



ACCSM Training Program Handbook

Cosmetic Surgery Training Program

Version 5 – February 2026

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AUSTRALASIAN COLLEGE
OF COSMETIC SURGERY AND MEDICINE



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1. Introduction

The Training Program Handbook has been developed to ensure trainees, preceptors, and accredited practice staff have a comprehensive resource of information for the Cosmetic Surgery Training Program, including all training documents, forms, and policies.

Role of the Australasian College of Cosmetic Surgery and Medicine

The Australasian College of Cosmetic Surgery and Medicine (ACCSM) was established in 1999 to deliver support and training to doctors wishing to practice in cosmetic medicine or surgery. The College has a training program for Cosmetic Surgery FACCSM (Surg) and has a medical faculty which trains doctors in Cosmetic Medicine FACCSM (Med).

To address the need for standardised quality education, training, and support, the ACCSM has evolved as a multi-disciplinary body consisting of general surgeons, plastic surgeons, dermatologists, ear nose and throat surgeons, ophthalmologists and other doctors who practice in cosmetic medicine and surgery. The ACCSM was formed as the successor to the Australian Association of Cosmetic Surgery, which was previously formed in 1992.

The ACCSM is dedicated to excellence in training, with the overarching aim of the College being summarised by the statement:

“Raising Standards...Protecting Patients”

In alignment with this aim, the educational mission of the ACCSM is to train ethical, skilled, and safe cosmetic surgery practitioners who serve the healthcare needs of Australian communities, prioritise patient-centred care, and uphold the highest professional standards.

The Cosmetic Surgery Training Program has been developed with a wealth of experience to ensure that the program produces Cosmetic Proceduralists who are skilled, competent, and safe in all manner of practice.

Acknowledgements

The College is grateful for all those who have contributed their time and their invaluable input to developing the Cosmetic Surgery Training Program Handbook and Curriculum.

Thank you to the members of the Expert Working Group, Cosmetic Surgery Examiners, and all contributors.

Contact Information for ACCSM

All correspondence to:

PO Box 36, Parramatta, NSW 2124

Telephone: 1800 804 781.

Telephone: +61 2 9687 1500

Website: <https://www.accsm.org.au>

Email: admin@accsm.org.au

We acknowledge the Traditional Owners of country throughout Australia and recognise their continuing connection to land, waters and culture. We pay our respects to their Elders past, present and emerging. ACCSM acknowledges Māori as Tangata Whenua and Treaty of Waitangi partners in Aotearoa New Zealand. Together we re-state our shared commitment to advancing Aboriginal, Torres Strait Islander, and Māori health and education.

2. Cosmetic Surgery Training Program

2.1 Accreditation of practices for training

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

The accreditation procedure oversees the management of the ACCSM Accreditation Policy and identifies the roles, responsibilities, and processes for the accreditation of training practices for the cosmetic surgery training program.

The framework outlines the process for new accreditation, and re-accreditation and is available for download from the ACCSM website.

List of accredited practices

The college has a published list of accredited practices on the website. The list is regularly maintained by college education staff.

2.2 Cosmetic Surgery Training Program Duration

The training program is two years in duration. Each year is 46-weeks duration and involves a minimum of 35 hours per week, of which 25 hours shall be in the practice (patient contact) and 10 hours academic pursuit (undertaking the training program requirements).

2.3 Governance of the Training Program

The ACCSM is the peak body for cosmetic surgery and medicine in Australia and New Zealand. The college is governed by a Council who sets, promotes, and continuously improves the standards of training and practice in cosmetic surgery and medicine. The Council includes the ACCSM office-bearers, who are referred to as 'the Executive'. The Council and its Executive have responsibility for, and oversight of, the core objectives of the ACCSM.

Reporting to the Council, and with full responsibility for the training program is the Board of Censors (BOC). A full outline of the objectives of the BOC can be found in the Board's Terms of Reference. The BOC meets quarterly and provides an update at annual general meetings. Training matters are referred to the BOC.

For further information on the [Council](#) and [BOC](#), visit the governance section of the College website.

2.4 Training Program roles

Trainee

Trainees are responsible for:

- Abiding by training program policies and guidelines provided in the Training Program Handbook.
- Completing training program requirements and recording completion in a timely manner.
- Seeking education opportunities to meet learning needs.
- Requesting feedback from preceptors and incorporating feedback into practice.
- Always behaving professionally and responsibly, including being respectful of all colleagues and co-workers.
- Providing feedback to the College about aspects of the training program by participating in evaluation processes, e.g. Annual trainee surveys.

Preceptors

Preceptors are the formally approved supervisors responsible for training and trainee support in accredited training practices. A preceptor is involved with trainee teaching, assessment, and feedback.

It is expected that all trainees have all assessments reviewed by their preceptor.

Preceptors are formally approved by the college. They are experienced Cosmetic Surgery Proceduralists who are faculty members. They receive support training, and regular communication from the college to undertake their role.

For more information refer to: [Preceptor Position Description](#).

Censor in Chief

The Censor in Chief chairs the BOC and has overall responsibility for the objectives outlined in the BOC terms of reference. The Chief Censor works collaboratively with the Cosmetic Surgery Dean. For more information on the role of the Censor in Chief, refer to [CiC Position Description](#).

Dean, Cosmetic Surgery

The [Dean](#) is responsible for the following duties:

- On completion of training, review trainee training portfolios and recommend trainees for graduation to the Censor in Chief.
- Examinations for the cosmetic surgery training program:
 - Setting the examination papers
 - Training and calibration of examiners
 - Exam delivery
 - Chairing the board of examiners meeting
 - Dealing with borderline candidates
 - Providing feedback for failed candidates
 - Examination policies and processes
- Preceptor training and support
 - Annual Preceptor workshop facilitation
 - Preceptor application review and endorsement
- Training practice accreditation
 - Review and make recommendations on applications for accreditation
 - Review accreditation reports on accreditation cycles

3. Commencing the Training Program

The ACCSM has a rigorous policy and process for candidate selection into the training program. The college can accept applications to the training program at any point throughout the year.

3.1 Trainee Selection

All applications to enter the Cosmetic Surgery Training Program must be made on the ACCSM Cosmetic Surgery Training Program Application Form.

Applicants MUST meet the eligibility criteria outlined in the ACCSM Cosmetic Surgery Training Program [Trainee Selection Policy](#).

3.2 Commencement in the Training Program

Following the selection process, successful applicants will be notified in writing by the College.

Applicants will be sent the code of conduct, training program curriculum and Handbook and training program fee invoice.

On receipt of the signed code of conduct by the applicant and training fee deposit, an enrolment letter will be sent, informing the date and location that training commences. Trainees are provided with a unique login to their individual google classroom portal to access training program assessment forms.

3.3 Training Fees

Trainees must be financial members of the College during their time in the training program. At the commencement of training, trainees pay the two-year training fee to cover the costs of operationalising the training program.

The fee amounts are determined by the Council as part of the budgeting process for the college.

Part-time trainees, i.e. those training between 0.5 and 0.65 full-time equivalent (FTE), are eligible for part-time training fees.

There are also fees associated with courses and workshops which are to be paid upon registration for the specific activity.

From time to time, Members may experience personal circumstances that affect their ability to pay their fees in full by the specified due date. In these circumstances, Members may submit a written request to admin@accsm.org.au outlining their circumstances for consideration.

For a list of current fees, refer to the website - Training Fees.

3.4 Trainee Induction Day

The Trainee Induction Day is held annually and is scheduled at the beginning of the formal training program. This day is held in Sydney in February of each year, is face-to-face and all attendees are required to cover their own travel expenses to attend.

The purpose of the training day is to provide Trainees with education covering Anatomy, Body Dysmorphic Disorder, Ethical Medical Practice, Informed Consent and Marketing your practice, all essential areas of knowledge required to build and establish a cosmetic practice.

4. Training Program Requirements

4.1 Education and Assessment Framework

Assessment for competency-based training

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

1. Assessment drives learning

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

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

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

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

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

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

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

5. Assessment should be integrated with learning

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

4.2 An approach to programmatic assessment

The ACCSM implements a model of programmatic assessment for their Cosmetic Surgery Training Program to ensure the approach to assessment is standardised across preceptors and trainees, to streamline progress monitoring, and reduce unnecessary assessment that does not provide useful evidence of a trainees' evolving competence. This model allows for comprehensive evaluation of trainees' performance across varied assessment methods. Progressive assessment acknowledges that proficiency evolves over time so assessment data should be collected regularly and integrate multiple methods and sources of evidence.

This requires a purposefully selected range of assessments that contributes to the evidence base for determining the competence of each trainee. Decision-making regarding progress is not solely reliant on a single assessment tool, such as an exam. Rather, accumulated evidence is evaluated to support robust, defensible decisions.

Within the training program, structured learning activities are designed to also be a source of evidence of evolving competence. This aligns with a programmatic approach which highlights the crucial role of feedback in guiding trainee learning. Trainees are given regular feedback on their knowledge and skills by their preceptors in low stakes settings. This information supports a continuous process of learning and development.

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

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

Aims of Assessment in clinical training

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



5. Training Program Overview

5.1 Program Outcome Statements

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 skilled, safe, and ethical Cosmetic Surgery Proceduralists. 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 in the curriculum links to at least one of these program outcome statements and all program outcome statements are covered across multiple learning outcomes. Trainees and their preceptors should have an awareness of the program outcome statements as they underpin the curriculum and assessment framework.

5.2 Stages of Training

The Cosmetic Surgery training program is designed as a two-year (advanced) training program and is structured into four (4) training stages. This sequencing enables the college to have stages for which they can effectively assess trainee progress and each act as a barrier to progression to the next.

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

The college will facilitate these rotations in liaison with trainees. The college will endeavor to place trainees at practices requested, noting that this isn't always possible. If a trainee is required to travel inter-state for a rotation term (period of 3-months), then the costs must be borne by the trainee.

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

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

Refer to **Appendix 1**. Curriculum map to assessment: Each learning outcome is mapped to an assessment.

5.3 Training Program summary

Training Stage 1: 0-6 months				
Evidence requirements	Completion of all Structured Learning Activities (SLA's) in Key Area 1-3 (except 1.4.2 and safe sedation course). Commenced 2 other KA's (related to rotations)	Achieved level 2 on EPAs relevant to rotations completed	Cultural Awareness Training	

Hurdle requirements	Evidence of surgical competence (Direct observational Procedure (DOPS))	Successful performance reports from 2 rotations		
Expected learning activities	Participation in scheduled journal club meetings	Attendance at clinical outcomes meeting	Ethics and the Cosmetic Surgery Proceduralist certificate course (as part of the trainee induction program)	
Confirmation of candidature (trainee able to progress)				
Training Stage 2: 7-12 months				
Evidence requirements	Commenced SLAs in KA4 and completed 1 other KA (related to rotation)	Level 3 on EPAs in KAs addressed in rotations	Injectables Training Safe sedation Training	Basic Liposuction Training
Hurdle requirements	Presentation of research proposal (Abstract)	Pass medical exam (by the end of Stage 4)	Satisfactory portfolio progress review	
Expected learning activities	Participation in scheduled journal club meetings	Preparation for American Board of Cosmetic Surgery Surgical Exam		
Training Stage 3: 13-18 months				
Evidence requirements	Commenced SLAs in all KAs	Structured Case Based Discussion - clinical ethics case (by the end of Stage 4)	Advanced liposuction training	
Hurdle requirements	Pass American Board of Cosmetic Surgery Surgical exam (by the end of Stage 4)			

Expected learning activities	Participation in all scheduled journal club meetings			
Training Stage 4: 19-24 months				
Evidence requirements	All SLAs across all KAs completed and signed off	All EPAs signed off to Level 4	Satisfactory feedback from multi-sources (selected by preceptor)	
Hurdle requirements	Pass Viva exam	Acceptance of research article for publication		
Expected learning activities	Participation in scheduled journal club meetings			

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

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

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

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

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

Stages of Training

Stage 1 (0- 6 months of training)

To complete Stage 1 of training, a trainee must complete all Learning Outcomes in Key Areas (KA) 1-3 (except for 1.4.2) which are introductory and aim to ensure that a trainee has all the foundational knowledge necessary for high quality clinical care and effective patient communication. These key areas also provide clear evidence of trainees' ability to demonstrate good clinical judgement, safe decision making and critically reflect on their own practice. Trainees are also required to have commenced two other KAs that are related to their rotations.

In Stage 1, trainees are required to demonstrate that they are surgically competent through a Direct Observation of Procedural Skills assessment and through being rated at level 2 for the Entrustable Professional Activities (EPAs) relevant to the rotations they have completed. To successfully complete Stage 1, trainees are required to have successful performance reports from each of the two rotations completed during this period. Successful completion of Stage 1 results in the confirmation of progression to the next stages of the training program.

Stage 2 (7-12 months of training)

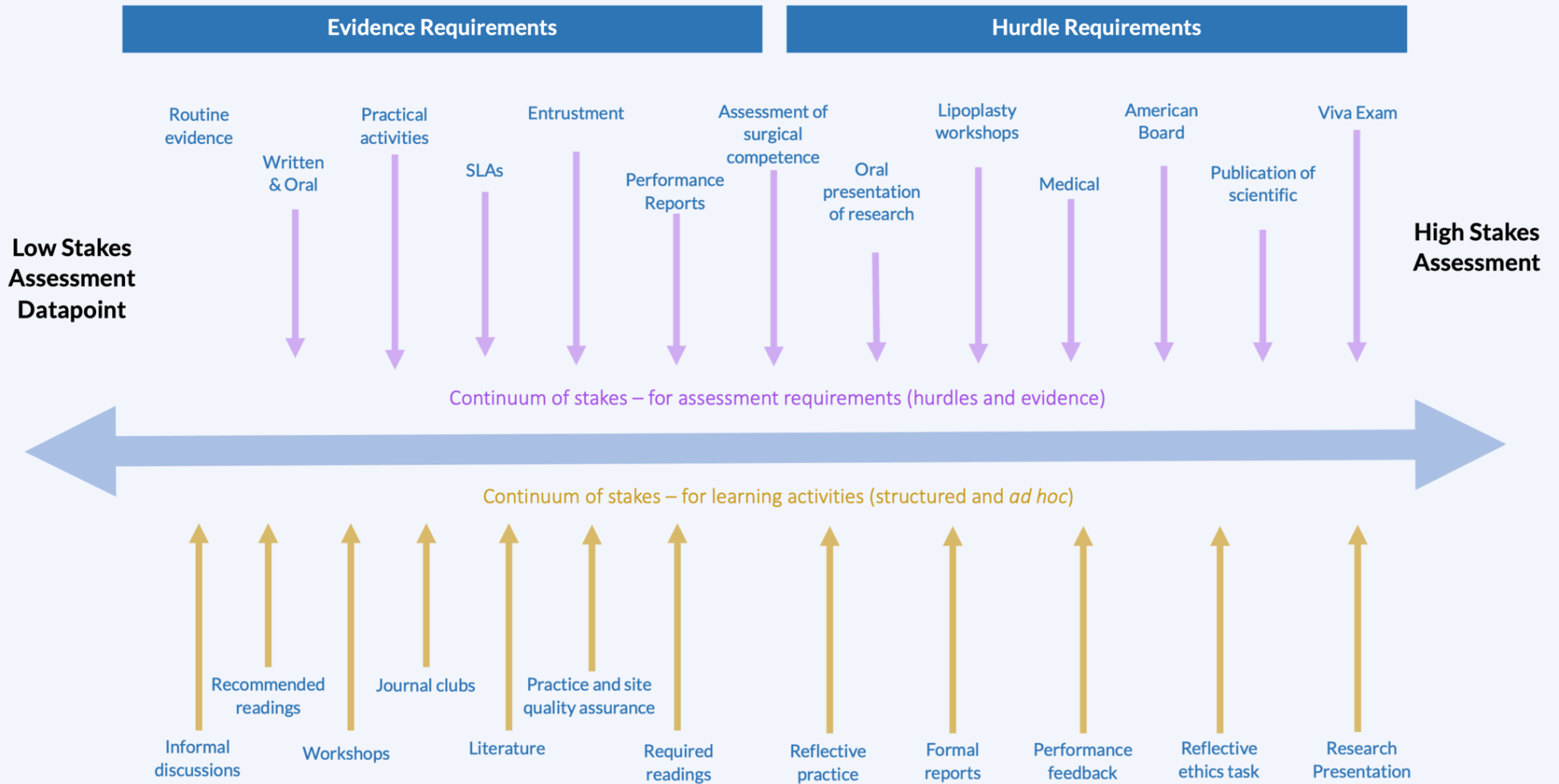
In this stage, trainees are expected to be focussed on building their clinical knowledge and surgical skills relevant to the rotations they are assigned to. By the end of stage 2, trainees are expected to have commenced KA4, and at least one other KA related to their assigned rotations and to have completed a course on injectables and an external course on safe sedation. Trainees need to be rated at Level 3 on EPAs related to their rotations. Trainees need to have completed their Basic Liposuction Training. Trainees should be focused on the research project they will be completing as part of their training, have a clear understanding of their research proposal and have presented this for feedback. Trainees are also required to have passed the medical exam before Stage 4 commences.

Stage 3 (13-18 months of training)

By the end of stage 3 of training trainees should have commenced work on learning outcomes from all KAs and have passed the American Board of Cosmetic Surgery Surgical Exam. They also need to have completed the Advanced Liposuction Training. Ensuring that trainees are reflecting on their practice, performance, and clinical and management skills is a key focus for this stage of training with multi-source feedback being used to help trainees to obtain key information and performance feedback from a range of sources.

Stage 4 (19-24 months)

This stage of training is about consolidation and ensuring that trainees have completed the SLAs against all learning outcomes in the curriculum. It is during stage 4 that trainees are transitioning to being a safe and competent independent Cosmetic Surgery Proceduralist. Assignment of rotations during this stage of training will be focussed on ensuring that trainees are able to have adequate coverage of all KAs and topics. In addition to completing all the SLAs, trainees are also required to have all EPAs signed off to level 4 and have their research paper accepted for publication. This stage of training also includes a focus on ethical practice within cosmetic surgery with a Case Based Discussion focused on ethics in cosmetic surgery practice. The final hurdle for completion of training is successfully passing the Viva exam.



6. Structured Learning Activities, Assessment Methods, and Evidence Requirements

The ACCSM Cosmetic Surgery training program incorporates 6 categories of assessment evidence. Details of the assessment task associated with each learning outcome can be found on the assessment template sheet.

<p>Routine Evidence</p>	<p>This may be records generated from standard workplace tasks, for example a certificate from a completed internal or external training course or records of an audit or accreditation. Routine evidence also includes attendance at the Ethics and Cosmetic Surgery Proceduralist Certificate Course held at the Annual Trainee Induction Day.</p>
<p>Reflective practice exercise</p>	<p>These are structured exercises aimed at supporting trainees to reflect on and critically analyse their skills/experience/decision making. This task could include: reflections on a specific case, critical incident analysis, feedback reflection, or exploration of a case with ethical complications.</p>
<p>Oral assessments</p>	<p>Oral assessments may take place with a supervisor or preceptor and take the form of a series of structured oral questions with specific prompts and follow-up questions. For some LOs the series of questions will take a set format and be supplied to the supervisor. In other LOs, the supervisor has flexibility to determine a set of questions which should be recorded on the assessment form.</p> <p>The trainee and supervisor are required to complete a template which includes a record of the topics that were covered, elements that were covered satisfactorily, and any areas for development/improvement.</p> <p>See Appendix A for example oral assessment template- standard assessment</p> <p>See Appendix B for example oral assessment template- set assessment</p>
<p>Practical activity</p>	<p>This may be a specific practical task that either is or closely resembles an authentic task and which is directly observed by a preceptor or other supervisor. Practical assessments are typically 'one-off' observations that are signed off after successful completion.</p>
<p>Entrustable professional activity</p>	<p>These are typically skills based procedural work that maps to a LO, and the preceptor (or other assessor) uses the Entrustment Scale to rate the trainee's level of entrustment. It is expected that a trainee would be assessed on each EPA on multiple occasions to show their improvement and developing competence over time.</p>
<p>Written task</p>	<p>Written tasks are usually a set report that covers particular knowledge based LOs. Each SLA provide guidance on the format and content for specific written activities.</p>

7. Entrustment Rating Scale

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

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

Learning outcomes that involve EPAs are clearly identified in the table in section: 11 Mapping of Curriculum Content to Assessment Evidence. Where a learning outcome requires an EPA, preceptors should consider the level of trust that they feel able to place in their trainee, observe them on the task/procedure set out in the associated learning outcome(s) and complete the EPA feedback form.

Trainees and preceptors should expect that it will take multiple observations over time for a trainee to achieve level 4 (Competent to Perform All Procedural Elements) for an EPA.

8. Hurdle Requirements

8.1 Research Requirements

Participating in research as a Cosmetic Surgery Proceduralist is crucial for several reasons that contribute to professional growth, advancements in the field, and the overall improvement of patient care:

- **Enhancing Clinical Skills and Knowledge:** Involvement in research allows cosmetic surgery proceduralists to stay updated with current trends, new technologies, and evidence-based practices, which enhances clinical skills and knowledge and may contribute to improved patient outcomes.
- **Advancing the field of cosmetic surgery:** Active participation in research drives innovation and pushes the boundaries of cosmetic surgery. Practitioners' involvement in clinical trials, studies, or collaborative research projects contributes to expanding the understanding of various procedures, refining existing techniques, and introduction of novel approaches, ultimately advancing the field.
- **Supporting Evidence-Based Practice:** By engaging in research activities, Cosmetic Surgery Proceduralists have access and regular exposure to evidence-based information that helps them make informed choices regarding treatment options, patient care strategies, and procedural improvements.
- **Professional Development and Continued Learning:** Involvement in research can enhance a proceduralist's professional profile and credibility within the medical community. Contributing to scientific publications, presenting at conferences, or being involved in model research projects each contribute to developing expertise, fostering career growth, and promoting opportunities for collaboration.

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

Trainees must provide evidence of their abstract's acceptance for publication. This can include either a copy of the published article or (where publication may be delayed) a copy of the correspondence from the journal editor indicating that the article has been accepted for publication.

8.2 Examinations

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

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

Examination 1- Medical MCQ Paper

Cosmetic Surgery trainees are required to pass the Faculty of Cosmetic Medicine Examination.

Description

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

Eligibility

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

Format and Structure

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

Examination Schedule and Location

The ACCSM usually holds two exam sittings per year, depending on candidate numbers and eligibility.

The exams are generally held in March/April and Sept/Oct.

The exam is held in the Sydney CBD.

Application Process

When an exam is planned, eligible trainees are invited to attend, usually giving at least one month's notice.

Attempts

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

Pass mark/Marking System

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

Notification and Results

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

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

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

Blueprint for Medical MCQ Examination

1 Fundamentals of Skin and Wound Management (Key Area 2)

- Identification and management of common skin pathologies
- Identify common skin manifestations of internal diseases
- Biological process in scar formation
- Management of scars

- Treatment options for pigmentation changes

2. Diagnosis, assessment, and safe management of cosmetic surgery procedures related to the face and neck (Key Area 4)

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

Content

Topics	% of questions
Fundamentals of Skin and Wound Management	40
Diagnosis, assessment and safe management of cosmetic surgery procedures related to the face and neck	60

Difficulty

Level	% of questions
Easy	30
Medium	50
Hard	20

Cognitive level

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

Examination 2 - American Board of Cosmetic Surgery Exam (ABCS)

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

Description

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

Format and Structure

200 MCQ questions, blueprinted by content and cognitive level as outlined by the American Board.

This exam is sat over a period of 5-6 hours.

Eligibility

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

Examination Schedule & Location

The examination is held twice yearly, generally in May and November each year. Eligible candidates will be notified of exam dates.

Candidates can sit this examination by attending an exam premises in Sydney or Melbourne.

Application process

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

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

Attempts

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

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

Pass mark/Marking System

The exam is prepared and psychometrically evaluated by the National Board of Osteopathic Medical Examiners (NBOME). The pass mark for this examination is 65%.

Notification of results

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

Withdrawal

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

Blueprint for ABCS Surgical Examination

1. Breast (13 – 17%)

- Augmentation
- Reduction
- Mastopexy
- Gynecomastia
- Reconstruction
- Breast Cancer

2. Body/Extremity (8– 12%)

- Soft-tissue Augmentation
- Abdominoplasty
- Post–Massive Weight Loss Surgery
- Soft-tissue Excision
- Genitalia

3. Liposuction (8-12%)

- Instrumentation/Modalities
- Anesthesia
- Anatomic Considerations

4. Facial (28-32%)

- Soft Tissue
- Implants
- Liposuction
- Rhinoplasty
- Otoplasty
- Face and Neck Lift
- Forehead/Brow Lift
- Blepharoplasty
- Lips

- Midface
- Orthognathic
- Genioplasty

5. Dermatology (13-17%)

- Resurfacing
- Laser/Light/Radiofrequency Treatments
- Scar Management
- Soft Tissue
- Implants
- Hair Restoration
- Liposuction

6. Patient Safety (8-12%)

- Airway/Oxygenation/Ventilation
- ACLS
- Medical Emergencies
- Surgical Emergencies
- OR/Environment Safety
- Ethics/Communication
- Patient Evaluation/Perioperative Care

7. Surgical Principles (8-12%)

- Anatomy
- Physiology
- Aesthetic Analysis
- Pharmacology
- Complications

Approximately 30% of the ABCS written items will be at the recall of facts/recognition level; 40% of the questions will be at the application level; and about 30% of the items will be at the problem solving/synthesis/evaluation level.

Content

Topics	% of questions
Breast	15
Body/Extremity	10
Liposuction	10
Facial	30
Dermatology	15
Patient Safety	10
Surgical Principles	10

Cognitive level

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

Examination 3 - Viva exam

Description

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

Eligibility

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

Format and Structure

From 2024, the VIVA is a 10- station examination. Each station is 10 minutes long, with semi-structured questions and prompts.

The 10 stations will cover the following content of the curriculum:

Facial, body, breast, liposuction, rhinoplasty, non-invasive and informed consent.

Each station will have rubric descriptions and a categorical rating scale with inbuilt standards.

Examination Schedule & Location

Due to the small trainee numbers, the ACCSM sets the VIVA examination date and location based on demand and candidate eligibility.

The examination is held at a practice location, examples include Waratah Private Hospital, Sydney.

Application process

Eligible trainees are invited to sit the VIVA examination by the ACCSM Education Officer.

Attempts

Trainees are afforded three consecutive attempts at the VIVA. They can sit at the next sitting.

Sometimes the Dean may recommend further training time is required to be undertaken before another attempt can be made.

Pass mark

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

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

Notification of results

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

Withdrawal

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

8.2.1 Candidate Feedback

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

Candidates are not provided with:

- Correct responses to questions
- Personal responses to questions
- A copy of the examination papers
- Data pertaining to standard setting procedures
- Copies of marking criteria/rubric/template

Requests for remarking will not be entertained. No other feedback can be requested by candidate.

8.2.2 Examination Conduct

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

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

8.3 Hurdle Requirements- Direct Observation of Procedural Skills (DOPS)

Trainees are required to undertake a Direct Observation of Procedural Skills (DOPS) assessment during stage 1 of training.

A DOPS is a structured assessment method commonly used to evaluate and provide feedback on a trainee's surgical skills. During a DOPS task, an experienced assessor directly observes the trainee as they perform specific surgical procedures and skills in a controlled clinical setting.

The assessor assesses various aspects of the trainee's performance, including technical proficiency, communication with the surgical team, adherence to safety protocols, and overall competence in executing the procedure.

The DOPS is assessed based on the following criteria:

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

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

8.4 Hurdle Requirements- Portfolio progress reviews

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

In addition to the technical aspects, the Portfolio Progress Review includes feedback on the trainee's communication skills, empathy, ethical conduct, and ability to establish rapport with patients, team members and ancillary staff. This holistic assessment ensures that trainees not only master surgical techniques but also address the other competencies required to be a safe, ethical, and professional Cosmetic Surgery Proceduralist.

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

8.5 Hurdle Requirements- Multi-source feedback

Multi-source feedback is a method designed to provide a well-rounded assessment of a trainee's performance by collecting feedback from various sources. This process aims to offer insights into the trainee's technical skills, communication abilities, professionalism (including ethical conduct), and overall effectiveness in cosmetic surgery. The feedback sources typically include peers, supervisors, and other healthcare professionals. The multisource feedback task involves eliciting feedback from at least two of the following sources (selected by the preceptor) using the Multi-Source Feedback Template:

1. Peer Evaluation:

Colleagues who work closely with the trainee have the opportunity to provide feedback on collaborative efforts, teamwork, and communication skills. This perspective can offer valuable insights into how the trainee interacts within the surgical team and contributes to a positive working environment.

2. Supervisor Assessment:

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

3. Other Healthcare Professionals:

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

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

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

9. Routine Evidence- Description of External and Internal Training Courses

Stage 1 (0 – 6 Months)

Ethics and the Cosmetic Surgery Proceduralist Certificate Course

This is a certificate course run by the ACCSM as part of the Trainee Induction Day which is scheduled during the first few months of training.

The course consists of didactic lectures, discussion sessions and a MCQ formative assessment.

The course explores topics such as:

- Ethical theories and definitions.
- The principles of patient autonomy, beneficence, non-maleficence, and justice.
- The potential conflict between the best interest of the patient, and the financial interests of the practitioner and strategies for awareness and mitigation.
- Ethics and informed consent.
- Ethical advertising.
- Ethical practice in a corporate setting.

The course is specifically designed to address the learning outcomes of the curriculum.

Cultural Competency Training

Trainees are required to complete cultural competency training during Stage 1 (0 – 6 months) of the training program.

The ACCSM expects trainees to complete the National Centre for Cultural Competence – Cultural Competence Online Modules during their first 6 months of training.

The Modules aim to encourage individuals' confidence, motivation, and knowledge in developing cultural competence capabilities as well as increase culturally competent practices in organisations across the country.

These modules offer a range of research-based educational resources, insights from academics and community members as well as reflective activities.

Outcomes

- Develop an understanding of what cultural competence is and why it is important.
- Develop cultural competence capabilities, ensuring more effective and respectful interactions in cross-cultural relationships in the workplace and beyond.
- Explore strategies to inspire cultural change and strong cultural competence throughout an organisation.
- Examine identity as an individual, gaining invaluable insight into self within a wider social context.
- Learn strategies to recognise and challenge racism within the workplace and beyond.

- Learn from the historical and contemporary context of Redfern and its importance as a birthplace of contemporary Aboriginal self-determination.

This online module is self-paced and requires 4 hours of time to complete, over a 90 - day period.

The cost of enrolment is as prescribed on the website. Trainees can enroll, pay and complete the course at any time during Stage 1 of their training. A certificate of completion must be sent to the ACCSM Education Officer on successful completion of the training.

For details and to enroll, visit:

[Cultural Competency Training](#)

Stage 2 (7 - 12 months)

Injectables Training

Cosmetic Injectables training is provided by the ACCSM and aims to enhance skills in cosmetic medicine and injectables.

The one day in-person training is run yearly in Sydney for trainees to attend. Details around locations and enrolment will be provided by ACCSM Education staff. The training is provided as part of the training program fee.

Description

Overview of botulinum toxin

Overview of hyaluronic acid

Hands on injection sessions

Safe Procedural Sedation Training

Trainees are required to complete the Safe Procedural Sedation Course, through the Sydney Clinical Skills Simulation Centre.

The one-day training is offered 5 times per year and currently costs \$880 (to be paid directly by the trainee) to attend.

Description

The Safe Procedural Sedation Course incorporates e-learning, interactive workshops and immersive simulation activities for a one-day hands-on program exploring conscious sedation outside of the operating theatre.

The course content reflects the NSW Agency for Clinical Innovation (ACI) Minimum Standards for Safe Procedural Sedation and the Australian and New Zealand College of Anaesthetists (ANZCA) PS09 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures.

It includes:

- Pre-procedure patient assessment & risk stratification

- Monitoring and practical airway management
- Safe use of drugs and assessing levels of sedation
- Post procedure monitoring and discharge

To enroll, visit [Safe Procedural Sedation](#)

Trainees are required to submit their certificate of completion to the ACCSM Education officer.

Cosmetic Surgery Training Program: Liposuction Training

Description

The Liposuction training is multi-modal featuring didactic presentations, hands on patient assessments, and pre-operative marking out of patients. The Liposuction training consists of two didactic training session, plus attendance in theatre, offered as follows:

One session Basic training for trainees to be completed during Stage 2 (7 - 12 Months) and one session Advanced training to be completed during Stage 3 (13-18 months) of the training program and sits in addition to and complements key area 7 of the curriculum.

Both basic and advanced liposuction training are interactive, including didactic lectures, hands on training in theatre and review of cases. After attending both Basic and Advanced training days and the in theatre requirement, trainees will have seen and learned the most common presentation of Liposuction cases seen in cosmetic practice.

The fees to attend this off-site training is included in the training program fee.

Liposuction training - Basic

Learning Outcomes: To teach the basics of Tumescant Liposuction and Liposculpture under Local Anaesthetic.

Liposuction training – Basic – Example of Program

Lectures

- Overview of ACCSM Liposuction Training
- Regulatory Environment for liposuction and Professional Indemnity
- Patient Selection
- Review of patient's previous procedure
- Tumescant L.A. & Xylocaine Metabolism
- Tumescant v "Wet Technique" with Sedation or General Anaesthetic
- Improving Liposuction Outcomes – Informed Consent
- Managing Patient Expectations
- Managing Complications
- Review of Marking of patient – the key to successful Liposuction
- Preparing the patient for Liposuction

- Discuss cannulas, shape, tip design, calibre
- Energy Assisted Liposuction Devices
- How to achieve optimal results avoid pitfalls in Liposuction of the Abdomen
- How to achieve optimal results avoid pitfalls in Liposuction of the Thighs
- Review of ACCSM Liposuction Training Basic

Practical (in theatre)

Attendance in Theatre. Candidates will be assigned to Preceptors theatre lists for in theatre experience. A Liposuction logbook will be provided to trainees to evidence cases.

- Marking of First Patients – Abdomen, flanks, hips and waist, male and female outer thigh.
- Liposuction of the Abdomen
- Liposuction of the hips, flanks and muffin top

Liposuction Training – Advanced

Training, dealing with more complex cases.

After the completion of the Advanced training there is a 2 - hour MCQ exam formative assessment with the pass mark set at 70%.

Liposuction Training – Advanced – Example of Program

Lectures

- Liposuction of chin/neck - how to achieve optimal results and avoid complications.
- Female breast reduction by Tumescent Liposuction
- Male breast reduction Gynaecomastia v Fatty Breast
- Liposuction of Arms - how to achieve optimal results and avoid pitfalls
- Liposuction of inner thigh and knee
- Fat reduction devices efficacy
- Lipoedema
- Follow up of the previous cases – Panel discussion
- Improving Liposuction Outcomes – Post operative management
- Early identification and management of complications
- What is BBL? - and what are the risks
- Discussion – Review of Training
- MCQ Examination

Practical (in theatre)

Attendance in Theatre. Candidates will be assigned to Preceptors theatre lists for in theatre experience. A Liposuction logbook will be provided to trainees to evidence cases.

- Review preoperative marking; Abdomen, flanks, waist and hips
- Marking and Liposuction of female and male abdomen
- Marking and liposuction of Outer and Inner Thigh
- Marking and liposuction of Flanks/Hips
- Marking and Liposuction of Neck/Chin
- Marking and Liposuction of Arms
- Marking and liposuction of the male chest

10. Reading List

To support trainees with their training and education, the following reading list which includes mandated (are for assessment) and suggested resources has been approved by the BOC:

Topic	Name of resource	Access link	Evidence of learning
ATSI Health	Communication effectively with ATSI Peoples	Communicating with ATSI peoples	Reflective oral assessment
ATSI Health	ATSI Patient Care Guideline	Patient Care Guideline	Reflective oral assessment
ATSI Health	Cultural Safety in the Workplace	Cultural Safety in the Workplace	Reflective oral assessment
General	Foad Nahai's 3 volume textbook on Aesthetic Surgery		Nil
General	Sherrell Ashton's textbook on Aesthetic Surgery		Nil
General	Grabb and Smith's Plastic Surgery 6 th Edition Sherrell Aston, Robert Beasley, Charles Thorne Lippincott Williams and Wilkins 2006		Nil
General	Aesthetic Plastic Surgery 2 nd Edition (2 volumes) Rees and LaTrenta Saunders 1994		Nil
Liposuction	Refinements in Facial and Body Contouring Luiz S. Toledo		Nil
Liposuction	Tumescent Technique – Tumescent Anaesthesia & Microcanula Liposuction Jeffrey A. Klein Mosby 2000	Via ACCSM Training Portal If enrolled click here	Nil

Topic	Name of resource	Access link	Evidence of learning
Breast	Breast Augmentation: Principles and Practice Melvin A. Shiffman Springer 2009		Nil
Breast	Surgery of the Breast – Principles and Art (2 volumes) Spear, Willey, Robb, Hammond and Nahabedian Lippincott, Williams and Wilkins 2005		Nil
Abdominoplasty	Atlas of Abdominoplasty (Techniques in Aesthetic Plastic Surgery) Joseph Hunstad Suanders 2008		Nil
Rhinoplasty	Aesthetic Rhinoplasty (2 Volumes) Sheen & Sheen QMP 1998		Nil
Face	Facial Plastic and reconstructive Surgery. 2 nd Edition Papael, Frodel, Holt, Larrabee and Nachlas Thieme 2009		Nil
Peer reviewed medical journals	Journal of Cometic Dermatology	Journal of Cosmetic Dermatology	Nil
Peer reviewed medical journals	Aesthetic Surgery Journal	The college has online institutional access. Trainees wishing to view an article, should contact the college for complimentary access to be granted.	Nil

Topic	Name of resource	Access link	Evidence of learning
Peer reviewed medical journals	Dermatologic Surgery	https://journals.lww.com/dermatologicsurgery/pages/default.aspx	Nil
Peer reviewed medical journals	American Journal of Cosmetic Surgery	https://journals.sagepub.com/home/acsa	Nil
Peer reviewed medical journals	Journal of Plastic Reconstructive and Aesthetic Surgery	https://www.jprasurg.com/	Nil
Online learning Resource	IMCAS Academy	The College offer a one off AU\$250 subsidy if trainees choose to join https://www.imcas.com/en/academy/home	Nil

11. Mapping of Curriculum Content to Evidence of Learning

Assessment templates will be available in your Google Classroom Training Portfolio.

See Annexure 1.

12. Completion of training

Completion of the Training Program leads to certification as a Fellow of the College FACCSM (Surg). Fellowship is awarded after all training program requirements are met.

For further information on progression to fellowship of the college, refer to the Admission to Fellowship Policy.

This policy outlines the training, assessment, and admission requirements for Fellowship of the ACCSM Faculty of Surgery.

13. Training Program Policies and Procedures

Recognition of Prior Learning

Applications for recognition of prior learning will be accepted from trainees who have met the standard eligibility criteria for entry into the Cosmetic Surgery Training Program.

Applications must be made at the time of enrolling into the ACCSM Cosmetic Surgery Training Program. It must be made prior to the commencement of the specific scheduled training rotation to which the RPL application applies.

Applications for RPL will not be considered for Examinations.

Applications must be made in writing, including a cover letter which specifies the learning, experience, or training requirement that the trainee is applying for recognition. The onus is on the applicant to demonstrate how the previous achievement is proportionate with the Cosmetic Surgery Training Program requirement and attach evidence (certified documentation, extracts from training program handbooks etc.) which supports the application.

Assessment of applications for RPL and notification of outcomes are the responsibility of the ACCSM Board of Censors.

The Board of Censors will assess each application on a case-by-case basis, and the outcome will be dependent on whether the evidence provided by the applicant can substantiate the achievement of competence comparable to those required for the ACCSM Cosmetic Surgery Training Program.

Trainees will be advised of the outcome in writing.

For more information refer to Recognition of Prior Learning Policy on the College website.

Flexible Training

The Flexible Training Policy sets out the conditions for applications for periods of flexible or interrupted training. This policy applies to all trainees requiring flexible training options. This includes provisions for part-time training, and interruptions to training.

Flexible training includes:

- Part time training.

- Parental and carers' leave.
- Deferring commencement.
- Leave for other training.
- Medical and wellbeing leave; and
- Other personal leave.

Trainees wishing to apply for Flexible training, should refer to the Flexible Training Policy and the Flexible Training Procedure, available on the College website.

Remediation in Training Policy and Procedure

This policy and procedure outlines the principles for all stakeholders of the ACCSM to support trainees who are not performing or progressing at a rate expected of a trainee undertaking the cosmetic surgery training program.

The policy and procedure provides details on the process for trainees subject to monitoring and remediation of performance and progression in the training program.

For more information, refer to the Remediation in Training Policy and Procedure.

Withdrawal from Training Policy

This policy outlines the mechanisms by which a trainee may be withdrawn from the training program where failure to progress or perform is identified by the College. The policy includes procedural steps that must be followed by the trainee and the ACCSM.

For more information, refer to the Withdrawal of Training Policy on the College website.

Special Considerations in Training and Assessment

This policy provides the circumstances and mechanisms by which trainees may apply for special consideration for variations to the ACCSM Cosmetic Surgery Training Program. Under this policy, trainees are required to apply and disclose circumstances that may impact their training and assessments to allow ACCSM to provide the appropriate support and planning for assistance.

All applications for special consideration should follow the Special Considerations Procedure and the Special Consideration Application form should be completed and submitted to admin@accsm.org.au

For more information and to access the policy, refer to the Special Considerations Policy on the College website.

14. General Policies, Guideline and Procedures

Reconsideration, Review and Appeals Policy

This Policy documents the mechanisms for Reconsideration, Review and Appeal for any members or stakeholders affected by a decision of the ACCSM.

It provides a clear pathway to resolve concerns for those who have been subject to a college decision which they consider unsatisfactory.

In doing so, members or stakeholders can be assured that due processes were followed in reaching and reviewing those decisions, and that proper consideration was given to evidence presented and available to the ACCSM in relation to those decisions.

The Reconsideration, Review and Appeal of a decision also assists the College with continuous quality assurance by assessing the adequacy of decision-making processes.

For more information, refer to the policy Reconsideration, Review and Appeals Policy on the College website.

15. Trainee Supports and well-being

The College is committed to the well-being of its trainees enrolled in the Cosmetic Surgery Training Program.

The following supports are available:

1. ACCSM Education Officer: to assist with administrative advice and support, trainee progression, policies and procedures, assessments, rotations, flexible training arrangements, and examinations.
2. Dean, Faculty: to assist with trainee advice, progression, and twice annual trainee updates.
3. Censor in Chief: to assist with examinations.
4. Employee Assistance Program (EAP): [Access EAP](#) is available for all trainees to access.
5. Trainee Support Unit: The Trainee Support Unit (TSU) is a standing subcommittee of the Education and Training Committee (ETC) of the ACCSM. It exists to safeguard the wellbeing of trainees, provide confidential case management for those in difficulty, and operationalise policies related to remediation, flexible training, and special consideration in accordance with the College's Trainee Support and Wellbeing Framework.
6. Bullying, Harassment, and Discrimination Prevention Policy: This policy defines the process for ACCSM members and employees to raise issues relating to bullying, discrimination and harassment and any offences of victimisation and defamation. It identifies the roles and responsibilities of the College and its members in relation to bullying, discrimination and harassment; and sets out the process for raising a grievance and the possible consequences for any stakeholder who engages in bullying, discrimination, or harassment of another stakeholder. For more information, refer to Bullying, Harassment, and Discrimination Prevention Policy on the College website.
7. Complaints Management Policy: This policy sets out the circumstances where a general complaint may be made regarding the training program and the process ACCSM will use to seek resolution of that complaint. For further information, refer to Complaints Management Policy on the College website.

Trainees can apply to the Board of Censors as a junior member. For more information about the BOC, refer to [Board of Censors Terms of Reference](#).

All policies and procedures can be found on the College's [website](#).

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AUSTRALASIAN COLLEGE
OF COSMETIC SURGERY AND MEDICINE

ACCSM
Cosmetic Surgery
Training Program

Annexure 1 of Training Handbook

**Learning Outcomes
Mapped to
Assessments and
Domains with
Trainee Checklist**

Version: February 2026

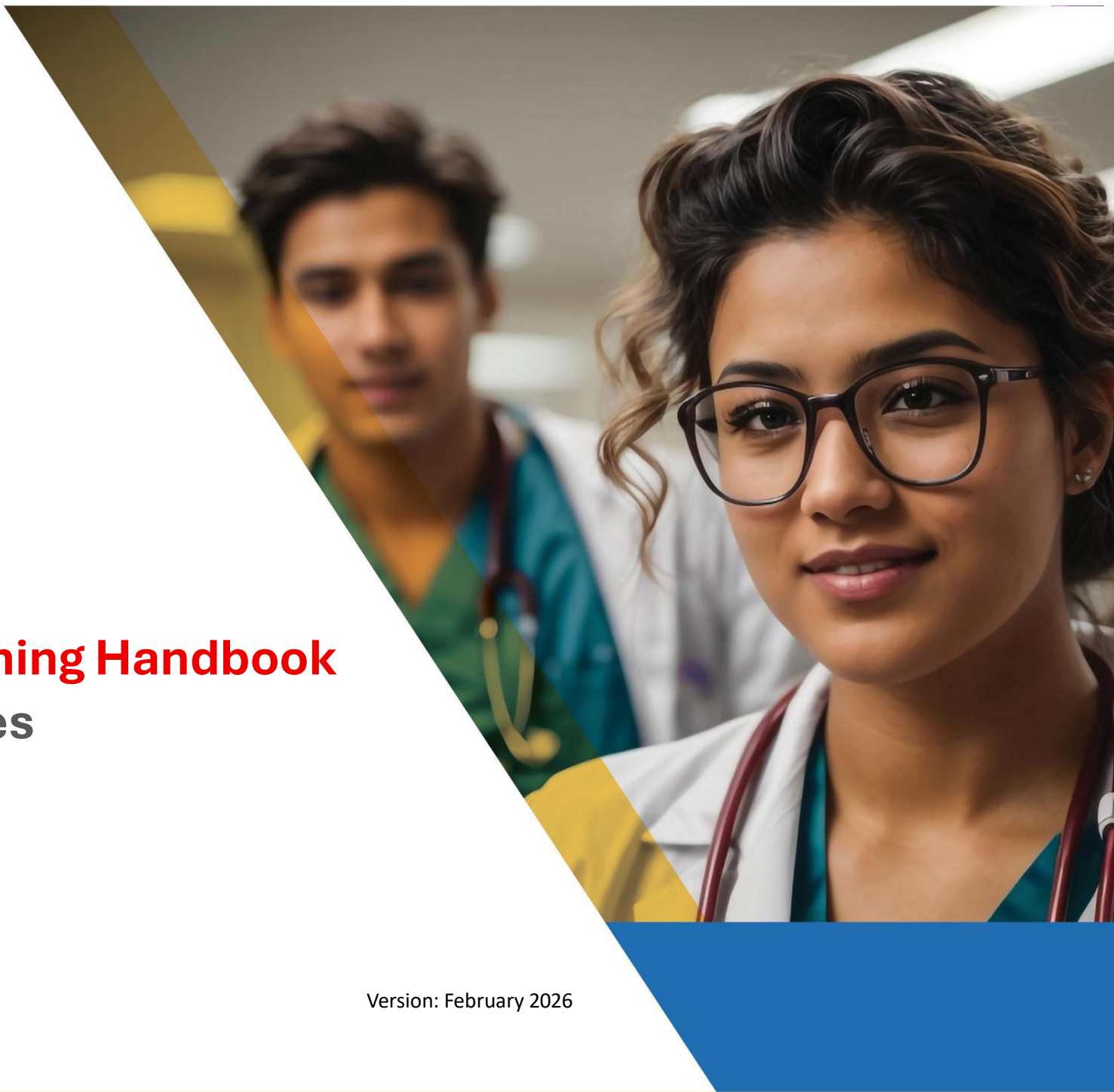


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Learning Outcomes – Mapped to Assessments and Domains with Trainee Checklist

Key Area 1: Introduction to Cosmetic Surgery						
Topic 1: History and Evolution of Cosmetic Surgery						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Written Task (template)		Domain 1 Domain 2 Domain 4	Domain 1 Domain 2 Domain 4
	II. Identify and evaluate key technological, sociocultural, and regulatory advancements that have shaped contemporary cosmetic surgical practices and improved patient safety.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3 Domain 4	Domain 1 Domain 3 Domain 4
	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.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
	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.	<input type="checkbox"/>			Domain 1 Domain 2	Domain 1 Domain 2
	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.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 3
	VI. Explain how procedural evolution has informed current patient safety protocols, consent processes, and regulatory reforms aimed at safeguarding the public.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 5	Domain 4
	II. Explain the historical development and evolving professional recognition of each discipline, highlighting how these have shaped public safety frameworks.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
	III. Assess patient expectations across cosmetic and reconstructive contexts, and how these influence consultation strategies, communication, and informed consent.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	IV. Evaluate the public safety implications of misrepresentation of scope, inadequate training, and misleading advertising in both disciplines.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3 Domain 4 Domain 5	Domain 1 Domain 2 Domain 3 Domain 4

	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.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 2
Topic 2: Scope of Practice						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 3 Domain 5 Domain 6	Domain 1 Domain 2 Domain 4
	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.	<input type="checkbox"/>			Domain 1 Domain 2	Domain 1, Domain 2
	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.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
	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.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3 Domain 5 Domain 6	Domain 1 Domain 2 Domain 3 Domain 4
	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.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
Topic 3: Ethics, Safety and the Cosmetic Surgery Patient						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Recognise the heightened ethical responsibility due to subjective outcomes, elective decision-making, and patient vulnerability in aesthetic contexts.	<input type="checkbox"/>			Domain 2	Domain 2
	III. Compare ethical risk-benefit analysis in cosmetic versus therapeutic surgery, emphasising patient autonomy, informed choice, and realistic expectations.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2
	IV. Evaluate the role of patient satisfaction as an outcome measure, acknowledging its subjectivity, potential bias, and limitations for assessing quality of care.	<input type="checkbox"/>			Domain 4	Domain 4
	V. Demonstrate patient-centered communication to ensure patients fully understand risks, limitations, and realistic benefits before consenting to surgery.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2

	VI. Identify how public safety considerations influence regulatory oversight, procedural eligibility, and advertising standards in cosmetic surgery.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
	II. Identify and address ethical dilemmas unique to elective cosmetic care, including procedures requested for non-medical reasons, potential overtreatment, or unrealistic expectations.	<input type="checkbox"/>	Routine Evidence		Domain 1 Domain 2 Domain 3	Domain 1 Domain 2
	III. Recognise and mitigate conflicts of interest, including those arising from commercial incentives, marketing pressures, or personal gain, ensuring decisions prioritise patient welfare.	<input type="checkbox"/>			Domain 2	Domain 2
	IV. Describe ethical and legal responsibilities in advertising, patient consent, confidentiality, and truthful representation of qualifications and outcomes.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2
	V. Demonstrate advocacy for patient interests when facing corporate or institutional pressure, maintaining independence in clinical judgment.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 2 Domain 3
	VI. Promote transparency and open disclosure when complications occur, ensuring patients are supported and involved in decisions regarding their care.	<input type="checkbox"/>			Domain 1 Domain 2	Domain 1 Domain 2
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 2 Domain 4 Domain 5	Domain 1 Domain 2 Domain 4
	II. Identify CPD activities relevant to emerging ethical issues, changes in legislation, cultural safety requirements, and patient safety alerts.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3 Domain 6	Domain 1 Domain 2 Domain 3 Domain 4
	III. Integrate simulation training, peer review, and reflective practice to strengthen ethical decision-making and procedural safety.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 4 Domain 5 Domain 6	Domain 1 Domain 2 Domain 4
	IV. Recognise the consequences of inadequate CPD on patient safety, procedural outcomes, professional standing, and public trust.	<input type="checkbox"/>			Domain 1 Domain 6	Domain 1 Domain 4
	V. Demonstrate commitment to lifelong learning that incorporates cultural safety, diversity awareness, and patient-centred care principles into daily practice.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3 Domain 5 Domain 6	Domain 1 Domain 3 Domain 4
Topic 4: Considerations for Patient Selection						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Reflective Exercise		Domain 1 Domain 2 Domain 3	Domain 1 Domain 3

	II. Identify and investigate “red flags” (medical, psychological, or situational) that may contraindicate surgery, ensuring a risk-benefit discussion with the patient.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	III. Apply shared decision-making frameworks to align patient expectations with achievable, safe outcomes while respecting patient autonomy.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2
	IV. Use evidence-based assessment tools to ensure systematic, standardised evaluation for all patients.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
1.4.2 Medical Contraindications	I. Identify systemic conditions, comorbidities, and medication use that may contraindicate cosmetic surgery or increase perioperative risk.	<input type="checkbox"/>	Reflective Exercise		Domain 1	Domain 1
	II. Apply clinical reasoning to assess suitability in complex patients, balancing potential benefits against safety concerns.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Develop and implement personalised risk mitigation strategies, including optimisation of chronic conditions before surgery.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Integrate multidisciplinary input where appropriate (e.g., cardiology, endocrinology, haematology) to enhance patient safety.	<input type="checkbox"/>			Domain 1	Domain 1
1.4.3 Psychosocial Considerations and Contraindications	I. Recognise psychosocial contraindications such as untreated psychiatric disorders, unrealistic expectations, or coercion from others.	<input type="checkbox"/>	Reflective Exercise		Domain 2 Domain 3	Domain 2 Domain 3
	II. Evaluate the impact of psychosocial factors (e.g., anxiety, depression, body image dissatisfaction) on decision-making, consent, and recovery.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3 Domain 4	Domain 1 Domain 2 Domain 3 Domain 4
	III. Identify motivational drivers for surgery, distinguishing between healthy self-improvement goals and maladaptive drivers.	<input type="checkbox"/>			Domain 4	Domain 4
	IV. Screen for psychological distress and disorders, including Body Dysmorphic Disorder, using validated tools (e.g., BDD-Q).	<input type="checkbox"/>			Domain 1	Domain 1
	V. Integrate psychosocial screening into standard preoperative processes to ensure consistency and early identification of concerns.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 3
	VI. Establish clear referral pathways to mental health professionals for further assessment or support.	<input type="checkbox"/>			Domain 1	Domain 1
	VII. Apply trauma-informed communication principles, ensuring sensitivity, empowerment, and emotional safety during consultations.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
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.	<input type="checkbox"/>	Reflective Exercise		Domain 1 Domain 3	Domain 1 Domain 2
	II. Use insights from prior surgical experiences to refine current treatment planning and set realistic expectations.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	III. Maintain transparency and professionalism when discussing previous surgical outcomes.	<input type="checkbox"/>			Domain 1 Domain 2	Domain 1 Domain 2
	IV. Ensure informed consent addresses the implications and added risks of revision surgery.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 3	Domain 1 Domain 2
	II. Discuss financial implications of surgery—including revision costs, follow-up care, and non-covered expenses—clearly and transparently.	<input type="checkbox"/>			Domain 1	Domain 1

	III. Prevent financial pressures from influencing clinical decision-making or leading to inappropriate treatment recommendations.	<input type="checkbox"/>			Domain 1	Domain 1
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 4	Domain 4
	II. Apply age-specific perioperative risk assessment and tailored management protocols.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Ensure compliance with legal consent processes for minors, including the involvement of guardians and psychological assessment.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	IV. Adapt communication strategies to meet the needs of elderly patients, considering comorbidities and recovery timelines.	<input type="checkbox"/>			Domain 3	Domain 2
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.	<input type="checkbox"/>	Reflective Exercise (template)		Domain 2 Domain 3	Domain 3
	II. Integrate awareness of the impacts of colonisation, intergenerational trauma, and social determinants into clinical decision-making.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Practice cultural humility and respect in all interactions, tailoring care approaches to community-specific contexts.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 3
	IV. Use culturally safe communication strategies to foster trust and support informed decision-making.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
	V. Reflect on personal biases and integrate reflective practice into ongoing professional development.	<input type="checkbox"/>			Domain 4 Domain 6	Domain 4
	VI. Meet professional obligations under NSQHS Standards to promote culturally safe care.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 3
	VII. Complete and reflect on a First Nations Cultural Competence exercise, integrating learnings into practice.	<input type="checkbox"/>			Domain 2 Domain 3 Domain 4 Domain 5	Domain 3 Domain 4
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
	II. Demonstrate understanding of how skin type, ethnic-specific anatomy, and cultural preferences influence surgical planning and outcomes.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 3
	III. Adapt preoperative and postoperative care to optimise outcomes for diverse patient groups.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 3
1.4.9 Transgender and gender diverse considerations	I. Explain unique anatomical, psychological, and social considerations for transgender and gender diverse patients.	<input type="checkbox"/>	Standard Oral Assessment		Domain 2 Domain 3	Domain 3
	II. Use inclusive communication practices, respecting pronouns, identity, and lived experiences.	<input type="checkbox"/>			Domain 3	Domain 2
	III. Comply with legal, ethical, and medical guidelines for gender-affirming cosmetic care.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 2 Domain 3
	IV. Ensure informed consent includes discussion of realistic outcomes, potential limitations, and ongoing support needs.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2

	V. Develop a referral network of gender-affirming care providers, including specialist surgeons, mental health professionals and peer support groups.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 3
Topic 5: Patient Safety						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 3	Domain 1 Domain 2
	II. Proactively identify, assess, and mitigate risks during all phases—consultation, preoperative planning, intraoperative execution, and post-operative care.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	III. Promote a culture of safety by leading and modelling open disclosure, accurate documentation, timely adverse event reporting, and effective teamwork in surgical environments.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Uphold all regulatory safety standards, including NSQHS and Medical Board guidelines, ensuring they are embedded in day-to-day practice and decision-making.	<input type="checkbox"/>			Domain 1	Domain 1
	V. Continuously engage patients as partners in safety, providing clear information about their role in reducing surgical risk.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
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.	<input type="checkbox"/>	Reflective Exercise		Domain 1 Domain 2 Domain 3 Domain 4	Domain 1 Domain 3 Domain 4
	II. Recognise the influence of implicit bias, power imbalances, and stereotypes on healthcare delivery and take active steps to address them.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Demonstrate understanding of Aboriginal and Torres Strait Islander perspectives on health and wellbeing, and their relevance to surgical decision-making.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 3
	IV. Reflect on one’s own cultural identity, attitudes, and potential biases, integrating these insights into clinical judgement.	<input type="checkbox"/>			Domain 2 Domain 3 Domain 4	Domain 3 Domain 4
	V. Apply strategies for culturally safe care, ensuring respectful engagement with patients from diverse backgrounds.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 3
	VI. Evaluate how culturally safe environments improve patient trust, satisfaction, and health outcomes.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3 Domain 4	Domain 1 Domain 3 Domain 4
	VII. Understand and meet regulatory and ethical obligations relating to cultural safety and patient-centered care in Australia.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
1.5.3 Pre-operative Patient Management and Optimisation	I. Identify and address modifiable risk factors to improve patient outcomes.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Apply structured screening protocols to optimise comorbid conditions prior to surgery.	<input type="checkbox"/>			Domain 1	Domain 1

	III. Engage in proactive referral to relevant services (e.g., smoking cessation, dietetics, endocrinology) for patient optimisation.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Provide patient education on self-preparation for surgery to enhance recovery and safety.	<input type="checkbox"/>			Domain 1 Domain 5	Domain 1 Domain 4
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Collaborate effectively in preoperative assessment, intraoperative management, and postoperative care to ensure optimal outcomes.	<input type="checkbox"/>		Domain 1	Domain 1	
	III. Identify patients who require specialist anaesthetic input and initiate early consultation.	<input type="checkbox"/>		Domain 3	Domain 2	
	IV. Participate in perioperative care planning that includes escalation strategies and robust patient monitoring protocols.	<input type="checkbox"/>		Domain 1	Domain 1	
	V. Recognise the importance of shared decision-making between surgeon and anaesthetist in high-risk situations.	<input type="checkbox"/>		Domain 1 Domain 3	Domain 1 Domain 2	
	VI. Maintain clear and structured communication during interprofessional handovers to prevent errors.	<input type="checkbox"/>		Domain 3	Domain 2	
1.5.5 Safe Use of Anaesthesia and Sedation	I. Identify and manage anaesthetic risks, particularly in office-based and non-hospital settings.	<input type="checkbox"/>	Routine Evidence: Safe Sedation Course completion		Domain 1	Domain 1
	II. Ensure sedation plans are evidence-based, patient-specific, and safety-focused.	<input type="checkbox"/>		Domain 1 Domain 4	Domain 1 Domain 4	
	III. Implement and verify pre-operative checklists and anaesthesia safety protocols before every procedure.	<input type="checkbox"/>		Domain 1	Domain 1	
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.	<input type="checkbox"/>	Reflective Exercise		Domain 1	Domain 1
	II. Recognise and educate patients on the early warning signs of complications and intervene promptly.	<input type="checkbox"/>		Domain 1	Domain 1	
	III. Implement structured post-operative surveillance protocols to ensure early detection and management.	<input type="checkbox"/>		Domain 1	Domain 1	
1.5.7 DVT and PE Management and Prevention	I. Use validated tools such as the Caprini Score for thromboembolic risk assessment.	<input type="checkbox"/>	Reflective Exercise		Domain 1	Domain 1
	II. Prescribe appropriate DVT prophylaxis based on evidence and patient-specific risk.	<input type="checkbox"/>		Domain 1 Domain 4	Domain 1 Domain 4	
	III. Educate patients on mobility, hydration, and symptom awareness to reduce post-operative risk.	<input type="checkbox"/>		Domain 1	Domain 1	
	IV. Implement evidence-based treatment in cases of confirmed DVT or PE.	<input type="checkbox"/>		Domain 4	Domain 4	
1.5.8 Infection Control and Appropriate Use of Antibiotics	I. Adhere to evidence-based infection prevention standards throughout the patient care continuum.	<input type="checkbox"/>	Written Task (template)		Domain 1 Domain 4	Domain 1 Domain 4
	II. Use antibiotics appropriately to prevent antimicrobial resistance.	<input type="checkbox"/>		Domain 1	Domain 1	
	III. Ensure all surgical environments meet or exceed NSQHS infection control standards.	<input type="checkbox"/>		Domain 1	Domain 1	
1.5.9 Pain Management	I. Design multimodal, patient-specific analgesic plans to minimise discomfort while avoiding overmedication	<input type="checkbox"/>	Reflective Exercise		Domain 1	Domain 1

	II. Identify specific patient risks that requires collaboration with Anesthetists and Pain Specialists.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Provide clear patient education on pain expectations, self-monitoring, and medication safety.	<input type="checkbox"/>			Domain 1 Domain 3 Domain 5	Domain 1 Domain 2 Domain 4
	IV. Monitor for and address side effects of pain medications proactively.	<input type="checkbox"/>			Domain 1	Domain 1
1.5.10 Selection of Appropriate Surgical Locations	I. Identify and select accredited and licensed facilities that meet rigorous safety requirements.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Assess governance, emergency readiness, and infection control measures of potential sites.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Confirm compliance with NSQHS and relevant state/territory regulations.	<input type="checkbox"/>			Domain 1	Domain 1
1.5.11 Role of the Practitioner in Surgical Emergencies	I. Manage life-threatening operative emergencies including haemorrhage, airway compromise, and cardiac events.	<input type="checkbox"/>	Practical Activity		Domain 1	Domain 1
	II. Lead team response using structured emergency protocols and clear delegation.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Maintain current emergency life support certification and participate in regular simulation training.	<input type="checkbox"/>			Domain 1 Domain 5	Domain 1 Domain 4
1.5.12 Management of Anaphylaxis and Cardiac Emergencies	I. Recognise early signs of anaphylaxis or cardiac arrest and initiate immediate response.	<input type="checkbox"/>	Routine Evidence: ALS Course completion		Domain 1	Domain 1
	II. Administer life-saving interventions including adrenaline and CPR without delay.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Review and document emergency events to improve preparedness and future response.	<input type="checkbox"/>			Domain 1	Domain 1
1.5.13 Approach to Patient Safety and Escalation Planning	I. Demonstrate understanding of clinical governance frameworks and escalation protocols for managing patient deterioration.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Implement perioperative safety measures including checklists, surgical time-outs, and verification protocols.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Use early warning systems and structured documentation to improve risk communication.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	IV. Apply proactive monitoring strategies for early detection of deterioration.	<input type="checkbox"/>			Domain 1	Domain 1
	V. Integrate open disclosure principles and patient rights when managing adverse events.	<input type="checkbox"/>			Domain 1	Domain 1
	VI. Foster a team-based safety culture, ensuring all staff understand their roles in escalation and incident management.	<input type="checkbox"/>			Domain 1	Domain 1
Topic 6: Collaborative Patient Care						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 3	Domain 1 Domain 2

	II. Engage the wider healthcare team in holistic care planning that addresses medical, psychosocial, and cultural needs.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 3
	III. Actively participate in multidisciplinary team meetings, pre-operative case discussions, and morbidity and mortality reviews to improve patient safety.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	IV. Define and communicate team roles clearly to avoid duplication, minimise clinical errors, and ensure accountability.	<input type="checkbox"/>			Domain 3	Domain 2
	V. Implement structured communication protocols (e.g., ISBAR, written summaries) for seamless shared care planning and follow-up.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	VI. Coordinate patient transitions between primary care, cosmetic services, and postoperative rehabilitation to ensure continuity and safety of care.	<input type="checkbox"/>			Domain 1	Domain 1
	VII. Recognise how effective interdisciplinary communication supports patient wellbeing, informed consent, and risk reduction.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	VIII. Document all multidisciplinary discussions and treatment plans in a manner that supports transparency, medico-legal compliance, and ongoing care coordination.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 2
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 3 Domain 5	Domain 2 Domain 4
	II. Build professional relationships with experts in dermatology, psychology, ENT, anaesthesia, and other relevant specialties to expand safe treatment options.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Promote a culture of peer consultation to strengthen decision-making, reduce clinical risk, and optimise patient outcomes.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	IV. Evaluate potential collaborators for their commitment to evidence-based practice, cultural safety, and patient-centered care.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3 Domain 4	Domain 1 Domain 3 Domain 4
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Ensure all referrals include comprehensive documentation, relevant clinical history, and a clear outline of referral objectives to facilitate safe and effective follow-up.	<input type="checkbox"/>			Domain 1	Domain 1
	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.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Educate patients on the purpose and benefits of referrals to encourage engagement and adherence to specialist recommendations.	<input type="checkbox"/>			Domain 1	Domain 1
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.	<input type="checkbox"/>	Routine Evidence:		Domain 1 Domain 4	Domain 1 Domain 4

	II. Participate in clinical audits, benchmarking, device registries and outcomes reviews to identify trends, monitor complications, and drive continuous improvement in patient safety.	<input type="checkbox"/>	Participation at Journal Club		Domain 1 Domain 4	Domain 1 Domain 4
	III. Contribute to the body of cosmetic surgery scholarship through ethically conducted case reporting, collaborative research, or quality improvement projects.	<input type="checkbox"/>		Domain 2 Domain 4 Domain 5	Domain 2 Domain 4	
	IV. Incorporate patient feedback and patient-reported outcome measures (PROMs) into practice evaluation to ensure that service delivery reflects patient values and priorities.	<input type="checkbox"/>		Domain 1 Domain 4	Domain 1 Domain 4	

Key Area 2: Fundamentals of working with the Cosmetic Surgery Patient

Topic 1: Communicating effectively for patient care

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
2.1.1 Tailoring communications	I. Consider cultural, religious, linguistic, and psychosocial factors in tailoring communication strategies to meet individual patient needs.	<input type="checkbox"/>	Standard Oral Assessment		Domain 2 Domain 3	Domain 2 Domain 3
	II. Apply active listening skills to understand patient concerns, fears, and motivations.	<input type="checkbox"/>			Domain 3	Domain 2
	III. Demonstrate empathy and clarity when conveying complex information to support informed patient decision-making.	<input type="checkbox"/>			Domain 3	Domain 2
	IV. Use a trauma-informed and culturally safe approaches that fosters patient dignity, autonomy and emotional well-being.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
2.1.2 Taking an appropriate patient history	I. Gather comprehensive medical, psychological, surgical, and cosmetic histories.	<input type="checkbox"/>	Reflective Exercise		Domain 1	Domain 1
	II. Identify factors in the patient’s history that may impact treatment risk, safety, or outcomes.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Apply open-ended questioning and active listening to elicit cosmetic concerns and goals.	<input type="checkbox"/>			Domain 3	Domain 2
2.1.3 Maintaining appropriate patient records	I. Maintain clear, legible, and comprehensive records covering consultations, examinations, procedural plans, consent, expectations, and follow-up.	<input type="checkbox"/>	Reflective Exercise		Domain 1 Domain 3	Domain 1 Domain 2
	II. Recognise documentation as a legal, ethical, and safety-critical responsibility.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 4	Domain 1 Domain 2 Domain 4
	III. Ensure timely updates and proper storage of medical records to enable continuity of care.	<input type="checkbox"/>			Domain 1	Domain 1
2.1.4 Considering the patient’s desired outcomes	I. Elicit and document the patient’s cosmetic goals using visual aids and motivational interviewing.	<input type="checkbox"/>	Reflective Exercise		Domain 1	Domain 1
	II. Manage expectations sensitively by communicating limitations and procedural risks.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	III. Address emotional, psychological, and social dimensions underlying patient requests.	<input type="checkbox"/>			Domain 1	Domain 1
2.1.5 Effectively communicating risks	I. Clearly and transparently communicate the full range of risks, including rare but serious complications.	<input type="checkbox"/>	Practical Activity		Domain 1 Domain 3	Domain 1 Domain 2
	II. Discuss the statistical likelihood of complications in the context of patient-specific risk factors.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Reinforce the importance of postoperative adherence to instructions in minimising risks.	<input type="checkbox"/>			Domain 1	Domain 1
2.1.6 Effectively communicating post-operative instructions	I. Use verbal, written, and visual tools to communicate post-operative instructions.	<input type="checkbox"/>	Practical Activity		Domain 3	Domain 2
	II. Assess patient comprehension and provide reinforcement where needed.	<input type="checkbox"/>			Domain 1	Domain 1

	III. Offer follow-up communication for postoperative clarification or concerns.	<input type="checkbox"/>			Domain 3	Domain 2
2.1.7 Presenting alternatives to surgery	I. Present surgical and non-surgical alternatives including the option of no treatment.	<input type="checkbox"/>	Practical Activity		Domain 1	Domain 1
	II. Discuss benefits, limitations, risks, and cost differences of each alternative.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Encourage second opinions and shared decision-making to support patient autonomy.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 2
2.1.8 Open Disclosure and Adverse Event Communication	I. Define open disclosure and its importance in cosmetic surgical practice.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Apply best-practice strategies when disclosing complications or unexpected outcomes to patients.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Document disclosure conversations in line with regulatory and medico-legal standards.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Demonstrate understanding of patient support needs following adverse events.	<input type="checkbox"/>			Domain 1	Domain 1
	V. Incorporate open disclosure processes into surgical team communication and quality improvement systems.	<input type="checkbox"/>			Domain 1 Domain 3 Domain 4	Domain 1 Domain 2 Domain 4
2.1.9 Charter of Healthcare Rights	I. Describe the Australian Charter of Healthcare Rights and its application in cosmetic medicine and surgery.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Advocate for the rights of patients in consent, information access, and respectful care.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
	III. Recognise breaches of patient rights and apply appropriate corrective actions.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Integrate patient rights education into clinical interactions and institutional governance.	<input type="checkbox"/>			Domain 5	Domain 4
	V. Uphold transparency and patient empowerment as core values in cosmetic surgical care.	<input type="checkbox"/>			Domain 1 Domain 2	Domain 1 Domain 2
2.1.10 Communicating effectively with other healthcare and administrative staff	I. Demonstrate teamwork, mutual respect, and clarity in communication within multidisciplinary environments.	<input type="checkbox"/>	Practical Activity		Domain 3	Domain 2
	II. Use structured tools (e.g. handover protocols) to ensure coordinated care and patient safety.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Share key information appropriately across administrative and clinical teams.	<input type="checkbox"/>			Domain 3	Domain 2
Topic 2: Informed Consent						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
2.2.1 Key elements of informed consent	I. Describe essential components of informed consent including risks, benefits, alternatives, and no treatment.	<input type="checkbox"/>	Practical Activity		Domain 1 Domain 3	Domain 1 Domain 2
	II. Define key legal and ethical principles of informed consent, including voluntary participation, comprehension, and disclosure.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2

	III. Communicate risks, benefits, alternatives, and expected outcomes effectively.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	IV. Include recovery, pain, time off work, and quality-of-life impact in consent discussions.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	V. Adapt the consent process to meet language, cognitive, and cultural needs.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
	VI. Evaluate patient understanding prior to consent and reinforce opportunities for questions.	<input type="checkbox"/>			Domain 1 Domain 3 Domain 4	Domain 1 Domain 2 Domain 4
	VII. Comply with national regulatory standards for informed consent documentation, including informed financial consent and consent for clinical photo documentation.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	VIII. Psychosocial Considerations in Informed Consent	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
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.	<input type="checkbox"/>	Practical Activity		Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
	II. Conduct comprehensive consent discussions that address psychological readiness, ensuring patients understand both the physical and emotional implications of surgery.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	III. Screen for psychological vulnerabilities (e.g., body dysmorphic disorder, coercion, or external pressures) before proceeding with the consent process.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	IV. Apply trauma-informed communication strategies to create a safe, respectful environment for patients during informed consent.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	V. Document psychosocial assessments and consent discussions thoroughly, ensuring transparency and compliance with ethical and legal standards.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
	VI. Refer patients for psychological or psychiatric review when psychosocial factors suggest impaired decision-making capacity or heightened risk of post-operative dissatisfaction.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 3
	VII. Uphold Medical Board and NSQHS guidelines for informed consent, ensuring that psychosocial screening and readiness are integral to determining suitability for cosmetic surgery.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
2.2.3 Operative consent	I. Communicate procedure-specific risks, common complications, and rare adverse outcomes.	<input type="checkbox"/>	Practical Activity		Domain 1 Domain 3	Domain 1 Domain 2
	II. Frame benefits in the context of patient goals and health status.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Confirm understanding and address uncertainty or patient anxiety during the consent process.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
2.2.4 Considerations for financial consent	I. Provide transparent, itemised cost information including revision surgery and follow-up.	<input type="checkbox"/>	Standard Oral Assessment		Domain 3	Domain 2
	II. Explain out-of-pocket and third-party cost responsibilities.	<input type="checkbox"/>			Domain 3	Domain 2

	III. Address financial consent with sensitivity and clarity.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	IV. Comply with national regulatory standards for informed financial consent documentation	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
2.2.5 Consent for involvement of other surgeons, trainees, and assistants	I. Describe each team member's role, experience, and scope of responsibility.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Obtain specific consent for trainees or assistants and accommodate patient preferences.	<input type="checkbox"/>		Domain 1 Domain 3	Domain 1 Domain 2	
	III. Clearly document the names and roles of assisting clinicians in records and consent forms.	<input type="checkbox"/>		Domain 1 Domain 3	Domain 1 Domain 2	
Topic 3: Management of patient expectations						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
2.3.1 Pre-operative management of expectations	I. Identify psychological, social, and cultural drivers of patient expectations.	<input type="checkbox"/>	Standard Oral Assessment		Domain 2, Domain 3	Domain 2, Domain 3
	II. Apply validated tools or screening interviews to assess unrealistic or unsafe expectations.	<input type="checkbox"/>		Domain 1, Domain 3	Domain 1, Domain 2	
	III. Align expectations with likely outcomes through visual aids and professional opinion.	<input type="checkbox"/>		Domain 3	Domain 2	
2.3.2 Calibrating patient expectations	I. Use objective tools (e.g., before/after images) while acknowledging their limits.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Explain procedure-specific variations in results across individuals.	<input type="checkbox"/>		Domain 1, Domain 3	Domain 1, Domain 2	
	III. Ensure patient understanding that outcomes may not exactly meet aesthetic ideals.	<input type="checkbox"/>		Domain 1	Domain 1	
2.3.3 Management of post-operative dissatisfaction	I. Recognise emotional responses and distress related to dissatisfaction.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. De-escalate complaints professionally and use structured communication to resolve issues.	<input type="checkbox"/>		Domain 3	Domain 2	
	III. Offer options for second opinions, additional counselling, or revision where clinically appropriate.	<input type="checkbox"/>		Domain 1	Domain 1	
2.3.4 Revision Surgery	I. Appreciate the need for and use of revision surgery in the context of cosmetic procedures.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Identify the factors contributing to the need for revision surgery, including complications, surgical outcomes, and patient satisfaction.	<input type="checkbox"/>		Domain 1	Domain 1	
	III. Explain common causes and rates of revision for different procedures.	<input type="checkbox"/>		Domain 1	Domain 1	
	IV. Counsel patients early about revision likelihood, timing, and associated costs.	<input type="checkbox"/>		Domain 1	Domain 1	
	V. Collaborate with patients in reassessing goals and planning safe and realistic revisions.	<input type="checkbox"/>		Domain 1	Domain 1	
	VI. Utilise interdisciplinary communication and consultation, as needed, to plan and coordinate revision surgeries effectively.	<input type="checkbox"/>		Domain 3	Domain 2	

Topic 4: Practice safety and support						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
2.4.1 Manage a practice that supports high quality patient care	I. Foster a safety culture through collaborative team processes and clinical governance.	<input type="checkbox"/>	Reflective Exercise		Domain 1	Domain 1
	II. Maintain standardised documentation for pre/post-operative care and consent.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	III. Provide continuing education to staff on safety, ethics, privacy, and emergency protocols.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 5	Domain 1 Domain 2 Domain 4
	IV. Encourage practice-wide involvement in safety audits and feedback collection.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
2.4.2 Licensing, Accreditation, and Surgical Governance	I. Recognise the role of licensing and facility accreditation in surgical safety and public protection.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Identify state, territory, and federal regulations governing cosmetic surgical practice environments.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Describe how accreditation supports patient safety, infection control, and clinical audit.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
	IV. Participate in governance processes including incident reporting and quality assurance.	<input type="checkbox"/>			Domain 1	Domain 1
	V. Promote adherence to facility standards as part of professional accountability.	<input type="checkbox"/>			Domain 1	Domain 1
2.4.3 Seeking professional support	I. Recognise clinical limits and seek second opinions in complex or borderline cases.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Establish and maintain a peer consultation network.	<input type="checkbox"/>			Domain 3	Domain 2
	III. Refer appropriately when care exceeds the surgeon's expertise or resources.	<input type="checkbox"/>			Domain 1	Domain 1

Key Area 3: Fundamentals of skin and wound management

Topic 1: Structure and function of the Skin

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Explain the physiological functions of the skin (protection, sensation, thermoregulation, vitamin D synthesis) and their relevance to cosmetic surgery.	<input type="checkbox"/>			Domain 3	Domain 2
	III. Relate structure and function to surgical planning, wound healing, and aesthetic outcomes.	<input type="checkbox"/>			Domain 1	Domain 1

Topic 2: Wounds

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
3.2.1 Wound Healing Physiology and Assessment	I. Explain the stages of wound healing: haemostasis, inflammation, proliferation, and remodelling.	<input type="checkbox"/>	Standard Oral Assessment		Domain 3	Domain 2
	II. Classify wounds by size, shape, location, depth, wound base, and surrounding tissue.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Analyse intrinsic and extrinsic factors affecting healing (e.g., age, nutrition, comorbidities, medications).	<input type="checkbox"/>			Domain 4	Domain 4
3.2.2 Wound Management Strategies	I. Compare and apply wound dressing types, debridement techniques, and suturing methods.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Apply wound pathophysiology to treatment planning for optimal outcomes.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Apply antibiotic stewardship principles in wound care, selecting agents based on infection type, pathogen sensitivity, and patient factors.	<input type="checkbox"/>			Domain 1	Domain 1

Topic 3: Pathologies of the skin

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
3.3.1 Identification of Common Skin Disorders	I. Recognise and classify common skin conditions (e.g., skin cancers, dermatitis, psoriasis, eczema, acne).	<input type="checkbox"/>	Medical Exam Content		Domain 1	Domain 1
	II. Describe their pathophysiology and clinical presentation.	<input type="checkbox"/>			Domain 1	Domain 1
3.3.2 Management Principles	I. Select appropriate diagnostic approaches and evidence-based treatment plans.	<input type="checkbox"/>			Standard Oral Assessment	
	II. Provide preventive care and patient education.	<input type="checkbox"/>	Domain 5	Domain 4		
	III. Implement referral pathways for serious or malignant conditions.	<input type="checkbox"/>	Domain 1	Domain 1		

Topic 4: Impacts of internal disease on the skin						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
3.4.1 Recognition	I. Identify cutaneous signs of systemic disease (autoimmune, endocrine, infectious).	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Interpret skin changes as potential indicators of underlying systemic illness.	<input type="checkbox"/>			Domain 1	Domain 1
3.4.2 Collaborative Management	I. Conduct comprehensive assessments and initiate appropriate referrals.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Engage in interdisciplinary collaboration for diagnosis and management.	<input type="checkbox"/>			Domain 1	Domain 1
Topic 5: Scarring						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
3.5.1 Scar Formation	I. Describe normal and pathological scar types (hypertrophic, keloid, pigmented).	<input type="checkbox"/>	Written Task (template)		Domain 1	Domain 1
	II. Identify factors influencing scar formation, including wound tension, genetics, and inflammation.	<input type="checkbox"/>			Domain 1	Domain 1
3.5.2 Management of scars	I. Demonstrate understanding of mechanisms and indications for each modality.	<input type="checkbox"/>			Domain 1	Domain 1
	II. Tailor management based on scar characteristics and patient needs.	<input type="checkbox"/>			Domain 1	Domain 1
Topic 6: Pigmentation changes						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
3.6.1 Identification and Causes	I. Differentiate normal pigmentation variations from pathological changes.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Explain melanin's role and distribution.	<input type="checkbox"/>			Domain 3	Domain 2
	III. Recognise and classify pigmentation disorders (hyperpigmentation, hypopigmentation), including malignant potential.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Describe pathophysiological mechanisms and triggers.	<input type="checkbox"/>			Domain 1	Domain 1
3.6.2 Treatment	I. Compare treatment options: topical agents, chemical peels, laser therapies, cryotherapy.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Assess suitability and risk based on patient skin type and goals.	<input type="checkbox"/>			Domain 1	Domain 1
Topic 7: Antibiotic use						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
3.7.1 Stewardship and Selection	I. Explain antibiotic classes, mechanisms, and indications.	<input type="checkbox"/>	Standard Oral Assessment		Domain 3	Domain 2
	II. Accurately diagnose and identify pathogens through swabs and tissue sampling.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Apply stewardship principles to prevent resistance and minimise adverse effects.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Assess, diagnose, and manage skin conditions, wounds, scars, pigmentation changes, and related infections in cosmetic surgery	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4

	practice, integrating evidence-based techniques, patient safety, and interdisciplinary collaboration.					
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Key Area 4: Cosmetic surgery procedures related to the face and neck

Topic 1: Normal facial anatomy and its common variants

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Set Oral Assessment		Domain 1	Domain 1
	II. Explain the sensory innervation of the face and its implications for regional anaesthesia and pain management.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	III. Describe the motor innervation of facial muscles by the facial nerve (cranial nerve VII) and its branches, including functional and surgical considerations.	<input type="checkbox"/>			Domain 1	Domain 1
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.	<input type="checkbox"/>			Domain 1	Domain 1
	II. Describe the course and distribution of the facial nerve, detailing the branches and their innervation of specific muscles.	<input type="checkbox"/>			Domain 1	Domain 1
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.	<input type="checkbox"/>			Domain 1	Domain 1
	II. Identify anatomical components of the brow, face, and neck including bones, muscles, nerves, and vessels relevant to surgical planning.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Discuss the influence of facial anatomy on aesthetic outcomes and procedural planning.	<input type="checkbox"/>			Domain 1	Domain 1
4.1.4 Aesthetic Facial Assessment	I. Conduct aesthetic assessments, recognising facial asymmetries and proportional relationships.	<input type="checkbox"/>	Routine Evidence: Injectables Workshop attendance		Domain 1	Domain 1
	II. Integrate aesthetic evaluation findings into surgical and non-surgical treatment plans.	<input type="checkbox"/>			Domain 1	Domain 1

Topic 2: Pathophysiology of aging

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 2 Domain 3	Domain 1 Domain 3
	II. Describe the underlying pathophysiological processes responsible for age-related changes in the skin, including collagen and elastin degradation, dermal thinning, and reduced vascularity.	<input type="checkbox"/>			Domain 1	Domain 1
	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.	<input type="checkbox"/>			Domain 1 Domain 4 Domain 5	Domain 1 Domain 4

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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	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.	<input type="checkbox"/>			Domain 4	Domain 4
	III. Develop patient-specific management strategies that align with the patient's goals while minimising procedural risks, ensuring informed consent, and maintaining realistic expectations.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	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.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
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.	<input type="checkbox"/>			Domain 1	Domain 1
	II. Explain the effects on facial aesthetics, such as loss of projection, skeletal resorption, and altered facial proportions.	<input type="checkbox"/>			Domain 3	Domain 2
	III. Apply safe and patient-centered approaches to treatment planning, integrating risk mitigation strategies for both surgical and non-surgical interventions.	<input type="checkbox"/>			Domain 1	Domain 1
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Identify the clinical presentation of photoageing, including pigmentation irregularities, actinic keratoses, and increased skin cancer risk.	<input type="checkbox"/>			Domain 1	Domain 1
	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.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3 Domain 5	Domain 1 Domain 3 Domain 4

Topic 3: Face and neck lifting procedures

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Set Oral Assessment		Domain 1	Domain 1
	II. Apply anatomical knowledge to minimise the risk of injury to critical structures and preserve functional outcomes, ensuring optimal patient safety.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
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.	<input type="checkbox"/>			Domain 1	Domain 1

	II. Appreciate the additional complexities and increased complication risks associated with secondary facelift surgery, implementing tailored safety measures.	<input type="checkbox"/>			Domain 1	Domain 1
	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.	<input type="checkbox"/>	Entrustable Professional Activity		Domain 1 Domain 4	Domain 1 Domain 4
	IV. Engage in shared decision-making with patients, ensuring informed consent that includes discussion of realistic expectations, potential complications, and recovery timelines.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 3	Domain 1 Domain 2
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.	<input type="checkbox"/>	Standard Oral Assessment Injectables course		Domain 1	Domain 1
	II. Evaluate patient selection criteria and contraindications to minimise risks and optimise outcomes.	<input type="checkbox"/>		Domain 1 Domain 4	Domain 1 Domain 4	
	III. Counsel patients on expected benefits, limitations, and potential risks, supporting informed choice.	<input type="checkbox"/>		Domain 1	Domain 1	
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Develop an individualised implant plan that considers anatomical variations, patient goals, and minimisation of complication risks.	<input type="checkbox"/>		Domain 1	Domain 1	
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.	<input type="checkbox"/>	Set Oral Assessment		Domain 1	Domain 1
	II. Evaluate patient-specific risk factors and medical history to develop personalised strategies for complication prevention and management.	<input type="checkbox"/>		Domain 1 Domain 4	Domain 1 Domain 4	
	III. Apply evidence-based techniques and best practices during pre-operative planning, surgical execution, and post-operative care to minimise risk and enhance recovery.	<input type="checkbox"/>	Practical Activity		Domain 1 Domain 4	Domain 1 Domain 4
	IV. Perform thorough post-operative assessments for early complication detection, and implement timely interventions to optimise patient outcomes.	<input type="checkbox"/>		Domain 1	Domain 1	
	V. Provide clear post-operative education and support to empower patients in self-monitoring and recovery.	<input type="checkbox"/>		Domain 5	Domain 4	
4.3.6 Specific Considerations for Brow Lift Procedures	I. Describe the indications, contraindications, and patient safety considerations for a brow lift.	<input type="checkbox"/>	Set Oral Assessment		Domain 1	Domain 1
	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.	<input type="checkbox"/>		Domain 1	Domain 1	
	III. Apply prevention and management strategies for common complications, ensuring functional preservation and optimal aesthetic outcomes.	<input type="checkbox"/>		Domain 1	Domain 1	

	IV. Engage patients in shared decision-making, providing realistic risk–benefit information and post-operative expectations.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
Topic 4: Eyelids						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Set Oral Assessment		Domain 1 Domain 4	Domain 1 Domain 4
	II. Describe the blood supply and innervation of the eye, orbit, and lids, highlighting potential surgical risk zones to minimise intraoperative injury.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Describe the ligamentous attachments, fat pads, and musculature of the eye and lids, and their implications for both functional outcomes and aesthetic harmony.	<input type="checkbox"/>			Domain 1	Domain 1
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.	<input type="checkbox"/>	Set Oral Assessment		Domain 2 Domain 3	Domain 3
	II. Describe common ocular abnormalities and their causes, integrating knowledge of when to refer for ophthalmology assessment to ensure patient safety.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Incorporate patient values, cultural preferences, and expectations into the decision-making process, ensuring informed consent and realistic outcome discussions.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
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.	<input type="checkbox"/>	Practical Activity		Domain 1	Domain 1
	II. Perform targeted screening for: <ul style="list-style-type: none"> • Signs and symptoms of raised intraocular pressure • Dry eye • Diseases of the eye • Eye manifestations of thyroid disease • Issues with visual acuity and refer patients promptly for appropriate specialist management where indicated.	<input type="checkbox"/>			Domain 1	Domain 1
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Describe the steps involved in upper and lower eyelid procedures, including conjunctival incisions, their indications, and potential complications. Detail the following: <ul style="list-style-type: none"> • Skin, muscle, fat, and orbital septal manipulation and excision — indications and risk mitigation strategies. 	<input type="checkbox"/>	Set Oral Assessment		Domain 1	Domain 1

	<ul style="list-style-type: none"> 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.	<input type="checkbox"/>	Entrustable Professional Activity		Domain 1	Domain 1
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	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.	<input type="checkbox"/>			Domain 1 Domain 5	Domain 1 Domain 4
	III. Incorporate postoperative care instructions and follow-up protocols tailored to the individual patient to optimise recovery and safety outcomes.	<input type="checkbox"/>			Domain 1	Domain 1
Topic 5: Ears						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	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.	<input type="checkbox"/>			Domain 1	Domain 1
	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.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Identify anatomical risk zones to reduce the likelihood of neurovascular injury during surgical intervention.	<input type="checkbox"/>			Domain 1	Domain 1
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 3	Domain 1 Domain 2
	II. Recognise syndromes, congenital anomalies, and acquired conditions associated with variations in ear anatomy, and adapt surgical planning accordingly.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Assess the impact of traumatic deformities on ear structure, function, and patient self-image, incorporating psychosocial considerations into care planning.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 3

	IV. Incorporate cultural, aesthetic, and individual patient preferences into surgical decision-making, ensuring a shared decision-making approach.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Describe reconstructive procedures of the earlobe, including the prevention and treatment of complications such as hypertrophic scarring or tissue necrosis.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Identify the potential complications of prominent ear correction, including infection, necrosis of cartilage or skin, and recurrence, and implement evidence-based prevention strategies.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
	IV. Describe and compare various dressing techniques, evaluating their relative benefits for wound protection, patient comfort, and aesthetic outcomes.	<input type="checkbox"/>			Domain 1	Domain 1
	V. Competently perform each element of otoplasty using techniques that optimise symmetry, minimise tissue trauma, and preserve function.	<input type="checkbox"/>	Entrustable Professional Activity		Domain 1	Domain 1
	VI. Apply prevention, early detection, and management strategies for common complications of otoplasty, including haematoma, infection, suture extrusion, and deformity recurrence.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	VII. Demonstrate advanced planning and technical adjustments required for secondary ear surgery, ensuring safety and preservation of remaining healthy tissue.	<input type="checkbox"/>			Domain 1	Domain 1
	VIII. Provide comprehensive post-operative instructions to patients, including wound care, activity modifications, and red-flag symptom monitoring, to enhance safety and satisfaction.	<input type="checkbox"/>			Domain 1	Domain 1

Topic 6: Nose

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
4.6.1 Surgical and Functional Anatomy of the Nose	<p>I. Accurately describe the key anatomical features of the nose, including:</p> <ul style="list-style-type: none"> 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 <p>Functional subunits and support mechanisms relevant to reconstructive and cosmetic interventions.</p>	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1

	<p>II. Explain normal physiological functions of the nose (e.g., airway protection, humidification, olfaction) and analyse how various surgical approaches may impact these functions.</p>	<input type="checkbox"/>			<p>Domain 1 Domain 3 Domain 4</p>	<p>Domain 1 Domain 2 Domain 4</p>
	<p>III. Identify and differentiate the common causes of nasal deformities, including:</p> <ul style="list-style-type: none"> • Aesthetic concerns • Traumatic injuries • Disease-related changes • Congenital malformations • Tumours <p>Sequelae of prior surgery.</p>	<input type="checkbox"/>			<p>Domain 1</p>	<p>Domain 1</p>
	<p>IV. Recognise and evaluate clinical conditions relevant to rhinoplasty that may affect surgical planning and safety, including:</p> <ul style="list-style-type: none"> • Allergic or vasomotor rhinitis • Epistaxis tendencies • Nasal polyps <p>Airway obstruction and septal deviation.</p>	<input type="checkbox"/>			<p>Domain 1 Domain 4</p>	<p>Domain 1 Domain 4</p>
	<p>V. Ensure anatomical and functional considerations are integrated into both aesthetic and safety goals, with a commitment to preserving or improving nasal breathing.</p>	<input type="checkbox"/>			<p>Domain 1</p>	<p>Domain 1</p>
4.6.2 Patient-Specific Considerations	<p>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.</p>	<input type="checkbox"/>	Standard Oral Assessment		<p>Domain 1 Domain 4</p>	<p>Domain 1 Domain 4</p>
	<p>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.</p>	<input type="checkbox"/>			<p>Domain 2 Domain 3</p>	<p>Domain 3</p>
	<p>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.</p>	<input type="checkbox"/>			<p>Domain 1 Domain 2 Domain 3</p>	<p>Domain 1 Domain 3</p>
	<p>IV. Recognise pre-operative evaluation must balance patient desires with anatomical limitations to avoid excessive resection or compromise of structural support.</p>	<input type="checkbox"/>			<p>Domain 1</p>	<p>Domain 1</p>
4.6.3 Surgical Procedures for Rhinoplasty	<p>I. Perform a comprehensive patient assessment for rhinoplasty, including:</p> <ul style="list-style-type: none"> • Detailed facial aesthetic analysis • Intranasal examination • Functional airflow assessment (e.g., Cottle's manoeuvre) 	<input type="checkbox"/>	Entrustable Professional Activity		<p>Domain 1</p>	<p>Domain 1</p>

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.	<input type="checkbox"/>	Set oral assessment		Domain 1	Domain 1
III. Describe and demonstrate understanding of key surgical techniques, their suitability, and specific indications: <ul style="list-style-type: none"> 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.	<input type="checkbox"/>			Domain 1	Domain 1
IV. Competently perform each element of a primary rhinoplasty procedure, demonstrating: <ul style="list-style-type: none"> Precise tissue handling Preservation of vascular supply Maintenance of structural support Symmetry and balance.	<input type="checkbox"/>	Entrustable Professional Activity		Domain 1	Domain 1
V. Implement evidence-based strategies for the prevention, early detection, and management of complications including: <ul style="list-style-type: none"> Infection Hemorrhage Airway compromise Skin necrosis Warping or displacement of grafts Unsatisfactory aesthetic outcome.	<input type="checkbox"/>		Standard Oral Assessment		Domain 1 Domain 4
VI. Appreciate the heightened complexity, risks, and limited manoeuvrability associated with secondary (revision) rhinoplasty, and counsel patients accordingly.	<input type="checkbox"/>			Domain 1	Domain 1
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.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2

Topic 7: Chin						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
4.7.1 Specific anatomy relevant to the chin	I. Describe the bone and soft tissue structures of the chin and mandible.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Describe blood and nerve supply of the chin.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Appreciate aesthetic considerations of the chin and propose appropriate treatment options.	<input type="checkbox"/>			Domain 1	Domain 1
4.7.2 Surgical Procedures for the chin	I. Perform assessment of patient suitability for chin augmentation.	<input type="checkbox"/>	Practical Activity		Domain 1	Domain 1
	II. Describe the applications, indications, limitations and complications of surgical techniques for genioplasty including minimally invasive techniques.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	III. Recognise appropriate use of autologous and alloplastic implant materials.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Competently perform each element of a genioplasty procedure.	<input type="checkbox"/>	Entrustable Professional Activity		Domain 1	Domain 1
	V. Implement strategies for the prevention, early detection and management of common complications in genioplasty.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	VI. Demonstrate appropriate follow-up assessment and management of late-stage complications of genioplasty patients.	<input type="checkbox"/>			Domain 1	Domain 1

Key Area 5: Cosmetic Surgery Related to the Breast

Topic 1: Breast Anatomy and Physiology

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Explain typical breast development, including hormonal influences across puberty, pregnancy, lactation, and menopause.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Recognise variations and deformities of the breast and associated structures, and their surgical implications.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Describe physiological changes in pregnancy and lactation, and adapt surgical planning to minimise interference with future breastfeeding.	<input type="checkbox"/>			Domain 1	Domain 1
	V. Identify and differentiate common benign breast pathologies, ensuring safe referral when malignancy cannot be excluded.	<input type="checkbox"/>			Domain 1	Domain 1
	VI. Analyse the effects of ageing on breast tissue and adapt surgical approaches to optimise outcomes.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
	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.	<input type="checkbox"/>			Domain 1	Domain 1
	VIII. Describe the iatrogenic influences on breast morphology, including prior surgery, implants, radiotherapy, chemotherapy, and medications, and incorporate these into risk mitigation strategies.	<input type="checkbox"/>			Domain 1	Domain 1
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Integrate cultural, ethnic, and individual variation in beauty perception into shared decision-making.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 2 Domain 3
	III. Apply patient-centred communication to align surgical goals with patient expectations while managing unrealistic requests.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3

Topic 2: Assessing patients for breast surgery

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Practical Activity		Domain 1 Domain 2	Domain 1 Domain 2

	II. Identify patients requiring further imaging or investigations, and ensure timely referral.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Apply safety protocols to avoid proceeding with surgery in patients with suspicious lesions without full investigation.	<input type="checkbox"/>			Domain 1	Domain 1
5.2.2 Psychosocial Assessment	I. Assess psychosocial complexities that may influence surgical decision-making, including self-image, body dysmorphia, and unrealistic expectations.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
	II. Screen for psychological risk factors, and refer to mental health professionals when appropriate.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	III. Use shared decision-making to ensure patients understand risks, benefits, and alternatives.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
Topic 3: Breast Augmentation						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
5.3.1 Pre-Surgical Considerations	I. Compare designs and approaches to breast augmentation, selecting techniques to balance safety, longevity, and aesthetics.	<input type="checkbox"/>	Set Oral Assessment		Domain 1	Domain 1
	II. Outline the history and evolution of breast implants.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Assess suitability of implant materials based on physical/biological properties and patient-specific considerations.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Explain implant capsule physiology and its role in complications. Use language tailored to patient's background.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	V. Prevent, detect early, and manage capsular contracture using evidence-based strategies.	<input type="checkbox"/>			Domain 4	Domain 4
	VI. Identify, prevent, and manage implant infections, incorporating antibiotic stewardship and sterile protocols.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
	VII. Describe hypothesised pathophysiologies of Breast Implant Illness and BIA-ALCL, and maintain high suspicion in at-risk patients.	<input type="checkbox"/>			Domain 1	Domain 1
	VIII. Diagnose and treat BIA-ALCL following established oncologic guidelines.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
	IX. Evaluate additional risks in revision augmentation and plan accordingly.	<input type="checkbox"/>			Domain 1	Domain 1
5.3.2 Surgical Management	I. Describe surgical techniques for augmentation, including incision placement, surgical planes, and adjunctive approaches.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Demonstrate competency in performing augmentation procedures, with adherence to safety checklists.	<input type="checkbox"/>	Entrustable Professional Activity		Domain 1	Domain 1
	III. Implement complication prevention strategies, including haematoma control, sterile technique, and implant handling protocols.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 4	Domain 1 Domain 4
5.3.3 Post-operative Management	I. Conduct structured follow-up to detect and manage complications early.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
	II. Manage complications including infection, displacement, capsular contracture, rupture, and seroma.	<input type="checkbox"/>			Domain 1	Domain 1

	III. Implement structured long-term follow-up and surveillance protocols.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
Topic 4: Mastopexy						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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).	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 2	Domain 1
	II. Conduct comprehensive pre-operative assessment, including risk factors (BMI, smoking, skin quality) and psychological readiness.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Counsel patients on realistic outcomes, scar burden, recurrence of ptosis, and possible need for revision.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
5.4.2 Surgical procedure	I. Describe incision patterns (periareolar, vertical, Wise-pattern, short-scar), and the different types of Pedicles (superomedial, central, inferior and free nipple graft)	<input type="checkbox"/>			Domain 1	Domain 1
	II. Demonstrate knowledge of parenchymal reshaping and autoaugmentation to optimise projection and long-term stability, including the use of mesh or suture fixation	<input type="checkbox"/>			Domain 1	Domain 1
	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.	<input type="checkbox"/>			Domain 1	Domain 1
5.4.3 Post-operative Management	I. Implement structured follow-up (early wound checks, suture removal, long-term scar review).	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 4	Domain 1 Domain 4
	II. Diagnose and manage acute complications: haematoma, NAC ischemia, infection, wound breakdown.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Address late complications: recurrent ptosis, bottoming out, nipple malposition, hypertrophic scarring.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Ensure patient-centred safety: clear escalation pathways and early revision planning when complications arise	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
5.4.4 Augmentation Mastopexy	I. Demonstrate knowledge of indications for combined augmentation-mastopexy (one-stage) versus staged surgery (mastopexy first, augmentation later).	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	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.	<input type="checkbox"/>			Domain 1 Domain 3 Domain 4	Domain 1 Domain 2 Domain 4
	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.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	IV. Discuss strategies for informed consent including setting realistic expectations of revision rates.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2

	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.	<input type="checkbox"/>	Entrustable Professional Activity		Domain 1	Domain 1
	VI. Implement structured follow-up to monitor for early complications including wound dehiscence, implant malposition, NAC compromise, and infection.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 2	Domain 1 Domain 2
	VII. Recognise and manage late complications such as recurrent ptosis, bottoming out, asymmetry, or implant exposure. Provide clear revision pathways prioritising patient safety.	<input type="checkbox"/>		Domain 1 Domain 4	Domain 1 Domain 4	
5.4.5 Correction of Congenital Breast Deformity	I. Recognise common deformities, including tuberous breasts and chest wall anomalies.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Assess deformity severity to guide technique selection.	<input type="checkbox"/>		Domain 1	Domain 1	
	III. Refer appropriately for multidisciplinary input or to specialist surgeons where the severity requires reconstructive surgery	<input type="checkbox"/>		Domain 1 Domain 3	Domain 1 Domain 2	
	IV. Describe corrective techniques with associated risks and benefits.	<input type="checkbox"/>		Domain 1	Domain 1	
	V. Competently perform each element of tuberous breast correction procedure.	<input type="checkbox"/>	Entrustable Professional Activity		Domain 1	Domain 1

Topic 5: Breast Implant Devices

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	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.	<input type="checkbox"/>		Domain 1 Domain 4	Domain 1 Domain 4	
	III. Evaluate the risks and complications specific to each implant type, and integrate this knowledge into surgical planning and patient consent.	<input type="checkbox"/>		Domain 1 Domain 4	Domain 1 Domain 4	
	IV. Demonstrate knowledge of national regulatory requirements and international safety updates relating to implant use.	<input type="checkbox"/>		Domain 1 Domain 4	Domain 1 Domain 4	
	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.	<input type="checkbox"/>	Practical Activity		Domain 1 Domain 4 Domain 5	Domain 1 Domain 4

	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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
Topic 6: Reduction Mammoplasty						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
5.6.1 Pre-surgical Considerations	I. Select reduction technique based on breast size, shape, degree of hypertrophy, functional symptoms, and patient priorities.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Compare pedicle options (inferior, superior, superomedial, central) with focus on preserving NAC vascularity and sensation.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Anticipate heightened risks in secondary reductions due to altered vascularity and scar tissue.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Provide thorough informed consent including risks of asymmetry, nipple loss, sensory change, and limitations of breastfeeding.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
5.6.2 Surgical Management	I. Apply incision designs (Wise, vertical, periareolar) tailored to breast morphology and patient preference.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Safely perform parenchymal excision, pedicle dissection, and contouring with attention to symmetry and preservation of NAC viability.	<input type="checkbox"/>	Entrustable Professional Activity		Domain 1	Domain 1
	III. Identify role and limitations of adjunctive liposuction in reduction (suitable only in mild hypertrophy with good skin elasticity).	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	IV. Intraoperative safety focus: fluid balance, blood loss minimisation, and careful tissue handling	<input type="checkbox"/>			Domain 1	Domain 1
5.6.3 Post-operative Management	I. Provide structured monitoring for wound healing, drains and NAC viability.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 4	Domain 1 Domain 4
	II. Manage acute complications: haematoma (return to theatre), seroma, wound dehiscence, infection, nipple necrosis.	<input type="checkbox"/>			Domain 1	Domain 1

	III. Address late complications: asymmetry, recurrent hypertrophy, “bottoming out,” contour deformities, and scar dissatisfaction.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Implement patient safety strategies: clear documentation, early detection of complications, and safe revision pathways.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
Topic 7: Augmentation with Autologous Fat Transfer						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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).	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Discuss limitations: modest volume increase, variable graft survival, potential need for multiple sessions.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Counsel patients on oncological safety: explain possible radiological changes (calcifications, oil cysts) and document baseline imaging.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
	IV. Ensure patient safety through multidisciplinary engagement with radiologists when cancer risk is a concern.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
5.7.2 Surgical Management	I. Demonstrate safe harvesting techniques (syringe or power-assisted liposuction) with minimal donor-site morbidity.	<input type="checkbox"/>	Direct Observation of Procedural Skills		Domain 1	Domain 1
	II. Process fat appropriately (sedimentation, centrifugation, filtration) to optimise viability and minimise contamination.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Perform microdroplet fat injection to enhance graft survival while avoiding vascular injury or embolism.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Apply intraoperative safety: strict sterile technique, avoidance of large bolus injections, vigilance for fat embolism risk.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
5.7.3 Post-operative Management	I. Establish structured follow-up: monitor both donor and recipient sites, track resorption, and assess symmetry.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1

	II. Manage complications: fat necrosis, oil cysts, calcifications, contour irregularities, infection.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Provide radiology-aware follow-up, ensuring any changes can be distinguished from suspicious pathology.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
	IV. Compare outcomes of fat grafting with implant augmentation when counselling patients about revisions or secondary procedures.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2

Topic 8: Gynaecomastia

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
5.8.1 Pre-Surgical Considerations	I. Grade gynaecomastia and match treatment to severity.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Identify systemic causes, medications, and hormonal disorders.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Select appropriate investigations to exclude malignancy and reversible causes.	<input type="checkbox"/>			Domain 1	Domain 1
5.8.2 Surgical Management	I. Recognise the risk of intraoperative bleeding and use preventative measures.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Identify and prevent complications such as poor scarring, contour deformity, recurrence, and asymmetry.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Competently perform each element of both excision and adjunctive liposuction techniques.	<input type="checkbox"/>	Entrustable Professional Activity		Domain 1	Domain 1

Topic 9: Nipple and areola surgery

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
5.9.1 Procedures	I. Describe techniques to reduce areolar size with minimal scarring and optimal symmetry.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Select nipple reduction methods based on healing potential and risk minimisation.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Describe techniques to correct inverted nipples with consideration of lactational potential and recurrence risk.	<input type="checkbox"/>			Domain 1	Domain 1

	IV. Communicate implications for breastfeeding in future and adapt surgical plans accordingly.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
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Key Area 6: Cosmetic surgery procedures related to the Abdomen

Topic 1: Specific anatomy and physiology of the abdomen

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Set Oral Assessment		Domain 1	Domain 1
	II. Analyse the role of the subcutaneous fat layer in abdominal contouring, including regional variations and implications for surgical planning.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
	III. Describe the vascular anatomy, including epigastric, umbilical, and suprapubic vessels, and apply this knowledge to reduce bleeding risks intra- and postoperatively.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Map the cutaneous nerve supply (thoracoabdominal, iliohypogastric, and ilioinguinal) and integrate strategies to minimise sensory deficits.	<input type="checkbox"/>			Domain 1	Domain 1
	V. Evaluate the clinical significance of neurovascular anatomy in reducing intraoperative injury, optimising analgesia, and enhancing postoperative recovery.	<input type="checkbox"/>			Domain 4	Domain 4
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.	<input type="checkbox"/>	Set Oral Assessment		Domain 1 Domain 3	Domain 1 Domain 2
	II. Assess the impact of prior abdominal surgeries (e.g., laparotomy scars, hernia repair) on safe operative planning and tissue healing.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Evaluate lipodystrophy, obesity, and massive weight-loss sequelae, and match these presentations with appropriate treatment pathways.	<input type="checkbox"/>			Domain 4	Domain 4
	IV. Integrate functional and aesthetic outcomes when addressing divarication of recti and related abdominal wall abnormalities.	<input type="checkbox"/>			Domain 1	Domain 1

Topic 2: Assessing patient for abdominal cosmetic surgery procedures

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Practical Activity		Domain 2 Domain 3	Domain 3
	III. Identify risk factors that may impact wound healing, anaesthetic safety, and overall outcomes.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Engage patients in shared decision-making, aligning surgical goals with realistic expectations.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	V. Recognise contraindications and ensure referral for optimisation before elective surgery.	<input type="checkbox"/>			Domain 1	Domain 1

	VI. Identify psychosocial and gender-related factors that may influence patient motivations, expectations, and consent for abdominoplasty or liposuction.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 3
Topic 3: Abdominoplasty Procedures						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
6.3.1 Abdominoplasty Procedures	I. Describe and differentiate between simple and radical abdominoplasty techniques, including indications, limitations, and complication profiles.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Demonstrate technical proficiency in performing infra-umbilical and full abdominoplasty procedures, incorporating tension-reduction principles and safe flap elevation.	<input type="checkbox"/>	Entrustable Professional Activity		Domain 1	Domain 1
	III. Apply meticulous intraoperative haemostasis, nerve preservation, and infection prevention strategies.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Select the most appropriate technique (Avelar, Pitanguy, Lockwood, fleur-de-lis, functional apronectomy, reverse abdominoplasty) based on patient anatomy and safety considerations.	<input type="checkbox"/>	Set Oral Assessment		Domain 1	Domain 1
	V. Perform umbilical repositioning and rectus diastasis repair with attention to vascular preservation.	<input type="checkbox"/>	Entrustable Professional Activity		Domain 1	Domain 1
	VI. Implement structured postoperative follow-up to detect complications early and optimise recovery.	<input type="checkbox"/>	Direct Observation of Procedural Skills		Domain 1	Domain 1
Topic 4: Complications of Abdominal Surgery						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 2 Domain 3	Domain 3
	II. Identify early and late complications, including haematoma, seroma, DVT, PE, wound breakdown, flap necrosis, organ injury, and contour irregularities.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Apply risk-stratification tools and preventive measures to minimise adverse outcomes.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Initiate evidence-based interventions for serious complications, prioritising patient safety and functional preservation.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
	V. Document and review complications as part of continuous quality improvement and patient safety governance.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4

Key Area 7: Cosmetic surgery procedures related to lipoplasty

Topic 1: History and evolution of liposuction

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
7.1.1 History of Liposuction	I. Describe the historical milestones in liposuction, from early curettage-based methods to current minimally traumatic techniques.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Explain how advances in cannula design, energy devices, and anaesthesia have improved patient safety and outcomes.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
	III. Recognise the ethical and professional responsibilities in learning from historical complications and evolving towards safer, evidence-based practices.	<input type="checkbox"/>			Domain 2 Domain 4	Domain 2 Domain 4

Topic 2: Anatomy, physiology and pharmacology

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Discuss the role of adipose tissue physiology in contour restoration and metabolic health.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Apply knowledge of lymphatic preservation to minimise postoperative oedema and seroma.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Explain the principles, composition, and pharmacodynamics of tumescent anaesthesia.	<input type="checkbox"/>	Set Oral Assessment		Domain 1 Domain 3	Domain 1 Domain 2
	V. Recognise the signs of local anaesthetic systemic toxicity (LAST) and implement immediate management protocols.	<input type="checkbox"/>			Domain 1	Domain 1
	VI. Incorporate safe dosing, patient monitoring, and fluid management into every lipoplasty case.	<input type="checkbox"/>			Domain 1	Domain 1
	VII. Apply principles of cultural safety and patient advocacy when explaining anatomy and anaesthesia risks to patients from diverse backgrounds.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
	VIII. Demonstrate professional responsibility by maintaining transparency with patients about the risks of tumescent anaesthesia, particularly LAST.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 2

Topic 3: Assessing patients for lipoplasty procedures

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
7.3.1 Assessing Patient Suitability	I. Perform comprehensive history-taking and targeted examination to evaluate candidacy for lipoplasty.	<input type="checkbox"/>	Practical Activity		Domain 1	Domain 1
	II. Identify co-morbidities and anatomical factors that may compromise safety or results.	<input type="checkbox"/>			Domain 1	Domain 1

	III. Promote realistic expectations through clear communication and patient education.	<input type="checkbox"/>			Domain 3	Domain 2
	IV. Demonstrate ethical decision-making when patient motivations may not align with safe or achievable outcomes.	<input type="checkbox"/>			Domain 2	Domain 2
	V. Apply cultural competence in assessing patient suitability, ensuring respect for diversity in body image expectations.	<input type="checkbox"/>			Domain 2, Domain 3	Domain 2 Domain 3
	VI. Advocate for patients' psychological wellbeing, including referral to mental health professionals when motivations may indicate underlying body dysmorphic disorder.	<input type="checkbox"/>			Domain 2	Domain 2 Domain 3
Topic 4: Lipoplasty procedures						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
7.4.1 Patient selection	I. Select patients based on clear medical indications and exclusion of absolute/relative contraindications.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
7.4.2 Techniques in lipoplasty	I. Compare traditional and advanced lipoplasty technologies (PAL, UAL, LAL) in terms of safety, efficiency, and aesthetic outcomes.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Tailor anaesthetic choice (sedation vs GA) to patient risk profile and procedural complexity.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Demonstrate proficiency in safe cannula handling, incision placement, and even fat removal.	<input type="checkbox"/>	Entrustable Professional Activity		Domain 1	Domain 1
7.4.3 Liposuction Safety	I. Comply with ACCSM and jurisdictional safety guidelines for liposuction volumes, monitoring, and perioperative care.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Uphold legal and professional responsibilities by complying with national safety guidelines and jurisdictional regulations governing liposuction volumes and anaesthesia.	<input type="checkbox"/>			Domain 2	Domain 2
	III. Ensure informed consent processes are culturally safe, legally valid, and include discussion of risks, alternatives, and limitations.	<input type="checkbox"/>			Domain 1 Domain 2 Domain 3	Domain 1 Domain 2 Domain 3
	IV. Actively promote patient safety through clear communication with multidisciplinary teams regarding perioperative monitoring standards.	<input type="checkbox"/>			Domain 1 Domain 3	Domain 1 Domain 2
7.4.4 Postoperative Care	I. Provide structured aftercare, including compression garment protocols and progressive mobilisation.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Detect and manage complications such as DVT, fat embolism, contour irregularities, and persistent oedema promptly.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Record outcomes and complications for audit and quality assurance purposes.	<input type="checkbox"/>			Domain 4	Domain 4
	IV. Apply ethical and professional principles in managing complications, ensuring transparency with patients and reporting to audit systems.	<input type="checkbox"/>			Domain 2 Domain 3 Domain 4	Domain 2 Domain 4
	V. Recognise the role of advocacy in ensuring equitable access to follow-up care, particularly for patients in rural or resource-limited settings.	<input type="checkbox"/>			Domain 2	Domain 2 Domain 3

	VI. Demonstrate respect for patient dignity and cultural preferences in postoperative recovery, including garment use and scar management.	<input type="checkbox"/>			Domain 2	Domain 2 Domain 3
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Key Area 8: Body Contouring Surgery

Topic 1: Key considerations in body contouring surgery

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 3	Domain 2
	II. Effectively communicate with patients and families regarding the risks, benefits, and alternatives of body contouring procedures, ensuring informed and transparent decision-making.	<input type="checkbox"/>			Domain 3	Domain 2
	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.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Promote realistic expectations for outcomes of body contouring surgery through shared decision-making and evidence-based discussions.	<input type="checkbox"/>			Domain 3	Domain 2
	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.	<input type="checkbox"/>			Domain 1	Domain 1
	VI. Collaborate with multidisciplinary teams (e.g., nutritionists, psychologists, anaesthetists) to optimise patient safety and surgical outcomes.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 2
	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.	<input type="checkbox"/>			Domain 1 Domain 2	Domain 1 Domain 3
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1 Domain 4	Domain 1 Domain 4
	II. Evaluate risk factors for thromboembolic events and implement appropriate prophylaxis protocols in accordance with best practice guidelines.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Recognise the signs of systemic complications (e.g., sepsis, electrolyte imbalance) and implement rapid intervention pathways.	<input type="checkbox"/>			Domain 1	Domain 1

Topic 2: Brachioplasty						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	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.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Describe compartment syndrome, including causes, early recognition, emergency management, and prevention in the context of upper limb surgery.	<input type="checkbox"/>			Domain 1	Domain 1
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.	<input type="checkbox"/>	Set Oral Assessment		Domain 1	Domain 1
	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.	<input type="checkbox"/>			Domain 1	Domain 1
	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.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Identify and manage complications, including wound breakdown, seroma, infection, and sensory changes, using evidence-based protocols and patient-centred communication to guide recovery.	<input type="checkbox"/>			Domain 1 Domain 3 Domain 4	Domain 1 Domain 2 Domain 4
Topic 3: Thighplasty						
Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Describe the potential risks of nerve damage in thighplasty, including injury to the saphenous nerve, and outline intraoperative strategies to prevent these.	<input type="checkbox"/>			Domain 1	Domain 1
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.	<input type="checkbox"/>	Standard Assessment		Domain 1	Domain 1
	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.	<input type="checkbox"/>			Domain 1	Domain 1

	III. Implement deep suturing to fixed anatomical structures to prevent scar migration and improve long-term contour stability.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Describe and apply wound closure techniques, including selection of suture materials, multilayer closure, and appropriate dressings to optimise healing.	<input type="checkbox"/>			Domain 1	Domain 1
	V. Explain the rationale for specific antibiotic prophylaxis to reduce infection risk in this high-moisture anatomical area.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	VI. Identify and manage common postoperative complications, including wound breakdown, seroma, infection, and poor scarring, using timely intervention and patient-centred follow-up care.	<input type="checkbox"/>			Domain 1	Domain 1
	VII. Apply open disclosure principles when complications occur, maintaining patient trust and ensuring transparency.	<input type="checkbox"/>			Domain 3	Domain 2

Topic 4: Body lifting procedures

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Describe the effects of massive weight loss and skin redundancy on trunk anatomy, wound healing potential, and overall surgical planning.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Explain the biomechanical considerations of tissue resection and closure, including tension vectors and their impact on functional and aesthetic outcomes.	<input type="checkbox"/>			Domain 1	Domain 1
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Demonstrate knowledge of incision design and placement strategies that optimise contour, reduce wound tension, and consider scar concealment.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Apply safe intraoperative techniques for extensive soft tissue dissection and resection, with emphasis on minimising blood loss, seroma formation, and flap compromise.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Integrate perioperative strategies to prevent complications, including thromboembolism, wound breakdown, and delayed healing in high-risk patients.	<input type="checkbox"/>			Domain 1 Domain 4	Domain 1 Domain 4
	V. Implement multimodal pain management and enhanced recovery protocols tailored to body lift patients.	<input type="checkbox"/>			Domain 1	Domain 1
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.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Apply evidence-based protocols for drain management, compression garments, scar management, and long-term follow-up.	<input type="checkbox"/>			Domain 1	Domain 1

	III. Use open disclosure principles to communicate complications and adverse outcomes with patients, maintaining transparency and trust.	<input type="checkbox"/>			Domain 3	Domain 2
	IV. Collaborate with multidisciplinary teams, including nutritionists, psychologists, and physiotherapists, to support holistic recovery and optimise patient outcomes.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 2

Key Area 9: Female genital cosmetic surgery

Topic 1: Anatomy and physiology of female genitalia

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
9.1.1 Anatomy and Physiology	I. Describe the detailed anatomy of the external female genitalia including nerve, vascular and lymphatic structures.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Explain the functional roles of each anatomical component in relation to sexual health, urinary function, and protective physiology.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Recognise anatomical variations within normal limits and distinguish these from pathological changes.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Recognise the scope and terminology of labiaplasty, acknowledging variations in terminology and cultural perspectives.	<input type="checkbox"/>			Domain 2	Domain 3

Topic 2: Assessing patients for female genital cosmetic surgery

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
9.2.1 Physical Assessment	I. Identify the spectrum of normal anatomical variations in the female genitalia.	<input type="checkbox"/>	Standard Oral Assessment		Domain 1	Domain 1
	II. Conduct comprehensive physical examination with infection prevention, privacy, and dignity.	<input type="checkbox"/>			Domain 2	Domain 2
	III. Identify when referral to gynaecology, dermatology, or urology is indicated.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 2
9.2.2 Psychosocial Assessment	I. Assess cultural, social, psychological, and media influences on patient expectations.	<input type="checkbox"/>			Domain 2	Domain 3
	II. Incorporate cultural safety principles to respect beliefs and values throughout care.	<input type="checkbox"/>			Domain 2	Domain 3
	III. Confidently discuss labiaplasty motivations, addressing functional, comfort, and aesthetic concerns.	<input type="checkbox"/>			Domain 2	Domain 2
	IV. Recognise complex psychological, emotional, or trauma-related factors, particularly in vulnerable patients.	<input type="checkbox"/>			Domain 2	Domain 3
	V. Identify patients requiring mental health referral and facilitate referral processes.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 2 Domain 3
	VI. Ensure informed consent includes risks, limitations, alternatives, and post-operative expectations.	<input type="checkbox"/>			Domain 2	Domain 2 Domain 3

Topic 3: Female genital cosmetic surgery procedures

Section	Learning Outcome	Checklist	Assessment	Date Sent to ACCSM	CanMEDS Domains	AMC Domains
9.3.1 Labiaplasty procedures	I. Describe incision techniques for labiaplasty and their functional and aesthetic outcomes.	<input type="checkbox"/>	Set Oral Assessment		Domain 1	Domain 1

	II. Distinguish between trim and wedge techniques, outlining indications and complications.	<input type="checkbox"/>			Domain 1	Domain 1
	III. Describe ancillary procedures such as labia majora reduction, fat grafting, and non-surgical treatments with risks and benefits.	<input type="checkbox"/>			Domain 1	Domain 1
	IV. Provide a step-by-step explanation of the labiaplasty procedure ensuring haemostasis and neurovascular preservation.	<input type="checkbox"/>			Domain 1	Domain 1
	V. Apply strategies to prevent and manage complications including haematoma, dehiscence, and nerve injury.	<input type="checkbox"/>			Domain 1 Domain 2	Domain 1 Domain 2
	VI. Develop a structured post-operative care plan including pain, wound care, infection prevention, and psychological support.	<input type="checkbox"/>			Domain 2	Domain 2 Domain 3
	VII. Appropriately manage complex or revision cases and recognise when referral is indicated.	<input type="checkbox"/>			Domain 2 Domain 3	Domain 2
	VIII. Recognise heightened risks in revision surgery and incorporate this into patient counselling and consent.	<input type="checkbox"/>			Domain 2	Domain 2 Domain 3