ACCSM Cosmetic Surgery Training Program Curriculum

Learning Outcomes

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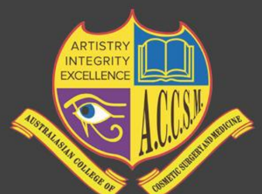

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Acknowledgment of Country

The Australasian College of Cosmetic Surgery and Medicine acknowledges the Traditional Custodians of the lands on which we live, work, and train. We pay our respects to Elders past and present, and recognise the enduring connection of Aboriginal and Torres Strait Islander peoples to land, water and community. We are committed to upholding cultural safety, equity, and inclusion within all aspects of our education, training, and clinical practice.

President’s Introduction

The Australasian College of Cosmetic Surgery and Medicine (ACCSM) is committed to delivering the highest standards in surgical education through a rigorous and ethically grounded training program in cosmetic surgery. Our College motto, “Raising Standards, Protecting Patients,” remains at the heart of our mission- now more than ever in a changing regulatory and social landscape that demands not only technical excellence, but also a deep commitment to public safety, cultural competence, and ethical accountability.

The ACCSM surgical curriculum has been purposefully developed to align with the Australian Medical Council (AMC) Standards for Accreditation, incorporating the AMC Outcome Statements and Capability Domains across every area of training. Through extensive consultation with medical educators, surgical experts, public safety advocates, and consumer representatives, the curriculum reflects a holistic and inclusive vision for cosmetic surgery education- one that places the needs, safety, and dignity of patients and the public at its core. The curriculum is underpinned by five key principles:

Public Protection and Patient Safety: Every component of the training program reinforces the importance of clinical governance, incident reporting, risk mitigation, informed consent, and adherence to national safety and quality standards. Trainees complete structured modules in public safety, open disclosure, escalation planning, and professional boundaries.

Cultural Safety and Awareness: Reflecting Australia’s diverse population, the curriculum includes formal training in cultural safety, with a dedicated module on Aboriginal and Torres Strait Islander health, community engagement, and the social determinants of health. These values are embedded throughout clinical education, patient interactions, and assessment.

Ethical and Reflective Practice: Cosmetic surgery involves unique ethical challenges, particularly around patient expectations, body image, and commercial influences. The curriculum supports ethical decision-making through structured learning, case-based discussions, and supervision by educators trained in ethics and professionalism.

Transparent Supervision and Assessment: The curriculum employs a programmatic approach to assessment, combining formative and summative tools, supervisor evaluations, and scenario-based testing. Competency progression is mapped to learning outcomes and supervised clinical exposure in both private clinic and hospital surgical settings.

Community Responsiveness and Regulatory Alignment: The curriculum is reviewed regularly through input from the Community & Consumer Advisory Group and is overseen by governance bodies including the Public Safety and Patient Protection Committee. This ensures that the program remains relevant, responsive, and compliant with all applicable regulations from the Medical Board of Australia and AHPRA.

Delivered through a model that combines office based clinics with private hospital-sector cosmetic surgery exposure, the ACCSM training pathway ensures that graduates emerge as technically skilled, culturally competent, ethically grounded, and publicly accountable practitioners.

This curriculum is not just a training manual- it is a reflection of ACCSM’s institutional values, a promise to the Australian public, and a safeguard for patients seeking cosmetic surgical care.

We are proud to present this revised curriculum as part of our commitment to excellence in education, transparency in governance, and leadership in patient safety.

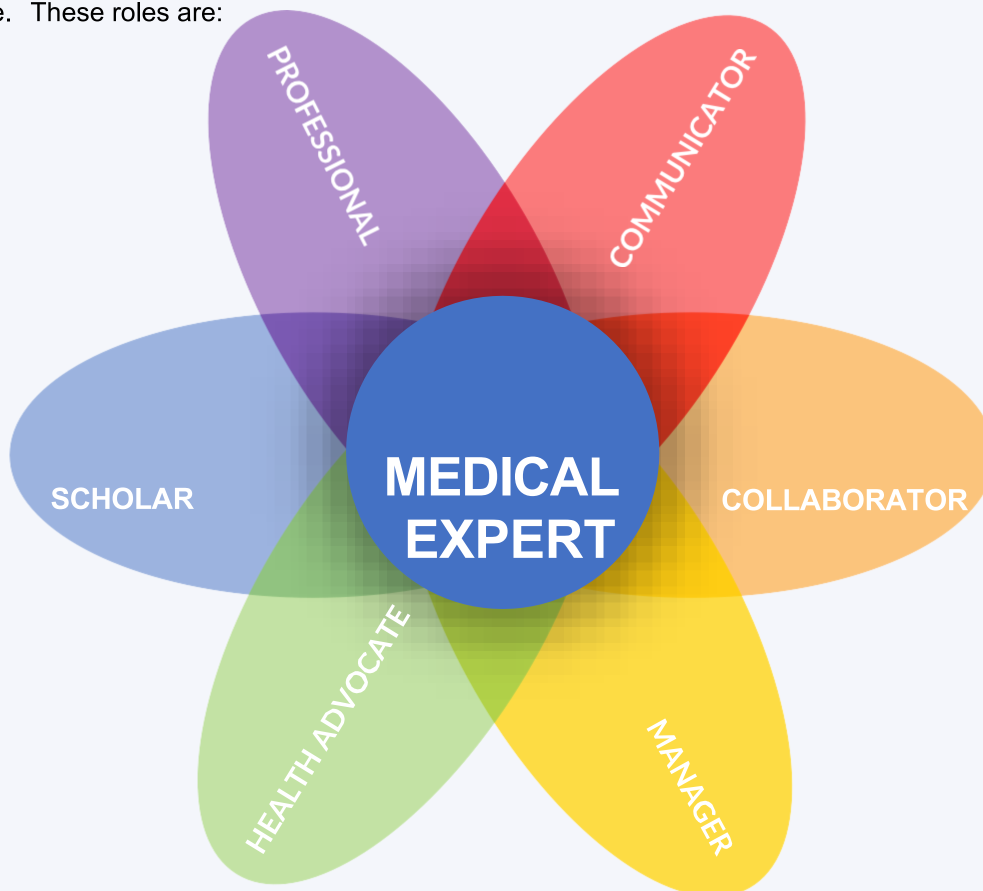
Dr Peter Tran
President
Australasian College of Cosmetic Surgery and Medicine

Curriculum Design

The ACCSM cosmetic surgery curriculum has been created around a set of program outcome statements that define the expected competencies, skills, knowledge, and attributes required of a skilled, safe, and ethical Cosmetic Surgery Proceduralist. These program outcome statements are based on both the CANMEDS framework and the AMC Outcome (Capability) Statements for Cosmetic Surgery Programs of Study. Each learning outcome included in this curriculum links to at least one of these program outcome statements and all program outcome statements are covered across multiple learning outcomes.

Incorporating the CanMEDS Framework

The CanMEDS framework describes the seven roles that a doctor should fulfill to provide high-quality patient care. These roles are:



These roles provide a comprehensive framework for the development of a doctors competencies throughout their training and practice and are reflected in the Program Outcome statement domains and the learning outcomes of the training program curriculum.

Program Outcome Statements

Domain 1: Medical Expert (linked to the outcome capability statement Domain 1: The Cosmetic Surgery Practitioner)

A. Knowledge

Cosmetic Surgery Proceduralists assess patients to determine their suitability for procedures, develop comprehensive and individualised surgical plans, ensure early recognition and prevention of complications, and possess a thorough understanding of adjunct treatments that complement surgical interventions for optimal patient outcomes.

B. Skills

Cosmetic Surgery Proceduralists effectively utilise preventative and therapeutic interventions and manage complications with skill and precision ensuring safe and successful surgical outcomes for their patients. They demonstrate proficiency in performing a wide range of cosmetic surgical procedures related to the face and neck, brow, eyelids, ears, nose, chin, breasts, abdomen, brow, skin, lipoplasty and to post bariatric surgery.

Domain 2: Ethical Practitioner (linked to the outcome capability statement Domain 2: The cosmetic surgery practitioner as ethical professional and leader and Domain 3: The cosmetic surgery practitioner as patient and health advocate)

Cosmetic Surgery Proceduralists demonstrate that they practice according to the ethical standards set by medical guidelines, ensuring the highest level of confidentiality and prioritising patient well-being and quality of care. Cosmetic Surgery Proceduralists responsibly manage the competing interests of patients who request elective procedures and the commercial implications of these requests.

Domain 3: Effective Communicator (linked to the outcome capability statement Domain 2: The cosmetic surgery practitioner as ethical professional and leader)

Cosmetic Surgery Proceduralists communicate effectively with their patients to establish rapport and trust. They seek advice from senior colleagues when necessary, and successfully communicate with other healthcare professionals to provide comprehensive care and optimise patient outcomes.

Domain 4: Critical Thinker (linked to the outcome capability statement Domain 4: The cosmetic surgery practitioner as reflective and evidence informed practitioner)

Cosmetic Surgery Proceduralists apply evidence-based principles to identify the unique surgical needs of their patients, and to make informed decisions to assist with developing individualised surgical plans that optimise outcomes and patient satisfaction.

Cosmetic Surgery Proceduralists effectively manage complications and comorbidities, while proactively identifying and implementing risk management processes to ensure patient safety throughout the surgical journey.

Domain 5: Educator and Researcher (linked to the outcome capability statement Domain 4: The cosmetic surgery practitioner as reflective and evidence informed practitioner)

Cosmetic Surgery Proceduralists use their research skills to contribute to the progression of the profession, advancing knowledge, and raising standards of practice to protect patients. They actively contribute to the body of knowledge through research, while also passing on their expertise to new doctors, promoting professionalism within the field, and educating the wider community about cosmetic surgery.

Domain 6: Commitment to Lifelong Learning (linked to the outcome capability statement Domain 4: The cosmetic surgery practitioner as reflective and evidence informed practitioner)

As lifelong learners, Cosmetic Surgery Proceduralists take on the responsibility of maintaining high standards, staying current with the latest advancements in the field, ensuring alignment with best practices, and continually expanding their knowledge and expertise to increase both the depth and breadth of their capabilities.

Learning Outcomes

Key Area 1: Introduction to Cosmetic Surgery	
Topic 1: History and Evolution of Cosmetic Surgery	
Section	**Learning Outcome**
1.1.1 Evolution of Current Procedures	I. Analyse the historical context and significant milestones in the development of cosmetic surgery, including their impact on patient care, ethics, and safety.
	II. Identify and evaluate key technological, sociocultural, and regulatory advancements that have shaped contemporary cosmetic surgical practices and improved patient safety.
	III. Critically appraise the influence of patient demand, societal trends, and innovation on the evolution of procedures, ensuring changes align with evidence-based and safe practice.
	IV. Assess the ethical, safety, and professional implications of historical transitions in cosmetic surgery, with particular focus on how these changes protect patients and maintain trust.
	V. Discuss how the multidisciplinary nature of cosmetic surgery—including collaboration with anaesthetists, psychologists, nurses, and other specialists—enhances procedural safety, patient-centred care, and holistic outcomes.
	VI. Explain how procedural evolution has informed current patient safety protocols, consent processes, and regulatory reforms aimed at safeguarding the public.
1.1.2 Divergence of Cosmetic and Plastic/Reconstructive Surgery	I. Clearly differentiate cosmetic surgery from plastic/reconstructive surgery by their goals, patient priorities, training pathways, and contexts of practice.
	II. Explain the historical development and evolving professional recognition of each discipline, highlighting how these have shaped public safety frameworks.
	III. Assess patient expectations across cosmetic and reconstructive contexts, and how these influence consultation strategies, communication, and informed consent.
	IV. Evaluate the public safety implications of misrepresentation of scope, inadequate training, and misleading advertising in both disciplines.
	V. Describe legal, ethical, and professional boundaries in advertising and public claims, and explain how adhering to these standards protects patient trust and informed choice.
Topic 2: Scope of Practice	
Section	**Learning Outcome**
1.2.1 Scope of Practice	I. Define scope of practice and its essential components—accredited training, formal certification, clinical experience, recency of practice, and CPD—and explain how each element contributes to patient safety and quality of care.
	II. Demonstrate understanding of the role of self-regulation, peer accountability, and professional responsibility in maintaining safe and ethical practice within the Australian healthcare system.
	III. Discuss the mechanisms by which scope of practice can be safely expanded or contracted, ensuring changes are based on evidence, competency, and risk assessment.
	IV. Explain how ACCSM training, fellowship, and CPD requirements define and safeguard the graduate scope of practice, ensuring safe, competent, and patient-centred care delivery.
	V. Explain the ethical and legal importance of practising within personal competency limits, recognising when to refer or collaborate to protect patient welfare and public safety.
Topic 3: Ethics, Safety and the Cosmetic Surgery Patient	
Section	**Learning Outcome**
1.3.1 Key Distinctions and Considerations in Cosmetic Surgery	I. Define the unique characteristics of cosmetic surgery, including its elective, aesthetic- focused nature, and how these differ from therapeutic interventions.
	II. Recognise the heightened ethical responsibility due to subjective outcomes, elective decision-making, and patient vulnerability in aesthetic contexts.

	III. Compare ethical risk-benefit analysis in cosmetic versus therapeutic surgery, emphasising patient autonomy, informed choice, and realistic expectations.
	IV. Evaluate the role of patient satisfaction as an outcome measure, acknowledging its subjectivity, potential bias, and limitations for assessing quality of care.
	V. Demonstrate patient-centered communication to ensure patients fully understand risks, limitations, and realistic benefits before consenting to surgery.
	VI. Identify how public safety considerations influence regulatory oversight, procedural eligibility, and advertising standards in cosmetic surgery.
1.3.2 Ethics and the Cosmetic Surgery Proceduralist	I. Apply the four core principles of medical ethics - autonomy, beneficence, non-maleficence, and justice - to cosmetic surgical decision-making, with explicit consideration of patient safety and cultural respect.
	II. Identify and address ethical dilemmas unique to elective cosmetic care, including procedures requested for non-medical reasons, potential overtreatment, or unrealistic expectations.
	III. Recognise and mitigate conflicts of interest, including those arising from commercial incentives, marketing pressures, or personal gain, ensuring decisions prioritise patient welfare.
	IV. Describe ethical and legal responsibilities in advertising, patient consent, confidentiality, and truthful representation of qualifications and outcomes.
	V. Demonstrate advocacy for patient interests when facing corporate or institutional pressure, maintaining independence in clinical judgment.
	VI. Promote transparency and open disclosure when complications occur, ensuring patients are supported and involved in decisions regarding their care.
1.3.3 Continuing Professional Development and Ethical Practice	I. Evaluate how ongoing education supports ethical reasoning, safety compliance, and competence, particularly in the context of rapidly evolving cosmetic techniques and technologies.
	II. Identify CPD activities relevant to emerging ethical issues, changes in legislation, cultural safety requirements, and patient safety alerts.
	III. Integrate simulation training, peer review, and reflective practice to strengthen ethical decision-making and procedural safety.
	IV. Recognise the consequences of inadequate CPD on patient safety, procedural outcomes, professional standing, and public trust.
	V. Demonstrate commitment to lifelong learning that incorporates cultural safety, diversity awareness, and patient-centred care principles into daily practice.
Topic 4: Considerations for Patient Selection	
Section	**Learning Outcome**
1.4.1 Assessing Patients	I. Conduct a comprehensive, patient-centered assessment that integrates detailed medical history, physical examination, psychosocial wellbeing, and clearly articulated aesthetic goals.
	II. Identify and investigate “red flags” (medical, psychological, or situational) that may contraindicate surgery, ensuring a risk-benefit discussion with the patient.
	III. Apply shared decision-making frameworks to align patient expectations with achievable, safe outcomes while respecting patient autonomy.
	IV. Use evidence-based assessment tools to ensure systematic, standardised evaluation for all patients.
1.4.2 Medical Contraindications	I. Identify systemic conditions, comorbidities, and medication use that may contraindicate cosmetic surgery or increase perioperative risk.
	II. Apply clinical reasoning to assess suitability in complex patients, balancing potential benefits against safety concerns.
	III. Develop and implement personalised risk mitigation strategies, including optimisation of chronic conditions before surgery.
	IV. Integrate multidisciplinary input where appropriate (e.g., cardiology, endocrinology, haematology) to enhance patient safety.
1.4.3 Psychosocial Considerations and Contraindications	I. Recognise psychosocial contraindications such as untreated psychiatric disorders, unrealistic expectations, or coercion from others.
	II. Evaluate the impact of psychosocial factors (e.g., anxiety, depression, body image dissatisfaction) on decision-making, consent, and recovery.
	III. Identify motivational drivers for surgery, distinguishing between healthy self-improvement goals and maladaptive drivers.

	IV. Screen for psychological distress and disorders, including Body Dysmorphic Disorder, using validated tools (e.g., BDD-Q).
	V. Integrate psychosocial screening into standard preoperative processes to ensure consistency and early identification of concerns.
	VI. Establish clear referral pathways to mental health professionals for further assessment or support.
	VII. Apply trauma-informed communication principles, ensuring sensitivity, empowerment, and emotional safety during consultations.
1.4.4 Patient History of Previous Cosmetic Procedures	I. Elicit and document a detailed history of prior procedures, including complications, dissatisfaction, or unmet expectations.
	II. Use insights from prior surgical experiences to refine current treatment planning and set realistic expectations.
	III. Maintain transparency and professionalism when discussing previous surgical outcomes.
	IV. Ensure informed consent addresses the implications and added risks of revision surgery.
1.4.5 Economic Circumstances and Impacts on Treatment and Care	I. Assess the patient's financial position as part of informed consent to ensure affordability without compromising care quality.
	II. Discuss financial implications of surgery—including revision costs, follow-up care, and non-covered expenses—clearly and transparently.
	III. Prevent financial pressures from influencing clinical decision-making or leading to inappropriate treatment recommendations.
1.4.6 Impact of Age on Patient Selection	I. Evaluate physiological and cognitive maturity, as well as legal considerations, in patients at both younger and older age extremes.
	II. Apply age-specific perioperative risk assessment and tailored management protocols.
	III. Ensure compliance with legal consent processes for minors, including the involvement of guardians and psychological assessment.
	IV. Adapt communication strategies to meet the needs of elderly patients, considering comorbidities and recovery timelines.
1.4.7 Aboriginal and Torres Strait Islander Health and Cultural Care	I. Demonstrate a comprehensive understanding of historical, cultural, and systemic factors impacting the health of Aboriginal and Torres Strait Islander peoples.
	II. Integrate awareness of the impacts of colonisation, intergenerational trauma, and social determinants into clinical decision-making.
	III. Practice cultural humility and respect in all interactions, tailoring care approaches to community-specific contexts.
	IV. Use culturally safe communication strategies to foster trust and support informed decision-making.
	V. Reflect on personal biases and integrate reflective practice into ongoing professional development.
	VI. Meet professional obligations under NSQHS Standards to promote culturally safe care.
	VII. Complete and reflect on a First Nations Cultural Competence exercise, integrating learnings into practice.
1.4.8 Ethnic and Cultural Considerations	I. Recognise and respect diverse cultural norms and values that may shape perceptions of beauty and informed consent.
	II. Demonstrate understanding of how skin type, ethnic-specific anatomy, and cultural preferences influence surgical planning and outcomes.
	III. Adapt preoperative and postoperative care to optimise outcomes for diverse patient groups.
1.4.9 Transgender and gender diverse considerations	I. Explain unique anatomical, psychological, and social considerations for transgender and gender diverse patients.
	II. Use inclusive communication practices, respecting pronouns, identity, and lived experiences.
	III. Comply with legal, ethical, and medical guidelines for gender-affirming cosmetic care.
	IV. Ensure informed consent includes discussion of realistic outcomes, potential limitations, and ongoing support needs.

	V. Develop a referral network of gender-affirming care providers, including specialist surgeons, mental health professionals and peer support groups.
Topic 5: Patient Safety	
Section	**Learning Outcome**
1.5.1 Patient Safety Integration	I. Apply comprehensive principles of clinical risk management and escalation planning to ensure patient safety from consultation through to follow-up care.
	II. Proactively identify, assess, and mitigate risks during all phases—consultation, preoperative planning, intraoperative execution, and post-operative care.
	III. Promote a culture of safety by leading and modelling open disclosure, accurate documentation, timely adverse event reporting, and effective teamwork in surgical environments.
	IV. Uphold all regulatory safety standards, including NSQHS and Medical Board guidelines, ensuring they are embedded in day-to-day practice and decision-making.
	V. Continuously engage patients as partners in safety, providing clear information about their role in reducing surgical risk.
1.5.2 Cultural Awareness and Cultural Safety	I. Define cultural safety and demonstrate its critical role in building trust and reducing harm in cosmetic surgery.
	II. Recognise the influence of implicit bias, power imbalances, and stereotypes on healthcare delivery and take active steps to address them.
	III. Demonstrate understanding of Aboriginal and Torres Strait Islander perspectives on health and wellbeing, and their relevance to surgical decision-making.
	IV. Reflect on one's own cultural identity, attitudes, and potential biases, integrating these insights into clinical judgement.
	V. Apply strategies for culturally safe care, ensuring respectful engagement with patients from diverse backgrounds.
	VI. Evaluate how culturally safe environments improve patient trust, satisfaction, and health outcomes.
	VII. Understand and meet regulatory and ethical obligations relating to cultural safety and patient-centered care in Australia.
1.5.3 Pre-operative Patient Management and Optimisation	I. Identify and address modifiable risk factors to improve patient outcomes.
	II. Apply structured screening protocols to optimise comorbid conditions prior to surgery.
	III. Engage in proactive referral to relevant services (e.g., smoking cessation, dietetics, endocrinology) for patient optimisation.
	IV. Provide patient education on self-preparation for surgery to enhance recovery and safety.
1.5.4 Working with Anaesthetists and Planning for Safe Anaesthesia	I. Explain the scope of practice and expertise of anaesthetists in cosmetic surgical procedures.
	II. Collaborate effectively in preoperative assessment, intraoperative management, and postoperative care to ensure optimal outcomes.
	III. Identify patients who require specialist anaesthetic input and initiate early consultation.
	IV. Participate in perioperative care planning that includes escalation strategies and robust patient monitoring protocols.
	V. Recognise the importance of shared decision-making between surgeon and anaesthetist in high-risk situations.
	VI. Maintain clear and structured communication during interprofessional handovers to prevent errors.
1.5.5 Safe Use of Anaesthesia and Sedation	I. Identify and manage anaesthetic risks, particularly in office-based and non-hospital settings.
	II. Ensure sedation plans are evidence-based, patient-specific, and safety-focused.
	III. Implement and verify pre-operative checklists and anaesthesia safety protocols before every procedure.
1.5.6 Prevention and Management of Common Surgical Complications	I. Apply aseptic technique, antibiotic stewardship, and advanced wound care principles to reduce infection risks.
	II. Recognise and educate patients on the early warning signs of complications and intervene promptly.

	III. Implement structured post-operative surveillance protocols to ensure early detection and management.
1.5.7 DVT and PE Management and Prevention	I. Use validated tools such as the Caprini Score for thromboembolic risk assessment.
	II. Prescribe appropriate DVT prophylaxis based on evidence and patient-specific risk.
	III. Educate patients on mobility, hydration, and symptom awareness to reduce post-operative risk.
	IV. Implement evidence-based treatment in cases of confirmed DVT or PE.
1.5.8 Infection Control and Appropriate Use of Antibiotics	I. Adhere to evidence-based infection prevention standards throughout the patient care continuum.
	II. Use antibiotics appropriately to prevent antimicrobial resistance.
	III. Ensure all surgical environments meet or exceed NSQHS infection control standards.
1.5.9 Pain Management	I. Design multimodal, patient-specific analgesic plans to minimise discomfort while avoiding overmedication
	II. Identify specific patient risks that requires collaboration with Anesthetists and Pain Specialists.
	III. Provide clear patient education on pain expectations, self-monitoring, and medication safety.
	IV. Monitor for and address side effects of pain medications proactively.
1.5.10 Selection of Appropriate Surgical Locations	I. Identify and select accredited and licensed facilities that meet rigorous safety requirements.
	II. Assess governance, emergency readiness, and infection control measures of potential sites.
	III. Confirm compliance with NSQHS and relevant state/territory regulations.
1.5.11 Role of the Practitioner in Surgical Emergencies	I. Manage life-threatening operative emergencies including haemorrhage, airway compromise, and cardiac events.
	II. Lead team response using structured emergency protocols and clear delegation.
	III. Maintain current emergency life support certification and participate in regular simulation training.
1.5.12 Management of Anaphylaxis and Cardiac Emergencies	I. Recognise early signs of anaphylaxis or cardiac arrest and initiate immediate response.
	II. Administer life-saving interventions including adrenaline and CPR without delay.
	III. Review and document emergency events to improve preparedness and future response.
1.5.13 Approach to Patient Safety and Escalation Planning	I. Demonstrate understanding of clinical governance frameworks and escalation protocols for managing patient deterioration.
	II. Implement perioperative safety measures including checklists, surgical time-outs, and verification protocols.
	III. Use early warning systems and structured documentation to improve risk communication.
	IV. Apply proactive monitoring strategies for early detection of deterioration.
	V. Integrate open disclosure principles and patient rights when managing adverse events.
	VI. Foster a team-based safety culture, ensuring all staff understand their roles in escalation and incident management.
Topic 6: Collaborative Patient Care	
Section	**Learning Outcome**
1.6.1 Working in a Multi-Disciplinary Environment	I. Explain the roles and responsibilities of GPs, anaesthetists, mental health professionals, and allied health providers in delivering safe, patient-centered cosmetic surgery care.
	II. Engage the wider healthcare team in holistic care planning that addresses medical, psychosocial, and cultural needs.
	III. Actively participate in multidisciplinary team meetings, pre-operative case discussions, and morbidity and mortality reviews to improve patient safety.
	IV. Define and communicate team roles clearly to avoid duplication, minimise clinical errors, and ensure accountability.

	V. Implement structured communication protocols (e.g., ISBAR, written summaries) for seamless shared care planning and follow-up.
	VI. Coordinate patient transitions between primary care, cosmetic services, and postoperative rehabilitation to ensure continuity and safety of care.
	VII. Recognise how effective interdisciplinary communication supports patient wellbeing, informed consent, and risk reduction.
	VIII. Document all multidisciplinary discussions and treatment plans in a manner that supports transparency, medico-legal compliance, and ongoing care coordination.
1.6.2 Identification of Suitable Sources for Collaboration	I. Identify and engage with mentors, colleagues, and reputable professional networks for clinical support, complex case discussion, and peer review.
	II. Build professional relationships with experts in dermatology, psychology, ENT, anaesthesia, and other relevant specialties to expand safe treatment options.
	III. Promote a culture of peer consultation to strengthen decision-making, reduce clinical risk, and optimise patient outcomes.
	IV. Evaluate potential collaborators for their commitment to evidence-based practice, cultural safety, and patient-centered care.
1.6.3 Establishing a Referral Network	I. Create and maintain structured referral pathways for mental health, primary care, allied health, and specialist services that are responsive to patient needs.
	II. Ensure all referrals include comprehensive documentation, relevant clinical history, and a clear outline of referral objectives to facilitate safe and effective follow-up.
	III. Establish processes for following up on referral outcomes to close the care loop, confirm patient safety, and ensure that care plans are implemented as intended.
	IV. Educate patients on the purpose and benefits of referrals to encourage engagement and adherence to specialist recommendations.
1.6.4 Establishing an Evidence Base for Your Practice	I. Critically appraise cosmetic surgery literature, guidelines, and consensus statements to integrate the most up-to-date and safe practices into patient care.
	II. Participate in clinical audits, benchmarking, device registries and outcomes reviews to identify trends, monitor complications, and drive continuous improvement in patient safety.
	III. Contribute to the body of cosmetic surgery scholarship through ethically conducted case reporting, collaborative research, or quality improvement projects.
	IV. Incorporate patient feedback and patient-reported outcome measures (PROMs) into practice evaluation to ensure that service delivery reflects patient values and priorities.

Key Area 2: Fundamentals of working with the Cosmetic Surgery Patient	
Topic 1: Communicating effectively for patient care	
Section	**Learning Outcome**
2.1.1 Tailoring communications	I. Consider cultural, religious, linguistic, and psychosocial factors in tailoring communication strategies to meet individual patient needs.
	II. Apply active listening skills to understand patient concerns, fears, and motivations.
	III. Demonstrate empathy and clarity when conveying complex information to support informed patient decision-making.
	IV. Use a trauma-informed and culturally safe approaches that fosters patient dignity, autonomy and emotional well-being.
2.1.2 Taking an appropriate patient history	I. Gather comprehensive medical, psychological, surgical, and cosmetic histories.
	II. Identify factors in the patient's history that may impact treatment risk, safety, or outcomes.
	III. Apply open-ended questioning and active listening to elicit cosmetic concerns and goals.
	I. Maintain clear, legible, and comprehensive records covering consultations, examinations, procedural plans, consent, expectations, and follow-up.

2.1.3 Maintaining appropriate patient records	II. Recognise documentation as a legal, ethical, and safety-critical responsibility.
	III. Ensure timely updates and proper storage of medical records to enable continuity of care.
2.1.4 Considering the patient’s desired outcomes	I. Elicit and document the patient’s cosmetic goals using visual aids and motivational interviewing.
	II. Manage expectations sensitively by communicating limitations and procedural risks.
	III. Address emotional, psychological, and social dimensions underlying patient requests.
2.1.5 Effectively communicating risks	I. Clearly and transparently communicate the full range of risks, including rare but serious complications.
	II. Discuss the statistical likelihood of complications in the context of patient-specific risk factors.
	III. Reinforce the importance of postoperative adherence to instructions in minimising risks.
2.1.6 Effectively communicating post-operative instructions	I. Use verbal, written, and visual tools to communicate post-operative instructions.
	II. Assess patient comprehension and provide reinforcement where needed.
	III. Offer follow-up communication for postoperative clarification or concerns.
2.1.7 Presenting alternatives to surgery	I. Present surgical and non-surgical alternatives including the option of no treatment.
	II. Discuss benefits, limitations, risks, and cost differences of each alternative.
	III. Encourage second opinions and shared decision-making to support patient autonomy.
2.1.8 Open Disclosure and Adverse Event Communication	I. Define open disclosure and its importance in cosmetic surgical practice.
	II. Apply best-practice strategies when disclosing complications or unexpected outcomes to patients.
	III. Document disclosure conversations in line with regulatory and medico-legal standards.
	IV. Demonstrate understanding of patient support needs following adverse events.
	V. Incorporate open disclosure processes into surgical team communication and quality improvement systems.
2.1.9 Charter of Healthcare Rights	I. Describe the Australian Charter of Healthcare Rights and its application in cosmetic medicine and surgery.
	II. Advocate for the rights of patients in consent, information access, and respectful care.
	III. Recognise breaches of patient rights and apply appropriate corrective actions.
	IV. Integrate patient rights education into clinical interactions and institutional governance.
	V. Uphold transparency and patient empowerment as core values in cosmetic surgical care.
2.1.10 Communicating effectively with other healthcare and administrative staff	I. Demonstrate teamwork, mutual respect, and clarity in communication within multidisciplinary environments.
	II. Use structured tools (e.g. handover protocols) to ensure coordinated care and patient safety.
	III. Share key information appropriately across administrative and clinical teams.
Topic 2: Informed Consent	
Section	**Learning Outcome**
2.2.1 Key elements of informed consent	I. Describe essential components of informed consent including risks, benefits, alternatives, and no treatment.
	II. Define key legal and ethical principles of informed consent, including voluntary participation, comprehension, and disclosure.
	III. Communicate risks, benefits, alternatives, and expected outcomes effectively.
	IV. Include recovery, pain, time off work, and quality-of-life impact in consent discussions.
	V. Adapt the consent process to meet language, cognitive, and cultural needs.
	VI. Evaluate patient understanding prior to consent and reinforce opportunities for questions.

	VII. Comply with national regulatory standards for informed consent documentation, including informed financial consent and consent for clinical photo documentation.
	VIII. Psychosocial Considerations in Informed Consent
2.2.2 Psychosocial Considerations in Informed Consent	I. Recognise the impact of psychosocial factors (e.g., anxiety, depression, body image concerns) on the informed consent process and decision-making.
	II. Conduct comprehensive consent discussions that address psychological readiness, ensuring patients understand both the physical and emotional implications of surgery.
	III. Screen for psychological vulnerabilities (e.g., body dysmorphic disorder, coercion, or external pressures) before proceeding with the consent process.
	IV. Apply trauma-informed communication strategies to create a safe, respectful environment for patients during informed consent.
	V. Document psychosocial assessments and consent discussions thoroughly, ensuring transparency and compliance with ethical and legal standards.
	VI. Refer patients for psychological or psychiatric review when psychosocial factors suggest impaired decision-making capacity or heightened risk of post-operative dissatisfaction.
	VII. Uphold Medical Board and NSQHS guidelines for informed consent, ensuring that psychosocial screening and readiness are integral to determining suitability for cosmetic surgery.
2.2.3 Operative consent	I. Communicate procedure-specific risks, common complications, and rare adverse outcomes.
	II. Frame benefits in the context of patient goals and health status.
	III. Confirm understanding and address uncertainty or patient anxiety during the consent process.
2.2.4 Considerations for financial consent	I. Provide transparent, itemised cost information including revision surgery and follow-up.
	II. Explain out-of-pocket and third-party cost responsibilities.
	III. Address financial consent with sensitivity and clarity.
	IV. Comply with national regulatory standards for informed financial consent documentation
2.2.5 Consent for involvement of other surgeons, trainees, and assistants	I. Describe each team member's role, experience, and scope of responsibility.
	II. Obtain specific consent for trainees or assistants and accommodate patient preferences.
	III. Clearly document the names and roles of assisting clinicians in records and consent forms.
Topic 3: Management of patient expectations	
Section	**Learning Outcome**
2.3.1 Pre-operative management of expectations	I. Identify psychological, social, and cultural drivers of patient expectations.
	II. Apply validated tools or screening interviews to assess unrealistic or unsafe expectations.
	III. Align expectations with likely outcomes through visual aids and professional opinion.
2.3.2 Calibrating patient expectations	I. Use objective tools (e.g., before/after images) while acknowledging their limits.
	II. Explain procedure-specific variations in results across individuals.
	III. Ensure patient understanding that outcomes may not exactly meet aesthetic ideals.
2.3.3 Management of post-operative dissatisfaction	I. Recognise emotional responses and distress related to dissatisfaction.
	II. De-escalate complaints professionally and use structured communication to resolve issues.
	III. Offer options for second opinions, additional counselling, or revision where clinically appropriate.
2.3.4 Revision Surgery	I. Appreciate the need for and use of revision surgery in the context of cosmetic procedures.
	II. Identify the factors contributing to the need for revision surgery, including complications, surgical outcomes, and patient satisfaction.
	III. Explain common causes and rates of revision for different procedures.

	IV. Counsel patients early about revision likelihood, timing, and associated costs.
	V. Collaborate with patients in reassessing goals and planning safe and realistic revisions.
	VI. Utilise interdisciplinary communication and consultation, as needed, to plan and coordinate revision surgeries effectively.
Topic 4: Practice safety and support	
Section	**Learning Outcome**
2.4.1 Manage a practice that supports high quality patient care	I. Foster a safety culture through collaborative team processes and clinical governance.
	II. Maintain standardised documentation for pre/post-operative care and consent.
	III. Provide continuing education to staff on safety, ethics, privacy, and emergency protocols.
	IV. Encourage practice-wide involvement in safety audits and feedback collection.
2.4.2 Licensing, Accreditation, and Surgical Governance	I. Recognise the role of licensing and facility accreditation in surgical safety and public protection.
	II. Identify state, territory, and federal regulations governing cosmetic surgical practice environments.
	III. Describe how accreditation supports patient safety, infection control, and clinical audit.
	IV. Participate in governance processes including incident reporting and quality assurance.
	V. Promote adherence to facility standards as part of professional accountability.
2.4.3 Seeking professional support	I. Recognise clinical limits and seek second opinions in complex or borderline cases.
	II. Establish and maintain a peer consultation network.
	III. Refer appropriately when care exceeds the surgeon's expertise or resources.

Key Area 3: Fundamentals of skin and wound management	
Topic 1: Structure and function of the Skin	
Section	**Learning Outcome**
3.1.1 Normal Skin Anatomy and Physiology	I. Describe the anatomical layers of the skin – epidermis, dermis, and subcutaneous tissue – and their cellular components.
	II. Explain the physiological functions of the skin (protection, sensation, thermoregulation, vitamin D synthesis) and their relevance to cosmetic surgery.
	III. Relate structure and function to surgical planning, wound healing, and aesthetic outcomes.
Topic 2: Wounds	
Section	**Learning Outcome**
3.2.1 Wound Healing Physiology and Assessment	I. Explain the stages of wound healing: haemostasis, inflammation, proliferation, and remodelling.
	II. Classify wounds by size, shape, location, depth, wound base, and surrounding tissue.
	III. Analyse intrinsic and extrinsic factors affecting healing (e.g., age, nutrition, comorbidities, medications).
3.2.2 Wound Management Strategies	I. Compare and apply wound dressing types, debridement techniques, and suturing methods.
	II. Apply wound pathophysiology to treatment planning for optimal outcomes.
	III. Apply antibiotic stewardship principles in wound care, selecting agents based on infection type, pathogen sensitivity, and patient factors.
Topic 3: Pathologies of the skin	
Section	**Learning Outcome**

3.3.1 Identification of Common Skin Disorders	I. Recognise and classify common skin conditions (e.g., skin cancers, dermatitis, psoriasis, eczema, acne).
	II. Describe their pathophysiology and clinical presentation.
3.3.2 Management Principles	I. Select appropriate diagnostic approaches and evidence-based treatment plans.
	II. Provide preventive care and patient education.
	III. Implement referral pathways for serious or malignant conditions.
Topic 4: Impacts of internal disease on the skin	
Section	**Learning Outcome**
3.4.1 Recognition	I. Identify cutaneous signs of systemic disease (autoimmune, endocrine, infectious).
	II. Interpret skin changes as potential indicators of underlying systemic illness.
3.4.2 Collaborative Management	I. Conduct comprehensive assessments and initiate appropriate referrals.
	II. Engage in interdisciplinary collaboration for diagnosis and management.
Topic 5: Scarring	
Section	**Learning Outcome**
3.5.1 Scar Formation	I. Describe normal and pathological scar types (hypertrophic, keloid, pigmented).
	II. Identify factors influencing scar formation, including wound tension, genetics, and inflammation.
3.5.2 Management of scars	I. Demonstrate understanding of mechanisms and indications for each modality.
	II. Tailor management based on scar characteristics and patient needs.
Topic 6: Pigmentation changes	
Section	**Learning Outcome**
3.6.1 Identification and Causes	I. Differentiate normal pigmentation variations from pathological changes.
	II. Explain melanin's role and distribution.
	III. Recognise and classify pigmentation disorders (hyperpigmentation, hypopigmentation), including malignant potential.
	IV. Describe pathophysiological mechanisms and triggers.
3.6.2 Treatment	I. Compare treatment options: topical agents, chemical peels, laser therapies, cryotherapy.
	II. Assess suitability and risk based on patient skin type and goals.
Topic 7: Antibiotic use	
Section	**Learning Outcome**
3.7.1 Stewardship and Selection	I. Explain antibiotic classes, mechanisms, and indications.
	II. Accurately diagnose and identify pathogens through swabs and tissue sampling.
	III. Apply stewardship principles to prevent resistance and minimise adverse effects.
	IV. Assess, diagnose, and manage skin conditions, wounds, scars, pigmentation changes, and related infections in cosmetic surgery practice, integrating evidence-based techniques, patient safety, and interdisciplinary collaboration.

Key Area 4: Cosmetic surgery procedures related to the face and neck	
Topic 1: Normal facial anatomy and its common variants	
Section	**Learning Outcome**
4.1.1 Blood Supply and Innervation of the Face	I. Describe the major arterial supply of the face, including anatomical variations relevant to surgical safety.
	II. Explain the sensory innervation of the face and its implications for regional anaesthesia and pain management.
	III. Describe the motor innervation of facial muscles by the facial nerve (cranial nerve VII) and its branches, including functional and surgical considerations.

Section	Learning Outcome
4.1.2 Facial Musculature and the Course and Distribution of Nerves	I. Identify the main facial muscles, their origins, insertions, and actions, with relevance to facial expression and surgical dissection.
	II. Describe the course and distribution of the facial nerve, detailing the branches and their innervation of specific muscles.
4.1.3 Fascial Planes of the Face, Brow, and Neck	I. Describe the superficial and deep fascial planes and their role in surgical access and facial support.
	II. Identify anatomical components of the brow, face, and neck including bones, muscles, nerves, and vessels relevant to surgical planning.
	III. Discuss the influence of facial anatomy on aesthetic outcomes and procedural planning.
4.1.4 Aesthetic Facial Assessment	I. Conduct aesthetic assessments, recognising facial asymmetries and proportional relationships.
	II. Integrate aesthetic evaluation findings into surgical and non-surgical treatment plans.
Topic 2: Pathophysiology of aging	
Section	**Learning Outcome**
4.2.1 Skin Changes	I. Identify and differentiate common skin changes associated with ageing across diverse skin types, ethnicities, and genders to promote culturally safe and individualised care.
	II. Describe the underlying pathophysiological processes responsible for age-related changes in the skin, including collagen and elastin degradation, dermal thinning, and reduced vascularity.
	III. Evaluate intrinsic (genetic, hormonal) and extrinsic (UV exposure, pollution, smoking) factors contributing to skin ageing, and develop patient education plans to reduce preventable risk factors and support early intervention.
4.2.2 Age-Related Fat Loss	I. Describe the mechanisms of age-related fat loss and redistribution in both superficial and deep facial fat compartments, considering the impact on facial harmony and function.
	II. Identify characteristic patterns of fat loss such as midface volume depletion and jawline contour changes, and evaluate their impact on both aesthetic and functional outcomes.
	III. Develop patient-specific management strategies that align with the patient's goals while minimising procedural risks, ensuring informed consent, and maintaining realistic expectations.
4.2.3 Age-Related Changes in Ligamental Support	I. Describe the changes in facial ligament support structures, including attenuation and laxity, and their role in ptosis and facial descent.
	II. Analyse the effect of ligamentous changes on facial aesthetics, using evidence-based techniques to address these changes while safeguarding neurovascular structures and preserving function.
4.2.4 Age-Related Muscle and Bone Atrophy	I. Describe the pathophysiology of muscle and bone atrophy with ageing, including hormonal influences and mechanical disuse.
	II. Explain the effects on facial aesthetics, such as loss of projection, skeletal resorption, and altered facial proportions.
	III. Apply safe and patient-centered approaches to treatment planning, integrating risk mitigation strategies for both surgical and non-surgical interventions.
4.2.5 The Impact of Sun Exposure on the Ageing Process	I. Describe the biological effects of cumulative sun exposure on the skin, including DNA damage, elastosis, and accelerated collagen degradation.
	II. Identify the clinical presentation of photoageing, including pigmentation irregularities, actinic keratoses, and increased skin cancer risk.
	III. Incorporate preventative strategies into patient care, including photoprotection education, regular skin checks, and early intervention for suspicious lesions as part of a holistic patient safety framework.
Topic 3: Face and neck lifting procedures	
Section	**Learning Outcome**
4.3.1 Procedure-Specific Anatomy of the Face and Neck	I. Identify and locate key surgical anatomical structures at risk in face and neck procedures, with emphasis on variations that may influence surgical planning and risk management.
	II. Apply anatomical knowledge to minimise the risk of injury to critical structures and preserve functional outcomes, ensuring optimal patient safety.

4.3.2 Face and Neck Lifting Procedures	I. Describe the steps involved in facelift procedures, including surgical planes (subcutaneous, SMAS flaps, deep plane), surgical incisions and their indications, and platysma manipulation, incorporating strategies to reduce operative risk.
	II. Appreciate the additional complexities and increased complication risks associated with secondary facelift surgery, implementing tailored safety measures.
	III. Competently and safely perform each element of a SMAS facelift surgery, integrating evidence-based practices, optimal tissue handling, and patient-specific risk reduction strategies.
	IV. Engage in shared decision-making with patients, ensuring informed consent that includes discussion of realistic expectations, potential complications, and recovery timelines.
4.3.3 Adjunctive Facial Procedures	I. Describe the applicability, patient safety considerations, and techniques involved in adjunct procedures, including: Threads, Energy-based devices, Light-based therapies, Injectable fillers, and Neuromodulation toxin injections.
	II. Evaluate patient selection criteria and contraindications to minimise risks and optimise outcomes.
	III. Counsel patients on expected benefits, limitations, and potential risks, supporting informed choice.
4.3.4 Facial Implants	I. Describe procedures for facial augmentation, including autogenous vs allograft materials, types of materials, and implant selection, while prioritising patient safety and functional preservation.
	II. Develop an individualised implant plan that considers anatomical variations, patient goals, and minimisation of complication risks.
4.3.5 Management of Complications of Face and Neck Procedures	I. Identify potential complications, including infection, hematoma, wound breakdown, parotid duct injury, nerve injury, hair loss, and asymmetry, with strategies for prevention.
	II. Evaluate patient-specific risk factors and medical history to develop personalised strategies for complication prevention and management.
	III. Apply evidence-based techniques and best practices during pre-operative planning, surgical execution, and post-operative care to minimise risk and enhance recovery.
	IV. Perform thorough post-operative assessments for early complication detection, and implement timely interventions to optimise patient outcomes.
	V. Provide clear post-operative education and support to empower patients in self-monitoring and recovery.
4.3.6 Specific Considerations for Brow Lift Procedures	I. Describe the indications, contraindications, and patient safety considerations for a brow lift.
	II. Describe common techniques used for brow lifts, including endoscopic, direct brow lift, and open brow lift/foreheadplasty, methods of fixation, and selection of appropriate incisions.
	III. Apply prevention and management strategies for common complications, ensuring functional preservation and optimal aesthetic outcomes.
	IV. Engage patients in shared decision-making, providing realistic risk–benefit information and post-operative expectations.
Topic 4: Eyelids	
Section	**Learning Outcome**
4.4.1 Surgical and Functional Anatomy	I. Describe the applied anatomy of the eyelids and orbit, with emphasis on structures critical to functional preservation and avoidance of complications.
	II. Describe the blood supply and innervation of the eye, orbit, and lids, highlighting potential surgical risk zones to minimise intraoperative injury.
	III. Describe the ligamentous attachments, fat pads, and musculature of the eye and lids, and their implications for both functional outcomes and aesthetic harmony.
4.4.2 Patient-Specific Considerations	I. Describe key racial and ethnic variations in eyelid structure and their implications for blepharoplasty surgery, ensuring culturally sensitive treatment planning.
	II. Describe common ocular abnormalities and their causes, integrating knowledge of when to refer for ophthalmology assessment to ensure patient safety.

	III. Incorporate patient values, cultural preferences, and expectations into the decision-making process, ensuring informed consent and realistic outcome discussions.
4.4.3 Eye Assessments	I. Perform comprehensive assessment of the eyes for symmetry, tarsal laxity, ectropion, entropion, ptosis, and eyelid shape, ensuring documentation for baseline reference.
	II. Perform targeted screening for: • 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 promptly for appropriate specialist management where indicated.
4.4.4 Surgical Procedures of the Eyelid	I. Describe the applications, indications, limitations, and complications of blepharoplasty alone and in combination with other techniques, with emphasis on patient selection for safety.
	II. Describe the steps involved in upper and lower eyelid procedures, including conjunctival incisions, their indications, and potential complications. Detail the following: • Skin, muscle, fat, and orbital septal manipulation and excision — indications and risk mitigation strategies. • Indications, technical options, and complication prevention for canthoplasty and canthopexy.
	III. Competently and safely perform each element of an upper and lower blepharoplasty procedure with adherence to patient safety protocols, sterile technique, and protection of visual function.
4.4.5 Management of Complications of Blepharoplasty Procedure	I. Identify and manage acute complications of blepharoplasty, including sight-threatening retrobulbar haematoma, with immediate intervention protocols.
	II. Apply prevention and management strategies for common complications, including entropion, ectropion, lid lag, and inferior oblique muscle injury, ensuring early recognition and patient education on red-flag symptoms.
	III. Incorporate postoperative care instructions and follow-up protocols tailored to the individual patient to optimise recovery and safety outcomes.
Topic 5: Ears	
Section	**Learning Outcome**
4.5.1 Surgical anatomy of the ear	I. Describe the anatomy of the ear, including embryology, growth, and the nomenclature of its structural components, with relevance to surgical planning and reconstruction.
	II. Describe the vascular supply of the ear, including the branches from the external carotid artery, posterior auricular artery, and superficial temporal artery, and apply this knowledge to minimise intraoperative bleeding and optimise healing.
	III. Describe the sensory innervation of the ear, including the auriculotemporal nerve, great auricular nerve, branches of the vagus nerve, and the lesser occipital nerve, with consideration for effective anaesthesia and nerve preservation.
	IV. Identify anatomical risk zones to reduce the likelihood of neurovascular injury during surgical intervention.
4.5.2 Patient-specific considerations	I. Describe appropriate age-related considerations for otoplasty, including cartilage maturation and implications for timing of intervention, ensuring informed consent includes realistic expectations.
	II. Recognise syndromes, congenital anomalies, and acquired conditions associated with variations in ear anatomy, and adapt surgical planning accordingly.
	III. Assess the impact of traumatic deformities on ear structure, function, and patient self-image, incorporating psychosocial considerations into care planning.
	IV. Incorporate cultural, aesthetic, and individual patient preferences into surgical decision-making, ensuring a shared decision-making approach.
4.5.3 Surgical procedures related to the ear	I. Describe the applications, indications, limitations, and complication profiles of surgical techniques for prominent ear correction, including cartilage scoring techniques (e.g. Chongchet) and suture-only techniques (e.g. modified Mustardé),

	with emphasis on selecting the safest and most appropriate method for each patient.
	II. Describe reconstructive procedures of the earlobe, including the prevention and treatment of complications such as hypertrophic scarring or tissue necrosis.
	III. Identify the potential complications of prominent ear correction, including infection, necrosis of cartilage or skin, and recurrence, and implement evidence-based prevention strategies.
	IV. Describe and compare various dressing techniques, evaluating their relative benefits for wound protection, patient comfort, and aesthetic outcomes.
	V. Competently perform each element of otoplasty using techniques that optimise symmetry, minimise tissue trauma, and preserve function.
	VI. Apply prevention, early detection, and management strategies for common complications of otoplasty, including haematoma, infection, suture extrusion, and deformity recurrence.
	VII. Demonstrate advanced planning and technical adjustments required for secondary ear surgery, ensuring safety and preservation of remaining healthy tissue.
	VIII. Provide comprehensive post-operative instructions to patients, including wound care, activity modifications, and red-flag symptom monitoring, to enhance safety and satisfaction.
Topic 6: Nose	
Section	**Learning Outcome**
4.6.1 Surgical and Functional Anatomy of the Nose	I. Accurately describe the key anatomical features of the nose, including: • Blood supply (arterial and venous drainage patterns and their surgical relevance) • Nerve supply (sensory and motor innervation relevant to surgical safety) • Nasal bones, upper and lower lateral cartilages, septal structures, and soft tissue envelope Functional subunits and support mechanisms relevant to reconstructive and cosmetic interventions.
	II. Explain normal physiological functions of the nose (e.g., airway protection, humidification, olfaction) and analyse how various surgical approaches may impact these functions.
	III. Identify and differentiate the common causes of nasal deformities, including: • Aesthetic concerns • Traumatic injuries • Disease-related changes • Congenital malformations • Tumours Sequelae of prior surgery.
	IV. Recognise and evaluate clinical conditions relevant to rhinoplasty that may affect surgical planning and safety, including: • Allergic or vasomotor rhinitis • Epistaxis tendencies • Nasal polyps Airway obstruction and septal deviation.
	V. Ensure anatomical and functional considerations are integrated into both aesthetic and safety goals, with a commitment to preserving or improving nasal breathing.
4.6.2 Patient-Specific Considerations	I. Analyse the complexities of facial aesthetics and their influence on rhinoplasty planning, using objective assessment tools and incorporating the patient's personal preferences within safe practice boundaries.
	II. Recognise and address the clinical significance of body dysmorphic disorder (BDD) and other psychosocial conditions in patients seeking rhinoplasty, using validated screening tools and referral pathways for psychological support where necessary.

	III. Demonstrate cultural competence by acknowledging and respecting ethnic and cultural variations in nasal aesthetics, and adapt surgical planning to honour patient identity while ensuring natural and safe outcomes.
	IV. Recognise pre-operative evaluation must balance patient desires with anatomical limitations to avoid excessive resection or compromise of structural support.
4.6.3 Surgical Procedures for Rhinoplasty	I. Perform a comprehensive patient assessment for rhinoplasty, including: • Detailed facial aesthetic analysis • Intranasal examination • Functional airflow assessment (e.g., Cottle's manoeuvre) Documentation of baseline nasal function.
	II. Select and justify appropriate use of autologous (septal, auricular, costal cartilage) and alloplastic implant materials, considering long-term safety, integration, and potential complications.
	III. Describe and demonstrate understanding of key surgical techniques, their suitability, and specific indications: • Nasal dorsum management: dorsal hump reduction, dorsal augmentation • Osteotomies: types, placement, and fracture control techniques • Approaches: endonasal vs open rhinoplasty—advantages, limitations, and indications • Alar base modification: reduction, narrowing, flare control • Septal correction: resection, cartilage grafting, spreader graft placement Nasal tip adjustments: suture techniques, projection control, rotation, and refinement.
	IV. Competently perform each element of a primary rhinoplasty procedure, demonstrating: • Precise tissue handling • Preservation of vascular supply • Maintenance of structural support Symmetry and balance.
	V. Implement evidence-based strategies for the prevention, early detection, and management of complications including: • Infection • Hemorrhage • Airway compromise • Skin necrosis • Warping or displacement of grafts Unsatisfactory aesthetic outcome.
	VI. Appreciate the heightened complexity, risks, and limited manoeuvrability associated with secondary (revision) rhinoplasty, and counsel patients accordingly.
	VII. Engage patients in shared decision-making, use digital morphing with caution to manage expectations, and ensure informed consent explicitly covers risks, limitations, and likely need for staged or revision surgery.
Topic 7: Chin	
Section	**Learning Outcome**
4.7.1 Specific anatomy relevant to the chin	I. Describe the bone and soft tissue structures of the chin and mandible.
	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.
	II. Describe the applications, indications, limitations and complications of surgical techniques for genioplasty including minimally invasive techniques.
	III. Recognise appropriate use of autologous and alloplastic implant materials.
	IV. Competently perform each element of a genioplasty procedure.

	V. Implement strategies for the prevention, early detection and management of common complications in genioplasty.
	VI. Demonstrate appropriate follow-up assessment and management of late-stage complications of genioplasty patients.

Key Area 5: Cosmetic Surgery Related to the Breast	
Topic 1: Breast Anatomy and Physiology	
Section	**Learning Outcome**
5.1.1 Surgical Anatomy and Physiology of the Breast	I. Describe the applied anatomy of the breast, including detailed understanding of blood supply, nerve supply, muscles of the chest wall, glandular tissue, fascial layers, and support structures, with emphasis on structures at surgical risk.
	II. Explain typical breast development, including hormonal influences across puberty, pregnancy, lactation, and menopause.
	III. Recognise variations and deformities of the breast and associated structures, and their surgical implications.
	IV. Describe physiological changes in pregnancy and lactation, and adapt surgical planning to minimise interference with future breastfeeding.
	V. Identify and differentiate common benign breast pathologies, ensuring safe referral when malignancy cannot be excluded.
	VI. Analyse the effects of ageing on breast tissue and adapt surgical approaches to optimise outcomes.
	VII. Evaluate how pregnancy, lactation, weight loss, trauma, congenital deformities, benign and malignant tumours, skin conditions, and lobular/ductal disease influence breast morphology and surgical safety.
	VIII. Describe the iatrogenic influences on breast morphology, including prior surgery, implants, radiotherapy, chemotherapy, and medications, and incorporate these into risk mitigation strategies.
5.1.2 Aesthetic Considerations of the Breast	I. Evaluate factors contributing to breast aesthetics, including nipple position, size, areolar shape, volume distribution, symmetry, degree of ptosis, body proportions, and the patient's personal perspective of ideal aesthetics.
	II. Integrate cultural, ethnic, and individual variation in beauty perception into shared decision-making.
	III. Apply patient-centred communication to align surgical goals with patient expectations while managing unrealistic requests.
Topic 2: Assessing patients for breast surgery	
Section	**Learning Outcome**
5.2.1 Physical Assessment	I. Perform a comprehensive clinical breast assessment, including: breast volume, symmetry, degree of ptosis, nipple position and areolar size, skin integrity and quality, parenchyma and fat distribution, detection of pathology, and assessment of prior surgical changes.
	II. Identify patients requiring further imaging or investigations, and ensure timely referral.
	III. Apply safety protocols to avoid proceeding with surgery in patients with suspicious lesions without full investigation.
5.2.2 Psychosocial Assessment	I. Assess psychosocial complexities that may influence surgical decision-making, including self-image, body dysmorphia, and unrealistic expectations.
	II. Screen for psychological risk factors, and refer to mental health professionals when appropriate.
	III. Use shared decision-making to ensure patients understand risks, benefits, and alternatives.
Topic 3: Breast Augmentation	
Section	**Learning Outcome**
5.3.1 Pre-Surgical Considerations	I. Compare designs and approaches to breast augmentation, selecting techniques to balance safety, longevity, and aesthetics.
	II. Outline the history and evolution of breast implants.

	III. Assess suitability of implant materials based on physical/biological properties and patient-specific considerations.
	IV. Explain implant capsule physiology and its role in complications. Use language tailored to patient's background.
	V. Prevent, detect early, and manage capsular contracture using evidence-based strategies.
	VI. Identify, prevent, and manage implant infections, incorporating antibiotic stewardship and sterile protocols.
	VII. Describe hypothesised pathophysiologies of Breast Implant Illness and BIA-ALCL, and maintain high suspicion in at-risk patients.
	VIII. Diagnose and treat BIA-ALCL following established oncologic guidelines.
	IX. Evaluate additional risks in revision augmentation and plan accordingly.
5.3.2 Surgical Management	I. Describe surgical techniques for augmentation, including incision placement, surgical planes, and adjunctive approaches.
	II. Demonstrate competency in performing augmentation procedures, with adherence to safety checklists.
	III. Implement complication prevention strategies, including haematoma control, sterile technique, and implant handling protocols.
5.3.3 Post-operative Management	I. Conduct structured follow-up to detect and manage complications early.
	II. Manage complications including infection, displacement, capsular contracture, rupture, and seroma.
	III. Implement structured long-term follow-up and surveillance protocols.

Topic 4: Mastopexy	
Section	**Learning Outcome**
5.4.1 Pre-surgical considerations	I. Select mastopexy techniques based on breast size, shape, degree of ptosis, scarring tolerance, and patient goals (including breastfeeding desires).
	II. Conduct comprehensive pre-operative assessment, including risk factors (BMI, smoking, skin quality) and psychological readiness.
	III. Counsel patients on realistic outcomes, scar burden, recurrence of ptosis, and possible need for revision.
5.4.2 Surgical procedure	I. Describe incision patterns (periareolar, vertical, Wise-pattern, short-scar), and the different tyoes of Pedicles (superomedial, central, inferior and free nipple graft)
	II. Demonstrate knowledge of parenchymal reshaping and autoaugmentation to optimise projection and long-term stability, including the use of mesh or suture fixation
	III. Competently perform each element of a mastopexy whilst incorporating intraoperative safety: meticulous haemostasis, protection of nipple–areola complex (NAC) vascularity, and avoidance of excessive skin tension.
5.4.3 Post-operative Management	I. Implement structured follow-up (early wound checks, suture removal, long-term scar review).
	II. Diagnose and manage acute complications: haematoma, NAC ischemia, infection, wound breakdown.
	III. Address late complications: recurrent ptosis, bottoming out, nipple malposition, hypertrophic scarring.
	IV. Ensure patient-centred safety: clear escalation pathways and early revision planning when complications arise
5.4.4 Augmentation Mastopexy	I. Demonstrate knowledge of indications for combined augmentation–mastopexy (one-stage) versus staged surgery (mastopexy first, augmentation later).
	II. Explain and counsel patients on the heightened risks of single-stage surgery (higher revision, wound breakdown, implant exposure) vs the increased anaesthetic and scarring burden of staged surgery.
	III. Formulate patient-specific plans considering skin elasticity, degree of ptosis, desired volume, risk tolerance, and comorbidities. Provide thorough consent with emphasis on patient safety.
	IV. Discuss strategies for informed consent including setting realistic expectations of revision rates.

	V. Competently perform each element of simultaneous augmentation-mastopexy with meticulous planning of implant placement and mastopexy markings to reduce risk of implant exposure and wound breakdown.
	VI. Implement structured follow-up to monitor for early complications including wound dehiscence, implant malposition, NAC compromise, and infection.
	VII. Recognise and manage late complications such as recurrent ptosis, bottoming out, asymmetry, or implant exposure. Provide clear revision pathways prioritising patient safety.
5.4.5 Correction of Congenital Breast Deformity	I. Recognise common deformities, including tuberous breasts and chest wall anomalies.
	II. Assess deformity severity to guide technique selection.
	III. Refer appropriately for multidisciplinary input or to specialist surgeons where the severity requires reconstructive surgery
	IV. Describe corrective techniques with associated risks and benefits.
	V. Competently perform each element of tuberous breast correction procedure.

Topic 5: Breast Implant Devices	
Section	**Learning Outcome**
5.5.1 Breast implant Devices	I. Identify and differentiate the types of breast implants (saline, silicone gel, smooth, textured, anatomical vs round), and describe their indications, advantages, and limitations.
	II. Analyse the safety profiles of different implant devices, including rupture risk, capsular contracture rates, BIA-ALCL association, and evolving evidence on Breast Implant Illness.
	III. Evaluate the risks and complications specific to each implant type, and integrate this knowledge into surgical planning and patient consent.
	IV. Demonstrate knowledge of national regulatory requirements and international safety updates relating to implant use.
	V. Explain the role of the Australian Breast Device Registry (ABDR), and demonstrate competency in enrolling patients, submitting accurate data, and applying registry feedback to improve clinical outcomes.
	VI. Provide comprehensive patient education and counselling on implant choices, risks, longevity, monitoring requirements, and safe follow-up, ensuring shared decision-making and informed consent.

Topic 6: Reduction Mammaplasty	
Section	**Learning Outcome**
5.6.1 Pre-surgical Considerations	I. Select reduction technique based on breast size, shape, degree of hypertrophy, functional symptoms, and patient priorities.
	II. Compare pedicle options (inferior, superior, superomedial, central) with focus on preserving NAC vascularity and sensation.
	III. Anticipate heightened risks in secondary reductions due to altered vascularity and scar tissue.
	IV. Provide thorough informed consent including risks of asymmetry, nipple loss, sensory change, and limitations of breastfeeding.
5.6.2 Surgical Management	I. Apply incision designs (Wise, vertical, periareolar) tailored to breast morphology and patient preference.
	II. Safely perform parenchymal excision, pedicle dissection, and contouring with attention to symmetry and preservation of NAC viability.
	III. Identify role and limitations of adjunctive liposuction in reduction (suitable only in mild hypertrophy with good skin elasticity).
	IV. Intraoperative safety focus: fluid balance, blood loss minimisation, and careful tissue handling
5.6.3 Post-operative Management	I. Provide structured monitoring for wound healing, drains and NAC viability.
	II. Manage acute complications: haematoma (return to theatre), seroma, wound dehiscence, infection, nipple necrosis.
	III. Address late complications: asymmetry, recurrent hypertrophy, “bottoming out,” contour deformities, and scar dissatisfaction.

	IV. Implement patient safety strategies: clear documentation, early detection of complications, and safe revision pathways.
Topic 7: Augmentation with Autologous Fat Transfer	
Section	**Learning Outcome**
5.7.1 Pre-surgical Considerations	I. Identify indications (mild volume enhancement, contour correction, implant replacement avoidance) and patient selection criteria (adequate donor fat, realistic expectations, no active breast pathology).
	II. Discuss limitations: modest volume increase, variable graft survival, potential need for multiple sessions.
	III. Counsel patients on oncological safety: explain possible radiological changes (calcifications, oil cysts) and document baseline imaging.
	IV. Ensure patient safety through multidisciplinary engagement with radiologists when cancer risk is a concern.
5.7.2 Surgical Management	I. Demonstrate safe harvesting techniques (syringe or power-assisted liposuction) with minimal donor-site morbidity.
	II. Process fat appropriately (sedimentation, centrifugation, filtration) to optimise viability and minimise contamination.
	III. Perform microdroplet fat injection to enhance graft survival while avoiding vascular injury or embolism.
	IV. Apply intraoperative safety: strict sterile technique, avoidance of large bolus injections, vigilance for fat embolism risk.
5.7.3 Post-operative Management	I. Establish structured follow-up: monitor both donor and recipient sites, track resorption, and assess symmetry.
	II. Manage complications: fat necrosis, oil cysts, calcifications, contour irregularities, infection.
	III. Provide radiology-aware follow-up, ensuring any changes can be distinguished from suspicious pathology.
	IV. Compare outcomes of fat grafting with implant augmentation when counselling patients about revisions or secondary procedures.
Topic 8: Gynaecomastia	
Section	**Learning Outcome**
5.8.1 Pre-Surgical Considerations	I. Grade gynaecomastia and match treatment to severity.
	II. Identify systemic causes, medications, and hormonal disorders.
	III. Select appropriate investigations to exclude malignancy and reversible causes.
5.8.2 Surgical Management	I. Recognise the risk of intraoperative bleeding and use preventative measures.
	II. Identify and prevent complications such as poor scarring, contour deformity, recurrence, and asymmetry.
	III. Competently perform each element of both excision and adjunctive liposuction techniques.
Topic 9: Nipple and areola surgery	
Section	**Learning Outcome**
5.9.1 Procedures	I. Describe techniques to reduce areolar size with minimal scarring and optimal symmetry.
	II. Select nipple reduction methods based on healing potential and risk minimisation.
	III. Describe techniques to correct inverted nipples with consideration of lactational potential and recurrence risk.
	IV. Communicate implications for breastfeeding in future and adapt surgical plans accordingly.

Key Area 6: Cosmetic surgery procedures related to the Abdomen	
Topic 1: Specific anatomy and physiology of the abdomen	
Section	**Learning Outcome**
6.1.1 Anatomy and physiology of the abdomen	I. Identify and describe all layers of the abdominal wall—including skin, adipose tissue, fascia, musculature, and peritoneum—with emphasis on surgical relevance and safe tissue handling.
	II. Analyse the role of the subcutaneous fat layer in abdominal contouring, including regional variations and implications for surgical planning.
	III. Describe the vascular anatomy, including epigastric, umbilical, and suprapubic vessels, and apply this knowledge to reduce bleeding risks intra- and postoperatively.
	IV. Map the cutaneous nerve supply (thoracoabdominal, iliohypogastric, and ilioinguinal) and integrate strategies to minimise sensory deficits.
	V. Evaluate the clinical significance of neurovascular anatomy in reducing intraoperative injury, optimising analgesia, and enhancing postoperative recovery.
6.1.2 Common Abnormalities of the Abdominal Wall	I. Recognise and explain the pathophysiology of postpartum changes (e.g., diastasis recti, striae, and skin laxity) and their surgical considerations.
	II. Assess the impact of prior abdominal surgeries (e.g., laparotomy scars, hernia repair) on safe operative planning and tissue healing.
	III. Evaluate lipodystrophy, obesity, and massive weight-loss sequelae, and match these presentations with appropriate treatment pathways.
	IV. Integrate functional and aesthetic outcomes when addressing divarication of recti and related abdominal wall abnormalities.
Topic 2: Assessing patient for abdominal cosmetic surgery procedures	
Section	**Learning Outcome**
6.2.1 Assessing patient suitability	II. Demonstrate sensitivity to diverse cultural beliefs and practices when assessing patients for abdominal surgery, ensuring culturally safe care.
	III. Identify risk factors that may impact wound healing, anaesthetic safety, and overall outcomes.
	IV. Engage patients in shared decision-making, aligning surgical goals with realistic expectations.
	V. Recognise contraindications and ensure referral for optimisation before elective surgery.
	VI. Identify psychosocial and gender-related factors that may influence patient motivations, expectations, and consent for abdominoplasty or liposuction.
Topic 3: Abdominoplasty Procedures	
Section	**Learning Outcome**
6.3.1 Abdominoplasty Procedures	I. Describe and differentiate between simple and radical abdominoplasty techniques, including indications, limitations, and complication profiles.
	II. Demonstrate technical proficiency in performing infra-umbilical and full abdominoplasty procedures, incorporating tension-reduction principles and safe flap elevation.
	III. Apply meticulous intraoperative haemostasis, nerve preservation, and infection prevention strategies.
	IV. Select the most appropriate technique (Avelar, Pitanguy, Lockwood, fleur-de-lis, functional apronectomy, reverse abdominoplasty) based on patient anatomy and safety considerations.
	V. Perform umbilical repositioning and rectus diastasis repair with attention to vascular preservation.
	VI. Implement structured postoperative follow-up to detect complications early and optimise recovery.
Topic 4: Complications of Abdominal Surgery	
Section	**Learning Outcome**
6.4.1 Complications of Abdominal Surgery	I. Demonstrate professional responsibility by ensuring patients are fully informed of risks of complications, alternatives, and recovery expectations.
	II. Identify early and late complications, including haematoma, seroma, DVT, PE, wound breakdown, flap necrosis, organ injury, and contour irregularities.
	III. Apply risk-stratification tools and preventive measures to minimise adverse outcomes.

	IV. Initiate evidence-based interventions for serious complications, prioritising patient safety and functional preservation.
	V. Document and review complications as part of continuous quality improvement and patient safety governance.

Key Area 7: Cosmetic surgery procedures related to lipoplasty	
Topic 1: History and evolution of liposuction	
Section	**Learning Outcome**
7.1.1 History of Liposuction	I. Describe the historical milestones in liposuction, from early curettage-based methods to current minimally traumatic techniques.
	II. Explain how advances in cannula design, energy devices, and anaesthesia have improved patient safety and outcomes.
	III. Recognise the ethical and professional responsibilities in learning from historical complications and evolving towards safer, evidence-based practices.
Topic 2: Anatomy, physiology and pharmacology	
Section	**Learning Outcome**
7.2.1 Anatomy, Physiology, and Pharmacology	I. Identify key anatomical structures relevant to lipoplasty, including fascial layers, fat compartments, lymphatics, and zones of adherence.
	II. Discuss the role of adipose tissue physiology in contour restoration and metabolic health.
	III. Apply knowledge of lymphatic preservation to minimise postoperative oedema and seroma.
	IV. Explain the principles, composition, and pharmacodynamics of tumescent anaesthesia.
	V. Recognise the signs of local anaesthetic systemic toxicity (LAST) and implement immediate management protocols.
	VI. Incorporate safe dosing, patient monitoring, and fluid management into every lipoplasty case.
	VII. Apply principles of cultural safety and patient advocacy when explaining anatomy and anaesthesia risks to patients from diverse backgrounds.
	VIII. Demonstrate professional responsibility by maintaining transparency with patients about the risks of tumescent anaesthesia, particularly LAST.
Topic 3: Assessing patients for lipoplasty procedures	
Section	**Learning Outcome**
7.3.1 Assessing Patient Suitability	I. Perform comprehensive history-taking and targeted examination to evaluate candidacy for lipoplasty.
	II. Identify co-morbidities and anatomical factors that may compromise safety or results.
	III. Promote realistic expectations through clear communication and patient education.
	IV. Demonstrate ethical decision-making when patient motivations may not align with safe or achievable outcomes.
	V. Apply cultural competence in assessing patient suitability, ensuring respect for diversity in body image expectations.
	VI. Advocate for patients' psychological wellbeing, including referral to mental health professionals when motivations may indicate underlying body dysmorphic disorder.
Topic 4: Lipoplasty procedures	
Section	**Learning Outcome**
7.4.1 Patient selection	I. Select patients based on clear medical indications and exclusion of absolute/relative contraindications.
7.4.2 Techniques in lipoplasty	I. Compare traditional and advanced lipoplasty technologies (PAL, UAL, LAL) in terms of safety, efficiency, and aesthetic outcomes.
	II. Tailor anaesthetic choice (sedation vs GA) to patient risk profile and procedural complexity.

	III. Demonstrate proficiency in safe cannula handling, incision placement, and even fat removal.
7.4.3 Liposuction Safety	I. Comply with ACCSM and jurisdictional safety guidelines for liposuction volumes, monitoring, and perioperative care.
	II. Uphold legal and professional responsibilities by complying with national safety guidelines and jurisdictional regulations governing liposuction volumes and anaesthesia.
	III. Ensure informed consent processes are culturally safe, legally valid, and include discussion of risks, alternatives, and limitations.
	IV. Actively promote patient safety through clear communication with multidisciplinary teams regarding perioperative monitoring standards.
7.4.4 Postoperative Care	I. Provide structured aftercare, including compression garment protocols and progressive mobilisation.
	II. Detect and manage complications such as DVT, fat embolism, contour irregularities, and persistent oedema promptly.
	III. Record outcomes and complications for audit and quality assurance purposes.
	IV. Apply ethical and professional principles in managing complications, ensuring transparency with patients and reporting to audit systems.
	V. Recognise the role of advocacy in ensuring equitable access to follow-up care, particularly for patients in rural or resource-limited settings.
	VI. Demonstrate respect for patient dignity and cultural preferences in postoperative recovery, including garment use and scar management.

Key Area 8: Body Contouring Surgery	
Topic 1: Key considerations in body contouring surgery	
Section	**Learning Outcome**
8.1.1 Pre-operative Assessment and Management	I. Conduct a comprehensive patient assessment that includes medical, surgical, and psychosocial history, with particular attention to the motivations, expectations, and psychological readiness of the patient for body contouring surgery.
	II. Effectively communicate with patients and families regarding the risks, benefits, and alternatives of body contouring procedures, ensuring informed and transparent decision-making.
	III. Demonstrate an understanding of lipoplasty in the context of body contouring surgery, including its role in contour refinement, limitations, and integration with excisional techniques.
	IV. Promote realistic expectations for outcomes of body contouring surgery through shared decision-making and evidence-based discussions.
	V. Appreciate the metabolic and nutritional consequences of massive weight loss surgery, including the potential for micronutrient deficiencies, protein malnutrition, and their impact on wound healing, recovery, and surgical outcomes.
	VI. Collaborate with multidisciplinary teams (e.g., nutritionists, psychologists, anaesthetists) to optimise patient safety and surgical outcomes.
	VII. Implement patient-centred surgical planning that prioritises safety, functional improvement, and aesthetic outcomes while aligning with the patient's goals and overall health status.
8.1.2 Specific Safety Considerations for Body Contouring Surgery	I. Identify and manage tissue compromise, including necrosis and ischaemia, through early recognition, intraoperative prevention strategies, and evidence-based postoperative care protocols.
	II. Evaluate risk factors for thromboembolic events and implement appropriate prophylaxis protocols in accordance with best practice guidelines.
	III. Recognise the signs of systemic complications (e.g., sepsis, electrolyte imbalance) and implement rapid intervention pathways.

Topic 2: Brachioplasty	
Section	**Learning Outcome**
8.2.1 Procedure-Specific Anatomy and Physiology	I. Identify key anatomical structures of the arm, including the course and branches of sensory and motor nerves, vascular structures, and lymphatic pathways.
	II. Describe the potential risks of nerve damage in brachioplasty surgery, such as injury to the medial antebrachial cutaneous nerve, and outline surgical techniques to mitigate these risks.
	III. Describe compartment syndrome, including causes, early recognition, emergency management, and prevention in the context of upper limb surgery.
8.2.2 Brachioplasty Procedures	I. Describe the common skin incisions used in brachioplasty, their indications, advantages, and limitations, and the associated risks for each.
	II. Evaluate the risks and benefits of brachioplasty for patients seeking body contouring, with consideration of functional improvement, skin redundancy, and patient quality of life.
	III. Apply scar management principles, including incision placement, closure techniques, postoperative care, and adjunctive therapies to optimise aesthetic outcomes and minimise hypertrophic or keloid scarring.
	IV. Identify and manage complications, including wound breakdown, seroma, infection, and sensory changes, using evidence-based protocols and patient-centred communication to guide recovery.
Topic 3: Thighplasty	
Section	**Learning Outcome**
8.3.1 Procedure-Specific Anatomy and Physiology	I. Identify key anatomical structures of the thigh, including the course and branches of sensory and motor nerves, vascular structures, and lymphatic drainage patterns.
	II. Describe the potential risks of nerve damage in thighplasty, including injury to the saphenous nerve, and outline intraoperative strategies to prevent these.
8.3.2 Thighplasty Procedures	I. Describe common thigh-lift incision patterns (e.g., vertical, medial, spiral, combined) and discuss their indications, advantages, limitations, and potential complications.
	II. Appreciate the importance of controlled skin tension and appropriate surgical technique to prevent excessive skin resection, minimise wound tension, and reduce the risk of dehiscence.
	III. Implement deep suturing to fixed anatomical structures to prevent scar migration and improve long-term contour stability.
	IV. Describe and apply wound closure techniques, including selection of suture materials, multilayer closure, and appropriate dressings to optimise healing.
	V. Explain the rationale for specific antibiotic prophylaxis to reduce infection risk in this high-moisture anatomical area.
	VI. Identify and manage common postoperative complications, including wound breakdown, seroma, infection, and poor scarring, using timely intervention and patient-centred follow-up care.
	VII. Apply open disclosure principles when complications occur, maintaining patient trust and ensuring transparency.
Topic 4: Body lifting procedures	
Section	**Learning Outcome**
8.4.1 Procedure-Specific Anatomy and Physiology	I. Identify the relevant anatomical structures of the trunk, including vascular supply, lymphatic drainage, innervation, and fascial planes critical to body lift procedures.
	II. Describe the effects of massive weight loss and skin redundancy on trunk anatomy, wound healing potential, and overall surgical planning.
	III. Explain the biomechanical considerations of tissue resection and closure, including tension vectors and their impact on functional and aesthetic outcomes.
8.4.2 Body Lifting Procedures	I. Describe the common types of body lift procedures (circumferential, belt lipectomy, lower/upper body lift), their indications, advantages, limitations, and patient selection criteria.
	II. Demonstrate knowledge of incision design and placement strategies that optimise contour, reduce wound tension, and consider scar concealment.
	III. Apply safe intraoperative techniques for extensive soft tissue dissection and resection, with emphasis on minimising blood loss, seroma formation, and flap compromise.

	IV. Integrate perioperative strategies to prevent complications, including thromboembolism, wound breakdown, and delayed healing in high-risk patients.
	V. Implement multimodal pain management and enhanced recovery protocols tailored to body lift patients.
8.4.3 Postoperative Management and Complications	I. Identify and manage common complications of body lift procedures, including seroma, wound dehiscence, infection, thromboembolic events, and contour irregularities.
	II. Apply evidence-based protocols for drain management, compression garments, scar management, and long-term follow-up.
	III. Use open disclosure principles to communicate complications and adverse outcomes with patients, maintaining transparency and trust.
	IV. Collaborate with multidisciplinary teams, including nutritionists, psychologists, and physiotherapists, to support holistic recovery and optimise patient outcomes.

Key Area 9: Female genital cosmetic surgery	
Topic 1: Anatomy and physiology of female genitalia	
Section	**Learning Outcome**
9.1.1 Anatomy and Physiology	I. Describe the detailed anatomy of the external female genitalia including nerve, vascular and lymphatic structures.
	II. Explain the functional roles of each anatomical component in relation to sexual health, urinary function, and protective physiology.
	III. Recognise anatomical variations within normal limits and distinguish these from pathological changes.
	IV. Recognise the scope and terminology of labiaplasty, acknowledging variations in terminology and cultural perspectives.
Topic 2: Assessing patients for female genital cosmetic surgery	
Section	**Learning Outcome**
9.2.1 Physical Assessment	I. Identify the spectrum of normal anatomical variations in the female genitalia.
	II. Conduct comprehensive physical examination with infection prevention, privacy, and dignity.
	III. Identify when referral to gynaecology, dermatology, or urology is indicated.
9.2.2 Psychosocial Assessment	I. Assess cultural, social, psychological, and media influences on patient expectations.
	II. Incorporate cultural safety principles to respect beliefs and values throughout care.
	III. Confidently discuss labiaplasty motivations, addressing functional, comfort, and aesthetic concerns.
	IV. Recognise complex psychological, emotional, or trauma-related factors, particularly in vulnerable patients.
	V. Identify patients requiring mental health referral and facilitate referral processes.
	VI. Ensure informed consent includes risks, limitations, alternatives, and post-operative expectations.
Topic 3: Female genital cosmetic surgery procedures	
Section	**Learning Outcome**
9.3.1 Labiaplasty procedures	I. Describe incision techniques for labiaplasty and their functional and aesthetic outcomes.
	II. Distinguish between trim and wedge techniques, outlining indications and complications.
	III. Describe ancillary procedures such as labia majora reduction, fat grafting, and non-surgical treatments with risks and benefits.
	IV. Provide a step-by-step explanation of the labiaplasty procedure ensuring haemostasis and neurovascular preservation.
	V. Apply strategies to prevent and manage complications including haematoma, dehiscence, and nerve injury.

	VI. Develop a structured post-operative care plan including pain, wound care, infection prevention, and psychological support.
	VII. Appropriately manage complex or revision cases and recognise when referral is indicated.
	VIII. Recognise heightened risks in revision surgery and incorporate this into patient counselling and consent.