



ANZCA
FPM

21 April 2022

Mr Andrew Brown
Independent Reviewer
Independent review of the regulation of health practitioners in cosmetic surgery
c/o Ahpra
GPO Box 9958
Melbourne VIC 3001

By email: CSReview@ahpra.gov.au

Dear Mr Brown

Independent review of the regulation of health practitioners in cosmetic surgery

Thank you for the opportunity for the Australian and New Zealand College of Anaesthetists (ANZCA) to provide feedback on the Ahpra's consultation paper: Independent review of the regulation of health practitioners in cosmetic surgery.

ANZCA, including the Faculty of Pain Medicine (FPM), is committed to setting the highest standards of clinical practice in the fields of anaesthesia, perioperative medicine and pain medicine. As one of the largest medical colleges in Australia, ANZCA is responsible for the postgraduate training programs of anaesthetists and specialist pain medicine physicians, in addition to promoting best practice and ongoing continuous improvement that contributes to a high quality health system.

Codes and guidelines

Cosmetic surgical procedures commonly employ sedation and/or analgesia provided by anaesthetists as well as by a range of other medical and health practitioners with diverse qualifications and training. Our professional documents seek to promote uniform standards for high quality and safety in the administration of local anaesthesia, major regional anaesthesia, analgesia administered without sedation, general anaesthesia, and procedural sedation by all duly qualified health practitioners in Australia and New Zealand.

In addition to practitioners carrying out cosmetic surgical procedures having undertaken acceptable training, practitioners providing anaesthesia, sedation or analgesia as part of any cosmetic surgical procedures must be specifically qualified and trained.

Title protections and endorsement for approved areas of practice

Our college holds the view that in the context of medicine, the title "surgeon" should only be used by those who have undertaken specialist training in surgery. Any patient attending a practitioner who calls themselves a surgeon has the right to assume that the practitioner has met specified training requirements.

Similarly, the term “cosmetic surgeon” should be able to be used only by those medical practitioners who have undertaken a well-defined, recognised, and ideally AMC-accredited cosmetic surgical training program, and who also undertake continuing professional development within that specialty. An appropriate authority would need to assess the curriculum/training.

Facilitating mandatory and voluntary notifications

The Ahpra mandatory reporting obligations regarding ‘Departure from standards’ require reporting when practitioners:

- Are significantly departing from professional standards.
- Place the public at substantial risk of harm.

Section 2.5 of the guidelines outlines that a mandatory notification is required when there is ‘departure from accepted professional standards’ but there are no published or accepted standards from which to compare.

Anaesthetists have reported that, as with all surgery, having limited exposure to cosmetic surgery means it can be difficult to be certain that they are observing unwanted practice variation, unless they have experience working with others in that field.

This is all the more difficult for a field such as cosmetic surgery, where it is likely that there are practitioners undertaking procedures to a lower relative standard than what would be acceptable in a different surgical specialty such as plastic surgery.

The college has received anecdotal reports from anaesthetists that echo those covered by recent media reporting. They have reported being assured that there had been very low rates of significant harm or major complications but suspected that rates of infection were being under-reported, but had no comparable experience with other cosmetic surgeons.

Barriers to anaesthetists making notifications include:

- Uncertainty about what the standards are and whether they are being met, and about the appropriateness of observed practice.
- Perceived risk of being known to make notifications leading to reputational damage and not being further engaged to provide anaesthesia for cosmetic surgery.
- A seeming lack of significant patient harm to fulfil the ‘place the public at substantial risk of harm’ provision.


Ideas put forward to our college to increase transparency include:

- Mandatory reporting of complication rates as the best way to detect differences between practitioners, referencing patient baseline risk to make comparisons valid.
- Guidelines for quality practice for all cosmetic medical procedures - who can do them, training requirements, supervision requirements, and aseptic technique.

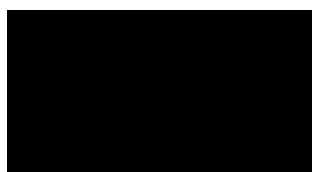
Safety in surgery and anaesthesia for patients in Australia and New Zealand is constantly improving. However, there is an increasing proportion of cases in which patients' pre-existing medical conditions may have contributed to harm. Similarly, older patients and those with worse physical status are more likely to suffer complications.

ANZCA is currently leading the development of a collaborative, integrated and effective model of perioperative medicine. An emphasis on perioperative medicine enables practitioners to work collaboratively to optimise perioperative management of patients at high risk, including for patients seeking cosmetic surgical procedures.

For all surgery, including cosmetic surgery, the impact of comorbidities and chronic conditions on surgical outcomes highlights the important role multidisciplinary teams can play in preoperative shared decision making and co-ordination of perioperative care from initial surgical assessment and preoperative optimisation through to postoperative follow up, including ongoing specialist and primary care.

Thank you again for the opportunity to comment on the consultation paper. Should you require any further information, please do not hesitate to contact ANZCA policy staff in the first instance at .

Yours Sincerely



Professor David Story
Chair, Safety and Quality Committee