From: Webb Angela
To: Cosmetic Surgery Review
Subject: Submission to the independent review on cosmetic surgery
Date: Sunday, 3 April 2022 9:04:12 AM

Dear AHPRA review panel,
As a specialist plastic surgeon and Chair of training for plastic surgery in Victoria and Tasmania, I have a very clear understanding of the requirements that our fellowship trained surgeons must meet before being allowed to call themselves plastic surgeons. I do not perform cosmetic surgery but frequently perform cosmetic surgery techniques in reconstructing my cancer patients: face lifts, breast lifts, liposuction and tummy tucks. I just do it for the public hospital or private insurance rate not for the vast sums that so called doctors are charging. As professionals, doctors should be held to a higher standard than the average business person. The public expect that medical qualifications will translate to professionalism and adherence to their scope of practice. Allowing non specialists to call them surgeons makes a mockery of the thousands of pro bono hours my colleagues and I pour in to training our younger surgical trainees every year.
The public deserves to have labels of practice match the training completed. Please stop this misleading practice by [redacted] entrepreneurs who have a basic medical degree calling themselves surgeons.
Surgeons are surgeons
Lawyers are lawyers
Doctors are doctors
There should not be grey areas allowing confusion and potential harm to the public.

Regards,

Angela

Angela Webb
MBBS, MS, FRACS
[redacted]
Chair, Victoria and Tasmania Training Subcommittee, Australian Society of Plastic Surgery
Consulting at Skin Health Institute, Carlton

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	Beatrix Weiss
Organisation (if applicable)	Fellow(Cardiothoracic Surgery), Royal Australasian College of Surgeons
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?
I think "training" and the use of the title "surgeon" or "cosmetic surgeon" are the major issues. See below.
2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?
The term "surgeon" should only be used by someone who has undergone training by the Royal Australasian College of Surgeons, or an appropriate course approved by the RACS. The general public assume that someone calling themselves a cosmetic "surgeon" has undergone rigorous surgical training however it is often far from the truth. Performing surgery to **alter a person's appearance** is a significant undertaking and should not be undertaken by medical practitioners who have not undergone extensive training in such procedures, and have therefore not received the appropriate qualifications. Not just weekend workshops , certificate courses etc. Injections, fillers etc are different as these only provide **temporary** changes in appearance. A person with medical qualifications who undertakes to deliver such temporary changes to a person's appearance could be called a "cosmetic physician". I am aware of the existence of the Australian College of Cosmetic Surgery and Medicine, which is not affiliated with RACS but runs a 2 year Course for medical practitioners wishing to learn cosmetic surgery….I do not know whether the supervising "cosmetic surgeons" have FRACS qualifications, but if not, they should. I also am not aware what percentage of practitioners without FRACS calling themselves "cosmetic surgeons" have this ACCSM qualification, but would be interested to know. Two years of training would be vastly preferable to a few weekend workshops. There is a public demand for cosmetic procedures and given that the majority of patients are female, I do not wish think that any more women need to be disfigured at great financial and personal cost to themselves whilst Colleges are working out how to adequately train people. The term surgeon implies a high level of care, consideration, training, knowledge, and ability and must be reserved for persons who can deliver this as well as know how to manage their own complications.
3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.

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?

I think if the rules are not changed around the appropriate use of the term “cosmetic surgeon”, then every non-RACS cosmetic “surgeons” must have a clear statement on the Home page of their website stating they are not a fellow of the RACS, and have not undergone 6 years of plastic/cosmetic surgery training. They should also be required to list what training in cosmetic surgery they have undertaken, and provide a link to a centralised government reporting site in case of complications or poor outcomes/results to allow easy reporting by patients.
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?
No
7. What should be improved and why and how?
A practitioner should clearly state what training and qualifications they have in surgery.
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?
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?
Posting pictures "sent in by patients" is very poor form. Many of these practitioners say that their patients send them the before and after pictures but I think this should not be permitted on social media; there is no transparency or ability to check the authenticity plus there are so many face and body image altering apps now that the consumer has no way of knowing if the patient or the practitioner have altered the image prior to posting them.
10. Please provide any further relevant comment in relation to the regulation of advertising.

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)?

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. Not every medical practitioner wants to undertake 6 years of plastic surgery training, and spots are limited, so to meet the demand an alternative surgical training cosmetic surgery program could be offered by the college or the ACCSM under the RACS auspices.
13. What programs of study (existing or new) would provide appropriate qualifications?
RACS. ?ACCSM – I am uncertain who runs this nor whether the supervising surgeons are RACS-trained, but they should be, otherwise you just have incorrectly trained practitioners training the next generation of incorrectly-trained practitioners.
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?
16. If yes, what are the barriers, and what could be improved?
17. Do roles and responsibilities require clarification?
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?**
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?
No Informed consent would require the consumer to know what type of training and what duration of training, and what college has supervised the training, of the practitioner.
24. If not, what improvements could be made?
25. Should codes or guidelines include a requirement for practitioners to explain to patients how to make a complaint if dissatisfied?
Absolutely.

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?
I do not know.
27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?
28. Is the notification and complaints process understood by consumers?
I don't believe so. It shouldn't require reaching a newspaper article when someone has died or had complicaitons before a consumer knows there are issues with a cosmetic practitioner, or finds out that the practitioner has had no formal surgical training. This must be knowable by consumers upfront on cosmetic practitioner websites. A lot of consumers also don't know about RACS either, so they don't know if FRACS after someone's name means anything more or less than FACCSM or whatever other "qualifications" are out tere.
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.

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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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	Hugh Welch
Organisation (if applicable)	
Email address	[redacted]

Your responses to the consultation questions

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?
no
1. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?
Cosmetic surgeons should be qualified surgeons (FRACS or equivalent), preferably Plastic Surgeons. For those surgeons who are not Plastic Surgery trained (eg. general surgery), they should have to provide evidence of extra plastic / cosmetic surgery training and practice.
1. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.
For cosmetic surgeons operating from their own premises, the same checks and guidelines should be applied as to registered hospitals and day surgery centres , especially regarding sterile theatre procedures and patient recovery / specialist anaesthesia care.

1. 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?
As above : those operating as cosmetic surgeons should provide evidence of sub-specialty training and specialist anaesthesia care for their patients Notifications should follow the same guidelines as for any specialist surgical care.
1. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.

Codes and Guidelines
Management of notifications

1. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?
Cosmetic surgeons advertising should include what specialty training and experience has been obtained , and what college ongoing maintenance of standards has been undertaken.
1. What should be improved and why and how?
1. 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?
More specific information regarding risks of cosmetic procedures and training of cosmetic surgeons should be included in guidelines for advertising such a service
1. 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?
Unfortunately , regulating social media promotion would be difficult to achieve. Requiring advertising to outline surgeon training and theatre / recovery safety should be necessary.
1. Please provide any further relevant comment in relation to the regulation of advertising.

1. 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)?
Endorsement of cosmetic practice should include the rigorous checking of adequate specialist surgical and anaesthetic training , as well as safety regulation ords.f cosmetic centres in line with current hospital standards.

Advertising restrictions
Title protection and endorsement for approved areas of practice

1. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?
Should be thorough enough to explain the cosmetic practitioners' training and ongoing maintenance of standards , as with other surgical and anaesthetic sub specialties .
1. What programs of study (existing or new) would provide appropriate qualifications?
FRACS or similar specialty surgical qualification , as well as cosmetic surgical training for those who are not plastic surgeons.
1. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.
"Cosmetic surgeon " title should require evidence of FRACS or similar, with evidence of cosmetic surgery training / experience and ongoing maintenance of standards , as per established specialist colleges .

1. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?
1. If yes, what are the barriers, and what could be improved?
1. Do roles and responsibilities require clarification?
1. Please provide any further relevant comment about cooperating with other regulators.

Cooperation with other regulators

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

Facilitating mandatory and voluntary notifications

1. 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?
Provision of information to consumers needs to unambiguously show surgical sub-specialty training and ongoing cosmetic training.
1. If not, what improvements could be made?
1. Should codes or guidelines include a requirement for practitioners to explain to patients how to make a complaint if dissatisfied?
Yes . Patients need to know better regulation of surgical skills and management of complications is mandated.

Information to consumers

1. 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- needs to be better clarity for the consumer what a practitioner's qualifications mean - ie. specialty surgical experience and training , and in which field ..ie. plastic surgery or non-plastic surgery fields , eg. general surgery , ophthalmic surgery or no specialist surgical training.
1. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?
As above
1. Is the notification and complaints process understood by consumers?
Not always .
1. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?
Ahpra needs a way to widely disseminate information to the consumer about adequate specialty training and experience of cosmetic surgeons.
1. Please provide any further relevant comment about the provision of information to consumers.

Further comment or suggestions

1. 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.

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	Dr Melissa Wright
Organisation (if applicable)	[redacted]
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 require treating medical practitioners to be trained and experienced in the procedures they are performing however there are no specific requirements as to what this training involves. It relies on the practitioner to practice safely within their skills and scope of practice and provide care to patients which is in their best interest.
2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?
N/A
3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.
For minor cosmetic procedures such as injectables I think it is appropriate for doctors who have been adequately trained in such procedures to perform them if confident in treating potential complications. I don't think it requires additional qualification for simple minor procedures.

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?
Cosmetic surgery notifications should be managed like other notifications. The practitioners performing the procedures should be able to perform a risk assessment prior to all procedures performed, patients must give informed written consent based on sufficient information about procedure/alternatives/complications and risks. Practitioners should use their clinical acumen and avoid treating patients if a procedure is not in their best interest or poses higher than expected risk. Adequate follow up care must be provided and practitioner contactable post procedure if the patient has any issues
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?
Yes – they are very clear on not 'promoting' or 'selling' services such as in the beauty industry, in addition to not suggesting procedures are less invasive than they are or giving patients unrealistic expectations based on before/after results and photos. We are medical practitioners and our duty of care is to safely perform appropriate procedures on patients and be technically skilled, knowledgeable and have clear communication with the patient.
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?
I think more practitioners should make a point of outlining potential risks/complications when 'advertising' services so patients are aware and informed.
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?
It is easy for practitioners to overlap with 'cosmetic beauty services' and for social media posts so it is important for all practitioners to be mindful of this and avoid 'promotion' of their services. It should outline no 'give away' services or prize/discounted treatments/services as may be seen in beauty clinics.
10. Please provide any further relevant comment in relation to the regulation of advertising.

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)?
If practitioners are endorsed to use products, this could be a conflict of interest for using particular products on patients which may carry risks and not be the safest option for that particular patient

12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?
Not necessarily – if the practitioner is being paid to endorse the product – it doesn't necessarily mean that they are particularly experienced or trained if they are high profile and can benefit the product company's business by that particular practitioner endorsing that product.
13. What programs of study (existing or new) would provide appropriate qualifications?
14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.
Cosmetic doctors who are performing surgery such as breast augmentation or similar procedures should not be referred to as surgeons but as cosmetic doctors. Surgeon indicates training through standardised training through a RACS SET program and the qualification of a FRACS at the conclusion of this program.

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?
Not that I'm aware of
16. If yes, what are the barriers, and what could be improved?
17. Do roles and responsibilities require clarification?
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?**
As with all practitioners – if one believes a colleague to be practising outside of their scope, putting patients at risk or practising in an unethical manner – it is the duty of the health care practitioner to report under mandatory reporting obligations. Cosmetic doctors should not be omitted from this guideline.
20. Are there things that prevent health practitioners from making notifications? If so, what?
Confidentiality may be a concern. Concern for reporting a friend/colleague and the repercussions for them socially, professionally and personally.
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 – it is very clear about the requirements including sufficient information face to face (or video) to the patient to outline the procedure/alternative treatments/risks/complications/after care. The patient must be understanding of the procedure and have capacity to consent – as in all medical procedures. There must be a follow up plan in place and the practitioner must be contactable.
24. If not, what improvements could be made?
25. Should codes or guidelines include a requirement for practitioners to explain to patients how to make a complaint if dissatisfied?
Yes – like all medical procedures, if practitioners are open to patients about how they may proceed to making a complaint this will likely correlate with less complaints due to the benefit of open communication and patient-doctor rapport.

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?
Yes – it is publicly available information
27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?
28. Is the notification and complaints process understood by consumers?
As far as I'm aware – consumers understand their rights as with any aspect of healthcare to escalate complaints to the Medical Board. This is also applicable to cosmetic medicine.
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.

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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The closing date for submissions is 5.00pm AEST 14 April 2022.

Your details

Name	Dr Argie Xaftellis
Organisation (if applicable)	ARGERA Day Hospital
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?	
	1. These could indeed be improved. Currently there is no recognised specialty of Cosmetic Surgery, nor can there be, without a change in the National Law. Therefore no training programme is recognised by the AMC for cosmetic surgery, and the title "cosmetic surgeon" may be used by any medical practitioner. Patients are at risk, because they are unable to identify if the doctor offering cosmetic surgery has the relevant *specific* training and skill. Currently it is impossible to determine if a practitioner is operating within their scope of practice.
2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?	
	1. The Endorsement model for practitioners performing cosmetic surgery should be adopted to protect the public. Those endorsed medical practitioners who have met a National Accreditation Standard should be on a public register.
3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.	
	1. This standard would ensure that practitioners not only have a core surgical competence, but also that they have reached an acceptable level of competence and skill *specifically* in Cosmetic surgery. The practitioners would be required to be part of a recertification programme specific to cosmetic surgery. To ensure patient safety, this model would need to be applied to *all doctors* who perform cosmetic surgery irrespective of their prior backgrounds.

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?	
I believe AHPRA needs advisories from not just the Plastics College but the ACCSM and the CPCA, since they have the history, training and experience in the cosmetic field. Its hard for APRA to understand this field since unlike mainstream it has a private business aspect to it also. I also think that AHPRA needs to understand that there is great pressure on doctors in this industry who try to do the right thing and follow all the rules, since so many of their collegues do not. This results in the the "good" doctors being negatively effected by the "bad" ones. The result is the "good" ones are forced to leave the industry leaving the "bad" ones to continue their substandard practices.	

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

Advertising restrictions

6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?
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?
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?
10. Please provide any further relevant comment in relation to the regulation of advertising.

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)?
. Establishing an endorsement model would essentially protect patients from adverse outcomes. Those practitioners, who are endorsed to practice cosmetic surgery, would have the appropriate training and experience in cosmetic surgery. This would be clear to patients, because there would be an AHPRA administered Cosmetic Surgery Register identifying doctors who are endorsed for cosmetic surgery. Patients could then be rest assured that they are being treated by doctors who are operating within their scope of practice. A title restriction should be linked to a competency-based accreditation Standard/Register as proposed by the

College (ACCSM) by means of the Endorsement pathway provided for in Section 98 of National Law.

12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?
Establishing an endorsement model would provide clarity to the consumer, about the specific skills and qualifications of practitioners holding the endorsement. It would identify those practitioners who have the core surgical training and competence, and *specific* cosmetic surgical training and competence as well as on-going professional education in cosmetic surgery.
13. What programs of study (existing or new) would provide appropriate qualifications?
13. The Australian College of Cosmetic Surgery and Medicine (ACCSM) is a well-recognised college, which has been established well over 30 years ago. This college is well equipped to provide appropriate qualifications for those practitioners to be endorsed in Cosmetic Surgery and Medicine.
14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.
Specialist title protection is reserved for medical specialists who have been recognised by the AMC. Until this point, Cosmetic surgery and Cosmetic Medicine have not been specialist pathways recognised by the AMC, because there is no burden of disease. Failing being recognised by the AMC as a medical specialty, the endorsement model would be an appropriate way in which to regulate the cosmetic surgical industry. The title 'Cosmetic Surgeon' should be protected for those practitioners who have had specific recognised training in Cosmetic surgery. It is clear that specialist surgeons as recognised by the AMC do not have specific training in Cosmetic Surgery and specialist plastic surgeons qualify with a 'gap' in the area.

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?
16. If yes, what are the barriers, and what could be improved?
17. Do roles and responsibilities require clarification?

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?**
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?

The Medical Board's current codes and guidelines do not specifically outline a practitioners training in cosmetic surgery. Currently consumers are left in doubt as to whether their surgeon has had any *specific* training in cosmetic surgery, even if their surgeon is a specialist surgeon as recognised by the AMC.

24. If not, what improvements could be made?

If the endorsement model is adopted for cosmetic surgery, it would allow the public to identify doctors who are trained and competent in cosmetic surgery, provide protection for patients before something goes wrong, facilitate AHPRA taking action more readily against doctors who may be practicing outside of their scope of practice, and by being competency- based and independently set and assessed, be fair to all practitioners and not favour any particular group of doctors on the basis of their non-cosmetic surgical training and qualifications

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

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?

The AHPRA website, and public register of practitioners does not provide adequate information to consumers to safely choose their cosmetic surgeon. There should be a list of endorsed practitioners available for consumers to readily identify those practitioners who are adequately trained in cosmetic surgery.

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

AHPRA could provide a register of identified practitioners who have the necessary training in cosmetic surgery to perform such procedures safely

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

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.
It should be clear to consumers which doctor is trained *specifically* in cosmetic surgery, irrespective of their other previous training.

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.
It is vital that consumers are made aware of the *specific* experience and qualifications of their cosmetic surgeon, in order for them to make informed choices regarding their surgery and choice of surgeon. I support the proposal for a national competency-based accreditation Standard for *all* doctors performing cosmetic surgery. There should be a register of Endorsement of those who have met, and maintain the national standard. Restriction of the title 'Cosmetic Surgeon' should be applied to those medical practitioners who appear on the Register, administered by AHPRA. Since the Australasian College of Cosmetic Surgery and Medicine is the *only* training body in Australia specifically focused on training practitioners in Cosmetic Medicine and Surgery, this college would be best equipped to train practitioners and enable them to maintain their level of competence and skill.

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The closing date for submissions is 5.00pm AEST 14 April 2022.

Your details

Name	Dr Charlotte Ying
Organisation (if applicable)	
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?
Currently there are different groups of doctors, specialist surgeons, and dentists who are performing cosmetic procedures, all claiming that they are competent when actually they have not been trained in cosmetic surgery. The only college that specifically trains cosmetic surgeons in Australia is the Australasian College of Cosmetic Surgery and Medicine (ACCSM). This College upholds a rigorous 2-year surgical training programme in all procedures SPECIFIC to cosmetic surgery. This is an advanced fellowship, meaning that candidates are required to have surgical competence before embarking upon cosmetic surgery training. Any doctor/surgeon who wants to practice cosmetic surgery should be required to complete this training program. Current regulation allows for any medical or surgical practitioners without going through cosmetic surgery training to call themselves cosmetic surgeons. This includes GP's, General Surgeons, and Plastic and Reconstructive Surgeons.
2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?
The Endorsement model for practitioners performing cosmetic surgery should be adopted to protect the public. Those endorsed medical practitioners who have met a National Accreditation Standard should be on a public register.
3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.
This standard would ensure that practitioners not only have a core surgical competence, but also that they have reached an acceptable level of competence and skill *specifically* in Cosmetic surgery. The practitioners would be required to be part of a recertification programme specific to cosmetic surgery. To ensure patient safety, this model would need to be applied to *all doctors* who perform cosmetic surgery irrespective of their prior backgrounds.

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?
Cosmetic surgery notifications should be treated like any other medical/surgical notifications. However, cosmetic surgery patients are more difficult to manage as they have different expectations.
5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.

Notifications should be justified, and decisions based fairly on the practitioner's experience and training.

Advertising restrictions

6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?
The advertising guidelines are too lax, which can be demonstrated by the [redacted] case. All surgeons should be respectful of patients and treat them with dignity. Having surgeons popularized on social media as a star celebrity is wrong and unprofessional.
7. What should be improved and why and how?
Before and after photos should be used specifically as that, not a series of indecent material demonstrated by celebrity plastic or cosmetic surgeons.
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?
More specific response is required to address how patients are portrayed in social media.
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?
The issue right now is mainly explicit photos of patients after surgery that are border-lining indecent.
10. Please provide any further relevant comment in relation to the regulation of advertising.
As above.

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)?
Establishing an endorsement model would essentially protect patients from adverse outcomes. Those practitioners, who are endorsed to practice cosmetic surgery, would have the appropriate training and experience in cosmetic surgery. This would be clear to patients, because there would be an AHPRA administered Cosmetic Surgery Register identifying doctors who are endorsed for cosmetic surgery. Patients could then be rest assured that they are being treated by doctors who are operating within their scope of practice. A title restriction should be linked to a competency-based accreditation Standard/Register as proposed by the College (ACCSM) by means of the Endorsement

pathway provided for in Section 98 of National Law.

12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?
Establishing an endorsement model would provide clarity to the consumer about the specific skills and qualifications of practitioners holding the endorsement. It would identify those practitioners who have the core surgical training and competence, and *specific* cosmetic surgical training and competence as well as on-going professional education in cosmetic surgery.
13. What programs of study (existing or new) would provide appropriate qualifications?
The Australian College of Cosmetic Surgery and Medicine (ACCSM) is a well-recognised college, which has been established over 30 years ago. This college is well equipped to provide appropriate qualifications for those practitioners to be endorsed in Cosmetic Surgery and Medicine.
14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.
Specialist title protection is reserved for medical specialists who have been recognised by the AMC. Until this point, Cosmetic surgery and Cosmetic Medicine have not been specialist pathways recognised by the AMC, because there is no burden of disease. Failing being recognised by the AMC as a medical specialty, the endorsement model would be an appropriate way in which to regulate the cosmetic surgical industry. The title 'Cosmetic Surgeon' should be protected for those practitioners who have had specific recognised training in Cosmetic surgery. It is clear that specialist surgeons as recognised by the AMC do not have specific training in Cosmetic Surgery and specialist plastic surgeons qualify with a 'gap' in the area.

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?
No.
16. If yes, what are the barriers, and what could be improved?
17. Do roles and responsibilities require clarification?

No.
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.
20. Are there things that prevent health practitioners from making notifications? If so, what?
The main reason why health practitioners do not make notifications is the fear of jeopardizing our futures in the industry if we report against colleagues. This has been demonstrated multiple times whereby whistle-blowers ultimately lost training positions or chances of getting into training after reporting is made. This is not limited to the cosmetic surgery sector, in fact, this is more pronounced in the public sector.
21. What could be improved to enhance the reporting of safety concerns in the cosmetic surgery sector?
The reporting process itself isn't the issue, it is the possible ramifications of the reporter if said reporter is from the same industry.
22. Please provide any further relevant comment about facilitating notifications
N/A

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?

The Medical Board's current codes and guidelines do not specifically outline a practitioners training in cosmetic surgery. Currently consumers are left in doubt as to whether their surgeon has had any *specific* training in cosmetic surgery, even if their surgeon is a specialist surgeon recognised by the AMC.

24. If not, what improvements could be made?

If the endorsement model is adopted for cosmetic surgery, it would allow the public to identify doctors who are trained and competent in cosmetic surgery, provide protection for patients before something goes wrong, facilitate AHPRA taking action more readily against doctors who may be practicing outside of their scope of practice, and by being competency- based and independently set and assessed, be fair to all practitioners and not favour any particular group of doctors on the basis of their non-cosmetic surgical training and qualifications.

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

Majority of patients know how to make a complaint against practitioners, and usually that involves a legal claim, even when the claim may not be fair. Information on the AHPRA website is sufficient for patients to access for complaints.

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?

The AHPRA website, and public register of practitioners does not provide adequate information to consumers to safely choose their cosmetic surgeon. There should be a list of endorsed practitioners available for consumers to readily identify those practitioners who are adequately trained in cosmetic surgery.

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

AHPRA could provide a register of identified practitioners who have the necessary training in cosmetic surgery to perform such procedures safely.

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.

It should be clear to consumers which doctor is trained *specifically* in cosmetic surgery, irrespective of their other previous training.

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.

It is vital that consumers are made aware of the *specific* experience and qualifications of their cosmetic surgeon, in order for them to make informed choices regarding their surgery and choice of surgeon. I support the proposal for a national competency-based accreditation Standard for *all* doctors performing cosmetic surgery. There should be a register of Endorsement of those who have met, and maintain the national standard. Restriction of the title 'Cosmetic Surgeon' should be applied to those medical practitioners who appear on the Register, administered by AHPRA. Since the Australasian College of Cosmetic Surgery and Medicine is the *only* training body in Australia specifically focused on training practitioners in Cosmetic Medicine and Surgery, this college would be best equipped to train practitioners and enable them to maintain their level of competence and skill.

Regulations and legislations to protect the public should be made based on the truth and common sense, and NOT made to please one particular group of people, and definitely shouldn't be made with political agendas.

The truth is:

- Not all RACS trained surgeons do not have adequate cosmetic surgery training, this includes plastic surgeons.
- To truly regulate and protect the public, there should be a better understanding of cosmetic surgery training and different aspects of the industry. For example, there are unexperienced nurses, dentists and even beauticians providing cosmetic procedural services. There are also radiologists, GP's, dermatologists etc, performing cosmetic surgeries.
- Removing the title "surgeon" does not help protect the public as there will still be surgeons who are not trained in cosmetic surgery performing cosmetic surgeries.
- The ACCSM is the only college that provides an intensive and structured cosmetic surgery training program in Australia.
- The endorsement model is the only way to ensure public safety, as this is the only way to ensure that medical practitioners are specifically trained in cosmetic surgery.