



AUSTRALASIAN COLLEGE
OF COSMETIC SURGERY AND MEDICINE

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Cosmetic Surgery: Accreditation Policy
and Procedure for Practices

1. INTRODUCTION

The Australasian College of Surgery and Medicine (ACCSM) is committed to promoting the highest standard of patient care, lifelong learning, research, and helping cosmetic surgery and cosmetic medical physicians contribute to the very best health care for patients. This accreditation procedure oversees the management of the ACCSM Accreditation Policy and clearly identifies the roles, responsibilities, and processes for the accreditation of training practices for the cosmetic surgery training program.

2. SCOPE AND CONTEXT

The ACCSM Accreditation Policy and Procedure applies to practices seeking and holding accreditation for cosmetic surgery training.

3. ACCREDITATION STANDARDS

The following accreditation standards apply universally to all practices accredited for an ACCSM Cosmetic Surgery trainee.

- a) Training practices must have an approved ACCSM Preceptor
- b) Training is to be undertaken in practices with current relevant Australian or New Zealand facility accreditation.
- c) Each practice ensures that the curriculum learning outcomes experiences as aligned to that rotation, are understood, and adhered to.
- d) The practice Preceptor understands all ACCSM training program policies, procedures, and guidelines.

4. ROLES AND RESPONSIBILITIES

4.1 The Board of Censors

The Board of Censors (BOC) is responsible and accountable for undertaking and approving the accreditation of all training practices. Their role includes:

4.2 The Surgical Dean

Training practice accreditation

- Review and make recommendations on applications for accreditation.
- Review accreditation reports on accreditation cycles

4.3 The Education Manager

The ACCSM Education Manager plays an important role in the accreditation of training practices. In liaison with the Dean, they are responsible and or accountable for:

- overseeing accreditation applications, practice visits, and reporting to the BOC.
- Assisting with the conduction of accreditation reviews in accordance with accreditation policy and procedure.
- Overseeing and implementing continuous improvement to accreditation: including Evaluation and reporting on any data or information already held by the ACCSM to the BOC for consideration of an accreditation outcome
- Recommending to the BOC whether a practice visit is required.
- Recommending to the BOC on the outcome and any conditions that should be attached to accreditation.

4.4 The ACCSM Education Staff

ACCSM education staff are responsible for liaising with accredited practices and new applicants to plan for accreditation applications and meet the ongoing requirements of accreditation. Education staff will support BOC members undertaking practice visits, as part of the new or re-accreditation process.

Education staff will also support the BOC, to review in the evaluation, review, and assessment of accreditation. Education staff will keep training practice data up to date for website publication.

5. APPLICATION PROCESS

5.1 Lodging an application for accreditation

5.1.1 New Applications

New applications for training practice accreditation may be submitted at any time of the year. The application must be made by an approved Preceptor who will oversee the training requirements of a cosmetic surgery trainee.

Any hospital or clinical facilities where clinical work is undertaken by the Preceptor, and where the Trainee will be present during training, must be included in the application. Preceptors must ensure all clinical facilities included in the rotation application are signed by each hospital administration. Preceptors must submit fully completed applications to the college at admin@accsm.org.au

5.1.2 Re-accreditation

Each accredited training practice must undertake the following to continue being an approved cosmetic surgical training practice:

- a) Complete an annual accreditation rotation census.
- b) Meet all Preceptor requirements including any mandatory workshop attendance and CPD
- c) Complete a re-accreditation application every four years or within the defined timeframe by the BOC.

5.2 Assessing an application

5.2.1 New and Re-Accreditation Preliminary Desktop Assessment

A preliminary assessment of all new and ongoing accreditation applications will occur by the Surgical Dean to ensure that the practice has provided sufficient information. If an applicant is assessed as not suitable to undertake the accreditation process (beyond this preliminary assessment) the applicant will be subsequently notified in writing by the ACCSM and provided reasons why. Successful preliminary reviews shall be advised that a practice visit will occur (See 5.2.3).

5.2.2 Annual Accreditation Census

Each accredited practice is required to complete a brief census to provide details regarding their practice, ensuring no material changes have been made and that the rotation continues to meet the accreditation requirements for the trainee. Census forms will be sent directly to accredited practices in July of each year, and Preceptors will have a period of one month to complete and return this form.

The BOC will review all annual census' data.

Where possible concerns are identified, the Surgical Dean will contact the Preceptor regarding the training practice. The BOC may instigate a re-accreditation process as an outcome of the annual census.

5.2.3 Practice Visits

For new applications, up to two (2) nominated BOC members will form an Accreditation Panel and will conduct site visits at the clinical sites a Preceptor will rotate a trainee through. BOC members will be nominated and managed in accordance with the ACCSM conflict of interest policy.

Practice visits shall be conducted either face to face or virtually using the following documentation processes approved by the BOC.

ACCSM staff are responsible for the organisation of practice visits as directed by the Education Manager.

Practice visits may include several requested interviews, including (but not limited to)

- The Preceptor
- Trainees
- Practice Manager/ Administration staff
- Nurses, and other allied health professionals
- Head of Anesthesiology at clinical facilities

5.3 Accreditation Reporting following a practice visit

5.3.1 Draft Report

Accreditation reports will be prepared using the [ACCSM Accreditation Report Template \(Appendix B\)](#) for all new accreditations and reaccreditations. All reports will provide feedback on identified matters related to continuous improvement and will be developed by the two BOC members who formed the panel for the visit.

Draft reports will contain;

- an accreditation outcome
- recommendations for improvement
- conditions of accreditation that will be monitored over specified time frames

Preceptors will receive draft accreditation reports and be given the opportunity to provide feedback on factual errors within the report. The ACCSM aims to provide draft reports for new and re-accreditation applications within one month of the practice visit.

5.3.2 Final Accreditation Report

A final report will be reviewed by Surgical Dean and BOC and the practice will be granted one of the outcomes (see section 6).

5.4 Notification of Decision

The ACCSM will aim to notify the Preceptor of the accreditation outcome within 7 days of the BOC meeting at which a decision was made.

6. ACCREDITATION OUTCOMES

6.1 New accreditation

All new accreditation applications that are approved will be granted accreditation, as per the outcomes listed in 6.2.

For applications not approved, advice, feedback and reasoning will be provided to Preceptors on how to address unmet standards.

6.2 Re-Accreditation

The following outcomes may be applied to a reaccreditation application:

1. **Full accreditation:** the training practice meets the standards for accreditation. Full accreditation extends for period of four years.
2. **Conditional Accreditation:** there are identified issues or deficiencies which require attention before full accreditation can be granted/renewed. Conditional Accreditation is granted for fixed periods of time after which accreditation may be withdrawn if the conditions of accreditation are unaddressed.
3. **Not Approved:** Advice, feedback and reasoning will be provided to Preceptors on how to address unmet standards.

7. ACCREDITATION CONDITIONS

Accreditation conditions imposed will be tailored to meet any specific deficiencies identified and provided, in writing, to the preceptor at that practice.

In some circumstances, flexibility may be required. A Preceptor may seek to vary the accreditation standards or conditions of accreditation by applying to the BOC. Any application to vary standards or conditions of accreditation must explain why the variation is sought and should provide evidence that the proposed variation will not compromise training. It is at the sole discretion of the BOC if any variations are agreed to and how these variations are monitored and managed.

8. WITHDRAWAL OF ACCREDITATION

Failure to comply with any of the standards or conditions of accreditation may lead to withdrawal of accreditation. Accreditation may also be withdrawn by the BOC in the event of serious deficiencies or events in the delivery of safe training within a practice or by a Preceptor.

Before the accreditation is removed, a Preceptor will be notified that it is at risk of having accreditation withdrawn and given the opportunity to make a submission as to why accreditation and training should continue.

9. RENEWAL OF ACCREDITATION

The ACCSM will contact a Preceptor at least one (1) month prior to the expiration of a period of accreditation to initiate the reaccreditation procedure.

In the case of delays in organising reaccreditation, the current accreditation will continue until reaccreditation can be arranged.

Failure to apply for reaccreditation will result in the withdrawal of accreditation. In this instance, a new application is required.

10. ACCREDITATION POLICY REVIEW

The BOC reviews the accreditation framework on a three yearly basis or as required for effectiveness and alignment with requirements of the ACCSM Cosmetic Surgery Training Program.

11. APPENDICES AND ATTACHMENTS

- Appendix A: ACCSM Cosmetic Surgery Practice Accreditation Criteria
- Appendix B: ACCSM Cosmetic Surgery Practice Accreditation Report Template
- Attachment 1. ACCSM Cosmetic Surgery Practice Accreditation Application Form

12. CONTACT

For further information and advice please contact the ACCSM office.

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| Document history | |
|------------------|--------------|
| Initial draft | October 2023 |
| Version 2 | |
| Version 3 | |
| Approved | |
| Effective | |

APPENDIX A:
ACCREDITATION CRITERIA FOR ACCSM COSMETIC SURGERY TRAINING PRACTICES

| PRACTICE ACCREDITATION CRITERIA CHECKLIST | | Met | Partially Met | Not Met | Comments |
|---|---|-----|---------------|---------|----------|
| 1 | The preceptor has been approved by the ACCSM. | | | | |
| 2 | There is demonstrated support from the Practice Lead/ Practice Manager/ Administration of each facility the Preceptor and Trainee will be working in. | | | | |
| 3 | The practice provides appropriate physical facilities for trainees, including access to libraries, computing facilities, meeting rooms and audio-visual equipment. | | | | |
| 4 | The practice can provide exposure to the areas of the curriculum as outlined in their application. | | | | |
| 5 | The practice roster evidences one-on-one supervision of the trainees and is designed to ensure that trainee gains appropriate clinical experience in all learning outcomes. | | | | |
| 6 | The preceptor supports trainee attendance at workshops, conferences, courses, training days and other related learning opportunities. | | | | |
| 9 | The training Plan demonstrates the ability to deliver training that supports the requirements of the training program. This requirement includes evidence that the Preceptor has shared the training needs with all relevant practice staff including administration, nursing, and anesthetics. The ACCSM Training Plan document should guide this plan. | | | | |

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|----|---|--|--|--|--|
| 10 | Evidence that each facility that the trainee works with the Preceptor in has full national hospital facility accreditation. | | | | |
| 11 | Evidence of clinical quality assurance processes being used in each facility. | | | | |
| 12 | Clinical staffing list that demonstrates capacity to support training workload. For new sites assessment will focus on ensuring that the increased workload of training, in addition to clinical duties, has been considered. | | | | |

Note: Receiving a “partially met” or “not met” assessment will not necessarily preclude a successful accreditation outcome. The accreditation decision will be based on the consideration of all assessments overall. However, the “not met” and “partially met” assessments will be considered in determining quality improvement conditions to be reviewed in the next accreditation cycle and in determining the level of accreditation determined (full or otherwise).

APPENDIX B:

ACCREDITATION REPORT TEMPLATE

Structure of the Accreditation Report by Section:

Section 1: Statement of Accreditation Outcome and Conditions

Section 2: Table of criteria and assessment against each (Met, Partially Met, Not Met)

Section 3: Explanation (2–3 sentences) for each “partially met” or “not met criteria”

Section 4: Strengths

Section 5: Challenges Identified

Section 6: Quality Improvement Actions Required for next cycle (where full accreditation has been granted), or

Specific Action Required where provisional accreditation has been granted.

Section 8: Declaration by the Preceptor and ACCSM that both agree to and understand the outcome and actions required.

Appendix A: Summary of Evidence Reviewed and persons involved in accreditation.

Appendix B: Correspondence from a Practice where the Practice disagrees with the accreditation outcome.