made in relation to RACS, its views or activities must be directed to the Head, Communications & Marketing or nominated delegate on a particular issue. The Head, Marketing & Communications is responsible for planning any proactive approach to media and coordinating the RACS response to any media enquiry.

Emerging issues of potential media and public sensitivity relating to the organisation should be directed to the immediate attention of the Head, Marketing & Communications, who will work with the appropriate people to develop a timely media response that is consistent with RACS' agreed position.

RACS will assist and advise where media agrees to promote human interest stories about individual surgeons across Australia and Aotearoa New Zealand.

### 3.4. Media statements, releases or interviews

All statements, releases or interviews with, or made to, the media must be approved by the President, Chief Executive Officer or approved spokesperson.

All proposals for initiating media will be managed, reviewed and developed by the Manager who will provide advice about the proposal, seek authorisation and if approved, liaise with the media about the issue.

The RACS President, Vice President, Chief Executive Officer, Executive Director for Surgical Affairs and Aotearoa New Zealand Surgical Advisors are designated spokespeople for RACS in the media on most surgical matters, but this responsibility can be delegated to other approved nominees.

Local area specific issues will usually be addressed by the Australian states/territories and Aotearoa New Zealand National Committee Chair or approved delegate. The Head, Marketing & Communications must be informed of these plans and will act to support the approach.

In addition to these nominated spokespeople, any Fellow of the College deemed to be an authoritative expert in a given area of surgery may be approached by the Head, Marketing & Communications, and asked to speak to a journalist about that area of surgery.

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### 3.5. Media spokespeople

The nominated spokespeople for RACS are:

- The President
- The Vice President
- The Executive Director for Surgical Affairs (EDSA) in Australia and Aotearoa New Zealand Surgical Advisors
- Australian states and territories' Committee Chairs, Aotearoa New Zealand National Committee Chair
- The Chief Executive Officer
- The Head, Marketing & Communications and
- Approved nominees.

No other staff member, Fellow, Trainee or SIMG (other than RACS nominated spokespeople) may hold themselves out as representing RACS in the media without the express written permission of the President.

**Approver  
Authoriser**

**Governance Committee  
Council**