



AUSTRALASIAN COLLEGE
OF COSMETIC SURGERY AND MEDICINE

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**ASSESSMENT FEEDBACK
POLICY AND PROCEDURE**

1. INTRODUCTION

The ACCSM Cosmetic Surgery Training Program is designed to produce cosmetic surgeons who demonstrate high quality skills and safe practice in invasive cosmetic surgical procedures.

Feedback occurs throughout the training program, via direct clinical placement interaction, and via a preceptor–trainee meeting held at the end of each 3 – month trainee rotation. This meeting is guided by an end of rotation evaluation feedback form, where the preceptor provides feedback about performance and progress of the trainee over that rotation. This feedback is collated by college staff across the training time of each trainee. Trainee feedback is also reviewed by the Surgical Dean and Censor in Chief. Any highlighted concerns can be dealt with immediately and on a case–by–case basis.

Trainees may also, on request, receive feedback from their written medical examination and structured viva.

2. PURPOSE

The purpose of this policy is to outline the formal and informal feedback mechanisms available for Cosmetic Surgery Training Program trainees after formative and summative assessments. The purpose of feedback is to facilitate trainees' comprehension of their assessment outcomes and supports them in pinpointing areas where they excel or may require further improvement.

Feedback is intended as a constructive exercise to help trainees continue their progress through the curriculum by identifying areas for improvement early.

3. SCOPE

This policy applies only to trainees in the ACCSM Cosmetic Surgery Training Program. It applies to all forms of feedback – informal, in–training assessment feedback and examinations feedback.

4. FEEDBACK POLICY STATEMENT

The ACCSM ensures that all candidates who participate in the Cosmetic Surgery Training Program are given the opportunity to receive comprehensive feedback throughout their training time.

Feedback is designed to provide insight into the trainee's performance during training and assessment, highlighting areas of success and opportunities for improvement.

Feedback may be informal or formal, depending on the nature of the feedback and the nature of the assessment.

All candidates will receive feedback on their specific performance in the ACCSM examination components as part of their examination results letter if they are not successful.

In relation to examinations, candidates may not be provided with:

- correct responses to questions;
- personal responses to questions;
- a copy of the examination papers;
- data pertaining to standard setting procedures; or
- copies of marking criteria/rubric/template; and requests for remarking will not be entertained.

Information, comments or advice provided in the feedback session may not be used by trainees to appeal an examination or assessment result.

5. INFORMAL FEEDBACK

Informal feedback is provided through direct trainee to preceptor conversations during clinical rotations. The training program includes direct one on one face to face clinical placement each week for a total of 25 hours. The college expects preceptors to continually providing trainees with in-formal feedback during this time.

6. FORMAL FEEDBACK

6.1 DIRECT OBSERVATION OF PROCEDURAL SKILLS

Trainees are required to undertake a Direct Observation of Procedural Skills (DOPS) assessment during stage 1 of training. Trainees receive a rating for each criterion of unsatisfactory/competent/excellent. A rating of unsatisfactory on any criterion means that the task has not been successfully completed.

Preceptors are expected to conduct and assess the DOPS in a transparent and structured manner, ensuring that the trainee is aware of their performance.

Any unsatisfactory assessments must be recorded, and a remediation plan established by agreement between the Preceptor and the trainee. Any issues or concerns (about patient safety) must be escalated to the Surgical Dean by the Preceptor as soon as possible).

6.2 MULTI-SOURCE FEEDBACK TOOL

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

- Peer evaluation
- Supervisor assessment
- Other healthcare professionals – Feedback from nurses, clinic staff, and other healthcare professionals who have directly collaborated with the trainee in the surgical setting

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.

The MSF report is provided to the preceptor, who discusses the collated, de-identified responses as part of the three-monthly end of rotation meeting. The preceptor is provided with guidelines for facilitating discussions with trainees and to assist with providing opportunities for growth and improvement.

6.3 END OF ROTATION EVALUATION FORM (3 MONTHLY): PORTFOLIO PROGRESS REVIEW

Formal feedback occurs through a preceptor-trainee meeting scheduled to occur at the end of each 3 – month rotation. The meeting must be guided using the *ACCSM Preceptor Evaluation Form*.

Preceptors must include 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. Areas for improvement, focus and development are also discussed and identified in the report.

In addition to the technical aspects, the Portfolio Progress Review must include feedback on the trainee's communication skills, empathy, ethical conduct, and ability to establish rapport with patients, team members and ancillary staff.

All feedback is collected via a google form and is filed in each trainee's folder on the google classroom platform. This allows access for other preceptors, the Surgical Dean and Censor in Chief.

6.4 RESEARCH

Trainees may receive feedback in relation to the article they submit to a peer reviewed journal, prior to its acceptance for publication. Trainees are expected to action the feedback and make any amendments to their paper in accordance with the feedback outlined by the representative of the journal (e.g. the editor or reviewer).

6.5 EXAMINATION FEEDBACK

Trainees will receive feedback from their Medical MCQ examination and structured Oral VIVA. This feedback will be diagnostic, in line with the blueprinting, and provided to all trainees that sat the examination.

7. FORMAL FEEDBACK PROCEDURE

Trainees should request feedback within 3 weeks of being notified of a formal assessment result, if they would like more detailed feedback about the outcome.

In the first instance, ACCSM Education Staff may seek advice from examiners and provide that advice either verbally or in writing to the trainee.

If the trainee wishes to receive more detailed feedback, they may request it from the ACCSM Board of Censors.

The Board of Censors has the discretion to appoint an examiner or other representative to provide detailed feedback.

By requesting additional post-assessment feedback, the trainee consents to their contact details and assessment material (e.g. examination scripts, answer sheets, notations of

oral or practical assessments) being provided to the ACCSM representative providing the feedback.

Where possible, the ACCSM recommends that detailed feedback sessions are:

- In person (or via videoconference if this is not feasible)
- Include the trainee's preceptor
- Occur within 12 weeks of the assessment outcome being received by the trainee

Following the feedback session, trainees will be invited to provide a written reflection on the outcome. If provided, this will be kept on record to ensure that any concerns raised by the trainee are understood and are included in program monitoring and evaluation processes.

The ACCSM representative conducting the feedback session must provide a written summary report to the Board of Censors.

The written report, trainee reflection and any other material considered suitable to support the trainee's progress, will be provided to the trainee's preceptor. This will ensure that any identified gaps in knowledge or skill are addressed during training.

8. REMEDIATION

Where a significant issue is identified, trainees have access to additional support from the ACCSM in accordance with the *Remediation in Training Policy*.

9. EVALUATION

The ACCSM will evaluate feedback policies and processes annually to ensure that:

- Emerging patterns are identified and fed into program and assessment design processes.
- Trainees and assessors can provide feedback about any aspect of the program, in accordance with the surveys under the *ACCSM Monitoring and Evaluation Framework*, and via the trainee representative on the Board of Censors, or directly to the Chief Censor/ Board of Censors (for assessors).
- Any actual, perceived or potential conflicts of interest are managed

according to the *ACCSM Conflict of Interest Policy*

10. RECONSIDERATION, REVIEW AND APPEAL

An applicant may, in certain circumstances, seek reconsideration, review or appeal against an assessment outcome. As stated above, the feedback described in this policy is intended as a constructive process. Comments made by the ACCSM representative cannot be used to inform a reconsideration, review or appeal application.

Trainees should consult the *ACCSM Reconsideration, Review and Appeals Policy* for more details about the process and applicable fees.

11. RELATED RESOURCES

- ACCSM Cosmetic Surgery Training Program Handbook
- ACCSM Remediation in Training Policy
- ACCSM Preceptor Pack
- ACCSM Reconsideration, Review and Appeal Policy
- ACCSM Cosmetic Surgery Training Program Monitoring and Evaluation Framework
- Medical Board of Australia. [Guidelines for registered medical practitioners who perform cosmetic surgery and procedures](#)

12. CONTACTING ACCSM

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Document history	
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