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

You are invited to have your say about the regulation of medical practitioners (doctors) who perform cosmetic surgery by making a submission to this independent review.

The consultation questions from the consultation paper are outlined below. Submissions can address some or all of these questions, and you can include any evidence or examples that you think are relevant.

Submissions can be emailed to:

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

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

Your details

Name	Dr. Eugene Jackson
Organisation (if applicable)	
Email address	[redacted]

Your responses to the consultation questions

Codes and Guidelines

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

Management of notifications

4. Having regard to Ahpra and the Medical Board's powers and remit, what changes do you consider are necessary to the approach of Ahpra and the Medical Board in managing cosmetic surgery notifications, including their risk assessment process, and why?
AHPRA and indeed the medical board would require competent and experienced people who make very important decisions regarding a practitioner's ethics,conduct or competence.There should also be complete transparency and scrutiny of the panelists' qualifications ,experience and affiliations before being allowed to sit on boards and make decisions on medical candidate cases. They should have the competencies and experience relevant to the case before them .The make-up of the board should be open to scrutiny by practitioners and public alike.
5. Please provide any further relevant comment in relation to the management of

notifications about medical practitioners involved in cosmetic surgery.
From personal accounts and from what I have heard about my peers' unfortunate enough to be subjected to notifications and referrals to medical boards, it is obvious that an auditing process should be in place to review candidates of and decisions made by the medical board as well as the "referral process " for a complaint moving from a notification to the HCCC to the medical board. At the moment it appears completely arbitrary and opaque.

Advertising restrictions

6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?
No. They have had many many years to regulate the industry ,but largely failed to do so.A simple solution would be as described above-endorsement and subsequent CLEAR guidelines regarding what constitutes breach etc..
7. What should be improved and why and how?
The whole system should be dismantled and reviewed afresh -with a non -partisan ,non-prejudicial approach . The lack of ethnic and cultural diversity speaks volumes and warrants a review in itself.
8. Do the current Guidelines for advertising a regulated health service adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?
"Risks" alone are not enough –a specific ,unambiguous regulation should be implemented .
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?
There should be strict guidelines /protocols as to what constitutes appropriate content in a social media space specifically as it relates to promotion/advertising . Much of what appears on cosmetic social media pages is very educational.
10. Please provide any further relevant comment in relation to the regulation of advertising.

Title protection and endorsement for approved areas of practice

11. To what extent would establishing an endorsement in relation to the practice of cosmetic surgery address relevant issues of concern in the sector (including patient safety issues)?
. Establishing an endorsement model would essentially protect patients from adverse outcomes. Those practitioners, who are endorsed to practice cosmetic surgery, would have the appropriate training and experience in cosmetic surgery. This would be clear to patients, because there would be an AHPRA administered Cosmetic Surgery Register identifying doctors who are endorsed for cosmetic surgery. Patients could then be rest assured that they are being treated by doctors who are operating within their scope of practice. Having said that ,colleges offering cosmetic surgery training should also be regulated to ensure that the training is of

a standard sufficient to expose their registrars /trainees to a broad range of cosmetic procedures and that graduation/fellowship from the college would suggest that the fellow is competent (in knowledge ,technique and judgement) to ensure the safe delivery of cosmetic surgery.

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

Cooperation with other regulators

15. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?
It would appear so –I am not confident that the "referrers" are adequately skilled /trained to appropriately refer.
16. If yes, what are the barriers, and what could be improved?
17. Do roles and responsibilities require clarification?

YES
18. Please provide any further relevant comment about cooperating with other regulators.
There should be clear guidelines and policy (transparent to all) for what constitutes a “threat to public safety” for eg. And how particular notifications are dealt with so that it does not appear arbitrary and punitive and also why and how certain conditions if imposed ,are in fact rehabilitative.

Facilitating mandatory and voluntary notifications

19. Do the Medical Board’s current mandatory notifications guidelines **adequately explain the mandatory reporting obligations?**
NO
20. Are there things that prevent health practitioners from making notifications? If so, what?
NO
21. What could be improved to enhance the reporting of safety concerns in the cosmetic surgery sector?
The proper vetting of the notifier . many of these are vexatious and the person documenting /respoding to the complaint appears poorly trained in handling the complainant and the complaint itself
22. Please provide any further relevant comment about facilitating notifications

Information to consumers

23. Do the Medical Board’s current codes and guidelines adequately describe the obligations of practitioners who perform cosmetic surgery to provide sufficient information to consumers and obtain informed consent?

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

24. If not, what improvements could be made?

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

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

26. In the context of cosmetic surgery, does the Ahpra website and public register of practitioners provide sufficient information about medical practitioners to inform consumer choices?

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

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

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

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

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

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

Further comment or suggestions

31. If you have any further comment relevant to Ahpra's and the Medical Board's regulation of cosmetic surgery including and/or suggestions for enhancements not mentioned in response to the above questions, please provide it here.
It is vital that consumers are made aware of the *specific* experience and qualifications of their cosmetic surgeon, in order for them to make informed choices regarding their surgery and choice of surgeon. I support the proposal for a national competency-based accreditation Standard for *all* doctors performing cosmetic surgery. There should be a register of Endorsement of those who have met, and maintain the national standard. Restriction of the title 'Cosmetic Surgeon' should be applied to those medical practitioners who appear on the Register, administered by AHPRA. Since the Australasian College of Cosmetic Surgery and Medicine is the *only* training body in Australia specifically focused on training practitioners in Cosmetic Medicine and Surgery, this college would be best equipped to train practitioners and enable them to maintain their level of competence and skill.

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The consultation questions from the consultation paper are outlined below. Submissions can address some or all of these questions, and you can include any evidence or examples that you think are relevant.

Submissions can be emailed to:

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

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

Your details

Name	Dr Shane Jackson
Organisation (if applicable)	
Email address	[redacted]

Your responses to the consultation questions

Codes and Guidelines

1. Do the current *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures* adequately address issues relevant to the current and expected future practice of cosmetic surgery and contribute to safe practice that is within a practitioner's scope, qualifications, training and experience?
2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?
Section 9.1 needs to be expanded upon – I agree with it but it is quite vague and therefore open to creative interpretation
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?
8. Do the current Guidelines for advertising a regulated health service adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?
9. Does the promotion of cosmetic surgery via social media raise any issues that are not adequately addressed by the advertising guidelines, or that require any specific regulatory response?
10. Please provide any further relevant comment in relation to the regulation of advertising.

Title protection and endorsement for approved areas of practice

11. To what extent would establishing an endorsement in relation to the practice of cosmetic surgery address relevant issues of concern in the sector (including patient safety issues)?
This could have a detrimental effect, as it would make it more likely for the public to believe that 'endorsed' practitioners have specialist training when in fact they do not.

12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?
It would depend what the requirements for endorsement are
13. What programs of study (existing or new) would provide appropriate qualifications?
FRACS (plastics)
14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.
Use of non-protected but misleading titles is in my opinion the biggest contributor to the current concerns, as patients are currently unable to make well-informed decisions on their choice of practitioner

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?
Mandatory unit morbidity and mortality meetings, as is done with public hospital surgical units.
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?
27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?
28. Is the notification and complaints process understood by consumers?
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.

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

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marked '*Submission to the independent review on cosmetic surgery*' at CSReview@ahpra.gov.au.

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

Your details

Name	Dr Samantha Jaensch
Organisation (if applicable)	[redacted]
Email address	[redacted]

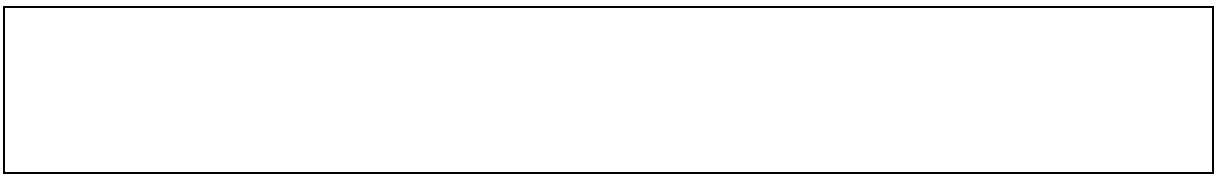
Your responses to the consultation questions

Codes and Guidelines

1. Do the current *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures* adequately address issues relevant to the current and expected future practice of cosmetic surgery and contribute to safe practice that is within a practitioner's scope, qualifications, training and experience?
NO. The current guidelines do not require practitioners to be upfront with their qualifications, leading to active misleading of patients into believing their proceduralists are more skilled and qualified than they truly are.
2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?
Regulation of the term "Surgeon" Historically that was used for many areas of medicine to describe many practitioners but in modern times (particularly in NSW) it is only used for those who are performing surgery, and in the public's opinion that equates to someone who has been trained and is governed by a regulatory body such as RACS. Telling properly qualified specialists that they must use "specialist *** surgeon" does not remove the impact on a patient of seeing "cosmetic surgeon" used by non-specialists. The onus must be put on non-specialists to stop using "surgeon" – even if they were required to use "non-specialist cosmetic surgeon" there is possibility that there would be hidden deep in fine print and not properly expressed to the patient's involved. It would also be pertinent to restrict the use of sedation or general anaesthetics for cosmetic procedures to those with specialist surgical training, and if local anaesthetic is to be used, then limiting the amount in mg for any particular patient. We all remember the cases of lignocaine induced cardiac arrest during breast augmentation performed by non-specialist surgeons a few years ago.
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?
No, methods such as Instagram posts from professional accounts may not fall under the banner of advertising however that is the effect they have on patients.
7. What should be improved and why and how?
Regulation of advertising needs to include social media
8. Do the current Guidelines for advertising a regulated health service adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?
No, because regulation does not occur within "cosmetic surgeons" there is no record of the risks of adverse outcomes when performed by nonspecialist proceduralists, which would logically be higher due to the lack of formalised training.
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?
YES – testimonials via reposted images of patients are used frequently on professional social media platforms. Testimonials for cosmetic procedures are not allowed as per guidelines but this is clearly being sidestepped with the use of social media 133 (1) A person must not advertise a regulated health service, or a business that provides a regulated health service, in a way that— (c) uses testimonials or purported testimonials about the service or business
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)?

Increasing the complexity of a non-specialist cosmetic proceduralist will only further confuse the public with regards to expected level of training and qualification. Endorsement by specialist colleges would improve the reputation of those with said endorsement, but the general public will not know that they should be looking for these endorsements in order to ensure their proceduralists have the necessary qualifications

12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?
As above - Endorsement by specialist colleges would improve the reputation of those with said endorsement, but the general public will not know that they should be looking for these endorsements in order to ensure their proceduralists have the necessary qualifications
13. What programs of study (existing or new) would provide appropriate qualifications?
Hours of training required to perform cosmetic surgical procedures need to be estimated by specialist surgical colleges and these hours recorded formally by non-specialist cosmetic proceduralists.
14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.
Disallow non-specialist cosmetic proceduralists from using the term surgeon, cosmetic practitioner is more appropriate

Cooperation with other regulators

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

Facilitating mandatory and voluntary notifications

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

Information to consumers

23. Do the Medical Board's current codes and guidelines adequately describe the obligations of practitioners who perform cosmetic surgery to provide sufficient information to consumers and obtain informed consent?
No, they are not required to inform patients that they are not trained not regulated by a surgical college
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?
The self-misrepresentation of cosmetic proceduralists as surgeons should not be the responsibility of the public to self-educate against, nor the medical board to educate the public. They have mislead the public for long enough and it should come down to them taking responsibility for their own actions.
27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?
28. Is the notification and complaints process understood by consumers?
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.

From:	Al James
To:	Cosmetic Surgery Review
Subject:	Input to Cosmetic Surgery Review
Date:	Wednesday, 9 March 2022 11:07:53 AM

As a senior surgeon and Board member of the Board of Cardiothoracic Surgeons it would be reasonable for the public to expect
* FRACS certified surgeon to perform any surgical procedure apart from Botox or fillers
* National Database reporting of outcomes and complications of same
* Fellowship certified anaesthestists for all procedures due to resuscitation skills
* Regulation of fees to be determined with respect to time and procedural complexity
* consider Recertification 5 yearly basis including basic life support and complication management

Allen James FRACS

Sent from my iPhone

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

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

Your details

Name	Peter Kim
Organisation (if applicable)	
Email address	[redacted]

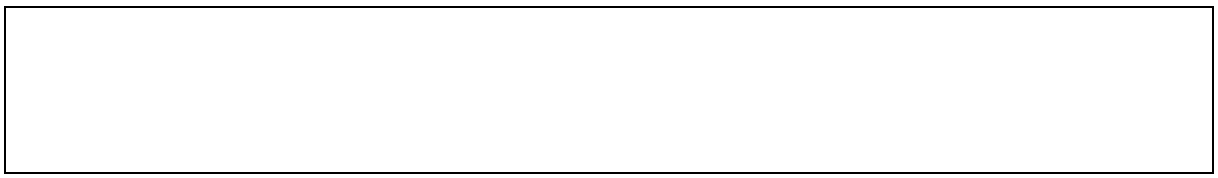
Your responses to the consultation questions

Codes and Guidelines

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

Management of notifications

4. Having regard to Ahpra and the Medical Board's powers and remit, what changes do you consider are necessary to the approach of Ahpra and the Medical Board in managing cosmetic surgery notifications, including their risk assessment process, and why?
5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.



Advertising restrictions

6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?
No. To protect the public from testimonial form of advertisements from social platforms such as Google Reviews and RealSelf should be scrutinised as they are often misleading. Also online consultations in these public forums by the doctors should be prohibited as it can be misleading and confusing for the public.
7. What should be improved and why and how?
Better scrutiny of public social platforms in advertising health services and hold them accountable as a advertiser.
8. Do the current Guidelines for advertising a regulated health service adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?
Specialist Plastic Surgeons are using the public media and advertising campaign to monopolise the cosmetic industry. There are doctors from numerous disciplines practising cosmetic procedures. Advocating that specialist plastic surgeons are the only practitioners with a specialist qualification to perform cosmetic procedures are misleading.
9. Does the promotion of cosmetic surgery via social media raise any issues that are not adequately addressed by the advertising guidelines, or that require any specific regulatory response?
10. Please provide any further relevant comment in relation to the regulation of advertising.

Title protection and endorsement for approved areas of practice

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

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

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

Cooperation with other regulators

15. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?
We should be able to complaint about cosmetic health services to one agency and allow that agency to coordinate a response or investigations. Currently there are too many agencies and it is difficult to find the appropriate agency to complain about some issues.
16. If yes, what are the barriers, and what could be improved?
Establish a single point of contact for the complaint lodgement.
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?
I have made numerous complaints but many times I have heard no response from agencies. Especially TGA.
22. Please provide any further relevant comment about facilitating notifications

Information to consumers

23. Do the Medical Board's current codes and guidelines adequately describe the obligations of practitioners who perform cosmetic surgery to provide sufficient information to consumers and obtain informed consent?

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

24. If not, what improvements could be made?

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

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

Yes. There should be an internal dispute resolution and external dispute resolution mechanism in place. Similar to the ACCS dispute resolution mechanism where a patient can write to the ACCS for dispute resolution.

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*

You are invited to have your say about the regulation of medical practitioners (doctors) who perform cosmetic surgery by making a submission to this independent review.

The consultation questions from the consultation paper are outlined below. Submissions can address some or all of these questions, and you can include any evidence or examples that you think are relevant.

Submissions can be emailed to:

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

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

Your details

Name	DR Georgina Konrat
Organisation (if applicable)	Brisbane Cosmetic Clinic (est 2005)
Email address	[redacted]

Your responses to the consultation questions

Codes and Guidelines

1. Do the current *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures* adequately address issues relevant to the current and expected future practice of cosmetic surgery and contribute to safe practice that is within a practitioner's scope, qualifications, training and experience?

1. These could indeed be improved. Currently there is no recognised specialty of Cosmetic Surgery, nor can there be, without a change in the National Law. Therefore no training programme is recognised by the AMC for cosmetic surgery, and the title "cosmetic surgeon" may be used by any medical practitioner. Patients are at risk, because they are unable to identify if the doctor offering cosmetic surgery has the relevant *specific* training and skill. Currently it is impossible to determine if a practitioner is operating within their scope of practice. Also: each year when a cosmetic doctor registers with AHPRA the only group I can nominate as my area of practice is General Practice. I have never undertaken a single day training, qualification or worked as a GP. I was a surgical trainee from internship, then a remote and rural surgical trainee/registrar. After 6 years of providing services to the remote and rural and indigenous communities, not only was I not awarded the promised Provider number, but training, exams and qualifications received through the Australasian College of Cosmetic Medicine and Surgery also remain unrecognised. The Australian Society of Plastic and Reconstructive surgeons do not provide training for the [redacted] I personally have developed a surgical technique which will [redacted]

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

1. The Endorsement model for practitioners performing cosmetic surgery should be adopted to protect the public. Those endorsed medical practitioners who have met a National Accreditation Standard should be on a public register. That National Accreditation Standard can only be awarded by the Australasian College of Cosmetic Medicine and Surgery. Although the scope of practice is small, it is precise, up to the minute and as a consequence professional development and improvement in surgical techniques continues at a rapid pace in this small but important field. It means that patient safety is always first and the best functional and aesthetic outcome is improved. Please give us accreditation with the AMC and please give us a respectable group to align with when we register.

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

1. This standard would ensure that practitioners not only have a core surgical competence, but also that they have reached an acceptable level of competence and skill *specifically* in Cosmetic surgery. The practitioners would be required to be part of a recertification programme specific to cosmetic surgery. To ensure patient safety, this model would need to be applied to *all doctors* who perform cosmetic surgery irrespective of their prior backgrounds. Those of us who choose to 'only' perform Cosmetic Surgery and undertake the training with the Australasian College of Cosmetic Medicine & Surgery, gain supervised experience, document log books, do research, engage in Journal Club, Peer Reviews, Risk Reduction Management, gruelling examinations to qualify. We attend national and international conferences, contribute to the writing of publications to help our colleagues become learned. This College has fought valiantly against one of the most [redacted] in Australia. In [redacted] alone, one Plastic and Reconstructive practice generates a revenue of 25 million dollars per annum. Without an external and proper examination [redacted] is always going to achieve their objectives. ACCSM does not ever hope to be as financial or powerful in governing body connections, but we continue the fight because we know that this is a country that believes in a "fair go". The focus must always be on: "how does a patient know that the Cosmetic Procedure they are having is being performed by someone who is not just a Doctor, but is experienced with that procedure"? That they are safe in their hands. Surgery can be likened to cooking. Just because you are a French chef does not mean you are an expert Sushi chef.

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?

Since the 4 Corners expose, it would appear that AHPRA need scapegoats to show the public that they are doing their job properly. Notifications were better handled when each state's Medical board handled the complaints. A Drug seeking patient who is not satisfied with the Duty of Care they have received should never go to AHPRA. A patient who, after documenting how happy they were with their surgery, then decide [redacted] to repor [redacted] should never go to AHPRA. AHPRA and the Office of the Health Ombudsman wants us all to be paragons of patient care, but when a notifcation comes to hand, they often wait for 6-9-12 months before requesting information and when they do it arrives on Christmas eve every year with a very short return of information time limit. I have personally requested that both AHPRA and OHO get their work done well before Christmas eve so that stressed, tired Doctors can take a physical and mental health break – but the request is ignored every year. It will happen again this year and our families will suffer at their hands due to poor time management and a requirement to ensure their intrays are emptied prior to the holidays. I'm so glad that I can pay for their RDO's, their holidays and I'm so glad they can take these breaks without interruption of family time.

1. Retired Doctors would make very good investigators – not public servants with very little knowledge, life experience, expertise.

2. Doctors need their own ombudsman so they can make a complaint about a patient. Patients are very good at showing you in a one hour consultation exactly what they want to show and tell. It's not until they are turned down, or don't quite get what they want that the real patient reveals themselves. The patient will make a complaint about not getting what they want, despite being counselled and advised as to why. Doctors have no where to go to

take action against a non complicant patient or a patient who outright lies in order to get what they want. All resulting in a notification which then takes the Doctor away from deserving patients whilst they spend many many hours writing submissions and answering requests.

3. OHO to quickly surfs and turfs complaints. If we are to have OHO, then they must be diligent and do the job to hand.

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

Advertising restrictions

6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?
Yes. But who is going to police this?
7. What should be improved and why and how?
There are thousands of registered nurses and enrolled nurses performing Cosmetic Injections without the signature of a Nurse Practitioner or Doctor. ACCSM warned the department of Health that these practices would get out of control if legislation was not introduced to prevent it. But ACCSM is not recognised as a viable, informed voice. Members do not have the luxury of being part of a college that has AMC accreditation despite having proven for 20 years that it is due.
8. Do the current Guidelines for advertising a regulated health service adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?
No
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?
No. Again. The advertising guidelines are clear. It just needs to be policed. Again: there are so many rules and regulations in practice now that there is almost no time to see patients while we tick boxes, fill out forms, and sign documents. Who is going to police all these rules and guildelines???????
10. Please provide any further relevant comment in relation to the regulation of advertising.

Title protection and endorsement for approved areas of practice

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

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

12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?
Establishing an endorsement model would provide clarity to the consumer, about the specific skills and qualifications of practitioners holding the endorsement. It would identify those practitioners who have the core surgical training and competence, and *specific* cosmetic surgical training and competence as well as on-going professional education in cosmetic surgery.
13. What programs of study (existing or new) would provide appropriate qualifications?
13. The Australian College of Cosmetic Surgery and Medicine (ACCSM) is a well-recognised college, which has been established well over 30 years ago. This college is well equipped to provide appropriate qualifications for those practitioners to be endorsed in Cosmetic Surgery and Medicine.
14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.
Specialist title protection is reserved for medical specialists who have been recognised by the AMC. Until this point, Cosmetic surgery and Cosmetic Medicine have not been specialist pathways recognised by the AMC, because there is no burden of disease. Failing being recognised by the AMC as a medical specialty, the endorsement model would be an appropriate way in which to regulate the cosmetic surgical industry. The title 'Cosmetic Surgeon' should be protected for those practitioners who have had specific recognised training in Cosmetic surgery. It is clear that specialist surgeons as recognised by the AMC do not have specific training in Cosmetic Surgery and specialist plastic surgeons qualify with a 'gap' in the area. Many plastic surgeons believe that just because they are surgeons they are also well qualified to perform the most recent techniques in Cosmetic Surgery. This is a complete lack of insight. Frankly, most of my patients are happy when I tell them I am a Cosmetic Doctor. 1. They know what Cosmetic means, they also know what Doctor means but many of my patients don't know what surgeon means. Having said that, to go through a minimum of 8 years post graduate training, then a further 2/3 to specialise in Cosmetic Surgery (excuse me, as we can't use the word specialise as that only applies to a Doctor who is part of a College that is accredited with the AMC) it would be very gratifying after so many years of training and exams and qualifications to be called Cosmetic Surgeon.

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?
No. A Plastic Surgeon is trained and qualified in Plastic and Reconstructive surgery. A Cosmetic Surgeon is trained and qualified in Cosmetic Surgery. Cosmetic Surgeons do not perform head and neck cancer surgery or reconstruct limbs following trauma. Such complex and expensive education should not be thrown away when a Plastic Surgeon suddenly decides they can make more money being a Cosmetic Surgeon. It is my Plastic surgery colleagues who do not practice ethical fees. My plastic colleagues [redacted] charge fees often 3 times that of my own. [redacted]. They have lobbied hard to bring back the item numbers for breast reduction and breast lift, asymmetrical breasts, protruberant ears and tummy tucks because the Bariatric surgery rates are rapidly rising. Again, these surgeons are performing surgery from [redacted] If anyone with a surgery background wishes to perform Cosmetic and Aesthetic Surgery they will need to undertake training, supervision and show they can perform the most up to the minute procedures safely and well.
18. Please provide any further relevant comment about cooperating with other regulators.

Facilitating mandatory and voluntary notifications

19. Do the Medical Board's current mandatory notifications guidelines **adequately explain the mandatory reporting obligations?**
Yes
20. Are there things that prevent health practitioners from making notifications? If so, what?
21. What could be improved to enhance the reporting of safety concerns in the cosmetic surgery sector?

22. Please provide any further relevant comment about facilitating notifications

Information to consumers

23. Do the Medical Board's current codes and guidelines adequately describe the obligations of practitioners who perform cosmetic surgery to provide sufficient information to consumers and obtain informed consent?
The Medical Board's current codes and guidelines do not specifically outline a practitioners training in cosmetic surgery. Currently consumers are left in doubt as to whether their surgeon has had any *specific* training in cosmetic surgery, even if their surgeon is a specialist surgeon as recognised by the AMC.

24. If not, what improvements could be made?
If the endorsement model is adopted for cosmetic surgery, it would allow the public to identify doctors who are trained and competent in cosmetic surgery, provide protection for patients before something goes wrong, facilitate AHPRA taking action more readily against doctors who may be practicing outside of their scope of practice, and by being competency- based and independently set and assessed, be fair to all practitioners and not favour any particular group of doctors on the basis of their non-cosmetic surgical training and qualifications. This is very straight forward. A completely separate group of registrants should be available: Cosmetic GP's (Cosmetic Medicine) or Cosmetic Surgeon (Cosmetic Sugery).

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. Reference to the only College providing training and qualifications: ACCSM.
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*

You are invited to have your say about the regulation of medical practitioners (doctors) who perform cosmetic surgery by making a submission to this independent review.

The consultation questions from the consultation paper are outlined below. Submissions can address some or all of these questions, and you can include any evidence or examples that you think are relevant.

Submissions can be emailed to:

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

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

Your details

Name	Dr David Kosenko
Organisation (if applicable)	
Email address	[redacted]

Your responses to the consultation questions

Codes and Guidelines

1. Do the current *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures* adequately address issues relevant to the current and expected future practice of cosmetic surgery and contribute to safe practice that is within a practitioner's scope, qualifications, training and experience?
Yes. The current Guidelines are adequate. My observation has been that many of the guidelines and recommendations that have been published are neither policed nor enforced. This has led to some practitioners taking 'liberties' at the expense of most who 'do the right thing'. There are many examples of doctors who upskill to be able to provide services that some may regard outside their scope of practice eg. GP anaesthetists, Rural GP surgeons, dermatologists performing MOHS surgery. It is important for doctors from all specialities to be able to have the ability to upskill and expand their scope of practice.
2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?
The MBA and AHPRA need to be in a position to monitor, police and enforce the various guidelines and regulations that are already in place. The use of telehealth consultations is an example where the current guidelines are not followed by some doctors without consequence. Guidelines are useless if they are neither policed nor enforced.
3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.
As above

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?
See answer to question 2
5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.

Advertising restrictions

6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?
The current advertising guidelines are adequate. Unfortunately, there are many examples of breaches with regards to cosmetic medicine and surgery that occur in the press, on websites and on social media. Very few are scrutinised by the Medical Board and so the breaches continue. There is a general reluctance for doctors to report an advertising breach because of the possible consequences to the reporting doctor.
7. What should be improved and why and how?
The MBA should encourage anonymous notifications of advertising breaches (with evidence provided) and take appropriate action in accordance with the regulations in order to discourage this behaviour.
8. Do the current Guidelines for advertising a regulated health service adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?
Yes, but the guidelines need to be policed and enforced.
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?
Se answer to question 6
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)?
Doctors should be given the opportunity to upskill and be endorsed to perform cosmetic surgery as well as anaesthetics, endoscopy and skin cancer surgery much in the same way that currently occurs in obstetrics. I do not support a simple 'closed shop' model where only Fellows of a specific specialty colleges are allowed to perform these procedures.

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?

Currently the Australian College of Cosmetic Surgery and Medicine (ACCSM) provides specific cosmetic surgery training. Similarly, the Cosmetic Physicians College of Australasia (CPCA) and the Australian College of Aesthetic Medicine (ACAM) provide specific training for doctors wanting to upskill in cosmetic medicine (non-surgical).

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

The title cosmetic surgeon should not be restricted or protected to those practitioners that are AMC recognised surgeons, because very few of them will have had specialised training in cosmetic surgery.

The title cosmetic surgeon should be free to be used that have trained specifically in cosmetic surgery whether the organisation is AMC recognised or not. This approach would be less likely to mislead and could be made to ensure that a Cosmetic Surgeon was indeed trained in cosmetic surgery and not any other form of surgery.

Cooperation with other regulators

15. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?

There is an element of distrust between the regulators and the profession. This has occurred as a result of inaction by the regulators with regard to policing current guidelines in many instances.

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

Transparency, consistency in the policing and enforcement of current regulations and guidelines and good communication. A portal to allow dialogue between cosmetic doctors, AHPRA and the MBA could significantly enhance standards and patient safety. The Cosmetic Medical Alliance (CMA) provides a united voice that focuses on these issues but has found it difficult to be able promote these values with AHPRA and the MBA.

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

Information to consumers

23. Do the Medical Board's current codes and guidelines adequately describe the obligations of practitioners who perform cosmetic surgery to provide sufficient information to consumers and obtain informed consent?
Yes
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?

This is usual in other areas of medicine eg the RACGP mandates this for specialist GPs. It is policed through the accreditation process. A code or guideline will only be effective if it is monitored and enforced.

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. The AHPRA website and public register gives very limited information to consumers.

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

I do not believe it is AHPRA or the MBA to list all skills and scope of practice of Australian Doctors. AHPRA only lists AMC approved qualifications which may in fact mislead a consumer with regards to a doctors scope of practice and skills. AHPRA and the MBA would have to recognise other training programs as well in order to assist the consumer in making a choice.

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

Speaking from personal experience, as a specialist GP, it is well understood within my Practice.

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.

Unbiased, factual information should be provided by any doctor proposing to undertake a procedure on a patient.

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.

Currently, Cosmetic Surgery is not a recognised specialty and it is performed by doctors from various Colleges including Plastic Surgeons, Dermatologists, Oculoplastic Surgeons and members of ACCSM to mention a few. If cosmetic surgery is to be regulated, it should be on the basis of specific cosmetic surgical training. The ACCSM specifically trains doctors in cosmetic surgery but the other Colleges do not. This is a vexed question for AHPRA and the MBA and if

the interests of patients and consumers are to be paramount the enhancements need to take this conundrum into consideration. Similarly, there are other Colleges that specifically train doctors in Cosmetic Medicine (non-surgical) which seems to get confused with Cosmetic Surgery. I see this as a problem which I fear may not be addressed as it is not appreciated.

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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.

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

Your details

Name	Costa Koulouris
Organisation (if applicable)	Advanced Cosmetic Surgery Pty Ltd
Email address	[redacted]

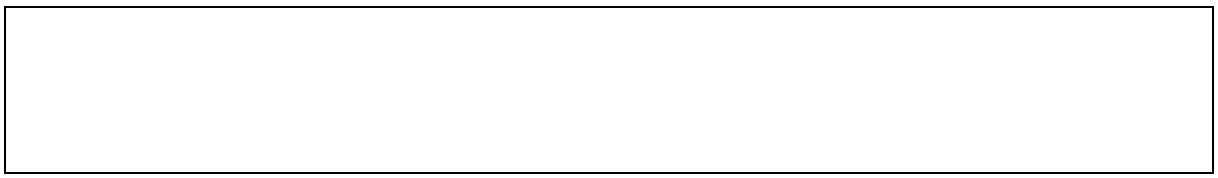
Your responses to the consultation questions

Codes and Guidelines

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

Management of notifications

4. Having regard to Ahpra and the Medical Board's powers and remit, what changes do you consider are necessary to the approach of Ahpra and the Medical Board in managing cosmetic surgery notifications, including their risk assessment process, and why?
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?
8. Do the current Guidelines for advertising a regulated health service adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?
9. Does the promotion of cosmetic surgery via social media raise any issues that are not adequately addressed by the advertising guidelines, or that require any specific regulatory response?
10. Please provide any further relevant comment in relation to the regulation of advertising.

Title protection and endorsement for approved areas of practice

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

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

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

Cooperation with other regulators

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

18. Please provide any further relevant comment about cooperating with other regulators.

Facilitating mandatory and voluntary notifications

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

Information to consumers

23. Do the Medical Board's current codes and guidelines adequately describe the obligations of practitioners who perform cosmetic surgery to provide sufficient information to consumers and obtain informed consent?

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

24. If not, what improvements could be made?

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

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

26. In the context of cosmetic surgery, does the Ahpra website and public register of practitioners provide sufficient information about medical practitioners to inform consumer choices?

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

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

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

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

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

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

Further comment or suggestions

31. If you have any further comment relevant to Ahpra's and the Medical Board's regulation of cosmetic surgery including and/or suggestions for enhancements not mentioned in response to the above questions, please provide it here.
It is vital that consumers are made aware of the *specific* experience and qualifications of their cosmetic surgeon, in order for them to make informed choices regarding their surgery and choice of surgeon. I support the proposal for a national competency-based accreditation Standard for *all* doctors performing cosmetic surgery. There should be a register of Endorsement of those who have met, and maintain the national standard. Restriction of the title 'Cosmetic Surgeon' should be applied to those medical practitioners who appear on the Register, administered by AHPRA. Since the Australasian College of Cosmetic Surgery and Medicine is the *only* training body in Australia specifically focused on training practitioners in Cosmetic Medicine and Surgery, this college would be best equipped to train practitioners and enable them to maintain their level of competence and skill.