

**AUSTRALASIAN COLLEGE
OF COSMETIC SURGERY
AND MEDICINE**

ASSESSMENT POLICY

1. INTRODUCTION

The Medical Board of Australia [Guidelines for medical practitioners who perform cosmetic surgery and procedures](#) stipulate that “Cosmetic surgery must only be provided by medical practitioners with the appropriate knowledge, training and experience to perform the surgery and deal with all routine aspects of care and any likely complications”.

The ACCSM Cosmetic Surgery Training Program curriculum and assessments are designed to produce cosmetic surgery proceduralists who demonstrate high quality skills and safe practice in invasive cosmetic surgical procedures. The assessments are aligned with the AMC standards:

The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program, which enables progressive judgements to be made about trainees' preparedness for specialist practice.

*The education provider clearly documents its **assessment and completion** requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.*

The education provider has policies relating to special consideration in assessment.

2. PURPOSE

This policy describes the assessment framework of the ACCSM Cosmetic Surgery Training Program. It is intended to provide clarity for trainees, preceptors, the Board of Censors and other stakeholders about assessment:

- Guiding principles
- Eligibility
- Structure
- Format
- Timing within the stages of the training program
- Assessment requirements
- Hurdle rules

3. SCOPE

This policy applies only to training and assessment in the ACCSM Cosmetic Surgery Training Program.

4. GOVERNANCE

4.1 BOARD OF CENSORS

The Dean (Surgical) sits as an office bearer on the ACCSM Board of Censors (BOC), which provides governance and strategic direction for the whole training program, including the development and approval of changes to the assessment framework, methods, and structure and the curriculum structure and composition, hurdle rules and admission to Fellowship requirements. The BOC also:

- Develop and review policies, processes, standards, guidelines, and resources for all aspects of the Training Programs and, where appropriate, consider applications associated with these policies.
- Monitor the performance and hurdle of trainees through the entire training program.
- Facilitate appropriate use of performance, hurdle and remediation processes, and review and approve trainee remediation plans.
- Assess suitability and appoint members to various educational and training roles, including Examiners, preceptors and provide appropriate training and support for members to be successful within these roles.

4.2 DEAN (SURGICAL)

The Dean (Surgical) has primary responsibility for the conduct of examinations, such as:

- Setting the examination papers
- Training and calibration of examiners
- Exam delivery
- Chairing the board of examiners meetings
- Dealing with borderline candidates
- Providing feedback for failed candidates
- Examination policies and processes

5. EDUCATION AND ASSESSMENT

5.1 ASSESSMENT PRINCIPLES

The 5 key principles of high-quality assessment in higher education have been applied to the development of the training programs assessment framework¹. These are:

1. Assessment drives learning

- a. It influences what trainees focus on during their training and builds on their understanding.
- b. It exists on a continuum from low to high stakes and informs both low and high-stakes decisions.
- c. Assessment can be used to improve learning and detailed feedback that trainees can actively engage with as necessary.

2. Assessment must be aligned to the program content, valid, and fit-for-purpose

Valid assessment tasks are relevant, authentic and focus on the demonstrable achievement of learning outcomes within the program.

3. The standard required for each assessment should be clear for both assessors and trainees.

- a. Assessors and trainees need to have a detailed understanding of what each assessment involves and what is required
- b. Having clearly defined performance standards that have been agreed upon by all stakeholders helps improve both the transparency of assessment and student learning.

4. Assessments that are made based on the judgement of experts need to be clearly defensible

Assessment processes should be regularly reviewed to ensure that judgements are reliable, consistent, transparent, fair, and ultimately defensible.

5. Assessment should be integrated with learning

The assessment framework includes opportunities for self-reflection using logbooks and reflective practice exercises.

¹ Jackel, Brad, et al. "Assessment and Feedback in Higher Education: A Review of Literature for the Higher Education Academy." Higher Education Research, 1 Jan. 2017, research.acer.edu.au/highereducation/53/. Accessed 7 Dec. 2023.

5.2 ASSESSMENT POLICY

The ACCSM has implemented a model of programmatic assessment for the Cosmetic Surgery Training Program which ensures the approach to assessment:

- Is standardised across preceptors and trainees,
- Streamlines progress monitoring, and
- Reduces unnecessary assessment that does not provide useful evidence of a trainees' evolving competence.

This model allows for comprehensive evaluation of a trainees' performance across varied assessment methods. The ACCSM progressive assessment model supports the evolution of proficiency over time.

Assessment data should be collected regularly and integrate multiple methods and sources of evidence. This requires a purposefully selected range of assessments that contributes to the evidence base for determining the competence of each trainee.

Decision-making regarding progress is not solely reliant on a single assessment tool, such as an exam. Rather, accumulated evidence is evaluated to support robust, defensible decisions.

Within the training program, structured learning activities are designed to also be a source of evidence of evolving competence. This aligns with a programmatic approach which highlights the crucial role of feedback in guiding trainee learning.

Trainees are given regular feedback on their knowledge and skills by their preceptors in low stakes settings. This information supports a continuous process of learning and development.

High-stakes decisions, such as hurdle between stages and completion of the program are made by a committee of experts supported by a thorough picture of a trainee's performance over time.

5.3 ASSESSMENT AIMS

The objectives of clinical training are to prepare trainees who are already equipped with medical knowledge and surgical skills with the advanced skills required for cosmetic surgery practice and to be a safe, competent, and ethical practitioner. The aim of the assessments is to provide objective evidence confirming that trainees have met these learning outcomes.

5.4 TRAINING PROGRAM OVERVIEW

The Cosmetic Surgery training program is designed as a two-year (advanced) training program and is structured into four (4) training stages.

Each stage of training should take approximately 6-months (FTE) to complete and includes 2 clinical rotations.

Within each stage of training there are evidence requirements, hurdle requirements, expected learning activities, and structured learning activities. These include:

- Evidence requirements which must be collected as part of the trainee's portfolio and signed off by the supervisor for each rotation.
- Hurdle requirements which must be completed before the trainee is eligible to progress to the next stage of training.
- Expected learning activities that are designed to support a trainee's learning and professional development and must be completed to progress to the next stage of training.
- Structured learning activities (such as oral assessments, practical activities, EPAs, reflective practice exercise, written task or routine evidence) which demonstrate evidence of competence against learning outcomes (LO)

Each of the Key Areas and topics in the curriculum are mapped to an appropriate form of assessment against the structured learning activities, as outlined in detail in Appendix 1.

Table 1 provides a summary of how the curriculum is structured into defined stages of learning, hurdle requirements and related activities.

Table 1: Training Program summary

Training Stage 1: 0–6 months				
Evidence requirements	Completion of all Structured Learning Activities (SLA's) in Key Area 1–3 (except 1.4.2 and safe sedation course). Commenced 2 other KA's (related to rotations)	Achieved level 2 on EPAs relevant to rotations completed.	Cultural Awareness Training	
Hurdle requirements	Evidence of surgical competence (Direct observational Procedure (DOPS))	Successful performance reports from 2 rotations		
Expected learning activities	Participation in scheduled journal club meetings	Attendance at clinical outcomes meeting	Ethics and the Cosmetic Surgery Proceduralist certificate course (as	

			part of the trainee induction program)	
Confirmation of candidature (trainee able to progress)				
Training Stage 2: 7–12 months				
Evidence requirements	Commenced SLAs in KA4 and completed 1 other KA (related to rotation)	Level 3 on EPAs in KAs addressed in rotations	Injectables Training Safe sedation Training	Basic Liposuction Training
Hurdle requirements	Presentation of research proposal (Abstract)	Pass medical exam (by the end of Stage 4)	Satisfactory portfolio progress review	
Expected learning activities	Participation in scheduled journal club meetings	Preparation for American Board of Cosmetic Surgery Surgical Exam		
Training Stage 3: 13–18 months				
Evidence requirements	Commenced SLAs in all KAs	Structured Case Based Discussion (clinical ethics case)	Advanced liposuction training	
Hurdle requirements	Trainees eligible to sit American Board of Cosmetic Surgery (ABCS) Surgical exam			Satisfactory feedback from multi-sources (selected by preceptor)
Expected learning activities	Participation in all scheduled journal club meetings			
Training Stage 4: 19–24 months				
Evidence requirements	All SLAs across all KAs completed and signed off	All EPAs signed off to Level 4		
Hurdle requirements	Pass Viva exam Trainees must pass ABCS exam by the end of Stage 4.	Acceptance of research article for publication		
Expected learning activities	Participation in scheduled journal club meetings			

6. PROGRESSING THROUGH THE TRAINING PROGRAM

Trainees have flexibility in how they address learning outcomes, especially in the order in which they are undertaken. This recognises the variation in the order that rotations are undertaken and differences across contexts. Trainee progress is carefully monitored to ensure that they can complete their training within the allotted 24 months.

It is expected that trainees will complete the assessment activities linked with each learning outcome throughout their rotation and that preceptors will offer prompt and regular feedback.

Journal club is offered 9 times throughout the training year and a 70% attendance rate for each trainee is expected. The Education Officer will schedule journal clubs, notifying trainees and providing instructions.

At the end of each rotation, trainees should collate all assessment activity documents and add these to their portfolio of work. Preceptors will review a trainee's achievements within each rotation and complete the *Preceptor Evaluation Form* which includes a summary of the learning outcomes signed off during the rotation, evidence requirements met, hurdles achieved, entrustable professional activities undertaken and the trainee's level of competence, as well as overall feedback about the trainee's progression and areas for future focus and development.

To successfully complete a rotation, trainees are also required to complete the trainee *End of Rotation survey* available to access via the google classroom.

7. DESCRIPTION OF ASSESSMENTS

7.1 STRUCTURED LEARNING ACTIVITIES, ASSESSMENT METHODS AND EVIDENCE REQUIREMENTS

The ACCSM Cosmetic Surgery training program incorporates 6 categories of evidence of assessment.

Table 2: Assessment and Learning Evidence

Routine Evidence	This may be records generated from standard workplace tasks, for example a certificate from a completed internal or external training course or records of an audit or accreditation. Routine evidence also includes attendance at an ethics presentation provided to all registrars on an annual basis
Reflective practice exercise	These are structured exercises aimed at supporting trainees to reflect on and critically analyse their skills/experience/decision making. This task could include reflections on a specific case, critical incident analysis, feedback reflection, or exploration of a case with ethical complications.
Oral assessments	Oral assessments may take place with a supervisor or preceptor and take the form of a series of structured oral questions with specific prompts and follow-

	up questions. For some LOs the series of questions will take a set format and be supplied to the supervisor. In other LOs, the supervisor has flexibility to determine a set of questions which should be recorded on the assessment form. The trainee and supervisor are required to complete a template which includes a record of the topics that were covered, elements that were covered satisfactorily, and any areas for development/improvement.
Practical activity	This may be a specific practical task that either is or closely resembles an authentic task and which is directly observed by a preceptor or other supervisor. Practical assessments are typically 'one-off' observations that are signed off after successful completion.
Entrustable professional activity	These are typically skills based procedural work that maps to a LO, and the supervisor (or other assessor) uses the Entrustment Scale to rate the trainee's level of entrustment. It is expected that a trainee would be assessed on each EPA on multiple occasions to show their improvement and developing competence over time.
Written task	Written tasks are usually a set report that covers particular knowledge based LOs. Each SLA provide guidance on the format and content for specific written activities.

A full mapping of the curriculum to the required assessment/learning is provided at Appendix 1.

7.1.2 ENTRUSTMENT RATING SCALE

The ACCSM Entrustment Rating Scale has been developed to provide a safe approach to monitoring increased competence. It also introduces the concept of trust to assessment. The approach involves a trainee progressing through several levels of increasingly independent practice, until they are deemed sufficiently competent to perform a task independently. Instead of asking broad questions about competence, it is more straightforward for a preceptor or supervisor to rate what their trainee is trusted to do in routine, day-to-day work. By recording their level of entrustment over time, through repeated and ongoing ratings, changes in proficiency are monitored.

Learning outcomes that involve EPAs are clearly identified in the table in section: 11 Mapping of Curriculum Content to Assessment Evidence. Where a learning outcome requires an EPA, preceptors should consider the level of trust that they feel able to place in their trainee, observe them on the task/procedure set out in the associated learning outcome(s) and complete the EPA feedback form. Trainees and preceptors should expect that it will take multiple observations over time for a trainee to achieve level 4 (Competent to Perform All Procedural Elements) for an EPA.

Table 3: ACCSM Entrustment Rating Scale

Level 1	Level 2	Level 3	Level 4
Safe Participation in the Operating Environment	Active Participation in Elements of a Procedure	Competent to Perform Some Procedural Elements	Competent to Perform All Procedural Elements
The trainee actively observes procedures and participates safely as part of the team in the operating environment	Under direct supervision, the trainee can participate in performing some elements of the procedure	Under supervision, the trainee can perform some elements of the procedure and can instruct the entire procedure from start to finish	The trainee can perform all elements of the procedure independently

7.2 HURDLE REQUIREMENTS

DIRECT OBSERVATION OF PROCEDURAL SKILLS

Trainees are required to undertake a Direct Observation of Procedural Skills (DOPS) assessment during stage 1 of training. During a DOPS task, an experienced assessor directly observes the trainee as they perform specific surgical procedures and skills in a controlled clinical setting.

The assessor assesses various aspects of the trainee's performance, including technical proficiency, communication with the surgical team, adherence to safety protocols, and overall competence in executing the procedure. The DOPS is assessed based on the following criteria:

- Prepares for procedure according to standard protocols
- Demonstrates good asepsis and safe use of instruments/sharps
- Demonstrates manual dexterity required to carry out procedure
- Demonstrates appropriate technical skills including tissue handling, dissection and suturing
- Is aware of own limitations and seeks help if/when appropriate

Trainees receive a rating for each criterion of unsatisfactory/competent/excellent. A rating of unsatisfactory on any criteria means that the task has not been successfully completed.



MULTI-SOURCE FEEDBACK

Multi-source feedback aims to offer insights into the trainee's technical skills, communication abilities, professionalism (including ethical conduct), and overall effectiveness in cosmetic surgery.

The multisource feedback task involves eliciting feedback from **at least two** of the following sources (selected by the preceptor) using the Multi-Source Feedback Template:

1. Peer Evaluation

Colleagues who work closely with the trainee have the opportunity to provide feedback on collaborative efforts, teamwork, and communication skills.

2. Supervisor Assessment

Direct supervisors play a crucial role in evaluating the trainee's technical proficiency, decision-making skills, adherence to protocols, and overall performance during cosmetic surgeries. Their assessment provides a comprehensive overview of the trainee's capabilities and progress.

3. Other Healthcare Professionals

Feedback from nurses, clinic staff, and other healthcare professionals who have collaborated directly with the trainee in the surgical setting can offer additional perspectives on teamwork, communication, and the trainee's ability to manage and coordinate care effectively.

The multi-source feedback task must also include self-reflection on their own strengths and areas for improvement, fostering a sense of personal responsibility for continuous development.

Trainees will receive a rating of **exceptional/satisfactory/requires further development** from each person that feedback was requested from and are required to get two ratings of satisfactory or exceptional to progress into stage 4 of training.

RESEARCH

The ACCSM requires that trainees engage in a research project that leads to acceptance for publication in a peer-reviewed journal. To support this work, trainees are also required to give a presentation of their research proposal (abstract) by the end of their first year of training (hurdle requirement for stage 2) at the ACCSM Annual Cosmetex Conference or an academic meeting acceptable to the college.

Trainees must provide evidence of their abstract's acceptance for publication. This can include either a copy of the published article or (where publication may be delayed) a copy of

the correspondence from the journal editor indicating that the article has been accepted for publication.

PORTFOLIO PROGRESS REVIEWS (every 3 months)

At the end of each rotation, preceptors must review a trainee's achievements within that rotation and complete the Preceptor Evaluation Form, which includes a summary of the learning outcomes signed off during the rotation, evidence requirements met, hurdles achieved, entrustable professional activities undertaken and the trainee's level of competence, as well as overall feedback about the trainee's hurdle and areas for future focus and development.

Preceptors are required to give an overall rating of trainee progress and attainment during a rotation. This rating is either progress or unsatisfactory progress. A trainee is required to achieve a satisfactory rating for two rotations before progressing from stage one to stage two of training.

7.3 ROUTINE EVIDENCE: DESCRIPTION OF EXTERNAL AND INTERNAL TRAINING COURSES

STAGE ONE (0-6 months)

Ethics and Cosmetic Surgery Proceduralist Certificate Course

This is a certificate course run by the ACCSM as part of the Trainee Induction Day which is scheduled during the first few months of training. The course consists of didactic lectures, and discussion sessions. Assessment is provided by a formative MCQ to ensure knowledge of the key learning outcomes.

Cultural competency training

Trainees are required to complete cultural competency training during Stage 1 (0 – 6 months) of the training program. The ACCSM expects trainees to complete the National Centre for Cultural Competence – Cultural Competence Online Modules during their first 6 months of training. Assessment methodology is managed by the National Centre for Cultural Competence.

Journal Club

The ACCSM provides a Journal Club nine times per year. Trainees are expected to attend all Journal Club meetings, with a minimum hurdle requirement of 70% attendance (7 meetings). This expectation applies throughout training (Stages 1–4).

STAGE TWO (7-12 months)

Injectables training

Cosmetic Injectables training is provided by the ACCSM and aims to enhance skills in cosmetic medicine and injectables. The one day in-person training is run yearly in Sydney and is mandatory for trainees to attend before hurdle is approved.

Safe procedural sedation training

Trainees are required to complete the Safe Procedural Sedation Course, through the Sydney Clinical Skills Simulation Centre. The course content reflects the NSW Agency for Clinical Innovation (ACI) Minimum Standards for Safe Procedural Sedation and the Australian and New Zealand College of Anaesthetists (ANZCA) PS09 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures.

Assessment of satisfactory completion is made according to the Sydney Clinical Skills Simulation Centre course requirements and is not under the control of ACCSM.

Trainees are required to submit their certificate of completion to the ACCSM to qualify for completion of training.

Cosmetic Surgery Training Program: Liposuction Training

The Liposuction training is a multi-modal course featuring didactic presentations, hands on patient assessments and theatre attendances, and case reviews. The Liposuction training is a two day training course with additional theatre attendance requirements. It is aligned to Key Area 7 of the curriculum.

Components

1. The didactic sessions are structured as follows:

- 1 day basic training for trainees to be completed during Stage 2 (7 – 12 Months) – basic tumescent liposuction and liposculpture under local anaesthetic. The program is updated and published in the ACCSM Cosmetic Surgery Training Program Handbook.
- 1 day advanced training to be completed during Stage 3 (13–18 months) – includes chin/ neck, breast reduction, inner thigh and knee, lipoedema, improving outcomes, BBL. The program for the advanced component is to be updated and published in the ACCSM Cosmetic Surgery Training Program Handbook each year.

2. Trainees are also required to complete practical sessions in theatre. Candidates will be assigned to Preceptor theatre lists and will undertake marking and liposuction of a range of body areas. Procedures must be included in the logbook.

3. Trainees must maintain a liposuction logbook to ensure all body areas are covered.
4. The hurdle requirement is a two hour MCQ examination, with a pass mark set at 70%. This examination will be provided at the end of the second training session.

Fees for the liposuction course are included in the training fee.

8 EXAMINATIONS

8.1 EXAMINATION REQUIREMENTS

Trainees are required to sit and pass three examinations during the 2-year cosmetic surgery training program. All the examinations are aligned to the training program learning outcomes.

Candidates wishing to sit exams must cover the cost of their own travel and accommodation to attend.

8.2 EXAMINATION CONDUCT

For all the examinations, candidates are expected to conduct themselves in accordance with the guidelines outlined in the [Examination Conduct Policy](#).

Candidates who are deemed to be non-compliant with any examination conduct guidelines may have their examination sitting voided and recorded as a failed examination.

EXAMINATION 1: MEDICAL MCQ

Description

The objective of the MCQ Cosmetic Medicine Examination is to assess a trainee's competency and required level of knowledge and understanding of Anatomy as it applies to cosmetic medical practice and to assess core knowledge such as non-invasive treatments, aspects of basic training, and acquisition of core concepts.

Eligibility

Trainees may apply to sit the exam in Stage 2 of their training (once 7 – 12 months of training is completed).

Format and structure

The examination is 2 hours in duration and is made up of 100 Single-Best Answer MCQs, aligning with best practice.



Examination schedule and location

The ACCSM usually holds two exam sittings per year, depending on candidate numbers and eligibility. The exams are generally held in March/April and Sept/Oct in the Sydney CBD.

Application process

When an exam is planned, eligible trainees are invited to attend. ACCSM will generally give at least two months' notice.

Attempts

Trainees have a maximum of two attempts to successfully complete the MCQ Examination within the 12-month timeframe. This rule applies regardless of the trainee's full-time equivalent (FTE) status. If the trainee is unsuccessful after two attempts, the ACCSM will liaise with the preceptor and consider remedial training actions under the *ACCSM Remediation in Training Policy*.

Examination marking

The exam pass mark is set using the modified Angoff standard setting methodology.

Notification and results

Exams are marked manually, and results issued usually within one week of sitting the examination. Trainees are notified of their result via email. If the result is a failure, they will be invited to sit the next examination event once scheduled. Trainees' files are updated with the result.

Resit opportunities

Candidates are allowed two consecutive attempts. Trainees can re-sit at the next available sitting. Trainees can continue to train (completing their rotations and getting learning outcomes signed off) as they wait for the next attempt.

Hurdle rule

Once the examination has been successfully passed, the trainee can move onto Stage 3 of the training program.

Examination 1 blueprint

- I. Fundamentals of Skin and Wound Management (Key Area 2) – 40% of questions**
 - A. Identification and management of common skin pathologies
 - B. Identify common skin manifestations of internal diseases
 - C. Biological process in scar formation
 - D. Management of scars
 - E. Treatment options for pigmentation changes

II. Diagnosis, assessment, and safe management of cosmetic surgery procedures related to the face and neck (Key Area 4) – 60% of questions

- A. Blood supply and innervation of the face
- B. Facial musculature and the course and distribution of nerves of the face
- C. The Fascial Planes of the Face and the Brow and the Pattern of Facial Components of the Brow, Face, and Neck
- D. Age related skin changes and fat loss
- E. Age related changes in ligamental support, muscle, and bone atrophy
- F. The impact of sun exposure on the aging process
- G. Adjunctive Facial Procedures

6.3.12 Examination 1 difficulty

Level	% of questions
Easy	30
Medium	50
Hard	20

6.3.13 Examination 1 cognitive level

Categories	% of questions
Knowledge (recall)	75
Application (apply a concept/principle to a clinical scenario)	25

EXAMINATION 2: AMERICAN BOARD OF COSMETIC SURGERY EXAM (ABCS)

To ensure graduates are benchmarked against an international standard, noting that the American and Australian Training programs are similar, ACCSM Cosmetic Surgery trainees sit the American Board Examination (ABCS).

Description

This exam is designed to evaluate competency in cosmetic surgery by critiquing a combination of a candidate's knowledge, surgical judgement, technical expertise, and ethics to achieve the goal of providing aesthetic improvement.

Format and structure

The exam consists of 200 MCQ questions over 5–6 hours, blueprinted by content and cognitive level as outlined by the American Board.

Eligibility

Cosmetic Surgery trainees are eligible to apply for the ABCS exam during Stage 3 of the training program.

Examination schedule & location

The examination is held twice yearly, generally in May and November each year. Eligible candidates will be notified of exam dates. Candidates can attend an exam premises in Sydney



or Melbourne, or at other venues as specified by the ABCS. The examination is not offered online.

Application process

The ACCSM Education Officer invites eligible trainees to sit the exam. There are times where the Dean advises the next sitting may be more appropriate or the trainee may not wish to sit at that point and want to wait for the next session.

The ACCSM Education Officer registers and pays for the trainees' examination enrolment and provides details to the trainee on the examination.

Attempts

Trainees are afforded three attempts at the exam. As part of the training program fee, the ACCSM will pay for two attempts. Subsequent attempts will be self-funded.

Trainees can continue to train (completing their rotations and getting learning outcomes signed off) as they wait for the next attempt.

Marking System

The exam is prepared and psychometrically evaluated by the National Board of Osteopathic Medical Examiners (NBOME).

Hurdle rule

The pass mark for this examination is 65%. Trainees must pass the examination by the end of Stage 4.

Notification of results

Trainees are notified of their result via email. If the result is a fail, they will be invited to sit the next examination event once scheduled. Trainees' files are updated with the result. The American Board can take up to 3 months for the release of results. Once the result is received it is notified to the trainee within 48 hours.

Withdrawal

Candidates must contact the ACCSM to cancel their exam at least 2 business days prior to their appointment. Exams cannot be cancelled less than 2 business days prior. Failure to cancel in time or failure to appear may result in a full or partial forfeiture of the exam fee.

Examination 2 blueprint

Topics	% of questions
Breast	15
Body/Extremity	10
Liposuction	10
Facial	30
Dermatology	15



Patient Safety	10
Surgical Principles	10

Examination 2 cognitive level

Categories	% of questions
Knowledge (recall)	30
Application (apply a concept/principle to a clinical scenario)	40
Comprehension (evaluation, judgement, reasoning)	30

EXAMINATION 3: ORAL VIVA

Description

The purpose of the VIVA examination is to ensure trainees are safe to practice independently. The exam assesses the curriculum applied to cosmetic surgery practice, such as managing complications and informed consent.

Eligibility

Trainees are eligible to sit the VIVA examination during Stage 4 (19 – 24 months) of the training program.

Application process

Eligible trainees are invited to sit the VIVA examination by the ACCSM Board of Censors or the Surgical Dean, once all other training program requirements are met.

Format and Structure

From 2024, the VIVA is a 10– station examination. Each station is 10 minutes long, with semi–structured questions and prompts. The 10 stations will cover the following content of the curriculum: Facial, body, breast, liposuction, rhinoplasty, non–invasive and informed consent. Each station will have rubric descriptions and a categorical rating scale with inbuilt standards.

Examination Schedule & Location

Due to the small trainee numbers, the ACCSM sets the VIVA examination date and location based on demand and candidate eligibility. The examination is held at a practice location, examples include Waratah Private Hospital, Sydney.

Attempts

Trainees are afforded three consecutive attempts at the VIVA. They can sit at the next sitting. Sometimes the Dean may recommend further training time is required to be undertaken before another attempt can be made, in accordance with the ACCSM Remediation in Training Policy.

Hurdle rules

The standard for the minimally competent candidate (MCC) will be built into the station, through descriptions of what the MCC should be able to demonstrate for that station. All candidates will be assessed on the 5 domains of: applied knowledge, decision making, clinical judgement, professional conduct and communication which have been aligned to CanMEDS.

For each domain, candidates will be assessed as Outstanding, Clear Pass, Borderline Pass, Borderline Fail, Clear Fail and Significant Concerns.

The passing standards for the Viva will be determined using formal standard setting methodologies. This will allow for minor differences in examination difficulty to be accounted for, and to ensure that the performance standards are maintained.

Notification of results

Candidates are notified of their result usually within one week of the exam completion via email. Trainees will be invited to sit the next available sitting, if the result is a fail.

Withdrawal

Candidates wishing to withdraw from an examination must do so in writing at least 14 days prior to the examination date.

8. ASSESSMENT FEEDBACK

Feedback is provided throughout the training journey and can be informal or formal (as part of the end of rotation evaluation form) as necessary. The ACCSM approach to trainee feedback is provided in accordance with the *ACCSM Assessment Feedback Policy*.

10. REMEDIATION

Where a significant issue is identified during an analysis of examination results, trainees have access to additional support from the ACCSM in accordance with the [Remediation in Training Policy](#).

The purpose of the policy is to provide support, management and evaluation of trainees who are not performing and/or progressing at a rate reasonably expected and that is integral to



maintaining the high standard of training and ensuring that the training programs produce highly skilled, competent and safety-conscious cosmetic surgery practitioners.

11. COMPLETION OF TRAINING

Completion of the Cosmetic Surgery Training Program leads to certification as a Fellow of the College FACCSM (Surg). Fellowship is awarded after all training program requirements are met in accordance with the ACCSM [Admission to Fellowship Policy](#).

12. SPECIAL CONSIDERATIONS

ACCSM permits, under some circumstances, special consideration for variations to the ACCSM Cosmetic Surgery Training Program. Under the [ACCSM Special Considerations Policy](#), trainees are required to apply and disclose circumstances that may impact their training and assessments to allow ACCSM to provide the appropriate support and planning for assistance.

13. RECONSIDERATION, REVIEW AND APPEAL

Trainees may, in certain circumstances, seek reconsideration, review or appeal against any decisions or outcomes made in relation to their assessment outcomes in the ACCSM Cosmetic Surgery Training Program, under the [ACCSM Reconsideration, Review and Appeals Policy](#). Applicants should contact the ACCSM for more details about the process and applicable fees.

14. RELATED RESOURCES

- ACCSM Cosmetic Surgery Training Program Handbook
- ACCSM Cosmetic Surgery Training Program Curriculum
- ACCSM Examination Conduct Policy
- ACCSM Remediation in Training Policy
- ACCSM Flexible Training Policy
- ACCSM Special Considerations in Training Policy
- ACCSM Reconsideration, Review and Appeal Policy
- ACCSM Cosmetic Surgery Training Program Monitoring and Evaluation Framework

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Document history	
This version drafted	July 2024
Revision date	
Approved by Board of Censors	29 August, 2024
Effective from	30 August, 2024



Raising Standards – Protecting Patients

Appendix 1. ACCSM Cosmetic Surgery Curriculum Map to Assessment

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Key Area 1: Introduction to Cosmetic Surgery		Assessment
Topic 1: History		
1.1.1 Evolution of current procedures	i. Understand the historical context and milestones in the development of cosmetic surgery procedures.	Short report
	ii. Identify the key technological advancements that have contributed to the evolution of current cosmetic surgery procedures	
	iii. Analyse the impact of societal, cultural, and technological factors on the evolution of cosmetic surgery and the expectations of patients seeking these procedures.	
	iv. Evaluate the ethical considerations associated with the evolution of cosmetic surgery procedures	
	v. Explain the roles and responsibilities of different healthcare professionals in the execution of multi-disciplinary cosmetic surgery procedures	
	vi. Identify the advantages and challenges associated with multi-disciplinary approaches in cosmetic surgery.	
	vii. Explain how the integration of multiple disciplines in cosmetic surgery can enhance outcomes for patients	
1.1.2 Divergence of Cosmetic and Plastic/Reconstructive Surgery	i. Differentiate between cosmetic surgery and plastic/reconstructive surgery based on their historical development and distinct goals.	Standard oral assessment
	ii. Describe the factors that have contributed to the divergence of cosmetic and plastic/reconstructive surgery.	
	iii. Identify the general limitations of cosmetic and plastic/reconstructive surgery procedures	
	iv. Understand the different needs and motivations of patients seeking cosmetic surgery versus plastic/reconstructive surgery procedures.	

	v. Critically assess the ethical and legal implications arising from the divergence of cosmetic and plastic/reconstructive surgery procedures.	
Topic 2: Scope of Practice		
1.2.1 Scope of Practice	i. Discuss Scope of practice and its component parts – education and training, certification, clinical experience, recency of practice and Continuing Professional Development.	Standard oral assessment
	ii. Appreciate the importance of Scope of practice in the Australian context where fields of practice are limited by medical practitioner self-regulation rather than regulatory prescription.	
	iii. Understand that scope of practice expands with additional education and training, additional certification, continuing professional development and broadening clinical experience and diminishes in the absence of recency of practice.	
	iv. Understand the scope of practice appropriate for doctors who have completed the ACCSM Cosmetic Surgery Training Program and pathways for broadening of a graduate's scope of practice.	
	v. Recognise that limits of one's individual competencies and self-regulating one's scope of practice is essential in keeping the Australian public safe.	
Topic 3: Ethics, Safety and the Cosmetic Surgery patient		
1.3.1 Key distinctions, and considerations in Cosmetic Surgery	i. Differentiate cosmetic surgery from other surgical branches by recognising its primary focus on aesthetic improvement rather than the resolution of organic diseases.	Standard oral assessment
	ii. Recognise that the measure of success in cosmetic surgery in cosmetic surgery is reliant on patient satisfaction which is subjective and multifactorial.	

	iii. Appreciate differences in the risk-benefit ratio in cosmetic surgery, acknowledging its highly elective nature.	
1.3.2 Ethics and the Cosmetic Surgery Proceduralist	i. Understand why specific ethics training is important in cosmetic surgery	Standard oral assessment
	ii. Recognise that doctors must be held to a higher ethical standard due to the unquestioning trust by patients that the advice and treatments provided are given in the patient's best interest.	
	iii. Define ethical practice and describe how this relates to the concepts of patient autonomy, beneficence, non-maleficence, and justice.	
	iv. Recognise the potential conflict between the best interests of the patient and the financial interests of the doctor and develop strategies to mitigate this whenever treatment or advice is provided.	
	v. Understand the doctors' ethical obligations in the corporate context and the need to advocate for the patient when a conflict of interest arises.	
	vi. Recognise the doctors' ethical obligations in advertising and the requirement to advertise within the guidelines set by statutory authorities, including AHPRA.	
Topic 4: Considerations for patient selection		
1.4.1 Assessing patients	i. Assess whether a patient is a suitable candidate for cosmetic surgery based on their medical history, physiological factors, and aesthetic goals.	Reflective Exercise
1.4.2 Medical Contraindications	i. Identify common medical contraindications that may affect a patient's suitability for cosmetic surgery.	Reflective Exercise
	ii. Apply strategies of assessing and managing medical contraindications in the context of patient selection for cosmetic surgery.	

	iii. Evaluate the potential impact of pre-existing medical conditions on the safety and outcomes of cosmetic surgery procedures.	
1.4.3 Psychosocial Considerations and Contraindications	iv. Recognise the influence of psychosocial factors on patient suitability for outcomes in cosmetic surgery.	Reflective Exercise
	v. Assess the impact of social supports, including family, friends, and psychological support, on the decision-making process, post-surgical recovery, and satisfaction of patients.	
	vi. Identify psychosocial indications, including realistic expectations, emotional stability, and adequate support systems, that contribute to positive surgical outcomes.	
	vii. Assess psychological contraindications using assessment tools, including unrealistic expectations and body dysmorphia that may indicate the need for additional assessment or intervention before proceeding with cosmetic surgery	
1.4.4 Patient History of Previous Cosmetic Procedures	i. Evaluate the significance of a patient's prior cosmetic medical and surgical history (including the outcomes of previous consultations with other cosmetic surgeons) in the context of patient selection for future procedures.	Reflective Exercise
	ii. Analyse the potential impact of previous cosmetic surgeries, including outcomes, complications, and patient satisfaction, on the decision-making process for subsequent procedures.	
	iii. Assess the need for additional pre-operative evaluation or adjustments in surgical planning based on the patient's prior cosmetic history.	
	iv. Develop strategies for effectively communicating with patients about their prior cosmetic history and managing expectations for future procedures.	
1.4.5 Economic Circumstances and Impacts on Treatment and Care	i. Evaluate the potential influence of economic factors on treatment choices, including the selection of procedures, choice of surgeon, or decision to postpone or forego surgery.	Standard oral assessment

	ii. Evaluate the ethical implications of economic disparities in cosmetic surgery patients and their potential impact on patient outcomes.	
1.4.6 Impact of Age on Patient Selection	iii. Describe the age-related considerations that may affect patient selection for cosmetic surgery, including physiological changes, healing capacity, and cognitive competency.	Standard oral assessment
	iv. Assess the potential risks and benefits of cosmetic surgery in different age groups and evaluate the appropriateness of surgical interventions based on age-related factors.	
	v. Understand the legal and ethical implications related to age-related patient selection and informed consent in cosmetic surgery.	
1.4.7 Ethnic and cultural considerations	i. Appreciate variations in ethnic and cultural considerations of aesthetics	Standard oral assessment
	ii. Demonstrate appropriate cultural awareness and sensitivity in patient interactions	Routine evidence: Cultural awareness training completion
	iii. Appreciate that the risks of surgical procedures (scarring and pigmentation) may vary between patients from different ethnic backgrounds	Standard oral assessment
Topic 5: Patient Safety		
1.5.1 Pre-operative patient management and optimisation	i. Recognise the importance of pre-operative optimization in ensuring patient safety in cosmetic surgery.	Standard oral assessment
	ii. Evaluate the impact of modifiable risk factors, on surgical outcomes and complications.	
	iii. Use appropriate referral pathways to direct patients to pre-operative interventions, including smoking cessation programs, nutritional support, and management of chronic health conditions.	
1.5.2 Safe use of anaesthesia and sedation	iv. Understand the principles and techniques of anaesthesia and sedation commonly used in cosmetic surgery procedures	Routine evidence: Safe Sedation course

	v. Identify potential complications and adverse events associated with anaesthesia and sedation in the context of cosmetic surgery.	completion
	vi. Identify strategies to mitigate the risks and ensure patient safety during anaesthesia and sedation procedures.	
1.5.3 Prevention and Management of common surgical complications	i. Describe appropriate use of emergency protocols and interventions in the event of anaesthesia-related complications.	Reflective Exercise
	ii. Discuss the principles of infection control, aseptic technique, and wound care and describe how these reduce the risk of complications.	
	iii. Identify strategies for prevention, early detection, and prompt management of infections, bleeding, and wound breakdown in cosmetic surgery.	
	iv. Apply appropriate wound care protocols, use of dressings, and follow-up care to promote optimal healing and minimize complications.	
1.5.4 DVT and PE Management and Prevention	i. Recognise the risk factors for deep vein thrombosis (DVT) and pulmonary embolism in cosmetic surgery patients	Reflective Exercise
	ii. Accurately describe the signs and symptoms of DVT/PE	
	iii. Apply appropriate strategies for DVT/PE risk assessment, prevention, diagnosis, and management in the perioperative period.	
	iv. Understand the appropriate use of prophylactic measures, including patient preparation, pharmacological agents and mechanical interventions, to prevent DVT/PE in cosmetic surgery patients	
	v. Implement appropriate interventions in case of suspected DVT.	
1.5.5 Infection Control and Appropriate Use of Antibiotics	i. Understand the principles of infection control and the importance of appropriate antibiotic use in cosmetic surgery.	Written task: short report
	ii. Evaluate the indications, selection, and administration of antibiotics for prophylaxis in cosmetic surgery.	

	<ul style="list-style-type: none"> iii. Identify strategies to prevent the development and spread of healthcare-associated infections in the cosmetic surgical setting. iv. Describe the principles of antimicrobial stewardship and guidelines to optimise antibiotic use and minimise the risk of resistance and adverse events. 	
1.5.6 Pain Management	<ul style="list-style-type: none"> i. Recognise the importance of effective pain management in cosmetic surgery for patient comfort and well-being. ii. Describe different pharmacological and non-pharmacological approaches to pain management in the perioperative and postoperative periods iii. Apply appropriate strategies for tailored pain assessment and management plans based on patient needs and preferences. iv. Monitor and address potential complications and adverse effects associated with pain medications. 	Reflective Exercise
1.5.7 Selection of Appropriate Surgical Locations	<ul style="list-style-type: none"> i. Understand the importance of selecting appropriate surgical locations for cosmetic procedures, considering patient safety and quality standards. ii. Differentiate between accredited and licensed surgical facilities and their respective regulatory requirements iii. Understand the role of national quality and safety commissions in ensuring patient safety and quality of care in cosmetic surgery. iv. Apply knowledge of regulatory standards and guidelines to make informed decisions regarding the selection of surgical facilities for cosmetic procedures. v. Evaluate the governance and supporting environment of clinical/surgical locations and use this information to support decisions about sites that are suitable for your practice and safe for patients 	Standard oral assessment

	vi. Evaluate the models of practice in place at different surgical locations and use this information to support decisions about sites that are suitable for your practice and safe for patients	
1.5.8 The Role of the Cosmetic Surgical Practitioner in Managing Surgical Emergencies	i. Identify the potential surgical emergencies that may arise during or after cosmetic surgery procedures.	Practical Activity
	ii. Demonstrate effective communication, teamwork, and decision-making skills in high-pressure situations	
	iii. Effectively manage common operative emergencies including: haemorrhage, airway compromise, respiratory depression, and local anesthetic toxicity.	
	iv. Effectively manage reactions to administered medications	
	v. Understand the role and responsibilities of the healthcare team in responding to and managing surgical emergencies.	
1.5.9 Management of Anaphylaxis and Cardiac Emergencies	i. Recognise the signs and symptoms of anaphylaxis and cardiac emergencies in the context of cosmetic surgery.	Routine evidence: completion of advanced life support course
	ii. Describe the principles and protocols for the management of anaphylaxis and cardiac emergencies, including early recognition, prompt intervention, and coordination with emergency medical services	
	iii. Effectively administer appropriate emergency treatments	
Topic 6: Collaborative patient care		
1.6.1 Working in a multi-disciplinary environment	i. Recognise the collaborative nature of multi-disciplinary procedures in cosmetic surgery, involving various medical specialties.	Standard oral assessment
	ii. Explain the roles and responsibilities of different healthcare professionals in the execution of multi-disciplinary cosmetic surgery procedures	
	iii. Identify the advantages and challenges associated with multi-disciplinary approaches in cosmetic surgery.	

	iv. Explain how the integration of multiple disciplines in cosmetic surgery can enhance outcomes for patients	
1.6.2 Identification of Suitable Sources for collaboration	i. Recognise the importance of establishing a clinical support network in the context of providing comprehensive patient care in cosmetic surgery.	Standard oral assessment
	ii. Develop strategies for effective communication and collaboration with the clinical support network to enhance patient outcomes and professional growth.	
	iii. Identify suitable sources of support and advice, including experienced colleagues, mentors, professional organisations.	
	iv. Critically evaluate how different healthcare professionals, can provide specialised support and advice in cosmetic surgery.	
1.6.3 Establishing a Referral Network	i. Understand the significance of establishing a referral network to ensure appropriate and timely access to specialised care for patients in need.	Standard oral assessment
	ii. Develop a network of healthcare professionals and specialists in various disciplines relevant to cosmetic surgery, including dermatology, ophthalmology, and psychiatry, for potential referral.	
	iii. Demonstrate effective referral management skills, including appropriate documentation, clear communication of patient information, and coordination of care, to optimise patient outcomes and continuity of care.	
1.6.4 Establishing an evidence base for your practice	i. Review evolving surgical techniques and emerging technologies and assess the relevance and applicability to your practice	Routine evidence: Participation at journal club
	ii. Critically assess and evaluate scientific literature, including research studies, clinical trials, and scholarly publications, in order to make informed decisions and apply evidence-based practices in cosmetic surgery.	

Key Area 2: Fundamentals of Working with the Cosmetic Surgery Patient		Assessment
Topic 1: Communicating effectively for patient care		
2.1.1 Tailoring communications	i. Consider cultural, religious and linguistic requirements in identifying individual patient needs, preferences, and communication styles to tailor information effectively	Standard oral assessment
	ii. Apply active listening skills to understand patients' concerns, questions, and expectations.	
	iii. Develop strategies for clear and empathetic communication to build trust and rapport with patients.	
2.1.2 Taking an appropriate patient history	i. Effectively gather comprehensive medical and cosmetic histories from patients.	Reflective exercise
	ii. Identify relevant factors that may impact treatment options or outcomes based on the patient's history.	
	iii. Apply appropriate questioning techniques to gather specific information related to cosmetic concerns and goals.	
2.1.3 Maintaining appropriate patient records	iv. Appreciate the importance of maintaining clear and thorough medical records that include: <ul style="list-style-type: none"> ○ Patient history ○ Records of examinations ○ Procedural plans ○ Discussion points engaged in during consultation ○ Assessment of patient expectations and plans to address these 	
2.1.4 Considering the patient's desired outcomes	i. Elicit and prioritize patients' desired cosmetic outcomes and expectations.	Reflective exercise

	<ul style="list-style-type: none"> ii. Manage patients' expectations by discussing achievable and realistic outcomes. iii. Apply empathetic communication to address patients' emotional and psychological aspects related to their desired outcomes 	
2.1.5 Effectively communicating risks	<ul style="list-style-type: none"> i. Clearly communicate the potential risks and complications associated with cosmetic procedures including the likelihood of these occurrences 	Practical Activity
2.1.6 Effectively communicating post-operative instructions	<ul style="list-style-type: none"> i. Communicate postoperative instructions and care guidelines clearly and comprehensively. 	Practical Activity
	<ul style="list-style-type: none"> ii. Use strategies including providing written and visual materials to reinforce postoperative instructions. 	
	<ul style="list-style-type: none"> iii. Address patient questions and concerns related to postoperative care and recovery. 	
2.1.7 Presenting alternatives to surgery	<ul style="list-style-type: none"> i. Describe treatment alternatives, including surgical and non-surgical options, to address patients' cosmetic concerns. 	Practical Activity
	<ul style="list-style-type: none"> ii. Discuss the potential benefits and limitations of different treatment approaches 	
	<ul style="list-style-type: none"> iii. Present “no surgery or treatment” as an alternative to surgery. 	
	<ul style="list-style-type: none"> iv. Provide patients with the opportunity to discuss and consider seeking a second opinion from another qualified medical practitioner 	
	<ul style="list-style-type: none"> v. Participate in shared decision-making with patients in the selection of the most suitable option. 	
2.1.8 Communicating effectively with other healthcare and administrative staff	<ul style="list-style-type: none"> i. Communicate and collaborate with other healthcare and administrative staff to ensure seamless coordination and patient-centred care within a cosmetic surgery practice. 	Practical Activity
Topic 2: Informed Consent		

2.2.1 Key elements of informed consent	i. Describe the elements of informed consent, including the disclosure of risks, benefits, and alternatives to the proposed procedure.	Practical Activity
	ii. Appreciate the importance of discussing pain management, expected recovery time, and the potential impact on daily activities as part of informed consent.	
	iii. Demonstrate the ability to obtain informed consent in a culturally sensitive and patient-centred manner, including the need to have a translator for patients whose English is not their first language.	
2.2.2 Operative consent	i. Explain the potential risks and complications associated with the proposed cosmetic surgery procedures	Practical Activity
	ii. Present the expected benefits and anticipated outcomes of the surgery based on the individual patient's characteristics and goals.	
	iii. Discuss alternative treatment options, including non-surgical options, and the option of no treatment.	
	iv. Assess patients' understanding of the information provided during the consent process and address any questions or concerns they may have.	
2.2.3 Considerations for financial consent	i. Appreciate the importance of discussing the financial aspects of cosmetic surgery, including the total cost, payment options, and potential need for revision surgery.	Standard oral assessment
	ii. Provide transparent information on additional costs, including anaesthesia fees, facility fees, and postoperative care expenses.	
	iii. Demonstrate sensitivity when discussing financial matters.	
2.2.4 Consent for the involvement of other surgeons, trainees, and assistants	i. Explain the roles and responsibilities of other surgeons, trainees, and assistants who may be involved in the surgical procedure.	Standard oral assessment
	ii. Appreciate the importance of obtaining patient consent for the involvement of any additional healthcare professionals or trainees in the surgery.	

	iii. Address any concerns or preferences the patient may have regarding the involvement of other individuals in the surgical team.	
Topic 3: Management of patient expectations		
2.3.1 Pre-operative management of expectations	i. Understand the importance of managing patient expectations before the cosmetic surgery procedure.	Standard oral assessment
	ii. Apply effective screening techniques to assess patient motivations, goals, and expectations.	
	iii. Identify factors that may influence patient expectations, including psychological factors, social influences, and media portrayal of cosmetic surgery.	
	iv. Engage in open and honest discussions with patients to align their expectations with realistic outcomes.	
2.3.2 Calibrating patient expectations	i. Employ effective communication techniques to calibrate patient expectations, ensuring they have a realistic understanding of the potential outcomes and limitations of the cosmetic procedure.	Standard oral assessment
	ii. Identify tools that are helpful in illustrating realistic expectations (e.g. before and after photos, photography apps and systems) and acknowledge their limitations.	
	iii. Provide evidence-based information on the success rates and potential complications of the cosmetic procedure to help patients make informed decisions	
2.3.3 Management of post-operative dissatisfaction	i. Recognise the potential for post-operative dissatisfaction in cosmetic surgery patients.	Standard oral assessment
	ii. Apply strategies for addressing and managing patient dissatisfaction, including active listening, empathy, and problem-solving skills.	
	iii. Collaborate with patients to identify appropriate solutions to address areas of dissatisfaction, where feasible.	

	iv. Demonstrate the ability to handle patient complaints and concerns in a professional and compassionate manner.	
2.3.4 Revision surgery	i. Appreciate the need for and use of revision surgery in the context of cosmetic procedures.	Standard oral assessment
	ii. Identify the factors contributing to the need for revision surgery, including complications, surgical outcomes, and patient satisfaction.	
	iii. Appreciate the frequency of revision surgeries for different cosmetic procedures and their impact on patient outcomes and satisfaction and use this information in planning for surgeries	
	iv. Participate in the planning process for revision surgery and consider timing, patient readiness, financial readiness, and specific surgical considerations.	
	v. Comprehensively assess patient needs and expectations during the planning process for revision surgery.	
	vi. Collaborate with patients to establish realistic goals and expected outcomes for revision procedures.	
	vii. Utilise interdisciplinary communication and consultation, as needed, to plan and coordinate revision surgeries effectively.	
Topic 4: Supporting patients in a team environment		
2.4.1 Management of a practice that supports high quality patient care	i. Collaborate with practice managers, practice nurses, and allied health professionals using a team approach to enhances patient care and safety	Reflective exercise
	ii. Develop clear and comprehensive patient documentation for patient information, consent, and pre and post operative care instructions	
	iii. Support practice staff in their professional learning and development to ensure there is an adequate level of knowledge across the team so patients receive consistent and accurate information	

	iv. Support practice staff in their professional learning and development to ensure consistent knowledge about ethical requirements and confidentiality	
2.4.2 Seeking professional support	i. Identify complicated cases and seek support from colleagues to manage these	Standard oral assessment

Key Area 3: Fundamentals of Skin and Wound Management		Assessment
Topic 1: Normal skin anatomy and physiology		
3.1.1 Normal skin anatomy and physiology	i. Describe the layers of the skin, including the epidermis, dermis, and subcutaneous tissue	Standard oral assessment
	ii. Describe the physiological functions of the skin, including protection, sensation, thermoregulation, and vitamin D synthesis, and articulate how these functions influence cosmetic surgery practices.	
Topic 2: Wounds		
3.2.1 Wound healing and management	i. Describe the physiological processes and stages involved in wound healing.	Standard oral assessment
	ii. Identify different types of wounds based on their size, shape, location, depth, base of wound, and surrounding tissue	
	iii. Identify the factors that influence wound healing, including age, nutrition, comorbidities, and medications	
	iv. Evaluate different wound management techniques, including types of wound dressings, debridement, and suturing, based on the characteristics and stages of wound healing.	
	v. Apply knowledge of wound pathophysiology to make informed decisions on assessment and treatment planning to optimise outcomes.	
	i. Evaluate the principles of antibiotic stewardship to minimize the risk of antibiotic resistance and adverse effects.	

	ii. Identify the most suitable antibiotic based on the type of infection, the sensitivity of the pathogen, and patient-specific factors.	
Topic 3: Pathologies of the skin		
3.3.1 Identification of common skin pathologies	i. Identify and classify common skin pathologies, including skin cancers, dermatitis, psoriasis, eczema, and acne, based on their clinical presentations and etiology.	Medical exam content
	ii. Understand the underlying pathophysiological mechanisms that contribute to the development of various skin pathologies.	
3.3.2 Management of common skin pathologies	i. Evaluate the appropriate diagnostic approaches and management strategies for different skin conditions.	
	ii. Provide preventive measures and patient education related to the management of skin pathologies.	
	iii. Apply strategies for comprehensive patient assessment and referral to appropriate healthcare specialists when encountering more serious skin pathologies (e.g. extensive skin cancers)	Standard oral assessment
Topic 4: Impacts of internal diseases on the skin		
3.4.1 Identification of common skin manifestations of internal diseases	i. Recognise the cutaneous manifestations associated with various internal diseases and systemic conditions, including: autoimmune disorders, endocrine disorders, and infectious diseases.	Standard oral assessment
	ii. Recognise skin signs as potential indicators of underlying systemic illnesses.	
3.4.2 Contributing to the management of skin pathologies	i. Demonstrate strategies for comprehensive patient assessment and appropriate referral when encountering skin manifestations that suggest internal pathology.	Standard oral assessment
	ii. Appreciate the value of interdisciplinary collaboration with other healthcare specialists in the diagnosis and management of skin manifestations related to internal diseases.	

Topic 5: Scarring		
3.5.1 Biological process in scar formation	i. Describe the biophysiological processes involved in scar formation and the differences between normal scarring, hypertrophic scars, keloid scars, and pigmented scars.	Written task: Short report
	ii. Identify factors that influence scar formation, including wound tension, genetics, and inflammation.	
3.5.2 Management of scars	i. Identify potential risks, benefits, and expected outcomes of different scar management approaches.	
	ii. Evaluate treatment options for hypertrophic and keloid scars, including local steroid therapy, pressure therapy, and scar revision techniques.	
	iii. Understand the mechanisms of action and indications for using local steroid therapy in scar management.	
	iv. Evaluate the principles of pressure therapy and its role in preventing and treating hypertrophic and keloid scars.	
	v. Identify different scar revision techniques, including surgical excision, laser therapy, and dermabrasion, and their applications in scar improvement.	
vi. Select the most appropriate scar management techniques based on scar characteristics and patient-specific factors.		
Topic 6: Pigmentation changes		
3.6.1 Normal v. abnormal pigmentation changes	i. Recognise the normal variations in skin pigmentation based on ethnic background, age, and skin type.	Standard oral assessment
	ii. Outline the role of melanin in determining skin colour and its distribution in different skin layers.	
	iii. Identify common skin pigmentation disorders, including hyperpigmentation and hypopigmentation and understand their underlying causes.	

	iv. Differentiate between benign pigmented lesions and potentially malignant conditions, including melanoma or dysplastic nevi, for early detection and appropriate management.	
	v. Describe the pathophysiological mechanisms leading to abnormal pigmentation changes, including melanocyte dysfunction, inflammation, and hormonal influences.	
	vi. Identify common triggers and exacerbating factors for hyperpigmentation	
3.6.2 Treatment options for pigmentation changes	i. Understand the available treatment modalities for skin pigmentation changes, including topical agents (e.g., hydroquinone, retinoids), chemical peels, laser therapies, and cryotherapy.	Standard oral assessment
	ii. Evaluate the risks, benefits, and expected outcomes of different treatment options, taking into account patient preferences and skin type.	
	iii. Develop appropriate treatment plans for patients based on their specific pigmentation concerns and medical history.	
Topic 7: Antibiotic use for the management of skin infections		
3.7.1 Selection and use of appropriate antibiotics	i. Recognise the importance of appropriate antibiotic use in the management of various infections and wound-related conditions.	Standard oral assessment
	ii. Identify different classes of antibiotics and their mechanisms of action against specific pathogens.	
	iii. Accurately diagnose infections and identify pathogens through sending swabs and tissue samples for pathology	
	iv. Evaluate the principles of antibiotic stewardship to minimize the risk of antibiotic resistance and adverse effects.	
	v. Identify the most suitable antibiotic based on the type of infection, the sensitivity of the pathogen, and patient-specific factors.	

Key Area 4: Diagnosis, assessment and safe management of cosmetic surgery procedures related to the face and neck		Assessment
Topic 1: Normal facial anatomy and its common variants		
4.1.1 Blood supply and innervation of the face	i. Describe the major arterial supply of the face including common variations.	Set oral assessment
	ii. Describe the sensory innervation of the face	
	iii. Describe the motor innervation of facial muscles by the facial nerve (cranial nerve VII) and its branches.	
4.1.2 Facial musculature and the course and distribution of nerves of the face	i. Describe the main facial muscles, their origins, insertions, and actions.	
	ii. Describe the course and distribution of facial nerves, including the branches of the facial nerve and the innervation of specific facial muscles.	
4.1.3 The Fascial Planes of the Face and the Brow and the Pattern of Facial Components of the Brow, Face, and Neck	i. Describe the facial fascial planes, including the superficial and deep fascia, and their role in facial expression and support.	
	ii. Describe the anatomical components of the brow, and neck regions, including bones, muscles, nerves, and blood vessels.	
	iii. Appreciate the impact of facial anatomy on aesthetic considerations and surgical planning in cosmetic procedures.	
4.1.4 Aesthetic facial assessment	i. Perform aesthetic facial assessments including an understanding of the influence of asymmetries	Routine evidence: completion of injectables workshop
	ii. Use aesthetic evaluations to inform treatment planning in cosmetic surgery and non-surgical interventions.	
Topic 2: Pathophysiology of ageing		
4.2.1 Skin Changes	i. Identify common skin changes associated with aging.	

	<ul style="list-style-type: none"> ii. Describe the underlying pathophysiological processes responsible for age-related changes in the skin. iii. Appreciate the impact of intrinsic and extrinsic factors on skin aging including genetics, hormonal changes, and environmental exposure. 	Standard oral assessment	
4.2.2 Age related fat loss	<ul style="list-style-type: none"> i. Describe the pathophysiological mechanisms leading to age-related fat loss and redistribution in the face and body. ii. Identify the characteristic patterns of fat loss including facial volume depletion and changes in facial and neck contours. iii. Evaluate the implications of fat loss on facial aesthetics in aging. 		
4.2.3 Age related changes in ligamental support	<ul style="list-style-type: none"> iv. Describe how age-related changes in ligaments contribute to facial sagging and ptosis. v. Analyse the impact of ligamentous changes on facial aesthetics and the development of facial aging features. 		
4.2.4 Age related muscle and bone atrophy	<ul style="list-style-type: none"> i. Describe the pathophysiology of muscle and bone atrophy in the aging process. ii. Describe the effects of muscle and bone loss on facial appearance, including changes in facial shape and skeletal proportions. iii. Evaluate the significance of muscle and bone atrophy in the context of age-related functional changes and aesthetic considerations. 		
4.2.5 The impact of sun exposure on the aging process	<ul style="list-style-type: none"> i. Describe the impact of chronic sun exposure on the skin, including photoaging and DNA damage. ii. Identify characteristic patterns of aging associated with sun exposure, including solar elastosis, pigmentation changes, and increased risk of skin cancer. 		
Topic 3: Face and neck lifting procedures			

4.3.1 Procedure specific anatomy of the face and neck	i. Identity and locate key surgical anatomical structures at risk in face and neck procedures	Set oral assessment template
4.3.2 Face and neck lifting procedures	ii. Describe the steps involved in face lift procedures including planes of surgery (including subcutaneous, SMAS flaps, deep plane), surgical incisions and their indications, and platysma manipulation.	
	iii. Appreciate the additional complexities associated with secondary facelift surgery	
	iv. Competently perform each element of a facelift surgery	EPA
4.3.3 Adjunctive Facial Procedures	i. Describe the applicability, usefulness and techniques involved in adjunct procedures including: <ul style="list-style-type: none"> ○ Threads ○ energy-based devices ○ light-based therapies ○ injectable fillers ○ neuromodulation toxin injections 	Standard oral assessment Injectables course
4.3.4 Facial Implants	i. Describe procedures for facial augmentation including: <ul style="list-style-type: none"> ○ autogenous vs allograft ○ types of materials ○ implant selection 	Standard oral assessment
4.3.5 Management of complications of face and neck procedures	i. Identify potential complications associated with face and neck procedures, including infection, hematoma, wound breakdown, paratoid duct injury, nerve injury, hair loss, and asymmetry.	Set oral assessment template
	ii. Evaluate patient-specific risk factors and medical history to develop personalised strategies for complication prevention	
	iii. Apply evidence-based techniques and best practices to minimise the risk of complications during pre-operative planning and surgical execution.	Practical Activity

	iv. Perform thorough post-operative assessments to monitor for potential complications and aid in early detection	
	v. Apply appropriate management strategies for complications, including haematoma, failure of wound healing, infection, salivary gland/duct injury and nerve injury	
4.3.6 Specific considerations for brow lift procedures	i. Describe the indications and contraindications for a brow lift	Set oral assessment template
	ii. Describe common techniques used for brow lifts including endoscopic, direct brow lift, and open browlift and foreheadplasty, methods of fixation, and selection of appropriate incisions.	
	iii. Apply appropriate prevention and management strategies for common complications in brow lifts	
Topic 4: Eyelids		
4.4.1 Surgical and functional anatomy	i. Describe the applied anatomy of the eyelids and orbit	Set oral assessment template
	ii. Describe the blood supply and innervation of the eye, orbit, and lids	
	iii. Describe the ligamentous attachments, fat pads, and musculature of the eye and lids	
4.4.2 Patient specific considerations	i. Describe key racial variations in eyelid structure and their implications for blepharoplasty surgery	
	ii. Describe common ocular abnormalities and their causes	
4.4.3 Eye assessments	i. Perform assessment of the eyes for symmetry, tarsal laxity, ectropion, entropion, ptosis, and eyelid shape.	Practical Activity
	i. Perform an assessment of the eye to screen for: <ul style="list-style-type: none"> ○ signs and symptoms of raised intraocular pressure, ○ dry eye ○ diseases of the eye ○ eye manifestations of thyroid disease ○ issues with visual acuity and refer patients for appropriate management of these.	

4.4.4 Surgical procedures of the eyelid	ii. Describe the applications, indications, limitations and complications of blepharoplasty alone and in combination with other techniques.	Standard oral assessment
	iii. Describe the steps involved in procedures of the upper and lower eyelid, including conjunctival incisions, their indications, and complications. Detail the following: <ul style="list-style-type: none"> ○ Skin, muscle, fat and orbital septal manipulation and excision – indications and complications. ○ indications, technical options, and complications for canthoplasty and canthopexy 	Set oral assessment
	iv. Competently perform each element of an upper and lower blepharoplasty procedure	EPA
4.4.5 Management of complications of blepharoplasty procedure	i. Identify and manage acute complications of blepharoplasty including retrobulbar haematoma	Standard oral assessment
	ii. Apply appropriate prevention and management strategies for common complications in blepharoplasty including entropion, ectropion, lid lag, and inferior oblique muscle injury	
Topic 5: Ears		
4.5.1 Surgical anatomy of the ear	i. Describe the anatomy of the ear including embryology and growth (including nomenclature of different elements of the ear)	Standard oral assessment
	ii. Describe blood supply of the ear including branches from external carotid artery, posterior auricular artery and superficial temporal artery	
	iii. Describe nerve supply of the ear including auriculotemporal nerve, great auricular nerve, branches of the vagus nerve and lesser occipital nerve	
4.5.2 Patient specific considerations	i. Describe appropriate age-related considerations (including cartilage maturation) in respect of timing of otoplasty	Standard oral assessment
	ii. Describe syndromes and conditions associated with variations of ear anatomy	

	iii. Describe how traumatic deformities impact the ear	
4.5.3 Surgical procedures related to the ear	i. Describe the applications, indications, limitations and complications of surgical techniques for prominent ear correction including cartilage scoring e.g. Chongchet and suture-only techniques e.g. modified Mustardé	Standard oral assessment
	ii. Describe reconstructive procedures of the earlobe– including complications, their avoidance and treatment.	
	iii. Identify the potential complications of prominent ear correction including infection, necrosis of cartilage and skin and recurrence	
	iv. Describe various dressing techniques and their relative merits	
	v. Competently perform each element of otoplasty	EPA
	vi. Describe appropriate prevention and management strategies for common complications of otoplasty	Standard oral assessment
	vii. Appreciate the additional complexities associated with secondary ear surgery	
Topic 6: Nose		
4.6.1 Surgical and functional anatomy of the nose	i. Describe the key anatomical features of the nose including blood and nerve supply, nasal bones, nasal cartilages and the soft tissues of the nose	Standard oral assessment
	ii. Describe normal physiological functions of the nose and how these may be affected by nasal surgery	
	iii. Describe the common causes of nasal deformities including: aesthetic, traumatic, disease-related, congenital, tumours and prior surgery.	
	iv. Identify clinical conditions relevant for rhinoplasty including: allergic or vasomotor rhinitis, epistaxis, polyps, airway obstruction with septal deviation	

4.6.2 Patient specific considerations	i. Appreciate the complexities of facial aesthetics and how this impacts planning for rhinoplasty surgery	
	ii. Recognise the clinical significance of dysmorphophobia in the cohort of patients seeking rhinoplasty surgery.	
	iii. Appreciate variations in ethnic and cultural considerations of aesthetics and the specific implications for rhinoplasty	
4.6.3 Surgical procedures for rhinoplasty	i. Perform assessment of patient suitability for rhinoplasty surgery including intranasal examinations and functional assessments	Set oral assessment
	ii. Understand appropriate use of autologous and alloplastic implant materials	
	iii. Describe the following techniques including suitability and indications for each: <ul style="list-style-type: none"> ○ techniques to manage the nasal dorsum including dorsal hump reduction and dorsal augmentation ○ Osteotomy techniques including options for osteotomy placement ○ endonasal and open rhinoplasty techniques ○ techniques for the modification of the alar base ○ techniques for the management of septal abnormalities including cartilage grafting and resection techniques ○ techniques for nasal tip adjustment including resection, dome suturing and controller projection 	
	iv. Competently perform each element of a rhinoplasty procedure	EPA
	v. Implement strategies for the prevention, early detection and management of common complications in rhinoplasty surgery	Standard oral assessment
	vi. Appreciate the complexities when performing secondary rhinoplasty	
	Topic 7: Chin	
4.7.1 Specific anatomy relevant to the chin	i. Describe the bone and soft tissue structures of the chin and mandible	Standard oral assessment

	ii. Describe blood and nerve supply of the chin	
	iii. Appreciate aesthetic considerations of the chin and propose appropriate treatment options	
4.7.2 Surgical Procedures for the chin	i. Perform assessment of patient suitability for chin augmentation	Practical Activity
	ii. Describe the applications, indications, limitations and complications of surgical techniques for genioplasty including minimally invasive techniques.	Standard oral assessment
	iii. Understand appropriate use of autologous and alloplastic implant materials	
	iv. Competently perform each element of a genioplasty procedure	EPA
	v. Implement strategies for the prevention, early detection and management of common complications in genioplasty	Standard oral assessment
	vi. Demonstrate appropriate follow-up assessment and management of late stage complications of genioplasty patients	

Key Area 5: Diagnosis, assessment and safe management of cosmetic surgery procedures related to the breast		Assessment
Topic 1: Breast anatomy and physiology		
5.1.1 Surgical anatomy and physiology of the breast	i. Describe the applied anatomy of the breast, its blood supply, nerve supply, muscles of the chest wall, glandular tissue, fascial layers and support structures.	Standard oral assessment
	ii. Describe typical development of the breast including hormonal influences	
	iii. Describe variations and deformities of the breast and associated structures	
	iv. Describe the changes to breast anatomy and physiology in pregnancy and lactation	
	v. Identify commonly occurring benign breast pathologies	
	vi. Describe how the ageing process is related to changes in breast tissue	
	vii. Understand the influences of pregnancy, lactation, weight loss, trauma, congenital deformities, benign and malignant tumours, skin conditions, and lobular and ductal disease on breast morphology.	
	viii. Describe the iatrogenic influences on breast morphology including previous surgery, breast implants, radiotherapy, chemotherapy and medications	
5.1.2 Aesthetic considerations of the breast	i. Appreciate factors that contribute to breast aesthetics including nipple position and size, areolar shape and size, volume distribution, symmetry, degree of ptosis, body proportions and the patient's perspective of ideal breast aesthetics.	
Topic 2: Assessing Patients for Breast Surgery		
5.2.1 Physical breast assessment	i. Perform a clinical breast assessment including assessment of: <ul style="list-style-type: none"> ○ Breast volume ○ Symmetry ○ Degree of ptosis ○ Nipple position and areola size ○ Skin integrity/quality ○ Breast parenchyma and fat distribution ○ Breast pathology 	Practical Activity

	<ul style="list-style-type: none"> ○ Previous breast surgery 	
	ii. Identify patients who require additional investigations and refer appropriately	
5.2.2 Psychosocial assessment	i. Appreciate the psychosocial complexities that may be associated with breast surgery and how these may influence decision making	Standard oral assessment
	ii. Discuss the assessment of patient psychological suitability for aesthetic breast surgery and appropriately refer for expert psychological advice as necessary	
Topic 3: Procedures for breast surgery		
5.3.1 Pre-surgical considerations	i. Discuss various designs and approaches to breast augmentation and their applications	Set oral assessment
	ii. Discuss the history of breast implants	
	iii. Describe the suitability of different types of implant materials including their content, structure, physical and biological properties.	
	iv. Describe the nature, physiology, and behaviour of implant capsules	
	v. Describe appropriate management of capsular contracture	
	vi. Describe implant infection in the context of pathogenesis, risk factors, mitigating strategies to minimise this risk and the management approach for this complication.	
	vii. Describe the various hypothesized pathophysiologies of Breast implant illness and BIA-ALCL	
	viii. Describe the appropriate diagnosis and treatment of BIA-ALCL	
	ix. Appreciate the importance of long term follow up and surveillance of patients with breast implants	
5.3.2. Augmentation mammoplasty	<ul style="list-style-type: none"> i. Describe surgical techniques for augmentation mammoplasty including: <ul style="list-style-type: none"> ○ Incision placement ○ Surgical planes (submuscular, subglandular/subfascial, dual plane) 	Standard oral assessment

	<ul style="list-style-type: none"> ○ Adjunctive techniques 	
	ii. Competently perform each element of augmentation mammoplasty using the above techniques	EPA
	iii. Implement strategies for the prevention, early detection and management of common complications in augmentation mammoplasty	Standard oral assessment
	iv. Demonstrate appropriate follow-up assessment and management of patients post augmentation mammoplasty	
	v. Appropriately manage complications of breast augmentation surgery including peri-prosthetic infection, displacement, capsular contracture, rupture, and seroma	
	vi. Appreciate the additional risks and complications of revision breast augmentation.	
5.3.3 Mastopexy/Reduction mammoplasty	<ul style="list-style-type: none"> i. Discuss the various available techniques in mastopexy and reduction surgery and their associated benefits, risks and their relevance to: <ul style="list-style-type: none"> ○ breast size and shape ○ scar position and size ○ breast feeding ○ nipple areolar positioning and preservation ii. Describe the components of mastopexy and reduction surgery including: <ul style="list-style-type: none"> ○ Skin; wise pattern, vertical or lollypop and periareolar or Benelli ○ Pedicle; superomedial, central, inferior and free nipple graft. ○ Parenchymal excision and manipulation ○ The use of mesh and/or suture fixation. iii. Appreciate the additional risks of secondary breast reduction surgery iv. Describe the role and limitations of liposuction in breast reduction surgery v. Demonstrate appropriate follow-up assessment and management of patients post reduction mammoplasty 	Standard oral assessment

	vi. Appropriately manage complications including haematoma, nipple loss, nipple sensory loss, wound breakdown, infection and collection	
	vii. Appropriately manage later stage complications including asymmetry, poor scaring, bottoming out and nipple malposition	
5.3.4 Augmentation mastopexy	i. Appreciate the risks and benefits associated with simultaneous augmentation mastopexy vs. staged augmentation mastopexy	Standard oral assessment
5.3.5 Assessment and correction of congenital breast deformity	i. Identify common chest wall and breast deformities	Standard oral assessment
	ii. Identify patients requiring referral for management of particular congenital breast and chest wall deformities	
	iii. Assess the degree of deformity and consider how this would impact selection of technique	
	iv. Discuss the various techniques used to correct congenital breast deformities, their applications and associated benefits and risks	
	v. Competently perform each element of a tuberous breast correction procedure	EPA
Topic 4: Gynaecomastia		
5.4.1 Pre-surgical considerations	vi. Describe how gynaecomastia is graded and the appropriate treatment for each grade	Standard Oral Assessment
	vii. Identify systemic pathologies, drugs, medication and hormonal imbalances that can result in gynaecomastia	
	viii. Identify the appropriate range of tests and investigations that should be prepared for a patient presenting with gynaecomastia	
5.4.2 Gynaecomastia procedures	i. Recognise the risk of blood loss in the chest that may occur with gynaecomastia procedures	
	ii. Describe the potential complications of the procedure including poor scar, 'dinner plate deformity', recurrence and irregularities	
	iii. Competently perform each element of gynaecomastia surgery	EPA

	iv. Competently perform lipoplasty in conjunction with gynaecomastia surgery	EPA
Topic 4: Nipple and Areolar Surgery		
5.5.1 Procedures in Nipple and Areolar Surgery	i. Describe techniques to reduce the areola	Standard Oral Assessment
	ii. Describe techniques of nipple reduction and how choice of technique may impact wound healing of the nipple and may lead to nipple compromise	
	iii. Describe techniques used to correct an inverted nipple including risks and complications associated with these techniques.	
	iv. Discuss implications for surgery on the nipple and areola with a patient who may wish to breastfeed in the future.	

Key Area 6: Diagnosis, assessment and safe management of cosmetic surgery procedures related to the abdomen		Assessment
Topic 1: Specific anatomy and physiology of the abdomen		
6.1.1 Anatomy and Physiology of the Abdominal Wall	i. Identify the layers of the abdominal wall, including skin, adipose layer, fascia, muscle, peritoneum, and their importance in cosmetic abdominal surgeries.	Set oral assessment
	ii. Understand the role of the subcutaneous fat layer in the abdominal contour and its variations in different regions of the abdomen.	
	iii. Describe the vascular supply of the abdominal regions, including the epigastric, umbilical, and suprapubic regions, and their anatomical variations.	
	iv. Describe the distribution of nerves, including the cutaneous branches of the lower thoracoabdominal nerves and the iliohypogastric and ilioinguinal nerves, and their importance in abdominal sensation and innervation.	
	v. Analyse the clinical significance of the vascular and nerve supply in abdominal surgery and the management of abdominal pain during the recovery period.	
6.1.2 Common abnormalities of the abdominal wall	i. Identify common postpartum abdominal changes, including diastasis recti and skin changes, and describe their underlying pathophysiology	
	ii. Appreciate the impact of abdominal surgery on normal anatomy, including scars and adhesions, and their potential effects on abdominal function and aesthetics.	
	iii. Evaluate abdominal abnormalities associated with lipodystrophy, obesity, and weight loss, including excess skin and laxity, and propose appropriate management options.	
	iv. Understand the anatomical changes and underlying causes of divarication of recti and its influence on abdominal contour.	
Topic 2: Assessing patients for abdominoplasty		

6.2.1 Assessing patient suitability	<p>i. Assess patient suitability for abdominoplasty by taking a focused history and assessing relevant factors including:</p> <ul style="list-style-type: none"> ○ Age ○ BMI ○ Nutritional and metabolic states ○ Exercise ○ Occupation ○ History of weight loss and stability ○ Previous pregnancies and/or plans for future pregnancies ○ Presence of hernia ○ Prior abdominal surgery and bariatric surgery ○ Presence of rectus diastasis ○ Skin quality 	Practical Activity
Topic 3: Cosmetic surgery procedures of the abdomen		
6.3.1 Abdominoplasty procedures	<p>i. Describe the principles and specific technique involved in a simple/limited abdominoplasty with laxity confined to the infra-umbilical region with no muscle diastasis and no umbilical repositioning</p>	Set oral assessment
	<p>ii. Competently perform each element of a simple abdominoplasty</p>	EPA
	<p>iii. Describe the principles and specific techniques involved in a radical/full abdominoplasty including:</p> <ul style="list-style-type: none"> ○ Avelar technique ○ Pitanguy's technique ○ Lockwood's high lateral tension ○ fleur-de-lis abdominoplasty ○ functional apronectomy ○ reverse abdominoplasty 	Set oral assessment
	<p>iv. Describe the indications, advantages, limitations, and potential complications associated with each technique</p>	Standard Oral Assessment Template
	<p>v. Competently perform each element of a radical/full abdominoplasty (including umbilical repositioning and rectus diastasis repair) using the Avaral technique, Pitanguy technique, and Lockwood's high lateral tension</p>	EPA

	vi. Demonstrate appropriate follow-up assessment and management of patients post abdominoplasty surgery	Direct observation of skills
6.3.2 Complications of abdominal surgery	i. Identify and appropriately manage the early complications that may arise after abdominal cosmetic surgery, including bleeding, infection, and seroma formation	Standard Oral Assessment
	ii. Describe the risk factors associated with skin flap loss, umbilicus loss, and deep organ perforation and strategies to mitigate these risks.	
	iii. Recognise the signs and symptoms and implement appropriate interventions for early detection and management of serious complications including: <ul style="list-style-type: none"> ○ DVT ○ PE ○ Atelectasis ○ Fluid imbalance ○ Organ perforation. 	
	iv. Identify and appropriately manage the late complications that may occur following abdominal cosmetic surgery including scar migration and poor scarring, residual laxity, recurrence of rectus diastasis, malposition of the umbilicus and contour defects.	

Key Area 7: Diagnosis, assessment and safe management of cosmetic surgery procedures related to lipoplasty		Assessment
Topic 1: History of liposuction and evolution of the current procedure		
7.1.1 Historical development of liposuction	i. Describe the evolution of liposuction techniques from their inception to the modern era.	Standard oral assessment
	ii. Describe the early techniques for liposuction	
	iii. Explain the rationale behind the introduction of modern techniques and their benefits in comparison to traditional approaches.	
Topic 2 Anatomy, physiology and pharmacology		
7.2.1 Soft tissue anatomy and physiology	i. Describe key anatomical structures of the skin, superficial and deep structures of fat, fascia, zones of adhesions, lymphatics	Standard oral assessment
	ii. Describe the physiology of adipose tissue	
	iii. Discuss the importance of fluid balance in liposuction	
7.2.2 Pharmacology	iv. Discuss the principles of tumescent anesthesia including rationale for use, composition, concentration, safety, toxicity, excretion, and interactions	Set oral assessment template
	v. Discuss complications related to tumescent anaesthesia	
	vi. Describe stages of toxicity and associated signs and symptoms	
	vii. Implement strategies for prevention, early detection and management of toxicity	
Topic 3: Assessing patient suitability for lipoplasty procedures		
7.3.1 Assessing patient suitability	i. Assess patient suitability for liposuction by taking a focused history and assessing relevant factors and contraindications including: <ul style="list-style-type: none"> ○ Age ○ BMI ○ Nutritional state ○ Exercise 	Practical Activity

	<ul style="list-style-type: none"> ○ Occupation ○ History of weight loss and stability ○ Previous pregnancies and/or plans for future pregnancies ○ Metabolic state ○ Presence of hernia ○ Presence of rectus diastasis ○ Skin quality including striae, laxity, elasticity, and cellulite ○ Prior surgery ○ Previous liposuction ○ Associated co-morbidities 	
Topic 4: Lipoplasty procedures		
7.4.1 Indications and contraindications	i. Recognise the appropriate indications for lipoplasty procedures in different anatomical areas.	Standard oral assessment
7.4.2 Techniques and technologies in lipoplasty	ii. Describe different lipoplasty techniques, including traditional liposuction, power-assisted liposuction (PAL), ultrasound-assisted liposuction (UAL), and laser-assisted liposuction (LAL).	Standard oral assessment
	iii. Evaluate the advantages, disadvantages, and potential risks associated with each lipoplasty technique.	
	iv. Discuss the benefits and risks associated with sedation vs. general anaesthesia	
	v. Select the most appropriate lipoplasty technique based on patient characteristics, treatment goals, and desired outcomes.	
	vi. Demonstrate technical proficiency in performing lipoplasty procedures, including proper incision placement, cannula insertion, and fat extraction	
	vii. Demonstrate understanding of College guidelines for liposuction	
	viii. Work within the regulatory requirements of the current jurisdiction in relation to liposuction practice.	
	ix. Competently perform each element of a lipoplasty procedure	

7.4.3 Postoperative care and complication management	i. Identify and manage common postoperative complications including bruising, swelling, and seroma	Standard oral assessment
	ii. Recognise signs of potential serious complications, including deep vein thrombosis (DVT) or fat embolism, and implement appropriate management protocols	

Key Area 8 Diagnosis, assessment and safe management of body contouring surgery		Assessment
Topic 1: Key considerations in body contouring surgery		
8.1.1 Pre-operative assessment and management	i. Demonstrate an understanding of lipoplasty in the context of body contouring surgery	Standard Oral Assessment
	ii. Appreciate the metabolic consequences of massive weight loss surgery and how this can impact wound healing	
8.1.2 Specific safety considerations for body contouring surgery	iii. Identify and manage tissue compromise including necrosis and ischaemia in the context of body contouring	
Topic 2: Brachioplasty		
8.2.1 Procedure specific anatomy and physiology	i. Identify key anatomical structures of the arm including the course of sensory and motor nerves	Standard Oral Assessment
	ii. Describe the potential risks of nerve damage in brachioplasty surgery and strategies to mitigate these	
	iii. Describe compartment syndrome including the cause, treatment, and appropriate management	
8.2.2 Brachioplasty procedures	iv. Describe the common skin incisions used in brachioplasty and risks associated with these	
	v. Evaluate the risk and benefits of brachioplasty for patients seeking body contouring	
	vi. Discuss scar management in brachioplasty in the context of body contouring	
Topic 3: Thighplasty		
8.3.1 Anatomy and physiology	i. Identify key anatomical structures of the leg including the course of sensory and motor nerves	Standard Oral Assessment
	ii. Describe the potential risks of nerve damage in thighplasty surgery and strategies to mitigate these	

8.3.2 Thighplasty procedures	i. Describe common thighlift incisions and discuss the potential risks and benefits of each	Set Oral Assessment
	ii. Appreciate the impact of skin tension and various surgical techniques on preventing excessive skin resection	
	iii. Appreciate the importance of deep suturing to fixed structures to prevent scar migration	
	iv. Describe wound closure techniques in thighplasty including sutures and dressings	
	v. Explain why specific antibiotics are required to prevent infection in this anatomical area	
	vi. Identify and manage common postoperative complications including wound breakdown, and poor scarring	

Key Area 9 Diagnosis, assessment and safe management of Female Genital Cosmetic/Aesthetic surgery		Assessment
Topic 1: Anatomy and Physiology		
9.1.1 Soft tissue anatomy and physiology	i. Describe the anatomy of the external female genitalia with particular reference to nerves and blood supply	Standard oral assessment
	ii. Appreciate that labiaplasty is generally the term used to describe procedures that reduce excess labia minora skin	
Topic 2: Assessing patient suitability for labiaplasty procedures		
9.2.1 Physical assessment	i. Appreciate normal variations in the length, size and pigmentation of the labia minora	Standard oral assessment
	ii. Assess patients for evidence of infection or pre-existing pathology	
9.2.2 Psychosocial assessment	i. Appreciate that patient expectations may be influenced by multiple complex factors, such as culture, self-esteem, social media, and expectations of others	
	ii. Appropriately respond to cultural safety considerations	
	iii. Confidently discuss labiaplasty with patients and appreciate that there be many factors (e.g. exercise, look, and sexual health) that motivate patients to seek this procedure	
	iv. Appreciate the complex psychological, mental, and emotional impacts that this procedure can have on women, particularly those who are young, vulnerable or those with a history of mental health issues, and	
	v. Accurately identify patients requiring support from other specialist practitioners and refer appropriately	
9.2.3 Labiaplasty procedures	i. Describe various skin incisions appropriate for labiaplasty and their advantages and disadvantages	Set oral assessment
	ii. Distinguish between the trim and wedge techniques and variations including the disadvantages and advantages of each	
	iii. Describe the ancillary procedures that can be done in conjunction with reducing excess labia minora skin including: labia majora reduction, fat grafting to the mons and cosmetic medical treatments	
	iv. Describe all the steps in a labiaplasty procedure	

	v. Discuss how to identify, manage and prevent main complications of labiaplasty including haematoma, dehiscence, over-resection, nerve damage and damage to the introitus and competently manage these complications.	
	vi. Appropriately identify and manage difficult cases through appropriate referrals to specialist colleagues	
	vii. Appreciate the additional complications for patients requiring revision surgery	