Q1. The Medical Board of Australia is consulting on draft guidance for medical practitioners who perform cosmetic surgery. These documents have been developed following an independent review of regulation of medical practitioners who perform cosmetic surgery that raised serious concerns about the cosmetic surgery sector.

This submission form is specifically for consumers. It is made up of multiple-choice questions and should take only 5 - 10 minutes to complete. You can skip any questions you don't want to answer and there is an opportunity at the end to make additional comments. All consumers are invited to provide their feedback - both those who have had cosmetic surgery and those who haven't.

The consultation paper, including the draft guidelines, is available on the Medical Board website.

Definition

Cosmetic medical and surgical procedures (as defined in the Medical Board's *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures)* are operations and other procedures that revise or change the appearance, colour, texture, structure or position of normal bodily features with the dominant purposes of achieving what the patient perceives to be a more desirable appearance.

Major cosmetic medical and surgical procedures ('*cosmetic surgery*') is defined as procedures which involve cutting beneath the skin. Examples include: breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer.

Q24. **Publication of submissions**

The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential. Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is expressly requested.

Q2. Do you give permission to publish your submission?

- (●) Yes - with my name
- ( ) Yes - without my name
- ( ) No - do not publish my submission

Q3. Name (optional)

Katrina

Q4. Email address (optional)

Q5. The Board is proposing the following guidance for medical practitioners. Please tell us whether you agree or disagree with the proposed requirements.

Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*

The draft Cosmetic Guidelines are in the consultation document.

Q6. Q1. The draft Cosmetic Guidelines propose that all patients seeking major cosmetic surgery must have a referral from a GP (their own GP or another independent GP who does not provide cosmetic surgery or procedures).
Do you agree that a GP referral should be required?

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ◉ Strongly disagree

Q7. Q2. The draft Cosmetic Guidelines propose that the medical practitioner performing the cosmetic surgery should provide enough information to enable the patient to provide their informed consent. The information should be provided to the patient verbally and in writing, and include information about the procedure, the medical practitioner performing the surgery and the costs (the full list is in the draft guidelines).
Will this information assist patients to be able to make an informed decision?

- ◉ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly disagree

Q8. Q3. The draft Cosmetic Guidelines propose that patients must have at least two pre-operative consultations before the day of the surgery. At least one must be face-to-face (the other can be face-to-face or a video consultation). Informed consent cannot be given until the second consultation.
Do you agree with the requirement for two consultations?

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ◉ Strongly disagree

Q9. Q4. State and territory governments determine which healthcare facilities need to be accredited. Accreditation sets minimum requirements for safety such as infection control, resuscitation equipment, etc. Whether facilities need to be accredited differs across states and territories. The draft Cosmetic Guidelines propose that all major cosmetic surgery must be performed in an accredited hospital or an accredited day procedure facility regardless of the state or territory requirements.
Do you agree with the requirement that major cosmetic procedures only be performed at accredited facilities?

- (●) Strongly agree
- ( ) Agree
- ( ) Neutral
- ( ) Disagree
- ( ) Strongly disagree

Q10. Q5. Do you have any other feedback about the proposed draft revised Cosmetic Guidelines?

Q1 - We are unaware of any evidence that GPs acting as a mandatory gatekeeper for cosmetic surgery would enhance patient safety. GPs are not trained in cosmetic surgery and have no expertise concerning a patient's suitability for cosmetic surgery other than their personal knowledge of that patient's medical and psycho-social history. We suggestion a GP referral in any case where there are medical flags raised during the consultation process - eg psycho-social history or other medical history. Q3 - We often have patients travelling interstate so this will be highly costly and inconvenient for them to have a face to face consultation 7 days prior to surgery and then again 1 day before surgery. A face to face via Telehealth 7 days prior should be suitable along with the 1 day consultation. If the patient changes their mind on the day prior to surgery, they should be able to have a full refund.

Q11. **Draft *Guidelines for medical practitioners who advertise cosmetic surgery***

The draft Advertising Guidelines are in the consultation document.

Q12. Q6. To assist patients to understand what type of doctor they are seeing, the draft Advertising Guidelines propose that when advertising cosmetic surgery a medical practitioner must include their type of medical registration, for example, 'general registration' or 'specialist registration in Surgery - plastic surgery'.
Do you agree that a practitioner's registration type should be included in their advertising?

- ( ) Strongly agree
- ( ) Agree
- (●) Neutral
- ( ) Disagree
- ( ) Strongly disagree

Q13. Q7. To assist patients to understand what type of qualifications a doctor has, the draft Advertising Guidelines propose that when advertising cosmetic surgery a medical practitioner must not abbreviate their qualifications or memberships or use acronyms alone without an explanation of what they are, e.g. FRACS.
Do you agree that an explanation must be included with any acronyms?

- ( ) Strongly agree

- ○ Agree
- ◉ Neutral
- ○ Disagree
- ○ Strongly disagree

Q14. Q8. The draft Advertising Guidelines propose that when advertising cosmetic surgery a medical practitioner must not use paid social media 'influencers', 'ambassadors' or similar.
Do you agree that influencers should not be permitted in medical practitioners' advertising?

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ◉ Strongly disagree

Q15. Q9. The draft Advertising Guidelines propose that if the medical practitioner uses images to advertise cosmetic surgery, they must show a 'before' *and* 'after' image of the patient and not advertise using single images of a patient, a model or a stock image.
Do you agree that images used in advertising should include a 'before' *and* 'after' image?

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ◉ Disagree
- ○ Strongly disagree

Q16. Q10. The draft Advertising Guidelines propose that when advertising cosmetic surgery a medical practitioner must not target advertising at people under the age of 18 or to those at risk from adverse psychological and social outcomes.
Do you agree that cosmetic surgery advertising should not target people under the age of 18 and those at risk?

- ◉ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly disagree

Q17. Q11. Do you have any other feedback about the proposed draft Advertising Guidelines?

Q8. - Removing the use of influencer advertising doesn't make sense. Using influencers to reach key target demographics is key in advertising any business or service these days as this is a primary way to advertise. Instead of removing altogether we suggest regulations around an influencer not providing a paid "testimonial" for their personal experience with surgery, and to ensure it has a written disclaimer as being a "paid advertisement". Q9. Having to display a before & after photo with every form of advertising for cosmetic surgery is ridiculous rule and unattainable. We get feedback from our patients that they want to see everyday lifestyle pictures of real patients to give them a sense of how patients look every day, VS always only seeing their before and after photo. We don't however disagree with using actual patients in all advertising and removal of generic models and stock imagery. Additionally, any advertising using single patient / lifestyle imagery can link back to the patient's full before and after photo which could be displayed on the company's website for further patient review, if deemed necessary.

Q18. Q12. Do you have any other comments about cosmetic surgery regulation?

Q19. Note: If you wish to make a complaint about a medical practitioner, you can call Ahpra's cosmetic surgery hotline on 1300 361 041 or submit a notification on the Ahpra website.

Q20. **About you (optional)**

Q13. Have you had cosmetic surgery?

- (●) Yes, I have had cosmetic surgery
- ( ) No, I have not had cosmetic surgery but am considering or would consider having it
- ( ) No, I have not had cosmetic surgery and have no intentions to have it
- ( ) Prefer not to say

Q21. Q14. What is your age?

- ( ) Under 18
- ( ) 18-24 years old
- ( ) 25-34 years old
- (●) 35-44 years old
- ( ) 45-54 years old
- ( ) 55-64 years old
- ( ) 65 years or older
- ( ) Prefer not to say

Q22. Q15. What is your gender?

- ○ Male
- ◉ Female
- ○ Non-binary
- ○ Other - how do you identify? _____
- ○ Prefer not to say

Q23. Q16. Which state or territory are you in?

- ○ Australian Capital Territory
- ○ New South Wales
- ○ Northern Territory
- ◉ Queensland
- ○ South Australia
- ○ Tasmania
- ○ Victoria
- ○ Western Australia
- ○ Prefer not to say

From: Dr Jake Lim
To: medboardconsultation
Subject: Public Consultation Submission - Regulation of medical practitioners who provide cosmetic medical and surgical procedures
Date: Friday, 2 December 2022 3:34:35 PM

2rd December 2022

Dr Anne Tonkin
Chair
Medical Board of Australia

Via email: medboardconsultation@ahpra.gov.au

Dear Dr Anne Tonkin,

RE: Public Consultation Submission – Regulation of medical practitioners who provide cosmetic medical and surgical procedures

I lodge this brief submission as a Member of the Australasian Society of Aesthetic Plastic Surgeons (ASAPS) to echo the points raised by ASAPS to ensure that regulation of medical practitioners upholds patient safety and restores confidence in our health system.

I am a Specialist Plastic Surgeon practicing for 22 years. I am a Fellow of the Royal Australasian College of Surgeons.

While I strongly support efforts to reform the cosmetic surgery sector, I wish to raise the following concerns with the proposed regulatory changes.

1. **Comments on draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners***

I reject the proposed area of practice endorsement for cosmetic surgery on the grounds that appropriate training standards for major cosmetic medical and surgical procedures have already been established through the AMC-accredited Royal Australasian College of Surgeons.

A new form of accreditation for cosmetic surgery will allow the current sub-class of surgery which has developed to continue, and further create confusion for consumers who have only just begun to understand how to make informed decisions about cosmetic surgery. Patients will continue to be harmed if this proposal goes ahead.

The requirements for endorsement are not clear, and a meaningful consultation is not possible unless further information is provided. There has been no communication as to how an endorsement for cosmetic surgery will interact with the commitment by the Health Ministers' Council commitment to protect the title of 'surgeon'.

There has been no visibility of the process the Australian Medical Council is undertaking to determine how a practitioner could be endorsed to practice cosmetic surgery, noting the existence of AMC-accredited training by the Royal Australasian College of Surgeons. Finally, there has been no visibility as to what standards will need to be achieved for endorsement.

2. **Comments on draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures***

Major cosmetic surgery belongs in the category of Invasive Surgery and the guidelines and professional standards for Cosmetic Surgery should be consistent with other Surgical Disciplines such as Neurosurgery, Cardiac Surgery, Orthopaedic Surgery and so on.

I reject the proposed Cosmetic Guidelines on the grounds that they:

- Do not require cosmetic surgery to be performed by Specialist Surgeons (FRACS)
- Do not require cosmetic surgery to be performed using only a Specialist Anaesthetist
- Do not require that if a treating practitioner delegates care, that the delegated practitioner must be a Specialist Surgeon
- Do not require that the treating practitioner (or delegate) be available and contactable more than 24 hours after surgery

In light of so many documented incidents of patient harm, the proposed Cosmetic Guidelines are particularly egregious as they fall short of Australia's established surgical standards.

3. **Comments on draft *Guidelines for medical practitioners who advertise cosmetic surgery***

The Advertising Guidelines are appropriate for advertising by specialist plastic surgeons and are consistent with the guidelines ASAPS promotes amongst its members to uphold the highest standards of patient safety and support informed consent when undertaking major surgery. However, the onus is on the regulator to strongly enforce these guidelines.

A strong compliance framework is needed to ensure these guidelines are upheld, with serious and swift consequences for those that deliberately mislead vulnerable patients.

If you have any questions regarding my submission, I can be contacted on [redacted] or [redacted] to discuss.

Yours sincerely,

Dr Jake Lim MBBS FRACS
Specialist Plastic Surgeon

Q1. The Medical Board of Australia is consulting on three documents aimed at regulating aspects of cosmetic surgery. These documents have been developed following an independent review of the regulation of medical practitioners who perform cosmetic surgery that raised serious concerns about the cosmetic surgery sector.

You are invited to have your say about:

- Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners*
- Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*
- Draft *Guidelines for medical practitioners who advertise cosmetic surgery*

This submission form is intended for organisations and registered health practitioners. Consumers are welcome to provide feedback here but there is a separate submission form with specific questions for consumers.

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Q24. **Publication of submissions**

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Q2. Do you give permission to publish your submission?

- (●) Yes - with my name
- ( ) Yes - without my name
- ( ) No - do not publish my submission

Q3. Name

Angela Livingstone

Q4. Organisation (if applicable)

[redacted]

Q5. Email address

[redacted]

Q6. Are you making a submission as?

- ○ An organisation
- ◉ An individual medical practitioner
- ○ An individual nurse
- ○ Other registered health practitioner. Please specify
- ○ Consumer/patient
- ○ Other. Please specify
- ○ Prefer not to say

Q7. Do you work in the cosmetic surgery/procedures sector?

- ☐ Yes - I perform cosmetic surgery
- ☐ Yes - I provide minor cosmetic procedures (e.g. Botox, fillers, etc)
- ☐ Yes - I work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee)
- ☑ No
- ☐ Prefer not to say

Q8. What type of medical registration do you have?

- ◉ General and specialist registration - Specialty (optional) Psychiatry
- ○ General registration only
- ○ Specialist registration only - Specialty (optional)
- ○ Provisional registration
- ○ Limited registration

- ◯ Non-practising registration
- ◯ Prefer not to say

Q9. **Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners***
The details of the requirements for endorsement are in the draft registration standard.

Q10. Q1. Are the requirements for endorsement appropriate?

Yes

Q11. Q2. Are the requirements for endorsement clear?

Yes

Q12. Q3. Is anything missing?

No

Q13. **Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures***
The Board is proposing changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*.
The details of the revised guidance are in the draft revised Cosmetic Guidelines.

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

Yes

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

Yes

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Yes

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

Yes

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

Yes

Q19. Q9. Is anything missing?

No

Q20. **Draft *Guidelines for medical practitioners who advertise cosmetic surgery***
The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section 'Advertising and marketing'.
The Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery* because of the influential role of advertising in the cosmetic surgery sector.
The details of the new advertising guidance are in the draft Advertising Guidelines.

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

Yes

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Yes

Q23. Q12. Is anything missing?

I would use stronger language than 'avoid'. The advertising of major cosmetic procedures targets highly vulnerable people and is very unsafe.

Q25. **Additional comments**
Q13. Do you have any other comments about cosmetic surgery regulation?

Q26.

Thank you for making a submission to the consultation.
Your feedback has been received and will be considered by the Medical Board.

Q1. The Medical Board of Australia is consulting on three documents aimed at regulating aspects of cosmetic surgery. These documents have been developed following an independent review of the regulation of medical practitioners who perform cosmetic surgery that raised serious concerns about the cosmetic surgery sector.

You are invited to have your say about:

- Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners*
- Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*
- Draft *Guidelines for medical practitioners who advertise cosmetic surgery*

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Q24. **Publication of submissions**

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Q2. Do you give permission to publish your submission?

- (●) Yes - with my name
- ( ) Yes - without my name
- ( ) No - do not publish my submission

Q3. Name

Christopher McGrath

Q4. Organisation (if applicable)

Geelong Oral and Maxillofacial Surgery

Q5. Email address

[redacted]

Q6. Are you making a submission as?

- ○ An organisation
- ○ An individual medical practitioner
- ○ An individual nurse
- ◉ Other registered health practitioner. Please specify: Oral and Maxillofacial Surgeon
- ○ Consumer/patient
- ○ Other. Please specify
- ○ Prefer not to say

Q7. Do you work in the cosmetic surgery/procedures sector?

- ☐ Yes - I perform cosmetic surgery
- ☐ Yes - I provide minor cosmetic procedures (e.g. Botox, fillers, etc)
- ☐ Yes - I work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee)
- ☑ No
- ☐ Prefer not to say

Q8. What type of medical registration do you have?

This question was not displayed to the respondent.

Q9. **Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners***
The details of the requirements for endorsement are in the draft registration standard.

Q10. Q1. Are the requirements for endorsement appropriate?

Yes. The training programmes in cosmetic surgery should be based on the number and scope of procedures performed and should only be available to qualified surgeons, not general practitioners, dermatologists or physicians. Cosmetic medicine (ie fillers BOTOX) is different from surgery and should be available to appropriately trained medical and dental practitioners

Q11. Q2. Are the requirements for endorsement clear?

No

Q12. Q3. Is anything missing?

Yes. Only registered specialist surgeons with the appropriate fellowship (FRACS, FRACDS(OMS)) should be able to complete further training in cosmetic surgery. It is not appropriate for anyone without a surgical qualification to be able to perform invasive surgery.

Q13. **Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures***

The Board is proposing changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*.

The details of the revised guidance are in the draft revised Cosmetic Guidelines.

This question was not displayed to the respondent.

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

This question was not displayed to the respondent.

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

This question was not displayed to the respondent.

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

This question was not displayed to the respondent.

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

This question was not displayed to the respondent.

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

This question was not displayed to the respondent.

Q19. Q9. Is anything missing?

This question was not displayed to the respondent.

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The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section 'Advertising and marketing'.
The Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery* because of the influential role of advertising in the cosmetic surgery sector.
The details of the new advertising guidance are in the draft Advertising Guidelines.

This question was not displayed to the respondent.

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

This question was not displayed to the respondent.

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

This question was not displayed to the respondent.

Q23. Q12. Is anything missing?

This question was not displayed to the respondent.

Q25. **Additional comments**
Q13. Do you have any other comments about cosmetic surgery regulation?

This question was not displayed to the respondent.

Q26.

Thank you for making a submission to the consultation.
Your feedback has been received and will be considered by the Medical Board.

This question was not displayed to the respondent.

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T 02 4920 7700 F 02 4920 7799 [redacted]
www.hunterplasticsurgery.com.au

5 December 2022

Dr Anne Tonkin
Chair
Medical Board of Australia

Via email: medboardconsultation@ahpra.gov.au

Dear Dr Anne Tonkin,

RE: Public Consultation Submission – Regulation of medical practitioners who provide cosmetic medical and surgical procedures

I lodge this brief submission as a Member of the Australasian Society of Aesthetic Plastic Surgeons (ASAPS) to echo the points raised by ASAPS to ensure that regulation of medical practitioners upholds patient safety and restores confidence in our health system.

I am a Specialist Plastic Surgeon based in Newcastle NSW. I have been providing aesthetic procedures since 2009 and since 2017 I have solely focused on breast and body surgery for women.

I have treated many patients who have presented with complications or substandard aesthetic outcomes caused by a medical practitioner who does not have specialist surgical training. This includes serious infections and very poor functional and cosmetic outcomes. Some of these women have gone to have successful legal action against the cosmetic doctors who have performed the surgery.

While I strongly support efforts to reform the cosmetic surgery sector, I wish to raise the following concerns with the proposed regulatory changes.

1. **Comments on draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners***

I reject the proposed area of practice endorsement for cosmetic surgery on the grounds that appropriate training standards for major cosmetic medical and surgical procedures have already been established through the AMC-accredited Royal Australasian College of Surgeons.

A new form of accreditation for cosmetic surgery will allow the current sub-class of surgery which has developed to continue, and further create confusion for consumers who have only just begun to understand how to make informed decisions about cosmetic surgery. Patients will continue to be harmed if this proposal goes ahead.

The requirements for endorsement are not clear, and a meaningful consultation is not possible unless further information is provided. There has been no communication as to how an endorsement for cosmetic surgery will interact with the commitment by the Health Ministers' Council commitment to protect the title of 'surgeon'.

There has been no visibility of the process the Australian Medical Council is undertaking to determine how a practitioner could be endorsed to practice cosmetic surgery, noting the existence of AMC-accredited training by the Royal Australasian College of Surgeons. Finally, there has been no visibility as to what standards will need to be achieved for endorsement.

2. **Comments on draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures***

Major cosmetic surgery belongs in the category of Invasive Surgery and the guidelines and professional standards for Cosmetic Surgery should be consistent with other Surgical Disciplines such as Neurosurgery, Cardiac Surgery, Orthopedic Surgery and so on.

I reject the proposed Cosmetic Guidelines on the grounds that they:

- Do not require cosmetic surgery to be performed by Specialist Surgeons (FRACS)
- Do not require cosmetic surgery to be performed using only a Specialist Anaesthetist
- Do not require that if a treating practitioner delegates care, that the delegated practitioner must be a Specialist Surgeon
- Do not require that the treating practitioner (or delegate) be available and contactable more than 24 hours after surgery

In light of so many documented incidents of patient harm, the proposed Cosmetic Guidelines are particularly egregious as they fall short of Australia's established surgical standards.

3. **Comments on draft *Guidelines for medical practitioners who advertise cosmetic surgery***

I hold some reservations that the draft guidelines will achieve the goals of helping prospective patients understand the risks and benefits of surgery and make an informed choice about a provider in a way that is engaging and relevant to the modern patients.

The issue of advertising has been vexed for many years, with the main issue being enforcement of the existing framework which I believe covered many of the problematic forms of marketing we have seen, particularly around the misleading use of the term, 'cosmetic surgeon' and misleading use of stock images such as young models who have never had plastic surgery to market serious medical procedures such as abdominoplasty.

I believe patients deserve to see real results on real patients – hence my practice focus on publishing hundreds of unedited before and after images with the generous consent of our patients. In my view, if surgeons wish to use images in their marketing, they should be required to publish their actual results in clinical before and after images which should sit alongside any other patient images they use, as we do. I do not think it is unreasonable for a prospective patient to see what a previous patient looks likes in a swimsuit or active wear after surgery, so long as they can also view the result in a clinical before and after comparison.

I hope that the final guidelines include a balanced approach to the sharing of patient outcomes in the way I've outlined above.

If you have any questions regarding my submission I can be contacted on [redacted] or (02) 4920 7700 to discuss.

Yours sincerely,

Dr Nicholas Moncrieff
Specialist Plastic Surgeon

Your details
Name: Dr Nicholas Moncrieff
Organisation (if applicable): Hunter Plastic Surgery
Are you making a submission as? • An individual medical practitioner
Do you work in the cosmetic surgery/procedures sector? • Yes – I perform cosmetic surgery
For medical practitioners, what type of medical registration do you have? • General and specialist registration – Specialty (optional): Plastic Surgery
Do you give permission to publish your submission? • Yes, with my name

Q1. The Medical Board of Australia is consulting on three documents aimed at regulating aspects of cosmetic surgery. These documents have been developed following an independent review of the regulation of medical practitioners who perform cosmetic surgery that raised serious concerns about the cosmetic surgery sector.

You are invited to have your say about:

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Major cosmetic medical and surgical procedures ('*cosmetic surgery*') is defined as procedures which involve cutting beneath the skin. Examples include: breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer.

Q24. **Publication of submissions**

The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential. Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is expressly requested.

Q2. Do you give permission to publish your submission?

- (●) Yes - with my name
- ( ) Yes - without my name
- ( ) No - do not publish my submission

Q3. Name

A/Prof COIIN CM MOORE

Q4. Organisation (if applicable)

Australian College of Cosmetic surgery and Medicine

Q5. Email address

[redacted]

Q6. Are you making a submission as?

- ○ An organisation
- ◉ An individual medical practitioner
- ○ An individual nurse
- ○ Other registered health practitioner. Please specify
- ○ Consumer/patient
- ○ Other. Please specify
- ○ Prefer not to say

Q7. Do you work in the cosmetic surgery/procedures sector?

- ☑ Yes - I perform cosmetic surgery
- ☐ Yes - I provide minor cosmetic procedures (e.g. Botox, fillers, etc)
- ☐ Yes - I work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee)
- ☐ No
- ☐ Prefer not to say

Q8. What type of medical registration do you have?

- ○ General and specialist registration - Specialty (optional)
- ○ General registration only
- ○ Specialist registration only - Specialty (optional)
- ○ Provisional registration
- ○ Limited registration

- ○ Non-practising registration
- ◉ Prefer not to say

Q9. **Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners***
The details of the requirements for endorsement are in the draft registration standard.

Q10. Q1. Are the requirements for endorsement appropriate?

Yes, they are. All medical Practitioners who practice in this area must be able to show adequate cosmetic Surgery training and qualification. There must be a clear set of standards in this area and properly endorsed training organisations to train cosmetic Surgeons who practice in Australia. Mandatory GP referrals will not contribute to patient safety because, in the main, GPs are not trained in Cosmetic Surgery and, more importantly, Cosmetic Surgery is not part of the curriculum at Medical School.

Q11. Q2. Are the requirements for endorsement clear?

They are.

Q12. Q3. Is anything missing?

Q13. **Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures***
The Board is proposing changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*.
The details of the revised guidance are in the draft revised Cosmetic Guidelines.

This question was not displayed to the respondent.

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

This question was not displayed to the respondent.

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

This question was not displayed to the respondent.

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

This question was not displayed to the respondent.

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

This question was not displayed to the respondent.

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

This question was not displayed to the respondent.

Q19. Q9. Is anything missing?

This question was not displayed to the respondent.

Q20. **Draft *Guidelines for medical practitioners who advertise cosmetic surgery***
The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section 'Advertising and marketing'.
The Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery* because of the influential role of advertising in the cosmetic surgery sector.
The details of the new advertising guidance are in the draft Advertising Guidelines.

This question was not displayed to the respondent.

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

This question was not displayed to the respondent.

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

This question was not displayed to the respondent.

Q23. Q12. Is anything missing?

This question was not displayed to the respondent.

Q25. **Additional comments**
Q13. Do you have any other comments about cosmetic surgery regulation?

This question was not displayed to the respondent.

Q26.

Thank you for making a submission to the consultation.
Your feedback has been received and will be considered by the Medical Board.

This question was not displayed to the respondent.

Your details
Name: STEPHANIE MURRAY
Organisation (if applicable): N/A
Are you making a submission as? • An individual nurse
Do you work in the cosmetic surgery/procedures sector? • Yes – I provide minor cosmetic procedures (e.g., Botox, fillers, etc.)
For medical practitioners, what type of medical registration do you have? • N/A
Do you give permission to publish your submission? • Yes, with my name

Feedback on draft Registration standard

This section asks for feedback on the *Draft Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners.*

The details of the requirements for endorsement are in the draft registration standard.

1. Are the requirements for endorsement appropriate?

NO

Regulations for Medical Practitioners performing cosmetic surgery.

To whom it may concern

No

The current endorsement model ignores AHPRAS own data and should be amended to include grand parenting for those with extensive experience, see below.

AHPRA published data based on a 3-year analysis for the 2021 Senate Inquiry into cosmetic surgery. In relation to this data, Dr Anne Tonkin, Chair Medical Board of Australia said '.... the " cowboy" reputation of cosmetic surgeons was not reflected in AHPRA/board data ' and that ' .... complaints around cosmetic procedures were spread evenly among cosmetic surgeons, plastic surgeons and other specialties '(3).

The recent endorsement model is also in opposition to the “Final Report of the independent review of the regulation of medical practitioners who perform Cosmetic Surgery

“(August 2022).

The answer to the first question might be considered in light of the finding in the Australian Medical Council's 2017 report that, in relation to cosmetic surgery, plastic surgical trainees have a “lack of training,” a “deficit” in experience available and qualify with “a gap in this area of practice". Furthermore, it should be noted that in the three years to June 2021, more than half of the practitioners—52% (96/183)—who were the subject of notifications (complaints) to AHPRA relating to cosmetic surgery (the AHPRA data) were surgeons holding AMC-accredited specialist surgical registration. Of these, 71% (68/96) were specialist plastic surgeons.

The current proposal by AHPRA for regulation of the Cosmetic Industry has some obvious bias and lack of understanding of both the patient and the service provided.

I am a frontline Cosmetic Nurse of 20 years’ experience and ex ICU nurse who understands how important evidence-based decisions are. This endorsement model is not consistent with AHPRA’S own evidence.

Cosmetic surgery has evolved over the last 25 years. There wasn’t an organisation or a recognised training program for cosmetic surgery. In the late 90‘s a more organised structure started to evolve due to demand. However, to date there is no approved qualification for cosmetic surgery.

The plastic surgeons are trained in plastic and reconstructive surgery. The training program for plastics has very little cosmetic surgery training. We have known graduates who have asked for liposuction and breast augmentation training! This lack of training doesn’t make the plastic surgeons experts in cosmetic surgery upon graduation. In my early nursing career plastics surgeons were reluctant to perform cosmetic procedures as they felt it was below their skill set!

. The current turf war media coverage of the cosmetic industry is allegedly driven by plastic surgeons (most not full time in cosmetic practice) as they think they're the only doctors who should be providing this service despite their limited experience in the field.

The patient seeking cosmetic surgery is mostly very well informed of both the procedure and the doctor providing the service. There are patients with BDD that are addressed in our clinic with psychological assessment to look at their risk factors. Most GPs are not adequately up to date on assessing patients with BDD or cosmetic procedures and hence a referral should not be required. It's also a time-consuming process for a GP that should be focused on delivering their role. Most patients have already done their research and will want a consult with their doctor of choice.

Cosmetic Doctors that have been performing cosmetic procedures for many years should be grandfathered due to their experience and education that has been pursued privately at their own expense. This education has been provided by experts in their field CPD points allocated to the training. This training is extensive and up to date. It must be asked who will compensate them for the training, equipment, loss of staff and income if sanctioned as this is an extremely significant figure and the legal logic is lacking in the recent endorsement statement.

The insurance of the provider should also be assessed. This would provide an accurate assessment of the patient safety, satisfaction and litigation rate.

The facility the provider uses should also be assessed. Our facility is Licensed by the [redacted] Health department. We are fully audited annually. We have an Infection control adviser. We adhere to all levels of governance of a class B Day hospital facility. We adhere to the NSQHS standard of practice, including the newly update AS/NZ 1487. The facility has been ISO accredited in the past. This facility provides the highest standard of care and patient/ Staff ratio. We have a patient partnering

program to ensure the patient journey is well documented, educated, consented and cared for post operatively in accordance with the required governance.

If the endorsement of cosmetic surgery is not acknowledged this will result in patients being forced to have treatment overseas. This will be a direct result of plastic surgeons coming out of the public sector into the private sector and driving up the cost of cosmetic surgery. This will also place pressure in the public hospital sector to provide surgical space for the cosmetic patient. It will also reduce the service of plastic and reconstruction surgeons in the public hospitals.

The complication rate from overseas cosmetic surgery was running at Approximately 40% in 2018. This resulted in increased surgery in correcting complications from overseas. It also added additional cost to Medicare to look after these patients.

The complication rate of the plastic surgeons has not been addressed. I have a long list of complications from surgical patients that come to the clinic for advice and revision. We also have an extensive photo gallery of their complications.

The cosmetic surgeons have not recorded a culpable sentinel event However the plastic surgeons have the only culpable cosmetic surgery death (liposuction), and this event is well documented by the coroner but surprisingly received little media attention. So why should they be given endorsement when this plus the AMC investigation showed they have gaps in their cosmetic training and the only culpable death!

I would suggest a case-by-case analysis of the cosmetic provider and grandfathering of those that have been performing cosmetic procedures for many years. These doctors offer a wealth of experience and knowledge that should be recognised by AMC and AHPRA. These doctors should be endorsed on unbiased data and experience. It should be questioned what the legality and reasoning behind AHPRA is sanctioning

experienced doctors performing cosmetic procedures at an acceptable level when their own evidence and statements by Dr Ann Tonkin

refute the need for this. Quite the opposite the Plastic surgeons should be held accountable for their lack of cosmetic training and bullying of not only cosmetic surgeons but also AHPRA officials. In a court of law this would all come out and be embarrassing cannon fodder for the non-PR backed media.

Please note below patient endorsements of Dr [redacted] below. It must be noted Dr [redacted] has over 20 years of cosmetic surgery experience and over 10,000 procedures with a very high approval rating as can be seen below.

To stop him operating this late in his career would deprive patients like below of a wealth of experience and be contrary to AHPRA's own evidence and mantra.

Regards,

Stephanie Murray R.N. ICU cert.

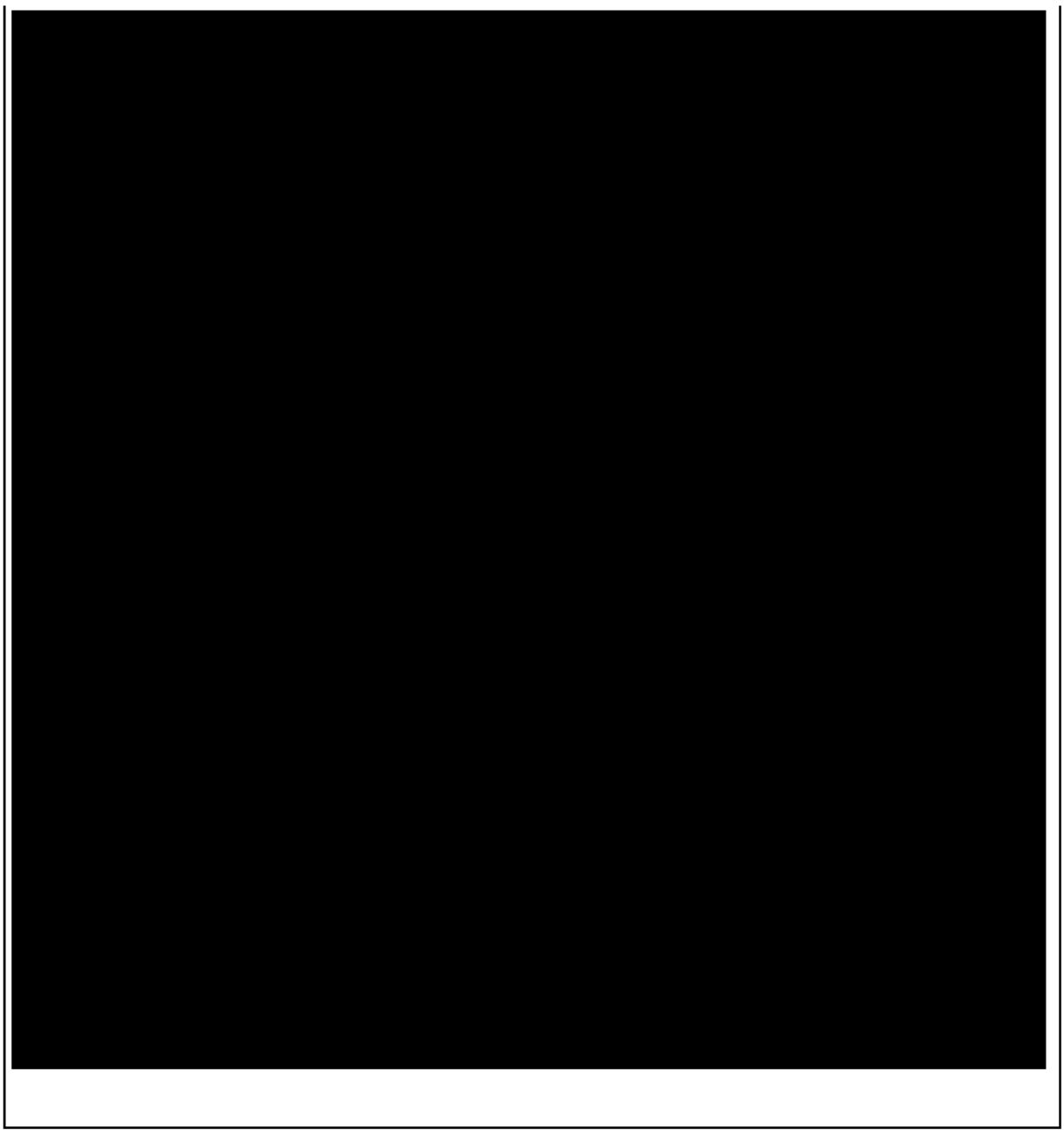
o

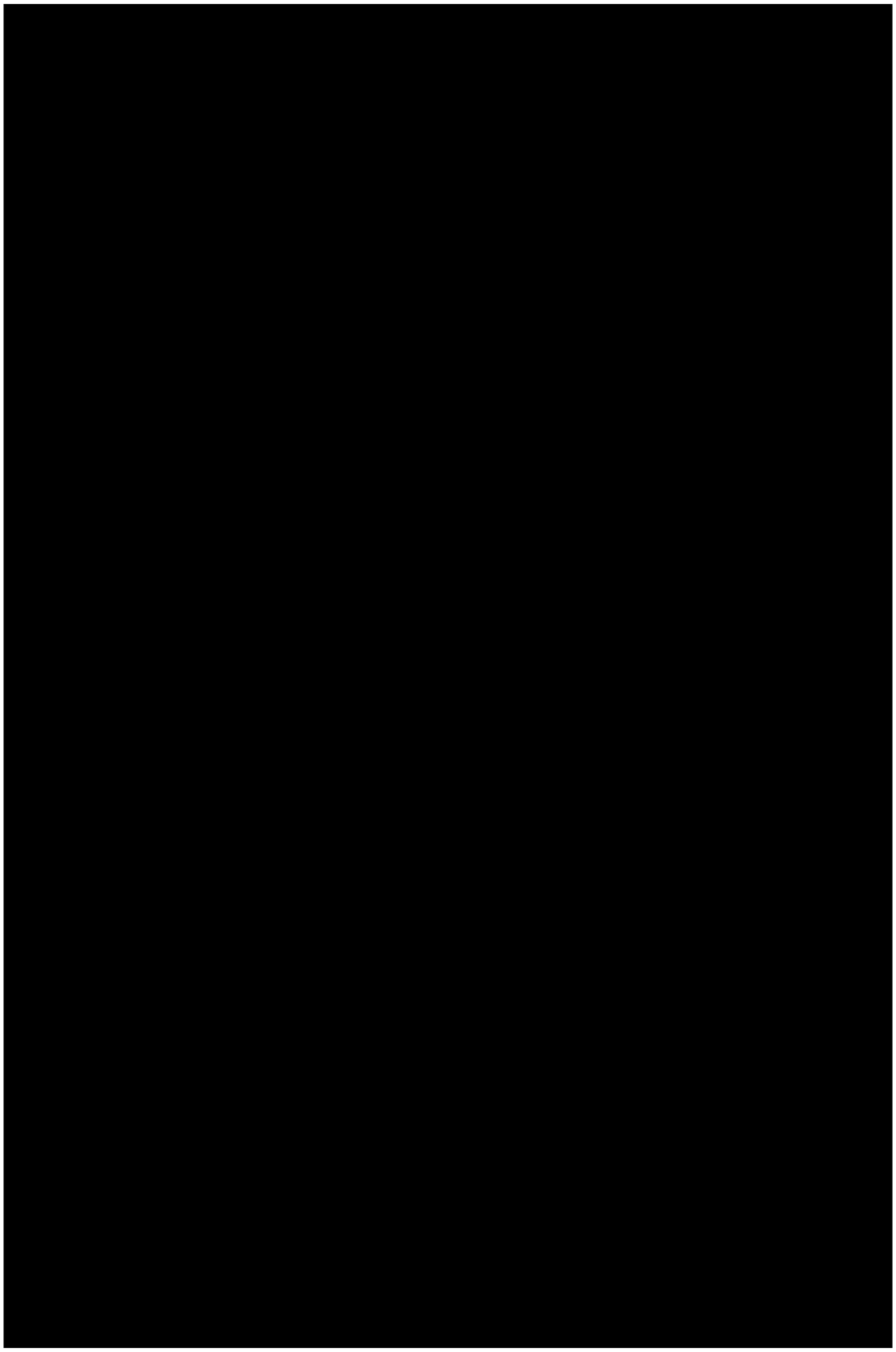
10th December 2022

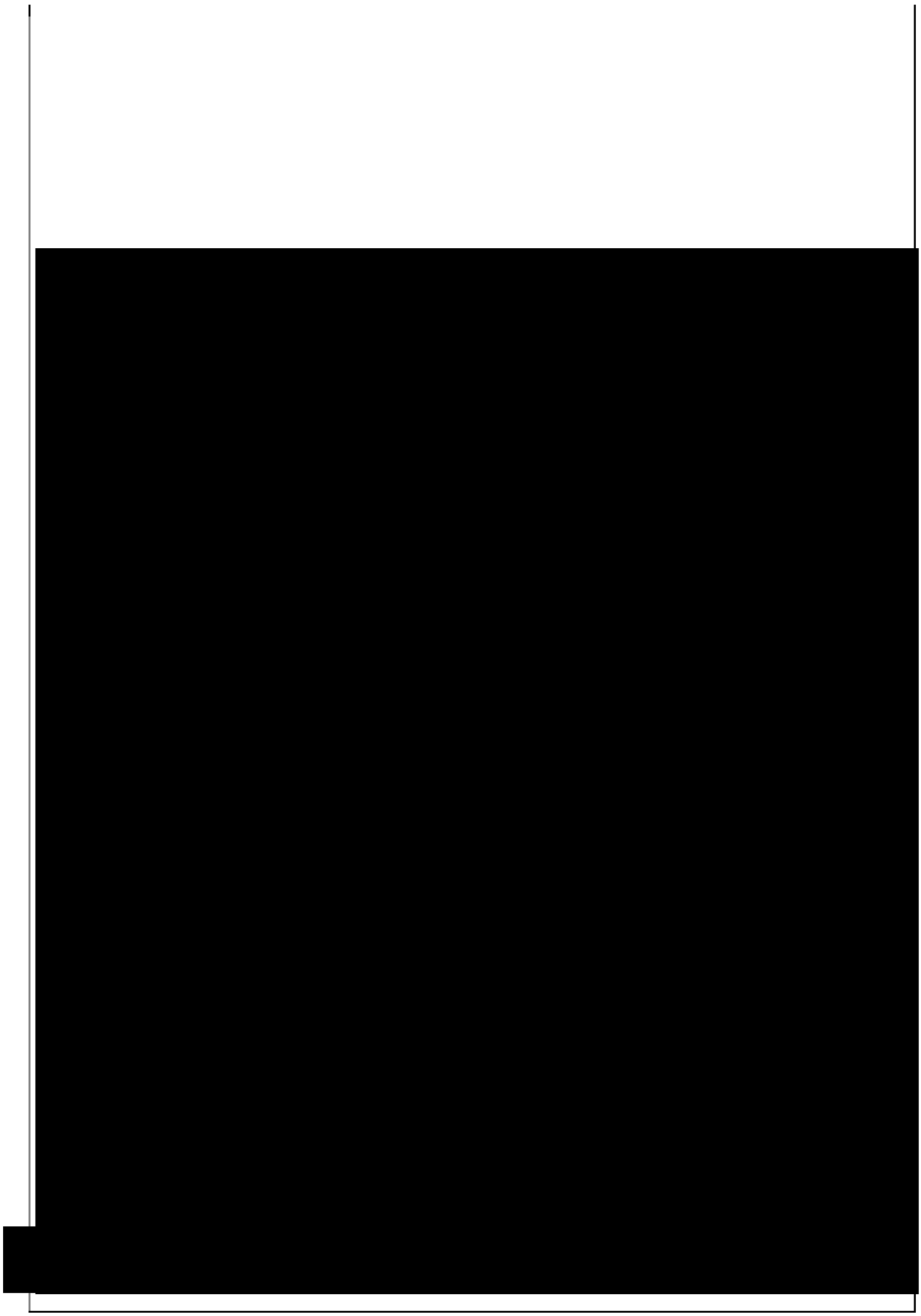
[redacted]

[redacted]

Endorsement for Dr [redacted]







[redacted]

[redacted]

2. Are the requirements for endorsement clear?

NO
The section on there are no current qualifications but those with experience but no adequate qualification will not be endorsed does not make legal sense.

3. Is anything missing?

Yes, grandparenting those with private training and extensive experience.

Feedback on draft revised Cosmetic Guidelines

This section asks for feedback on the Board's proposed changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures.*

The details of the revised guidance are in the draft revised Cosmetic Guidelines.

4. Are the proposed changes to the Cosmetic Guidelines appropriate?

Completely unjust and anticompetitive for the privately trained and experienced practitioner.

5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

No. It trivializes the fact an injectable can cause blindness.

6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

No
See above.

7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

GP referrals are not necessary as this would further drain the taxpayer. Mandatory BDD assessment should be enforced and psychology referrals for positive results audited (we strongly enforce this). Many patients do not want their GP informed, and GPs are not aware of the range of treatments

8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

YES, IN [redacted] WE HAVE AN STRICT LICENSING POLICY

9. Is anything missing?

Yes, evidence-based decision making and justice to the experienced Practitioner.

Feedback on draft Advertising Guidelines

This section asks for feedback on guidelines for advertising cosmetic surgery.

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section on 'Advertising and marketing'.

The Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery* because of the influential role of advertising in the cosmetic surgery sector.

The details of the advertising guidance are in the draft Advertising Guidelines.

10. Is the guidance in the draft Advertising Guidelines appropriate?

Yes, but some areas not practical and will give overseas cheap surgery an advantage unless they are excluded or regulated also.

11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Yes, see above

12. Is anything missing?

Yes, see above

Additional comments

13. Do you have any other comments about cosmetic surgery regulation?

See above. During the transition period dispensation must be made to the privately trained experienced practitioner and AHPRA need to follow their own evidence and not be bullied!

Your details
Name: Dr Kishen Narayanasamy
Organisation (if applicable):
Are you making a submission as? • An organisation • An individual medical practitioner • An individual nurse • Other registered health practitioner, please specify: • Consumer/patient • Other, please specify: • Prefer not to say
Do you work in the cosmetic surgery/procedures sector? • Yes – I perform cosmetic surgery • Yes – I provide minor cosmetic procedures (e.g. Botox, fillers, etc.) • Yes – I work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee) • No • Prefer not to say
For medical practitioners, what type of medical registration do you have? • General and specialist registration – Specialty (optional): • General registration only • Specialist registration only – Specialty (optional): • Provisional registration • Limited registration • Non-practising registration • Prefer not to say
Do you give permission to publish your submission? • Yes, with my name • Yes, without my name • No, do not publish my submission

This section asks for feedback on the *Draft Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners.*

The details of the requirements for endorsement are in the draft registration standard.

1. Are the requirements for endorsement appropriate?

No. I recommend that the education providers should be education providers specific in cosmetic surgery so as not to confuse the public. This protects patient safety so they clearly understand clearly who had formal training and qualifications in cosmetic surgery.

Please refer to " Tansley P, Fleming D, Brown T. Cosmetic Surgery Regulation in Australia: Who Is to Be Protected—Surgeons or Patients? The American Journal of Cosmetic Surgery 2022;39(3) https://doi.org/10.1177/07488068221105360 ". This clearly depicts the importance of training specific in cosmetic surgery in order to optimise patient safety. The Australasian College of Cosmetic Surgery and Medicine provides training specific to cosmetic surgery.

2. Are the requirements for endorsement clear?

Yes.

3. Is anything missing?

The endorsement model should be based on an individual based review on formal training in cosmetic surgery, provision of logbook for procedures in cosmetic surgery, insurance history and being a fellow of a training college specific to cosmetic surgery.

This section asks for feedback on the Board's proposed changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures.*

The details of the revised guidance are in the draft revised Cosmetic Guidelines.

4. Are the proposed changes to the Cosmetic Guidelines appropriate?

Partly.

5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

No. I recommend that they be split into cosmetic surgical and non-surgical procedures. This is easier to understand.

6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Yes.

7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

No. Most general practitioners are overwhelmed with their current workload. I have asked various general practitioners about their opinion as to whether they thought it is appropriate for them to make cosmetic surgery referrals. The general consensus are that it is time consuming and not within their scope of practice. They are more than happy to discuss any patient history with any specialist but not to refer the patient in the first instant to a medical practitioner for cosmetic surgery. If there are mandatory requirements for general practitioner referrals then this may coerce general practitioners to use medicare item numbers for non-medicare related referrals namely cosmetic referrals. Medical practitioners practicing cosmetic surgery should assess patients medically and not leave it up to general practitioners. We should not use medicare rebates for cosmetic referrals as this is misusing medicare.

8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

All cosmetic surgery should be performed in a licensed facility.

9. Is anything missing?

Licensed day procedure centres throughout Australia reserve the right to utilise their resources to provide cosmetic surgery services when done in accordance to approval by their medical-advisory committee, best safe practice and National Law. There are clear benefits to provide cosmetic surgery services in day procedure centres within their scope of practice.

This section asks for feedback on guidelines for advertising cosmetic surgery.

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section on 'Advertising and marketing'.

The Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery* because of the influential role of advertising in the cosmetic surgery sector.

The details of the advertising guidance are in the draft Advertising Guidelines.

10. Is the guidance in the draft Advertising Guidelines appropriate?

Yes.

11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Yes.

12. Is anything missing?

It appears to be thorough.

13. Do you have any other comments about cosmetic surgery regulation?

Grandfathering should be accepted for those who have qualifications specific to cosmetic surgery (the education provider would have to be approved by the medical board),

Dr Quan Ngo
Liverpool Hospital
Elizabeth St Liverpool NSW 2170

23rd November 2022

Medical Board of Australia
Level 51
680 George Street
Sydney
NSW 2000

To the Medical Board of Australia,

RE: Regulation of medical practitioners who provide cosmetic medical and surgical procedures.

I am the Head of the Plastic Surgery Department at Liverpool Hospital. I am grateful for the opportunity to provide feedback on the Medical Board's proposals for improving regulation into the cosmetic surgery industry. I speak not as a surgeon who does cosmetic surgery but as Head of a department that frequently sees admissions into hospital of cosmetic complications and as a supervisor of the next generation of surgeons.

Logbook training should not supersede the overarching training process. It is common practice within the global surgical community that a well-trained surgeon is equipped with knowledge of anatomy and physiological processes, equipped with a strong arsenal of operative techniques. He/she is then able to apply that knowledge and set of techniques to competently perform a wide range of procedures. The surgeon can even extend that knowledge and experience to create new more advanced procedures. The emphasis here is on a strong foundation of training of knowledge and technique. It is not purely on having done X number of the same procedure to be sufficient or even be the focus of training itself.

Surgery is a training program, it should not and is not a constellation of procedures. A cosmetic practitioner in the current environment may learn how to do X number of procedures e.g. insert breast implants, remove upper eyelid skin, remove abdominal skin, liposuction. Without appropriate surgical training he/ she may not appreciate the anatomical variations in that region, the blood supply that, if disrupted, may cause healing difficulty. He/ she will not be familiar with dealing with complications in the region if/ when complications arise. Even where complications may be uncommon, it is costly to the individual and the health system when it does occur.

The mathematician who has solid grounding can solve all math problems. The high school student who learns how to solve one type of math problem will flounder when faced with a different set of problem.

It is essential therefore that at the very least a cosmetic surgeon should be a 'surgeon'. AHPRA would be calling into question the very validity of surgical training and/or subjecting

cosmetic patients to a substandard form of ‘surgery’ if it is to assert that ‘cosmetic surgery’ could and should be performed by any doctor who goes on to do X number of procedures of a certain type. It is akin to asking any doctor to see and practice enough sewing of coronary vessels to then become ‘a cardiac surgeon’ or drill enough burr holes to then become a neurosurgeon without the rigor of basic and then advanced specialty surgical training.

It is also a fallacy to believe that cosmetic surgery as a whole is superficial, unimportant surgery. A facelift gone wrong can lead to facial paralysis, a liposuction gone wrong can rupture bowel.

It would also make sense to ensure that certain cosmetic operations are assigned to training curriculums that cover the particular anatomical regions if relevant e.g. it would make little sense for an obstetrician to perform a facelift or eyelid surgery.

I implore AHPRA to see itself as the body tasked to set the standard to ensure future patient safety and establish a high standard of cosmetic training for the future generation of doctors, and not to try and react quickly but superficially to appease public and media opinion.

Kind regards,

Dr Quan Ngo
MBBS FRACS (plast)
Head of Department Liverpool Hospital, Sydney

Dr Justine O'Hara
Concord Repatriation and General Hospital

27rd November, 2022

Medical Board of Australia
Level 51
680 George Street
Sydney
NSW 2000

To the Medical Board of Australia,

RE: Regulation of medical practitioners who provide cosmetic medical and surgical procedures.

I am the Head of the Plastic and Reconstructive Surgery Department at Concord Hospital. I am grateful for the opportunity to provide feedback on the Medical Board's proposals for improving regulation into the cosmetic surgery industry. Our Department welcomes clearer and firmer guidelines for medical practitioners who advertise cosmetic surgery and practice cosmetic medicine. The industry requires greater regulation, education and patient information.

I am very concerned by the possibility of endorsement of practitioners who are not AMC qualified surgeons. Our public hospital department is responsible for the management of patients who have complications following cosmetic surgery with general medical practitioners. I would like to provide insight into the typical and frequent scenario we see at the public hospital "coal face". Patients who have a complication of cosmetic surgery with an unqualified practitioner are often dismissed or inappropriately under managed until their condition becomes dire, even life threatening. The cosmetic surgeon will not have the expertise or resources to identify and manage the complication. The patient will spend many days in the public hospital system and may require ICU intervention, multiple trips to the operating theatre and the opinion of other specialties such as infectious diseases, due to their infections. They will then be discharged to the care of their general practitioner or community nurses for further dressings, follow up in public clinics and medical management. The financial burden of surgery performed by unqualified doctors must be considered in these complications where the costs shift and are hidden. The cosmetic endorsement process concerns me, it will formalize and legitimize this pattern of patient referral to the public hospital system, which stretches to cope. The emotional and social burden to patients who must cope with unexpected complications and permanent disfigurement cannot be quantified.

The cosmetic surgery endorsement program will bypass and diminish the AMC accreditation process. Cosmetic surgery is currently taught and practised by Fellows of the RACS, RANZCO and RANZCOG within the fields of their expertise. Each of these training schemes have foundations in patient safety, competency-based training, audit and lifetime learning. The AMC accredits and reviews the training programs to ensure that they are fit for purpose.

Cosmetic surgery endorsement would bypass these stringent processes and add another unnecessary level of complexity to consumers' decision making. Patients already assume that their surgery will be performed by a Specialist Surgeon. The title surgeon should be protected to fulfil what our community assumes. The systems for regulation already exist and should be tightened rather than expanded.

Kind regards,

Dr Justine O'Hara
MBBS FRACS (Plast)
Head of Department
Plastic and Reconstructive Surgery
Concord Repatriation and General Hospital

Your details

Name: Prof Tony Penington

Organisation (if applicable): [redacted]

Are you making a submission as?

- An organisation
- An individual medical practitioner
- An individual nurse
- Other registered health practitioner, please specify:
- Consumer/patient
- **Other, please specify:** Academic Paediatric Plastic Surgeon
- Prefer not to say

Do you work in the cosmetic surgery/procedures sector?

- Yes – I perform cosmetic surgery
- Yes – I provide minor cosmetic procedures (e.g. Botox, fillers, etc.)
- Yes – I work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee)
- **No (but I do perform reconstructive procedures, mostly in children)**
- Prefer not to say

For medical practitioners, what type of medical registration do you have?

- **General and specialist registration – Specialty (optional): Plastic and Reconstructive Surgery**
- General registration only
- Specialist registration only – Specialty (optional):
- Provisional registration
- Limited registration
- Non-practising registration
- Prefer not to say

Do you give permission to publish your submission?

- **Yes, with my name**
- Yes, without my name
- No, do not publish my submission

Feedback on draft Registration standard

This section asks for feedback on the *Draft Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners.*

The details of the requirements for endorsement are in the draft registration standard.

1. Are the requirements for endorsement appropriate?

The requirements seem appropriate.

2. Are the requirements for endorsement clear?

This will depend on how the requirements are interpreted by the AMC, but broadly, yes.

3. Is anything missing?

Gender affirmation procedures are not mentioned in these guidelines and the definitions do not make it clear whether they are included or not. While there are understandable reasons for not including them, failing to mention them risks allowing the development of another unregulated area of medical practice. Either they should be included or there should be a statement in the guidelines that gender affirmation procedures have not been included because it is expected that such procedures would only be performed by a person with appropriate specialist qualifications.

Feedback on draft revised Cosmetic Guidelines

This section asks for feedback on the Board's proposed changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures.*

The details of the revised guidance are in the draft revised Cosmetic Guidelines.

4. Are the proposed changes to the Cosmetic Guidelines appropriate?

I believe that the revised guidelines are broadly appropriate.

5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

Yes. There may be a need in the future to redefine what constitutes a major procedure as technology changes, so there should be a plan to review definitions at fixed intervals.

6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Yes

7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

Yes. Under 18 this should be a requirement for all cosmetic procedures (major and minor) and for 15 and under the referral if it occurs should be from a paediatrician.

8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

Yes

9. Is anything missing?

In section 4, part 4.4 a paediatrician, especially an adolescent paediatrician should be an option.
Also the psychologist, psychiatrist, paediatrician or GP should specifically assess and be required to confirm in writing the patient's capacity to consent (4.2).

For the procedure of labioplasty, any patient under 18 (or possibly under 21) should be assessed by an independent gynaecololgist prior to undergoing the procedure.

Feedback on draft Advertising Guidelines

This section asks for feedback on guidelines for advertising cosmetic surgery.

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section on 'Advertising and marketing'.

The Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery* because of the influential role of advertising in the cosmetic surgery sector.

The details of the advertising guidance are in the draft Advertising Guidelines.

10. Is the guidance in the draft Advertising Guidelines appropriate?

It is welcome that the guidelines address the promotion of cosmetic surgery to young people. We do not understand the effect the widespread promotion of cosmetic surgery is having on the attitudes of children and adolescents to beauty and body image but there is no doubt that there is a problem. There is a need for more research in this area, but in the meantime there is an obligation to limit the potential harm that promotion of cosmetic surgery may be doing.

Some cosmetic practice websites try to get around restrictions on addressing advertising to young people by providing 'information' about the limits and problems and why young people shouldn't have cosmetic surgery. This is then accompanied by inappropraite material, such as lists of procedures which people under 18 may have, or statements that cosmetic surgery can boost confidence and self-esteem. It would be preferable if no material directed towards young people were allowed on cosmetic websites.

It is, of course, almost impossible to keep promotional material on social media away from adolescents. Labelling it 'adult content' is likely to be counterproductive.

Treatments for acne and other skin conditions should not be offered to young people in the context of cosmetic medicine clinics.

11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Yes. I believe they are clear.

12. Is anything missing?

Additional comments

13. Do you have any other comments about cosmetic surgery regulation?

The guidelines address the provision of postoperative care but not the financial aspects of managing complications of cosmetic surgery. Patients sometimes have multiple revision procedures which are often paid for by either Medicare or private insurance. It is predictable that there will be a rate of complications from major cosmetic procedures, so consideration should be given to a requirement for compulsory insurance which would be incoporated into the price of every cosmetic procedure. The cost of insurance would depend on the procedure performed and the practitioner performing the procedure. Treatment of complications is part of the cost of having cosmetic surgery, and those costs should be borne by and be visible to people having the procedures. The costs should not fall to the community more generally.

Q1. The Medical Board of Australia is consulting on three documents aimed at regulating aspects of cosmetic surgery. These documents have been developed following an independent review of the regulation of medical practitioners who perform cosmetic surgery that raised serious concerns about the cosmetic surgery sector.

You are invited to have your say about:

- Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners*
- Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*
- Draft *Guidelines for medical practitioners who advertise cosmetic surgery*

This submission form is intended for organisations and registered health practitioners. Consumers are welcome to provide feedback here but there is a separate submission form with specific questions for consumers.

The questions here are the same as in the Medical Board's consultation paper. Submissions can address some or all of these questions. You can skip questions if you don't have any feedback and there is an opportunity at the end to make additional comments.

The consultation paper, including the three documents, is available on the Medical Board website.

Definition

Cosmetic medical and surgical procedures (as defined in the Medical Board's *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures)* are operations and other procedures that revise or change the appearance, colour, texture, structure or position of normal bodily features with the dominant purpose of achieving what the patient perceives to be a more desirable appearance.

Major cosmetic medical and surgical procedures ('*cosmetic surgery*') is defined as procedures which involve cutting beneath the skin. Examples include: breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer.

Q24. **Publication of submissions**

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Q2. Do you give permission to publish your submission?

- (●) Yes - with my name
- ( ) Yes - without my name
- ( ) No - do not publish my submission

Q3. Name

Dr Toni Pikoos

Q4. Organisation (if applicable)

Foundation Psychology

Q5. Email address

[redacted]

Q6. Are you making a submission as?

- ○ An organisation
- ○ An individual medical practitioner
- ○ An individual nurse
- ◉ Other registered health practitioner. Please specify: Clinical Psychologist and Researcher
- ○ Consumer/patient
- ○ Other. Please specify
- ○ Prefer not to say

Q7. Do you work in the cosmetic surgery/procedures sector?

- ☐ Yes - I perform cosmetic surgery
- ☐ Yes - I provide minor cosmetic procedures (e.g. Botox, fillers, etc)
- ☑ Yes - I work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee)
- ☐ No
- ☐ Prefer not to say

Q8. What type of medical registration do you have?

This question was not displayed to the respondent.

Q9. **Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners***
The details of the requirements for endorsement are in the draft registration standard.

Q10. Q1. Are the requirements for endorsement appropriate?

Yes

Q11. Q2. Are the requirements for endorsement clear?

Yes - although I think further clarity could be provided around the expectations and requirements for medical practitioners who are already performing cosmetic surgery. Will they be expected to cease practicing until their qualifications have been assessed or they have completed an appropriate training course?

Q12. Q3. Is anything missing?

Not in the guidelines - but I do recommend that training in mental health as it applies to patients seeking cosmetic surgery (and treatment considerations in patients with mental health concerns) should be incorporated into the training program. This could include: 1) Understanding common mental health issues in a cosmetic setting (and associated ethical issues regarding treatment decisions) 2) Common motivations and expectations for patients undertaking cosmetic procedures 3) Psychological predictors of satisfaction/dissatisfaction with cosmetic treatment 4) Screening and evaluating mental health status during the consultation 5) How to facilitate a referral to a mental health practitioner. 6) Treatment considerations for patients with mental health concerns

Q13. **Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures***

The Board is proposing changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*.

The details of the revised guidance are in the draft revised Cosmetic Guidelines.

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

Yes. I am strongly in support of the updated guidelines regarding psychological evaluation. I do have concerns about the psychological evaluation being conducted by the GP however, and believe that this should be by a psychologist/psychiatrist with expertise in this area (as is the current recommendation by the Australian Psychological Society for evaluating people undergoing cosmetic surgery). Given that the pursuit of cosmetic surgery can be a contentious issue, I believe that a specialised practitioner will maintain the sensitivity, neutrality and awareness of the relevant underlying issues needed to conduct these assessments. Further, BDD is an under-recognised and under-treated disorder due to both the shame the patient experiences, and a lack of awareness and knowledge in the general community but also in medical and psychological communities. Patients often get misdiagnosed as having depression or anxiety, which delays access to appropriate treatment or may result in inappropriate recommendations for cosmetic surgery. There is a risk that if BDD is missed by the GP/mental health professional this may have detrimental outcomes for the patient. Using validated screening questionnaires is an efficient (can take < 2mins) and reliable method of minimising the number of people with BDD who may get missed during a clinical interview/consultation due to shame, concealment of their symptoms or not asking the right questions. This can then be followed up by a more thorough interview with a trained mental health professional if needed. I have recently been conducting research with cosmetic consumers and most have stated their openness to answering routine questions about their mental health during a cosmetic consultation (for both surgical and non-surgical procedures).

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

Yes, but I believe the wording for screening of BDD and underlying psychological issues should be identical between both non-surgical and surgical procedures (i.e. the use of validated and documented screening measures). I have seen some intake forms which ask a yes/no question (e.g. have you ever been diagnosed with body dysmorphic disorder?) which is very easy for patients to respond no to if they want the treatment (and many haven't previously been diagnosed when seeking cosmetic treatment). Therefore, validated screening measures are more appropriate. This process should also still be documented for non-surgical procedures as a safeguard for both the patient and practitioner. Psychological evaluation should also be recommended for patients under the age of 18 who are seeking non-surgical injectables, given that they are often just as vulnerable when undertaking these treatments and their facial anatomy may still be developing. It is unclear why this recommendation does not apply for non-surgical treatments. The UK Government review into body image (August 2022) recommended a 48 hr cooling off period after the consultation for non-surgical procedures which I believe would also be an appropriate safeguard for vulnerable consumers. Details for what is regarded as 'appropriate post-procedure care' should be provided (7.1). This can vary widely between practitioners (e.g. in-person follow-up appts, text messages or onus on the patient to contact with any issues). 10.1 speaks of standards of training for minor cosmetic procedures. Training standards should be clarified for non-surgical procedures as well as surgeries.

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Yes apart from points listed above

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

I agree in principle with the GP referral process, but I do feel that this will be challenging to implement given the workload pressure and strain that GPs are already under. I am in support of the need for GP referral for mental health reasons. An individual's regular GP will have record of whether the patient has a pre-existing Mental Health Care Plan or if they are experiencing mental health difficulties which could be underlying their desire for cosmetic surgery. They can therefore take a birds-eye view of the person's health, and potentially recommend referral to a mental health professional either prior to or alongside referral to a cosmetic surgeon. This also reduces the risk of vulnerable individuals potentially being exploited or encouraged to have surgeries that they may not need, when their first contact is with treating surgeon. However, the process will be complicated if patient's simply go to a new GP to get their referral to a cosmetic surgeon, so if this recommendation goes ahead, GPs should also be expected to query patient's mental health status as part of their assessment and referral process.

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

Yes

Q19. Q9. Is anything missing?

No

Q20. **Draft *Guidelines for medical practitioners who advertise cosmetic surgery***
The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section 'Advertising and marketing'.
The Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery* because of the influential role of advertising in the cosmetic surgery sector.
The details of the new advertising guidance are in the draft Advertising Guidelines.

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

Yes, but I believe this should extend to non-surgical procedures as well, given these too are medical treatments and subject to the same problems of pathologising normal changes to the body, contributing to poor body image and unrealistic expectations of beauty/treatment outcomes.

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Yes

Q23. Q12. Is anything missing?

I would recommend an addition to 4.3. that the use of filters, editing or retouching before and after photos is also inappropriate and can lead to unrealistic expectations of outcome. The advertising guidelines should also include a note on inducements such as the offer of package deals, discounted rates, holiday specials and the like for cosmetic surgeries in advertising.

Q25. **Additional comments**
Q13. Do you have any other comments about cosmetic surgery regulation?

I think a clearer stance on non-surgical procedures is needed, as it seems that some tightened regulation has been included for these in the current guidelines (e.g. regarding psychological evaluation), but not in other areas (e.g. advertising). While the treatments pose lower physical risk, the psychological consequences of advertising non-surgical procedures are similar. These procedures are also even more susceptible to being misrepresented or marketed as beauty treatments, rather than medical procedures.

Q26.

Thank you for making a submission to the consultation.
Your feedback has been received and will be considered by the Medical Board.

Q1. The Medical Board of Australia is consulting on three documents aimed at regulating aspects of cosmetic surgery. These documents have been developed following an independent review of the regulation of medical practitioners who perform cosmetic surgery that raised serious concerns about the cosmetic surgery sector.

You are invited to have your say about:

- Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners*
- Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*
- Draft *Guidelines for medical practitioners who advertise cosmetic surgery*

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Q24. **Publication of submissions**

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Q2. Do you give permission to publish your submission?

- (●) Yes - with my name
- ( ) Yes - without my name
- ( ) No - do not publish my submission

Q3. Name

David Ringelblum

Q4. Organisation (if applicable)

Wellness on Wellington

Q5. Email address

[redacted]

Q6. Are you making a submission as?

- ○ An organisation
- ◉ An individual medical practitioner
- ○ An individual nurse
- ○ Other registered health practitioner. Please specify
- ○ Consumer/patient
- ○ Other. Please specify
- ○ Prefer not to say

Q7. Do you work in the cosmetic surgery/procedures sector?

- ☐ Yes - I perform cosmetic surgery
- ☐ Yes - I provide minor cosmetic procedures (e.g. Botox, fillers, etc)
- ☐ Yes - I work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee)
- ☑ No
- ☐ Prefer not to say

Q8. What type of medical registration do you have?

- ◉ General and specialist registration - Specialty (optional) Specialist General Practitioner
- ○ General registration only
- ○ Specialist registration only - Specialty (optional)
- ○ Provisional registration
- ○ Limited registration

- ◯ Non-practising registration
- ◯ Prefer not to say

Q9. **Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners***
The details of the requirements for endorsement are in the draft registration standard.

Q10. Q1. Are the requirements for endorsement appropriate?

Not really. It actually imposes a higher standard on cosmetic surgeons than anyone else. Any doctor can perform any surgery for which they are trained without needing to prove their level of training. (The best varicose vein surgeon on the Mornington Peninsula throughout the 80s and most of the 90s was a GP, not a vascular surgeon.) Not sure why you need more qualifications to be a cosmetic surgeon than to remove a gallbladder

Q11. Q2. Are the requirements for endorsement clear?

not really

Q12. Q3. Is anything missing?

Q13. **Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures***
The Board is proposing changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*.
The details of the revised guidance are in the draft revised Cosmetic Guidelines.

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

a little

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

Absolutely not. There is no requirement for a GP referral for any type of surgery - why then for cosmetic? (that is - there is a Medicare requirement....but not a clinical requirement). This proposal imposes both unnecessary burden on GPs and removes rights from patients. There is no requirement for a referral from your "usual" GP - just any GP. So there is no real basis for a trusted GP to provide a second opinion or "think carefully" consultation. What are the standards GPs would be expected to apply before making such a referral? Please clarify the value of obtaining a referral from a telephone-based GP service? Does it impose any obligations on the GP? And if yes - why should GPs bear that risk. And if not - what is the point of it?

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

Yes. This is a safety issue.

Q19. Q9. Is anything missing?

Q20. **Draft *Guidelines for medical practitioners who advertise cosmetic surgery***
The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section 'Advertising and marketing'.
The Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery* because of the influential role of advertising in the cosmetic surgery sector.
The details of the new advertising guidance are in the draft Advertising Guidelines.

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

Reasonable. But I object to the reserving of the word Surgeon. All doctors graduate with an MBBS or equivalent. The historic, traditional way to represent that was a brass plate saying "Dr Smith - physician and surgeon". It is inappropriate to remove that right from doctors, in order to stop cosmetic surgeons using the title, let alone the real cost to doctors. And if surgeon is a restricted title, why not physician?

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Q23. Q12. Is anything missing?

Q25. **Additional comments**
Q13. Do you have any other comments about cosmetic surgery regulation?

Q26.

Thank you for making a submission to the consultation.
Your feedback has been received and will be considered by the Medical Board.

Q1. The Medical Board of Australia is consulting on three documents aimed at regulating aspects of cosmetic surgery. These documents have been developed following an independent review of the regulation of medical practitioners who perform cosmetic surgery that raised serious concerns about the cosmetic surgery sector.

You are invited to have your say about:

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- Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*
- Draft *Guidelines for medical practitioners who advertise cosmetic surgery*

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Q2. Do you give permission to publish your submission?

- (●) Yes - with my name
- ( ) Yes - without my name
- ( ) No - do not publish my submission

Q3. Name

Associate Professor Gemma Sharp

Q4. Organisation (if applicable)

Private Psychology Practice

Q5. Email address

[redacted]

Q6. Are you making a submission as?

- ○ An organisation
- ○ An individual medical practitioner
- ○ An individual nurse
- ◉ Other registered health practitioner. Please specify: Clinical Psychologist
- ○ Consumer/patient
- ○ Other. Please specify
- ○ Prefer not to say

Q7. Do you work in the cosmetic surgery/procedures sector?

- ☐ Yes - I perform cosmetic surgery
- ☐ Yes - I provide minor cosmetic procedures (e.g. Botox, fillers, etc)
- ☑ Yes - I work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee)
- ☐ No
- ☐ Prefer not to say

Q8. What type of medical registration do you have?

This question was not displayed to the respondent.

Q9. **Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners***
The details of the requirements for endorsement are in the draft registration standard.

Q10. Q1. Are the requirements for endorsement appropriate?

I am making this submission in relation to "Guidelines for medical practitioners who perform cosmetic medical and surgical procedures" and "Guidelines for medical practitioners who advertise cosmetic surgery" only.

Q11. Q2. Are the requirements for endorsement clear?

I am making this submission in relation to "Guidelines for medical practitioners who perform cosmetic medical and surgical procedures" and "Guidelines for medical practitioners who advertise cosmetic surgery" only.

Q12. Q3. Is anything missing?

I am making this submission in relation to "Guidelines for medical practitioners who perform cosmetic medical and surgical procedures" and "Guidelines for medical practitioners who advertise cosmetic surgery" only.

Q13. **Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures***

The Board is proposing changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*.

The details of the revised guidance are in the draft revised Cosmetic Guidelines.

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

Yes, I am in support of the proposed changes. Specific points in relation to the Guidance for Providing Cosmetic Surgery: In Section 2.1, I suggest the consultation with the general practitioner for referral also be an opportunity to at least start to discuss the assessment recommendations outlined in Sections 2.2 and 2.3. In Section 2.3, I suggest assessment to psychological vulnerabilities other than BDD, such as eating disorders, mood disorders, anxiety disorders and personality disorders as these presentations can also be linked to an increased risk of poorer outcomes following cosmetic surgery/procedures. Validated psychological screening tools should be used for these other disorders. In Section 2.4, I suggest that the psychologist, psychiatrist or general practitioner who perform the evaluation provide recommendations for the “other options” as outlined in Section 2.5. In Section 3.2, I suggest the inclusion of the words - or another appropriately trained and registered health practitioner. This training should include the psychological assessment and appropriate management of patient psychological well-being. In Section 5.1a. I suggest that contact details for an appropriately trained psychologist, psychiatrist or general practitioner are provided to the patient, should advice, support or intervention be required in the longer term. In Section 6.1, post-procedure care includes support of psychological well-being. I suggest that the medical practitioner have a working relationship with a psychologist, psychiatrist or general practitioner who can advise them and their clinical staff on post-procedure psychological care and refer the patient to the psychologist/psychiatrist/general practitioner as needed.

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

Yes.

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Yes.

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

Yes. Such a referral pathway allows more easily for a continuing pathway of care. The patient will likely be known to the GP and thus their physical and mental health history be available to the GP and taken into consideration when making the referral. In order for GPs to make these referrals, I recommend that they undergo training and CPD in the areas of body image dissatisfaction and psychological motivations for cosmetic procedures. I do have some concerns around the referral process with a shortage of GPs currently in Australia so patients may have some trouble accessing a GP.

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

Yes.

Q19. Q9. Is anything missing?

Owing to the character limit, I was not able to include all my comments in Q4 so I am including the rest of my comments here: In Section 6.9, I suggest that these records contain a thorough description of the information collected in Sections 2.2-2.5 as this data can be connected with post-procedure psychological outcomes. I further suggest a requirement to routinely audit psychological outcomes which will help to improve pre-procedure psychological assessment. In Section 9, I suggest there be mandatory training and CPD of pre- and post-procedure key psychological aspects of patients. Specific points in relation to the Guidance for Providing Cosmetic Medical (Non-Surgical) Procedures: All same recommendations as for cosmetic surgery where relevant. In addition: Section 3, I suggest that the medical practitioner see the patient face to face for the initial consult and any time the patient is accessing a different type of procedure. This will allow for a more comprehensive assessment of the client's physical and psychological presentation.

Q20. **Draft *Guidelines for medical practitioners who advertise cosmetic surgery***
The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section 'Advertising and marketing'.
The Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery* because of the influential role of advertising in the cosmetic surgery sector.
The details of the new advertising guidance are in the draft Advertising Guidelines.

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

Yes.

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Yes.

Q23. Q12. Is anything missing?

No.

Q25. **Additional comments**
Q13. Do you have any other comments about cosmetic surgery regulation?

I wanted to add that I have a great deal of experience as a senior clinical psychologist and Associate Professor researcher in the assessment of patients seeking cosmetic procedures. I served as the lead expert in the development of the Australian Psychological Society's "Psychological evaluation of patients undergoing cosmetic procedures: Practice Guide" in 2018 (see: https://psychology.org.au/getmedia/5016efba-cb58-4cd5-a472-4313a1a70483/18aps-pp-cosmetic-surgery-p1a-web.pdf). I am currently working with the APS to update these guidelines to be released in 2023.

Q26.

Thank you for making a submission to the consultation.
Your feedback has been received and will be considered by the Medical Board.

11 December 2022

Dr Anne Tonkin
Chair
Medical Board of Australia

Via email: medboardconsultation@ahpra.gov.au

Dear Dr Anne Tonkin,

RE: Public Consultation Submission – Regulation of medical practitioners who provide cosmetic medical and surgical procedures

I lodge this brief submission as a very concerned doctor and a terrified parent about the impending dilution of standards by AHPRA to make Cosmetic Surgery unsafe for women.

AHPRA's proposed dilution of cosmetic surgery standards by endorsing 'cosmetic cowboys' and allow them to advertise a regulated health service, will make cosmetic surgery very dangerous for women, as the decision to choose a practitioner will become a lethal game of chance like Russian roulette. AHPRA's proposal to make cosmetic surgery unsafe, is highly irresponsible. It would be like the 'irresponsible service of alcohol" and the 'removal of all speed limits for Learner drivers and P Platers'.

I echo the points raised by ASAPS, the learned society and peak body of Registered Specialist Plastic Surgeons who practice cosmetic surgery to ensure that regulation of medical practitioners performing cosmetic surgery must uphold patient safety first and foremost.

I have been practicing Cosmetic Surgery in Sydney for the last 17 years as a Registered Specialist Plastic Surgeon. I hold specialist surgical certification, specialist surgical registration and have completed specialist surgical recertification. I practice both in the public hospital and private sector with two practice locations one in the Eastern Suburb of Bondi Junction and the other in the Northwestern suburb of BellaVista/Norwest.

Over that last 17 years I have treated many patients who have presented with life threatening complications and life altering substandard aesthetic outcomes because of cosmetic surgery where the medical practitioner did not have specialist surgical certification nor specialist surgical registration and did not participate in the specialist surgical recertification program.

While I strongly support efforts to reform the cosmetic surgery sector, I wish to raise the following concerns with the proposed regulatory changes by AHPRA.

1. Comments on draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners*

What is needed in 2022

1. Make cosmetic surgery safer and help cosmetic surgery consumers make safe choices

Evidence to support the fact that Cosmetic Surgery is dangerous

Since October 2021, the continuous media reporting on Cosmetic Surgery harm by Cosmetic Cowboys in mainstream programs like 4 Corners, 60 Minutes, The Age, SMH, Current Affair have exposed life threatening and life altering outcomes, unsafe cosmetic surgery by practitioners who do not have Australian National Standard of specialist surgical certification, specialist surgical registration and did not participate in the specialist surgical recertification program.

What does the consumer expect in 2022

In 2022, you will be hard pressed to find an Australian who will have anyone, but a Registered specialist oncologist treat cancer, anyone but a Registered specialist gynaecologist perform a Caesarean section, anyone but a Registered specialist cardiac surgeon perform heart surgery or anyone, but a Registered specialist neurosurgeon perform brain surgery.

AHPRA's endorsement model to benchmark cosmetic cowboys as the Australian standard in cosmetic surgery when in fact it is a 'second tier' level of expertise and safety is not only irresponsible. Naturally no Australian one will choose a second-tier level of surgical safety and expertise.

I reject the irresponsible proposal of practice endorsement for cosmetic surgery on the grounds that it disproportionately harms women

1. The **national standard** for specialist surgical certification, specialist surgical registration and specialist surgical recertification have been well established for many years.

2. AHPRA's proposal to endorse a class of practitioners to practice cosmetic surgery who have not achieved the national standard of surgery will dilute the standard, downgrade cosmetic surgery safety, and make cosmetic surgery dangerous.

3. AHPRA that is tasked with patient safety, is using tobacco industry tactics to ignore or twist the evidence and consumer consensus about the dangers of 'cosmetic cowboys' to bring about an endorsement model will make cosmetic surgery dangerous.

4. Women will continue to be harmed if this irresponsible proposal goes ahead.

2. Comments on draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*

Major cosmetic surgery belongs in the category of Invasive Surgery and the certification, registration, recertification, and professional standards for Cosmetic Surgery should be consistent with other Surgical Disciplines such as Neurosurgery, Cardiac Surgery, Orthopedic Surgery and so on.

No Australian will knowingly choose a second tier of safety and expertise by choosing anyone, but a Registered specialist oncologist treat cancer, anyone but a Registered specialist gynaecologist perform a Caesarean section, anyone but a Registered specialist cardiac surgeon perform heart surgery or anyone, but a Registered specialist neurosurgeon perform brain surgery.

Why does AHPRA want to promote a dangerous choice to Australian Women bypassing current standards and disregarding public expectations.

I reject the proposed Cosmetic Guidelines on the grounds that they are dangerous to women because they

- Do not require cosmetic surgery to be performed by those Specialist Surgeons (FRACS) who have achieved the **national standard** for specialist surgical certification, specialist surgical registration and specialist surgical recertification
- Do not require cosmetic surgery to be performed using only a Specialist Anaesthetist therefore bypassing the statutory National standards for certification, registration, and recertification.
- Risk patient safety by not making it mandatory requirement that if a treating practitioner delegates care, that the delegated practitioner must be a Specialist Surgeon
- Risk patient safety because the treating practitioner (or delegate) doesn't have to be contactable after 24 hours after surgery. This is at odds with current best practice guidelines and evidence. Any Specialist surgeon will attest to the fact that the current standard of post operative care extends beyond 24 hours and most cosmetic surgery complications occur 24 hours after the operation.

Considering so many documented incidents of harm to women, AHPRA's proposed Cosmetic surgery endorsement model is misogynist and dangerous to women.

3. Comments on draft *Guidelines for medical practitioners who advertise cosmetic surgery*

AHPRA's proposed dilution of cosmetic surgery standards by endorsing 'cosmetic cowboys' to advertise a regulated health service, will make cosmetic surgery very dangerous for women, as the decision to choose a practitioner will become a lethal game of chance like Russian roulette.

Evidence to support the fact that cosmetic cowboys can mislead the consumer into believing that they are real surgeons

Since October 2021, the continuous media reporting on Cosmetic Surgery harm by Cosmetic Cowboys in mainstream programs like 4 Corners, 60 Minutes, The Age, SMH, Current Affair have exposed life threatening and life altering outcomes, unsafe cosmetic surgery by practitioners who do not have Australian National Standard of specialist surgical certification, specialist surgical registration and did not participate in the specialist surgical recertification program. It is the false and misleading advertising engaged by these cosmetic cowboys that played a role in the poor patient outcomes.

AHPRA should ban all cosmetic surgery advertising by practitioners who have not met the **national standard** for specialist surgical certification, specialist surgical registration and specialist surgical recertification. As the evidence points out, cosmetic surgery will remain dangerous for women if cosmetic cowboys continue to advertise cosmetic surgery as women will be forced to play a lethal game of chance like Russian Roulette.

If you have any questions regarding my submission, I can be contacted on [redacted] or [redacted] to discuss.

Yours sincerely,
Dr Naveen Somia PhD., FRACS
Specialist Plastic Surgeon
Sydney.

Your details
Name: Naveen Somia PhD., FRACS
Organisation (if applicable) N/A
Are you making a submission as? • An individual medical practitioner
Do you work in the cosmetic surgery/procedures sector? • Yes – I perform cosmetic surgery
For medical practitioners, what type of medical registration do you have? • General and specialist registration – Specialty (Plastic Surgery) •
Do you give permission to publish your submission? • Yes, with my name

Your details
Name: Dr Michael Szalay
Organisation (if applicable):
Are you making a submission as? • An individual medical practitioner
Do you work in the cosmetic surgery/procedures sector? • Yes – I perform cosmetic surgery
For medical practitioners, what type of medical registration do you have? • General and specialist registration
Do you give permission to publish your submission? • Yes, with my name

Feedback on draft Registration standard

This section asks for feedback on the *Draft Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners.*

The details of the requirements for endorsement are in the draft registration standard.

1. Are the requirements for endorsement appropriate?

No.

Executive Summary

- Eliminating grandfathering as a means of endorsement is contrary to evidence
- The evidence demonstrates a similar incidence of complaints amongst cosmetic surgeons, plastic surgeons and other specialties
- A large study published in Annals of Surgery concluded that the more procedures surgeons have performed, the better their patients' outcomes
- The evidence therefore supports procedure specific grandfathering as a means of endorsement
- The elimination of a significant number of experienced cosmetic doctors will result in increased prices for cosmetic surgery leading to Australians seeking cosmetic surgery in unsafe overseas destinations. It is also likely to lead to plastic surgeons abandoning their public work in favour of private cosmetic work and increasing their prices for all plastic surgery including skin cancer surgery

Submission

I believe the decision to exclude grandfathering as an avenue for endorsement is contrary to evidence. Instead, the evidence supports grandfathering on a *procedure specific* basis.

AHPRA should be striving to base their decision with respect to endorsement on unbiased data. A current independent and unbiased method of evaluating the standard of work carried out by doctors performing breast augmentation are the statistics provided by the Australian Breast Device Registry. This registry statistically analyses the results of all doctors carrying out breast augmentation in Australia, including plastic surgeons and non-plastic surgeons. Figures obtained from my practice for 2020 and 2021 demonstrate above average results compared to other doctors performing breast augmentation.
I have performed over 2000 breast augmentations and 1000 facelifts and yet the endorsement model without grandfathering would prevent me from continuing these procedures.

I wish to emphasize that the patient outcomes presented on *Four Corners* and *60 Minutes* were deplorable. The doctors involved however were just 5 in number (with 3 being from the same practice) and there is no evidence that the issue is with any particular body of doctors performing cosmetic surgery.

Instead, the evidence suggests that the incidence of complaints is similar amongst all doctors performing cosmetic surgery. AHPRA published data based on a 3-year analysis for the 2021 Senate Inquiry into cosmetic surgery. In relation to this data, Dr Anne Tonkin, Chair Medical Board of Australia, said '...the "cowboy" reputation of cosmetic surgeons was not reflected in AHPRA/board data,' and that, '...complaints around cosmetic procedures were spread evenly among cosmetic surgeons, plastic surgeons and other specialties'.[1]

The basic tenet of modern medical practice is that it needs to be evidence based. There has been no evidence presented which indicates grandfathering is inappropriate. On the contrary, doctors who have been performing the same procedure many times over develop a significant level of expertise with that particular procedure. Based on an analysis of 1 million surgeries, a study published in the Annals of Surgery found the more procedures surgeons have performed, the better their patient's outcomes.[2]
A second study conducted a review of the medical literature and concluded there was a positive volume-outcome relationship for most procedures.[3]
It follows that it is appropriate to provide procedure specific endorsement i.e., if a doctor has obtained significant experience with a particular procedure, he could obtain endorsement *only* for that procedure.

Significant pressure has been placed on AHPRA to eliminate grandfathering as a means of endorsement. The reduction in the supply of a significant number of competent doctors performing cosmetic surgery in the presence of constant demand will result in an increase in prices for cosmetic surgery. This does not benefit the Australian public. Instead, it is likely to lead to people who cannot afford inflated prices seeking treatment in substandard, overseas destinations. In 2014, Australian [redacted] unfortunately died shortly after returning to Australia following negligent cosmetic surgery in Malaysia. The coroner subsequently urged authorities to warn the public about the dangers of medical tourism. In 2015, another Australian, [redacted], unfortunately died following negligent cosmetic surgery in Mexico.
There have also been numerous examples of Australians returning to Australia to seek treatment in public hospitals following complications from procedures performed in Thailand and Malaysia. This may be outside the jurisdiction of AHPRA but harm is caused to these Australians and there is a significant cost to the public health system in treating these complications.
Another likely outcome of the absence of competition is that plastic surgeons will abandon their public work in favour of private practice. This would deplete the public hospital plastic surgery workforce. Increased cosmetic surgery prices would lead to plastic surgeons increasing their prices for all plastic surgery including skin cancer surgery.

In conclusion, AHPRA should act in accordance with modern medical practice and make an evidence-based decision with respect to the Registration Standard. Procedure specific grandfathering should therefore be included as a possible means of obtaining endorsement. The negative consequences of eliminating experienced cosmetic doctors include increased prices for cosmetic surgery in

Australia, Australians having cosmetic surgery performed in unsafe overseas destinations, plastic surgeons abandoning public hospitals and increased prices for all plastic surgery services.

References

1. Durham P. The Medical Republic. Cosmetic surgery review to probe 'weak safety culture'. https://medicalrepublic.com.au/cosmetic-surgery-review-to-probe-weak-safety culture/58864?utm source=TMR%20List&utm campaign=9eb1e4fb8d Newsletter November 30 11 21&utm medium=email&mc cid=9eb1e4fb8d&mc eid=17fdd549a 6&fbclid=IwAR39Zf71AswflHTtazmw2lp AKzK8rv0fUfjTyqqJN07AA2NP6NeR7cK2u8. Published 30 November 2021
2.The Influence of Volume and Experience on Individual Surgical Performance: A Systematic Review Maruthappu, Mahiben; Gilbert, Barnabas J.; El-Harasis, Majd A. *Annals of Surgery*. 261(4):642-647, April 2015.
3. Relationship between surgeon volume and outcomes: a systematic review of systematic reviews. Morche, J., Mathes, T. & Pieper, D. *Syst Rev* **5**, 204 (2016). https://doi.org/10.1186/s13643-016-0376-4

2. Are the requirements for endorsement clear?

Yes

3. Is anything missing?

Yes, see Q.1

Feedback on draft revised Cosmetic Guidelines

This section asks for feedback on the Board's proposed changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures.*

The details of the revised guidance are in the draft revised Cosmetic Guidelines.

4. Are the proposed changes to the Cosmetic Guidelines appropriate?

Yes, except the first part of 6.6. I disagree with this section because many competent doctors practising cosmetic surgery do not have admitting rights at public hospitals.
I agree with the second part of 6.6 i.e. 'In the event of complications requiring hospital admission, the treating medical practitioner is responsible for coordinating care until the patient is under management of the alternate practitioner or hospital.'

5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

Yes

6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Yes

7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

Yes

8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

Yes

9. Is anything missing?

See Q.4

Feedback on draft Advertising Guidelines

This section asks for feedback on guidelines for advertising cosmetic surgery.

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section on 'Advertising and marketing'.

The Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery* because of the influential role of advertising in the cosmetic surgery sector.

The details of the advertising guidance are in the draft Advertising Guidelines.

10. Is the guidance in the draft Advertising Guidelines appropriate?
Yes

11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?
Yes

12. Is anything missing?
No

Additional comments

13. Do you have any other comments about cosmetic surgery regulation?
No

Your details

Name: Mr Patrick Tansley

Organisation (if applicable): Past-President Australasian College of Cosmetic Surgery & Medicine (ACCSM) 2019-2022

Are you making a submission as?

- An organisation
- An individual medical practitioner
- An individual nurse
- Other registered health practitioner, please specify:
- Consumer/patient
- Other, please specify:
- Prefer not to say

Do you work in the cosmetic surgery/procedures sector?

- Yes – I perform cosmetic surgery
- Yes – I provide minor cosmetic procedures (e.g. Botox, fillers, etc.)
- Yes – I work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee)
- No
- Prefer not to say

For medical practitioners, what type of medical registration do you have?

- General and specialist registration – Specialty (optional): (/
- General registration only **General in Australia**
- Specialist registration only – Specialty (optional): **Specialist Plastic and Reconstructive Surgeon in UK**
- Provisional registration
- Limited registration
- Non-practising registration
- Prefer not to say

Do you give permission to publish your submission?

- Yes, with my name
- Yes, without my name
- No, do not publish my submission

Feedback on draft Registration standard

This section asks for feedback on the *Draft Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners.*

The details of the requirements for endorsement are in the draft registration standard.

1. Are the requirements for endorsement appropriate?

Yes, but implementation will require careful consideration in order to advance the safety of patients in cosmetic surgery, rather than increase risks to patients in an unintended manner. Such risks are detailed in referenced material below at 1)-4).

Given the proposal that to be **eligible** for an area of practice endorsement in cosmetic surgery, a medical practitioner must have been awarded an **'approved qualification**' in cosmetic surgery, then it is axiomatic that determination of what constitutes such an approved qualification will be critical for success of the endorsement exercise.

As a Past-President of the Australasian College of Cosmetic Surgery & Medicine (ACCSM) from 2019-2022, I have been significantly involved in regulatory processes in Australia to try to ensure safety of the public in cosmetic surgery. This has included, but is not limited to, being a Clinical Lead of the Australian Breast Device Registry, a member of an Expert Working Group of the Therapeutic Goods Administration of the Department of Health and membership of the Technical Advisory Group for the 2022 'Independent review of the regulation of health practitioners in cosmetic surgery', the latter for AHPRA and the MBA.

Accordingly, I have made numerous relevant open presentations and publications detailed below, which I submit may assist the MBA/AHPRA to assess the currently available evidence regarding surgical qualifications in Australia pertinent to cosmetic surgery and are therefore relevant to the determination of any **'approved qualification'**:

1) **Invited Keynote Address - 'Cosmetic Surgery - myths, reality and the solution.'** I delivered this in March 2022 to the 31st Annual MedicoLegal Congress in Sydney. It provides the depth of evidence required to comprehend cosmetic surgery as an area of practice and its relevant background in Australia.
https://vimeo.com/690439510/f85e576578

2) I was the lead author of an open access paper published in the American Journal of Cosmetic Surgery in June 2022 entitled **'Cosmetic Surgery Regulation in Australia: Who is to be protected - surgeons or patients?'**. This builds on the above Keynote Address but also contains additional pertinent information. It has now been viewed /downloaded on more than 1500 occasions, indicating the extent of its international reach.
https://journals.sagepub.com/doi/10.1177/07488068221105360

3) In July 2022, an invited opinion piece was published in the Plastics, Maxillofacial and Aesthetics Journal entitled - **'Who should decide the qualification to do cosmetic surgery?'**. https://www.thepmfajournal.com/features/features/post/response-who-should-decide-the-qualification-to-do-cosmetic-surgery

4) In September 2022, a further opinion piece was published in the Plastics, Maxillofacial and Aesthetics Journal entitled **'Cosmetic Surgery: a difficult reality with a simple solution'**.
https://www.thepmfajournal.com/features/features/post/opinion-cosmetic-surgery-a-difficult-reality-with-a-simple-solution

In toto, the above documentation crystallizes to the reader the need for medical practitioners proposed to be Endorsed for the area of practice of cosmetic surgery not only to have

demonstrably achieved **CORE** surgical competence, but also additional training, qualifications, competence and recertification **SPECIFIC** to cosmetic surgery. Based on the available documentary evidence referenced within the published material detailed above, current Australian Medical Council (AMC) accredited surgical qualifications do not do so.

For detailed background, see the Keynote Address at https://vimeo.com/690439510/f85e576578 along with the two most recent AMC Reports of the 'Training and Education programs of the Royal Australasian College of Surgeons' (RACS). In its 2017 report, the AMC variously stated in relation to cosmetic surgery (including at P123) that plastic surgical trainees have a *"lack of training,"* a *"deficit"* in experience available and qualify with *"a gap in this area of practice."* Its current 2021 report (published February 2022) at P157 is conspicuously silent about any robust dedicated cosmetic surgical training and experience for plastic surgical trainees and did not state that the problem had been satisfactorily addressed.

This is all supported by the findings of the final Report of the recent Independent Review which stated, *'…the cosmetic surgery sector, as a health service, is unique and somewhat of a health market disrupter, largely sitting outside of the existing health system frameworks. It is not a recognised medical specialty and it challenges the traditional specialist registration model.'*

Accordingly, determination of an **'approved qualification'** in cosmetic surgery will therefore require a new approach that recognises matters unique to the area of practice of cosmetic surgery.

A qualification which *does* satisfy the requirements of CORE surgical and SPECIFIC cosmetic surgical competence, yet is not currently an AMC accredited surgical qualification as the area of practice of cosmetic surgery cannot be recognised as a speciality by law, is the surgical Fellowship of the ACCSM.

Prior to admission to the ACCSM training program for two years of training specifically in cosmetic surgery, practitioners must be able to demonstrate CORE surgical competence. Examples would be an Australian or overseas Royal College specialist surgical qualification (or an equivalent post-graduate surgical qualification), completion of essential training under RACS or having undergone equivalent training overseas – see ACCSM criteria at https://www.accsm.org.au/surgery-training .

Once the two years of ACCSM training SPECIFICALLY in cosmetic surgery has then been achieved and competence demonstrated including by means of multiple examinations, the qualification FACCSM (Surg) is awarded. As such, this qualification is appropriate to be considered as an approved qualification for Endorsement in the area of practice of Cosmetic Surgery.

2. Are the requirements for endorsement clear?

As far as they can be in the absence of determination of an 'approved qualification' at this time (see Q1 above).

3. Is anything missing?

Yes.

Given the relatively short history of modern cosmetic surgery and the unique place it occupies within the healthcare system (see referenced publications and final Report of the Independent Review as detailed in Q1 above), it is my opinion that any major change in regulation of practice must allow for a period of transitional grandparenting in some form to be applicable to those

medical practitioners who have undertaken the practice of cosmetic surgery well and safely, often over many years, but who may not hold what is yet to be determined as an 'approved qualification.'

In this context, it should not be overlooked that the recent high profile media coverage of an industry under scrutiny has been in relation to just six Doctors (three of whom were from a single clinic) out of around 140000 registered medical practitioners in Australia – see **'Cosmetic Surgery: a difficult reality with a simple solution'**.
https://www.thepmfajournal.com/features/features/post/opinion-cosmetic-surgery-a-difficult-reality-with-a-simple-solution

In such context, even Dr Anne Tonkin, Chair Medical Board of Australia said in late 2021 that *". . . complaints around cosmetic procedures were spread evenly among cosmetic surgeons, plastic surgeons and other specialities, so there was no simple dichotomy between 'bad' cosmetic surgeons and 'good' plastic surgeons."*

In all the circumstances given the current absence of an 'approved qualification' in cosmetic surgery, consideration must be given to a period of transitional grandparenting in some form as a matter of due process. One possible option for consideration might be for applicants to sit and pass the ACCSM Surgical Examination in cosmetic surgery. Other options will also exist.

Feedback on draft revised Cosmetic Guidelines

This section asks for feedback on the Board's proposed changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures.*

The details of the revised guidance are in the draft revised Cosmetic Guidelines.

4. Are the proposed changes to the Cosmetic Guidelines appropriate?

Two concerns are evident:

i) **Section 3. Patient consultation type and timing.** As currently drafted, this may disadvantage patients who do not live in metropolitan regions. Further careful consideration ought be undertaken in order to ensure equality of access to all patients who wish to consider cosmetic surgery.

ii) See also **Q9 'Is anything missing?'**

5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

Yes

6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Yes

7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

No.

Whilst appropriate communication with a patient's GP is always supported, in the context of considerations of cosmetic surgery, it is well known that General Practitioners (GP) in Primary Care are already overworked and under-resourced.

Contemporary articles include a publication on 5 December 2022 from the national broadcaster the ABC reporting that *'A high demand for general practitioners is leading to longer wait times and putting pressure on doctors'* which included comment from Federal Health Minister Mark Butler that primary healthcare was *"in crisis in Australia"*
https://www.abc.net.au/news/2022-12-05/grattan-institute-medicare-overhaul-report-doctors-paid-work/101727432

On 7 December 2022, the ABC went on to Report that ***'…doctors say the 'withering' state of general practice is part of the problem'***
https://www.abc.net.au/news/2022-12-07/gp-shortage-hospitals-victoria-wait-times-demand/101739610

Under such circumstances, it would not be sensible to place even greater burden on an already strained system by requiring all patients seeking major cosmetic surgery to be required to have a GP referral.

Further, in light of the relatively short history of modern cosmetic surgery and given that GPs are not trained in it, they, just as for many other medical practitioners, may have an imperfect understanding of cosmetic surgery. Accordingly, it would be inappropriate to seek their involvement as gatekeepers to this area of practice as a means of enhancing patient safety per se.

In addition and for obvious reasons, many patients considering cosmetic surgery do so on an extremely private basis and as a matter of discretion do not want their GP involved.

Whilst referral of a patient from their GP should not therefore be a mandatory prerequisite, that does not of course preclude the responsible consulting medical practitioner liaising with the GP as appropriate, once consent has been provided by the patient. Adopting *this* approach will naturally complement the endorsement of responsible medical practitioners in the area of practice of cosmetic surgery, without adding unnecessary and possibly unhelpful burden to the provision of Primary Care to all Australians.

8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

Yes.

However, in the final documentation, it would be sensible for AHPRA to state clearly that it does not discriminate between non-specialist and specialist surgeons who are endorsed in cosmetic surgery.

This will help to avoid the partisan positions that have been exerted by some Medical Advisory Committees when considering applications to facilities by medical practitioners for operating privileges in cosmetic surgery.

9. Is anything missing?

Yes – from the Acknowledgements section.

As currently drafted, the Acknowledgements section omits any mention of the Code of Practice of the Australasian College of Cosmetic Surgery & Medicine, yet references that of the Australian Society of Plastic Surgeons, dated 2015 and 2021.

By way of pertinent background, in June 2009 the (then) ACCS welcomed the Australian Competition and Consumer Commissions' (ACCC) recognition of the public benefits provided by the ACCS's Code of Practice. This was the first Code of Conduct for cosmetic medical or surgical practice and the first medical practitioner code to be authorised by the ACCC.

The Code of Practice, which was authorised after extensive public stakeholder consultation, provides patients with greater protection and requires all ACCSM members to meet exemplary standards.

Notably, during the ACCC submission process other relevant surgical stakeholders made submissions *against* the Code of Conduct for cosmetic practice.

In light of the background detailed above, it is submitted that the ACCSM Code of Practice, in force since 2009, should properly be referenced under the Acknowledgements section. It can be read at https://www.accsm.org.au/images/uploads/images/accsm-code-of-practice-july-2021.pdf

Feedback on draft Advertising Guidelines

This section asks for feedback on guidelines for advertising cosmetic surgery.

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section on 'Advertising and marketing'.

The Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery* because of the influential role of advertising in the cosmetic surgery sector.

The details of the advertising guidance are in the draft Advertising Guidelines.

10. Is the guidance in the draft Advertising Guidelines appropriate?

In principle yes, but a careful and judicious approach will need to be taken during the application of some provisions in the guidelines – for example the interpretation under s4.1 of *'…unreasonable expectations of beneficial treatment…'* and at s7.1 *'…unrealistic expectations of outcomes…'* which are by definition, entirely subjective in nature.

11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Yes

12. Is anything missing?

Additional comments

13. Do you have any other comments about cosmetic surgery regulation?

Dr. Leana Teston
Suite 3 Level1, 58 Kitchener Pde
Bankstown 2200
NSW

23rd November, 2022

Medical Board of Australia
Level 51
680 George Street
Sydney
NSW 2000

To the Medical Board of Australia,

RE: Regulation of medical practitioners who provide cosmetic medical and surgical procedures.

Being the Head of the Plastic Surgery Department at Bankstown-Lidcombe Hospital, I am thankful for the opportunity to provide feedback on the Medical Board's proposals for improving regulation into the cosmetic surgery industry. The Specialist Plastic Surgeons in our Department welcome changes to produce clearer and firmer guidelines for medical practitioners who advertise the practice of cosmetic surgery and cosmetic medicine.

We are very concerned about the proposal to endorse practitioners to practice cosmetic surgery when they are not AMC qualified specialist surgeons.
The Department of Plastic Surgery at Bankstown Hospital is often responsible for the management of patients who have complications following cosmetic surgery with general medical practitioners, who are not Surgeons.
Patients present to our Emergency Dept with a complication of cosmetic surgery from an unqualified practitioner, such as severe sepsis from surgery done in nonaccredited nonsterile clinics, wound dehiscence or bleeding with shock or can present to ED with perforated internal organs from a poorly trained doctor. They also may be referred to one of our Plastic Surgeons after presenting to their GP with a complication. The cosmetic 'surgeon' will not have the expertise to identify and manage their complications and usually inappropriately manages the problem or even dismisses the problem as minor until the patient's condition deteriorates. The patient will spend many days in the public system and may require ICU intervention, multiple trips to the operating theatre and the involvement of other specialties such as infectious diseases. They will then be discharged to the care of their general practitioner or community nurses for further dressings and medication management.
Intensive Care and multiple trips to the operating theatres are **extremely costly**, not only a **financial burden on our health system** but also occupying a hospital bed for weeks and as we all know the bed situation across NSW hospitals is dire.
The cost to the health system and the community of surgery performed by unqualified doctors must not be underestimated as the desire by the public for cosmetic surgery has increased over the last 5-10 yrs.

This cosmetic endorsement process is dangerous and will only continue the steady stream of this type of patient referral to the public hospital system.
The emotional and social and economic burden to these trusting patients who must cope with unexpected complications and permanent disfigurement cannot be quantified.
These patients are shocked to find out that the doctor who operated on them was not a surgeon as they expect the Medical Board and AHPRA to ensure doctors are practicing to the high standards in Australia and that their doctor is a specialist.
The Cosmetic surgery endorsement program will bypass these high standards of surgery that we have in Australia. Cosmetic surgery is currently taught and practised by Fellows of the RACS, RANZCO and RANZCOG within the fields of their expertise. Each of these AMC accredited training schemes have foundations in patient safety, competency-based training and lifetime learning. The AMC accredits and reviews the training programs regularly to ensure that they are fit for purpose for training the next generation of Surgeons.

Training a Surgeon is **not** just teaching a doctor to cut and sew or teaching them one way to do one operation. It involves correct assessment of the patient, assessment of their medical and psychological suitability for surgery. It also involves teaching of disease processes and how they affect the healing process, and most importantly prevention of complications and early recognition and treatment of these if they do occur. In Australia and NZ it involves a thorough examination at the end of training, requiring a mark of 90% to achieve a pass.
This cannot be done in only 2 years. This process is over an 5year programme, to shorten it cuts corners and produces B-grade doctors who think they are surgeons.

Cosmetic Surgery should not be trivialised, it's affects can be life-changing or even life-threatening**. Cosmetic Surgery in Australia is no different to any other Surgery, in that it should only be done by Surgeons who are trained to the world recognised high standards that we already have in Australia.**
Why reduce this to a lower standard? Patient safety is paramount!
The title surgeon should be protected to fulfil what our community assumes. The systems for regulation already exist and should be tightened rather than expanded.

Kind regards,

Dr Leana Teston
MBBS FRACS (Gen Surgery), FRACS (Plastic Surgery)

Q1. The Medical Board of Australia is consulting on three documents aimed at regulating aspects of cosmetic surgery. These documents have been developed following an independent review of the regulation of medical practitioners who perform cosmetic surgery that raised serious concerns about the cosmetic surgery sector.

You are invited to have your say about:

- Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners*
- Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*
- Draft *Guidelines for medical practitioners who advertise cosmetic surgery*

This submission form is intended for organisations and registered health practitioners. Consumers are welcome to provide feedback here but there is a separate submission form with specific questions for consumers.

The questions here are the same as in the Medical Board's consultation paper. Submissions can address some or all of these questions. You can skip questions if you don't have any feedback and there is an opportunity at the end to make additional comments.

The consultation paper, including the three documents, is available on the Medical Board website.

Definition

Cosmetic medical and surgical procedures (as defined in the Medical Board's *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures)* are operations and other procedures that revise or change the appearance, colour, texture, structure or position of normal bodily features with the dominant purpose of achieving what the patient perceives to be a more desirable appearance.

Major cosmetic medical and surgical procedures ('*cosmetic surgery*') is defined as procedures which involve cutting beneath the skin. Examples include: breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer.

Q24. **Publication of submissions**

The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential. Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is expressly requested.

Q2. Do you give permission to publish your submission?

- (●) Yes - with my name
- ( ) Yes - without my name
- ( ) No - do not publish my submission

Q3. Name

Dr David Topchian

Q4. Organisation (if applicable)

Q5. Email address

[redacted]

Q6. Are you making a submission as?

- ○ An organisation
- ◉ An individual medical practitioner
- ○ An individual nurse
- ○ Other registered health practitioner. Please specify
- ○ Consumer/patient
- ○ Other. Please specify
- ○ Prefer not to say

Q7. Do you work in the cosmetic surgery/procedures sector?

- ☑ Yes - I perform cosmetic surgery
- ☐ Yes - I provide minor cosmetic procedures (e.g. Botox, fillers, etc)
- ☐ Yes - I work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee)
- ☐ No
- ☐ Prefer not to say

Q8. What type of medical registration do you have?

- ○ General and specialist registration - Specialty (optional)
- ○ General registration only
- ○ Specialist registration only - Specialty (optional)
- ○ Provisional registration
- ○ Limited registration

- ◯ Non-practising registration
- ◯ Prefer not to say

Q9. **Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners***
The details of the requirements for endorsement are in the draft registration standard.

Q10. Q1. Are the requirements for endorsement appropriate?

Yes

Q11. Q2. Are the requirements for endorsement clear?

Yes

Q12. Q3. Is anything missing?

Detail on how AMC and AHPRA will determine who is sufficiently qualified and experienced to be endorsed.

Q13. **Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures***
The Board is proposing changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*.
The details of the revised guidance are in the draft revised Cosmetic Guidelines.

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

Yes

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

Yes, although I would disagree that a procedure done purely under local anaesthetic is a 'major procedure'. Removal of skin lesions under local anaesthetic in a clinic is commonplace and accepted, however when that skin is removed from some parts of the body (eyelid, labia) then it is considered a 'major' procedure? There doesn't seem to be a good anatomical or physiological reason for this differentiation. The same issue arises with liposuction and fat transfer - making a 2mm incision in the skin and using purely local anaesthetic makes it a 'major' procedure?

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Yes

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

No, I don't. I do not believe that this will protect patients. The main issues are: • GPs don't have any special knowledge regarding which surgeons are good at which operations, and therefore are unable to provide potential patients with good advice. • patients often do not want their family GPs knowing about their cosmetic surgery, so there is an issue of privacy. • if a cosmetic surgical procedure does not attract a Medicare rebate, will the patient receive a Medicare rebate for the referral from the GP? • it is difficult to see a GP now - making tens or hundreds of thousands of patients see a GP for a referral will add to the burden and make unwell patients compete for an appointment with cosmetic patients.

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

I certainly support procedures that require sedation and general anaesthetic being performed in an accredited facility, but as I've said above, I don't see why some procedures done purely under local anaesthetic need to be classified as 'major' and therefore done in an accredited facility. All this does is increase the cost to the consumer. Is there good evidence that the type of facility has been a problem in the past, or is it more the practitioner's training and experience? Many procedural specialists perform minor procedures in their clinics under local anaesthetic only.

Q19. Q9. Is anything missing?

No

Q20. **Draft *Guidelines for medical practitioners who advertise cosmetic surgery***
The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section 'Advertising and marketing'.
The Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery* because of the influential role of advertising in the cosmetic surgery sector.
The details of the new advertising guidance are in the draft Advertising Guidelines.

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

No, it seems to me that the proposal is overly restrictive in terms of what can be shown and said in advertising. For example the use of stock photos will not be permitted, so websites will just have 'before and after' photos and have a dry, boring appearance that consumers won't engage with. In previous drafts of advertising guidelines where AHPRA have wanted to ban the use of 'before and after' photographs, consumers said that they thought it was important to see the outcomes of a surgeon's work. This must be why these images are permitted but all others not. Obviously there need to be some guidelines in terms of what advertising can and cannot say but I feel that this current draft will obscure information for potential patients and won't lead to any real protections for them. Is the intention of the Board to have websites that look like cigarette packets? With regard to section 5 (Risk), it is beyond the scope of advertising to provide information about the potential risks of a procedure - this is the role of a face-to-face consultation. Section 5.7 is also over reach in terms of language that can be used. The example terms that are given (eg. 'tummy tuck' in place of 'abdominoplasty') are often ones that patients use and understand. This is where use of technical medical terms can intimidate patients and it goes against the use of 'plain language' mentioned previously in the draft. And use of the term 'Brazilian Butt lift' has no comparable medical descriptor as the TGA have prohibited the use of the term 'fat transfer' in advertising. So what are patients to search for online? How do they find a competent, experienced practitioner if the surgeons can't use the search terms that patients are looking for?

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Yes, although there is still room for interpretation so the Board will continue to encounter practitioners who push the limits and need clarification and clear boundaries. As long as the rules are the same for everyone and they are enforced.

Q23. Q12. Is anything missing?

No, too much has been included.

Q25. **Additional comments**
Q13. Do you have any other comments about cosmetic surgery regulation?

Q26.

Thank you for making a submission to the consultation.
Your feedback has been received and will be considered by the Medical Board.

Q1. The Medical Board of Australia is consulting on three documents aimed at regulating aspects of cosmetic surgery. These documents have been developed following an independent review of the regulation of medical practitioners who perform cosmetic surgery that raised serious concerns about the cosmetic surgery sector.

You are invited to have your say about:

- Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners*
- Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*
- Draft *Guidelines for medical practitioners who advertise cosmetic surgery*

This submission form is intended for organisations and registered health practitioners. Consumers are welcome to provide feedback here but there is a separate submission form with specific questions for consumers.

The questions here are the same as in the Medical Board's consultation paper. Submissions can address some or all of these questions. You can skip questions if you don't have any feedback and there is an opportunity at the end to make additional comments.

The consultation paper, including the three documents, is available on the Medical Board website.

Definition

Cosmetic medical and surgical procedures (as defined in the Medical Board's *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures)* are operations and other procedures that revise or change the appearance, colour, texture, structure or position of normal bodily features with the dominant purpose of achieving what the patient perceives to be a more desirable appearance.

Major cosmetic medical and surgical procedures ('*cosmetic surgery*') is defined as procedures which involve cutting beneath the skin. Examples include: breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer.

Q24. **Publication of submissions**

The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential. Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is expressly requested.

Q2. Do you give permission to publish your submission?

- (●) Yes - with my name
- ( ) Yes - without my name
- ( ) No - do not publish my submission

Q3. Name

Dr Kim Son Vu

Q4. Organisation (if applicable)

Australasian Medical Clinic & Australasian Cosmetic Surgery Melbourne Day Hospital

Q5. Email address

[redacted]

Q6. Are you making a submission as?

- ○ An organisation
- ◉ An individual medical practitioner
- ○ An individual nurse
- ○ Other registered health practitioner. Please specify
- ○ Consumer/patient
- ○ Other. Please specify
- ○ Prefer not to say

Q7. Do you work in the cosmetic surgery/procedures sector?

- ☑ Yes - I perform cosmetic surgery
- ☐ Yes - I provide minor cosmetic procedures (e.g. Botox, fillers, etc)
- ☐ Yes - I work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee)
- ☐ No
- ☐ Prefer not to say

Q8. What type of medical registration do you have?

- ◉ General and specialist registration - Specialty (optional)
- ○ General registration only
- ○ Specialist registration only - Specialty (optional)
- ○ Provisional registration
- ○ Limited registration

- ◯ Non-practising registration
- ◯ Prefer not to say

Q9. **Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners***
The details of the requirements for endorsement are in the draft registration standard.

Q10. Q1. Are the requirements for endorsement appropriate?

yes It does and it must be done in order to ensure patients' safety.

Q11. Q2. Are the requirements for endorsement clear?

yes it is very clear. its very important to protect patients' interest and ensure the safety of patients

Q12. Q3. Is anything missing?

No I donot think so

Q13. **Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures***
The Board is proposing changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*.
The details of the revised guidance are in the draft revised Cosmetic Guidelines.

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

i agree with the proposed changed to the cosmetic guidelines

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

I think so too, I think we should do on thay way to make it clear to everyone and public

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Yes i agree, It is clear.

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

For other specialties i agree, however for cosmetic surgery i think there are some problems we may need to consider such as: -Some GP may not have full understanding of cosmetiic surgery and may dismiss patients' needs -Some patients doesnot want their GP know that they are looking for cosmetic surgery -It may interfere with patients' privacy. Compulsory referrals from GP may lead patients to seek overseas cosmetic tourism -Cosmetic surgery doesnot attract medicare rebate so does referral to it. So it makes difficulty for doctors as well as patients. Therefore I believe that referral from GP for cosmetic surgery is preferred if available but is should not be a compulsory requirement.

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

Yes of course, In order to ensure patients' safety

Q19. Q9. Is anything missing?

1-Grandfathering: -I agree with the grandfathering provisions -Grandfathering should be restricted to practitioners who hold an approved qualification only 2-Registries: -I agree with and support data collection as this is essential for assessment and long term promotion of patient safety. - I agree with APRHA's registration endorsement module.

Q20. **Draft *Guidelines for medical practitioners who advertise cosmetic surgery***
The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section 'Advertising and marketing'.
The Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery* because of the influential role of advertising in the cosmetic surgery sector.
The details of the new advertising guidance are in the draft Advertising Guidelines.

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

Yes it does. I supportive in principle of the new advertising guidelines

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

yes It is clear

Q23. Q12. Is anything missing?

Cooling Periods: 1. Consent forms needing to be signed at a second in-person consultation, seven days prior to surgery, disadvantages rural and interstate patients. Allowance should be made for consent and booking of surgery via video consultations at least seven days prior to surgery, for rural or interstate patients 2. Provisions may be: i. At least 2 telehealth consultations. ii. Patients may consent to and book surgery at the 2nd teleheatlh consultation, which may be after 7 days. iii. Patients are required to have a face-to-face consultation at least once before surgery.

Q25. **Additional comments**

Q13. Do you have any other comments about cosmetic surgery regulation?

At the moment, there are lack of cosmetic surgery regulations in Australia there fore some doctors with out apporpriate training can call themselves cosmetic practitioners or cosmetic surgeons or cosmetic physicians. Its dangerous for patients because they are usually donot have enough knowledge and resources to check the competency of that doctors. The doctors who perform cosmetic surgery must be registed and endorsed on APHRA's public registration.The endorsement have to be cleared enough and everyone can easily acess that registration information on line, that will allow patients making a clear decision about their surgery.

Q26.

Thank you for making a submission to the consultation.
Your feedback has been received and will be considered by the Medical Board.