

From: [REDACTED]
To: [Cosmetic Surgery Review](#)
Subject: Submission to the independent review on cosmetic surgery
Date: Wednesday, 13 April 2022 10:25:34 AM
Attachments: [image001.png](#)
[Public-consultation---Independent-review-of-cosmetic-surgery---COSMOS_CLINIC.pdf](#)

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Dear Mr Brown,

Thank you for the opportunity to participate in the public consultation on the review on cosmetic surgery.

Cosmos supports increased regulation, better policy development and a consistent legislative and regulatory framework at State and Federal levels. Cosmos has taken a strong position that wider reform is in the interests of patient safety and public confidence, particularly at a time when cosmetic health services are becoming more popular across Australia, and in the presence of questionable standards within the industry.

By way of background:

- The Cosmos group of cosmetic medicine and surgical facilities have been in operation since 2009.
- With more than 9 doctors and 50 nurses on staff, Cosmos is one of the leading providers of cosmetic procedures across Australia.
- Since 2009, Cosmos has performed more than 20,000 liposuction procedures
- Since 2010, Cosmos has performed more than 3,500 Brazilian butt lift (BBL) procedures
- These procedures have been performed across Cosmos' five facilities (four of which are fully licensed and accredited day hospitals, with the fifth expected to become so mid-2022).

Cosmos has a robust clinical governance framework in place across the group, consistent with the requirements of the National Safety and Quality Health Service Standards.

We look forward to the outcomes of the review,

Kind regards,



[REDACTED]
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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	████████████████████
Organisation (if applicable)	Cosmos Clinic
Email address	████████████████████

Your responses to the consultation questions

Codes and Guidelines

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?
The guidelines are currently relevant, however, we believe the guidelines may not adequately represent the training and experience required to perform cosmetic procedures in the future (Section 8.1 and 8.2).
2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?
As new procedures and techniques become available Practitioners need to develop professionally to be able to continue to provide these services safely. With reference to major procedures, we think Practitioners should undertake training relevant to specific procedures within this category. This will ensure these procedures are conducted in a safe manner. For example, Practitioners providing liposuction should complete at least 100 supervised cases and be signed off by a senior Practitioner as competent prior to being able to offer liposuction to consumers. It follows that the guidelines should additionally address continuing professional development and make this a new subsection of (Section 8) of the guidelines.
3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.
To allow the suggested changes Practitioners require a training pathway similar to other Colleges. We propose a new training pathway, which we have outlined in Q13.

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?
We propose that complaints made about practitioners should be categorised into 3 levels: Low medium and high. - Low is not serious and can be investigated and addressed in 6months. - Medium can be investigated and addressed in 3months - Serious are investigated and addressed in 1month. At present all complaints are treated the same way and every investigation causes stress for the practitioner, regardless of the type of complaint. The time taken to investigate complaints can currently take up to 2.5 years, meaning that the public potentially remain at harm while the investigation is ongoing, and the impact on the practitioner is prolonged. If complaints are immediately categorised and investigations prioritised based on these categories, it would improve AHPRA's resource allocation, in turn ensuring investigations are completed in a timely manner, which ultimately results in improvements in public safety.

Complaints found to be baseless and spurious should be immediately dismissed. APHRA should be able to determine this very quickly and not divert resources away from legitimate complaints.

5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.

Advertising restrictions

6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?
The guidelines are sufficient however improvements could be made in line with our comments below.
7. What should be improved and why and how?
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?
Yes, the current Guidelines adequately address risks in relation to advertising of cosmetic surgery.
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?
Social media has evolved and is now more structured and targeted. We believe there are two main areas of concern that require regulatory response: <ul style="list-style-type: none">• Social media influencers are commonly used in the industry to promote services. The contract between an influencer and a clinic or Practitioner may not be a straightforward transaction, rather, it may be a mutually beneficial relationship. The influencers 'influence' may lead consumers to pursue a product or service they may not have otherwise. Regulations should target a disclosure of all such relationships to improve the safety of consumers.• Cosmetic surgery consumer groups (particularly Facebook) are now widely used by consumers. These groups are often highly targeted to specific services or procedures, and may not be moderated by trained professionals. There is potential for misinformation or malinformation to be spread within these groups which may be harmful to both consumers and Practitioners. Likewise, there is potential for surgery inducements.
10. Please provide any further relevant comment in relation to the regulation of advertising.
Clarification around the definition of testimonials would be beneficial, some examples of what is considered acceptable and what is not could be included in the Guidelines.

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)?

We support an endorsement and believe it would help address current issues.

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

Yes, it would improve consumer trust in cosmetic surgery and also improve transparency to help consumers make informed decisions.

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

We believe we need a new College specific to our industry, or, a new Chapter within an existing College specific to major procedures as outlined in the current guidelines.

Any training programme should have a theory component with examinable content, demonstration of technique by the trainer, competency assessment of the trainee and then supervised liposuction and BBL procedures for 100 procedures. The elements of the programme should further incorporate:

- Peer review group: improves reflective capacity, psychological mindedness and awareness of practitioner's blind spots.
- educational meetings: surgical updates, anaesthetics, psychological concerns in cosmetic clients, business management, clinical leadership, post-operative care
- workplace based assessments: clinical assessment, skills assessment, clinical audit skills.
- exams
- conference attendance and presentation
- research project

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

There appear to be multiple bodies where patients can make a complaint – AHPRA, various Health Complaints Commissions in each jurisdiction and directly to the Boards. It is unclear how matters are referred between these bodies.

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

The communication between AHPRA and other regulators could be improved to ensure timely information is shared between bodies.
17. Do roles and responsibilities require clarification?
Yes, health practitioners would appreciate clarity about the bodies where complaints and notifications can be made, and the flow of referrals between bodies.
18. Please provide any further relevant comment about cooperating with other regulators.

Facilitating mandatory and voluntary notifications

19. Do the Medical Board's current mandatory notifications guidelines adequately explain the mandatory reporting obligations?
Yes, these Guidelines are adequate
20. Are there things that prevent health practitioners from making notifications? If so, what?
21. What could be improved to enhance the reporting of safety concerns in the cosmetic surgery sector?
22. Please provide any further relevant comment about facilitating notifications

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, however, we believe improvements could be made in line with our suggestion in Q24 below.
24. If not, what improvements could be made?
The codes and guidelines could be improved by ensuring Practitioners provide consumers with up-to-date risk profiles relevant to the procedures they provide. For example, the risks of major events after the BBL procedure have changed significantly in the past 5 years. The risk of fat emboli has improved from approximately 1 in 3,500 to 1 in 14,952 (Rios L, Gupta V, 2020 Improvement in Brazilian Butt Lift (BBL) Safety with the Current Recommendations from ASERF, ASAPS and ISAPS Aesthetic Surgery Journal, Volume 40, Issue 8, August: 864–870).
25. Should codes or guidelines include a requirement for practitioners to explain to patients how to make a complaint if dissatisfied?
No, we provide consumers with a brochure describing how to make a complaint which we feel adequately provides information on the process.

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?
No, we would like to see cosmetic surgery or the title 'Cosmetic Practitioner' added to the registry.
27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?
As for Q26.
28. Is the notification and complaints process understood by consumers?
Yes
29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?

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

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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.

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