Standards for Assessment and Accreditation of Cosmetic Surgery Programs of Study

Australian Medical Council Limited

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Acknowledgement of country

The Australian Medical Council acknowledges Aboriginal, Torres Strait Islander Peoples and Māori Peoples as the Traditional Custodians of the lands the AMC works upon.

We pay respects to Elders past, present and emerging and acknowledge the ongoing contributions that Indigenous Peoples make to all communities. We acknowledge the government policies and practices that impact on the health and wellbeing of Indigenous Peoples and commit to working together to support healing and positive health outcomes.

The AMC is committed to improving outcomes for Aboriginal, Torres Strait Islander and Māori Peoples through its assessment and accreditation processes including equitable access to health services for First Nations Peoples.

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Glossary

ASSESSMENT

The systematic process for measuring and providing feedback on the trainee's progress or level of achievement, against defined criteria.

CULTURAL SAFETY

The AMC uses the following definitions:

A general definition of cultural safety
(not specific to cultural safety for Indigenous people)

Cultural safety is the 'outcome of education that enables safe services to be defined by those who receive the service', or cultural safety is based on the experience of the recipient of care, and involves the effective care of a person or family from another culture by a healthcare professional who has undertaken a process of reflection on their own cultural identity and recognises the impact their culture has on their own practice.

The National Registration and Accreditation Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy[1]

Objective: Cultural safety – a culturally safe health workforce through nationally consistent standards, codes and guidelines across all practitioner groups within the National Scheme.

Definition of cultural safety

Principles: The following principles inform the Ahpra definition of cultural safety:

- Prioritising COAG's goal to deliver healthcare free of racism supported by the National Aboriginal and Torres Strait Islander Health Plan 2013-2023
- Improved health service provision supported by the Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health
- Provision of a rights-based approach to healthcare supported by the United Nations Declaration on the Rights of Indigenous Peoples
- Ongoing commitment to learning, education and training.

Definition

- Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.
- Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

1. See Australian Health Practitioner Regulation Agency, *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025*, https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/health-and-cultural-safety-strategy.aspx

CURRICULUM	The AMC has applied the following definition of a curriculum[2]: A curriculum might be defined as a managerial, ideological and planning document that should: • tell the learner exactly what to expect including entry requirements, length and organisation of the program and its flexibilities, the assessment system and methods of trainee support, • advise the teacher what to do to deliver the content and support the learners in their task of personal and professional development, • help the education provider to set appropriate assessments of trainee learning and implement relevant evaluations of the educational provision, • tell society how the education provider is executing its responsibility to produce the next generation of doctors appropriately.
DISTRIBUTED AND DISTANCE LEARNING	Distance learning implies that there is a central institution from which the trainees are distant. Distributed learning implies that both the trainee and the institution, including supervisors and/or academic staff, and administrative and technical staff, are distributed.
EDUCATION PROVIDER	The organisation or institution that provides the program of study.
EVALUATION	The set of policies and processes by which an education provider determines the extent to which its training and education functions are achieving their outcomes.
HEALTH CONSUMER, PATIENT, HEALTH CONSUMER REPRESENTATIVE	The AMC uses the terms as they are used by the Australian Commission for Safety and Quality in Health Care: • Patient is a person who is receiving care in a health service organisation. • Consumer is a person who has used, or may potentially use, health services, or is a carer for a patient using health services. • Consumer representative is a person who provides a consumer perspective, contributes consumer experiences, advocates for the interests of current and potential health service users, and takes part in decision-making processes[3]. In Australia, health consumers include Aboriginal and/or Torres Strait Islander peoples of Australia and consumers from culturally and linguistically diverse backgrounds.
INDUSTRY	Industry refers to the full range of institutions and enterprises with a bearing on health care, distinguished from the actual work carried out by health professionals in their clinical and research practice.

2. Grant, J. (2019) Principles of contextual curriculum design. Chapter 5, pp 71-88. In: Swanwick,T., Forrest, K. and O'Brien, B.C. (eds) *Understanding Medical Education. Evidence, Theory and Practice.* Third edition. Wiley Blackwell, Oxford.

3. Australian Commission on Safety and Quality in Health Care, *FAQs about partnering with consumers in the NSQHS Standards (second edition)*, https://www.safetyandquality.gov.au/faqs-about-partnering-consumers-nsqhs-standards-second-edition#what-is-a-patient-a-consumer-and-a-consumer-representative

INTEREST	An interest is a commitment, goal, obligation or value associated with a social relationship or practice. Where two or more distinct interests coexist in a particular decision-making setting, a duality of interests is said to exist. When a relationship or practice gives rise to two conflicting interests, a conflict of interest exists. The precise condition that defines the presence of a conflict of interest is that in relation to a specific decision or action, two opposing and contradictory interests, as defined above, coexist. A pecuniary interest refers to the possibility of financial or other material gain arising in connection with professional decision making. A non-pecuniary interest is a goal or benefit not linked directly with material gain[4].
NOTES	The notes included in these standards provide further explanation of the standards and/or guidance on contemporary good practice relevant to the standard. The notes are not standards. Not all standards are accompanied by notes.
OUTCOMES (CAPABILITIES)	The AMC defines outcomes (capabilities) for cosmetic surgery programs of study. These are the minimum learning outcomes that graduates of an accredited program must achieve in terms of discipline-specific knowledge, discipline-specific skills (including generic skills required of all medical practitioners as applied in the discipline), and discipline-specific attributes and capabilities.
PROGRAM OF STUDY	In these standards, program of study means the curriculum, the content/syllabus, assessment and training that will lead to a registered medical practitioner being endorsed to practise cosmetic surgery. The program of study leads to an award certifying completion of the program.
STAKEHOLDERS	The term encompasses: • stakeholders internal to the education provider such as trainees and those contributing to the design and delivery of training and education functions including but not limited to supervisors, staff, members and committees • external partners who contribute directly to training and education such as training sites • other external stakeholders of the process and outcomes of medical training and education such as health consumers, health workforce bodies, health jurisdictions, regulatory authorities, professional associations, Aboriginal and/or Torres Strait Islander peoples and organisations, and other health professions.
SUPERVISOR	In these standards, supervisor refers to a health practitioner with the qualifications and training to guide the trainee's education and/or on the job training acting on behalf of the education provider. The supervisor's education and training role will be defined by the education provider, and may encompass educational, support and organisational functions. It refers to supervision in the educational context not to the workplace administrative or managerial function equivalent to a line manager.
TRAINEE	A medical practitioner completing a program of study.
TRAINING SITES	The organisation, health service or facility at which the trainee undertakes supervised workplace-based training and education.

4. Royal Australasian College of Physicians, *Guidelines for ethical relationships between health professionals and industry (fourth edition)*, August 2018, https://www.racp.edu.au/docs/default-source/fellows/guidelines-for-ethical-relationships-between-physicians-and-industry.pdf?sfvrsn=67c1101a_4

STANDARD 1

Purpose, context and accountability of the provider and program of study

This group of standards addresses the education provider's capacity for effective implementation of its educational, research, and quality assurance/evaluation activities to deliver the cosmetic surgery program of study. The standards set expectations for the education provider to:

- have the education of medical practitioners as an essential part of its purpose
- have the relationships necessary to deliver education and training
- effectively govern its activities, including its educational and research work
- conduct its activities with integrity
- have organisational and management structures to support effective academic oversight, management and delivery of the program of study
- have clear and accessible educational policies.

1.1 Educational purpose

1.1.1 The education provider has defined its educational purpose which includes setting and promoting high standards of education and practice for medical practitioners within the context of its community responsibilities.

NOTES

Education providers will have both an organisational purpose and an educational or program purpose. While these may be similar, this standard addresses the educational purpose of the education provider.

The education provider's community responsibilities relate to addressing the healthcare needs of the communities it serves, making patient-centred care the priority of its educational activites.

1.2 Stakeholder engagement and partnerships

1.2.1 The education provider supports the delivery of cosmetic surgery education and training by constructive relationships with other relevant agencies, facilities and services including with:

a. community organisations

b. health services

c. health-related organisations, sectors of government and regulatory bodies

d. Aboriginal and Torres Strait Islander organisations.

1.2.2 The education provider engages internal and external stakeholders in:

a. defining the purpose and program outcomes

b. designing and implementing the curriculum and assessment system

c. evaluating the program and outcomes.

NOTES

Effective partnerships are underpinned by formal agreements to support the education and training of trainees.

See the glossary for a definition of stakeholders.

1.3 Governance

1.3.1 The education provider's governing body is informed and competent to govern the delivery of medical training and education.

1.3.2 The governing body takes responsibility for the education provider representing itself, its educational programs, recognition of the programs, and fees and charges accurately both directly and through agents or other parties.

1.3.3 The education provider's governance structure achieves effective academic oversight of the program which assures the quality of teaching, learning, assessment and research, and ultimately protection of the public.

1.3.4 The education provider's governance structures give appropriate priority to its educational and public safety roles relative to other activities.

1.3.5 The education provider's governance structure supports the engagement of staff, teachers, supervisors, and those delivering the program of study in direction setting and decision-making processes.

1.3.6 The education provider has documented processes and structures that facilitate and support the involvement of trainees in the governance of their education and training.

1.3.7 The education provider applies its documented policies to the declaration, management and public disclosure of relationships with industry, and to the competing interests of members and office holders.

1.3.8 The education provider develops and applies standards and guidelines to promote safe, high quality, ethical medical practice.

NOTES

Governance structures typically include decision-making committees, advisory groups and staff. Governance structures and the range of education functions vary from education provider to education provider. The AMC does not consider any particular structure is preferable but will consider the effectiveness of the structure over time.

The governance structures should be such that the education provider's governing body is informed of, and accepts ultimate responsibility for, new programs or significant program changes as well as for how the education provider represents itself and its programs.

Education providers are expected to contribute actively to upholding and improving the standards of professional behaviour and practice, placing the welfare of the patients above all other considerations. In addition to their own policies it is expected that providers will champion the policies and standards of health system and medical practice regulators.

1.4 Program management

1.4.1 The education provider has structures with the responsibility, authority and capacity to direct the following key functions:

a. planning, implementing and evaluating the program of study

b. setting policies and procedures related to the program of study

c. certifying successful completion of the training and education programs.

1.4.2 The education provider uses medical, educational and information technology expertise in the development, management and continuous improvement of its training and education functions.

1.4.3 The education provider applies its documented policies and processes to identify and manage interests of staff and others participating in education and training-related decision making that may conflict with their responsibilities to the program.

NOTES

The structures responsible for designing the curriculum, and overseeing the delivery and evaluation of the program of study should include members of the medical profession, as well as those with knowledge and expertise in medical education, cosmetic surgery education and training, and regulatory requirements.

1.5 Education policies and information

1.5.1 Clear and accurate information about the provider and its programs of study is publicly available and easily accessible.

1.5.2 Material about the program of study contains accurate information concerning the qualification awarded and the eligibility for and pathways to registration to practise.

1.5.3 Trainees, staff and supervisors have access to detailed policy and information concerning the program including: fees and charges, admission, the curriculum, recognition of prior learning, flexible learning options, progression, assessment, special consideration, grading, completion, appeals and complaints, equity and diversity, withdrawal from or cancellation of enrolment, and services and support for trainees.

1.5.4 The education provider has complaints and appeals policies and processes that provide for timely review of education and training-related decisions. These are applied consistently, fairly and without reprisal.

1.5.5 Qualifications are legitimately awarded. The education provider only awards a qualification if the program of study leads to the award of that qualification and all the requirements of the program of study have been fulfilled.

1.5.6 The provider's statements concerning accreditation and recognition of the program of study are accurate and complete.

NOTES

A qualification means a formal record awarded at the completion of a successful program of study which should signify that the graduate has achieved the program outcomes. The AMC does not require qualifications to have specific names or titles. It draws attention to the Australian Qualifications Framework (AQF) which is the national policy for regulated qualifications in Australian education and training, and related policy under which AQF qualification titles are protected.

Flexible learning is intended to cover modalities like part-time study, interrupted learning and flexible participation in education and training.

1.6 Continuous renewal for changing needs and evolving best practice

1.6.1 The education provider regularly reviews and updates its structures for and resource allocation to training and education functions to meet changing needs and evolving best practice.

NOTES

The AMC expects each education provider to engage in a process of educational strategic planning and review with medical, educational and other relevant input so that the program and curriculum reflect regulation of practice, changing models of care, developments in healthcare delivery, medicine and medical science, and changing community needs and expectations.

These processes should also ensure that organisational structures continue to be effective to deliver the program of study leading to endorsement of registration of medical practitioners for cosmetic surgery.

STANDARD 2

Curriculum

This group of standards addresses the structure and design of the curriculum, and the educational methods chosen to support trainees to achieve the program outcomes. The structure, content, and educational methods chosen are related to the provider's purpose, intended outcomes, and resources.

2.1 Program outcomes

2.1.1 The education provider has defined outcomes for the program that are consistent with:

a. The AMC *Outcome (Capability) Statements for Cosmetic Surgery Programs of Study*

b. *Good Medical Practice: a code of conduct for doctors in Australia*[5]

c. The Medical Board of Australia's *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures*

d. The needs of the communities that the education provider serves.

2.1.2 The program of study includes an identifiable stream or core program of education, training and assessment in cosmetic surgery and the AMC *Outcome (Capability) Statements for Cosmetic Surgery Programs of Study* are achieved in this stream.

NOTES

An endorsement of registration recognises that a person has additional qualifications and expertise in an approved area of practice. The training and education of medical practitioners leading to endorsement of registration for cosmetic surgery is postgraduate and builds on the outcomes of other phases of medical education and training.

It is the responsibility of the education provider to set outcomes for the program of study and put in place a curriculum that leads to graduates of the program achieving those outcomes and the AMC Outcomes (Capabilities).

In demonstrating achievement of these standards, the education provider will show how it has arrived at the program outcomes and curriculum, including how they have been informed by the comparison of the provider's program of study with other relevant programs.

2.2 Design

2.2.1 The provision of excellent care, delivered safely, ethically and always in patients' best interests, is at the heart of the curriculum.

5. Medical Board of Australia, *Good Medical Practice: a code of conduct for doctors in Australia*, October 2020, http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx

2.2.2 There is purposeful curriculum design based on a coherent set of educational principles and the nature of clinical practice in the area of endorsement.

2.2.3 The curriculum design and content enable the trainees to achieve the intended outcomes of the program including the AMC Outcomes (Capabilities) for Cosmetic Surgery Programs, and to progress safely to the next stage of practice and continuing professional development after completion of the program of study.

2.2.4 The duration of the program is sufficient for graduates to acquire the scientific and theoretical learning, skills, supervised clinical practice and reflective practice capabilities to be safe practitioners in cosmetic surgery.

2.2.5 Trainees are provided with opportunities to develop an understanding of the needs of diverse patient groups. This includes patients for whom there may be systemic barriers to health equity, including Aboriginal and/or Torres Strait Islander patients.

2.2.6 The program of study demonstrates alignment between the outcomes of the program of study, curriculum, clinical practice, teaching and learning methods and assessments.

2.2.7 The curriculum prepares graduates to contribute to the health care system and cosmetic surgery industry, through knowledge and understanding of the factors that lead to the delivery of safe, high-quality and cost-effective health care in the Australian health system[6].

2.2.8 There is articulation between the cosmetic surgery program and other stages of medical education and training.

NOTES

These standards reflect the view that graduates of cosmetic surgery programs of study should be trained initially in a broad scope of the area of practice. It is recognised that practitioners' scope of practice will change depending on the context and location in which they practise, as well as their interests and career stage.

Other stages of education and training include the continuing professional development phase.

2.3 Educational methods

2.3.1 The education program employs a variety of educational methods and experiences to ensure that trainees achieve the program outcomes.

2.3.2 The program involves the trainees' personal participation in cosmetic surgery procedures and direct patient care.

2.3.3 Learning and teaching methods promote safe, high quality care in partnership with patients.

2.3.4 Trainees work with and learn from and about other health professionals, including through experience of interprofessional learning and learning in interprofessional teams.

2.3.5 The program employs adjuncts to learning in a clinical setting such as simulated learning environments and skills laboratories.

NOTES

Educational methods and experiences include techniques for teaching and learning designed to deliver the program outcomes, and to support trainees in their own learning. In national training programs, distance and distributed learning approaches are important to enable all trainees to access learning materials and sessions.

In most postgraduate medical education and training, learning occurs in and through the work environment. This is supplemented by an accessible formal education program that is relevant to the trainees' learning needs including the acquisition of new skills and knowledge in the area of practice.

6. The Australian Commission on Quality and Safety in Health Care's National Safety and Quality Health Service Standards 2021 set minimum requirements for safety and quality in health services where clinicians practise. https://www.safetyandquality.gov.au/sites/default/files/2021-05/national_safety_and_quality_health_service_nsqhs_standards_second_edition_-_updated_may_2021.pdf

2.4 Research and scholarship

2.4.1 The education provider is active in research and scholarship and this research informs teaching, learning and assessment.

NOTES

Areas of expected research and scholarship include: medical practice, cosmetic surgery and medical education.

Assessment of learning

This group of standards addresses the assessment of trainee's learning. Assessment assures, drives, guides, creates, and optimises learning while providing feedback. In the context of a cosmetic surgery program, a system of assessment must exist, which incorporates multiple assessments that achieve the purposes of the program.

3.1 Assessment design

3.1.1 The program of study uses a documented system of assessment that applies the principles of validity, reliability and fairness.

3.1.2 The system of assessment enables trainees to demonstrate progress towards applying knowledge, skills and professional attributes described in the outcomes for the program of study over the length of the program.

3.1.3 The system of assessment is blueprinted across the program of study to teaching and learning activities and to the program outcomes.

3.1.4 The education provider uses validated methods of standard setting.

3.1.5 Assessment in culturally safe practice is integrated across the program and informed by Aboriginal and/or Torres Strait Islander health experts.

NOTES

The system of assessment should be responsive to the educational purpose and mission of the provider, its specified educational outcomes, the resources available, and the context.

3.2 Assessment methods

3.2.1 The program of study uses a variety of assessment methods and formats that are consistent with the outcomes (capabilities) being assessed.

NOTES

Methods of assessment should be chosen on the basis of validity, reliability, feasibility, cost effectiveness, opportunities for feedback, and impact on learning[7].

Education providers will be asked to demonstrate that the assessment methods used are appropriate for assessment of knowledge, skills and professional attributes, including how direct observation of trainees' performance in operative and non-operative settings with real and simulated patients contributes to assessment.

7. van der Vleuten, CPM., 'The assessment of professional competence: developments, research and practical implications'. *Advances in Health Science Education*, vol. 1, 1996, pp. 41-67.

Assessment includes both summative assessment, for judgements about progression, and formative assessment, for feedback and guidance. The education provider's assessment documents should outline the balance between formative and summative elements, the number and purpose of assessments, and make explicit the criteria and methods by which judgements about assessment performance are made.

Assessment programs are constructed through blueprints or assessment matrices which match assessment items or instruments with outcomes. The strength of an assessment program is judged at the overall program level rather than on the psychometric properties of individual instruments.

3.3 Performance feedback

3.3.1 The education provider facilitates regular and timely feedback to trainees on performance to guide learning.

3.3.2 The education provider gives supervisors information on their trainees' assessment performance.

3.3.3 The education provider identifies trainees who are not performing at the expected level and implements appropriate and timely measures in response.

3.3.4 The program has clear, timely procedures to address any concerns about patient safety related to trainees' performance, including procedures to inform the employer and the regulator, where appropriate.

NOTES

Trainees need to be assessed regularly for the purposes of providing feedback to guide their learning.

The education provider's systems to monitor trainees' progress should identify at an early stage trainees experiencing difficulty and, where possible, assist them to complete their program successfully using measures such as remedial work, performance improvement programs, re-assessment, supervision and counselling.

There may be times where the trainee's performance means it is not appropriate to offer remediation or the remediation and assistance offered is not successful. For these circumstances, the education provider must have clear policies on matters such as periods of unsatisfactory training and limits on duration of training time.

The requirement under Standard 3.3.4 to address concerns about patient safety may require additional action such as withdrawing a trainee from a clinical setting or from training. Education providers must be aware of the Health Practitioner Regulation National Law (National Law), which requires registered health practitioners and employers to notify about registered medical practitioners who have engaged in 'notifiable conduct' as defined in the National Law.

3.4 Assessment decision making

3.4.1 The education provider's system of assessment:

a. informs decisions on progression and graduation

b. informs decisions on failure of components, and/or the program of study, and/or termination of training

c. can confirm that all specified learning outcomes are achieved and that grades awarded reflect the level of trainee attainment

d. includes appeals mechanisms regarding assessment results.

3.4.2 The education provider fairly and transparently applies its published policies and processes for assessing trainees' prior learning and experience for the purpose of making decisions on granting credit for units in the program of study or towards the completion of the qualification. Decisions are recorded.

3.4.3 The education provider grants credit towards completion of the program of study through recognition of prior learning and experience if:

a. trainees granted credit are able to achieve the expected program outcomes, and

b. the integrity of the program of study and the qualification are maintained.

NOTES

Assessment for decision making is essential to the safety of patients and their trust in the capability of their medical practitioner. It is also essential to institutional accountability.

Assessments for decision making must be fair to trainees and together they must attest to all aspects of competence. To accomplish these ends, assessments must meet standards of quality (see 3.5).

Fair and transparent processes for review of applications for recognition of prior learning and experience will state clearly the criteria for assessment such as: currency, relevance and comparability, and identify all the phases of the assessment process, such as paper-based assessment, interview, and observation.

Policies on the recognition of prior learning and experience must also ensure that trainees entering the program with recognition have the technical and non-technical competencies for safe practice in the clinical components of training.

3.5 Assessment quality

3.5.1 The education provider regularly reviews and updates its system of assessment, including assessment policies and practices such as blueprinting and standard setting to assess the validity, reliability, fairness and fitness for purpose of the system.

NOTES

The provider should employ a range of review methods using both quantitative and qualitative data including psychometric analyses, benchmarking, analysis of passing and attrition rates, surveys and trainee feedback.

Trainees

This group of standards addresses admission and selection policies, and systems for trainee support. These policies and systems are important for educational quality, management and outcomes, and for the wellbeing of trainees. The standards set expectations for the education provider to:

- select only the number of trainees that can be supported to complete the program
- have clear, transparent and fair selection processes
- communicate with trainees about training-related activities, and
- have processes to support trainees' wellbeing and dealing with disputes with supervisors.

4.1 Admission policy and selection

4.1.1 The education provider defines the size of the trainee intake in relation to its capacity to resource all stages of the program of study.

4.1.2 The education provider has documented admission policies and principles that are designed to ensure that trainees admitted to the program of study have the academic and clinical preparation and registration needed to participate.

4.1.3 The processes for selection into the program:

a. use published criteria based on the education provider's selection principles

b. are evaluated with respect to validity, reliability and feasibility

c. are transparent and fair

d. prevent racism, discrimination and bias, other than explicit affirmative action.

4.1.4 The education provider implements its defined strategies for recruiting trainees from under-represented groups to the program.

NOTES

The AMC recognises that there is no one agreed method of selecting trainees and supports diverse approaches that include both academic and vocational considerations.

Transparent and fair processes include processes that are consistently applied across training sites and/or regions.

As trainees in a cosmetic surgery program of study will be undertaking work-based training including direct participation in surgical practice, admission policies must consider their competence for this training.

The regulation of cosmetic surgery is being strengthened, including by the development of an Area of Practice Endorsement for Cosmetic Surgery by the Medical Board of Australia[8]. The education provider will need to demonstrate that it has considered the relevant regulation when developing selection and admission policies.

8. Please see the Medical Board of Australia website for further details: https://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx and https://www.medicalboard.gov.au/Registration-Standards.aspx

4.2 Communication with trainees

4.2.1 The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures.

4.2.2 The education provider provides timely and correct information to trainees about their training status to facilitate their progress through the program.

NOTES

Education providers are expected to interact with their trainees in a timely, open and transparent way. Standard 1.5.3 addresses the policies and processes, and information that should be available to all trainees, staff and supervisors.

This should be supplemented by systems that assist individual trainees to access accurate and up-to-date information on their own progression.

4.3 Trainee wellbeing

4.3.1 The education provider promotes strategies to enable a supportive learning environment.

4.3.2 The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

NOTES

Education providers can provide a supportive learning environment by promoting strategies to maintain health and wellbeing, including mental health and cultural safety, providing professional development activities to enhance understanding of wellness and appropriate behaviours, and ensuring availability of confidential support and complaint services.

4.4 Resolution of training problems and disputes

4.4.1 The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.

4.4.2 There are policies and safe reporting mechanisms for all learning environments that effectively identify, address and prevent bullying, harassment, racism and discrimination.

NOTES

Supervisors and their trainees have a particularly close relationship, which has benefits, but which may also lead to unique problems. Trainees need clear advice on what to do in the event of conflict with their supervisor or any other person intimately involved in their training.

In setting policies and procedures, education providers need to address disincentives to trainees raising concerns, such as the timeliness of any review process.

Trainees can raise difficulties and concerns about bullying, harassment, racism and discrimination safely in processes that give them confidence that the education provider will act fairly and transparently, that they will not be disadvantaged by raising legitimate concerns, and that their complaint will be acted upon in a timely manner.

STANDARD 5

Resources to deliver the program of study

This group of standards addresses the academic and teaching staff, including supervisors, the technical and administrative staff, and the educationally and contextually appropriate physical, clinical, and information resources to deliver a program of study for endorsement for cosmetic surgery. The resources include resources provided directly by the education provider, and facilities and people provided by other organisations, such as training sites, to support trainees' learning, so they achieve the program outcomes including the AMC *Outcome (Capability) Statements for Cosmetic Surgery Programs of Study*.

5.1 Staff and financial resources

5.1.1 The education provider has the financial resources to sustain the program of study and its operation as an education provider. Financial resources are directed to achieve the provider's educational purpose and the requirements of the program of study.

5.1.2 The program of study has sufficient staff to meet the educational, academic support and administrative needs of trainee cohorts undertaking the program.

NOTES

The delivery of programs of study requires financial resources, human resources, learning resources, information and records systems. In the context of this standard staff includes professional and administrative staff as well as supervisors of training (see 5.4 on supervisors). Depending on the education provider, staff may include academic staff.

Evidence of financial resources to sustain the program will include business continuity plans and adequately resourced financial safeguards to mitigate disadvantage to trainees should the education provider's operations change.

5.2 Facilities, and teaching and learning resources and systems

5.2.1 The education provider has the educational facilities and infrastructure to deliver the program and achieve the program outcomes.

5.2.2 The education provider maintains systems for secure, confidential and accurate recording and reporting of trainee enrolment, academic progress and completion, and for managing the program.

5.2.3 The education provider ensures trainees and staff have access to safe and well-maintained physical facilities and educational resources in its teaching and learning sites to achieve the program outcomes.

5.2.4 The education provider ensures trainees have equitable access to the information communication applications and digital health technology to facilitate their learning and support their practice.

5.2.5 Information services available to staff, supervisors and trainees include library resources, support staff and a reference collection adequate to meet learning, teaching and research needs in all learning sites.

NOTES

Trainees should have access to facilities and educational resources to support self-learning activities as well as a structured educational program. Access to library, journals, an electronic learning environment and other learning facilities are required to support learning.

5.3 Clinical and work-based learning environment

5.3.1 The education provider defines the required clinical practice and work-based training requirements of the program of study which are linked to the program's outcomes.

5.3.2 The education provider assesses, monitors and approves sites for trainees' clinical and work-based training based on the sites demonstrating that they provide safe care, and support trainees to meet the program outcomes.

5.3.3 When any parts of a program of study are delivered through arrangements with another party or parties, the education provider remains accountable for the program of study.

5.3.4 The education provider publishes the standards and process it uses to make decisions on approval of facilities and posts as training sites.

NOTES

The quality of clinical experience and work-based training delivered in training sites is a shared responsibility between the education provider and the training sites, underpinned by constructive relationships with relevant agencies, facilities and services (see Standard 1.2), and clear processes to select and approve sites for training.

Education providers should make as explicit as possible the expectations of training sites, including clinical and other experience, education activities and resources, and expectations of flexible training options. The education provider must verify that this experience is available in training sites seeking approval for training and must monitor and evaluate the trainees' experience in those sites.

Education providers must consider the safety and quality of care provided in the sites it is assessing for approval for training and the appropriateness of the facility for the level of risk of the procedures being performed, in line with Medical Board of Australia guidelines[9].

Education providers' policies and criteria for approval need to respond to jurisdictional differences in the regulation of the health care and health facilities and services that are used for medical education and training.

5.4 Teachers and supervisors

5.4.1 The program of study has the profile of the supervisors, teachers and assessors needed to meet the educational, practical learning and assessment needs of trainee cohorts.

5.4.2 The education provider facilitates the training and professional development of supervisors and assessors. It ensures that educational supervisors have access to training in supervision, assessment and the use of relevant health education technologies.

5.4.3 The education provider routinely evaluates supervisor and assessor performance including seeking feedback from trainees.

9. The Medical Board of Australia's guidelines can be accessed here: https://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx

5.4.4 All the education provider's administrative, technical and academic staff, supervisors and trainees have training in cultural safety.

NOTES

Education providers will need to demonstrate that they have access to teachers, supervisors and assessors to deliver the program, including access to medical practitioners with the knowledge, skills, and qualification or experience to support trainees' practical learning.

All those who teach, supervise, counsel, employ or work with trainees are responsible for patient safety. Patient safety will be protected through explicit and accountable supervision. Education providers should have clear and explicit supervision requirements, including processes for removing supervisors where necessary.

Supervisors should have skills in adult learning, providing constructive feedback to trainees, and responding appropriately to concerns. They need clear guidance on their responsibilities to the trainee and to patient safety in the event that the trainee is experiencing difficulty.

The teachers and supervisors should include medical practitioners with clinical experience relevant to the program and to contemporary medical practice. Other members of the healthcare team may also contribute to supervision (see definition of supervisor in glossary).

Assessors engaged in assessments should understand the education provider's curriculum and training requirements, be proficient in making judgements concerning the trainee's performance, and skilled in providing feedback.

STANDARD 6

Monitoring, evaluation and reporting

This group of standards addresses the education provider's approach to monitoring and evaluating its educational activities including the cosmetic surgery program of study. Evaluation of the provider's educational activities will ensure that the activities are effective and meeting outcomes, as well as supporting ongoing quality improvement of the programs.

6.1 Monitoring and evaluation of the program of study

6.1.1 The education provider conducts a regular comprehensive review of the program of study, includes the design and content of each course or unit of study, the program outcomes, the methods for assessment of those outcomes and the extent of trainees' achievement of program outcomes. The review takes account of emerging developments in the area of practice, modes of delivery, the changing needs of trainees and identified risks to the quality of the program of study.

6.1.2 The education provider collects, maintains and analyses both qualitative and quantitative data on its program outcomes.

6.1.3 The education provider supports and informs comprehensive reviews with regular monitoring of its program of study including the quality of teaching and supervision, trainee progress and the overall delivery of subjects/ units within the program.

6.1.4 Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in monitoring, review and program development.

6.1.5 All trainees have opportunities to provide feedback on their education experiences. The education provider systematically seeks, analyses and uses trainees' feedback for monitoring, review and program development. Trainee feedback is specifically sought on proposed changes to the program of study to ensure that existing trainees are not unfairly disadvantaged by such changes.

NOTES

While the education provider is expected to evaluate the whole program of study regularly, there needs also to be mechanisms to review and make more gradual changes to the program and its components.

Education providers should develop methods for evaluating that the graduates can perform safe cosmetic surgery. This may include self-assessment of the graduates' preparedness for practice and other multi-source feedback mechanisms.

6.2 Feedback, reporting and action

6.2.1 The education provider reports the outcomes of evaluation, improvement and review processes through its governance structures.

6.2.2 The education provider makes evaluation results available to stakeholders and considers their views in continuous renewal of the program.

6.2.3 The education provider manages effectively and in a timely manner concerns about, or risks to, the quality of any aspect of its program of study.

Outcome (Capability) Statements for Cosmetic Surgery Programs of Study

Standards for Assessment and Accreditation of Cosmetic Surgery Programs of Study

Australian Medical Council Limited

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Acknowledgement of country

The Australian Medical Council acknowledges Aboriginal, Torres Strait Islander Peoples and Māori Peoples as the Traditional Custodians of the lands the AMC works upon.

We pay respects to Elders past, present and emerging and acknowledge the ongoing contributions that Indigenous Peoples make to all communities. We acknowledge the government policies and practices that impact on the health and wellbeing of Indigenous Peoples and commit to working together to support healing and positive health outcomes.

The AMC is committed to improving outcomes for Aboriginal, Torres Strait Islander and Māori Peoples through its assessment and accreditation processes including equitable access to health services for First Nations Peoples.

Background

The Standards for Assessment and Accreditation of Cosmetic Surgery Programs of Study set out the standards for programs of study and providers. AMC accreditation of programs that meet these standards will provide the basis for the Medical Board of Australia to make decisions on approval of qualifications for endorsement in the area of practice of cosmetic surgery.

The outcome (capability) statements set out in this document are part of the standards. They define the high-level and specific knowledge, skills, professional behaviours and attributes that graduates of an accredited program of study in cosmetic surgery are expected to demonstrate and draw on a range of national and international surgical curricula. Specifying capabilities will ensure a program of study enables medical practitioners providing cosmetic surgery to practise competently and safely, and as such will support consumers to seek out medical practitioners who can provide a high-quality service. The purpose is not to restrict those who can practise cosmetic surgery, but to set out an education and training program so that medical practitioners can be endorsed in cosmetic surgery – enabling the public to know who holds an approved qualification.

The Independent Review[1] has defined cosmetic surgery as '*operations that involve cutting beneath the skin to revise or change the appearance of normal bodily features where there is otherwise no clinical or functional need for the procedure.*' (p.4). This project adheres to this definition.

Critically, cosmetic surgery, with its voluntary nature and purpose of creating a more desirable appearance rather than treating a clinical or functional problem[2] raises a question of whether the concept of 'patient' is fully aligned with the practice of cosmetic surgery or whether the term client or consumer is more appropriate. For the purpose of setting out the capabilities, the term patient is retained.

The terminology of capabilities is consistent with nomenclature used in comparable international frameworks[3]. These capabilities build on the Medical Board of Australia's expectations of medical practitioners in Good Medical Practice: A code of conduct for doctors in Australia[4]. Practitioners of cosmetic surgery will also be expected to adhere to other professional standards and guidelines such as the Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures[5] and the Australian Open Disclosure Framework[6].

1. Australian Health Practitioner Regulation Agency and the Medical Board of Australia. *Independent review of the regulation of medical practitioners who perform cosmetic surgery*, Final report, August 2022.
2. Dean, N. R., Foley, K., & Ward, P. (2018). Defining cosmetic surgery. Australasian Journal of Plastic Surgery, 1(1), 37-45.
3. General Medical Council, UK. Generic professional capabilities framework, May 2017, https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework
4. Medical Board of Australia, *Good medical practice: a code of conduct for doctors in Australia*, October 2020, http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx
5. Medical Board of Australia, *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures*, 2016.
6. Australian Commission on Safety and Quality in Health Care, *Australian Open Disclosure Framework*, 2013.

Background

The outcome (capability) statements are grouped into four domains as follows:

Domain 1	**The cosmetic surgery practitioner**
Domain 2	**The cosmetic surgery practitioner as ethical professional and leader**
Domain 3	**The cosmetic surgery practitioner as patient and health advocate**
Domain 4	**The cosmetic surgery practitioner as a reflective and evidence informed practitioner**

The cosmetic surgery practitioner

DOMAIN 1

Domain 1 describes the work expected of medical practitioners providing cosmetic surgery in assessing and caring for patients relating to their ability to perform clinical, non-clinical, and administrative roles and functions to ensure the provision of safe and high-quality care.

On completion of an accredited program, practitioners of cosmetic surgery are able to:

1.1 Assess patients for suitability for surgery, including selecting and using appropriate evidence-based tools to screen patients and to explore their intent and motivations, and to screen for psychosocial issues that would warrant referral, actively referring to a psychologist or other mental health professional where there are indications of underlying issues (e.g., depression, anxiety and body dysmorphia), ensuring the outcome of referrals from other health practitioners are known and considered when making decisions regarding cosmetic surgery, and ensuring that cosmetic surgery procedures only proceed where patients have the capacity to make informed decisions about their own care.

1.2 Communicate effectively to obtain informed consent (noting specific requirements for patients under 18 years of age), including financial consent, with effective communication of the procedure, including what they can expect, technologies used, risks and benefits to the patient, the likelihood of different or adverse outcomes, less invasive/ conservative options, providing the patient with sufficient written information and time (including an appropriate cooling off period of not less than 2 weeks or in line with relevant guidelines), to review information, to decline the patient's request for surgery if deemed not in their best interests and to support patients when they are disappointed with outcomes or have suffered complications.

1.3 Demonstrate appropriate surgical skills and techniques to plan and perform safely a range of cosmetic surgery procedures, including sedation and basic and advanced resuscitation.

1.4 Demonstrate core knowledge of surgical sciences relevant to cosmetic surgery, specifically relating to:

- anatomy, pathology, physiology, pharmacology and microbiology relevant to cosmetic surgery, including, but not limited to genetics, wound healing, local and regional anaesthetic agents, and principles of general anaesthesia
- characteristics of implants, biomaterials and autologous tissue transfer
- technical characteristics of imaging modalities and devices, diathermy and relevant processes.

1.5 Demonstrate knowledge of and technical competence related to equipment and new techniques, technologies and devices including their safety and efficacy, incorporating into their practice where appropriate.

1.6 Arrange anaesthetic assessment and make peri and post operative plans in consultation with anaesthetists and deliver high-quality postoperative care including clinical handover, planning for escalation of care including referral to the appropriate facility (such as an emergency department), supporting patients to escalate postoperative care in a timely manner including when to seek emergency assistance, providing appropriate pain management, referring for specialist care when needed, and making discharge and follow up arrangements.

1.7 Implement, maintain, and review appropriate risk assessment, management, and mitigation planning including to ensure effective infection control, avoid and manage surgical complications, recognise and respond to acute deterioration and complications, and escalate care when necessary and in a timely manner.

1.8 Apply a robust process for determining individual scope of practice, and scope of clinical practice within a particular facility (based on the equipment and support within different facilities) and exercise clinical judgement about practising within this scope with consideration of having kept training up to date.

1.9 Ensure the facilities in which they practice are appropriately equipped for the procedures performed including for postoperative monitoring and resuscitation and are accredited to relevant state and/or national safety and quality standards, and understand and fulfil the practitioner's assigned safety and quality roles and responsibilities within these facilities.

The cosmetic surgery practitioner as an ethical professional and leader

DOMAIN 2

Domain 2 describes the work expected of medical practitioners providing cosmetic surgery in communicating effectively, demonstrating leadership and teamwork, and applying appropriate ethical and professional judgement and behaviour.

On completion of an accredited program, practitioners of cosmetic surgery are able to:

2.1 Demonstrate self-regulation of their practice, engage in continuing professional development aligned with scope of practice, comprehend the significance and obligations that go with the area of practice endorsement in cosmetic surgery, and contribute to the education and training of others.

2.2 Engage in effective interprofessional practice including working and communicating effectively in a team, and ensuring all team members contribute to effective interprofessional practice and that it is clear to patients, the family and colleagues who has ultimate responsibility for coordinating the care of the patient.

2.3 Develop and maintain effective clinical governance systems, covering risk management, record management, incident management, complaint handling and open disclosure, clinical performance of practitioners, safe environment, and partnering with consumers, including informed consent, and maintain appropriate indemnification.

2.4 Maintain effective records, including appropriate clinical photography and description of the procedure undertaken, in sufficient detail to enable another practitioner or relevant bodies to take over postoperative care and/or operate on the patient in the future with an adequate understanding of what has been carried out, and/or to communicate to a patient's general practitioner or primary medical practitioner and to the patient.

2.5 Understand their professional obligation to report poorly performing practitioners and for notifications, openly disclose adverse events/outcomes and conflicts of interest and comply with obligations for reporting to the coroner.

2.6 Demonstrate ethical practice to ensure business decisions and personal interests do not compromise patient safety and quality of care by making appropriate disclosure of any financial interests related to patient care including the facilities, devices or any treatment used.

The cosmetic surgery practitioner as a patient and health advocate

DOMAIN 3

Domain 3 describes the work expected of medical practitioners providing cosmetic surgery in engaging in holistic appraisal and effectively navigating the Australian healthcare system and medico-legal standards and processes.

On completion of an accredited program, practitioners of cosmetic surgery are able to:

3.1 Make a holistic and evidence-informed appraisal of the patient including physical, mental and cognitive conditions, in communication with their general practitioner or primary medical practitioner and/or with advice from other health practitioners leading to effective assessment and advice on surgery options, including assessing the patient's understanding of the benefits and risks of cosmetic surgery and expectations of outcomes, providing patient centred care at all times, practising in a culturally safe manner, and providing advice on less invasive/conservative options including the option not to proceed with the surgery.

3.2 Understand and apply standards of appropriate advertising that adhere to relevant national guidelines/standards relating to advertising of cosmetic procedures such as the role of social media and influencers, legal standards, no use of testimonials, no targeting of vulnerable groups, and contribute to the development of processes to ensure patients can easily identify endorsed practitioners.

3.3 Support patients to understand their healthcare rights as described in the Australian Charter of Healthcare Rights, provide information to patients such as services and technologies available, estimated service costs, refunds or compensation, alternative access to health care after hours or in an emergency, and mechanisms for providing feedback including the contact details for the appropriate healthcare complaints authority, and adhere to the medical and legal obligations of the contractual agreement with the patient.

3.4 Demonstrate a commitment to open disclosure by communicating detailed information to patients, before and after cosmetic surgery, that clearly describes in plain language what surgery is offered or has been performed, realistic expectations of outcomes and risks, ongoing care needs and how to access post operative care including when to seek emergency assistance.

The cosmetic surgery practitioner as a reflective and evidence informed practitioner

DOMAIN 4

Domain 4 describes the work expected of medical practitioners providing cosmetic surgery in keeping their knowledge, skills, and capabilities up to date, building these into practice, and engaging in activities that create, maintain, and improve high-quality patient outcomes and care.

On completion of an accredited program, practitioners of cosmetic surgery are able to:

4.1 Reflect on their practice and monitor cosmetic surgery outcomes by understanding and participating in audit and service improvement and engaging with feedback from patients.

4.2 Demonstrate evidence-based practice, including keeping up to date with the scientific literature, evaluating latest techniques and technologies including the safety and efficacy of devices, having knowledge of the latest technologies available and protocols for assessing the suitability of new interventions, engaging in research that adheres to ethical standards, and making changes to practice accordingly.

4.3 Engage in continuing professional development and demonstrate a commitment to maintaining, developing, updating, and enhancing their knowledge, skills and performance so that they are equipped to deliver safe and appropriate care throughout their working lives.