



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

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

Your details

Name	████████████████████
Organisation (if applicable)	Australasian College of Aesthetic Medicine
Email address	████████████████████

Your responses to the consultation questions

Codes and Guidelines

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?
<p>ACAM as a representative group, which represents aesthetic physicians, ACAM understands that most cosmetic and aesthetic physicians would like to undergo an accredited and recognised training program, despite not being Medicare associated, so that they can determine the standard of education they should be undertaking.</p> <p>The difficulties encountered with the use of the title cosmetic surgeon lay around the lack of recognition of training and training standards.</p> <p>To this end ACAM has recently released three fellowship training pathways, two in conjunction with well known international universities to ensure a standard of education is gained and medical and nursing practitioners gain an internationally recognised qualification.</p>
2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?
<p>The guidelines reflect the current unaccredited status of cosmetic medicine training; this appears to be the cardinal issue: recognition of craft groups allows accreditation of training, along with the necessary discipline that comes with an accredited college standards.</p>
3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.
<p>As aesthetic medicine practitioners ACAM does not feel what we have experience in this scope of practice to provide opinion or advice on the codes and guidelines that are required outside of course issues such as infection prevention and control training, and issues that affect all practitioners such as privacy, patient-doctor-nurse boundaries, medical record storage, informed consent etc. ACAM feels that it is important that practices offer services in an environment that is to the expected standard of medical services in Australia, that staff are adequately trained to maintain practices, and to respond to emergencies as they arise and have the correct equipment and skills available if these circumstances arise.</p>

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?
<p>A risk assessment process should be developed once, and if a training process is recognised applied to the training, the individual and the delivery of such services in a safe surgical/medical environment equipped and prepared for any emergency. The storage of biological specimens, fluids and medications should meet the standards of the act in each state or territory.</p>
5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.

Potential patients need to be able to recognise the different level of, and types, standards and achievement level of an individual; this information should be clearly displayed by the practitioner on all their communication to and with potential and actual patients.

Future determinations by the AMC and the medical board may need to consider the ramifications of their instructions. For example a GP Surgeon who provides rural and remote surgical options, or in areas of rural and remote skin cancer treatments are provided by the general practitioner, should not be adversely impacted on by standards applied to cosmetic surgery.

Advertising restrictions

6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?
<p>ACAM believes the current guidelines are sufficient as they mirror the Therapeutic Goods Association terminology for medicines, and their direct advertisement to the general public. There may be a more concrete need as to what is considered acceptable advertising for surgical and other procedures, though testimonials are banned, it is important that testimonials by <i>defacto</i> are not aired.</p> <p>Training in this area may be required some practitioners, in addition however there needs to be an impartial, practical source of information that potential patients can go to, to be informed. Most potential patients will search the internet for information; a lot of this is from overseas sites or recommendation via social media, the quality of the information and realistic portrayal of procedures can be misleading.</p>
7. What should be improved and why and how?
<p>Adherence to the guidelines may be questioned by some forms of advertising and advertorials. There also appears to be some difficulties in the source of information, mainly it appears gained from <i>entertainment platforms</i> such as TikTok and Facebook.</p> <p>It is difficult for some members of the public to differentiate between advertising and personal recommendations, however, changes to the guidelines concerning "influencers" as advertising without a declaration of pecuniary interests or benefits, may improve this situation as it is implemented.</p>
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?
<p>The current Guidelines for advertising of a regulated health service appear adequate, however, there may be certain sub-sectors of the cosmetic profession that require more specific guidance in relation to advertising vehicles such as FaceBook and another forms of social media.</p> <p>This may require a specific regulatory or educational response, due to the interactions of individuals and the '<i>entertainment</i>' value associated with social media platforms.</p> <p>This historic article in the Sydney Morning Herald is a illustration of this point: https://www.smh.com.au/technology/figure-1-instagram-for-doctors-offers-medical-porn-for-the-public-20150414-1mkvag.html</p>
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?
<p>No, a specific regulatory response is not needed but as above a specific <i>educational response</i> may be needed. Advertising that is clearly in breach of the advertising guidelines, needs to be regulated to those at fault encouraged to adhere to the guidelines. The difficulty remains that potential patients can access international information and guidelines, via the internet and social media that are not regulated by the Australian advertising standards.</p> <p>One could argue that better patient education may occur if terms are currently sanctioned are used as they are in the international information sources, as patients have a good understanding of the</p>

drug and procedures names as they are used in the international press.

10. Please provide any further relevant comment in relation to the regulation of advertising.

Advertising and education of the general public has become, in some forms of media, an entertainment. It is well known that most cosmetic medicine and surgery patients gain the bulk of their information and education about procedures and medications from the internet, and have difficulty with identifying a credible source of education. Australia is hampered by access to overseas advertising, which cannot be blocked and which encourages (in some cultures) education as entertainment. It is difficult to provide guidelines concerning this aspect of modern advertising and social media usage.

Potential patients are more likely to refer to an Australia site if one is available, and a neutral platform may provide this touchstone of credibility. The difficulty arises when international misinformation is not countered by a credible course, this was born out during the COVID-19 pandemic, and the difficulties in providing credible social media messaging.

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)?

ACAM is a representative group for aesthetic physicians; therefore it does not feel that it has the necessary experience or knowledge to comment on surgical training matters.

12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?

ACAM is a representative group for aesthetic physicians; therefore it does not feel that it has the necessary experience or knowledge to comment on surgical training matters.

However, ACAM does believe that clarity of accreditation and qualification would provide patients with a guide as to the standard of education an individual has achieved, and signal maturity of aesthetic medicine craft group.

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

ACAM is a representative group for aesthetic physicians; therefore, it does not feel that it has the necessary experience or knowledge to comment on surgical training matters.

ACAM has recently erected three separate fellowship streams for its members to pursue. All pathways have mandatory infection prevention and control courses as part of their assessment and BLS/ALS. Two of the fellowship pathways require the successful completion of an internationally recognised university qualification in aesthetic/cosmetic medicine, which contributes to the completion of those two pathway options. ACAM supports aesthetic medicine training that is externally validated.

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

ACAM is a representative group for aesthetic physicians; therefore it does not feel that it has the necessary experience or knowledge to comment on surgical training matters or titles used in the area of cosmetic surgery. However, from ACAM's perspective there is confusion in all areas of cosmetic medicine and surgery, as to the meaning and training associated with titles. Our experience is that potential patients have difficulty equating knowledge from practitioner to the next due to the lack recognised accredited training in either aesthetic surgery or medicine.

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 appears to be no obstacles that ACAM is aware of concerning communication between the two bodies.

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?
ACAM concurs that they do.
20. Are there things that prevent health practitioners from making notifications? If so, what?
ACAM is not aware of obstacles that prevent health practitioners from making notifications.
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?
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Yes, ACAM believes so.
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?
It is ACAM's understanding is that this information is displayed in most waiting rooms of aesthetic physicians, as most are drawn from a general practice background. The general practice accreditation process requires this information to be available to established and intending patients, perhaps this process could be adopted for those practices and craft groups that do not already implement it?

26. In the context of cosmetic surgery, does the Ahpra website and public register of practitioners provide sufficient information about medical practitioners to inform consumer choices?
Yes.
27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?
A neutral website that explains the cosmetic and aesthetic surgical choices may be an outstanding education source for potential patients.
28. Is the notification and complaints process understood by consumers?
Yes, ACAM believes so.
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 suggestion

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.