

Australasian College of Cosmetic Surgery

Cosmetic Medical Practice

PRECEPTOR INFORMATION AND GUIDELINES FOR

COSMETIC MEDICINE PROGRAM

FFMACCS



Version Control		
Version	Date	Comments
First New Version Draft	15 September 2009	
Revision	3rd March 2010	

Table of Contents

1. Introduction	4
1.2 Contact Information for ACCS:	4
1.3 Preceptor Information	5
1.4 Outline of the Program requirements for Registrars	6
2. Cosmetic Medicine Program – Evaluation Forms	7
2.1 Registrar Evaluation Form	8
2.1 Registrar Evaluation Form (Cont)	8
2.1 Registrar Evaluation Form (Cont)	9
2.2 General Comments Form	11
2.3 Clinical Procedures & Skills Form.....	12
2.3 Clinical Procedures & Skills Form (Cont).....	12
2.3 Clinical Procedures & Skills Form (Cont).....	14
2.3 Clinical Procedures & Skills Form (Cont).....	14
2.3 Clinical Procedures & Skills Form (Cont).....	15
2.3 Clinical Procedures & Skills Form (Cont).....	16
2.3 Clinical Procedures & Skills Form (Cont).....	17
2.3 Clinical Procedures & Skills Form (Cont).....	18
2.4 ACCS Preceptor Training Checklist Form	20
3. Summary of Cosmetic Medicine Curriculum	20
3.1 Dermatology	21
3.2 Common Dermatological Conditions Presenting to the Cosmetic Physician	21
3.3 Facial Anatomy	22
3.4 Pharmacology	22
3.5 Chemical Denervation	22
3.6 Dermal Fillers	22
3.7 Facial Peels	23
3.8 Lasers and Other Devices	24
3.9 Sclerotherapy	26
3.10 Infection Control	26
3.11 Patient Selection.....	26
3.12 Medical Ethics	27
3.13 Medical Advertising	27
3.13 Lipoplasty	27

1. Introduction

The Australasian College of Cosmetic Surgery (ACCS) was established in 1999 to deliver support and training to doctors wishing to specialize in cosmetic medicine or surgery. The College has a training program for Cosmetic Surgery FACCS and also has a medical faculty which trains doctors in Cosmetic Medicine FFMACCS.

Thank you for accepting the role of preceptor to those doctors wishing to specialize in the field of cosmetic medicine.

The ACCS has evolved as a multi-disciplinary body consisting of general surgeons, plastic surgeons, dermatologists, ear nose and throat surgeons, ophthalmologists and other doctors who specialize in cosmetic medicine and surgery. The ACCS was formed as the successor to the Australian Association of Cosmetic Surgery, which was previously formed in 1992.

The College believes that patients will be best served with cosmetic surgery and medicine being officially recognized as a new specialty. This will help to remove the confusion about the training and skills of different types of doctors offering cosmetic services. The ACCS is dedicated to excellence in training, with the overarching aim of the College being summarized by the statement:

“Raising Standards...Protecting Patients”

1.2 Contact Information for ACCS:

All Correspondence To:
PO Box 36, Parramatta, NSW 2124

Registered Office:
Level 2, 96 Phillip Street, Parramatta, NSW 2150

T 1800 804 781
F 02 9687 1799
E admin@accs.org.au
www.cosmeticsurgery.org.au

A.B.N. 890 863 834 31

1.3 Preceptor Information

The training program for the Faculty of Medicine is a post graduate, advanced, specialist training course. The Program is essentially a self-directed educational program with the clinical experience coming from the preceptorship terms and direct cosmetic medicine experience. The main objective of this Program is to train a doctor to be of sufficient high standard, to be knowledgeable and competent in cosmetic medicine and its associated procedures. Registrars who attain this standard may be awarded Fellowship of the Faculty of Medicine of the Australasian College of Cosmetic Surgery.

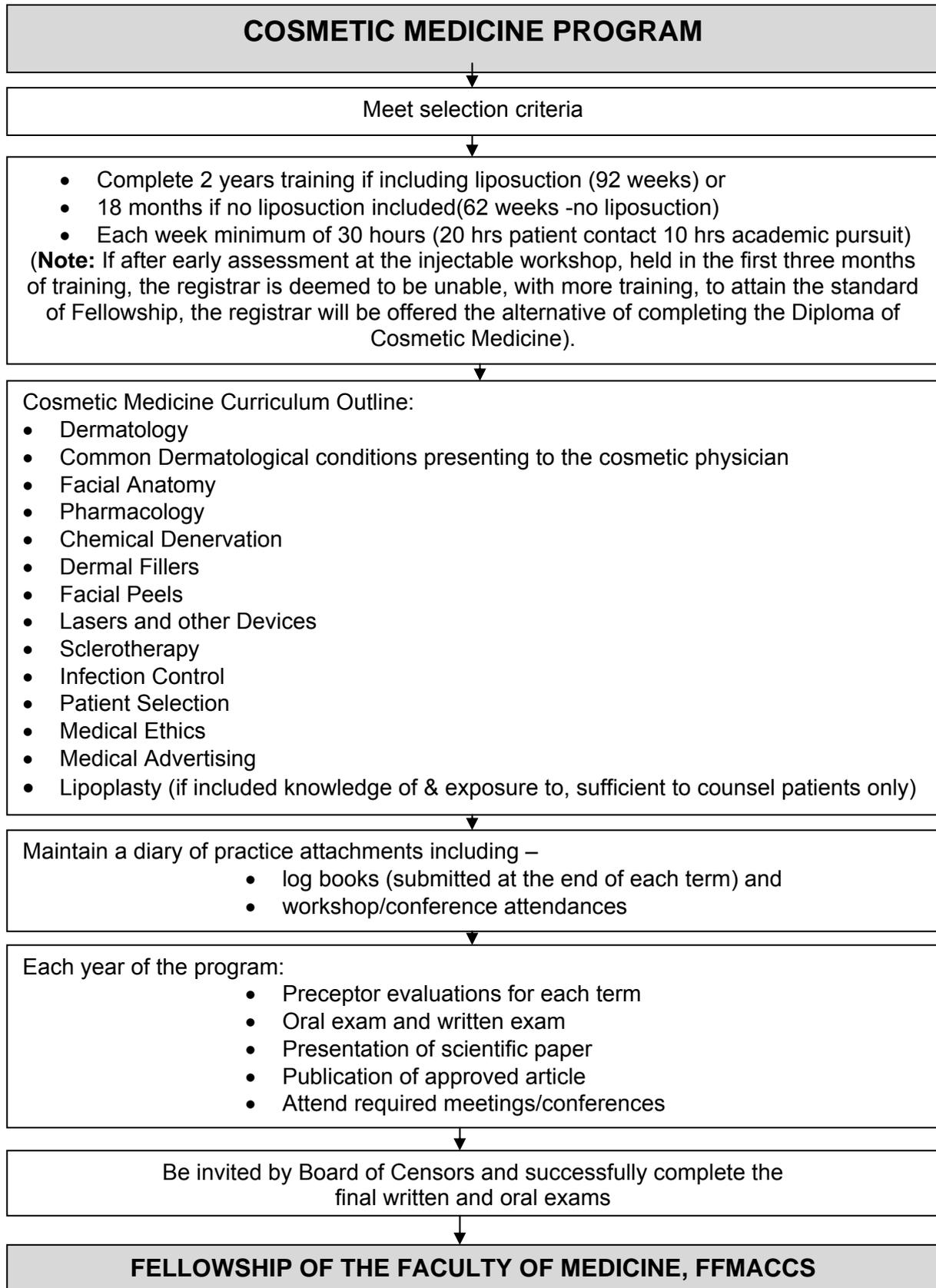
To assist in the evaluation of the Registrars clinical skills, acumen and competency the preceptorship terms will be of absolute importance. The following is an outline of the requirements from the preceptors.

1. Provide access to your clinic/surgery for the purpose of training the registrars in cosmetic medicine and its procedures.
2. Provide suitable cases to meet the training needs of the Registrar, particularly observational cases and assistance at procedures.
3. When appropriate, supervise hands-on training of the Registrar in some of the specific procedures required in the syllabus – aim for at least once a week in the second and later terms of training, increasing with the Registrar's experience.
4. Observe and evaluate the Registrar's clinical knowledge, communication skills with patients and colleagues (Registrar Evaluation Form).
5. Observe and evaluate the Registrar's ability to obtain clinical information from patients, reach logical conclusions and elicit patient's expectations and ability to address the patient's need for informed consent (Registrar Evaluation Form).
6. Observe and evaluate the Registrar's competency in performing the specific procedures required in the training program (Clinical Procedures and Skills Form and sign off on Registrar's procedures log and diary of practice).

Note: Primary emphasis should be on assessing the Registrar as being "safe" in performing any of the particular procedures and secondary emphasis on particular techniques the registrar may have adopted i.e. ensure that basic principle of the procedures are practised and understood. The patient should not be put in any harm.

7. If possible, collaborate and help with the Registrar's scientific paper i.e. maybe provide suggestions for topics or area of research, act as mentor for clinical aspect of the research. Registrars are required to complete a scientific paper each year during their training as part of their self directed learning and present these at the annual conferences and submit them for publication in a journal approved by the College.
8. Set aside regular time during the preceptorship term for teaching of the clinical, theoretical and practical aspects of cosmetic medicine. For example, set aside time for discussing any questions the registrar may have or give him/her a specific area to study then discuss this area at the next meeting.
9. Fill in Registrar Evaluation Form, Clinical Procedures and Skills Form and General Comment Form, if required, as well as Preceptor Training Checklist (all forms in section 2 of preceptor guide). This will be crucial in providing vital feedback about the Registrar's progress. It will help identify areas of strengths and weaknesses so that specific further training can be planned. Hence it is essential that frank and constructive comments be provided to meet this objective. These evaluations by the preceptors will also form the basis of assessing the Registrars' overall clinical and practical competency and whether they receive Certificates of Satisfactory Completion of the Training Program.
10. Provide regular opportunities during the term for the Registrar to question and discuss modification of the program.
11. Liaise regularly with the Director of Training in your State.

1.4 Outline of the Program requirements for Registrars



2. Cosmetic Medicine Program – Evaluation Forms

As Preceptor, there are three different evaluation forms that will need to be filled out to form the basis for assessing the Registrar's progress and standard:

1. Registrar Evaluation Form
2. General Comments Form (may not be required if no further comment necessary)
3. Clinical Procedures and Skills Form

The evaluation forms are designed to identify a registrar's areas of strengths and weaknesses, so that specific training can be planned to attain the high standard of clinical and practical experience needed to fulfil criteria for awarding Fellowship of the College. The fourth form – 2.4 ACCS Preceptor Training Checklist Form, is a cover sheet for the above three forms and will help to ensure that all preceptor requirements are completed.

All forms are to be completed (General Comments only needs to be completed if required) and sent to the College Administrators (with checklist as cover sheet – form 2.4) at the end of each preceptorship term:

All correspondence to:
PO Box 36, Parramatta, NSW 2124

Registered Office:

Level 4, Suite 3, Macquarie House, 169 Macquarie Street, Parramatta, NSW 2150

Telephone:
1800 804 781

Fax:
(02) 9687 1799

Website:
www.cosmeticsurgery.org.au

Email:
admin@accs.org.au

2.1 Registrar Evaluation Form

Registrar Name:	
Preceptor Name:	
Preceptor Address:	
Preceptorship Term Dates:/...../..... till/...../.....

Please tick appropriate proficiency level and add comments as required. Of the specific requirements performed during this term, how would you rate the registrar's proficiency (refer to proficiency rating table below), and which areas require further attention:

Proficiency Rating 1*	Needs more work, not proficient
Proficiency Rating 2*	Understands requirements but below average proficiency
Proficiency Rating 3*	Average proficiency (safe, sound technique, sound understanding)
Proficiency Rating 4*	Above average proficiency (safe, above average technique and understanding)
Proficiency Rating 5*	Highly proficient, (safe, excellent technique and understanding)

Is the Registrar Proficient in:	Proficiency Rating 1 – 5*					Areas needing more attention or handled very well? Any comments?	N/A
	1.	2.	3.	4.	5.		
1. Obtaining information from the patient, relevant medical history and communicating effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Performing examination, assessing surgical/ medical requirements and relevant diagnostic tests before recommending treatment/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Making decisions in diagnosis and management with the patient as participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communicating effectively to patients about possible side effects, outcomes and the procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.1 Registrar Evaluation Form (Cont)

Is the Registrar Proficient in:	Proficiency Rating 1 – 5* 1-Needs more work; 3-average, 5-highly proficient					Areas needing more attention or handled very well? Any comments?	N/A
5. Providing after care and minimising/prevention of side effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recognising limits of his/her own knowledge, experience, ability and enlisting help or referral.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Assessing clinical information and reaching logical conclusions but willing to change his/her mind in light of new information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Appreciates psychological dimensions of cosmetic problems and can elicit patient expectations regarding the procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this Registrar:	Proficiency Rating 1 – 5* 1-Needs more work; 3-average, 5-highly proficient					Areas needing more attention or handled very well? Any comments?	N/A
9. Exhibit the personal and professional qualities required of a specialist in cosmetic medicine/surgery? Eg ethical, caring, conscientious, reliable, accepting of responsibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Consider the cost of the treatment to the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.1 Registrar Evaluation Form (Cont)

Does this Registrar:	Proficiency Rating 1 – 5* 1-Needs more work; 3-average, 5-highly proficient					Areas needing more attention or handled very well? Any comments?	N/A
11. Show a keenness to learn, plan his/her learning and willingness to accept feedback?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Exhibit an awareness of infection control in office procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Exhibit the required dexterity and procedural expertise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Exhibit appropriate care in handling of tissues and wound care and management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Understand the interaction of other medical conditions and disease processes on a planned treatment program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Exhibit an appropriate knowledge of anatomy and the principles of physiology?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Exhibit an appropriate understanding of aesthetic principles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your assistance in completing this form. If you have any queries please contact one of the College's Censors. The completed form should be mailed to ACCS Administration with the checklist (form 2.4) and other required forms.

Signed: _____

Date: _____

2.3 Clinical Procedures & Skills Form

Registrar Name:	
Preceptor Name:	

Of the specific procedures performed during this term, how would you rate the registrar's proficiency (refer to proficiency rating table below), and which require further attention. (N.B. The following forms outline all procedures/skills that are covered in the curriculum, some may not apply to a particular preceptorship, in those areas that do not apply please tick N/A):

Proficiency Rating 1*	Needs more work, unable to understand /perform skill
Proficiency Rating 2*	Understands skill/procedure but below average
Proficiency Rating 3*	Average understanding average ability to perform skill
Proficiency Rating 4*	Above average understanding/skill
Proficiency Rating 5*	Excellent understanding, very skilled

Procedure/Skill	Proficiency Rating 1 – 5*					Areas needing more attention or handled very well? Any comments?	N/A
	1.	2.	3.	4.	5.		
1. Dermatology - Able to competently assess:							
Structure and function of normal skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classify Skin Types (Fitzpatrick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effects of chronological Aging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effects of Photo aging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healing Skin: (abnormal, delayed, Scar formation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theory of antioxidants in relation to aging process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-aging topical skin preparations and their effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3 Clinical Procedures & Skills Form (Cont)

Procedure/Skill 2. Common Dermatological Problems Able to competently assess/outline treatment plan for:	Proficiency Rating 1 – 5* (1. Needs more work, 3 average, 5 very skilled)					Areas needing more attention or handled very well? Any comments?	N/A
	1.	2.	3.	4.	5.		
Acne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acne scarring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pigmentary Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benign Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflammatory dermatoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dermatological conditions associated with systemic disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3 Clinical Procedures & Skills Form (Cont)

Procedure/Skill 3. Facial Anatomy Able to competently assess/outline facial:	Proficiency Rating 1 – 5* (1. Needs more work, 3 average, 5 very skilled)					Areas needing more attention or handled very well? Any comments?	N/A
	1.	2.	3.	4.	5.		
Musculature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nerve supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aesthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure/Skill 4. Pharmacology Able to competently assess/determine/treat with appropriate anaesthetic:	Proficiency Rating 1 – 5* (1. Needs more work, 3 average, 5 very skilled)					Areas needing more attention or handled very well? Any comments?	N/A
	1.	2.	3.	4.	5.		
Topical Anaesthetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Anaesthetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conscious Sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3 Clinical Procedures & Skills Form (Cont)

	Proficiency	
--	-------------	--

Procedure/Skill 5. Chemical Denervation Able to assess safety; competent technique and understanding for:	Rating 1 – 5* (1. Needs more work, 3 average, 5 very skilled)					Areas needing more attention or handled very well? Any comments?	N/A
	1.	2.	3.	4.	5.		
Botulinum Toxin for injections to face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Botulinum Toxin injections for hyperhidrosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Botulinum Toxin injections – headache Muscle spasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure/Skill 6. Dermal Fillers Able to assess safety; competent technique and understanding for:	Proficiency Rating 1 – 5* (1. Needs more work, 3 average, 5 very skilled)					Areas needing more attention or handled very well? Any comments?	N/A
	1.	2.	3.	4.	5.		
Biological (Bovine Collagen) –Collagen injections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyaluronic Acid injections - Superficial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyaluronic Acid injections - Deep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synthetic Non Reabsorbable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autologous Fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3 Clinical Procedures & Skills Form (Cont)

Procedure/Skill 7. Chemical Peels Able to assess safety;	Proficiency Rating 1 – 5* (1. Needs more	Areas needing more attention or handled very well?	N/A

competent technique and understanding for:	work, 3 average, 5 very skilled)					Any comments?	
	1.	2.	3.	4.	5.		
Superficial Peels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium Depth Peels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep Peels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peeling areas other than face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3 Clinical Procedures & Skills Form (Cont)

Procedure/Skill 8. Lasers and Other Devices Able to assess safety; competent technique and understanding:	Proficiency Rating 1 – 5* (1. Needs more work, 3 average, 5 very skilled)					Areas needing more attention or handled very well? Any comments?	N/A
	1.	2.	3.	4.	5.		

Vascular Laser Name of laser:	<input type="checkbox"/>	<input type="checkbox"/>				
Pigment Laser Name of laser:	<input type="checkbox"/>	<input type="checkbox"/>				
Hair Reduction laser Name of laser:	<input type="checkbox"/>	<input type="checkbox"/>				
Fractional Laser Name of laser:	<input type="checkbox"/>	<input type="checkbox"/>				
Understanding of Ablative/non ablative Lasers/techniques	<input type="checkbox"/>	<input type="checkbox"/>				
Phototherapy – PDT	<input type="checkbox"/>	<input type="checkbox"/>				
Phototherapy – other	<input type="checkbox"/>	<input type="checkbox"/>				
RF Devices	<input type="checkbox"/>	<input type="checkbox"/>				
Plasma skin Rejuvenation	<input type="checkbox"/>	<input type="checkbox"/>				

2.3 Clinical Procedures & Skills Form (Cont)

Procedure/Skill 9. Sclerotherapy Able to assess safety, competent technique and understanding:	Proficiency Rating 1 – 5* (1. Needs more work, 3 average, 5 very skilled)					Areas needing more attention or handled very well? Any comments?	N/A
	1.	2.	3.	4.	5.		
Micro-sclerotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

						
Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>				

Procedure/Skill 10. Infection Control Safe, competent technique and understanding:	Proficiency Rating 1 – 5* (1. Needs more work, 3 average, 5 very skilled)					Areas needing more attention or handled very well? Any comments?	N/A
	1.	2.	3.	4.	5.		
Infection Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure/Skill 11. Patient Selection Able to assess safely, competent technique and understanding:	Proficiency Rating 1 – 5* (1. Needs more work, 3 average, 5 very skilled)					Areas needing more attention or handled very well? Any comments?	N/A
	1.	2.	3.	4.	5.		
Patient Selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3 Clinical Procedures & Skills Form (Cont)

Procedure/Skill 12. Medical Ethics Able to assess safety, competent technique and understanding:	Proficiency Rating 1 – 5* (1. Needs more work, 3 average, 5 very skilled)					Areas needing more attention or handled very well? Any comments?	N/A
	1.	2.	3.	4.	5.		
Medical Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure/Skill 13. Lipoplasty Able to assess safety, competent technique and understanding:	Proficiency Rating 1 – 5* (1. Needs more work, 3 average, 5 very skilled)					Areas needing more attention or handled very well? Any comments?	N/A
	1.	2.	3.	4.	5.		
Lipoplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your assistance in completing this form. If you have any queries please contact one of the College's Censors. The completed form should be mailed to ACCS Administration with the checklist (form 2.4) and other required forms.

Signed: _____

Date: _____

2.4 ACCS Preceptor Training Checklist Form

The following checklist is to help the preceptor ensure that all requirements for the training program are completed and should be returned as the cover sheet with all the required forms that are to be sent to the ACCS regarding the Registrar:

Preceptor Name			
Registrar Name			
Term Date -Start		Term Date - End	
Registrar Evaluation Form 2.1 Filled Out (3 pages - pages 8 to 10)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comment:.....
General Comments Form 2.2 Filled Out: (1 page – page 11)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comment:.....
Clinical Procedures Form 2.3 Filled Out: (8 pages – pages 12 to 19)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comment:.....
Registrar has participated in Journal Club:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comment:.....
Registrar has attended scheduled Meetings/ Conferences:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comment:.....
Registrar has presented Diary and Log for approval and signature	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comment:.....
<input type="checkbox"/> Yes Conference Presentation (if applicable to preceptor term) <input type="checkbox"/> No N/A			
Title:		Meeting:	
<input type="checkbox"/> Yes Paper Submitted for Publishing(if applicable to preceptor term) <input type="checkbox"/> No N/A			
Title:		Meeting:	

3. Summary of Cosmetic Medicine Curriculum

3.1 Dermatology

- a) Structure and function of normal skin
- b) Classification of Skin Types - Fitzpatrick
- c) Effects of Chronological Aging
- d) Effects of Photo aging
- e) Healing Skin:
 - Physiology
 - Abnormal healing
 - Delayed healing
 - Scar formation
- f) Theory of antioxidants in relation to aging process.
- g) Anti-aging topical skin preparations and their effects.

3.2 Common Dermatological Conditions Presenting to the Cosmetic Physician

- a) Acne – Pathophysiology
 - Treatment: Topical
 - AHAs and peeling agents
 - Retinoids
 - Antibacterials
 - Treatment: Systemic
 - Antibiotics
 - Hormones
 - Roaccutane
 - Dietary Influence
 - Physical
 - Exfoliants
 - Microdermabrasion
 - Light Therapy
 - PDT
- b) Acne scarring - Pathogenesis
 - Treatment
 - Dermal Fillers
 - Dermabrasion
 - Collagen Induction Therapy
 - Laser resurfacing & Fractional laser
 - Surgical:
 - Excision - Skin graft
 - Fat Graft
 - Subcision
- c) Pigmentary Disorders
 - Melasma
 - Vitiligo
 - Post inflammatory hyperpigmentation
 - Post traumatic hypopigmentation
- d) Benign Skin conditions (covered under conditions treatable by lasers)
 - Viral
 - Pigmented

- Vascular
 - Neoplastic
- e) Inflammatory dermatoses
- f) Dermatologic conditions associated with systemic disease

3.3 Facial Anatomy

- a) Musculature
- b) Nerve Supply
- c) Aesthetics

3.4 Pharmacology

- a) Topical Anaesthetics
- b) Local Anaesthetics
- c) Conscious Sedation (Candidates should be familiar with the guidelines set out by the College of Anaesthetists.

3.5 Chemical Denervation

- a) Botulinum Toxin
 - Mode of action
 - Indications
 - Side effects and complications:
 - systemic
 - allergic
 - regional
 - prevention and treatment
 - Duration of action
 - Appropriate doses/dilutions
 - Safety and toxicity
 - Storage and transport
 - Anatomy of facial/neck muscles
 - Hyperhidrosis - principles of Botulinum toxin use
 - other treatment options.

3.6 Dermal Fillers

- a) Biological:- Bovine Collagen “Collagen”
 - Composition/Chemical or molecular nature
 - Mechanism of Action
 - Pharmacokinetic- breakdown/longevity
 - Method of Placement
 - Indications
 - Contraindications
 - Adverse Effects
 - Hypersensitivity – Allergic, test dosing
 - Infection
 - Ischaemic Necrosis/Embolism

- Late reactions- ie Granulomas
 - Distinction between nodules and granulomas
- b) Hyaluronic Acids - Varieties of and distinctions between
- Composition/Chemical or molecular nature
 - Mechanism of Action
 - Pharmacokinetic- breakdown/longevity
 - Method of Placement
 - Indications
 - Contraindications
 - Adverse Effects
 - Hypersensitivity – Allergic, Late reactions ie Granulomas
 - Infection
 - Ischaemic Necrosis/Embolism
 - Distinction between nodules and granulomas
- c) Synthetic Non Reabsorbable:
- Particulate
 - Gel
 - Composition/Chemical or molecular nature
 - Mechanism of Action
 - Pharmacokinetic - longevity
 - Method of Placement
 - Indications
 - Contraindications
 - Adverse Effects
 - Hypersensitivity - Allergic, Late reactions ie Granulomas
 - Infection
 - Ischaemic Necrosis/Embolism
 - Distinction between nodules and granulomas
- d) Cultured autologous fibroblasts
- Mechanism of Action
 - Pharmacokinetic- breakdown/longevity
 - Method of Placement
 - Indications
 - Contraindications
 - Adverse Effects
- e) Autologous Fat
- Mechanism of Action
 - Pharmacokinetic- breakdown/longevity
 - Method of Placement
 - Indications
 - Contraindications
 - Adverse Effects

3.7 Facial Peels

- a) Classification;
- Superficial
 - Medium
 - Deep

- Augmented
- b) Characteristics:
- Fruit Acids, Glycolic, AHA
 - BHAs
 - Jessner
 - TCA
 - Phenol
 - Retinoic Acid
 - Microdermabrasion
 - Combinations
- c) Basic Understanding of each different agent:
- Indication for use
 - Contraindications
 - Mode of application (including neutralisation)
 - Mechanism of action
 - Potentiating Factors
 - Adverse Effects
- d) Peeling areas other than face
- Indications
 - Precautions
- e) Patient Selection

3.8 Lasers and Other Devices

Science and Safety of Medical Lasers is Examined separately. Members of the College may apply to be included on the Procedure Specific Register for Lasers after passing the Laser Science and Safety Examination or equivalent, and presenting a log book of 100 laser cases. This curriculum aims at ensuring a basic clinical knowledge of lasers and other devices only.

- a) Vascular Lasers - Chromophore
- Principles/Mode of action
 - Indications
 - Appropriate Lasers (wavelength/type)
 - Side effects and Complications
- b) Pigment Lasers - Chromophore
- Principles/Mode of action
 - Indications
 - Appropriate lasers
 - Side effects and complications
 - Q-switched lasers
 - Chromophore
 - Principles/Mode of action
 - Indications
 - Appropriate lasers
 - Side effects and Complications
- c) Hair Reduction Lasers - Principles/Mode of action
- Indications
 - Hirsutism: Causes and investigation
 - Fitzpatrick Skin Type

- Precautions
 - Patient Preparation
 - Expected results
 - Side effects and complications
- d) Ablation
- Principles/Mode of action
 - Resurfacing lasers
 - Indications
 - Contraindications
 - Patient preparation
 - Precautions
 - Post operative care
 - Side effects and complications
- e) Fractional Laser Treatments
- Principles/Mode of action
 - Appropriate lasers
 - Indications
 - Wavelengths
 - Ablative/non ablative fractional treatments
 - Side effects and Complications
- f) Non Ablative Lasers
- “Photo-Rejuvenation”
 - Principles/Mode of action
 - Appropriate lasers
 - Indications
 - Complications
 - Adjuvant therapies Botox, Filler, Peels as above
- g) Intense Pulsed Light
- Principles
 - Indications/Applications
 - Difference between IPL and laser
 - Side effects and complications
- h) Laser Safety
- Eye protection
 - flammable liquids and gases
 - Smoke hazard
 - Access and signage
 - General precautions
- i) Phototherapy
- Photodynamic therapy
 - Principles
 - Indications
 - Post-operative care
 - Side effects and complications
 - PUVA/UVA
 - Principles
 - Indications
 - Post-operative care
 - Side effects and complications
 - Narrow band UVB
 - Principles
 - Indications
 - Post-operative care
 - Side effects
- j) Radiofrequency devices

- Monopolar
- Bipolar
- Fractional
- Combinations with light

k) Plasma Skin rejuvenation

- Eg. Portrait

3.9 Sclerotherapy

- Anatomy of the lower limb venous system
- Pathophysiology/Aetiology of varicose and spider veins
- Indications for treatment
- Micro sclerotherapy
- Varicose veins
 - Assessment and investigations
 - Indications for UGS
 - Ambulant Phlebectomy, Indications
 - Sclerotherapy solutions:
 - Aethoxysclerol
 - Mode of action
 - Techniques of injection
 - Side effects
 - Complications
 - Post treatment care
 - Sodium Tetradecyl Sulfate
 - Mode of action
 - Techniques of injection
 - Side effects
 - Complications
 - Post treatment care
 - Hypertonic Saline
 - Mode of action
 - Techniques of injection
 - Side effects
 - Complications
 - Post treatment care
 - Others
 - Mode of action
 - Techniques of injection
 - Side effects
 - Complications
 - Post treatment care

3.10 Infection Control

Candidates should be familiar with principles of infection control as outlined in the College of General Practice Guidelines for Infection Control.

3.11 Patient Selection

- a) Personality disorders
- b) Psychiatric conditions
- c) Body Dysmorphic Disorder
- d) Medical conditions affecting treatment
- e) Appropriate referral

3.12 Medical Ethics

- a) Decision to treat
- b) Adequate information
- c) Informed consent
- d) Dissatisfied patient
- e) Responsibility to Medical Indemnity Insurer
- f) Documentation

3.13 Medical Advertising

- a) Candidates should be familiar with TGA, Medical Board and ACCS guidelines.
- b) Wording which is appropriate /inappropriate to describe treatments.
- c) Appropriate/inappropriate use of imaging and descriptions.

3.13 Lipoplasty

- a) Suction assisted lipoplasty
- b) understanding of principles
- c) practice guidelines
- d) patient selection
- e) pre and post op management

Inclusion of lipoplasty relates to knowledge of, and exposure to lipoplasty, sufficient to counsel patients. The practice of and qualification for lipoplasty is covered in the surgical curriculum.