



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)	Day Hospitals Australia
Email address	██

Your responses to the consultation questions

Codes and Guidelines

1. Do the current <i>Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures</i> 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?
Definitions around Medical Practitioners that perform medical cosmetic procedures with respect to training are not clear.
2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?
Clear definitions of what constitutes adequate training. Clear definitions of what constitutes the definition of a surgeon.
3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.
The status of surgeon must be defined and a mechanism of breach of the guidelines, as a consequence, must be clearly outlined.

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?
It is our view that the term 'Surgeon' should be quarantined, as multiple descriptors can be used in association with the term 'Surgeon', which might imply competence with this field, when not quarantined, terms such as 'aesthetic or body sculptor' when they fall outside these guidelines.
5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.
Assessment by a surgeon with skills in this field gained through an AMC accredited training program with this scope of practice.

Advertising restrictions

6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?
Visual representation of before and after results are unacceptable. Patient testimonials should not be used for the purpose of advertising. Live feeds or edited video presentations should not be permitted for the purpose of advertising.
7. What should be improved and why and how?
Clear guidelines required to advertise qualifications in this area of cosmetic services to be provided by a medical practitioner. Commercial financial support should not be offered or promoted by practitioners as outlined in the guidelines. An externally funded financial support for treatment, should not be brokered for patients.
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?
As per answers in no. 6 & 7.
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?
The use of social media for the promotion of services should not be used due to lack of control by both the practitioner and regulator.
10. Please provide any further relevant comment in relation to the regulation of advertising.
There should be a Ahpra process to oversee inappropriate advertising – not just rely on consumer complaint.

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)?

It is paramount that the term 'Surgeon' be quarantined, as multiple descriptors can be used, such as 'aesthetic and body sculpting'

Quarantining of the term 'Cosmetic Surgeon' will not protect the public.

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

To qualify for the title of 'Surgeon' the practitioner must be endorsed by an AMC accredited training program that has a significant component of its curriculum that outlines its skills and training requirements of a body of knowledge in surgery; and has a process of assessment and continued professional development in this area of practice.

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

All current AMC accredited programs and future programs that have a significant component of curriculum to surgery.

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

The title protection of cosmetic surgery alone will not provide community protection, the title of 'Surgeon' must be protected to do so, as outlined above.

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?

All investigations can only be instigated by the consumer currently and there needs to be a more stringent review of a medical practitioners practice by appropriate existing professional bodies such as Colleges and professional medical bodies.

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

There appears to be inadequate interaction as it relates to concerns around the performance of medical practitioners with the regulator and existing professional bodies such as colleges and professional groups.

17. Do roles and responsibilities require clarification?

The roles of the regulator and professional bodies should be better defined in relation to assessment of medical and surgical practice that may be considered inappropriate practice and below community expectations.

18. Please provide any further relevant comment about cooperating with other regulators.

Cosmetic procedures which are considered major, should be performed in a licensed facility outlined by jurisdictional regulations, more formal interaction with Ahpra with these groups would be advocated.

Facilitating mandatory and voluntary notifications

19. Do the Medical Board's current mandatory notifications guidelines adequately explain the mandatory reporting obligations?

Yes

20. Are there things that prevent health practitioners from making notifications? If so, what?

Uncertainty of the individual's assessment of a colleague's impairment is accurate.

The perception of impaired medical practitioners, that if they seek therapeutic support that they may be reported.

21. What could be improved to enhance the reporting of safety concerns in the cosmetic surgery sector?

Regulator would be required to have more oversight into the performance of discretionary cosmetic surgery and the qualifications of the practitioners involved.

22. Please provide any further relevant comment about facilitating notifications

Nil

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.

24. If not, what improvements could be made?

The elements of informed consent, that in the performance of Cosmetic Surgery that the cooling off period should be prescribed greater than the current 7 days, and a repeat consultation should be provided separate from the day of surgery, before progression.

As discussed above, the medical practitioner qualifications and experience need clear definition by the regulator.

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

It could destabilise the patient's confidence in the practitioner, although we support that an easily defined complaint process needs to be accessible to all patients.

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?

No.

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

Provide accurate information on their medical qualifications to provide the services. Quarantining the term 'Cosmetic Surgeon' will not provide this certainty. The quarantining of the term 'Surgeon' as outlined above would provide far greater certainty for the consumer.

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

Unable to answer.

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

Raise public awareness of avenues available to them.

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

Consumers should not rely on information they receive on social media.

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.

Thank you for the opportunity provided to us to make comment on this significant problem that has a real impact on public perception on the safety of services provided in day hospitals.