Physicians that provide aesthetic services as a part or whole of their practice are inundated with a confusing sea of organizations and meetings. Some of them showcase cutting edge material but with no connection to evidence-based results. By contrast, others focus solely on evidence-based medicine but are decades behind because they refuse to innovate. Only the AACS brings together the brightest minds to push the envelope in delivering pioneering results in the safest manner possible; based on literature, science and tireless peer discussion. There is only one vanguard in the field of cosmetic surgery: the American Academy of Cosmetic Surgery.”

R. Chad Deal, M.D., F.A.C.S.
Chattanooga, TN

**The Academy’s Vision & Mission**

The Academy is a not-for-profit corporation whose principal objectives are to foster, promote, support, augment, develop and encourage the science and art of cosmetic surgery. The Academy is an accredited council of professionals devoted to post-graduate medical education in the field of cosmetic surgery. The Academy is dedicated to patient safety and satisfaction through physician education.

**Vision**

To become recognized as the leader in cosmetic surgery who possesses the values, competencies and resources necessary to drive patient safety throughout the industry.

**Mission**

The AACS is committed to the development of the field of cosmetic surgery as a continuously advancing multispecialty discipline that delivers the safest patient outcomes through evidence-based information that informs best practices and technologies in service delivery globally.
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The Academy’s History

1887–1905: The New York Medical Record publishes first known article on rhinoplasty – a procedure in which the structure of the nose is changed. Dermabrasion, a procedure used to improve scarred facial skin or smooth facial wrinkles, is first described.

1963: Dr. Richard Webster, later known as the father of cosmetic surgery, attends a meeting between members of three separate nasal societies. He writes: “For the first time in my life, I met man after man who honestly, without any shame at all, evinced a paramount interest in... cosmetic surgery.”

1969: The American Association of Cosmetic Surgeons is incorporated by a study group that traveled from city to city to learn each other’s rhinoplasty and facial plastic techniques. Its members include physicians “from all of the disciplines and plastic surgeons deeply interested in cosmetic surgery.” They soon hold their first ever educational meeting. Dr. Webster releases the first of a series of 34 instructional videotapes, breaking new ground in surgical education. Liposuction is first observed and documented. The Liposuction Society is subsequently formed.

1979: The American Board of Aesthetic Plastic Surgery is incorporated in Delaware by Richard Aronsohn (an otolaryngologist) and Robert Franklin (a plastic surgeon). A fellowship program is later developed in conjunction with The Graduate Hospital of Philadelphia. The first board exams are administered two years later. The ABAPS is later replaced by the American Board of Cosmetic Surgery (incorporated in California).

1982: The American Society of Cosmetic Surgeons is incorporated by specialists who focus on cosmetic procedures pertaining to the body. At the heart of their interests is liposuction.

1985: The American Association of Cosmetic Surgeons, the American Society of Cosmetic Surgeons and the Liposuction Society combine to create the American Academy of Cosmetic Surgery (AACS). Richard Webster is named President. His ideal of cosmetic surgeons from many surgical specialties teaching and learning from each other remains a hallmark of the AACS to this day. The American Journal of Cosmetic Surgery is soon revived after a brief hiatus from its founding in 1984.
1986: The AACS has 1,200 members.

1992: Jean and Alastair Carruthers describe the use of Botox for the treatment of facial and aging and wrinkles. This was an interdisciplinary collaboration not just between a dermatologist and an ophthalmologist, but husband and wife. revived after a brief hiatus from its founding in 1984.


2000: The American Medical Association awards AACS a seat in the House of Delegates. Dr. Tony Geroulis served as the first delegate while Dr. Robert Jackson served as alternate delegate. AACS petitions for a seat on the Section Council for Plastic, Reconstructive and Maxillofacial Surgery.

2000: The Cosmetic Surgery Foundation was formed as the research and education arm of the American Academy of Cosmetic Surgery. As a tax-exempt 501(c)(3) organization, the Foundation is committed to the advancement of the science of cosmetic surgery and the enhancement of patient safety and trust.

2002: Cosmetic surgery is designated as an official AMA specialty. Collaboration with Medical Protective begins with the purpose of educating underwriters about cosmetic surgery outcomes.

2004: 20th AACS Annual Scientific Meeting held in Hollywood, Florida.


2007–2008: AACS commissions a Young Surgeons Task Force to reach out to medical residents. The AACS Hospital opens in Dubai. This event was held in conjunction with the World Congress on Liposuction Surgery and Advances in Cosmetic Surgery.

2008–2009: AACS adds a membership category for Allied Health professionals to recognize the expanding role of nurses and technicians in cosmetic surgery. Efforts to grow the AACS international presence make inroads in France, Mexico and Japan. An Annual International Roundtable is even incorporated into the Annual Scientific Meeting. The AACS quarterly member magazine Surge launches with a dedicated focus on topics impacting the practice of cosmetic surgery. In FY 2009, AACS collects $900,000 in member dues.

2014: 30th AACS Annual Scientific Meeting to be held in Ft. Lauderdale, Florida. The modern iteration of AACS is strong: two important publications (Surge and The American Journal of Cosmetic Surgery), a thriving and devoted roster of approximately 2,000 members, burgeoning relationships with corporate and academic partners and ambitious goals for the Annual Scientific Meeting that will result in record participation and cutting edge content.
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Jeffrey C. Popp, M.D.
Omaha, NE
Paul Rose, M.D.
Coral Gables, FL
Letter from the CEO/Executive Director
Jennie Ward-Robinson, Ph.D.

Dear Members:

Since our renaissance in 1985, the American Academy of Cosmetic Surgery has been committed to advancing a truly multispecialty discipline, cosmetic surgery, toward the delivery of the safest patient outcomes through evidence-based decision making. The fiscal years of 2012 and 2013 were difficult years for the Academy as there were significant leadership changes and financial challenges.

In my capacity as CEO/Executive Director, my immediate priorities were to create a strategic vision for the future and then evaluate and restructure our programs accordingly. Concurrently, we tightened our belts and have re-evaluated our contracts to ensure that our programs have sufficient resources. These steps were endeavored with the Academy’s primary mission in mind: to educate for patient safety in cosmetic surgery.

There is good news! In 2013, we embarked on a strategic planning process to guide the organization through ensuring that all programs are in alignment with our vision statement and charter. Without a cohesive plan, even organizations with an almost 30-year history will atrophy. This strategic planning process was driven by information gathered from a thorough scan of the Academy, its members and cosmetic surgery stakeholders in general. The result is a three-year road map that will drive new membership, relevant educational offerings and a stable, relevant Academy. I am pleased to report the Board of Trustees has formally approved a strategic plan for 2013 to 2015.

Members, we are listening to you! With this new strategic plan, we are poised to critically evaluate the needs of our members and to match these needs with both our members’ benefits and our education offerings. We are continuing to look at all of our core functions and to evaluate their effectiveness by ensuring they are in sync with our strategic plan. With the leadership of the Board of Trustees, applicable Board committees and Academy staff, our member categories have been redefined as: Fellow, General, Resident, and Emeritus. This simplification recognizes the contributions of all of our members toward the health and well-being of their patients.

We have also embarked upon a new global horizon in advancing patient safety. Recently, the Academy entered into a reciprocity agreement with the Instituto de Estudios Superiores en Medicina, an excellent organization in Mexico that offers a master’s degree in Cosmetic Surgery.

We are exploring similar partnerships with organizations in Canada, India, Australia, and Saudi Arabia. This coalition will expand our reach and apply our mission across the globe. As “Cosmetic Surgery Tourism” becomes more popular, these agreements will become more common. The physical borders between our countries should never be an impediment to the exchange of expertise and innovation in cosmetic surgery. We recognize the great lengths patients will go to in pursuit of the safest services in our field.

The pending implementation of the Affordable Care Act (ACA) will surely bring many changes in 2014. What this will mean for the field of cosmetic surgery may not be known for a while. Yet we must ensure the Academy is prepared to continue to provide education to those physicians within our specialty. The Academy’s staff and the Board of Trustees will continue to keep you informed on critical issues arising from the ACA.

We have streamlined and increased efficiencies at our headquarters in Chicago. Our staff remains committed to the ongoing success of the Academy, its membership and its stakeholders. As we begin a new year, I hope that you will join us in Ft. Lauderdale, Florida to celebrate the past 30 years of cosmetic surgery while embarking on another 30 years. Thank you for your membership and involvement in the Academy. I am grateful for the opportunity to collaborate with each of you in pursuit of patient safety.

Warmest Regards,
Jennie Ward-Robinson, Ph.D.
CEO/Executive Director,
American Academy of Cosmetic Surgery/Cosmetic Surgery Foundation
Letter from the 2012 President of the Board  
Gerald G. Edds, M.D., F.A.C.S.

Dear Members:

It was a privilege and a pleasure to serve as the President of the American Academy of Cosmetic Surgery in 2012. Cosmetic surgery is a dynamic and innovative field. Each year brings the advent of new techniques and technologies. I believe in the Academy’s mission to educate because I see the way our work changes our patients’ lives. Patient safety has always been forefront in our minds. Our members repeatedly give their time, resources, and energy to share their knowledge and to build a supportive community. You are the vehicle through which our field delivers safe procedures and safe results and deserve much praise and gratitude for their sincere commitment to patient safety in cosmetic surgery.

In 2012 we had a number of accomplishments. We have commenced work in three priority areas: 1) establishing a single certificate within cosmetic surgery; 2) restructuring our education program; and 3) strengthening our relationship with the Cosmetic Surgery Foundation. By prioritizing and shifting focus to these three areas, we have made great strides toward renewing the Academy’s brand and mission.

The first of these priority areas — working to establish a single certificate within cosmetic surgery — was an initiative undertaken at the request of the American Board of Cosmetic Surgery. At their behest, we have begun efforts to present a single certificate within the AACS Clinical Fellowship Training Program that reflects the contemporary standards of the Accreditation Council for Graduate Medical Education. Upon approval by the Academy’s Board of Directors, we will have established a clear and singular framework that offers a structured process towards certification as an accredited cosmetic surgeon.

Thanks to an unprecedented degree of cooperation and contribution from Academy members, this objective was attained through a comprehensive review of our programs, members’ goals, and qualifications for both fellows and program directors. This will undoubtedly enhance our reputation for excellence in cosmetic surgery both within the U.S. and across the globe.

The second area of focus in 2012 was to restructure the Academy’s education apparatus. The chief priority of an enhanced education program is to develop and deliver offerings that will improve competencies and ensure evidenced-based knowledge.

The Academy will deliver training that addresses procedural knowledge and bolsters knowledge transfer between our more experienced members and those just entering the field of cosmetic surgery within and among our multi-specialty community. We will deliver more than just instruction, but mentorship.

Our third priority in 2012 was to strengthen and enhance our reciprocal relationship with the Cosmetic Surgery Foundation. We have accomplished this by collaborating closely to ensure that our efforts are scientifically defensible, particularly in our education initiatives. This renewed partnership is evident in events such as the Webster Society Gala at the AACS Annual Scientific Meeting and in the funding we have dedicated to research and education. From this partnership our first major initiative will be activities to enhance outcomes and patient safety globally. Soon, you will see the tangible impact of your contributions to the Academy. We approach another year with more confidence in our industry, our Academy and its purpose in ensuring safe patient outcomes. Together, these will lead to global recognition of our unquestioning integrity and patient-centered purpose.

I am most grateful for my year of service as your President. I hope that, together, we will keep working to ensure that the American Academy of Cosmetic Surgery continues to flourish. And I hope to see each of you in Ft. Lauderdale at the 30th Anniversary of our Annual Scientific Meeting. It will be a great occasion.

Sincerely,

Gerald G. Edds, M.D., F.A.C.S.  
2012 President, American Academy of Cosmetic Surgery
Dear Members:
Thank you for the privilege of serving you as the President of the Academy in 2013. I immensely enjoyed working with the Board of Trustees and Academy staff. I was often inspired by their knowledge, passion and dedication. After many months of collaboration with these individuals, I can assure you that the Academy is in good hands.

The past year has been a time of refocus for the Academy. Because this organization’s core purpose is patient safety, everything it does must be in pursuit of that objective. Every resource at the Academy’s disposal, from its membership and educational portfolio to the *American Journal of Cosmetic Surgery*, must be aligned with its safety-centric purpose.

As such, 2013 presented us with several opportunities to restructure the Academy with that reality in mind. I am most pleased with the progress we have made over the past year. Once many of our strategic initiatives are put into practice, I am confident that you will be, too.

With the aforementioned in mind, there are three items of note that I would like to share with you.

Perhaps the most significant Board action of 2013 was the approval of a three-year strategic plan that will guide the Academy from 2013 to 2015. This strategic plan was designed with the understanding that cosmetic surgery has grown and evolved exponentially. It will be applied with the purpose of delivering evidence-based training, knowledge and mentorship as our field changes. The three main objectives of this strategic plan: (1) grow and expand the Academy's membership portfolio, (2) improve compliance within our educational portfolio with considerations for patient safety outcomes and (3) stabilize the Academy’s financial position and create opportunities for revenue development to ensure sustainability. This strategic plan is provided in much greater detail, for your perusal, beginning on page 12.

The Board also approved a new structure for the Academy membership: “Fellow,” “General,” “Resident” and “Emeritus.” “General” members will be eligible to sit on the Board of Trustees. These steps will better align the Academy with a field that grows more diverse by the day. Perhaps most importantly, the vision of Dr. Richard Webster, considered by many to be the “Father of Cosmetic Surgery,” is put into practice: to provide training to those committed to continuous learning in cosmetic surgery, irrespective of background or specialty.

Today, the Academy offers a challenging and comprehensive Clinical Fellowship Training Program, with 14 post-residency cosmetic surgery fellows recently graduating. This is noteworthy for two reasons: first, the Academy has a strong base of leaders who seek to cultivate the next crop of leaders in cosmetic surgery. Second, many years from now, those 14 fellows will join the ranks of our leadership by disseminating their experience to future fellows.

The aforementioned provide a mere insight into the dynamic and varied changes over the past year. I encourage you to read this Annual Report from cover to cover. Become more familiar with the Academy! Take advantage of the resources offered to you through its membership and educational offerings.

As my presidency draws to a close, I’m glad to know that the AACS is on strong footing. As we embark on another 30 years, it is fitting that we are pursuing so many initiatives that will reach across the globe for another 30 years. To date, the AACS has provided educational and professional development opportunities to thousands of cosmetic surgeons from all over the world. We enter a new fiscal year with a sound strategy and healthy reserves. I look forward to a vibrant and re-energized AACS in the coming year. Thank you again for the opportunity to serve you as President of the Academy. It is an experience that I will never forget. I hope I see each of you at the 2014 Annual Scientific Meeting in Fort Lauderdale, Florida.

Sincerely,
Neil Sadick, M.D.
2013 President, American Academy of Cosmetic Surgery
Educating for Patient Safety

Meetings and Symposia
For almost 30 years, the Academy's educational offerings have put patient safety into practice. Thousands of cosmetic surgeons have enhanced their knowledge, training and skill through participation (and instruction) at AACS educational events. Through opportunities that run the gamut from large scientific meetings and symposia to focused, hands-on live surgery workshops, the Academy has solidified its place as the premiere educational entity in cosmetic surgery. However, an evidence-based approach demands continuous discovery. As cosmetic surgery continues to innovate and grow, the Academy will provide cutting edge education each step of the way.

Accreditation
The American Academy of Cosmetic Surgery is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The American Academy of Cosmetic Surgery designates its continuing medical education opportunities to meet the criteria for hour-for-hour credit in Category 1 of the Physicians Recognition Award of the American Medical Association.

28th AACS Annual Scientific Meeting • January 17–22, 2012
Caesar’s Palace – Las Vegas, NV
Cosmetic surgery experts and rising stars from around the world convened at Caesar’s Palace in Las Vegas to share insights into emerging techniques and technologies. This year’s meeting featured a riveting roster of international keynote speakers from Italy, Canada, Brazil and Germany. There were also demonstrations and discussions on new technology and emerging trends. Attendees enjoyed access to over 100 exhibitors demonstrating the latest innovations.

29th AACS Annual Scientific Meeting • January 16–19, 2013
Caesar’s Palace – Las Vegas, NV
The 2013 Annual Scientific Meeting returned to Caesar’s Palace with a record-breaking attendance of over 900 cosmetic surgery professionals. The theme of the meeting was “Global Innovations and Controversies in Cosmetic Surgery.” Because cosmetic surgery is a field of practice and a field of study, there are many differing perspectives on the approaches, technologies and the science that drive this field. The 29th AACS Annual Scientific Meeting delivered symposiums, workshops and demonstrations that put those perspectives on display. Pre-conference sessions focused on stem cells, cosmetic breast surgery, liposuction, cosmetogynecology and an entire symposium taught in Spanish.

2013 Annual Meeting Member Attendance

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2013 Annual Meeting Countries Represented
2012 Spring Symposium: Advanced Techniques in Liposuction Surgery & Body Contouring • March 29–31, 2012 • Park Hyatt – Beaver Creek, CO  
The 2012 Spring Symposium assembled top experts in liposuction and body contouring to share their approaches to the latest invasive and minimally-invasive procedures. The educational programming was catered toward a variety of specialties and interests. World-class faculty presented important insights into best practices, practice gaps, complications, patient safety, and quality of procedural outcomes.

2013 World Congress on Advanced Liposculpture and Body Contouring Techniques  
October 2–5, 2013 • Millennium Broadway Hotel – New York, NY  
The 2013 World Congress brought the latest in liposculpture and body contouring to a world stage – just blocks from Broadway and Times Square. For four days, a knowledgeable cast of experts presented on an array of topics ranging from high definition liposuction and stem cell treatments to cosmetogynecology and surgical body sculpting. One of the most celebrated Hollywood special effects artists and anatomy instructors in the world, Andrew Cawrse, demonstrated how attendees can enhance their procedural skill with an artist’s eye for beauty.

Educational Workshops  
The Academy delivers educational workshops based on results of a member needs assessment. With a member driven formula and world-renowned faculty, AACS live surgery workshops and symposiums delivered instruction and training that will make a positive impact on patient safety. During 2012 and 2013, the Academy held seven surgical workshops in various locations in the Western Hemisphere.  
- August 10–11, 2012: “Liposuction, Fat Grafting and Abdominoplasty Under Local Anesthesia” Pelosi Medical Center – Bayonne, NJ  
- April 18–20, 2013: “Cosmetic Breast and Body Contouring – Cadaver Dissection Workshop” St. Louis University – St. Louis, MO  
- May 17–18, 2013: “Vein Treatments for the Cosmetic Surgeon” Allure Medical Spa – Shelby Township, MI  

Clinical Fellowship Training Program  
Mentoring the next generation of cosmetic surgeons is an important priority. The AACS Clinical Fellowship Training Program offers one-year of comprehensive post-residency training with leading specialists for an unmatched educational experience. Through exposure to approximately 1,000 cases under the supervision of elite cosmetic surgeons with a wealth of experience and a desire to teach, fellows are equipped with the knowledge and skill to deliver safe and excellent patient outcomes. Graduates enter practice prepared to address complications that might arise during patient/physician interactions.

2012 AACS Review of Anesthesia Safety for the Cosmetic Surgeon  
The Academy appointed a “Standards Task Force” to explore and publish safety guidelines for cosmetic surgeons. This effort resulted in a review of anesthesia safety guidelines that can be applied to outpatient elective surgical procedures. This anesthesia safety review reflects what the task force considers to be critical elements of practice that benefit patient safety when anesthesia is being used in cosmetic surgical procedures.

“My fellowship has been very hands-on. That’s what makes it such a unique and challenging training opportunity… I believe that cosmetic surgery helps enhance a person’s self-confidence and their sense of well-being. I feel grateful to play a part in that transformation.” Hardeep Dhaliwal, D.M.D., M.D., Rancho Cucamonga, CA
Membership

The American Academy of Cosmetic Surgery is comprised of over 2,000 cosmetic surgery professionals committed to excellent and safe outcomes in cosmetic surgery. It is truly a multi-specialty medical discipline. Consistent with that reality, the Academy’s membership body draws from an array of medical specialties, geographic locales, career cycles and procedural focuses. The Academy’s membership is a diverse group with specific needs and challenges. All the same, each member brings particular interests, experiences and expertise to the Academy’s pursuit of patient safety. The result is the most knowledgeable and impactful organization in cosmetic surgery.

Member Categories

In 2013, the Board of Trustees approved new member categories to include: “Fellow” and “General.” In addition, the Board granted eligibility to “General” members to sit on the AACS Board of Trustees. Once these changes are fully implemented in FY 2014, they will not only provide transparency to all members, they will underscore an open invitation to all cosmetic surgery stakeholders that the Academy is their “home.” These unprecedented steps demonstrate the Academy’s recognition of the dynamic changes in the field of cosmetic surgery, and the need for clear dialogue amongst our members to foster learning, involvement and trust.

2013 Procedural Census

In 2013, the Academy in partnership with the Cosmetic Surgery Foundation secured grant funding to collect and study statistics on cosmetic surgery procedures. This information will be of the utmost importance in the Academy’s interactions with the media, the general public and the medical community. The 2013 AACS Procedural Census will gather data regarding the types of procedures performed (surgical vs. non-surgical), age and gender breakdowns of patients served and average price per procedure. The census will also solicit information on complication rates. This time frame will cover September 1, 2012 to August 31, 2013. With this data, the Academy will measure its impact on cosmetic surgery.

“AACS delegates contribute to major AMA policy forums – they drive decisions of national importance. AACS meetings and workshops are an opportunity for fellowship with others of similar interests as well as continuing medical education (CME). There are also opportunities for publications, presentations and training. The AACS is the best partner in education and training a cosmetic surgeon can have. My membership has made a difference in my practice. The AACS can make a difference in yours, too.” Robert Burke, M.D., F.A.C.S., Ann Arbor, MI
The American Journal of Cosmetic Surgery (AJCS) is the official publication of the American Academy of Cosmetic Surgery and is published quarterly in both print and online formats. The Journal features articles on state-of-the-art cosmetic surgery procedures and groundbreaking research written by distinguished experts in their respective fields. The Journal maintains a tradition of excellence in publishing original manuscripts relating to each area within cosmetic surgery, including Otolaryngology, Plastic and Reconstructive Surgery, Dermatology, Obstetrics/Gynecology, General Surgery, Ophthalmology and Oral and Maxillofacial Surgery. Peer-reviewed manuscripts reflect the highest quality and leading edge of knowledge. Academy members receive a complimentary subscription to the Journal as a benefit of membership.
I belong to numerous societies that all have annual meetings. But not one of them can hold a candle to the education, fulfillment and friendship I get out of the AACS Annual Scientific meeting. The AACS has been everything in my cosmetic surgery life and has also allowed me to make strong professional friendships on six continents. I truly think our bond with non-competitive education, friendship and good times makes this meeting the best.” Joe Niamtu, III, D.M.D., Richmond, VA

Background

Founded in 1985, the mission of the American Academy of Cosmetic Surgery (AACS) is to advance the specialty of cosmetic surgery and quality patient care. Among the members of AACS are physicians in the diverse core specialties of dermatology, otolaryngology, oral and maxillofacial, general surgery, plastic and reconstructive surgery, ophthalmology, and obstetrics and gynecology. Included are also those that support the field of cosmetic surgery in Allied Health roles. To develop a strategic plan to guide forward and viable growth, a historical reflection is warranted.

Between 1887 and 1905, the New York Medical Record published the first known article on rhinoplasty. Meanwhile, dermabrasion is introduced to improve scarred facial skin or smooth facial wrinkles. By 1963, Richard Webster, MD, later known as the father of cosmetic surgery, attended a meeting between members of three separate nasal societies. He writes: “For the first time in my life, I met man after man who honestly, without any shame at all, evinced a paramount interest in... cosmetic surgery. (AJCS, 2008)” In 1969, the American Association of Cosmetic Surgeons was incorporated to teach and learn techniques in rhinoplasty and facial plastic procedures through an apprentice model. Comprised of a diverse array of participants that included plastic surgeons, the first formal educational meeting was convened. In addition, Dr. Webster broke new ground in surgical education through the first of a series of 34 instructional videotapes. Dr. Webster’s documentation of liposuction led to the formation of the Liposuction Society.

Pursuant to these platforms, under Richard Aronsohn, MD, an otolaryngologist, and Robert Franklin, MD, a plastic surgeon, the American Board of Aesthetic Plastic Surgery (ABAPS) was incorporated. Initiating a fellowship program with The Graduate Hospital of Philadelphia, board exams became officially administered two years later. Recognizing the need for standards, formalization of education and training and the implications for patient safety, from this rich history of diversity, multispecialty, yet collaborative engagement, the ABAPS became the American Board of Cosmetic Surgery.

In 1982, the American Society of Cosmetic Surgeons was incorporated with a focus on liposuction. By 1985, the American Society of Cosmetic Surgeons and the American Association of Cosmetic Surgeons merged to become what is known today as the American Academy of Cosmetic Surgery (AACS) under the leadership of its first President, Richard Webster, MD.

In articulating his vision for the AACS, Dr. Webster advocated an apprenticeship model that fostered learning, mentoring, and professional development in settings that provided direct and practical expertise through the diversity of the membership emerging from this new combined group. By 1986, the AACS revived the American Journal of Cosmetic Surgery and had 1,200 members. Notable discoveries among its members are the use of Botox in applications to treat facial signs of aging vis-à-vis wrinkles by Drs. Jean and Alastair Carruthers.

Since the early 2000s, there has been substantive growth within the field of Cosmetic Surgery with the introduction of technologies that are now considered essential to treatment protocols and modalities. The diversity of the field continues to surge and global interest is more salient than earlier imagined. Today, the AACS has a new groundbreaking opportunity to lead this industry in ways that Dr. Webster might have dreamed would occur as patients have now taken reins to inquire and demand safe outcomes amidst little evidenced-based documentation to guide best practices and evaluate impact in the public domain.

In 2013, the AACS is well positioned to occupy this role and demonstrate its relevance and capacity to lead the development of evidence to guide professional education, to inform development of guidelines for standards, and to capture the public’s trust as guardians of patient safety in Cosmetic Surgery. This Strategic Plan signals a new era in the history of the AACS as it embarks upon tackling these issues amidst a multispecialty community and a public whose expectations of safe
“I am a cosmetic surgeon with seven clinics throughout western North Carolina. We go all day seven days a week. Being a member of AACS has given me the tools and connections I need to succeed in such a competitive market. As a noncore surgeon, the importance of learning the latest in cosmetic approaches and techniques is invaluable to me. Being able to call and consult with my peers and experts in their field is like being in a fellowship with constant expert leadership. If you are thinking of cosmetic medicine or surgery, there is no more helpful organization to belong to than the AACS.”

John Hamel, M.D., Asheville, NC

Methodology
Responsive to the above challenges and issues, in the fall of 2012, the Board of Trustees of the American Academy of Cosmetic Surgery (Academy) launched a Strategic Planning effort to update the Plan developed in 2007. Pursuant to the Board of Trustees meeting held in September 2012, direction to develop a Strategic Plan was approved. The process towards final production occurred over various steps and included contributions from internal and external sources, representative stakeholders within the Cosmetic Surgery community, and related fields.

Initial steps undertaken were to survey members of the Academy to invite responses that captured perceptions of the Academy, comment on the Academy’s role in providing relevant resources towards patient safety outcomes, perceptions of the state of Cosmetic Surgery, the identification of factors that would contribute to the growth of the Academy, and to hypothesize on the role that the Academy should undertake to remain relevant and financially viable.

Additional information was also solicited from members of the Education, Membership, Fellowship, Marketing & Communications, Finance Committees, and from the Board of Trustees (BOT). Finally, an external market scan was conducted and three organizations involved in production of technologies relevant to the field of Cosmetic Surgery, and who are regular exhibitors to the Academy’s conferences and workshops, were invited to contribute responses through open-ended questions related to quality of the Academy’s relationship, role of patient safety in developing technologies, and to advance any other thoughts that might be useful in considering the development of the Strategic Plan. Next, the data was treated to SPSS statistical analyses, and qualitative comments and narratives were summarized and assembled to inform the final categories.

The second phase was conducted in January 2013 at the BOT meeting in Las Vegas, Nevada. Implicit in this phase was a comprehensive overview of the process of developing a Strategic Plan. Summaries were presented by each Committee Chair and from the CEO of the Academy. Teams of five were assembled and invited to rank the summary items with considerations for budget implications and with time lines for delivery. Included in this process were considerations for the previous goals, objectives, and current financial status of the Academy, with implications for its vision, mission, values, membership, and the field of Cosmetic Surgery.

The BOT requested that a final summary of these rankings were to be compiled and presented for final approval at the May 2013 BOT meeting. In light of these factors and the summary data presented, the BOT agreed to identify the top three strategic areas of focus to inform the strategic direction of the Academy. On May 18, 2013, the BOT agreed on the following areas of focus:

• Growth and expansion of the Academy’s membership portfolio.
• Improve compliance within our education portfolio with considerations for patient safety outcomes.
• Create opportunities for revenue development to ensure the sustainability of the Academy.

What follows is the Strategic Plan, reflecting the Vision, Mission, and Goals, followed by a matrix listing the strategic priorities for the next three years, with translated goals and objectives. Several of these are currently underway and will remain key focus areas. However, new strategies have been defined that will enable us to pursue the broader focus areas defined above. Each is listed with attendant measurable objectives over the next three years.
Strategic Plan 2013–2015

Guiding Framework - Why Does the Future of AACS Matter?
Several factors underscore the need for the AACS and its contribution to the field of Cosmetic Surgery. The Strategic Plan is presented as a guide to the future of the AACS and highlights the value of the organization to internal and external stakeholders. AACS is best positioned to enable clear and authentic communication to public inquiries for informed decisions. Globally and locally, the public is increasingly seeking delineation towards patient safety given the multidisciplinary nature of providers and practitioners within the Cosmetic Surgery field.

The AACS must become the primary source to inform standards and guidelines for patient safety outcomes that will be, and are being, considered globally. There are increasing calls for regulatory considerations as services are provided in diverse locations and conditions. The AACS is recognized for delivering over thirty years of education to multidisciplinary physicians, and to the general public communities. Production of evidenced-based education and awareness will grow increasingly essential as the defining element that fosters trust, confidence and distinction among our membership community. The future of the AACS remains bright as the singular and credible source to respond to emerging demands across the diverse stakeholder community within Cosmetic Surgery as our Mission continues to be relevant in all efforts towards excellence in patient safety through education.

Conclusion – Achieving the Goals
To become truly effective in the advancement of its exempt purpose, the AACS must develop and grow new capabilities that are relevant to the realities of a modern and multispecialty discipline like cosmetic surgery. In doing so, the AACS will bring with renewed vigor an inclusive and evidence-based commitment to advancing patient safety. Therefore, each of the goals and initiatives in this Strategic Plan will require tough decisions, hard work and attention to public awareness, partnerships and resources management from our BOT, Administrative leadership, and our Stakeholder community:

• Increased public awareness through active marketing of AACS so that potential members (physicians, dentists, the allied health community, scientists and students), practitioners, policymakers and partners recognize that cosmetic surgery education and training is the gateway to patient safety – the critical ‘first-step’ toward long-term success as defined by the AACS Vision and Mission.

• Developing, participating in, and sustaining formal and informal partnerships with relevant regulators, the public, academies, and corporate entities will facilitate the evidenced-based communication and education needed to ensure that patients receive quality care and make informed decisions regarding cosmetic surgery. These partnerships will also foster the best Practitioner outcomes in patient communication and service delivery.

• Define, adopt and evaluate BOT practices that not only underscore public pride in AACS but also develop policies that foster and sustain decisions and actions through a lens that is AACS Mission-linked and productive.

• The AACS will need to leverage a wide range of human, financial, and organizational resources to fully implement the initiatives necessary to achieve these goals.

In summary, this Strategic Plan is like the proverbial “three-legged stool.” The entire strategy is interconnected and cannot rest on just one or two of these operational components. To retain the vision of Dr. Webster while embracing the nuanced demands of today, the Board of Trustees and the Administrative levels must collaborate in pursuit of opportunities for growth, vitality and sustainability. Patient safety in cosmetic surgery deserves our best efforts and firmest commitment.
### Strategic Plan 2013–2015

<table>
<thead>
<tr>
<th>GOAL 1: Grow and expand the Academy’s membership portfolio.</th>
<th>GOAL 2: Improve compliance within our education portfolio with considerations for patient safety outcomes.</th>
<th>GOAL 3: Stabilize AACS financial position and create opportunities for revenue development to ensure the sustainability.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define membership categories as they pertain to the Articles of Incorporation and financial wellbeing of the Academy to foster recruitment.</td>
<td>Improve ACCME compliance.</td>
<td>Development of the AACS brand.</td>
</tr>
<tr>
<td>Increase AACS presence at industry meetings to enhance recruitment.</td>
<td>Increase Fellowship Program providers, and efficiencies within the Program.</td>
<td>Increase revenue through recruitment and retention of members.</td>
</tr>
<tr>
<td>Foster relationships with International organizations in the Cosmetic Surgery community.</td>
<td>Create education program aligned with AACS mission.</td>
<td>Expansion of AACS product portfolio.</td>
</tr>
<tr>
<td>Promote benefits of becoming a member and pathways to Fellow status while increasing retention throughout all levels.</td>
<td>Increase revenue through AACS publications.</td>
<td>Leverage Board of Trustees as fundraising vehicle for the AACS.</td>
</tr>
</tbody>
</table>
STATEMENT OF FINANCIAL POSITION 2012

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>30-Sep-12</th>
<th>30-Sep-11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$664,833</td>
<td>$97,049</td>
</tr>
<tr>
<td>Investments</td>
<td>$1,224,222</td>
<td>$987,257</td>
</tr>
<tr>
<td>Accounts Receivable:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade</td>
<td>$22,852</td>
<td>$53,631</td>
</tr>
<tr>
<td>Due from Cosmetic Surgery Foundation</td>
<td>$9,095</td>
<td>$7,294</td>
</tr>
<tr>
<td>Prepaid expenses and other current assets</td>
<td>$92,818</td>
<td>$135,486</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>$2,013,820</td>
<td>$1,280,717</td>
</tr>
<tr>
<td><strong>Furniture and equipment</strong></td>
<td>$58,384</td>
<td>$58,334</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$2,072,204</td>
<td>$1,339,051</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES AND NET ASSETS</th>
<th>30-Sep-12</th>
<th>30-Sep-11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>$402,113</td>
<td>$142,444</td>
</tr>
<tr>
<td>Accrued liabilities and other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accrued compensation</td>
<td>$15,993</td>
<td>$13,450</td>
</tr>
<tr>
<td>Deferred revenue - meetings</td>
<td>$318,754</td>
<td>$321,143</td>
</tr>
<tr>
<td>Deferred revenue - dues</td>
<td>$674,629</td>
<td>$336,929</td>
</tr>
<tr>
<td>Margin loan</td>
<td>$467,388</td>
<td></td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>$1,878,877</td>
<td>$813,966</td>
</tr>
<tr>
<td><strong>Deferred rent</strong></td>
<td>$35,544</td>
<td>$47,296</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted - Undesignated</td>
<td>$157,783</td>
<td>$477,789</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td>$2,072,204</td>
<td>$1,339,051</td>
</tr>
</tbody>
</table>

This financial information reflects the audited financial data from fiscal year 2012. The audited financial information for fiscal year 2013 will be available in spring 2014 and will be available in the 2014 annual report.
## STATEMENT OF ACTIVITIES: YEAR ENDED SEPTEMBER 30, 2012

<table>
<thead>
<tr>
<th>Changes in Unrestricted Net Assets</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue, gains and other support:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td>$1,054,319</td>
<td>$1,151,149</td>
</tr>
<tr>
<td>Management fees and other</td>
<td>$64,076</td>
<td>$62,587</td>
</tr>
<tr>
<td>Publications</td>
<td>$28,810</td>
<td>$77,764</td>
</tr>
<tr>
<td>Marketing and sales</td>
<td>$83,013</td>
<td>$53,967</td>
</tr>
<tr>
<td>Symposiums</td>
<td>$63,747</td>
<td>$77,757</td>
</tr>
<tr>
<td>Grants and royalties</td>
<td>$32,378</td>
<td>$157,418</td>
</tr>
<tr>
<td>Annual scientific meeting</td>
<td>$969,479</td>
<td>$987,018</td>
</tr>
<tr>
<td>Live surgery workshop</td>
<td>$356,459</td>
<td>$192,050</td>
</tr>
<tr>
<td>Investment income</td>
<td>$79,103</td>
<td>$2,653</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE, GAINS AND OTHER SUPPORT</strong></td>
<td><strong>$2,731,384</strong></td>
<td><strong>$2,762,363</strong></td>
</tr>
</tbody>
</table>

| Expenses:                                         |               |               |
| Program service:                                 |               |               |
| Staff salaries and benefits                       | $904,641      | $882,680      |
| General and administrative                        | $526,444      | $642,905      |
| Live surgery workshops                            | $217,147      | $144,866      |
| Occupancy                                         | $195,212      | $201,116      |
| Publications                                      | $194,350      | $193,271      |
| Annual scientific meeting                         | $793,695      | $733,870      |
| Marketing and sales                               | $23,335       | $139,165      |
| Membership                                        | $13,340       | $18,641       |
| Symposiums                                        | $101,876      | $188,652      |
| Consultants                                       | $81,350       |               |
| Total program service expenses:                   | $3,051,390    | $3,145,166    |
| Total expenses                                    | $3,051,390    | $3,145,166    |
| Change in Unrestricted Net Assets                  | -$320,006     | -$382,803     |
| Unrestricted Net Assets - Beginning of year        | $477,789      | $860,592      |
| **UNRESTRICTED NET ASSETS - END OF YEAR**          | **$157,783**  | **$477,789**  |

### TOTAL EXPENSES

- **2012**: $3,051,390
- **2011**: $3,145,166

### UNRESTRICTED NET ASSETS - BEGINNING OF YEAR

- **2012**: $477,789
- **2011**: $860,592

### UNRESTRICTED NET ASSETS - END OF YEAR

- **2012**: $157,783
- **2011**: $477,789