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	Andrew Finley
Organisation (if applicable)	
Email address	[redacted]

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?
No, because they do not have an expected standard of training and experience.
2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?
3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.

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

Advertising restrictions

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

7. What should be improved and why and how?
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?
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?
10. Please provide any further relevant comment in relation to the regulation of advertising.

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)?
I think it is essential if the public is to be protected. Cosmetic surgery is not a specialty and so there are no official specialists. Other than word of mouth and the doctor's own website and advertisements, the public has no way of knowing if he or she trained in cosmetic surgery or not. If doctors who are properly trained and competent are endorsed to practice cosmetic surgery by the authorities, the public would be able to choose an endorsed doctor. Why would Ahpra and the Medical Board NOT want to protect the public in this way?

12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?
Yes
13. What programs of study (existing or new) would provide appropriate qualifications?
I do not know but obviously, it must be specifically about cosmetic 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.
Only doctors or specialists who are endorsed in cosmetic surgery should be allowed to call themselves cosmetic surgeons.

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?
16. If yes, what are the barriers, and what could be improved?
.
17. Do roles and responsibilities require clarification?
18. Please provide any further relevant comment about cooperating with other regulators.

Facilitating mandatory and voluntary notifications

19. Do the Medical Board's current mandatory notifications guidelines **adequately explain the mandatory reporting obligations?**
20. Are there things that prevent health practitioners from making notifications? If so, what?
21. What could be improved to enhance the reporting of safety concerns in the cosmetic surgery sector?
22. Please provide any further relevant comment about facilitating notifications

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?
24. If not, what improvements could be made?
25. Should codes or guidelines include a requirement for practitioners to explain to patients how to make a complaint if dissatisfied?

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. As explained earlier, with no specialty and no endorsement for cosmetic surgery yet, the public register provides no relevant information about a practitioner's cosmetic surgery expertise or otherwise.
27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?
Introduce an endorsement for doctors would be the way forward for those who have met a competency standard in cosmetic surgery and show this on the public register.
28. Is the notification and complaints process understood by consumers?
29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?
30. Please provide any further relevant comment about the provision of information to consumers.

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.
Patient safety is a priority, if endorsement should be introduced It will protect the public from untrained and unsafe practitioners. It is hard to think of any reason the public or anyone without a vested interest would not welcome it.

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Your details

Name	Julie Finley
Organisation (if applicable)	
Email address	[redacted]

Your responses to the consultation questions

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No, because they do not have an expected standard of training and experience.
2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?
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Management of notifications

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12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?
Yes
13. What programs of study (existing or new) would provide appropriate qualifications?
I do not know but obviously, it must be specifically about cosmetic surgery.
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Your details

Name	Samuel Finley
Organisation (if applicable)	NA
Email address	[redacted]

Your responses to the consultation questions

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Your details

Name	Dr Daniel Fleming
Organisation (if applicable)	This submission is made in a personal capacity from a Past president of, examiner and preceptor for the Australasian College of Cosmetic Surgery and Medicine. 23 years of experience as a cosmetic surgeon on the general register. Expert advisor to the Chief Medical Officer and the TGA on cosmetic surgery matters. Participant in the Walton Committee of Inquiry into Cosmetic Surgery. Advisor to Medical Indemnity Providers on cosmetic surgery issues. Provider of multiple expert medico-legal opinions in cosmetic surgery claims. Provider of expert peer opinion to Ahpra/Medical Board in cosmetic surgery complaints. Author of peer reviewed textbook chapters and research papers on cosmetic surgery.
Email address	[redacted]

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?
I support the comments and evidence provided in the submission from the Australasian College of Cosmetic Surgery and Medicine.
2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose? I support the comments and evidence provided in the submission form the Australasian College of Cosmetic Surgery and Medicine.
3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.
I support the comments and evidence provided in the submission from the Australasian College of Cosmetic Surgery and Medicine.

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?
When a complaint is made two initial questions must be answered. 1. Is the nature of the complaint such that it is likely that the public is at risk of harm by this practitioner? 2. Are the alleged actions by the practitioner consistent with accepted peer practice? I practiced cosmetic surgery exclusively for 23 years. My experience is based on being on the receiving end of complaints (none to my knowledge where I was found to be at fault) and as the expert asked by the regulator to assess the practitioner's behaviour. The patient complains because something has gone wrong. Not infrequently, there has been a complication or adverse event that is not the fault of the practitioner but the patient does not know this. The Assessment Officer at Ahpra cannot be expected to make an informed or expert decision about a clinical matter and quite naturally is loath to dismiss the complaint until it has been investigated. This often results in a protracted process which is stressful for the practitioner and frustrating for the patient. The process would be improved by early involvement of an independent medical or surgical expert who would be better able to make an initial assessment of the merits or otherwise of the complaint and provide answers to these initial questions. If a complaint has merit the complainant would not be disadvantaged and the practitioner's actions would be fully investigated. If the clinical expert is satisfied that the practitioner's actions were reasonable, then blameless practitioners would not have to undergo the stress of a formal investigation and the complainant would know the outcome sooner rather than later.

5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.
I support the comments and evidence provided in the submission from the Australasian College of Cosmetic Surgery and Medicine.

Advertising restrictions

6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?
I support the comments and evidence provided in the submission from the Australasian College of Cosmetic Surgery and Medicine.

7. What should be improved and why and how?
I support the comments and evidence provided in the submission from the Australasian College of Cosmetic Surgery and Medicine.

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?
I support the comments and evidence provided in the submission from the Australasian College of Cosmetic Surgery and Medicine.

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?
I support the comments and evidence provided in the submission from the Australasian College of Cosmetic Surgery and Medicine.

10. Please provide any further relevant comment in relation to the regulation of advertising.
I support the comments and evidence provided in the submission from the Australasian College of Cosmetic Surgery and Medicine.

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)?

I support the comments and evidence and provided in the submission from the Australasian College of Cosmetic Surgery and Medicine but have additional comments based on 23 years of experience practicing cosmetic surgery.

Cosmetic surgery is not a recognised specialty nor can it be as by definition, it can never satisfy the "burden of disease" requirement for the creation of a new specialty.

There are therefore no recognised specialists in cosmetic surgery. As it has evolved, practitioners from differing fields of practice have contributed to its advancement. For example, liposuction was first developed by gynaecologists in Italy, advanced by plastic surgeons in France and the current accepted best practice and safest liposuction method was instigated by a dermatologist in the USA.

Patients and their safety have been the beneficiaries of this trans disciplinary "specialty".

In Australia, cosmetic surgery is practiced by a diverse range of practitioners. Some of these are specialists in a recognised specialty, some are not. Safe and competent practitioners may or may not be a specialist in another field as may insufficiently trained, incompetent and unsafe practitioners.

Because this area of specialised practice is not a recognised specialty, any practitioner may title themselves a cosmetic surgeon and the public has no way of knowing if that practitioner has undergone adequate and relevant training and has sufficient experience to be competent and safe.

This applies equally to practitioners on the specialist register, including plastic surgeons and to practitioners who are on the general register. The Australian Medical Council's (AMC) reports on the training of plastic surgeons since 2002 has highlighted the lack of training and experience in cosmetic procedures when plastic surgeons qualify as specialists which it called "a deficit" and "a gap" in its 2017 report. Many plastic surgeons do subsequently become expert in cosmetic procedures but also many (and in particular [redacted]) [redacted] into thinking they are automatically expert simply because they are specialist plastic surgeons. In reality many develop their cosmetic surgical expertise by [redacted] At least one liposuction patient has died as a consequence in Victoria. I have personally witnessed numerous avoidable bad outcomes from cosmetic surgery being performed by both plastic and cosmetic surgeons (specialist and non-specialist) who have not had adequate training or experience in cosmetic surgery.

The suggestion that these risks to patients will be solved by restriction of the title surgeon (and therefore cosmetic surgeon) to AMC accredited surgical specialists will not work because it does not link title restriction to training, competence and safety in cosmetic surgery. It is likely to create new risks for patients because specialist surgeons will be granted an effective monopoly and patients will almost certainly believe that because the practitioner can call themselves a surgeon in the context of cosmetic surgery they are trained, competent and safe in its practice. If such title restriction is allowed to occur, such practitioners may have little or no training in cosmetic surgery – "a gap" in the words of the AMC. Furthermore, some of the best trained and most experienced cosmetic surgeons in Australia would not be allowed to use the title cosmetic surgeon and patients may not consider them as a result. Thus, the current information asymmetry that puts patients at risk of harm would not be improved and is likely to be exacerbated.

Also, regulators should learn from the failed implementation of just this type of title restriction which was introduced in Queensland in the 2000s prior to the provisions of the National Law. Practicing in Queensland during that era, I witnessed first-hand how this measure confused patients while providing them with no effective additional protection from unsafe practitioners - specialists or

otherwise. What it did do was result in numerous time consuming complaints by practitioners about other practitioners, often when a third party had referred to a “cosmetic surgeon”.

Certainly, it is necessary to protect patients from non-specialist practitioners who title themselves cosmetic surgeons if they have not completed appropriate training and lack competence.

Endorsement of ALL practitioners of cosmetic surgery under the provisions of the National Law is the single most effective measure Ahpra and the Medical Board could recommend to address these concerns and to enhance patient safety.

Endorsement would allow the public to know if a practitioner has met and maintained a RELEVANT independently assessed standard. It would allow them to choose from a range of trained, competent and safe practitioners.

This would be facilitated by inclusion of endorsed practitioners on a public register and use of the title cosmetic surgeon restricted to those on the register.

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

Yes. For the reasons explained in 11 and 13.

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

I refer you to the model based on a points system provided in the submission from the Australasian College of Cosmetic Surgery and Medicine.

I would draw your attention to the requirement for CORE basic surgical competence (knowing how to operate, maintain sterility, stop bleeding, close wounds and manage surgical complications) AS WELL AS the requirement for adequate SPECIFIC training in cosmetic surgery. I make this point because it may be that objections to the endorsement model may suggest that no practitioner can attain core surgical competence unless they have completed an AMC approved surgical specialist training programme. Such representations would be counterfactual to the known evidence and may therefore have more to do with the protection of the interests of specialist practitioners rather than patients. For example, rural and remote patients rely on the core surgical competence of GPs and other practitioners who have not completed an AMC approved surgical specialist training programme. Practitioners trained in surgery overseas are typically not recognised by the Royal Australasian College of Surgeons (RACS) and therefore Ahpra, as specialists, yet they do possess core surgical competence.

I would also note that, consistent with the Credentialing Standard of the Australian Commission on Safety and Quality in Health Care, the proposed endorsement model would be competency based and not be exclusive to any particular College, craft group, specialty or society.

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

Doctors do not practice cosmetic surgery for altruistic reasons. The prime motivator is the financial rewards on offer. This inevitably impacts on the opinions of different stakeholders concerning how cosmetic surgery should be regulated. 13 above may be an example of this. I am not immune from this conflict of interest but having retired from clinical practice, I am now less influenced by it and am able to make this submission largely objective based on evidence and first-hand experience.

The public has a right to know who is and who is not trained in cosmetic surgery so they can make better informed and safer choices. Currently they cannot do so and are often misled.

I ask that Mr Brown and his advisors consider the likely benefits to cosmetic surgery patients of the endorsement/public register and linked title restriction approach. I suggest it will be instructive for the independent review to compare this with title restriction which is NOT specifically linked to training, competence and safety in cosmetic surgery but instead to surgical competence in other types of surgery.

I would also ask Mr Brown to consider the motivation of those who oppose the endorsement model and support a version of title restriction which, while not requiring any evidence of cosmetic surgery training or competence, would give them very substantial commercial advantage.

If RACS and its plastic surgery societies are primarily interested in protecting patients and enhancing their safety, why would they object to a requirement for all practitioners of cosmetic surgery to be endorsed by having to meet and maintain a competency-based independent national accreditation standard? Also, why would they object to a public register empowering patients to identify practitioners who have met a competency standard in cosmetic surgery?

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?

I have no knowledge of these matters.

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

Please see 15.

17. Do roles and responsibilities require clarification?

Please see 15.

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

Please see 15.

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?

I am not aware of any.

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

I have no suggestions.

22. Please provide any further relevant comment about facilitating notifications

I have none.

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?

Yes.

24. If not, what improvements could be made?

Please see 23.

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

No more or less than for any other area of practice.

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?

For cosmetic surgery, it provides no helpful information. This would be corrected by a register of endorsed practitioners of cosmetic surgery. Please see 11, 12, 13 and 14 above.

Additionally, the website should make it clear that registration in any particular specialty does not require or guarantee that the specialist has any training or expertise in cosmetic procedures

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

Provide a public register of endorsed practitioners of cosmetic surgery and restrict the title of cosmetic surgeon to those on the register. Please see 11, 12, 13 and 14 above.

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

I do not know.

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

Please see 28.

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

Please see 28.

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.

I have advocated for a National Accreditation Standard for all doctors performing cosmetic surgery for many years including as far back the Walton Committee. When presenting the proposal to Queensland Health some years ago, a senior official described it as "a no brainer". Manifestly, it would deliver a public good and through the endorsement model, it is available under the National Law.

Endorsement will enhance patient safety and it will be fair to practitioners. Over more than 20 years I have seen, repeatedly, the vested interests of stakeholders in this lucrative area of practice preventing such regulatory reform and patients have suffered avoidable harm as a consequence.

Wittingly or unwittingly, such vested interests may have caused the recent [redacted] Regulatory Impact Statement (RIS) to be published for public comment. The RIS, which is supposed to provide information about all relevant, viable options failed to ask consumers about the endorsement model. Indeed, it did not even make them aware of this option for reform. Instead it asked detailed and in some instances arguably, leading questions about title restriction [redacted]

[redacted]. At no point did it attempt to link regulatory reform to a requirement that practitioners demonstrate training competence and safety in cosmetic surgery.

In consequence, the outcome of the RIS consultation process [redacted] as those making submissions were unable to express their opinion about an endorsement approach because they had not been made aware of it.

Ahpra and the Medical Board now have an opportunity to correct this deficiency, cut through entrenched vested interests and deliver meaningful, effective reform to provide cosmetic surgery patients and their families with safer outcomes.

With apologies to Gough Whitlam, it's time.

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Your details

Name	Kylie Fleming
Organisation (if applicable)	
Email address	[redacted]

Your responses to the consultation questions

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2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?
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5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.

Advertising restrictions

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

7. What should be improved and why and how?
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?
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?
10. Please provide any further relevant comment in relation to the regulation of advertising.

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)?
I think it is essential if the public is to be protected. Cosmetic surgery is not a specialty and so there are no official specialists. Other than word of mouth and the doctor's own website and advertisements, the public has no way of knowing if he or she trained in cosmetic surgery or not. If doctors who are properly trained and competent are endorsed to practice cosmetic surgery by the authorities, the public would be able to choose an endorsed doctor. Why would Ahpra and the Medical Board NOT want to protect the public in this way?

12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?
Yes
13. What programs of study (existing or new) would provide appropriate qualifications?
I do not know but obviously, it must be specifically about cosmetic 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.
Only doctors or specialists who are endorsed in cosmetic surgery should be allowed to call themselves cosmetic surgeons.

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?
16. If yes, what are the barriers, and what could be improved?
.
17. Do roles and responsibilities require clarification?
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Facilitating mandatory and voluntary notifications

19. Do the Medical Board's current mandatory notifications guidelines **adequately explain the mandatory reporting obligations?**
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21. What could be improved to enhance the reporting of safety concerns in the cosmetic surgery sector?
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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?
24. If not, what improvements could be made?
25. Should codes or guidelines include a requirement for practitioners to explain to patients how to make a complaint if dissatisfied?

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. As explained earlier, with no specialty and no endorsement for cosmetic surgery yet, the public register provides no relevant information about a practitioner's cosmetic surgery expertise or otherwise.
27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?
Introduce an endorsement for doctors who have met a competency standard in cosmetic surgery and show this on the public register.
28. Is the notification and complaints process understood by consumers?
29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?
30. Please provide any further relevant comment about the provision of information to consumers.

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.
It seems obvious that endorsement should be introduced. It will protect the public from untrained and unsafe practitioners. It is hard to think of any reason the public or anyone without a vested interest would not welcome it.

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Your details

Name	India Flint
Organisation (if applicable)	[redacted]
Email address	[redacted]

Your responses to the consultation questions

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1. These could indeed be improved. Currently there is no recognised specialty of Cosmetic Surgery, nor can there be, without a change in the National Law. Therefore no training programme is recognised by the AMC for cosmetic surgery, and the title "cosmetic surgeon" may be used by any medical practitioner. Patients are at risk, because they are unable to identify if the doctor offering cosmetic surgery has the relevant *specific* training and skill. Currently it is impossible to determine if a practitioner is operating within their scope of practice.
2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?
1. The Endorsement model for practitioners performing cosmetic surgery should be adopted to protect the public. Those endorsed medical practitioners who have met a National Accreditation Standard should be on a public register.
3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.
1. This standard would ensure that practitioners not only have a core surgical competence, but also that they have reached an acceptable level of competence and skill *specifically* in Cosmetic surgery. The practitioners would be required to be part of a recertification programme specific to cosmetic surgery. To ensure patient safety, this model would need to be applied to *all doctors* who perform cosmetic surgery irrespective of their prior backgrounds.

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?
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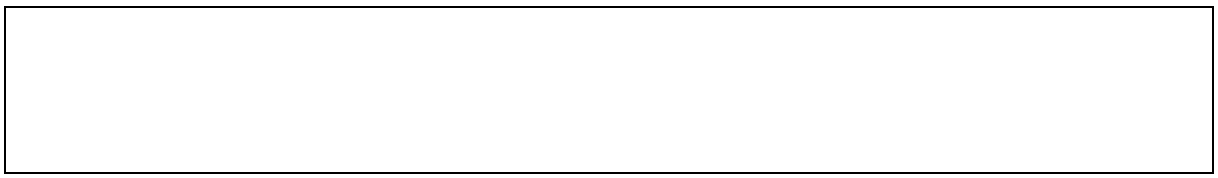

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. Establishing an endorsement model would essentially protect patients from adverse outcomes. Those practitioners, who are endorsed to practice cosmetic surgery, would have the appropriate training and experience in cosmetic surgery. This would be clear to patients, because there would be an AHPRA administered Cosmetic Surgery Register identifying doctors who are endorsed for cosmetic surgery. Patients could then be rest assured that they are being treated by doctors who are operating within their scope of practice. A title restriction should be linked to a competency-based accreditation Standard/Register as proposed by the

College (ACCSM) by means of the Endorsement pathway provided for in Section 98 of National Law.

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13. What programs of study (existing or new) would provide appropriate qualifications?
13. The Australian College of Cosmetic Surgery and Medicine (ACCSM) is a well-recognised college, which has been established well over 30 years ago. This college is well equipped to provide appropriate qualifications for those practitioners to be endorsed in Cosmetic Surgery and Medicine.
14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.
Specialist title protection is reserved for medical specialists who have been recognised by the AMC. Until this point, Cosmetic surgery and Cosmetic Medicine have not been specialist pathways recognised by the AMC, because there is no burden of disease. Failing being recognised by the AMC as a medical specialty, the endorsement model would be an appropriate way in which to regulate the cosmetic surgical industry. The title 'Cosmetic Surgeon' should be protected for those practitioners who have had specific recognised training in Cosmetic surgery. It is clear that specialist surgeons as recognised by the AMC do not have specific training in Cosmetic Surgery and specialist plastic surgeons qualify with a 'gap' in the area.

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24. If not, what improvements could be made?

If the endorsement model is adopted for cosmetic surgery, it would allow the public to identify doctors who are trained and competent in cosmetic surgery, provide protection for patients before something goes wrong, facilitate AHPRA taking action more readily against doctors who may be practicing outside of their scope of practice, and by being competency- based and independently set and assessed, be fair to all practitioners and not favour any particular group of doctors on the basis of their non-cosmetic surgical training and qualifications

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

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?

The AHPRA website, and public register of practitioners does not provide adequate information to consumers to safely choose their cosmetic surgeon. There should be a list of endorsed practitioners available for consumers to readily identify those practitioners who are adequately trained in cosmetic surgery.

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

AHPRA could provide a register of identified practitioners who have the necessary training in cosmetic surgery to perform such procedures safely

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

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

30. Please provide any further relevant comment about the provision of information to consumers.
It should be clear to consumers which doctor is trained *specifically* in cosmetic surgery, irrespective of their other previous training.

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.
It is vital that consumers are made aware of the *specific* experience and qualifications of their cosmetic surgeon, in order for them to make informed choices regarding their surgery and choice of surgeon. I support the proposal for a national competency-based accreditation Standard for *all* doctors performing cosmetic surgery. There should be a register of Endorsement of those who have met, and maintain the national standard. Restriction of the title 'Cosmetic Surgeon' should be applied to those medical practitioners who appear on the Register, administered by AHPRA. Since the Australasian College of Cosmetic Surgery and Medicine is the *only* training body in Australia specifically focused on training practitioners in Cosmetic Medicine and Surgery, this college would be best equipped to train practitioners and enable them to maintain their level of competence and skill.

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Your details

Name	DR Ho Wang FUNG FACCSM(MED)
Organisation (if applicable)	[redacted]
Email address	[redacted]

Your responses to the consultation questions

Codes and Guidelines

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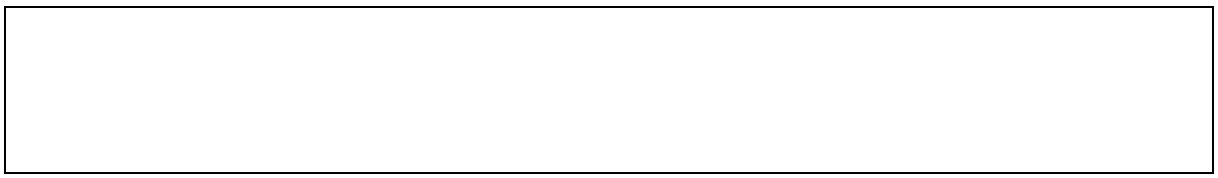
2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?
1. The Endorsement model for practitioners performing cosmetic surgery should be adopted to protect the public. Those endorsed medical practitioners who have met a National Accreditation Standard should be on a public register.
3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.
1. This standard would ensure that practitioners not only have a core surgical competence, but also that they have reached an acceptable level of competence and skill *specifically* in Cosmetic surgery. The practitioners would be required to be part of a recertification programme specific to cosmetic surgery. To ensure patient safety, this model would need to be applied to *all doctors* who perform cosmetic surgery irrespective of their prior backgrounds.

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



Advertising restrictions

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

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)?
. Establishing an endorsement model would essentially protect patients from adverse outcomes. Those practitioners, who are endorsed to practice cosmetic surgery, would have the appropriate training and experience in cosmetic surgery. This would be clear to patients, because there would be an AHPRA administered Cosmetic Surgery Register identifying doctors who are endorsed for cosmetic surgery. Patients could then be rest assured that they are being treated by doctors who are operating within their scope of practice. A title restriction should be linked to a competency-based accreditation Standard/Register as proposed by the

College (ACCSM) by means of the Endorsement pathway provided for in Section 98 of National Law.

12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?
Establishing an endorsement model would provide clarity to the consumer, about the specific skills and qualifications of practitioners holding the endorsement. It would identify those practitioners who have the core surgical training and competence, and *specific* cosmetic surgical training and competence as well as on-going professional education in cosmetic surgery.
13. What programs of study (existing or new) would provide appropriate qualifications?
13. The Australian College of Cosmetic Surgery and Medicine (ACCSM) is a well-recognised college, which has been established well over 30 years ago. This college is well equipped to provide appropriate qualifications for those practitioners to be endorsed in Cosmetic Surgery and Medicine.
14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.
Specialist title protection is reserved for medical specialists who have been recognised by the AMC. Until this point, Cosmetic surgery and Cosmetic Medicine have not been specialist pathways recognised by the AMC, because there is no burden of disease. Failing being recognised by the AMC as a medical specialty, the endorsement model would be an appropriate way in which to regulate the cosmetic surgical industry. The title 'Cosmetic Surgeon' should be protected for those practitioners who have had specific recognised training in Cosmetic surgery. It is clear that specialist surgeons as recognised by the AMC do not have specific training in Cosmetic Surgery and specialist plastic surgeons qualify with a 'gap' in the area.

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24. If not, what improvements could be made?

If the endorsement model is adopted for cosmetic surgery, it would allow the public to identify doctors who are trained and competent in cosmetic surgery, provide protection for patients before something goes wrong, facilitate AHPRA taking action more readily against doctors who may be practicing outside of their scope of practice, and by being competency- based and independently set and assessed, be fair to all practitioners and not favour any particular group of doctors on the basis of their non-cosmetic surgical training and qualifications

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

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?

The AHPRA website, and public register of practitioners does not provide adequate information to consumers to safely choose their cosmetic surgeon. There should be a list of endorsed practitioners available for consumers to readily identify those practitioners who are adequately trained in cosmetic surgery.

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AHPRA could provide a register of identified practitioners who have the necessary training in cosmetic surgery to perform such procedures safely

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

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Further comment or suggestions

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From:	Stephen Gaggin
To:	Cosmetic Surgery Review
Subject:	Input to review
Date:	Wednesday, 9 March 2022 5:09:34 PM

Dear Mr Brown,

I have been a rural GP for the past 32 years. Some time back a young man presented to me wanting to enlist in the army. However, he had ear-lobe expanders and had been told by recruiting that the earlobe holes would need repairing prior to him being accepted. He had consulted a local plastic(FRACS)/cosmetic surgeon and had been quoted $2000 for the repair. This was completely beyond his means. I repaired his earlobes bulk billing him for the procedure. He continues to this day in the service of his country. My concern is that the cost of specialist plastic/cosmetic services is excessive and out of reach of many patients. Public hospitals have abandoned many procedures as cosmetic - try getting disfiguring varicose vein surgery in a Tasmania Public Hospital when your only lifestyle aberration was to have children. If this review ends up restricting the provision of some services that can be well done by a generalist to a closed shop few, then less affluent patients potentially will be relegated to a life of disfigurement.

Stephen Gaggin
MB BS
GP

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

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Your details

Name	Dr Danushi Ganegoda
Organisation (if applicable)	[redacted]
Email address	[redacted]

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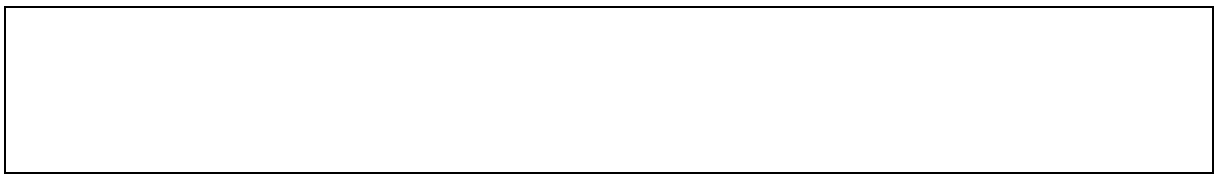

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Have your say

Independent review of the regulation of **health practitioners in cosmetic surgery**

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Your details

Name	DANIELA GERBER
Organisation (if applicable)	[redacted]
Email address	[redacted]

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?
No, because they do not have an expected standard of training and experience.

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. As explained earlier, with no specialty and no endorsement for cosmetic surgery yet, the public register provides no relevant information about a practitioner's cosmetic surgery expertise or otherwise.
27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?
Introduce an endorsement for doctors who have met a competency standard in cosmetic surgery and show this on the public register.
28. Is the notification and complaints process understood by consumers?
29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?

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	DANIELA GERBER
Organisation (if applicable)	[redacted]
Email address	[redacted]

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)?
I think it is essential if the public is to be protected. Cosmetic surgery is not a specialty and so there are no official specialists. Other than word of mouth and the doctor's own website and advertisements, the public has no way of knowing if he or she trained in cosmetic surgery or not. If doctors who are properly trained and competent are endorsed to practice cosmetic surgery by the authorities, the public would be able to choose an endorsed doctor. Why would Ahpra and the Medical Board NOT want to protect the public in this way?
12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?
Yes
13. What programs of study (existing or new) would provide appropriate qualifications?
I do not know but obviously, it must be specifically about cosmetic 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.
Only doctors or specialists who are endorsed in cosmetic surgery should be allowed to call themselves cosmetic surgeons.

Have your say

Independent review of the regulation of **health practitioners in cosmetic surgery**

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

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

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.
It seems obvious that endorsement should be introduced. It will protect the public from untrained and unsafe practitioners. It is hard to think of any reason the public or anyone without a vested interest would not welcome it.