



Response template for submissions to the *Independent review of the regulation of medical practitioners who perform cosmetic surgery*

You are invited to have your say about the regulation of medical practitioners (doctors) who perform cosmetic surgery by making a submission to this independent review.

The consultation questions from the consultation paper are outlined below. Submissions can address some or all of these questions, and you can include any evidence or examples that you think are relevant.

Submissions can be emailed to:

Mr Andrew Brown, Independent Reviewer
marked '*Submission to the independent review on cosmetic surgery*' at CSReview@ahpra.gov.au.

The closing date for submissions is 5.00pm AEST 14 April 2022.

Your details

Name	████████████████████
Organisation (if applicable)	Australasian Foundation for Plastic Surgery
Email address	████████████████████

Your responses to the consultation questions

Codes and Guidelines

1. Do the current *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures* adequately address issues relevant to the current and expected future practice of cosmetic surgery and contribute to safe practice that is within a practitioner's scope, qualifications, training and experience?

The current guidelines do not address the medical practitioner's level of training/or lack thereof in relation to the psychological assessment of the patient; nor do they address the psychological safety of the patient.

The imperative of improving methods of patient selection has been highlighted in many reports including: The Royal College of Surgeons in England (2013); the UK's Department of Health (2013); the General Medical Council (2016); The Nuffield Council on Bioethics (2017); The Medical Board of Australia's Guidelines for Registered Medical Practitioners who Perform Cosmetic Medical and Surgical Procedures (2016).

Psychological processes play a key part in all stages of surgery, from the motivation to seek treatment, to satisfaction with results. Research reveals that psychological conditions influence a patient's expectation of the process and outcomes of appearance altering surgery, and the presence of psychological vulnerabilities increases the risk for poor psychological outcomes post-operatively.

2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?

- Guidance/requirements for appropriate training for surgeons/practitioners in relation to patient selection and the psychological vulnerability of patients. The appropriate training can be in the form of continuing professional development.
- The EU has become very interested in 'micro-credentialing' (offering a Europe-wide system of CPD credits for life-long learning).
- Through its Body Image/Self-esteem Program, the Australasian Foundation for Plastic Surgery (AFPS) has developed several training modules to support training for surgeons/practitioners:
 - ✓ Why is Body Image such a 'Hot Topic'?
 - ✓ What Motivates People to have Cosmetic Treatments?
 - ✓ Managing People with Visible Differences (Reconstructive Surgery)
 - ✓ What are the Psychological Outcomes of Cosmetic Surgery?
 - ✓ How to Manage the Dissatisfied Patient
 - ✓ Managing Psychological Vulnerability in Clinical Practice
 - ✓ 'Implementing Psychological Care in Routine Practice: Key Challenges & Solutions'. (This module includes: Communicating effectively; Facilitating shared treatment decision making; Optimising informed consent).
- Guidance/requirements to safeguard psychologically vulnerable patients, including appropriate assessment, management & follow-up.

Globally, including in Australia, there is a paucity of effective and validated clinical tools for use by medical practitioners to assess the expectations of a patient considering surgery. This creates risks for both the patient as well as the practitioner.

To address this gap, the Australasian Foundation for Plastic Surgery (AFPS), in collaboration Emerita Professor Nichola Rumsey OBE (Immediate Past Director, Centre for Appearance Research, UWE Bristol) has developed evidence-based, unique pre- and post-surgery assessment questionnaires for use by surgeons for patients undertaking Cosmetic and/or Reconstructive surgery.

3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.

Importantly, in the Ahpra/Medical Board announcement about this review, Ahpra CEO Martin Fletcher, said: *“Cosmetic surgery is set apart from conventional medical practice by the lack of medical need for cosmetic procedures”*.

It is widely accepted that cosmetic surgery has a large psychological component. This includes: the motivation to undergo surgery; expectations of outcome; satisfaction with the aesthetic result. Codes and guidelines do not reflect this – comprising a major omission.

The pressing social issue of prevalence and negative impacts of negative body image is widely recognised, for example: young Australians aged 11-24 years consistently identify body image as one of their top 3 concerns in life; and in excess of two-thirds of young people and adults experience body dissatisfaction/distress with negative consequences on key aspects of daily living.

Cosmetic surgery is portrayed as the most effective route to getting closer to current appearance ideals. To avoid fuelling the fire of appearance dissatisfaction, medical practitioners in this sector have a professional responsibility to adopt an ethical approach to practice.

Research is lacking in this sector (and is badly needed to improve understanding about the key factors contributing to positive and negative outcomes). Nevertheless, published studies to date have found a higher prevalence of psychiatric disorders and psychological vulnerabilities in people seeking cosmetic surgery when compared to the general population. These differences are particularly marked in disorders characterised by elevated levels of body image dissatisfaction, including BDD & eating disorders (Crerand, MacGee & Sawyer, 2012).

While BDD is reasonably well known, appearance dissatisfaction is much broader than just BDD. Associations have also been demonstrated between seeking cosmetic surgery and partner violence, medication for poor sleep and/or anxiety, higher levels of stress and poorer mental health; higher levels of unhealthy lifestyle choices (including dieting, smoking and alcohol use).

In addition, higher levels of appearance dissatisfaction are associated with positive attitudes towards undergoing appearance altering surgery. They are also associated with lower self-esteem, social anxiety, depression & rumination. It is highly likely that significant numbers of people seeking cosmetic treatments are psychologically vulnerable in ways to contribute to the risk of less positive psychological outcomes following surgery, regardless of the cosmetic result.

Arguably ‘Do No Harm’ includes psychological harm in this context. Training & appropriate methods of patient management are needed.

Management of notifications

4. Having regard to Ahpra and the Medical Board’s powers and remit, what changes do you consider are necessary to the approach of Ahpra and the Medical Board in managing cosmetic surgery notifications, including their risk assessment process, and why?

In our view, there is benefit in Ahpra and the Medical Board mandating the use of an assessment tool in the perioperative course of patients undergoing Cosmetic procedures.

5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.

- Introducing a requirement for follow-up (to improve patient's physical & psychological safety).
- Auditing outcomes using a common framework (understanding about factors & processes linked to positive and negative outcomes).

Advertising restrictions

6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?

Ahpra & the Medical Board 's approach to regulating advertising in cosmetic surgery must reflect their awareness that:

- Advertising & social media streams promote unrealistic/unsubstantiated expectations of the likely aesthetic and psychological outcomes of surgery.
- Misleading messages from cosmetic surgery/cosmetic practitioners appear to be driven more by sales targets/income generation than patient wellbeing.

7. What should be improved and why and how?

- Advertising (both text & imagery) should avoid explicit and implicit claims that cosmetic surgery (for achieving an appearance closer to appearance ideals) will result in better psychological wellbeing; confidence; self-esteem; etc. There is no credible data to show this is the case.
- In the UK, the Advertising Standard's Authority's guidance focuses on gender stereotyping and sexualisation and does not specifically address body image and appearance-based stereotyping. Australia can improve on the UK Advertising Standards Authority's guidance.
- Current regulation and guidance is widely perceived as having no 'teeth' and isn't a massive deterrent to unhelpful advertising.

8. Do the current [Guidelines for advertising a regulated health service](#) adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?

- Australians now spend more on aesthetic surgery and cosmetic procedures than Americans. It's a more than \$1 billion per annum industry in Australia.
- The advent of social media, the pressure to conform and the power of celebrity have led to serious spending in altering our appearances. There are increasing numbers of young people exploring options for appearance altering, or aesthetic/cosmetic procedures, including invasive cosmetic surgery. Many young people seek aesthetic procedures/surgery due to mental health issues associated with poor body image and low self-esteem.

9. Does the promotion of cosmetic surgery via social media raise any issues that are not adequately addressed by the advertising guidelines, or that require any specific regulatory response?

YES.

Although specific research is lacking (and is urgently in need of funding) there are issues at a societal level and therefore a 'social responsibility' issue for the sector.

Societal level:

- Adverts that promote stereotypical and/or unrealistic ideals of feminine beauty have a detrimental impact on the body image of consumers (Slater et al, 2012).
- Advertising & social media streams promote unrealistic/unsubstantiated expectations of the likely aesthetic and psychological outcomes of surgery. (Grabe et al, 2008; Holland & Tiggemann, 2016)
- Higher levels of social & broadcast media engagement/consumption are associated with higher levels of dissatisfaction with appearance and with greater pressure to reduce the gap between one's own appearance and prevailing beauty ideals (Fardouly & Vartanian, 2016).
- Cosmetic practitioners/surgeons are portrayed as providers of the most effective way of closing this gap and, arguably, have a responsibility to safeguard patients from unrealistic expectations of aesthetic/psychological gains.

More specifically:

- Several studies have found that viewing content promoting cosmetic procedures in other forms of media result in elevated levels of body image dissatisfaction in consumers. (Ashikali et al, 2014; Ashikali, Dittmar & Ayers, 2016; 2017)
- Very little research on social media as yet, but a study of social media images depicting facial cosmetic enhancement found an increased desire for cosmetic surgery in young women (Walker et al, 2019).

10. Please provide any further relevant comment in relation to the regulation of advertising.

No comment provided.

Title protection and endorsement for approved areas of practice

11. To what extent would establishing an endorsement in relation to the practice of cosmetic surgery address relevant issues of concern in the sector (including patient safety issues)?

There is a compelling case for surgeons working in this sector to undergo training in the psychology of the aesthetic patient. The 2019 review of its training curriculum by the Plastic & Reconstructive Surgery Training Board acknowledged the importance of psychology throughout. Surgeons choosing to work in this sector should be competent in assessing/managing this key aspect of aesthetic surgery.

AFPS has sponsored the development of 'cutting-edge' training for surgeons informed by current knowledge/understanding. This training is available in half day, 1 day and 2 day live training & in an online modular form.

12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?

AFPS does not have any comment in relation to the establishment of any particular endorsement.

Our comments relate entirely to the current absence of psychology and body image training for medical practitioners engaged in appearance altering surgery and procedures.

To address this gap, AFPS has developed a series of on-line and face to face training module. The AFPS modules are good candidates for initial medical/surgical training and CPD (following appropriate credentialing). The AFPS training modules answer the numerous calls for the need to safeguard psychologically vulnerably patients and signal the need for the cosmetic industry to engage with a social responsibility agenda around body image.

In our view, and in the best interests of patient care and safety, there must be specific training (e.g. CPD) in the following:

1: The psychology of appearance

- ✓ Psychological, social & cultural factors contribution to rising levels and prevalence of body image & appearance dissatisfaction
- ✓ Drivers for prospective patients seeking aesthetic enhancement
- ✓ Current understanding of factors contributing to risk and resilience to appearance distress
- ✓ Risk factors for sub-optimal outcomes
- ✓ What do we and don't we know about psychiatric & psychological risk factors

2: Ethical perspectives

- ✓ Social & ethical perspectives
- ✓ Calls from Governments and Professional Bodies
- ✓ Ways of improving professional practice
- ✓ Business practices
- ✓ Social responsibility

3: Putting it into practice

- ✓ Patient assessment, support & follow up
- ✓ How to achieve meaningful informed consent
- ✓ Promoting patient involvement in treatment decision making
- ✓ Specialist communication skills
- ✓ Introducing the topic of referral for psychological assessment, support or intervention
- ✓ Deciding against treatment; informing the patient
- ✓ Understanding & managing psychological risk factors for suboptimal outcomes
- ✓ Recognising 'red flags'
- ✓ Acknowledging the limits of professional competence; what support can you offer in the clinic setting; identifying appropriate external sources of support
- ✓ Establishing referral routes for specialist assessment and intervention

13. What programs of study (existing or new) would provide appropriate qualifications?

See Q.12 above.

In the UK, in the follow up to guidance issued by the UK's General Medical Council for Doctors engaged in Cosmetic Practice in 2016 (<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/cosmetic-interventions>), the GMC launched a bid process for 'Research and Design of a Training & Support Programme for Doctors Implementing Cosmetic Practice'. The bid process was incomplete but the following training courses are available.

- UK Royal College of Surgeons Cosmetic Surgery Certification
<https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/service-standards/cosmetic-surgery/certification/>

Two day face-to-face course & submission of portfolio of evidence. Course includes module on 'Identifying & Supporting Vulnerable Patients'.

Topics covered: Social context in which appearance anxiety is growing; Drivers for the increase in uptake of cosmetic procedures; Types and symptoms of psychological vulnerability in cosmetic populations; Establishing a clear process for managing psychological vulnerability; Assessment/Referral/Follow-up.

- European funded (Horizon 2020) project

Half day training modules for health care professionals specialising in aesthetic surgery (reconstructive & aesthetic) working in 6 EU countries. Training outline: The psychology of appearance; social and cultural aspects of appearance dissatisfaction; the psychology of disfigurement; Patient selection and assessment ;Promoting patient involvement in treatment decision making; Referral routes for specialist support and intervention; Key communication skills; The need for routine audit/data sharing/research.

- UK Harley Academy (specialising in 'Accredited Courses in Aesthetic Medicine')
<https://www.harleyacademy.com/>

Modules developed as part of a Level 7 (postgraduate or equivalent vocational award) qualification in 'Aesthetic Medicine'. Delivered as part of a one-day face-to-face training workshop: Psychological & social aspects of body image and altered appearance (disfigurement); Consequences of appearance dissatisfaction on psychological wellbeing & physical health; Psychological & social drivers for aesthetic procedures; Understanding and managing risk for sub-optimal outcomes; Professional skills & good practice; Patient information; Informed consent; Treatment decision making; Explaining a referral for psychological assessment and/or support; Managing decisional regret; Audit & research.

14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.

No comment provided.

Cooperation with other regulators

15. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?

No comment provided.

16. If yes, what are the barriers, and what could be improved?

No comment provided

17. Do roles and responsibilities require clarification?
No comment provided
18. Please provide any further relevant comment about cooperating with other regulators.
No comment provided

Facilitating mandatory and voluntary notifications

19. Do the Medical Board's current mandatory notifications guidelines adequately explain the mandatory reporting obligations?
No comment provided
20. Are there things that prevent health practitioners from making notifications? If so, what?
No comment provided
21. What could be improved to enhance the reporting of safety concerns in the cosmetic surgery sector?
No comment provided
22. Please provide any further relevant comment about facilitating notifications
No comment provided

Information to consumers

23. Do the Medical Board's current codes and guidelines adequately describe the obligations of practitioners who perform cosmetic surgery to provide sufficient information to consumers and obtain informed consent?
No. Information and informed consent should also include an acknowledgement that a prospective patient's goals for surgery may well include psychological gains.
24. If not, what improvements could be made?
The patient should expect that motivation for surgery, unrealistic expectations and psychological vulnerabilities will also be explored/clarified as part of the medial practitioner's assessment/management process.

25. Should codes or guidelines include a requirement for practitioners to explain to patients how to make a complaint if dissatisfied?

Yes

26. In the context of cosmetic surgery, does the Ahpra website and public register of practitioners provide sufficient information about medical practitioners to inform consumer choices?

Insufficient.

27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?

- Consumers would benefit from information that the medical practitioner has not only completed the appropriate AMC accredited training but has also completed Ahpra and Medical Board mandated CPD in relation to psychology training re. Patient assessment, selection and management.
- Ahpra and the Medical Board can lead the way by acknowledging the importance of appropriately managing the psychological agenda of individual patients.
- Ahpra and the Medical Board can lead the way by acknowledging the role of cosmetic surgery in the pressing societal issue of the negative impacts of body image.

28. Is the notification and complaints process understood by consumers?

No comment provided.

29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?

No comment provided.

30. Please provide any further relevant comment about the provision of information to consumers.

No comment provided.

Further comment or suggestions

31. If you have any further comment relevant to Ahpra's and the Medical Board's regulation of cosmetic surgery including and/or suggestions for enhancements not mentioned in response to the above questions, please provide it here.

The Australasian Foundation for Plastic Surgery (AFPS) is a Company Limited by Guarantee and a Public Benevolent Institution, an ACNC registered charity and endorsed by the Australian Taxation Office as a Deductible Gift Recipient.

Since 2016, AFPS has developed two major charitable outreach programs:

- Remote Wound Program which aims to train and build the capacity of Remote Health Workers to better manage and treat wounds in community.
- Body Image/Self Esteem Program - a patient-centred care initiative which aims to better inform psychologically vulnerable patients about the risks and benefits of appearance altering procedures and surgery and also to support medical practitioners to better assess patients affected by poor body image and low self-esteem.

Body Image/Self Esteem Program – main components

1. In a global first initiative, with the support of the Plastic & Reconstructive Specialty Training Board in Australia and New Zealand, the Foundation provided expertise to support the inclusion, in the curriculum for trainee Specialist Plastic Surgeons, of content, modules, assessments and exam questions on how body image & self-esteem issues impact clinical practice within the Specialty.
2. To achieve best practice standards of care and safety, prospective patients should be assessed to establish their profile of relative psychological vulnerability and resilience. With support from our industry partner, Medical Indemnity Protection Society (MIPS) and Triskelion Norway, AFPS has developed world first, best practice, clinical assessment tools for use by Specialist Plastic Surgeons (and other health professionals) in the consultation process with patients.

The imperative of improving methods of patient selection has been highlighted in many reports including: The Royal College of Surgeons in England (2013); the UK's Department of Health (2013); the General Medical Council (2016); The Nuffield Council on Bioethics (2017); The Medical Board of Australia's Guidelines for Registered Medical Practitioners who Perform Cosmetic Medical and Surgical Procedures (2016).

Psychological processes play a part in all stages of surgery, from the motivation to seek treatment, to satisfaction with results. Research reveals that psychological conditions influence a patient's expectation of the process and outcomes of appearance altering surgery, and the presence of psychological vulnerabilities increases the risk for poor psychological outcomes post-operatively. Anecdotally, there are similar influences in many areas of surgery. If a patient has unrealistic expectations of surgery, then they are extremely likely to be disappointed.

An assessment of psychological issues should be a critical issue across all surgical specialties, including breast surgery, ENT surgery, bariatric surgery, oncological surgery. To achieve best practice standards of medical care in surgery, prospective patients, should be assessed to establish their profile of relative psychological vulnerability or resilience. Rigorous patient assessment and selection is vital to determine whether procedures/surgery are appropriate. Technically excellent surgery may still result in the patient experiencing post-operative dissatisfaction with the aesthetic outcomes. This can trigger threats to sue the surgeon and/or suicidal ideation. While the patient may have an expectation of perfection, the surgery will not deliver a "miracle make-over".

Clinical Practice Improvement Tools - Patient-Centred Care

1. Patient Assessment Tools (PATs)

- Guidance handbook for surgeons on understanding the tools and how to maximize their benefit
- Pre-Surgery + Post-Surgery questionnaires for reconstructive procedures
- Pre-Surgery + Post-Surgery questionnaires for cosmetic procedures

The PATs are able to be completed online so that responses can be recorded directly online in the clinic using a tablet or computer. Areas of elevated risk are automatically highlighted. The PATs then suggest an action plan ranging from further appointments or provision of supporting information to onward referral or discharge. The PATs are intended for routine use. These are generic tools which are not procedure specific. They contain questions relating to multiple psychological concepts which are relevant to a wide range of patients.

Educational material and on-line modules have been developed to accompany the PATs and as stand-alone CPD modules to facilitate enhanced professional practice for medical practitioners across the board, not just Specialist Plastic Surgeons:

- Ability to assess and appropriately manage patients is a critical part of providing optimum care
- Rather than screening for presence of absence of a disorder/condition, ALL patients should be assessed for their relative profile of resilience/vulnerability
- Assessment used as a means of more fully assessing the motivation & expectations, with the aim of increasing the likelihood of a good outcome
- Highlights risks for sub-optimal outcomes and informs an action plan

The Patient Assessment Tools and accompanying educational material will assist the practitioner to:

- Assess the patient's motivations and expectations about the process/outcome
- Evaluate the patient's psychological status; and
- Encourage routine follow up and provide a framework for providers to explore the psychological impacts of surgery on their patients

Evidence based framework for assessment & follow-up designed to:

- Enhance assessment by facilitating a semi-structured interview between surgeon & prospective patient
- Inform appropriate patient management
- Facilitate follow-up
- Provide a common framework for audit & research

Significance

Safety

- Improvements in patient safety through appropriate assessment and selection for procedures/surgery. The assessment tools and educational materials will safeguard against the provision of procedures/surgery to those patients who have unrealistic expectations about what can be achieved by the surgery, whilst also identifying those individuals who are psychologically vulnerable and therefore more likely to have an increased likelihood of sub-optimal psychological outcomes.
- Enhanced capacity to proactively assess, identify, divert and/or refer these patients to a range of support alternatives.

Quality

- Patient involvement in decision making.
- Informed consent.
- Effectively communicate the risks and benefits of procedures/surgery.

Professionalism

- Identify referral options for some individuals where indicated e.g. a second surgeon or clinical psychologist. The surgeon may refer patients for additional assessments, if indicated, as an adjunct or an alternative to surgery, thereby facilitating enhanced professional standards of care

- Reduction in patient complaints and medico-legal risks for providers and their insurers
- Alert the surgeon that further pre-op discussion and informed consent is indicated, or even to consider declining to operate

2. COSMOS (the Cosmetic Motivation Schedule)

AFPS developed this short tool specifically for those cosmetic practitioners engaged in non-surgical aesthetic treatments. Based on the same patient-centred care principles as the PATs it is a simplified interactive questionnaire. The prototype COSMOS is complete and currently in a piloting exercise allowing a thorough assessment process to take place in a way that is appropriate and acceptable for both the practitioner and the patient.

RECOMMENDATIONS:

Cosmetic surgery is almost entirely situated in the private sector and there is an untested perception that patients value privacy and wouldn't be interested in sharing their details via notifications, audit or research.

However, the provision of appearance altering procedures to people who have an appearance considered 'within normal range', who have mental health issues and/or unrealistic expectations about the procedural outcome, is highly problematic for patient, provider and society as a whole. AFPS acknowledges this increasing mental health, public health and social problem.

Change is going to require effort. Recommendations relating to the urgent need to safeguard psychologically vulnerable patients have been made in Australia and the UK on a regular basis for well over a decade now. Guidance isn't enough of a stick; professional bodies don't have 'teeth' in this sector. Regulation is needed.

To signal the need to safeguard psychologically vulnerable patients, the Australasian Foundation for Plastic Surgery suggests the following recommendations be included in the final report and outcomes of the Independent review of the regulation of health practitioners in cosmetic surgery:

1. Ahpra and the Medical Board regulates the mandatory use, by all medical practitioners engaged in appearance altering surgery, of the AFPS pre and post-surgery patient assessment tools (PATs).
2. Ahpra and the Medical Board regulates the mandatory use, by all cosmetic practitioners engaged in non-surgical cosmetic procedures, of the AFPS non- surgical cosmetic assessment tool (COSMOS).
3. Ahpra and the Medical Board amend the current Guidelines for Registered Medical Practitioners who perform cosmetic medical and surgical procedures to include the requirement for appropriate training in relation to patient selection and the psychological vulnerability of patients.