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)	Australian Federation of Medical Women (AFMW)
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 provide a good framework however they do not apply to non-doctors such as beauty therapists and nurses who perform minor cosmetic procedures and who also sometimes provide the services for the doctor themselves, when working within the same practice.

Making sure that the guidelines are adhered to is difficult. People who choose to have cosmetic procedures are driven by a desire to achieve a specific cosmetic ideal. The desire for a satisfactory aesthetic outcome, sometimes overrides the patient's willingness to validate the credentials of the practitioner – especially, if more affordable. The advertising guidelines and good code of conduct for medical practitioners is not applicable to nurses and beauty therapists – some of whom work with and outside of cosmetic surgery practices.

2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?

An holistic approach should be taken when dealing with patients under the age of 18 and all patients under this age should be screened for a mental health disorder. There is a disproportionately high representation rate of conditions such as obsessive compulsive disorder, body dysmorphic disorder, anxiety, eating disorder, depression, self-harming behaviours in young people seeking cosmetic surgery whether it be minor or major. Cultural phenomena such as surgical makeovers on numerous television programs and unrelenting pressures on teens to conform to beauty standards make it increasingly difficult to agree on what constitutes a "normal" appearance and contributes to the questionable desire to improve one's appearance or even crosses the line to psychopathology.

As well as an holistic approach to the request and the young person, a cooling off period of at least seven days between the patient giving informed consent and the procedure as outlined below:

For patients under 18 a cooling off period is the following:

• for minor procedures, the cooling off period must be a minimum of seven days

• for major procedures, the cooling off period must be a minimum of three months.

The RACGP recommends that in the case of patients aged under 18 years of age, specialist adolescent counselling prior to surgery or other aesthetic modifications should be recommended. A cooling off period of three months with appropriate educational material should be mandated for this group.

Section 4.1 Consent states that the practitioner should also provide written information in plain language. All patient consent needs to be considered and informed. The RACGP recommends that communications with patients who do not speak English as their primary language be offered a translator to assist in understanding the information provided and/or be provided written information in their primary language to support informed consent. All patients have a right to understand the information and recommendations they receive from their medical practitioner.

Of interest, the British Society of Paediatric and Adolescent Gynaecologists (BritSPAG) has recommended that not major surgery be undertaken for cosmetic reasons in girls under the age of 18 years. This recommendation was made in 2013 and still stands, and was established in direct response to the sudden surge in requests for Female Genital Cosmetic Surgery (FGCS). Our own enquiry in Australia following a similar trend (2015), resulted in a change in the item numbers and a diluted version of the same recommendations. We opted for a 'cooling off period' of 3 months and

mental health screening to be conducted by a psychologist, GP or psychiatrist who is not affiliated with the practitioner undertaking the procedure.

3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.

The existing codes and guidelines should be effectively implemented, and patients should not be recommended by their surgeon to seek a medical referral from their general practitioner to qualify for a Medicare rebate.

To date there has been no register of cosmetic procedures being performed because many of these procedures do not attract a Medicare rebate. However, a register of these item numbers should be lodged and tracked for the purposes of measuring frequency of procedures undertaken, types of procedures, and tracking of patients if implants are used.

There is now a central register being created by the TGA for implants and it is imperative that for mesh and breast implants this is tracked and patients have knowledge of what has been inserted.

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?

1. A register for all cosmetic procedures – procedures that occur outside of Medicare are still pertinent to the individual's wellbeing and self-image. As a logical progression from this, they need to be tracked and rates/ trends measured.

2. As with the example of Female Genital Cosmetic Surgery (FGCS), the unexpected rise in incidence of these procedures in 2010-2013 alerted many sectors of the health system around the need for psychological screening of women and adolescents. This has also exposed the disproportionate influence social media and advertising has on aesthetic norms, social attitudes and has highlighted the gendered inequity in the advertising industry. Measuring and collecting data has secondary societal benefits when such trends are identified which then allows for the root cause of problems to be further uncovered and then addressed. This has led to a review of Sexist Advertising through Women's Health Victoria (https://whv.org.au/our-focus/gender-equality-advertising)

3. APHRA and Medical Board Australia as well as the TGA (where implants are used) should be involved in addressing cosmetic surgery notifications. For this, we require data of Medicare rebated procedures and those that are not Medicare rebated. Hence the need for 2 registers.
   Procedures which result in complications and which end up in hospital and therefore attract a Medicare item number are the only items that can be measured to date. Quality data around satisfactory outcomes is lacking due to the inadequate data that measures procedures performed.
   This therefore makes advertising for certain procedures promising positive outcomes and benefits even more spurious because evidence-based data is lacking. The cosmetic industry as a result, does not conform to the professional standards and expectations we have in all other areas of surgery such as orthopaedics.

4. Additional monitoring that could be implemented may include de-identified but linked data extraction from primary care and hospitals to see if there is an uptake in revised procedures or presentations with adverse effects after cosmetic surgery.

5. A de-identified registry could monitor medical devices used and procedures done so that targeted recall is possible. For example, the TGA arthroplasty implant registries could be used as an exemplar.

5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.
When things go wrong, people go to their GP who might not even know that they have had this procedure done. General practitioners need to be given some advice as to how to address these issues for the most part, we recommend that patients see the surgeon who performed the procedure. Sometimes the procedure was undertaken overseas – so therein lies a problem. Sometimes the procedure has been performed by a nurse or beauty therapist especially with respect to laser burns and botox injections.

Advertising restrictions

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

It is insufficient and clearly has not been adhered to. More emphasis needs to be made on sexist advertising and the gendered bias of the cosmetic industry. Our emphasis should not be to normalise the industry but to outline firstly that women and people in the community are now under more pressure than ever and that other options should be sought first.

https://whv.org.au/resources/whv-publications/advertising-inequality-impacts-sexist-advertising-women's-health-and

7. What should be improved and why and how?

Seek some input from Women's Health Victoria – their programme on the review of the National Framework for the advertising industry, is an Australian first and possibly a world first.

https://shequal.com.au/app/uploads/2020/11/Seeing-is-Believing.pdf

See link here: https://whv.org.au/resources/whv-publications/advertising-inequality-impacts-sexist-advertising-women's-health-and

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?

As mentioned in Q 7 &6

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See link here: https://whv.org.au/resources/whv-publications/advertising-inequality-impacts-sexist-advertising-women's-health-and

Promotion of cosmetic surgery via social media should be regulated as per the advertising guidelines so that health services can not:

• be false, misleading or deceptive, or likely to be misleading or deceptive

• offer a gift, discount or other inducement, unless the terms and conditions of the offer are also stated

• use testimonials or purported testimonials about the service or business

• create an unreasonable expectation of beneficial treatment

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?

Yes, Seek some input from Women's Health Victoria – their programme on the review of the National Framework for the advertising industry, is an Australian first and possibly a world first.

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

We have a long way to go because women's bodies have been objectified for generations and in advertising – the modus operandi has been 'sex sells'. The cosmetic surgery industry is driven by pecuniary interests, popularised beauty ideals and not health – the emphasis on the appearance is normalised and justified by 'it improves people's self-esteem, so I am doing them a service' – needs to be revisited. These are not evidence-based statements and should not be used as justification. Plastic surgery is inordinately expensive for this reason, and preys on the vulnerability of the person who has low self-esteem with the promise that surgery fixes all. Which it does not. We have all been exposed to this normalisation of an industry for such a long time. In medical circles and no doubt in the public arena, this is a 'sexy' and lucrative area of medicine which holds the promise of high incomes for trainee doctors.

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)?

There is confusion around the use of the terms Cosmetic Surgeon (this could be a GP, a Dermatologist even a nurse practitioner) and a plastic surgeon (a college trained surgeon).

For the most part, the consumer is not aware of the differences and the significant difference in training and standards of practice that the practitioner is working under.

We classify cosmetic surgery as minor and major – however anything that affects the skin and the outward appearance has major implications when it goes wrong. Even minor cosmetic procedures can have major consequences for the consumer if things go wrong or if these are performed by an inexperienced practitioner or poorly trained beauty therapist.

Nurses and beauty therapists who perform 'minor procedures' should be properly trained – best practice requires that patient care continues after the procedure and should be managed by that same person with its complications also. If they are not trained to do so, they should not be performing these. That part of the 'minor cosmetic industry' needs better, tighter regulation.

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

The public sector cannot determine easily if the 'cosmetic surgeon' is a plastic surgeon, dermatologist or a general practitioner (more often than not).

[redacted]

Micro credentialling should be provided by the RACS.

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

Not in my scope

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

The title 'cosmetic surgeon' is often used regardless of the particular training background. Some are fully qualified surgeons, having completed accredited surgical training programs, while others are not. The titles of those performing procedures need clearer clinical definitions. Titles should be sufficient for the consumer to have an understanding of the skill level of the provider e.g. whether they are a plastic surgeon FRACS / dermatologist FACD, GP or nurse.

New cosmetic procedures

Newer emerging cosmetic procedures such as female genital cosmetic surgery (FGCS) raises other concerns regarding regulation. FGCS is not medically indicated and aims to change aesthetic (or functional) aspects of a woman's genitalia. These procedures can be performed by anyone with a medical degree, including a cosmetic surgeon, gynaecologist, plastic surgeon, or urologist. No formal training is required and there are no evidence-based guidelines for these procedures at present.

A previous submission was made to the Medical Board of Australia's Public Consultation Paper and Regulation Impact Statement in March 2015 on registered medical practitioners who provide cosmetic medical and surgical procedures. It highlighted those cosmetic procedures, such as injectable Botox and collagen treatments, are often performed by a beautician or nurse. These are sometimes supervised by the treating doctor, but it is likely there are instances when this is not the case. As stated in item 8 of the Medical Board's draft guidelines, treatments should only be provided if the person performing the procedure has the appropriate training, expertise and experience in the particular cosmetic procedure being performed. The person performing the procedure should be able to deal with all routine aspects of care and any likely complications.

It would also be beneficial if the industry could agree on a delineation of services according to the complexity of the procedures.

A resource was published by the RACGP in 2015 to highlight this information to GPs and other health professionals: Female genital cosmetic surgery – A resource for general practitioners and other health professionals

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?

It appears that AHPRA is the first port of call for concerned consumers. There may be a back log of complaints and investigations. Often patients will see their GP who may not even know that they had the procedure in the first place, for an opinion and to lodge a complaint. With respect to TV nesh implants and breast implant leaks often it is the GP they patient will go to.

GPs should be supported with a flow chart to investigate a claim or assist a patient wanting to lodge a complaint. Oftentimes however, even when things go wrong, which they do, a break down in in communication or inaccessibility between the patient and the surgeon / cosmetic practitioner becomes the issue.

Little can be done to support people who have surgery /procedures overseas.

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

1. First and foremost - patients should be able to assess what the training of the provider is and which college the provider is affiliated with

2. GPs should be provided with adequate information such as a flow sheet' when patients come to you with cosmetic surgery gone wrong' – next steps.

3. Item numbers and tracking of procedures – who knows what has been undertaken? When there is no item number and there is no Medicare cost associated with the procedure, what level of priority do these claims attract with MBA and AHPRA? Are these patients then left to languish as with TV Mesh?

17. Do roles and responsibilities require clarification?

Yes.

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

As above.

Facilitating mandatory and voluntary notifications

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

Not for cosmetic procedures gone wrong.

This is mostly for medical practitioners who are not fit to practice.

A process is required for surgical / cosmetic procedures – that have caused harm or yielded an unfavourable outcome. However, for the most part, the legal agreement between the consumer and the practitioner prior to the procedure usually protects the practitioner against any claims for compensation based upon patient dissatisfaction. No one can promise 100% perfection.

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

The lack of ease in accessing the appropriate site and it is not mandatory to report unsatisfactory outcomes. It is unclear if reporting should go to Australian Commission on Safety and Quality in Healthcare (ACSQH) of MBA, or TGA.

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

Plain English information levelled at consumers but written by MBA and RACS

To integrate the gendered aspects of this industry and the social media influence on peoples' expectations.

A previous submission was made to the Medical Board of Australia's Public Consultation Paper and Regulation Impact Statement in March 2015 by RACGP on registered medical practitioners who provide cosmetic medical and surgical procedures. It highlighted that cosmetic procedures, such as injectable Botox and collagen treatments, are often performed by a beautician or nurse. These are sometimes supervised by the treating doctor, but it is likely there are instances when this is not the case. As stated in item 8 of the Medical Board's draft guidelines, treatments should only be provided if the person performing the procedure has the appropriate training, expertise and experience in the particular cosmetic procedure being performed.

The person performing the procedure should be able to deal with all routine aspects of care and any likely complications.

22. Please provide any further relevant comment about facilitating notifications

As above

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?

It does, however informed consent is often under emphasised. Many people when asked what they have consented to cannot give you a clear description of what is being undertaken, what implant they are having and what the possible complications are.

A good test of adequate informed consent would be to have the consumer patient relay this in verbal or audio and confirm that they understand.

24. If not, what improvements could be made?

As above.

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

Yes, especially given that there is an emotional element driving the desire to undertake any elective cosmetic procedure. It is all about feedback and accountablity - of both the consumer and the practitioner. A bit like a 'cooling off' period – it encourages reflection.

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?

It is not in plain English – and it is not translated for all CALD groups in language they understand.

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

Plain language statement

In multiple languages

Visual – perhaps as not everyone read and understands the written format as well.

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

No

It is not understood by doctors either all that well.

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

There should be a site – in simple language which outlines what can be done.

If in that step one is 'see your GP', my request is that you first provide GPs with adequate updates and involve them in the process of designing such a flow sheet.

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

As above.

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.

Thank you for the opportunity to comment.