



## Response template for submissions to the *Independent review of the regulation of medical practitioners who perform cosmetic surgery*

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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](mailto:CSReview@ahpra.gov.au).

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

### Your details

Name	Ajay Manu
Organisation (if applicable)	
Email address	

## Your responses to the consultation questions

### Codes and Guidelines

<b>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?</b>
No, because they do not have an expected standard of training and experience.
<b>2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?</b>
<b>3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.</b>

### Management of notifications

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

### Advertising restrictions

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

<b>7. What should be improved and why and how?</b>
<b>8. Do the current <a href="#">Guidelines for advertising a regulated health service</a> adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?</b>
<b>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?</b>
<b>10. Please provide any further relevant comment in relation to the regulation of advertising.</b>

## Title protection and endorsement for approved areas of practice

<b>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)?</b>
<p>I think it is essential if the public is to be protected.</p> <p>Cosmetic surgery is not a specialty and so there are no official specialists. Other than word of mouth and the doctor's own website and advertisements, the public has no way of knowing if he or she trained in cosmetic surgery or not.</p> <p>If doctors who are properly trained and competent are endorsed to practice cosmetic surgery by the authorities, the public would be able to choose an endorsed doctor.</p> <p>Why would Ahpra and the Medical Board NOT want to protect the public in this way?</p>

<b>12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?</b>
Yes
<b>13. What programs of study (existing or new) would provide appropriate qualifications?</b>
I do not know but obviously, it must be specifically about cosmetic surgery.
<b>14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.</b>
Only doctors or specialists who are endorsed in cosmetic surgery should be allowed to call themselves cosmetic surgeons.

## Cooperation with other regulators

<b>15. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?</b>
<b>16. If yes, what are the barriers, and what could be improved?</b>
.
<b>17. Do roles and responsibilities require clarification?</b>
<b>18. Please provide any further relevant comment about cooperating with other regulators.</b>

## Facilitating mandatory and voluntary notifications

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

## Information to consumers

<b>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?</b>
<b>24. If not, what improvements could be made?</b>
<b>25. Should codes or guidelines include a requirement for practitioners to explain to patients how to make a complaint if dissatisfied?</b>

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<b>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?</b>
No. As explained earlier, with no specialty and no endorsement for cosmetic surgery yet, the public register provides no relevant information about a practitioner's cosmetic surgery expertise or otherwise.
<b>27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?</b>
Introduce an endorsement for doctors who have met a competency standard in cosmetic surgery and show this on the public register.
<b>28. Is the notification and complaints process understood by consumers?</b>
<b>29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?</b>
<b>30. Please provide any further relevant comment about the provision of information to consumers.</b>

### Further comment or suggestions

<b>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.</b>
It seems obvious that endorsement should be introduced. It will protect the public from untrained and unsafe practitioners. It is hard to think of any reason the public or anyone without a vested interest would not welcome it.



## DrResponse template for submissions to the *Independent review of the regulation of medical practitioners who perform cosmetic surgery*

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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](mailto:CSReview@ahpra.gov.au).

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

### Your details

Name	Dr Mark Marshall
Organisation (if applicable)	
Email address	

## Your responses to the consultation questions

### Codes and Guidelines

<b>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?</b>
Yes
<b>2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?</b>
Nil
<b>3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.</b>
Current regulation is sufficiently restrictive to administer perceived cosmetic surgery risks

### Management of notifications

<b>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?</b>
None AHPRA is sufficiently empowered under current legislation
<b>5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.</b>
No changes are required



## Advertising restrictions

<b>6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?</b>
Yes
<b>7. What should be improved and why and how?</b>
No changes are required
<b>8. Do the current <a href="#">Guidelines for advertising a regulated health service</a> adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?</b>
Yes
<b>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?</b>
No
<b>10. Please provide any further relevant comment in relation to the regulation of advertising.</b>
No changes are required

## Title protection and endorsement for approved areas of practice

<b>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)?</b>
Further regulation would not enhance safety as specialists involved in cosmetic surgery pose as much risk as GP's

<b>12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?</b>
No
<b>13. What programs of study (existing or new) would provide appropriate qualifications?</b>
No changes are required
<b>14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.</b>
No changes are required

### Cooperation with other regulators

<b>15. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?</b>
Many but this is not the scope of this review
<b>16. If yes, what are the barriers, and what could be improved?</b>
AHPRA has an authoritarian approach with no respect for natural justice
<b>17. Do roles and responsibilities require clarification?</b>
Yes clear limitations need to be placed on AHPRA
<b>18. Please provide any further relevant comment about cooperating with other regulators.</b>
The authoritarian approach acts to reduce co-operation

## Facilitating mandatory and voluntary notifications

<b>19. Do the Medical Board's current mandatory notifications guidelines adequately explain the mandatory reporting obligations?</b>
no
<b>20. Are there things that prevent health practitioners from making notifications? If so, what?</b>
Yes fear of AHPRA
<b>21. What could be improved to enhance the reporting of safety concerns in the cosmetic surgery sector?</b>
Nothing
<b>22. Please provide any further relevant comment about facilitating notifications</b>

## Information to consumers

<b>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?</b>
Yes
<b>24. If not, what improvements could be made?</b>
N/A
<b>25. Should codes or guidelines include a requirement for practitioners to explain to patients how to make a complaint if dissatisfied?</b>
Yes they already do

<b>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?</b>
Yes
<b>27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?</b>
Nothing
<b>28. Is the notification and complaints process understood by consumers?</b>
Yes clearly
<b>29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?</b>
Nothing
<b>30. Please provide any further relevant comment about the provision of information to consumers.</b>
Informed consent is a requirement of any medical procedure.

### Further comment or suggestions

<b>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.</b>
No further increase in regulation is required from APHRA but significant increase in regulation is required to curb AHPRA and the Medical Board



MR KAREEM MARWAN FRACS  
GENERAL & COLORECTAL SURGEON

Mr Andrew Brown  
Independent reviewer

*The Independent review of the regulation of health practitioners in cosmetic surgery  
Commissioned by AHPRA and MBA*

14 March 2022

Dear Mr Brown,

In response to consultation being open on this independent review, I would like to share my views, both in my capacity as a specialist surgeon, quality assurance member on hospital committees<sup>1</sup>, and as the key witness few years ago in a cosmetic 'surgery' case<sup>2</sup>.

I strongly believe that the public is being misled by cosmetic practitioners, as they liberally use the title "Surgeon". I will go even further to say, that even General Practitioners (GP's) are often misled. This was clearly evident in the case I was previously involved with<sup>2</sup>.

**The title "Surgeon" and "Surgeon in Training" must be trademarked** and its use restricted to specialists approved by the college of surgeons (RACS). Instead, the title "cosmetic doctor" or "cosmetic practitioner" may be used. A GP, who is effectively a specialist, with fellowship qualification under the RACGP, would need extra RACS approved training in order to be allowed to perform certain minor procedures, and call himself/herself "*Proceduralist GP*". Why are we having more relaxed rules for a cosmetic medical practitioner who is often less qualified than a GP?

Cosmetic procedures do not attract medicare item numbers and are therefore almost always performed in centres purpose built to maximise profit often at the expense of quality and safety. I had been the director of surgery at a similar centre during its inception few years ago. In goodwill I offered my services, only to give up the role shortly after as I realised it shook my core values of basic quality and safety. The centre did dodge a bullet nevertheless with my help, unveiling a fraudulent cosmetic "surgeon" before they commenced practice there. Centres performing cosmetic procedures need to be regulated more aggressively.

RACS has strict media policies for surgeons, the same policies if not stricter should apply to cosmetic practitioners. AHPRA needs to be the regulating body or create the necessary committee under its umbrella to oversee all that is Cosmetic 'surgery' related.

Patients about to undergo cosmetic procedures should receive a **disclosure** (mandatory) by the cosmetic practitioner, as part of the informed consent process. This should clearly state they are about to have a procedure by a practitioner who is not a specialist surgeon.

*1 Medical advisory committee representative for General surgeons, Knox Private Hospital, Patient Care Review Committee member (surgeon) Waverley Private Hospital*

*2 Medical Board v Anwar (VCAT ref: Z1141/2018) [ME-ME.FID4573890]*



MR KAREEM MARWAN FRACS  
G E N E R A L   &   C O L O R E C T A L   S U R G E O N

In conclusion, I believe many of the current issues could be averted if the public is made aware of the lack of qualifications of cosmetic practitioners and protecting the title "Surgeon".

Sincerely,



Kareem Marwan



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Mr Andrew Brown, Independent Reviewer  
marked '*Submission to the independent review on cosmetic surgery*' at [CSReview@ahpra.gov.au](mailto:CSReview@ahpra.gov.au).

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

### Your details

Name	Kareem Marwan
Organisation (if applicable)	
Email address	



## 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?**

No

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

Trademark and protect the titles "Surgeon" and "Surgeon in training", and restrict their use to RACS qualified/approved.

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

The public should be protected from the misleading title "Cosmetic surgeon", "Cosmetic surgery". This should be replaced by "Cosmetic practitioner" and "cosmetic procedure" and enforce a disclosure by every cosmetic practitioner that they are NOT surgeons nor specialists.

### 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?**

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



## Advertising restrictions

<b>6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?</b>
NO
<b>7. What should be improved and why and how?</b>
See my comment above in regards to trademarking
<b>8. Do the current <a href="#">Guidelines for advertising a regulated health service</a> adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?</b>
No
<b>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?</b>
As a qualified specialist surgeon, I am bound by strict social media regulations under my college's (RACS) bylaws. At least the same if not stricter should be implemented by AHPRA for cosmetic procedures and marketing
<b>10. Please provide any further relevant comment in relation to the regulation of advertising.</b>
I strongly believe that 1) Title protection and 2) clear disclosure (on social media, procedure consents, and Cosmetic practice from receptions MUST be enforced to protect the public

## Title protection and endorsement for approved areas of practice

<b>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)?</b>
probably

**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

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

RACS supervised and approved program. The college adheres to high national and international standards. A college committee working in conjunction with a cosmetic practice body should be able to regulate this

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

Title "Surgeon" MUST be protected and only used when appropriate RACS qualification is demonstrated. Instead, "cosmetic practitioner" can be used

## 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?**

An AHPRA portal or even email box purpose built

**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?**

**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

**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

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

At the very least a clear disclosure from cosmetic practitioner unless AHPRA is planning to restrict cosmetic practice altogether

**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.**

## 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.**

Please see my attached letter

**From:** Sue McCoy  
**To:** [Cosmetic Surgery Review](#)  
**Subject:** Submission to the independent review on cosmetic surgery  
**Date:** Wednesday, 9 March 2022 6:36:24 PM

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**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Below is the same summary I submitted to a national enquiry for exactly the same reason, in 2015.

*Registered medical practitioners who provide cosmetic medical and surgical procedures'*

*My comments are made through 28 years experience in the field of 'Cosmetic Medicine', with no particular chronological reference to individual items in the Board's Public Consultation Paper.*

*1. The various surgical and non-surgical procedures lumped under 'cosmetic procedures' ought to be evaluated individually, or at least in groups of risk level: e.g. Operations such as facelift, cosmetic rhinoplasty, breast augmentation, liposuction, various lipectomies etc etc should not be lumped in with injection of botulinum toxin and non-permanent dermal fillers, or with non-ablative laser surgery (such as for benign superficial skin lesions, tattoos and hair removal). Treatments for varicose and superficial leg veins should be considered separately again, as some are 'cosmetic' and some are not.*

*2. The level of expertise and skill to perform many cosmetic procedures, especially non-surgical, is VERY frequently not correlated with the letters after the practitioner's name, or their membership of various Colleges or Societies. For example, laser hair removal can and is very effectively and safely performed by a wide variety of 'unqualified' individuals. The risks are minimal. Likewise the injection of non-permanent cosmetic agents, whilst SLIGHTLY more risky, is most often better enjoyed by patients treated by registered nurses with extensive experience over plastic surgeons or some 'cosmetic physicians' who may have a level of arrogance about their skill levels just because they are 'qualified'.*

*3. Greater regulation is likely only to encourage those who are very good at ticking boxes and keeping bureaucrats happy, rather than weed out those who are either not competent to perform these procedures. or who should be bridled because of their overly commercial approach. (i.e. talking insecure patients into having procedures they don't really want or need). In addition, if increased regulation were to exclude some currently-practicing very competent proceduralists in cosmetic medicine in favour of less competent but 'qualified' practitioners, patients would be worse off. I therefore propose that the concept of 'buyer beware' - i.e. consumer education through evidence-based, reliable information access - is a better option to try to improve the quality of cosmetic procedure delivery.*

Dr Sue McCoy

Retired Cosmetic physician & phlebologist (1987 to 2016)

## **PUBLICATIONS**

McCoy S, Hanna M, Anderson P et al. An Evaluation of the Copper Bromide Laser for treating telangiectasia. Dermatologic Surg. 1996;22:551-557.

McCoy SE Copper Bromide laser treatment of facial telangiectasia: results of patients treated over 5 years. Lasers Surg Med 1997, 21(4): 329-40

McCoy S, Evans AE, James C Histological study of hair follicles treated with a 3msec pulsed ruby laser. Lasers Surg Med 1999, 24(2): 142-50

McCoy S, Evans AE, Spurrier N Sclerotherapy for leg telangiectasia - a blinded comparative trial of

polidocanol and hypertonic saline. *Dermatol Surg* 1999, 25:381-386

McCoy S, Evans E, Tiller A and Malouf GM. A Blinded prospective comparative trial of a topical Vitamin K cream for the treatment of leg telangiectasias. *ANZ Journal of Phlebology* May 2000, 4(1) 28-31

McCoy S, Evans AE, James C Long-pulsed Ruby Laser for permanent hair reduction: histological analysis after 3, 4½ and 6 months. *Lasers Surg Med* 2002, 30:401-405

McCoy S, Davis P, Cassuto D, Town G Photo-rejuvenation: Copper Bromide vs. Intense Pulsed Light. *Australian Journal of Cosmetic Surg* 2005 1(2):32-38

BOOK. Lasers in Aesthetic Surgery. Gregory S Keller, Thieme 2001. Chapter 18. Copper Vapor and Copper Bromide Lasers and Chapter 29, Treatment of Pigmented Lesions with Copper Bromide and Copper Vapor Lasers.



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

### Your details

<b>Name</b>	David McIntosh
<b>Organisation (if applicable)</b>	ENT Surgeon
<b>Email address</b>	████████████████████

## Your responses to the consultation questions

### Codes and Guidelines

<b>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?</b>
As you will see in my reply, I am only going to answer where I feel I have something useful to say.
<b>2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?</b>
<b>3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.</b>

### Management of notifications

<b>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?</b>
Cosmetic surgery is no different to any other procedure and should not be marginalised or emphasised as such.
<b>5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.</b>



## Advertising restrictions

<b>6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?</b>
AHPRA and the Medical Board really need to accept that technology and communication is way ahead of the regulations and will continue to be so. The regulation of advertising is antiquated- as long as providers are not breaching consumer law in their advertising, it is time for Ahpra et al to move on and allow all practitioners to promote their services with the freedom that all other industries are afforded.
<b>7. What should be improved and why and how?</b>
End regulation of advertising restrictions
<b>8. Do the current <a href="#">Guidelines for advertising a regulated health service</a> adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?</b>
We need less regulation, not more. There is no evidence that advertising a service causes harm.
<b>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?</b>
You will never win this game- it is like whack a mole. There will forever be growing technologies that evolve and facilitate the promotion of services, in all manner of guises.
<b>10. Please provide any further relevant comment in relation to the regulation of advertising.</b>
It is an out of date and unnecessary element of regulation. Health quality will not deteriorate by allowing advertising.

## Title protection and endorsement for approved areas of practice

<b>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)?</b>
This is a terrible idea. Mostly because- who decides? I suspect you will have a multitude of plastic surgeons advocating for this- and then claiming they are entitled to the endorsement. However, not a single plastic surgeon is trained in cosmetic surgery as part of their fellowship- this is because cosmetic surgery is not done in public hospitals- hence they have no training in it. And what if someone performs an element of cosmetic surgery (such as ENTs that do rhinoplasty)? Will there be specific procedures that someone is endorsed for to make sure there is clarity?

<b>12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?</b>
No- it will allow for the self serving actions of those claiming to then be superior for being endorsed with no clear mechanism for demonstrating proficiency in a procedure.
<b>13. What programs of study (existing or new) would provide appropriate qualifications?</b>
There is, to my knowledge, only one college of training for cosmetic surgery. Whilst surgical training by established programs such as plastic surgery allows for the development of the anatomical knowledge and skills to perform some cosmetic procedures; these operations are not part of this training program. There should be no objections to any form of study but what happens if a new procedure comes on to the scene after such a course of study is done- is ther person entitled to offer it?
<b>14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.</b>
There is no good reason for plastic surgeons to be entitled to perform cosmetic surgery any more than any other practitioner. If someone is skilled in a procedure, then their title is window dressing to the skills they possess.

## Cooperation with other regulators

<b>15. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?</b>
The Queensland Health Ombudsman has very poor communication with practitioners, using emails that if we were to use with patients, we would be subject to disciplinary action for poor communication.
<b>16. If yes, what are the barriers, and what could be improved?</b>
<b>17. Do roles and responsibilities require clarification?</b>
<b>18. Please provide any further relevant comment about cooperating with other regulators.</b>

## Facilitating mandatory and voluntary notifications

<b>19. Do the Medical Board's current mandatory notifications guidelines adequately explain the mandatory reporting obligations?</b>
<b>20. Are there things that prevent health practitioners from making notifications? If so, what?</b>
<b>21. What could be improved to enhance the reporting of safety concerns in the cosmetic surgery sector?</b>
There needs to be a distinction between a complication and incompetence.
<b>22. Please provide any further relevant comment about facilitating notifications</b>

## Information to consumers

<b>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?</b>
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### Further comment or suggestions

<b>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.</b>

**From:** [REDACTED]  
**To:** [Cosmetic Surgery Review](#)  
**Subject:** Independent review of the regulation of health practitioners in cosmetic surgery  
**Date:** Sunday, 27 March 2022 2:51:22 PM

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Hi,

I suggest that:

- The term Cosmetic Surgeon be deleted as a title: its past use has caused too much confusion in the Public's mind
- Only a medical practitioner registered as a Specialist Surgeon with AHPRA be permitted to perform surgery that is cosmetic in nature
- That only:
  - Plastic Surgeons or Surgeons with sub-specialty training in this area be permitted to perform surgery that is cosmetic in nature
  - Surgeons in other surgical fields be permitted to perform surgery that is cosmetic in nature only in relation to their field of sub-specialty expertise e.g. ENT Surgeons are permitted to perform surgery that is cosmetic in nature on the head and neck regions

George McIvor

[REDACTED]



## Response template for submissions to the *Independent review of the regulation of medical practitioners who perform cosmetic surgery*

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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](mailto:CSReview@ahpra.gov.au).

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

### Your details

Name	Pauline Menczer
Organisation (if applicable)	
Email address	

## Your responses to the consultation questions

### Codes and Guidelines

<b>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?</b>
No, because they do not have an expected standard of training and experience.
<b>2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?</b>
<b>3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.</b>

### Management of notifications

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

### Advertising restrictions

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

<b>7. What should be improved and why and how?</b>
<b>8. Do the current <a href="#">Guidelines for advertising a regulated health service</a> adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?</b>
<b>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?</b>
<b>10. Please provide any further relevant comment in relation to the regulation of advertising.</b>

## Title protection and endorsement for approved areas of practice

<b>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)?</b>
<p>As cosmetic surgery is performed by doctors from a wide range of medical and surgical backgrounds, I think it is essential if the public is to be protected and feel confident.</p> <p>Cosmetic surgery is not a specialty and so there are no official specialists. Other than word of mouth and the doctor's own website and advertisements, the public has no way of knowing if he or she trained in cosmetic surgery or not.</p> <p>If doctors who are properly trained and competent are endorsed to practice cosmetic surgery by the authorities, the public would be able to choose an endorsed doctor.</p> <p>Whereas I understand that surgical groups with vested interests may not like the proposal that they, along with every other doctor performing cosmetic surgery, should be endorsed, why would Ahpra and the Medical Board NOT want to protect the public in this way?</p>



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<b>12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?</b>
Yes. This is obviously the case provided a relevant standard for endorsement is used.
<b>13. What programs of study (existing or new) would provide appropriate qualifications?</b>
I do not know but obviously, it must be specifically about cosmetic surgery.
<b>14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.</b>
Only doctors or specialists who are endorsed in cosmetic surgery should be allowed to call themselves cosmetic surgeons.

## Cooperation with other regulators

<b>15. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?</b>
<b>16. If yes, what are the barriers, and what could be improved?</b>
.
<b>17. Do roles and responsibilities require clarification?</b>
<b>18. Please provide any further relevant comment about cooperating with other regulators.</b>

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### Facilitating mandatory and voluntary notifications

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

### Information to consumers

<b>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?</b>
<b>24. If not, what improvements could be made?</b>

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

<b>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?</b>
No. As explained earlier, with no specialty and no endorsement for cosmetic surgery yet, the public register provides no relevant information about a practitioner's cosmetic surgery expertise or otherwise.
<b>27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?</b>
Introduce an endorsement for doctors who have met a competency standard in cosmetic surgery and show this on the public register.
<b>28. Is the notification and complaints process understood by consumers?</b>
<b>29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?</b>
<b>30. Please provide any further relevant comment about the provision of information to consumers.</b>

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 seems obvious that endorsement should be introduced. It will protect the public from untrained and unsafe practitioners. It is hard to think of any reason the public or anyone without a vested interest would not welcome it.

**From:** [REDACTED]  
**To:** [Cosmetic Surgery Review](#)  
**Subject:** "Submission to the independent review on cosmetic surgery"  
**Date:** Tuesday, 15 March 2022 5:27:19 PM

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**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To Mr Andrew Brown  
Independent Reviewer  
Independent review of the regulation of health practitioners in cosmetic surgery

Dear Andrew

I am a GP who mainly works in in Registration and Compliance but I have dealt with several notifications by GPs working in cosmetic surgery.

The common themes were:

- Working exclusively in a clinical area which was neither specialist or GP orientated
- Working alone
- Medical records were poor and not in auditable form
- No communication with patient's GP
- Minimal acknowledgement of psychological aspects of cosmetic surgery
- Accreditation alignment with RACGP when they did very little GP work
- Minimal Continuing Medical Education (CME/CPD)

My thoughts relate to Consultation Questions 11-14 of your review, and my suggestions are:

1. GPs working in this field be required to meet the accreditation standards of either the Australasian College of Cosmetic Surgery or the Cosmetic Physicians College of Australasia. The same policy would apply if I were practicing Obstetrics or Anaesthetics as a GP. It would include ongoing CME/CPD requirements and practice accreditation
2. Cosmetic GPs be required to communicate with a patient's GP much as a specialist does now
3. Cosmetic GPs be required to make and record a mental health assessment of all patients.
4. Financial reward be built into changes to encourage engagement – I am thinking of private health insurance mainly

I hope this is helpful

Regards

David Mills

Rural GP South Australia

[REDACTED]

**From:** Paul Miniter  
**To:** [Cosmetic Surgery Review](#)  
**Subject:** Re the open inquiry into Cosmetic Surgery in Australia  
**Date:** Friday, 11 March 2022 2:14:23 PM

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Dear sir/madam,

Thank you for the opportunity to submit my opinion in relation to cosmetic surgery performed by health practitioners in Australia. As you may know, I am a highly trained orthopaedic surgeon and to have become so, have undertaken extensive training, study, and many years of hard work and experience in the public hospital system, developing abilities in judgement and management. The level of responsibility assumed by a specialist surgeon is high and it is important that the surgeon not only have developed surgical skills but also the ability to identify and manage complications when they occur.

I have always been surprised that persons who are trained in a lesser fashion, for instance as a general practitioner, should be allowed to perform any invasive surgical treatment. The risks are high, the ability to manage complications is extremely important, and the whole issue is complicated by the patient's expectations which are commonly unrealistic.

The industry itself is heavily focused upon monetary gain. This itself does not necessarily lead to appropriate recommendations for surgical management.

In my opinion, the issue is straightforward: unless the person in question is a specialist level trained surgeon, there should be no allowance for the provision of surgical treatment for any patient. Whilst this may seem draconian, the effect of such a recommendation would almost certainly be to diminish the amount of unnecessary cosmetic surgery and, in addition, improved outcomes where such surgery has been carefully considered and regarded as appropriate.

I thank you for the opportunity to comment upon this matter.

Yours,

Dr Paul Anthony Miniter.





## Response template for submissions to the *Independent review of the regulation of medical practitioners who perform cosmetic surgery*

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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](mailto:CSReview@ahpra.gov.au).

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

### Your details

Name	A/Prof. COLIN CM MOORE
Organisation (if applicable)	ACCSM
Email address	████████████████████

## Your responses to the consultation questions

### Codes and Guidelines

<b>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?</b>
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 <i>specific</i> training and skill. Currently it is impossible to determine if a practitioner is operating within their scope of practice.
<b>2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?</b>
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.
<b>3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.</b>
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 <i>specifically</i> 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 <i>all doctors</i> who perform cosmetic surgery irrespective of their prior backgrounds.

### Management of notifications

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





## 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 <a href="#">Guidelines for advertising a regulated health service</a> 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)?
<p>. 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</p>

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

<b>12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?</b>
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 <i>specific</i> cosmetic surgical training and competence as well as on-going professional education in cosmetic surgery.
<b>13. What programs of study (existing or new) would provide appropriate qualifications?</b>
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.
<b>14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.</b>
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

<b>15. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?</b>
<b>16. If yes, what are the barriers, and what could be improved?</b>
<b>17. Do roles and responsibilities require clarification?</b>

<b>18. Please provide any further relevant comment about cooperating with other regulators.</b>

### Facilitating mandatory and voluntary notifications

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

### Information to consumers

<b>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?</b>
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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 <i>specific</i> training in cosmetic surgery, even if their surgeon is a specialist surgeon as recognised by the AMC.
<b>24. If not, what improvements could be made?</b>
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
<b>25. Should codes or guidelines include a requirement for practitioners to explain to patients how to make a complaint if dissatisfied?</b>

<b>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?</b>
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.
<b>27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?</b>
AHPRA could provide a register of identified practitioners who have the necessary training in cosmetic surgery to perform such procedures safely
<b>28. Is the notification and complaints process understood by consumers?</b>
<b>29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?</b>

<b>30. Please provide any further relevant comment about the provision of information to consumers.</b>
It should be clear to consumers which doctor is trained <i>specifically</i> in cosmetic surgery, irrespective of their other previous training.

### Further comment or suggestions

<b>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.</b>
It is vital that consumers are made aware of the <i>specific</i> 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 <i>all</i> 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 <i>only</i> 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.



## CERTIFIED TRANSLATION

Fwd:

[REDACTED] >

To: Cosmetic Surgery Review

Fri 4 March 2022, 2:38 AM

-----Forwarded Mail-----

From: [REDACTED] <[REDACTED]>

Date: Tue, 1 March 2022, 2:02 pm

Subject:

To: [REDACTED]

Hi, I'd like to file a complaint against a surgical microplastics hospital facility in [REDACTED]

- On the afternoon of 18 June 2021, at [REDACTED], which is located at [REDACTED]

- [x] I had a 360 degree lumbar and abdominal circumferential liposuction.

I arrived at the clinic at about 1:30. Since the doctor who performed liposuction surgery for me hadn't come to the clinic yet, the receptionist asked me to wait in the lobby for a while. Twenty minutes later, she (the receptionist) gave me a document which was in English. She did not give me the translated document in Chinese at that time, nor did she translate or explain the contents of the English version of that document to me, just saying that we could get started as soon as it was signed. As the document was all in English and I couldn't read it, I just signed it off straightforwardly. Then the doctor came in and took my preoperative photos and videos from all angles. After the preoperative preparations, the nurse gave me two pills and said that taking them could make me sleepy and relieve the pain. The whole surgery lasted about 40 to 50 minutes before it finished and the surgery fee was \$12,000. As I paid a deposit of \$2,000 by transfer beforehand, I paid her the remaining \$10,000 of surgery fee in cash before I went home. Half a month after the surgery, I found that there was no change in my waist and there was still unevenness. The liposuction didn't work well and was uneven. I went to the clinic several times during this period, respectively on 2 July 2021, 10 July 2021, 29 July 2021 and 4 September 2021, and their replies were all excuses. At the beginning, they shied away a few times by saying that the doctor hadn't come back to [REDACTED] [due to] the pandemic. Later they said that the doctor would not come back to [REDACTED] and then put the blame on me by saying that this doctor was the best liposuction surgeon in Australia and that the surgery did not work only because I did not exercise and eat properly. I am just wondering, if I can lose weight by fitness exercises, what is the point of having surgery? Throughout the whole process, the hospital had been showing an irresponsible attitude and all it said sounded like an abdication of responsibility. Later, I asked my friend to help negotiate with the hospital to help me fix the problem. The hospital wanted me to pay a few thousand dollars more for the repair surgery so that they could help me fix that. Later, I also heard about [the experiences of] friends around me, only to find that there were many problems in the surgeries performed at

### NAATI CERTIFICATION

I, [REDACTED], NAATI-certified translator with NAATI ID [REDACTED], certify that the above text is a true and correct translation from Chinese prepared in Melbourne on 23 March 2022.



## CERTIFIED TRANSLATION

this clinic, such as breast plastic surgery, injections, and facelifts. Then I began to doubt if there was something wrong with the qualifications of doctors in this hospital. If the doctors are formal and qualified, how could there be so many problems? And I regret that I didn't know their hospital was so bad until things went wrong with myself. Later, I checked the website of their hospital, which is [REDACTED] only to find that there were only two doctors' [names] listed on their website but [the name of] the doctor who performed the surgery on me did not appear on the website. I asked my friends if the two doctors [listed] on the website had performed the surgeries on them, and they all said no, which made me seriously doubt whether the doctor who performed liposuction for me was a doctor from this hospital or was hired outside temporarily. Does he have the professional qualifications to perform this surgery on me? Is he a professional plastic surgeon? I really doubt that. So I checked the doctor's name, which is [REDACTED] on the website <https://www.medicalboard.gov.au/>. I couldn't find any information, which made me even more suspicious of the doctor's qualifications in this hospital and the specialisation of towards[sic][Translator's Note: should be "this"] doctor. I doubted that they were selling horse meat as beefsteak by posting a qualified surgeon's details on their website, but in fact, secretly using an unqualified doctor to perform my surgery, which resulted in a surgery that had no effect. They didn't hold any responsibility either and blamed the problem on me. I have really seen too many cases of failed surgeries performed by this hospital. In my case, the surgery may not have achieved results, or made me look even worse than what was like before, but the serious problems left on other girls due to failed plastic surgeries cannot be ignored. Because it takes a lot of time, energy and money to find a lawyer in Australia to defend their rights, many girls who encountered this kind of issues really do not have the ability to defend their rights even if they want to do so. The attitude of this hospital was also very atmosphere[sic][Translator's Note: should be "infuriating"] . Not only did they not help their customers fix the problem, but they also asked us to pay for the repairs ourselves. The most exasperating was that the hospital did not give me any follow-up consultation and when I proposed to let other doctors help me review, the hospital did not agree. So I became angry and I shared my real experience by posting on [REDACTED] as well as [REDACTED]). The hospital then disclosed my photos by posting on [REDACTED] to slander, threaten, and abuse me, claiming that I had infected with COVID-19, and also threatening me by sending me my address in my hometown. I hereby earnestly beg your organisation to help me find out the problems of this hospital and this doctor.

### NAATI CERTIFICATION

I, [REDACTED], NAATI-certified translator with NAATI ID [REDACTED], certify that the above text is a true and correct translation from Chinese prepared in Melbourne on 23 March 2022.

## CERTIFIED TRANSLATION

(No subject)

To Cosmetic Surgery Review

Mon 7 March 2022, 12:31 PM

Hiring unlicensed doctors to perform surgeries  
Failure to locate any medical practicing credentials online  
Unscrupulous hospital/hospital that causes disfigurement/

I, [REDACTED]

received a 360-degree lumbar and abdominal circumferential liposuction  
on the afternoon of 18 June 2021, at [REDACTED], which is located at  
[REDACTED]

I arrived at the hospital at 13:30 on the day. The doctor did not arrive on time, as a result, I waited on the spot for about twenty minutes, and the receptionist asked me to sign a Consent Form which was in English for the surgery. They asked me to sign the form very urgently (I don't speak English), and they didn't provide any translation, nor any explanation, nor did they have any translated version of this document in Chinese. They just said we could start after signing. (I was pushed at that moment and I regret that now)

After signing the Consent Form, I finally met the doctor at the surgery room 20 minutes later. Without any communication, [he] straightforwardly began to take preoperative photos and videos from all angles.

Because I had never seen the Chief Surgeon of this liposuction surgery before, I thought that there would be a pre-operative consultation after the photos were taken to discuss the questions such as the liposuction plan, the postoperative effects and the effects I wanted to achieve, but there was no pre-operative communication at all. The nurse directly gave me two sedative pills and without giving me a preoperative consent form for anaesthesia to sign, the local anaesthesia and the surgery were started immediately.

The surgery run very quickly, and it wrapped up in about one hour. At the time, I was thinking how could it be so fast? I was having a 360-degree liposuction, but it seemed that the mother's buttocks on the hip side and back waist hadn't been sucked at all?

In addition, the doctor left immediately after the end of surgery, without telling me how much fat was removed, and any postoperative precautions.

Surgery fee: \$12,000, \$2,000 prepaid deposit, paid the balance in cash and left.

The pain after liposuction, and the torture of shapewear...

I wear it continuously 24 hours a day.

But after 15 days, I was starting to notice that the liposuction area (waist and abdomen) had barely changed.

### NAATI CERTIFICATION

I, [REDACTED], NAATI-certified translator with NAATI ID [REDACTED], certify that the above text is a true and correct translation from Chinese prepared in Melbourne on 23 March 2022.

## CERTIFIED TRANSLATION

Furthermore, the doctors and nurses of the hospital never asked me about my subsequent recovery in any way.

So I asked the clinic several times, respectively on 2 July 2021, 10 July 2021, 29 July 2021 and 4 September 2021, if I could go back and see the doctor to see what was going on, but at this time, the clinic kept evading me. Initially, they claimed that the doctor was unable to come back to [REDACTED] [due to] the pandemic. After saying this a few times, it seemed that didn't make any sense, then they began to claim that the doctor would not come back to [REDACTED] and then started to put the blame on me by saying that this doctor was the best liposuction surgeon in Australia whose surgery was the most effective, and that the surgery did not work only because I did not exercise and did not control my diet.

Being rejected by their dodgery again and again, I was rather speechless.

After liposuction, it didn't work, on the contrary, the surgery left me with huge skin folds on my stomach, which I don't know if it can be fixed. At this time, it has caused huge damage to me physically and mentally.

Later, I asked other doctors introduced by my friends, and all these professional doctors answered that it was impossible as it had been almost half a year [after the surgery] while there was no effect.

I began to reflect on the fact that if the doctors in this hospital were really skilled and professional, it would be impossible for this to happen in a short period of time. In addition, how the hospital acted upon the follow-up was a manifestation of an irresponsible attitude, which meant they wanted to shirk responsibility.

Subsequently, when I heard about my friends, I found out that most of the surgeries performed at this clinic had problems, such as breast plastic surgery failure, liposuction failure, skin lift surgery failure, and injection failure...

From then on, I have serious doubts about the qualifications of their doctors[emoticon].

If the doctors had professional qualifications, how could there be so many problems?

So I immediately checked [REDACTED] on the hospital's official website.

It turned out that there were only two doctors [listed] on the website of this hospital, and there was no information available about the doctor in charge of my surgery on the website. Hence I asked other victims of failed plastic surgeries if their surgeries were performed by the doctors whose names were listed on the website, and it turned out to be none.

which, combined with those pre-operative conditions, made me seriously doubt if the doctor who did my liposuction was a professional.

So I looked up this doctor's name, which was [REDACTED] on the website <https://www.medicalboard.gov.au> !!!

But no information was found.

Later [I] browsed [www.accs.org.au](http://www.accs.org.au).

### NAATI CERTIFICATION

I, [REDACTED], NAATI-certified translator with NAATI ID [REDACTED], certify that the above text is a true and correct translation from Chinese prepared in Melbourne on 23 March 2022.

## CERTIFIED TRANSLATION

And nothing that matched him was found either.

Ahpra does not have any information about him on this website either.

At the moment I don't know if I'm wrong, or [else]?

This made me even more suspicious of the doctors' qualifications in this hospital and towards [sic] the professionalism of the doctors?

I am very suspicious of their behaviour to deceive consumers.

They put qualified surgeons' details on the website,

while in fact, [they] secretly used a unqualified doctor to perform surgery on me.

That's why the surgery didn't work and my skin was bumpy and flabby, like a belly after giving birth to two babies, which has had a great impact on my future life. The hospital was not responsible for that, but also blamed the problem on me.

I have really seen too many cases of failed surgeries performed by this hospital. In my case, the surgery may not have achieved results while lots of other girls looked even worse than what they looked like before. For those girls who suffered from the failed plastic surgeries or were even disfigured, the serious problems left on them cannot be ignored.

For us foreigners, it takes a lot of time, energy and it is very costly to find a lawyer in Australia to defend our rights. Many girls who encountered this kind of issues really do not have the ability to defend their rights even if they want to do so.

The staff of the hospital are all Australian citizens. If the hospital is really a formal one, why does it have no sense of responsibility at all?

As for the preoperative consent form, [they] did know we were not good at English, why didn't [they] give the Chinese version to me, and instead, pushed us in a forcible way to sign a consent form that we even didn't know what it was.

This feels like fraud. I hereby earnestly ask your organisation to help me probe into this matter and find out what are the problems of this hospital and this doctor.

On behalf of all the girls who have failed and become disfigured in surgery, thank you.

### NAATI CERTIFICATION

I, [REDACTED], NAATI-certified translator with NAATI ID [REDACTED], certify that the above text is a true and correct translation from Chinese prepared in Melbourne on 23 March 2022.

**From:** [REDACTED]  
**To:** [Cosmetic Surgery Review](#)  
**Subject:** Plastic/ cosmetic surgeries  
**Date:** Thursday, 21 April 2022 6:11:39 PM

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CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To whom it may concern

I am writing as a patient who has suffered as a result of botched breast implant surgery. Around 4 years ago, I was keen to undergo breast enlargement and spent many months researching to find a good and appropriately qualified doctor. I ended up seeing a doctor who had a very strong profile on social media and I felt assured that he knew what he was doing. Unfortunately, the outcome was poor and when I returned to see him, he dismissed my concerns and offered me a minor touch up in his office. The result after this was even worse, this left me with what I believe a deformity and severe emotional and physical scarring. I eventually had to get a second opinion and two revision surgeries to get something that is now acceptable. I am concerned that the industry is too focused on sales and marketing and underplays risks. Many women like me believe what we see on social media and place our trust in doctors who don't necessarily have our best interests at heart. I feel stupid and ashamed that I fell for the sales and marketing tactics but was thorough in my research. AHPRA needs to look at some of the advertising in this industry and ensure that patients are given honest and true information about risks and outcomes. I also think that AHPRA should open an avenue for patients like me to report poor results which can hopefully give patients a better idea of the outcomes after cosmetic procedures. I also believe that social media should not be a part of a woman's decision and if so it should be closely monitored where photos are not to be photoshopped and they have actual real results with all information attached.

Thank you for considering my submission

Sincerely,

[REDACTED]

Sent from my iPhone



## Response template for submissions to the *Independent review of the regulation of medical practitioners who perform cosmetic surgery*

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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](mailto:CSReview@ahpra.gov.au).

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

### Your details

Name	Christina Nelson
Organisation (if applicable)	
Email address	

## 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?**

No not at all! They do not have an expected standard of training and experience.

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

- 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?**

- 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?**

- 7. What should be improved and why and how?**

<p><b>8. Do the current <a href="#">Guidelines for advertising a regulated health service</a> adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?</b></p>
<p><b>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?</b></p>
<p><b>10. Please provide any further relevant comment in relation to the regulation of advertising.</b></p>

## Title protection and endorsement for approved areas of practice

<p><b>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)?</b></p>
<p>I think it is essential if the public is to be protected.</p> <p>Cosmetic surgery is not a specialty and so there are no official specialists. Other than word of mouth and the doctor's own website and advertisements, the public has no way of knowing if he or she trained in cosmetic surgery or not.</p> <p>If doctors who are properly trained and competent are endorsed to practice cosmetic surgery by the authorities, the public would be able to choose an endorsed doctor.</p> <p>Why would Ahpra and the Medical Board NOT want to protect the public in this way?</p>
<p><b>12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?</b></p>



Yes

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

I do not know but obviously, it must be specifically about cosmetic surgery.

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

Only doctors or specialists who are endorsed in cosmetic surgery should be allowed to call themselves cosmetic surgeons.

## 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?**

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**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?**

**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?**

**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. As explained earlier, with no specialty and no endorsement for cosmetic surgery yet, the public register provides no relevant information about a practitioner's cosmetic surgery expertise or otherwise.

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

Introduce an endorsement for doctors who have met a competency standard in cosmetic surgery and show this on the public register.

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

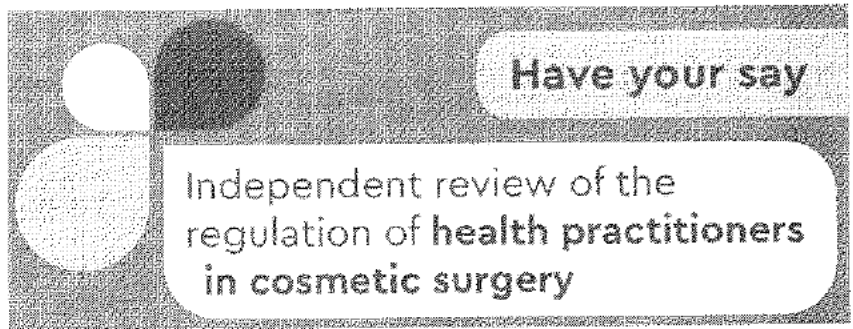
**29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?**

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

## 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 seems obvious that endorsement should be introduced. It will protect the public from untrained and unsafe practitioners. It is hard to think of any reason the public or anyone without a vested interest would not welcome it.



## Response template for submissions to the *Independent review of the regulation of medical practitioners who perform cosmetic surgery*

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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](mailto:CSReview@ahpra.gov.au).

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

Your details

Name	DR DENNIS D NGUYEN (MED 0001136576)
Organisation (if applicable)	ACCSM
Email address	

## Your responses to the consultation questions

### Codes and Guidelines

<b>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?</b>
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 <i>specific</i> training and skill. Currently it is impossible to determine if a practitioner is operating within their scope of practice.
<b>2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?</b>
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.
<b>3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.</b>
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 <i>specifically</i> 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 <i>all doctors</i> who perform cosmetic surgery irrespective of their prior backgrounds.

### Management of notifications

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

## 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 <u>Guidelines for advertising a regulated health service</u> 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)?
<p>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</p>

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

<b>12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?</b>
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 <i>specific</i> cosmetic surgical training and competence as well as on-going professional education in cosmetic surgery.
<b>13. What programs of study (existing or new) would provide appropriate qualifications?</b>
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.
<b>14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.</b>
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

<b>15. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?</b>
<b>16. If yes, what are the barriers, and what could be improved?</b>
<b>17. Do roles and responsibilities require clarification?</b>



<b>18. Please provide any further relevant comment about cooperating with other regulators.</b>

### Facilitating mandatory and voluntary notifications

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

### Information to consumers

<b>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?</b>
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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.



## Response template for submissions to the *Independent review of the regulation of medical practitioners who perform cosmetic surgery*

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

### Your details

Name	Jayson Oates
Organisation (if applicable)	
Email address	

## Your responses to the consultation questions

### Codes and Guidelines

<b>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?</b>
The Guidelines are great and all the rules important but misses the point that there is a basic conflict of interest between a doctor offering cosmetic procedures and the person paying for it.
<b>2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?</b>
Maybe all patients should be given written information at the first consult, or even electronically prior to the first consult with the important details that this review thinks the patient should know. But from experience the people who most need to read it, won't.
<b>3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.</b>

### Management of notifications

<b>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?</b>
<b>5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.</b>
From what I have seen, not against me personally, is that the Medical Board can be extremely inequitable in the treatment of 'offending' practitioners and being punitive. It appears like they are over reacting to criticism in the media of their prior failings in managing these issues.

## Advertising restrictions

<b>6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?</b>
<b>7. What should be improved and why and how?</b>
<b>8. Do the current <a href="#">Guidelines for advertising a regulated health service</a> adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?</b>
<b>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?</b>
<b>10. Please provide any further relevant comment in relation to the regulation of advertising.</b>

## Title protection and endorsement for approved areas of practice

<b>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)?</b>
I still don't understand quite what it will mean. However it could be very useful. Despite what Plastic and reconstructive surgeons tell you, they do not leave their basic training with sufficient training and experience in cosmetic surgery. And they don't realize it. I have been doing cosmetic surgery (I have a FRACS) and the worst results I see are from 'plastic surgeons'. They should not get an automatic endorsement because of their basic training.

<b>12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?</b>
Yes.
<b>13. What programs of study (existing or new) would provide appropriate qualifications?</b>
Doing recognised training fellowships post FRACS. I have never been a member of the Australian College of Cosmetic Surgery but they do have a training program that did give good cosmetic experience.
<b>14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.</b>
Say a non FRACS doctor has a practice based on liposuction. Would it be proposed this doctor says – Dr XYZ Endorsed in Liposuction ? Maybe that it reasonable.

## Cooperation with other regulators

<b>15. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?</b>
<b>16. If yes, what are the barriers, and what could be improved?</b>
<b>17. Do roles and responsibilities require clarification?</b>
<b>18. Please provide any further relevant comment about cooperating with other regulators.</b>

## Facilitating mandatory and voluntary notifications

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<b>20. Are there things that prevent health practitioners from making notifications? If so, what?</b>
<b>21. What could be improved to enhance the reporting of safety concerns in the cosmetic surgery sector?</b>
<b>22. Please provide any further relevant comment about facilitating notifications</b>

## Information to consumers

<b>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?</b>
Yes
<b>24. If not, what improvements could be made?</b>
<b>25. Should codes or guidelines include a requirement for practitioners to explain to patients how to make a complaint if dissatisfied?</b>
Hmm tricky. Not every patient is immediately satisfied. But by working with the patient it is usually possible to get a result/outcome that does satisfy them. If they go too quickly to a complaint then the patient may miss out on the opportunity for their doctor to help them. But some doctors clearly don't put in the effort to get people there.



<b>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?</b>
<b>27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?</b>
<b>28. Is the notification and complaints process understood by consumers?</b>
<b>29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?</b>
<b>30. Please provide any further relevant comment about the provision of information to consumers.</b>

### Further comment or suggestions

<b>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.</b>