By-Laws
Of
The Australasian College of Cosmetic Surgery

Introduction

Under Article 28 of the Constitution, the Council has the power to make such by-laws as in the opinion of the Council are necessary and desirable for the proper control, administration and management of the College’s membership operations, finances, interests, effects and property and for the contributions, duties, obligations and responsibilities of qualified members. These By-Laws set out:

(a) The code of conduct and practice with which qualified members must comply;
(b) Accreditation procedures and requirements;
(c) Conduct of the Board of Censors; and
(d) Re-certification procedures and requirements.

1. Definitions

Unless defined below, a word or phrase used in these By-Laws which is defined in the Constitution has the same meaning as in the Constitution.

In these By-Laws:

“Applicant” means an applicant for membership as a Member or Fellow of the College.

"Board of Censors" means the Board of Censors of the College established in accordance with Article 18.1 of the Constitution.

"Censor-in-Chief" means a Council Member appointed to that position in accordance with Articles 15.3, 15.4 and 15.5 of the Constitution.

"Censor" means a member of the Board of Censors.
"College" means the Australian College of Cosmetic Surgery Limited ACN 086 383 431 whatever its name may be from time to time.

"Constitution" means the constitution of the College as amended or substituted from time to time.

"Cosmetic Medicine" means that branch of medicine which is concerned with those medical and non-surgical procedures which are performed to reshape the normal structure of the body, or to adorn the body, with the aim of improving the consumer’s appearance and self esteem.

"Cosmetic Surgery" means any surgical procedure which is performed to reshape normal structure of the body, or to adorn the body, with the aim of improving the consumer’s appearance and self esteem.

"CME" means Continuing Medical Education.

"Faculty" means a faculty established under Article 6.7 of the Constitution.

"FRACS" means a Fellow of the Royal Australasian College of Surgeons.

"Invasive Proceduralist" means a person who performs a surgical procedure in the commonly understood sense of "cutting with a knife", such as breast augmentation, breast reduction, rhinoplasty, surgical face lifts, otoplasty etc. The procedure is most commonly performed under general anaesthetic in a day procedure centre, or hospital with an anaesthetists present.

"Medical Registration" means registration as a medical practitioner in the state in which the person practises medicine.

"Qualified member" means a person who is an Associate Member or Fellow of the College.

"Re-Certification Program" has the meaning given in clause 7.

"Re-Certification Subcommittee" means the subcommittee formed by the Council in accordance with Article 17.10 of the Constitution.

2. Code of Conduct

Qualified members must:

(i) Practise with integrity and honour, in the best interests of their patients, with the patient's safety and quality of care being of the highest concern;

(ii) Conduct their professional affairs in accordance with all applicable laws and ethics and in a manner that upholds the good reputation of the medical profession; and

(iii) Strive for the furtherment of the speciality of cosmetic or aesthetic surgery through research and development and ensure the maintenance of the highest standards through continued medical education and training.
3. **Accreditation and Related Matters**

3.1 **Categories of Membership**

The categories of membership of the College and the qualifications required for membership of these categories are as follows:

**Associate Member**

An Associate Member is a qualified member of the College who is in the course of participation in a College-approved training program for Fellowship of one of the College faculties. An Associate Member is not entitled to vote or sit on the Council.

**Fellow**

A Fellow is a Qualified Member of the College who is a medical practitioner practising in a Cosmetic Surgery (as an Invasive Proceduralist) and/or Cosmetic Medicine.

3.2 **Application for Accreditation as a Associate Member**

(a) All persons seeking accreditation as an Associate Member of the College must comply with the requirements set out in this clause 3.2; and lodge an application of the relevant form (obtainable from the College) with the Board of Censors.

(b) The requirements which must be met to be accredited as an Associate Member of the College are:

(i) Current Medical Registration;

(ii) Satisfactory Letter of Good Standing provided by the medical registration board of the state in which the person practices; and

(iii) Be credentialed by the Board of Censors in accordance with the regulations and bylaws of the college as amended from time to time and,

(iv) Be accepted into a training course approved by the College for credentialing as a Fellow of one of the Faculties of the College.

3.3 **Application for accreditation as a Fellow**

(a) All persons seeking accreditation as a Fellow of the College must comply with the requirements set out in this clause 3.3; and lodge an application on the relevant form (obtainable form the College) with the Board of Censors setting out the following requirements.

(b) The requirements which must be met to be accredited as a Fellow of the College are:

(i) Current Medical Registration;

(ii) Credentialing by the Board of Censors (Full Surgical or Full Medical Criteria), in accordance with clause 3.5 of these by-laws.
3.4 Application Fees

Until otherwise determined by the Council, pursuant to Article 9.1 of the Constitution, the application fees for the categories of membership are available on application from the College as determined by the Council from time to time.

3.5 Assessment of Applications

Upon receipt of an application in accordance with clauses 3.2 and 3.3, the Board of Censors will assess applicants in accordance with the following guidelines:

(a) Basic training (as set out in clause 3.6 below);
(b) Specific procedural training (as set out in clause 3.6 below);
(c) Clinical experience including the tabling of a clinical log showing the required minimum number of cases, as determined by the College Board of Censors from time to time; and
(d) The passing of various examinations as required by the College.

3.6 Basic Training

1. Applicants to become Fellows must be or have one of the following:

(a) A FRACS or in the opinion of the Board an equivalent surgical qualification;
(b) Five years minimum post-graduate full-time practice as a medical practitioner, including three years of surgical training accredited by the College such as:
   (i) Dermatologist with surgical experience accredited by the Australasian College of Dermatologist or their equivalent; or
   (ii) Ophthalmologists, ENT surgeon, Facio-Maxillary surgeon accredited by the Royal Australasian College of Ophthalmologist, the Royal Australasian College of Surgeons, or their equivalent or
   (iii) Other by special consideration in accordance with the clause 3.7.

2. Applicants who wish to become Fellows of the Faculty of Medicine of ACCS must be or have one of the following:

   (iv) MB BS or equivalent registrable qualifications;
   (v) 3 years minimum full time as a registered medical practitioner;
   (vi) Dermatologist without surgical experience
   (vii) FRACP or equivalent;
   (viii) Undertake written or oral examinations; or
   (ix) Other by special consideration in accordance with clause 3.7,

3.7 Other Training

The application for Special Consideration may be made to the Board of Censors if an applicant is unable to meet all of the requirements of 3.6 above. The Board of Censors may in its absolute discretion assess and approve as satisfactory other equivalent basic training in individual cases.
3.8 **Specific Procedural Training (FACCS)**

Applicants must have obtained at least one of the following:

(a) A two year fellowship from the American Academy of Cosmetic Surgery; or
(b) A two year fellowship from the European Academy of Cosmetic Surgery; or
(c) Completion of the Associate Member training course offered by the College from time to time; or
(d) Five years of procedural experience as approved by the College; or
(e) Completion of any specialist training course which the Board of Censors considers appropriate, taking into account the applicant's basic training and experience.

3.9 **Specific Procedural Training (FFMACCS)**

(a) An intensive 2-year training program in Cosmetic Medicine as approved by the College via Preceptor ship.
(b) Maintenance of a logbook of a minimum number of cases as determined by the Board of Censors.
(c) Written and oral examinations.

3.10 **Clinical Experience**

All applicants must submit with their application a surgical log containing the minimum number of cases for a given procedure designated by the Board of Censors and available on application of the College.

The log must contain:

(a) Operative notes containing full particulars of the procedure and all significant details;
(b) Post-operative notes containing full particulars of the procedure and all significant details;
(c) The number of procedures performed by the applicant;
(d) The number of complications, particularising each case; and
(e) The patient outcome, particularising each case. Patient's names are not to be shown.
(f) A statement by the applicant that the log is true and complete, the Board of Censors may, where appropriate, investigate any matters pertaining to the log. When the log is produced as part of an Approved Training Program it must be countersigned by the Director or Preceptor of the approved course.

3.11 **Examination**

If an applicant meets the requirements of each of clauses 3.6 to 3.10, the College will notify the applicant in writing. Applicants for Fellowship of the surgical faculty will then be required to sit an examination set which shall consist of written and viva voce examinations in:
(a) Body contouring surgery;
(b) Dermatological cosmetic surgery; and
(c) Basic sciences as applied to surgical procedures.

Applicants a for Fellowship if the Faculty of Medicine ACCS will then be required to sit an exam which shall consist of a written and oral examination in the current approved modalities of Cosmetic Medicine.

3.12 Register of the Faculties

Once accredited by the Board of Censors the name of the Fellow will be added to the relevant Faculty Register of the College. The Fellow’s name will then be included along with all other Fellows for the Faculty and the Register will be available to the public.

A Fellow’s name may be suspended or removed from such Register by order of the Council when continued registration would be misleading, deceptive or inaccurate, or after due disciplinary proceedings of the College have recommended suspension or removal.

4. Board of Censors

4.1 Election of Censors

(a) The members of the Board of Censors normally are elected at a meeting of the Council and, subject to these By-Laws, shall hold office from termination of the meeting until termination of the next meeting of the Council held on or after two years from the date of his or her election, whereupon he or she shall become retired.

(b) Subject to Article 4.4, a retiring Censor is eligible for re-election.

4.2 Nomination for Election

(a) Each candidate for election as a Censor must:

(i) Be proposed by a Council Member; and

(ii) Be a current financial qualified member of the College.

(b) A nomination of a candidate for election as a Censor must:

(i) Be in writing;

(ii) Be signed by the candidate; and

(iii) Be signed by the proposer.

(c) A nomination of a candidate for election must be received at the registered office of the College no later than 5pm on the day, which is 30 days prior to the meeting of the Council at which the candidate is proposed to be elected.

(d) A list of the candidates’ names in alphabetical order, together with the proposers’ names must be sent to the Council Members with the notice of the meeting of the Council.
Any candidate nominated for election as a Censor must disclose to the Council all memberships of any other professional bodies that the candidate may hold. Failure to do so will result in removal from Board of Censors (?Also Council – decision by AGM)

4.3 Election Procedure - Censors

(a) If the number of candidates for election as Censors is equal to or less than the number of vacancies to be filled; the chairperson of the meeting of the Council must declare those candidates to be duly elected as Censors.

(b) If the number of candidates for election as Censors is greater than the number of vacancies to be filled at the meeting, a ballot must be held at the meeting for the election of the candidates.

(c) If a ballot is required to decide those to be elected to Board of Censors, balloting lists must be prepared listing the names of the candidates in alphabetical order and no other order.

(d) At the meeting of the Council each person entitled to vote and voting on the ballot must cast the number of votes equal to the number of vacancies, but (subject to paragraph (b)) no person so voting may cast more than one vote in favour of each candidate.

(e) The number of candidates equal to the number of vacancies who receive a greater number of votes cast in their favour must be declared by the chairperson of the meeting to be elected as Censors.

(f) In the case of an equality of votes preventing one or more vacancies to be filled the chairperson, prior to the declaration of the result of the ballot, is entitled to a number of casting votes equal to such number of vacancies, provided that if that process:

(i) Does not resolve the situation; or

(ii) The chairperson is one of the persons in respect of whom there is an equality of votes,

Then those persons who have received the greatest number of votes must be declared by the chairperson to be elected as censors following which a further ballot in accordance with the clause must be held forthwith for the remaining vacancies.

4.4 Members of the Board of Censors

Members to the BOC are appointed to reflect the broad area of the Scope of Practice of Cosmetic Medical Practice. Such a scope shall include but is not limited to elements of facial surgery, body contouring surgery, liposuction, breast surgery, dermatology, laser and light therapies, Cosmetic Medicine.

Each member of the Board of Censors must be a Fellow or Member of the College and elected by Council. The Board of Censors shall consist of a minimum of 4 persons. In appropriate circumstances the Board may seek external advice.
4.5 Duties

The Board of Censors will assist the Censor in Chief and/or his nominated representatives to;

(a) To assess applications for procedure registrations according to the requirements and guidelines set out by these By-Laws or the directions from time to time made by the Council, and hand down a consensus decision (suitable or unsuitable);

(b) To examine log books;

(c) To assess and allocate or decline according to such requirements, guidelines and directions new applicants for membership in relation to the categories specified in clause 3.1; as considered appropriate;

(d) To assess candidate applications for College training programs and make recommendations; and

(e) To assess standing of applicants seeking admission to a Faculty of the College according to the guidelines set out by these By-Laws and make a recommendation to the Council.

4.6 Meetings of Board of Censors

The Board of Censors shall meet as required to acquit its duties. The Board shall convene at least once per year.

4.7 Quorum for Meetings of Board of Censors

(a) The Board of Censors may determine the quorum necessary for the exercise of the Board of Censors' authorities, powers and discretions under these By-Laws, but not less than two-thirds of their number present in person or by proxy from time to time is required.

(b) A meeting of the Board of Censors during which a quorum is present is competent to exercise all or any of the authorities, powers and discretions under these By-Laws for the time being vested in or exercisable by the Board of Censors generally.

(c) For the purposes of determining whether a quorum is present, a Censor who is present and who holds formal proxies from other Censors may be counted for each of his or her proxies as well as in his or her own right.

4.8 Convening Meetings of Censors

A Censor may at any time and the Censor-in-Chief will on the request of a Censor convene a meeting of the Censors.

4.9 Notice of Meetings of Censors

(a) Twenty-one days’ notice of every Board of Censors meeting will be given to each Censor, except in the case of an urgent matter when the Censor-in-Chief may authorise a meeting of Board of Censors on a minimum of seven days’ notice.

(b) Notice of a meeting of Censors may be given in writing or by radio, telephone, closed-circuit television or other electronic means of audio or audio-visual communication.
4.10 Meetings by Electronic Means

(a) Without limiting the discretion of the Board of Censors to regulate their meetings under clause 4.6, the Board of Censors may, if they think fit, confer by radio, telephone, closed circuit television or other electronic means of audio or audio-visual communication.

(b) Notwithstanding that the Censors are not present together in one place at the time of the conference, a resolution passed by such a conference will be deemed to have been passed at a meeting of the Board of Censors held on the day on which and at the time at which the conference was held.

(c) A Censor present at the commencement of the conference will be presumed to have been present and, subject to other provisions of these By-Laws, to have formed part of the quorum throughout the conference, unless the minutes reflect otherwise.

(d) Any minutes of a conference of the type referred to in clause 4.10(a) purporting to be signed by the chairperson of that conference or by the chairperson of the next succeeding meeting of Board of Censors will be sufficient evidence of the observance of all necessary formalities regarding the convening and conduct of the conference.

(e) When by the operation of Article 4.10(b) a resolution is deemed to have been passed at a meeting of the Board of Censors, that meeting will be deemed to have been held at such place as is determined by the chairperson of the relevant conference, provided that at least one of the Censors who took part in the conference was at such place for the duration of the conference.

4.11 Votes at Meetings of Board of Censors

Questions arising at any meeting of the Board of Censors will be decided by a majority of votes of those present in person and by proxy and, subject to the provisions of clauses 4.12 and 4.13, each Censor has one vote for himself and one for each proxy that he or she holds.

4.12 Voting at Board of Censors Meetings

(a) Voting at Board of Censors meetings of the College may be in person, by telephone, by electronic mail, or by proxy given in writing to a member who is present in person and signed by the absent member.

(b) Where a proxy is communicated by electronic mail it must be forwarded to the secretariat no less than 24 hours before the time set for the meeting so that the provenance of the electronic mail may be validated.

(c) Persons voting as proxies must be current financial qualified members of the College other than Associate Members.

4.13 Casting Vote for Chairperson of Board of Censors

In a meeting of Board of Censors the Censor-in-Chief, if present, or in the absence of the Censor-in-Chief, the chairperson elected under clause 4.14(b) will not normally vote (except as a proxy and that except that they will have a casting vote in the event of an equality of votes on any issue).
4.14 Chairperson at Board of Censors Meetings

(a) The Censor-in-Chief is the chairperson of all meetings of the Board of Censors.

(b) If at a meeting of the Board of Censors no Censor-in-Chief has been elected as provided by Articles 15.3-15.5 of the Constitution or the Censor-in-Chief is not present within 10 minutes after the time appointed for the holding of the meeting, or is unwilling to act, the Censors present will choose one of their number to be chairperson of that meeting.

4.15 Defects in Appointment or Qualifications of Censor

All acts done at any meeting of the Censors or of a committee of Censors or by any person acting as a Censor will be as valid as if every such person or committee had been duly appointed and every Censor was qualified and entitled to vote, notwithstanding that it is afterwards discovered that there was some defect in the appointment of a Censor or of the committee or of the person acting as aforesaid, or that any Censor was disqualified or not entitled to vote or act.

4.16 Written Resolutions of Board of Censors

(a) If all of the Censors have signed a document containing a statement that they are in favour of a resolution of the Board of Censors in terms set out in the document, a resolution in those terms will be deemed to have been passed at a meeting of the Board of Censors held on the day on which the document was signed and at the time at which the document was last signed by a Censor or, if the Censors signed the document on different days, on the day on which, and at the time at which the document was last signed by a Censor.

(b) For the purposes of this Article 4.16:

(i) 2 or more separate documents containing statements in identical terms each of which is signed by one or more Censors will together be deemed to constitute one document containing a statement in those terms signed by the Board of Censors;

(ii) A reference to all the Censors does not include a reference to a Censor who, at a meeting of Censors, would not be entitled to vote on the resolution;

(iii) A document signed by the holder of a proxy on behalf of the donor of the proxy need not also be signed by that donor; and

(iv) Any document so signed by a Censor may be received by the College at the Office (or other place agreed by the Censors) by post, by facsimile or other electronic means or by being delivered personally by that Censor.

4.17 Resignation of Censors

A Censor may resign from office on giving the College or any official of the College notice in writing.

4.18 Removal and Appointment of Censors by General Meeting

The College may by ordinary resolution:

(a) Remove any Censor; and

(b) Appoint another qualified member in place of that Censor (who shall hold office
until the time when that Censor normally would have retired).

4.19 Suspension of Censor Guilty of Prejudicial Behaviour

(a) If the conduct or position of any Censor is such that continuance in office or appears to a majority of the Censors to be prejudicial to the interests of the College, a majority of the Censors at a meeting of the Censors specially convened for that purpose may suspend that Censor and will notify the Council forthwith.

(b) Within 30 days of becoming aware of the suspension, the Council may either confirm the suspension and remove that Censor from office or annul the suspension and reinstate that Censor.

4.20 Vacation of Office of Censor: Automatic

(a) Subject to the Constitution and these By-Laws, each Censor shall remain in office for the period specified in clause 4.1.

(b) The office of a Censor is vacated if that Censor:

(i) Becomes of unsound mind or a person whose person or estate is liable to be dealt with in any way under the law relating to mental health;

(ii) Is absent without the consent of the Censors from all meetings of the Censors held during a period of four months and the Censors resolve that his or her office be vacated;

(iii) Resigns the office of Censor in accordance with clause 4.17;

(iv) Is removed under the provisions of clause 4.19;

(v) Becomes bankrupt or suspends payment or liquidates by arrangement or compounds with or assigns his or her estate for the benefit of his or her creditors;

(vi) Ceases to be a qualified member;

(vii) Breaches any duties imposed by these By-Laws on qualified members; or

(viii) Is rendered incapable of practising as a registered medical practitioner by reason of not holding or having or the suspension, cancellation of, or refusal to grant, any form of certificate or approval necessary to practise as a lawfully registered medical practitioner; or

(ix) Otherwise is, or becomes prohibited from being a Director of a Corporation by virtue of the Corporations Law.

(c) The Council shall be entitled to appoint without election another qualified member to fill any vacancy occurring pursuant to clause 20(b) (who shall hold office until the time when the person who held the office vacated normally would have retired).
5. **Quality Assurance**

5.1 **Audits**

All qualified members must carry out:

(a) An audit of patient satisfaction; every 12 months; and

(b) A surgical audit of the outcomes of patient care for each patient, upon completion of each patient's treatment in accordance with clause 5.3; and

(c) An audit of some aspect of the Fellow’s clinical practice related to cosmetic medicine or surgery, and arrange a peer review of that audit in accordance with clause 5.3 below.

5.2 **Documentation**

All Fellows must provide and annual written report to Council setting out the results of each of the audits referred to in clause 5.1. The Council will use such reports as evidence in CME.

5.3 **Surgical Audit**

In carrying out a surgical audit, the Fellow must critically analyse the outcomes of patient treatment provided by him or her including complications and side effects of that treatment. The Fellow must present the results of the surgical audit at a meeting of peers, eg. Mortality and Morbidity, or any other meeting which is designed to discuss clinical outcomes. This constitutes the peer review of the audit and is an integral part of the performance of the Surgical or Medical Audit.

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6. **Patient Consultation**

6.1 **Guidelines re Consultations**

Each Fellow must comply with each of the components set out in this clause.

6.2 **Medical Evaluation**

Each Fellow must:

(a) Obtain a thorough medical history from each patient;

(b) Conduct appropriate physical examination and investigations to ensure patient's suitability for surgery and identification of possible risk factors or indicators of poor outcome; and

(c) Maintain detailed notes of the results of (a) and (b).

6.3 **Psychological Evaluation**

Each Fellow must:

(a) Conduct a psychological assessment of the patient with establishment of appropriate motivations for surgery and identification of possible psychological risk factors or indicators of possible poor outcome; and

(b) Maintain detailed notes of the results of such an assessment.
6.4 **Patient Education**

Each Fellow must provide to each patient the following information in relation to the relevant procedure (whether the procedure is requested by the patient or recommended by the qualified member).

(a) How the procedure is performed.
(b) The post-operative course and expected recovery time.
(c) Possible alternative treatment where appropriate.
(d) A discussion of possible complications and side-effects, their frequency and severity.
(e) A comment on expected realistic outcome.

6.5 **Post-Operative Care**

Each Fellow must:

(a) Provide full and adequate post-operative care for their patients, including provision for emergency after-hours care. The post-operative surveillance should be appropriate for the magnitude of the surgery performed and to allow for early detection of and intervention in adverse outcomes;

(b) Provide adequate on-going care, either by his or her own assessment and correction or by appropriate referral.

6.6 **Advertising**

The members of the College are expected to comply with the advertising codes as set out by their respective State Medical Boards.

Subject to all relevant laws form time to time governing, no qualified member shall conduct or procure the conducting of any advertising which:

(a) Improperly denigrates the business work or reputation of any other member or members; or

(b) Is liable to mislead the public as to the availability nature, characteristics or suitability for their purposes of any service or facility; or

(c) Breaches any laws, regulations or guidelines which may from time to time be in force for the proper regulation of sub-specialty.

6.7 **General Conduct**

The Qualified Members of the College must conduct their professional affairs with honour and integrity and in a manner that upholds the good reputation of the College.
7. Re-Certification Program

7.1 Re-Certification Sub-Committee

The Council has delegated its powers in relation to the re-accreditation of members to the Re-Certification Sub-Committee in accordance with Article 17.10 of the Constitution.

7.2 Membership

The Re-Certification Subcommittee will consist of two Fellows of the College, being:

(a) A Council Member; and

(b) Another member who is a Fellow of the College and is not a Council Member, and are to be elected by the Council.

7.3 Duties of Re-Certification Sub-Committee

The duties of the Re-Certification Sub-Committee are:

(a) To oversee the operation of the Re-Certification Program; and

(b) To oversee and ascertain whether all qualified members maintain the CME requirements set out in clause 8 of these By-Laws.

7.4 Elements of the Program

The Re-Certification Program is made up of the following elements:

(a) Patient Audit and Peer Review thereof.

(b) Credentialing at a hospital which is accredited by the Australian Council on Health Care Standards, or is a hospital or day surgery centre approved by the College.

(c) CME (see clause 8 of these By-Laws).

7.5 Re-certification Requirements

A Fellow must meet the following requirements:

(a) Engage in a total of 80 hours of CME per annum;

(b) Conduct an audit in accordance with clause 5.1 and arrange a peer review of that audit.

(c) Engage in audit activities for at least 5 yours per annum (in addition to activities referred to in (b) and (c) above;

(d) In the case of surgical Fellows, be credentialed at a hospital that is accredited by Australian Council of Health Care Standards or that meets the standards for a College-approved hospital; and

(e) If requested, supply documentation to support the information provided on the annual Re-certification Data Form.

7.6 Application for Re-certification

(a) At the end of each calendar year, each Fellow will be sent a Re-certification Data Form which is required to be completed and returned to the College within 60 days
8. Continuing Medical Education (CME)

8.1 CME Requirement

Each Fellow must undertake CME in accordance with this clause 8 to increase, maintain and develop the knowledge and skills needed to provide effective and safe patient care in Cosmetic Surgery (in the case of a Fellow) or Cosmetic Medicine (in the case of a Member).

8.2 Hospital and Committee Meetings (Category 1)

Category 1 CME consists of attendance at any of the following meetings:

(a) Specialty Unit Meetings;
(b) Clinical Outcome Meetings including grand rounds; or
(c) Any hospital committee involved with clinical care of patients.

8.3 Scientific Meetings (Category 2)

Category 2 CME consists of attendance at any international scientific meeting involving cosmetic surgical or medical learning accredited by the College.

8.4 Self Educational Activities (Category 3)

Category 3 CME consists of the following:

(a) Undertaking internet activities related to clinical practice;
(b) Digesting cosmetic surgical/medical journals, audio tapes or videos and tapes;
(c) Arranged visits to special units;
(d) Preparation for and participation in self-assessment tests;
(e) Acquisition of new skills related to cosmetic surgical/medical practice; and

(f) Anything else approved by the Re-Certification Subcommittee.

### 8.5 Other Activities (Category 4)

Category 4 CME consists of the following:

(a) Acting as a referee for journal articles on the subject of Cosmetic Surgery or Cosmetic Medicine;

(b) Publication in a refereed medical journal or presentation at an accredited scientific meeting. Allow six hours for each different presentation and ten hours for each journal article;

(c) Undertaking post-graduate medicine courses at an Australian university with a recognised medical faculty which provides courses in qualifying graduates to become registered medical practitioners related to clinical care of patients. Participation in each day of the course is equivalent to eight hours of CME accreditation;

(d) Teaching pursuant to a teaching appointment at one of the universities described in paragraph (c) above, or some other establishment approved by the Re-Certification Subcommittee to under-graduates, post-graduates and peers;

(e) Participating in the review of overall practice by peers other than audit activities;

(f) Participation in organised research related to clinical practice; and

(g) Anything else approved by the Re-Certification Subcommittee.

### 8.6 Annual CME Commitments

Each Fellow must meet the following minimum hourly requirements [not stated] for each calendar year in each CME category:

(a) Category 1 - ten hours

(b) Category 2 - thirty hours

(c) Categories 3 and 4 - forty hours

A diary of surgical or other procedural activity should be kept for inspection by the Council if required.

### 9. Failure to Comply

#### 9.1 Suspension

The Council may suspend the registration of any Fellow who fails to duly comply with any of the requirements of clauses 5, 6, 7 and 8 of these by-laws, and may have his or her name removed from the relevant registers. A notice will be posted to that effect on the College website.

#### 9.2 Time to remedy matter leading to suspension

A suspension under clause 9.1 shall initially operate for a period of 14 days or such greater period as the Council in its sole discretion may allow to enable the Fellow or Associate Member concerned to cure the failure within the time concerned and if this occurs the suspension shall become annulled. If the failure is not so cured the suspension shall continue
10. **Complaints and Appeals**

(a) Complaints from patients or their relatives will be handled in accordance with the policies and procedures laid out in the Council pamphlet “Patient Satisfaction Assurance”.

(b) Fellows, Associate Members or applicants for Fellowship or Associate Membership who wish to appeal decisions of council will be required to put their complaint in writing addressed to Council and will be entitled to have that complaint tabled at the next Council Meeting of the Council. The Council will refer the matter for consideration to either

(i) The Board of Censors for comment in the case of appeal from refusal of accreditation as an Associate Member or as a Fellow, and thereafter to a committee of two or more members of Council, not being members of the Board of Censors, for a review of the decision in question; or

(ii) The Ethics Committee of Council, in the event that the matter is one of breach of the by laws or rules of conduct of the college, or any other matter likely to bring shame or adverse comment in the public reputation of the College, or

(iii) To any other committee of two or more convened by Council for the purpose.

(c) Upon referral of a complaint by an applicant for appeal of a decision of Council, the relevant committee will:

(i) Select an independent non Council member with suitable skills and knowledge for the inclusion on the committee; and

(ii) Collect any written or verbal evidence made available by the complainant relevant to the decision appealed;

(iii) Interview the complainant allowing at least seven (7) days preparation by the complainant for the interview, and

(iv) Report in writing to Council within 28 days of the matter being referred

(d) Council will review its decision in the light of the report from the reviewing committee. A finding by Council on appeal will be made in a written report to the complainant within 90 days of receiving the complaint. Council’s decision after completion of this process will be final.
PATIENT SATISFACTION ASSURANCE

The Australasian College of Cosmetic Surgery is fully committed to continuous improvement of the standards of cosmetic and aesthetic medicine and surgery.

Its members have committed extensive resources to the education and maintaining of standards of professionals in this sub-specialty.

The College wishes to hear from patients who have had experiences, both beneficial and otherwise, which they believe should be brought to the attention of the College Council.

In particular, a Patients complaint System exists to allow for full, transparent and confidential examination of the circumstances of the conduct of any Fellow or Associate Member of the College. The system is described in this pamphlet.

Any questions arising from the contents of this pamphlet should be addressed to the College Administrator in the first instance, which can be contacted on 1800 804 781 or PO Box 36, Parramatta, NSW, 2124 Australia.

1. **If you have a complaint…**

   To be very clear as to what happened and who was involved. A WRITTEN STATEMENT of the complaint should be lodged with the College Administrator as soon as possible after the events in question to allow for immediate investigation by the College Council. Please include names and dates (and any photographs you may have) to show the full circumstances.

   The College has adopted the following procedure to ensure that your complaint receives urgent attention.

2. **Complaint to be tabled at the next monthly Council meeting**

   The college is managed by a Council of senior members who meet monthly to consider the affairs of the College. Any complaints received since the previous meeting of Council must be tabled at the next meeting.

3. **Council to refer matters to the appropriate reviewing committee**

   Council must refer the matter urgently or consideration by either the Ethics Committee, the Board of Censors of the College, or to specifically convened committee consisting of two or more persons with appropriate qualifications. That committee will then co-opt an independent non-Council-member with relevant skills on to the committee to ensure impartiality.

4. **The reviewing committee will see information from the persons involved**

   The reviewing committee must notify you that the matter has been referred to it for consideration and must give you at least seven (7) days to provide any additional information that you wish to put before the committee for consideration. The committee will also seek further information and comment from the College Fellows or Associate Members involved, or their staff, so as to have the fullest available information for consideration.

5. **Complaining interview is optional**

   If the committee feels that it is necessary, it may convene a meeting with you to clarify any further details of the complaint. If you wish, you may request a meeting with a member of the reviewing committee to discuss the complaint.

6. **Report to Council with 28 days**

   The committee may consider the complaint and must report in writing to Council within 28 days of the master being referred. This report remains confidential.
7. **Council to consider and report to you in writing**

Council will consider the report of the reviewing committee at the next following Council meeting. Council will reach a decision which will be reported to you in writing on or before 90 days after receiving the complaint. In the event that circumstances prevent final resolution within 90 days, Council will write to you within that time explaining when a result will be available and the reason for the delay.

8. **Your satisfaction**

It is important that the College attends to all genuine complaints in a timely way and that the College Fellows understand that patients are entitled to expect that their genuine complaints have received the impartial attention which you expect. A sincere apology will often be sufficient for you to understand that your complaint has been properly considered. Naturally, the climate of medical liability may sometimes interfere within this and the College may not be allowed to intervene if the insurers insist they not do so.

At all times you may be assured that the Fellows and Council of the Australasian College of Cosmetic Surgery are here to advance the standards of care and patients’ interests in the field of Cosmetic Medicine and Surgery.