14 April 2022

Level 8, East Wing
451 Coronation Drive
Auchenflower QLD 4066
AUSTRALIA

PO BOX 1248
Milton QLD 4064

P 1300 SKINSMART (+61 1300 754 676)
F +61 3607 2255
E info@skincancercollege.org
skincancercollege.org

ABN 47 155 488 467
NZ GST No 119-783-275

Mr Andrew Brown
Independent Reviewer

CSReview@ahpra.gov.au

Dear Mr Brown,

Skin Cancer College Australasia Submission - Independent review of the regulation of health practitioners in cosmetic surgery

The Skin Cancer College Australasia (SCCA) is the non-profit peak body representing around 1200 primary care skin cancer doctors and nurses across New Zealand who provide diagnosis and management of skin cancer. Australia has the highest incidence of skin cancer in the world.

The SCCA is greatly concerned about the high potential for missed diagnosis of melanoma and other skin cancers, and the poor management of patient safety by some cosmetic surgery practitioners.

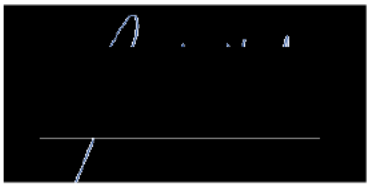
The Board and members of the SCCA strongly support this review and thank the Australian Health Practitioner Regulation Agency (AHPRA) for the opportunity to make a written submission.

We would welcome the opportunity to discuss with you the following recommendations described in our enclosed submission:

A. Extend the scope of this review to include non-surgical treatments
B. Define a scope of practice for cosmetic surgery practitioners
C. Establish an Endorsement to Practice for cosmetic surgery practitioners under the National Law
D. Define the required skills and qualifications for cosmetic surgery practitioners
E. Educate the wider community about the existence and meaning of the Endorsement to Practice.

Yours sincerely,

Dr Robert Pennisi MBBS MPhil (Medicine)
AFRACMA FRACGP FRCPA
President, Director



Lynette Hunt
Chief Executive Officer

Skin Cancer College Australasia

Submission to the independent review of the regulation of health practitioners in cosmetic surgery

April 2022

Leading the way in education, research, advocacy and standards.

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1. About the Skin Cancer College

The Skin Cancer College Australasia (SCCA) is the non-profit peak body representing around 1,200 primary care practitioners across Australia and New Zealand who focus on the diagnosis and management of skin cancer.

The SCCA is a member-driven, peak representative body created by general practitioners (GPs) in 2012 to meet the growing demand for clinical education to allow primary care doctors to confidently manage the huge volume of skin cancer cases seen in daily practice. SCCA conducts more than 20 education programs each year reaching around 650 doctors and nurses annually.

More than 95 per cent of SCCA members are fully qualified, registered and practising GPs, who have proactively self-funded their continued education in skin cancer medicine. Many SCCA members are rural and remote practitioners, offering services where specialist dermatologists are unavailable.

The Board and members of the SCCA strongly support this review and thank the Australian Health Practitioner Regulation Agency (AHPRA) for the opportunity to make a written submission

2. The Issue

Australia and New Zealand have the highest incidence of skin cancer in the world.

The SCCA is greatly concerned about the high potential for missed diagnosis of melanoma and other skin cancers, and the poor management of patient safety by some cosmetic surgery practitioners.

Unfortunately, cosmetic treatment of skin cancers mistakenly believed to be benign lesions is not uncommon. There is high risk of lesions being surgically removed for cosmetic reasons without being checked for malignancy or confirming clearance.

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3. Summary of recommendations

A • Extend the scope of this review to include non-surgical treatments.

B • Define a scope of practice for cosmetic surgery (and medicine) practitioners

C • Establish an *endorsement to practice* for cosmetic surgery practitioners under the National Law

D • Define the required skills and qualifications for cosmetic surgery (and medicine) practitioners.

E • Educate the wider community about the existence and meaning of the endorsement to practice.

4. Recommendations in detail

Recommendation A: Extend the scope of this review to include non-surgical treatments

In the country with the highest global incidence of skin cancer, it is a dangerous misconception to consider non-surgical cosmetic therapies less risky than cosmetic surgical treatments.

For this reason, this submission *strongly* recommends extension of the scope of this review to include non-surgical treatments – specifically laser and light therapy.

There are numerous published incidences of melanoma being diagnosed in lesions previously treated cosmetically with light therapies, including intense pulsed light (IPL) therapy and laser therapy.[1, 2, 3]

The risks of light therapy include inadvertently treating a melanoma that is misdiagnosed as a benign lesion; incompletely destroying all melanocytes and incurring the possibility of residual cells undergoing malignant transformation; having difficulty with clinical monitoring of the remnant or recurrent lesion; or inducing malignant transformation of melanocytes.

In contrast to excisional biopsy, light therapy does not permit histologic evaluation of pigmented lesions, and therefore does not provide tissue diagnosis or margin assessment. Thus, it is possible in some case reports that describe melanoma after treatment, subtle melanoma might have been seen if histologic examination was performed before treatment; light therapy in these cases represents an incorrect treatment based on clinical misdiagnosis.[4,5]

Clinical and dermoscopic monitoring of a remnant lesion for melanoma after laser therapy can also be challenging as light therapy rarely removes all melanocytes. Histologic investigations have shown that, even with maximum penetration depth of laser and IPL therapies, residual nests of melanocytes are left intact.[4,6] These persistent dermal melanocytes can generate recurrent lesions, which can transform into melanoma.[5]

A large 10-year retrospective analysis of patients with lentigo maligna melanoma on sun-damaged skin reported that 7.4% had received prior cosmetic therapy[2], and another review reports that in 82% of cases of melanoma diagnosed following cosmetic laser treatment, no histological assessment had been performed prior to laser.[1]

It is well established that laser or IPL treatment of pigmented lesions can complicate and delay the diagnosis of melanoma, as well as obscure the borders, potentially resulting in a need for wider surgical margins, increased morbidity and mortality.[1,2]

Laser therapy for pigmented lesions should therefore either be avoided entirely or at a minimum performed only after adequate dermatoscopic and histological assessment. Practitioners performing elective cosmetic light treatments should be trained to a level where they are able to recognise and respond to this need.

- *See page 9 for References.*

Recommendation B: Define a scope of practice for cosmetic surgery practitioners

This recommendation addresses the following questions from the consultation paper:

Question 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?

Question 2:

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

Section 8 of the current guidelines – Training and Experience – does not adequately define what will meet the following stated requirements:

- *"…appropriate training, expertise, and experience to perform the procedure and deal with all routine aspects of care and any likely complications."*
- *"…necessary training before providing cosmetic medical and surgical procedures."*

Terms such as "appropriate, likely and necessary" are imprecise, vague and not measurable. Without a minimum benchmark for practitioners' qualifications, patients cannot have any assurance of competence and regulators cannot require compliance or develop quality measures and standards.

A scope of practice for medical practitioners undertaking cosmetic surgery is a critical first step. This will inform an accurate listing of the essential skills and knowledge required by practitioners which in turn will allow a definition of suitable qualifications.

A revised version of the above section 8 guidelines would read…

- *"….. **minimum training standard and on-going maintenance of current techniques** to perform the procedure and deal with all routine aspects of care and any likely complications."*
- *"…**met the minimum standard AHPRA approved training program** before providing cosmetic medical and surgical procedures."*

Recommendation C: Establish an *Endorsement to Practice* for cosmetic surgery practitioners under the National Law

This recommendation addresses the following questions from the consultation paper:
Question 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)?

The SCCA *strongly* supports the establishment of an endorsement in relation to the practice of cosmetic surgery.

As stated on the AHPRA Endorsement of Registration Fact Sheet, 20 April 2010:
"An endorsement of registration recognises that a person has additional qualifications and expertise in an approved area of practice and /or for scheduled medicines."

An *Endorsement to Practice* under the National Law will:

- provide a much-needed mechanism to reliably identify practitioners who hold the specific skills and qualifications to provide quality cosmetic surgical services,
- improve patient safety by requiring a minimum level of training and qualification for cosmetic surgery practitioners,
- allow patients to make a more informed choice of practitioner,
- allow other medical professionals to confidently identify colleagues who may be a referral option for their patients,
- allow formal recognition of general practitioners who have gained additional skills and knowledge in cosmetic surgery,
- help remove the negative perception of cosmetic surgery practitioners held by some within the wider medical profession and community,
- encourage a 'culture of quality' in cosmetic surgery practice, and
- help to legitimise cosmetic surgery as a reputable and regulated area of medical practice.

As previously mentioned, clearly defining the education required to achieve endorsed registration is essential, together with also clearly defining the scope of practice for cosmetic surgery practitioners.

Recommendation D: Define the required skills and qualifications for cosmetic surgery practitioners

This recommendation addresses the following questions from the consultation paper:

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

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

Endorsement in relation to cosmetic surgery *must* be based on a clear definition of the required skills and qualifications.

As previously stated, a scope of practice for medical practitioners undertaking cosmetic surgery is a critical first step. This will inform an accurate listing of the essential skills and knowledge required by practitioners which in turn will allow a definition of suitable qualifications.

Stakeholders from relevant disciplines, including the existing cosmetic surgery and medicine peak bodies should be invited by the Medical Board of Australia and AHPRA to form a working party to undertake this work.

The SCCA *very strongly* recommends the inclusion of **dermoscopy training** as an *essential requirement* for all cosmetic surgery practitioners.

It must become best practice before any skin lesion is cosmetically treated – either surgically or non-surgically – that it is first examined dermoscopically to determine whether it is benign. If a cosmetic surgery practitioner cannot confirm a *confident benign diagnosis* the patient *must* be referred to a qualified skin cancer practitioner for a confirmed diagnosis.

This simple but essential training requirement will save lives!

Evidence shows that doctors who undertake dermoscopy training are more likely to detect melanomas and less likely to excise benign lesions.[7] The SCCA provides a range of dermoscopy training options for nurses and doctors. All qualifications are based on robust assessment.

Suitable programs of study should meet contemporary academic standards. For example, the AMC standards for assessment and accreditation of specialist medical education programs. Accordingly, qualifications must be awarded only after passing robust assessment.

The existing Fellowship courses offered by the Australasian College of Cosmetic Surgery and Medicine (ACCSM), the Australasian College of Aesthetic Medicine (ACAM), and the Cosmetic Physicians College of Australasia (CPCA), which are consistent with AQF Level 8 or 9 qualifications, would be appropriate programs of study to lead to such an Endorsement.

Maintaining endorsement of practice in cosmetic surgery should also be subject to undertaking a percentage of continuing professional development activities which are specific to cosmetic surgery skills and knowledge.

Recommendation E: Educate the wider community about the existence and meaning of the *Endorsement to Practice.*

This recommendation addresses the following questions from the consultation paper:

Question 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?

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

To be effective, the wider community must be educated about the existence and meaning of an *Endorsement to Practice*. Likewise, it must be easy for patients to find endorsed practitioners, for example via an online directory.

Endorsed registration can provide a robust, yet simple mechanism to allow the public to easily and reliably identify practitioners who are legitimately qualified to provide cosmetic surgery services.

Responsibility to develop, fund and maintain a campaign to educate the public about the existence of endorsed cosmetic surgery practitioners should be shared by AHPRA and applicable medical colleges/peak bodies.

Examples of this type of widely recognised and trusted 'quality mark' include:

5. References

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SKIN CANCER COLLEGE AUSTRALASIA
Level 8, East Wing
451 Coronation Drive
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AUSTRALIA

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