Your details
Name: [redacted]
Organisation: The Australasian College of Dermatologists (ACD)
Are you making a submission as? • An organisation
Do you work in the cosmetic surgery/procedures sector? • n/a
For medical practitioners, what type of medical registration do you have? • n/a
Do you give permission to publish your submission? • Yes, with my organisation name

Feedback on draft Registration standard

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 Australasian College of Dermatologists (ACD) supports the development of the Registration Standard in the interests of public safety and considers the draft requirements for endorsement of registration for cosmetic surgery for registered medical practitioners to be appropriate.

2. Are the requirements for endorsement clear?

The requirements for endorsement are for the most part clear. ACD's feedback on opportunities for greater clarification or explanation either in the Standard or about its implementation are as follows:

- To improve the clarity of the Standard, we recommend that the definition of 'cosmetic surgery' be more clearly stated as per ACD's feedback on the definitions in our response to question 5 below. It may also be helpful to add '(as defined)' or '(see Definition)' after the first reference to 'Cosmetic surgery' in the Registration Standard.
- Greater clarity on the steps and ongoing requirements for renewing registration and endorsement is needed.
- It is unclear the extent to which a medical practitioner seeking to perform one type of cosmetic surgery (for example, liposuction), will need to complete a blanket qualification in cosmetic surgery or complete specific qualifications only in the type or types of cosmetic surgery they intend to perform. We note this may become clearer once the graduate outcomes are developed. Equally, it is unclear whether the endorsement on the Ahpra register will simply state 'Cosmetic Surgery' or specify particular cosmetic surgeries depending on the qualification/s attained. The surgeries falling within the 'cosmetic surgery' definition are all very different. Most practitioners will not perform the full spectrum of surgery types under the definition, and we would therefore support a modular approach whereby people are recognised for the particular surgery type that they perform (i.e., ophthalmologists undertaking blepharoplasty). Having specific qualifications/endorsement would be helpful to both practitioners and to aid consumer understanding.
- We note that there are currently no approved qualifications; that the AMC will develop accreditation standards and graduate outcomes for area of practice endorsement for cosmetic surgery; that specialist colleges and/or other education providers will be able to apply for their training program to be assessed against those accreditation standards; and that qualifications will be assessed and accredited by the AMC, approved by the Board and published on the Board's website. As an Australian Medical Council (AMC) accredited specialist medical college with a training program that includes a substantial surgical training component, ACD looks forward to contributing to the development of the accreditation standards and graduate outcomes.
- We note that the process to establish and accredit courses is likely to take some time. Has consideration been given to interim arrangements?
- For the purposes of implementation, it will be important that there are clear parameters for determining a "substantially equivalent" qualification and the evidence required to support this.

3. Is anything missing?

We raise the following points in relation to implementation of the registration standard:

- We note the intention to establish a clinical registry(s) as defined by the Board and await further information on who will administer the registry(s) and how that data will be used and published.
- With regard to Continuing Professional Development (CPD) requirements, the obligations on an individual's CPD Home or Homes in establishing an adequate threshold for CPD activities will need to be clear.
- There would be benefit in including further information on how long endorsement lasts, whether it needs to be renewed and more explicitly that it is tied to completing appropriate CPD.

We note from the consultation paper that there are no provisions for grandparenting practitioners who have extensive experience in cosmetic surgery, and who are practicing safely and appropriately, but who do not have the required qualifications for endorsement. Many practitioners will expect and would qualify for grandparenting onto the endorsed list. We recommend consideration be given to avenues for existing practitioners to demonstrate competency via an alternative pathway (e.g., audit data and/or logbook process).

Feedback on draft revised Cosmetic Guidelines

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, ACD considers the proposed changes to the *2016 Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* to be appropriate.

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

Splitting the guidance into sections for major and minor cosmetic procedures is helpful, however inconsistent use of terminology throughout the guideline is confusing.

For example, on page 18, paragraph 2.1 refers to both 'cosmetic surgery' and 'cosmetic procedures' when presumably 'cosmetic surgery' as defined is meant in both cases.

In the definitions we would recommend the following change to the presentation of the definitions and that only those terms in bold be used throughout the rest of the guidance:

- **'Cosmetic surgery:** Major cosmetic medical and surgical procedures that involve cutting beneath the skin. Examples include…'
- **'Minor cosmetic procedures:** Minor (non-surgical) cosmetic medical procedures that do not involve cutting beneath the skin but may involve piercing the skin. Examples include…'

From a formatting perspective, placing the section titles in the document header is easy to miss and it may be clearer to readers if the section headings are placed in the body of the text.

We also recommend replacing the term 'dermal filler' with the correct term 'tissue filler'.

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

Yes, the expectations of medical practitioners are clear.

<u>Recognising conflicts of interest</u>
In both sections under 'Recognising potential conflicts of interest', ACD recommends that to aid understanding, it would be helpful to include examples of potential conflicts of interest as these can be obscure and hard to identify.

<u>Assessment of patient suitability – Cosmetic Surgery</u>
For 'major cosmetic surgery' ACD supports the requirement for the medical practitioner who will perform procedure to assess the patient for underlying psychological conditions such as body dysmorphic disorder (BDD) and they use a validated psychological screening tool to screen for

BDD. Training would be required to ensure effective use of such a tool. We would also be interested in whether consideration has been given to whether this tool is best administered by the referring GP or the cosmetic surgeon and whether there is an increased likelihood of a distortion of the BDD score once an individual is under the care of a cosmetic surgeon has been considered.

We support in principle the requirement for a medical practitioner to refer for evaluation to a psychologist, psychiatrist or GP if screening indicates significant underlying psychological issues. However, given the significant shortages of these workforces, these requirements will only further increase the burden and backlog. We are interested in understanding how this will be managed at a systems level (see also response to Question 7 below).

Assessment of patient suitability – Minor (non-surgical) cosmetic medical procedures

We note that the requirement for assessment of patient's underlying psychological condition and the requirement for referral for evaluation where there are indications of significant underlying psychological issues is also included in the guidelines for minor (non-surgical) cosmetic medical procedures.

While we agree that this is a good principle, it needs to be considered and applied within the context of the procedure type and should be commensurate with risk. As an example, requiring assessment of someone wanting laser hair removal for BDD would not be commensurate.

Also, procedures such as laser hair removal can be done outside of medical practice. Does this mean that medical practitioners are going to be held to different standards to non-medical practitioners/laser clinics? This differentiation would not be appropriate particularly given that many jurisdictions have in recent years moved in the opposite direction, relaxing regulation of minor cosmetic procedures and opening the market for non-medical practitioners.

We would suggest that until such time as there is an appropriate and consistent level of standard setting and accreditation for those non-medical practitioners performing minor cosmetic procedures as for medical practitioners, and a risk stratified approach to these procedures can be undertaken, it would be premature to include the requirement for evaluation in the guidelines. Many of these minor cosmetic procedures are performed by non-medical cosmetic clinics. The risk is that patients will pursue the easier option of going to a non-medical facility potentially increasing their exposure to risk. There is also the risk that medical practitioners may split their practices into two separate legal entities, medical and non-medical, as the latter will not have these requirements.

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

In principle yes, however we have concerns about implementation in terms of the downstream effects, whether the health system has the capacity to accommodate this and any unintended consequences.

- ACD agrees that a GP referral requirement is an opportunity for a neutral assessment of mental health, to educate the patient on how to access information about 'endorsed' practitioners and to talk through their expectations of cosmetic surgery.
- A GP referral also provides the opportunity to ensure that the medical and psychiatric background of patients is made clear to the treating cosmetic surgeon and other practitioners involved. This could potentially be supported by a proforma referral form and/or standardized patient information leaflet so that all these components are addressed in the consultation.
- While noting these potential benefits, we do recognise that some patients keen to undergo cosmetic surgery may be reluctant to discuss this with their regular GP and may well seek out an alternative GP instead diluting this benefit somewhat.
- We are also cognisant of the challenges that people in regional areas may face in accessing a GP, psychologist and psychiatrist, and of the outstanding question of whether GP appointments for cosmetic surgery referral will be eligible for a Medicare rebate.

So, while we support the principle of requiring a GP referral for cosmetic surgery and agree that it is in the patient's best interest and protection, we have concerns about the ability of the system to accommodate this (see response to Question 6 above).

We also note that it is important that it not be made too difficult for Australian patients to access good practitioners in Australia as the unintended consequence would be to drive up the number of patients seeking overseas practitioners who may have poor practice techniques with no legal or safety obligations to these patients.

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

Yes, ACD strongly supports the requirement for major cosmetic surgery to be undertaken in an accredited facility.

9. Is anything missing?

No, the Guidelines are comprehensive.

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. We believe the guidelines are valuable in setting clear expectations about how medical practitioners who perform cosmetic surgery advertise or promote their services.

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

Yes, the Board's expectations of medical practitioners performing 'cosmetic surgery' are clear.

The tangible examples provided on what not to do and phrases not to use are very helpful. However, there is the risk that those advertising cosmetic surgery will invent new borderline phrases to circumvent these guidelines. How do Ahpra plan to address this?

In 6.3, 'should not' has been used instead of 'must not'. Is this intentional?

12. Is anything missing?

The *Advertising Guidelines* are comprehensive. Enforcement of the guidelines, and routine and random audits of advertising practices, will be critical to successful implementation.

One way to reduce/mitigate inappropriate advertising of cosmetic surgery would be for there to be a requirement for open access to practitioners' audit data so individuals can readily see what the outcome/complication rate is for that surgeon. While making this information publicly available is challenging in the 'medical' surgery' context where cases can be complex and non-discretionary, this is not the case for discretionary cosmetic surgery.

Although these guidelines focus on major cosmetic surgery, there would be value in the future in producing specific guidelines for medical practitioners and for others who perform minor cosmetic procedures. However, it would be important that non-medical cosmetic clinics are subject to the same guidelines for the reasons highlighted in our response to question 6 above.

Additional comments

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

ACD welcomes the opportunity to respond to the consultation on *Regulation of medical practitioners who provide cosmetic medical and surgical procedures*, and to contribute to future discussions on this topic.

ACD notes that although the risk to individual patients from unregulated major cosmetic surgery is significant, there is also a public health risk from minor cosmetic procedures conducted by insufficiently trained medical practitioners and non-medical practitioners. Due to the high volume of these procedures being conducted in Australia, it is important that these are not neglected. We would welcome future collaboration with the Medical Board on strengthening standards, accreditation and guidance for minor cosmetic procedures, noting this would need to be extended or replicated to cover both medical and non-medical practitioners performing these procedures.