



## 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

<b>Name</b>	Dr. Carlos Andres Perez Ledesma
<b>Organisation (if applicable)</b>	
<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>
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>
No comment
<b>5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.</b>

No comment

## Advertising restrictions

<b>6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?</b>
Seems appropriate.
<b>7. What should be improved and why and how?</b>
It would be beneficial for the patient to have a more clear idea of the expertise of the surgeon or doctor they are about to see. Having a register of cosmetic practitioners can help this.
<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>
It seems appropriate.
<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>
I believe the current guidelines are sufficient.
<b>10. Please provide any further relevant comment in relation to the regulation of advertising.</b>
None.

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

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

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

No comment
<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>
yes
<b>20. Are there things that prevent health practitioners from making notifications? If so, what?</b>
Not to my knowledge
<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>
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## 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>
yes

<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>
Not well enough.
<b>29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?</b>



Make it clearer in their costumer website.
<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.



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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 Melissa Lee
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.





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

### Your details

Name	Dr Jennifer Leung
Organisation (if applicable)	Aesthetic Harmony
Email address	[REDACTED]

## 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

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

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



<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.





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

### Your details

<b>Name</b>	Dr Soo-Keat Lim
<b>Organisation (if applicable)</b>	
<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>
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>
More regular notifications would be helpful
<b>5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.</b>

Notifications of the types of breaches that are being investigated or have been dealt with

## 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>
All advertising should be submitted to the Medical Board for Pre Approval to reduce controversy in the manner of the advertising, the materials, the wording etc
<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>
See above
<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>
Advertising via Social Media is poorly controlled at present. A Pre Approval process will help as the Medical Board / AHPRA can only investigate if a complaint is made to it.
<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>
. Establishing an endorsement model would essentially protect patients from adverse outcomes. Those practitioners, who are endorsed to practice cosmetic surgery, would have the appropriate training and experience in cosmetic surgery. This would be clear to patients, because there would be an AHPRA administered Cosmetic Surgery Register identifying doctors who are endorsed for cosmetic surgery. Patients could then be rest assured that they are being treated by doctors who are operating within their scope of practice. A title restriction should be linked to a competency-based accreditation Standard/Register as proposed by the

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



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

No
<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>
Yes
<b>20. Are there things that prevent health practitioners from making notifications? If so, what?</b>
No
<b>21. What could be improved to enhance the reporting of safety concerns in the cosmetic surgery sector?</b>
There is an unhealthy strong reliance on practitioners with FRACS having competency in Cosmetic Surgery when many of them have not received proper training in this field through their colleges unless they have had extra graining in Cosmetic Surgery after receiving their Fellowship..This amounts to false advertising when they claim that they are Cosmetic Surgeons.
<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>
Yes

<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>
Poorly understood
<b>29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?</b>

A Brochure or PDF copy that the practice can print out to be provided to each new patient to explain about their rights and the complaint process
<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.



## 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

<b>Name</b>	Dr Malcolm D Linsell
<b>Organisation (if applicable)</b>	Specialist Plastic Surgeon (ASPS & ASAPS)
<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>
No
<b>2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?</b>
<ol style="list-style-type: none"><li>1. Any surgical procedure should only be performed by medical practitioners who have completed their FRACS (or equivalent). In other words, they are trained surgeons who have a rigorous appreciation for surgical principles and techniques.</li><li>2. Cosmetic surgery should only be performed by surgeons who have been trained in cosmetic surgery. Cosmetic (or Aesthetic surgery) is usually covered in the training undergone by specialist plastic surgeons in their FRACS (Plast surgery) training.</li></ol>
<b>3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.</b>
A doctor (with no other surgical skills) who has attended a course for a few weeks on a particular operation, should be prevented from advertising and/or performing that procedure.

### 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>
Only allow fully trained surgeons, who are trained in cosmetic surgery, to perform cosmetic surgery.
<b>5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.</b>
As a current medico-legal practitioner, I see dozens of women who have had unsatisfactory procedures performed by doctors who have not received Australian surgical qualifications. When patients have undergone a procedure from someone who is not surgically qualified, they feel they have been let down by the regulatory system. I agree with them.

## 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>
Only trained surgeons, who have additional training in cosmetic surgery should be able to perform cosmetic surgery and inform the public of their skills.
<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>
Mostly these are adequate. Risk is something that the individual surgeon in the consultation process should be covering in detail with the individual patient, so that each patient is making an informed choice.
<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>
If adhered to, the advertising guidelines are sufficient.
<b>10. Please provide any further relevant comment in relation to the regulation of advertising.</b>
The discussion of possible complications and risks involved should be made clear in the consultation process. Informed consent is essential for any patient considering any surgical procedure. Cosmetic surgery is real surgery and carries the real risk of complications.

## 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 think this is a good idea. As part of my surgical training for the FRACS, I had 4 years training in cosmetic surgery and have practiced cosmetic surgery for 30 years. I am well trained and provide good results always safely performed in a hospital setting. This is vastly different from a non-trained surgeon doing for instance breast augmentations in their rooms because they have attended a week-long course. Patients should be able to choose their surgeon based on informed criteria that makes it easier to understand the differences between surgeons.



<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>
This already exists in the specialist plastic surgery training program.
<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>

### 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>
Unknown
<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>
Yes
<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>
If they do, some practitioners are not adhering to them.
<b>24. If not, what improvements could be made?</b>
It should be very clear to patients that a particular practitioner was a trained surgeon and also trained in the particular procedure to be undertaken.
<b>25. Should codes or guidelines include a requirement for practitioners to explain to patients how to make a complaint if dissatisfied?</b>
I don't think so. If patients are unhappy, they find ways to make a complaint pretty quickly.

<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.
<b>27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?</b>
Only fully trained surgeons, trained in cosmetic surgery should perform cosmetic surgery.
<b>28. Is the notification and complaints process understood by consumers?</b>
Unknown
<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>
<p>I know this is a complex issue. There are a few non-trained surgeons who have specialised in a few procedures and provide excellent results. However, the current set up is confusing for patients. Just because I graduated with an MBBS, it did not make me capable of performing surgery, yet under Australian law I could have called myself a surgeon and started performing procedures. That is ridiculous. It took me another 10 years of surgical training in Australia and overseas to have the skill, confidence and safety to commence practice, knowing my patients would be cared for. I also had the insight to know what I wasn't capable of doing. Australia has an excellent system for training surgical graduates. The system is already in place. What our patients don't need is doctors attempting to circumvent the system either because they don't</p>

want to wait for 10 years to practice or because they failed at their attempts to enter the surgical program.

**From:** David Lyall  
**To:** [Cosmetic Surgery Review](#)  
**Subject:** "Submission to the independent review on cosmetic surgery"  
**Date:** Monday, 4 April 2022 2:05:18 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.

Mr Andrew Brown, Independent Reviewer.

Dear Sir,

I am a retired General Practitioner having practised for 50 years. I also have a son who is a Plastic Surgeon with a FRACS qualification.

Like many other members of the public I watched several programs on television regarding cosmetic surgery which reminded me of holiday jobs in the freezing works in NZ and I was frankly disgusted at the appallingly low standard especially of hygiene and wondered who the accrediting body was.

My main submission is regarding the nature of Cosmetic surgery. The term Cosmetic Surgeon should be restricted to qualified Plastic Surgeons who practise cosmetic surgery. This involves an extremely detailed knowledge of Anatomy quite in excess of what is taught in medical school and who have probably close to 10 years of post-graduate training before achieving specialist status. It is true that we have a Bachelor of Surgery as our basic medical degree but this is becoming more anachronistic with the passage of time and is now almost redundant in an increasingly highly specialised world.

The general public at large do not realise that a person calling themselves a Cosmetic Surgeon may not have any qualifications to justify this. They make the same assumption that we do when we board a plane and that is that the pilot is suitably qualified. Unless the Doctor has a Fellowship in Surgery he should not be calling himself a surgeon anyway. The public should be protected from charlatans for their own good but also to maintain the trust of the public for the whole profession and maintain it's high standing.

Yours Sincerely

David Lyall MB.Ch.B.,B.Sc.,FRCGP.,Dip.Obs.,Master of Public Policy.





## 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

<b>Name</b>	Susan MacCallum
<b>Organisation (if applicable)</b>	
<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>
No
<b>2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?</b>
Guidelines ( eg 8.1 and 8.2) need to be very specific - if a doctor is cutting into a patient for the purposes of cosmetic surgery, that person needs to have done accredited specialist surgical training in the field of plastic and reconstructive surgery  For injectables and botox etc, the guidelines are adequate  Similarly, anaesthetists involved need to be accredited by college of anaesthetics
<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>
No, there needs to be greater scrutiny of social media and YouTube advertising, often flies under the radar  The cosmetic surgeons need to know that direct contact with consumers via social media and YouTube etc is unacceptable
<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>
As above
<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>
Inadequate – these are surgical procedures and should be done by surgeons. This is even more important as GPs are not gatekeepers here and the public cannot be expected to know the details

<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 see above
<b>13. What programs of study (existing or new) would provide appropriate qualifications?</b>
Fellow of the college of surgeons with accreditation in plastic and reconstructive 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>

### 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>
Not much communication between the two – usually have to notify both , it's not automatic and there are state boundaries which are a problem – many cosmetic practices operate in NSW, Vic and Qld
<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>
Yes
<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>
Better protection for public hospital docs when cosmetic disasters are dumped into pub health system and need to be reported. Great pressure if from a co-located private hospital
<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>
Pretty good, just need to be clearer that this is major surgery and also provide a clear complaint pathway , with info to manage expectations ie you will have to sue for damages if you want a financial settlement
The Be safe first doc is good and all GP surgeries should carry it
<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>

Yes
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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
<b>27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?</b>
Need more specific info on qualifications -where gained and when.
<b>28. Is the notification and complaints process understood by consumers?</b>
I think not
<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>



**From:** Amira Mahboub  
**To:** [Cosmetic Surgery Review](#)  
**Subject:** Re: Public consultation now open – Independent review of the regulation of health practitioners in cosmetic surgery  
**Date:** Tuesday, 8 March 2022 2:27:43 PM

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I have no faith in any review process conducted by AHPRA whatsoever.

Regards

Amira

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.

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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

<b>Name</b>	Dr Harsimran Malhi
<b>Organisation (if applicable)</b>	H&H Aesthetic Medicine
<b>Email address</b>	[REDACTED]

## 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>
--

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.



**From:** Marcia Manning  
**To:** [Cosmetic Surgery Review](#)  
**Subject:** SUBMISSION TO THE INDEPENDENT REVIEW OF COSMETIC SURGERY  
**Date:** Wednesday, 9 March 2022 9:57:34 AM

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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.

Dear Sir, Madam

My opinion is this:

Only fully qualified plastic surgeons should be allowed to wield a scalpel for the sole purpose of 'improving' aesthetics, with the exception that GPs should still be allowed to perform biopsies and remove small lesions where their patients care will not be compromised.

Only medical doctors should be allowed to perform liposuction, inject fillers or collagen or wield a laser for aesthetic purposes, and as with mental health training, those doctors should have evidence of specific training in these areas. The qualification and training and experience of all cosmetic doctors including surgeons should be disclosed on their websites and they should never be allowed to advertise to the public.

Yours faithfully

Marcia Manning

GP (1984 to present)