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

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

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

Submissions can be emailed to:

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

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

Your details

Name	[redacted]
Organisation (if applicable)	The Royal Australian and New Zealand College of Ophthalmologists (RANZCO).
Email address	[redacted]

Your responses to the consultation questions

Codes and Guidelines

1. Do the current *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures* adequately address issues relevant to the current and expected future practice of cosmetic surgery and contribute to safe practice that is within a practitioner's scope, qualifications, training and experience?
The current guidelines can be improved by defining a practitioner's appropriate scope of practice. Scope of practice has two components: 1. The sites operated on. 2. The type of operation done. The standards required to have a surgical procedure within one's scope of practice should be determined by the body or college whose curriculum most comprehensively covers the anatomy and management of the body part to be operated on, and, also by any other college which covers the techniques used most commonly in cosmetic procedures in that region. Hence for periocular cosmetic surgery, this would fall into the scope of practice of ophthalmologists, oculoplastic surgeons, and plastic surgeons, and for those outside those specialties, practitioners can seek accreditation for certain procedures from the two respective colleges (RANZCO and RACS).
2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?
It would be impossible to limit practitioners' actual practice according to such a definition of their scopes of practice, but the advertising guidelines could be improved by only allowing those who have such qualifications to state that they have expertise in those areas, or by educating consumers that practitioners who do not have qualification in a certain scope of practice have no objectively recognised basis to their claim to expertise.
3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.
Codes and guidelines should address the level of training and qualification, as should the scope of practice. Training and qualification should have to be undertaken under supervision of the AMC surgical accredited colleges. The title 'surgeon' should be reserved for those who have received full surgical training from AMC accredited colleges, such as RACS and RANZCO.

Management of notifications

4. Having regard to Ahpra and the Medical Board's powers and remit, what changes do you consider are necessary to the approach of Ahpra and the Medical Board in managing cosmetic surgery notifications, including their risk assessment process, and why?
The existing channels are appropriate with the addition of AHPRA using experts in the relevant field for comment when considering notifications.
5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.

The material consequences are greater for cosmetic surgery because, by definition, the surgery is not medically necessary.

Obtain expert advice where appropriate.

Advertising restrictions

6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?
No, we do not believe this is the case.
7. What should be improved and why and how?
The title 'surgeon' should only be used by those who have had appropriate surgical training and qualification from AMC colleges such as RACS and RANZCO.
8. Do the current Guidelines for advertising a regulated health service adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?
A more specific regulatory response is required as the current regulation is inadequate. The current guidelines can be improved by introducing a more rigorous definition of scope of practice as above, and this is something which AHPRA could enforce.
9. Does the promotion of cosmetic surgery via social media raise any issues that are not adequately addressed by the advertising guidelines, or that require any specific regulatory response?
The role of social media 'influencers' on medical services, including cosmetic surgery is largely unregulated and allows for promotion of cosmetic procedures in a way that can circumvent specific advertising guidelines required by conventional media.
10. Please provide any further relevant comment in relation to the regulation of advertising.
Social media should be used for public education of the limitations and risks of cosmetic surgery.

Title protection and endorsement for approved areas of practice

11. To what extent would establishing an endorsement in relation to the practice of cosmetic surgery address relevant issues of concern in the sector (including patient safety issues)?
As per RIS, title 'surgeon' should be reserved for those with relevant AMC surgical training and qualifications from associated colleges such as within disciplines of ophthalmology, including oculoplastic surgery.

12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?
It should be clear to the public if a medical practitioner has additional training in a specific discipline and to what level that training has been undertaken.
13. What programs of study (existing or new) would provide appropriate qualifications?
AMC surgical training of College Surgeons, College Ophthalmologists. For example, for cosmetic surgery in the ocular region, a fellowship in oculoplastic surgery would provide adequate qualifications to perform surgery in that area. The Australian and New Zealand Society of Oculoplastic Surgeons (ANZSOPS) is the Oculoplastic special interest group at RANZCO. Membership of this group requires completion of approved formal subspecialty fellowship training as well as peer reviewed publication.
14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.
Titles that identify the primary surgical specialty registration (such as Plastic Surgeon, Ophthalmic Surgeon) but also titles that define areas of further fellowship training such as Oculoplastic Surgery (Orbital, Lacrimal and Eyelid surgery).

Cooperation with other regulators

15. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?
We are not aware of any barriers to information flow; if they exist, these barriers should be overcome with AHPRA providing national oversight.
16. If yes, what are the barriers, and what could be improved?
Not applicable.
17. Do roles and responsibilities require clarification?
Open communication should be maintained. AHPRA and the Medical Board should call on additional expertise from the relevant specialist surgical colleges as appropriate.
18. Please provide any further relevant comment about cooperating with other regulators.
Nil.

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?
Practitioners may be concerned of consequences of making notifications about their colleagues.
21. What could be improved to enhance the reporting of safety concerns in the cosmetic surgery sector?
National collection of data and national response is ideal. National consistency in reporting lines and notification.
22. Please provide any further relevant comment about facilitating notifications
Nil.

Information to consumers

23. Do the Medical Board's current codes and guidelines adequately describe the obligations of practitioners who perform cosmetic surgery to provide sufficient information to consumers and obtain informed consent?
Informed consent is critical in cosmetic surgery as the procedures are not essential. The obligations of practitioners to provide informed consent should be held to a higher standard than non-cosmetic procedures.
24. If not, what improvements could be made?
Further material available on public funded websites. For example, Better Health, Victoria Links to that information on social media. Public information campaigns.
25. Should codes or guidelines include a requirement for practitioners to explain to patients how to make a complaint if dissatisfied?
This information should be readily available on regulator websites. Eg AHPRA, OHO, HCCC Links to that information could be made available on social media.

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?
Details on medical practitioner's area of expertise and chosen scope of practice are not included on the AHPRA website. There is no search facility for types of practitioners within a geographical zone (eg LGA or region)
27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?
Give practitioners the option of declaring a scope of practice (already governed to disallow false or misleading claims). Search option by type of practitioner in a geographical zone. For example LGA or region.
28. Is the notification and complaints process understood by consumers?
No. We do not believe so, however a survey would provide a more accurate answer to this question.
29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?
This information should be readily available on regulator websites Links to that information on social media. Public health campaigns.
30. Please provide any further relevant comment about the provision of information to consumers.
Consumers should be reminded to consult their GP, or an AMC-accredited specialist in the body region or surgical specialty concerned, for discussion, particularly if they have any uncertainty.

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.
Medical practitioners performing cosmetic surgery should at least have appropriate surgical training and qualification from AMC, for example RACS and RANZCO.