

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

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

### Your details

Name	Alex Yen-Yu Chen
Organisation (if applicable)	
Email address	

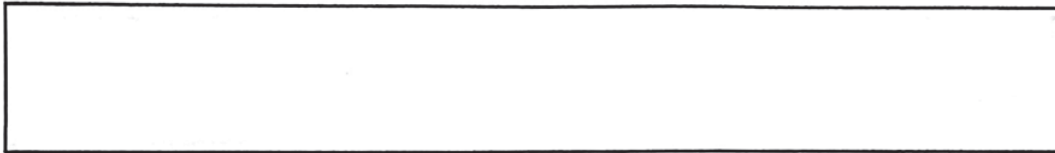
## Your responses to the consultation questions

### Codes and Guidelines

<p><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></p>
<p>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.</p>
<p><b>2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?</b></p>
<p>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.</p>
<p><b>3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.</b></p>
<p>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.</p>

### Management of notifications

<p><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></p>
<p>I believe that medical practitioner should have proper training in cosmetic surgery esp registered nurse or medical practitioners who only has done 2-3 days workshop to be able to perform cosmetic surgery would be very high risk to the public.</p>
<p><b>5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.</b></p>



## Advertising restrictions

<b>6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?</b>
as long as the advertisement is not false leading patients
<b>7. What should be improved and why and how?</b>
<b>8. Do the current <u>Guidelines for advertising a regulated health service</u> adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?</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 was 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 *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?**



<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*

---

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	Jack Cheng
Organisation (if applicable)	
Email address	

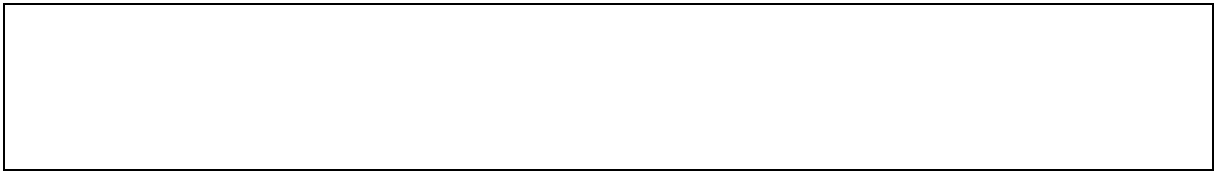
## Your responses to the consultation questions

### 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>
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>
--



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.



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

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

### Your details

Name	Dr Autumn Chien
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>
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 [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.

<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>



**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.

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

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

### Your details

Name	DR MARTIN CHING
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>
1. The guidelines are only that !! There is no legal mandate for safe practice and consequently, 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>
To ensure a broad identification of all cosmetic procedures being performed under anaesthetic, a Medicare item number for anaesthetic should be mandated to allow for identifying cosmetic procedures being performed. This will eventually allow analysis of problems and repeat offenders who have high numbers of adverse outcomes.

## Advertising restrictions

<b>6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?</b>
NO. There should be regulation to notify consumers whether the practitioner is experienced or not and this will only occur if the AMC recognises the specialty of Cosmetic surgery and thereby an appropriately qualified practitioner can be called a 'Specialist Cosmetic surgeon'.
<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>
Not able to regulate social media. Can only regulate the profession.
<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>
--

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.





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

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

### Your details

<b>Name</b>	Ian Chinsee
<b>Organisation (if applicable)</b>	Inigo Cosmetic
<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>
<p>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.</p>
<b>2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?</b>
<p>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.</p>
<b>3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.</b>
<p>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.</p>

### 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>
<p>I feel that the volume of cosmetic surgery notifications is on the rise due to the fact that complications requiring revision surgery often attract an additional fee that patients are not prepared or willing to pay. Those practitioners that have admission rights in the public system very often manage their patients there, which is an additional and unnecessary burden on the public system, but beneficial for patients financially. However, for those practitioners without public admitting rights, any revision surgery is done in the private system. These practitioners usually will charge no fee, but there are still hospital/anaesthetist fees to pay, which can be considerable. This upsets patients, despite the fact that they are aware of these potential costs before undertaking any surgery. This often leads to disciplinary action or litigation against the practitioner. Two things which would address these issues are 1) the aforementioned endorsement model, in the hopes that this would reduce overall complication rates, and 2) public admitting rights for all doctors who are recognised as endorsed cosmetic practitioners.</p>

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

As above.

## Advertising restrictions

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

The current advertising guidelines are sufficient, but rely solely on self-regulation and policing by competitors to ensure the guidelines are followed. Colleges/lobby groups such as ACCSM and ASAPS do notify members if they are aware of any breach of these guidelines, but again this would fall under enforcement by individual trade groups as opposed to regulation by AHPRA.

### 7. What should be improved and why and how?

AHPRA could take over policing of cosmetic advertising with a regular review process, and/or liaise regularly with the groups who oversee endorsed practitioners (ACCSM/ASAPS/CPCA primarily).

### 8. Do the current [Guidelines for advertising a regulated health service](#) adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?

I feel that the current guides adequately address risks, but there are always those that may somehow twist the (somewhat broad) guidelines to find loopholes.

### 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?

Social media is also covered under the guidelines, but due to its nature, is sometimes hard to police, especially private forums.

### 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?**

I don't feel there are any barriers, and if so there is no reason for there to be.

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

**17. Do roles and responsibilities require clarification?**

I do think that a clear hierarchy or chain of command in terms of enforcement of specific guidelines should be put into place which includes the colleges/groups in a position of enforcement, rather than relying solely on AHPRA.

**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?**

Fear of persecution by other practitioners, fear of disciplinary action.

**21. What could be improved to enhance the reporting of safety concerns in the cosmetic surgery sector?**

Anonymous reporting of general issues (ie not about specific practitioners or businesses, but issues that can then be addressed as an internal matter)

**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?**

If a system is put in place whereby AHPRA is not receiving the entire brunt of patient complaints, then yes I think patients should be aware of who they need to speak to.

**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?**

Unlikely. Many of the complaints result directly in litigation as opposed to going through the proper channels.

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

Clearly define and describe the hierarchy of notification and the process and how that relates to the consumer/patient.

**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.



**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.

**From:** Tony Chu  
**To:** [Cosmetic Surgery Review](#)  
**Subject:** Re: Public consultation now open – Independent review of the regulation of health practitioners in cosmetic surgery  
**Date:** Thursday, 10 March 2022 8:48:00 AM

---

Thursday 10<sup>th</sup> March 2022,

To the CSReview

As a consultant anaesthetist accredited by the Australian and New Zealand College of Anaesthetist (ANZCA), I would like to submit that the use of sedatives in any non-hospital setting contravenes the minimal safety standards as per ANZCA guidelines (Professional Guideline 09G).

The use of sedatives in office-based cosmetic surgical clinics, be it in the oral format (e.g. valium, temazepam), or intravenous agents (e.g. tramadol, propofol) cannot be administered safely without accreditation at hospital standards.

The only acceptably safe agent for acute surgical pain in these settings would be that found in a dental surgery, namely nitrous oxide ("laughing gas").  
Even then, safety regulations must be followed for the both patients and staff alike.

Dr. Tony CHU MBBS, BSc(Med), UNSW, FANZCA

[REDACTED]  
[REDACTED]



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

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

### Your details

<b>Name</b>	Dominique Clingen
<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>
<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 *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?**



<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*

---

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	Lydia Collins
Organisation (if applicable)	NA
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>
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>

--

<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.