



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

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

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

Submissions can be emailed to:

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

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

### Your details

<b>Name</b>	██████████
<b>Organisation (if applicable)</b>	Alfred Health
<b>Email address</b>	██████████

## Your responses to the consultation questions

### Codes and Guidelines

<b>1. Do the current <i>Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures</i> adequately address issues relevant to the current and expected future practice of cosmetic surgery and contribute to safe practice that is within a practitioner's scope, qualifications, training and experience?</b>
<p>The Guidelines adequately cover the areas that should require attention. However, we believe that they would only be applied once poor practice is actually identified. As stated in the Guidelines, they are admissible in proceedings against a practitioner. The Guidelines cannot identify in advance nor prevent 'rogue' practitioners from practising poorly.</p> <p>The Guidelines do not currently specify the training and experience required of the practitioner other than to state that 'procedures should only be provided if the practitioner has the appropriate training, expertise and experience...'. The poor outcomes seen to date highlight that some practitioners are not good at identifying where they are not competent and in having insight into the level of skill and training required.</p>
<b>2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?</b>
No further comments.
<b>3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.</b>
No further comments.

### Management of notifications

<b>4. Having regard to Ahpra and the Medical Board's powers and remit, what changes do you consider are necessary to the approach of Ahpra and the Medical Board in managing cosmetic surgery notifications, including their risk assessment process, and why?</b>
<p>It is vital that there is a rapid response from AHPRA and the Medical Board to any notifications made, given the severity of adverse events that we have seen when patients are transferred to our facility (a public health service) if they experience complications after cosmetic surgery in the private setting. It has been our experience that once a notification is made and investigated, it becomes obvious that there has been a pattern of poor practice by the cosmetic surgeon over a significant period of time.</p>
<b>5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.</b>
No further comments

## Advertising restrictions

<b>6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?</b>
The Advertising Guidelines are clear, but similarly to the <i>Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures</i> , they cannot identify in advance problematic practitioners. Alfred Health notes that this is an important issue given the possibility that practitioners can make false claims, present unrealistic images and utilise social media.
<b>7. What should be improved and why and how?</b>
The Medical Board should consider an auditing process of advertising by cosmetic surgeons.
<b>8. Do the current <a href="#">Guidelines for advertising a regulated health service</a> adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?</b>
The enforcement tools outlined on Page 5 of the Guidelines are noted and address the process to be undertaken by AHPRA and the National Boards with respect to advertising breaches. However, the fines outlined for breaches of the advertising requirements (Page 17 of the Consultation Paper) are quite small and may not deter offenders.
<b>9. Does the promotion of cosmetic surgery via social media raise any issues that are not adequately addressed by the advertising guidelines, or that require any specific regulatory response?</b>
Use of social media is more likely to spread misinformation and target vulnerable people. However, it is unclear if there is a specific or higher level regulatory response that could be established.
<b>10. Please provide any further relevant comment in relation to the regulation of advertising.</b>
No further comments.

## Title protection and endorsement for approved areas of practice

<b>11. To what extent would establishing an endorsement in relation to the practice of cosmetic surgery address relevant issues of concern in the sector (including patient safety issues)?</b>
In the absence of an AMC accredited training process and Ministerial Council approval to utilise the title 'cosmetic surgeon' as a specialist surgical title, an endorsement process by the Medical Board of an approved area of practice as a cosmetic surgeon, with clearly defined training and registration requirements, would assist in protecting the public. The approved area of practice must be visible on the Public Register of Practitioners and backed by a comprehensive public information campaign about these changes.

<b>12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?</b>
Yes, see Answer to Q.11
<b>13. What programs of study (existing or new) would provide appropriate qualifications?</b>
<p>As defined by the Medical Board, cosmetic surgery refers to ‘operations that involve cutting beneath the skin’, with examples including breast implants, abdominoplasty, rhinoplasty, surgical facelifts and liposuction. We support the view that it would be safest and most appropriate if procedures are performed by FRACS qualified specialist surgeons in the relevant area eg. plastic surgery, general surgery, ENT etc.</p> <p>Alfred Health is not aware of any other specific courses/training programs related to cosmetic surgery outside accredited FRACS training. The Australasian College of Dermatologists (ACD) provides a Graduate Diploma and a Masters in Cosmetic Dermatology. There appears to be a practical component in these 2 courses, but it is unclear if they provide adequate training for ‘cutting beneath the skin’ procedures. They may provide adequate training for injectables and liposuction, but this would need to be further reviewed by the Medical Board. Alfred Health’s understanding is that these courses are currently only available to Fellows of the ACD.</p> <p>If the Medical Board proceeds with a process to endorse cosmetic surgery as an area of practice, new training courses will need to be considered and developed, in consultation with the relevant Colleges.</p>
<b>14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.</b>
Alfred Health wishes to highlight that the term cosmetic surgery probably implies to most members of the public that the practitioner is actually a surgeon. As this is often not the case, it is vital that training requirements are developed and this area of practice is regulated in order to protect potential patients.

Cooperation with other regulators

<b>15. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?</b>
There do not appear to be.
<b>16. If yes, what are the barriers, and what could be improved?</b>
No further comments.
<b>17. Do roles and responsibilities require clarification?</b>
Is there room for greater clarity regarding the roles of APHRA, Medical Board and the Victorian Health Services Complaints Commissioner with respect to cosmetic surgery complaints made by the public or other practitioners/services?

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

No further comments

## Facilitating mandatory and voluntary notifications

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

Yes

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

There may be-

- Lack of awareness
- Fear of legal proceedings
- A view that 'someone else will do it'.

These are not specific to notifications about cosmetic surgery.

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

No further comments

**22. Please provide any further relevant comment about facilitating notifications**

No further comments.

## Information to consumers

**23. Do the Medical Board's current codes and guidelines adequately describe the obligations of practitioners who perform cosmetic surgery to provide sufficient information to consumers and obtain informed consent?**

Yes

<b>24. If not, what improvements could be made?</b>
No further comments.
<b>25. Should codes or guidelines include a requirement for practitioners to explain to patients how to make a complaint if dissatisfied?</b>
Yes

<b>26. In the context of cosmetic surgery, does the Ahpra website and public register of practitioners provide sufficient information about medical practitioners to inform consumer choices?</b>
No, as cosmetic surgery is not a current approved specialty. See additional comments regarding the endorsement process above.
<b>27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?</b>
See additional comments regarding the endorsement process above.
<b>28. Is the notification and complaints process understood by consumers?</b>
Yes, in the public sector it is generally well understood by consumers. Not sure if this is also the case in the private sector.
<b>29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?</b>
No further comments.
<b>30. Please provide any further relevant comment about the provision of information to consumers.</b>
No further comments.

Further comment or suggestions

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

No further comments.