ACCSM
AUSTRALASIAN COLLEGE
OF COSMETIC SURGERY AND MEDICINE

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REMEDIATION IN TRAINING POLICY AND PROCEDURE

1. INTRODUCTION

The Australasian College of Cosmetic Surgery and Medicine (ACCSM) is committed to the delivery of high-quality care, and training of those who provide it. In accordance with this principle there are circumstances where trainees may be subject to remedial actions for which there needs to be clear policy and procedure for all stakeholders.

2. PURPOSE

This policy outlines the principles for all stakeholders of the ASCCM to support trainees who are not performing or progressing at a rate expected of a trainee undertaking the cosmetic surgery training program. This policy also provides details on the process for trainees subject to monitoring and remediation of performance and progression of the training program.

3. POLICY STATEMENT

The support, management and evaluation of trainees who are not performing and/or progressing at a rate reasonably expected is integral to maintaining the high standard of training and ensuring that the training programs produce highly skilled, competent and safety-conscious cosmetic surgery practitioners.

This policy ensures that preceptors, trainees, BOC members and college administration have clear guidance on how to identify and support trainees who are not performing or progressing at the rate expected.

The ACCSM has incorporated the following principles which underpin this policy:

- Safety. It is critical that the safety of all stakeholders (patients, trainees, preceptors, and supporting staff) is central to any quality assurance process including remediation of performance. This includes personal and cultural safety.
- Positive Intent. The ACCSM, trainees and preceptors all aim to achieve successful completion of training.
- Procedural Fairness. A consistent and compassionate approach should be applied to all stakeholders.
- Privacy and Confidentiality. With consideration to the required information for the application of this policy, all stakeholders are entitled to privacy and confidentiality.

4. SCOPE

This policy applies to all trainees completing the ACCSM Cosmetic Surgery Training Program.

5. IDENTIFYING TRAINEES REQUIRING REMEDIATION

Trainees experiencing difficulties in the Cosmetic Surgery Training Program may be identified by the trainees themselves, by their preceptor, the faculty Dean, the Education and Training Committee, the Board of Censors, or a college staff administrator.

Difficulties or challenges that are linked to unsatisfactory performance or limited progress in the training program may be demonstrated through the following, but not limited to:

Trainee concerns:

- Identification of insufficiencies in skill and/or attitude development, identified by a Preceptor or staff member during workplace observation and through feedback. Identified deficiencies should be documented in assessment reports; and/or
- Continued failed examinations; and/or
- Personal or health problems interfering with work or study.

Workplace concerns :

- Quality of training post rotations and quality of experiential training opportunity; and/or
- Poor organisational communication or professional behaviour (e.g., bullying, harassment, discrimination and victimisation) by a trainee, or of a trainee;

Regulatory concerns:

- Professional misconduct that requires mandatory reporting to the Medical Board of Australia
- Complaints made to the Medical Board of Australia that are under investigation

The procedures for remediation and the responsibilities of relevant parties can be found in the ACCSM Remediation in Training Policy.

6. REMEDIATION PROCESS

Any remediation activities must be conducted in accordance with the procedures as set out below in this policy.

1. On the identification of remediation requirements (Section 5), the trainee or preceptor will write to the college's Education and Training Committee stating the concern and any details regarding the trainee and situation.

2. The Education and Training Committee will initiate an investigation of this concern with stakeholders, including the trainee.

3. Trainees must attend a remediation planning meeting with their preceptor at a time mutually convenient to the preceptor and trainee.

4. The trainee is encouraged to arrange for a support person to attend the remediation plan meeting. The support person must not be a legal representative and cannot advocate for the trainee.

5. Trainees identified under this policy must enter into a written remediation plan. This plan must be entered into as soon as is reasonably practical after identifying that a remediation issue requires management.

6. A remediation plan will:
    a. Be in writing and reflect what is agreed by the preceptor and trainee
    b. Include all details/issues/concerns that are to be addressed. Underlying factors that may be impacting performance or progression should be included.
    c. Provide clear detail and guidance on what is required of the trainee to address the concerns or issues, the goals to be met, the way these goals will be measured and the timeframe for completion.
    d. Outline any additional training and support the trainee will require
    e. Detail any budgetary requirements for the remediation (if any)
    f. Identify the responsibilities of the preceptor in their oversight of the trainee and monitoring the remediation plan
    g. Identify the responsibilities of the trainee, employer or other College staff
    h. Be dated and signed by both the trainee and preceptor

7. Remediation plans must be sent to the Education and Training Committee for review within 7 days of their sign off. The Education and Training Committee will review the remediation plan and make any suggested comments or amendments in writing to both the preceptor and trainee.

8. Trainees and Preceptors must meet and document progress on the goals of the remediation plan a minimum of once every 6 weeks. Progress reports must be provided to the Education and Training Committee.

9. The trainee's performance and progress will be monitored by assessing:
    a. Completion of goals documented in the remediation plan
    b. Progress against goals documented in the remediation plan
    c. Completion of, performance on, and progress with training program assessments and requirements

10. If a trainee is expected to begin a new rotation during the period of their remediation plan, preceptors from their current site, the proposed next rotation and the college will hold a meeting to discuss if the rotation is appropriate. A trainee who is granted permission for rotation will continue their remediation plan under the guidance of that new preceptor.

11. Trainees who refuse to participate or do not engage in completing the remediation plan process will be referred to the Board of Censors for consideration or withdrawal from the training program (See ACCSM Withdrawal from Training Program Policy).

7. COURSE OF ACTION(S)

Trainee concerns

- Identification of insufficiencies in skill and/or attitude development, identified by a Preceptor or staff member during workplace observation and through feedback.

i. Early Identification
    - Concerns from preceptor, assessments, incidents, or peer/staff feedback.
    - Document concerns clearly with specific examples.

ii. Initial Discussion
    - Private meeting with the current preceptor.
    - Provide examples of concern; explore underlying causes (training gaps, wellbeing, barriers).
    - Clarify expectations and listen to trainees.

iii. Formal Educational Review
    - Arrange structured review with current and previous preceptors, with the presence of an assigned education officer within the education and training committee.
    - Classify issue: Skills deficit vs Attitude/professionalism deficit.
    - Assess impact on patient safety and team functioning.

iv. Development / Remediation Plan
- Create a written personalised plan.
- Skills: extra mentorship and assisting with preceptor. Exact timeframe determined after Educational Review.
- Attitudes: reflection case summaries and communication workshops.
- Agree timeframe (3–6 months). Assign monitoring education officer.

v. Supportive Measures
- Offer wellbeing support, mentorship, counselling.
- Encourage reflective practice and logbook documentation.

vi. Monitoring and Feedback
- Regular meetings (e.g., monthly) with current and previous preceptors, and the education officer.
- Document progress against objectives.
- Adjust plan as needed.

vii. Outcomes
- Improved → return to normal pathway.
- Partial progress → extend training/support.
- No improvement / safety risk → escalate to the Education and Training Committee, Surgical Dean, or regulatory body.

viii. Documentation
- Maintain records of concerns, meetings, plans, progress, and outcomes.

ix. Long-Term Follow-Up
- Continue mentorship and embed lessons into training.
- Ensure sustained improvement.

Continued failed examinations

i. Initial Discussion
- An assigned education officer within the education and training committee meets trainee after each failed attempt.
- Explore causes: knowledge gaps, exam technique, stress, personal issues.
- Clarify the importance of exams for progression.

ii. Educational Review
- Formal review with the Education and Training Committee.

- Classify difficulty: knowledge/skills vs personal/wellbeing-related.
- Identify specific areas of knowledge gap(s).

iii. Development / Remediation Plan
- Create personalised exam support plan.
- Examples: targeted teaching, revision courses, mock exams, mentorship.
- Agree timeframe for reattempt aligned with exam regulations.

iv. Supportive Measures
- Encourage study groups, question banks, formal revision.
- Consider protected study time if appropriate.

v. Monitoring and Feedback
- Regular Education Officer check-ins to track preparation progress.
- Document progress in trainee portfolio.

vi. Outcomes
- If successful → continue in training.
- If continued failures → extend training time or refer to the Education and Training panel.
- Persistent non-progression → consider release from programme or career counselling.

vii. Documentation
- Keep records of attempts, results, meetings, support plans, and Education and Training Committee meeting outcomes.

vi. Long-Term Follow-Up
- For successful trainees → monitor sustained competence.
- For those leaving training → support career transition (referee reports and references).

Personal or Health Problems

I. Recognition of Concern
- Concerns from self-disclosure, preceptors, colleagues, or staff.
- Indicators: absences, declining performance, behavioural changes.
- Document concerns factually and sensitively.

II. Initial Supportive Meeting
- Confidential meeting with an education officer, or trusted preceptor.

- Explore issues empathetically and without judgment.
- Clarify impact on work, study, and patient safety.
- Reassure trainee that seeking help is not punitive.

III. Immediate Risk Assessment
- Assess risk to patient safety.
- Assess risk to self (mental health, substance misuse, safeguarding).
- If urgent, escalate to Surgical Dean, or Emergency Services.

IV. Referral and Support
- Encourage referral to GP or specialist care involvement.
- Refer for counselling if needed.

V. Adjustments to Training
- Consider reduced duties, rotation adjustments, or protected study time.
- Provide increased supervision where needed.
- Time out of programme (interruption of training) if appropriate.
- Agree adjustments with trainee, preceptors, and Education and Training Committee.

VI. Ongoing Monitoring
- Regular review meetings with an education officer.
- Monitor both health/wellbeing and training progress.
- Document issues in a sensitive and confidential way.

VII. Outcomes
- Improved health and performance → resume normal training.
- Partial improvement → continue adaptations, extend training if required.
- Persistent difficulties impacting safety/progression → escalate to Education and Training Committee, Surgical Dean, or regulatory body.

VIII. Documentation
- Keep confidential records of concerns, meetings, and action plans.
- Record Occupational Health or professional recommendations.

IX. Long-Term Follow-Up
- Support phased return to duties or re-integration plan.
- Encourage ongoing engagement with support services.
- If leaving training, ensure career advice and transition support.

2. Workplace concerns

Quality of training post rotations and quality of experiential training opportunity

I. Recognition and Reporting
   - Concerns may include poor supervision, lack of teaching, limited exposure, or rotation/workload issues.
   - Encourage trainees to document concerns factually and promptly.
   - Reporting routes: Preceptor/s, Education and Training Committee, Surgical Dean, Board of Censors, end-of-rotation survey.

II. Initial Discussion
   - Confidential meeting with preceptor/an education officer.
   - Clarify the nature and seriousness of concerns.
   - Differentiate between individual vs systemic issues.

III. Immediate Action (if required)
   - If patient safety or trainee wellbeing is affected → escalate urgently to Surgical Dean and/or Board of Censors, and/or regulatory body if needed.
   - If training exposure compromised → arrange short-term adjustments (alternative opportunities with different preceptor/s).

IV. Formal Review
   - Escalate concerns to Education and Training Committee.
   - Use structured mechanisms such as quality visits, trainee feedback forms.

V. Action Planning
   - Individual issues → adjust timetable, redistribute cases and/or rotations.
   - Systemic issues → preceptor review, improvement plan, rotation redesign.

VI. Feedback to Trainee
   - Update trainee on actions taken.
   - Reassure them that raising concerns will not affect progression.
   - Encourage ongoing constructive feedback.

VII. Monitoring and Follow-Up
   - Review progress at preceptor meetings.
   - Monitor quality improvement at Education and Training Committee meetings.
   - Collect ongoing trainee feedback.

VIII. Documentation
   - Record concerns, discussions, agreed actions, and responses.
   - Use records for surveys, and quality management.

IX. Long-Term Measures
   - Feed issues into bi-annual preceptor meetings.
   - Embed improvements into College quality frameworks.
   - Promote continuous improvement of training opportunities.

Poor organisational communication or professional behaviour (e.g., bullying, harassment, discrimination and victimisation) by a trainee, or of a trainee

I. Recognition / Reporting
   - Concerns raised by trainee, colleagues, staff, or anonymous reporting routes.
   - Encourage factual documentation (dates, times, behaviours, witnesses).

II. Immediate Response
   - Take all reports seriously.
   - If patient safety risk → escalate immediately to the Board of Censors, and regulatory body.
   - If trainee wellbeing risk → ensure immediate support (e.g. referral to counselling and/or GP and/or specialist if needed).
   - Protect against retaliation or victimisation.

III. Initial Assessment
   - Preceptor reviews concern.
   - Determine: allegation against trainee (perpetrator) or trainee as victim.
   - Decide informal resolution vs formal escalation.

IV. Support for the Trainee
   - If victim: provide confidential support, counselling, adjustments, and safe environment.
   - If accused: ensure fairness, confidentiality, and counselling support.

V. Formal Investigation (if required)
   - Escalate to Surgical Dean, Board of Censors and/or College Council if serious.
   - Formation of investigation committee (e.g. impartial preceptor, education officer, impartial council members).
   - Collect statements from all parties.
   - Maintain impartiality, confidentiality, and due process.

VI. Outcomes
   - If victim: ensure action against perpetrator, safe environment, no disadvantage.
   - If perpetrator: outcomes may include informal warning, remediation, professionalism training, escalation to Board or Censors and/or College Council, or removal from training.

VII. Documentation
   - Record complaint, meetings, investigation, and outcomes.
   - Store securely in trainee's educational file.

VIII. Monitoring and Follow-Up
   - Ensure behaviour/environment improve.
   - Follow-up meetings with trainee and preceptors.
   - Monitor for recurrence and ongoing support for victims.

IX. Long-Term Prevention

- Promote zero-tolerance culture.
- Regular training in professionalism, communication, equality, diversity, inclusion via mandatory CPD (continuous professional development).
- Anonymous feedback mechanisms and positive role modelling.

Regulatory concerns

Please see "Mandatory Notifications to the Medical Board Policy".

OUTCOMES OF REMEDIATION

Completed

Where a trainee has successfully completed a remediation plan under this policy, the Education and Training Committee will notify the Board of Censors of the successful completion of the Candidate's remediation.

Following notification of successful completion of remediation to the Board of Censors, the Education and Training Committee will notify the trainee in writing that:

i. their remediation plan has been successfully completed; and
ii. any adjustments in time or training objectives required to complete the training program

Incomplete

A trainee may undertake remediation for a total of not more than 1 year of training.

If a trainee's performance under a remediation plan has been unsatisfactory, under the ACCSM Withdrawal from Training Policy, they will need to show cause why they should not be removed from the training program.

8. RECONSIDERATION, REVIEW AND APPEAL

The ACCSM Reconsideration, Review and Appeal Policy is available to trainees with regards to decisions relating to remediation in training.

RELATED DOCUMENTS

- Reconsideration, Review and Appeals Policy

- ACCSM Flexible Training Procedure
- ACCSM Withdrawal from Training Policy
- Special Considerations Policy

9. CONTACT

For further information and advice about this policy please contact the ACCSM office.

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