

## Your details

Name [REDACTED]

Organisation (if applicable): Australasian College of Cosmetic Surgery and Medicine

Are you making a submission as?

- **An organisation**
- An individual medical practitioner
- An individual nurse
- Other registered health practitioner, please specify:
- Consumer/patient
- Other, please specify:
- Prefer not to say

Do you work in the cosmetic surgery/procedures sector?

- **Yes – I perform cosmetic surgery**
- Yes – I provide minor cosmetic procedures (e.g. Botox, fillers, etc.)
- Yes – I work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee)
- No
- Prefer not to say

For medical practitioners, what type of medical registration do you have?

- General and specialist registration – Specialty (optional):
- General registration only
- Specialist registration only – Specialty (optional):
- Provisional registration
- Limited registration
- Non-practising registration
- Prefer not to say

Do you give permission to publish your submission?

- **Yes, with my name**
- Yes, without my name
- No, do not publish my submission

# Feedback on draft Registration standard

This section asks for feedback on the *Draft Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners*.

The details of the requirements for endorsement are in the [draft registration standard](#).

## 1. Are the requirements for endorsement appropriate?

Yes.

The proposed registration standard for Endorsement in cosmetic surgery is an appropriate and suitable mechanism to strengthening the regulation of cosmetic surgery in Australia.

It allows for the implementation of minimum standards for education, training and qualifications which do not exist currently.

The registration standards that are required to be met before a practitioner may be endorsed, of which there are four, are comprehensive and appropriate.

Furthermore, the proposed requirements for during the period of endorsement and for renewal are also appropriate.

## 2. Are the requirements for endorsement clear?

There are 4 requirements a practitioner needs to meet before endorsement is granted. To meet the registration standard, the practitioner must:

1. *hold registration as a medical practitioner, and*
2. *provide evidence of having been awarded:*
  - a. *an approved qualification for endorsement for cosmetic surgery, or*
  - b. *a qualification that is substantially equivalent to, or based on similar competencies to, an approved qualification. The onus is on the applicant to provide evidence of equivalency, and*
3. *meet the Board's registration standard for recency of practice, specifically in relation to the practice of cosmetic surgery, and*
4. *provide a curriculum vitae, including in relation to the practice of cosmetic surgery, that meets the standard format that has been approved by the Board or Ahpra.*

Requirements 1-3 are clear. With regards to Requirement 4 however, it is less clear how a practitioner's CV, and to what extent the CV may be used towards a determination of endorsement or not. It may be the Board's intention to use the CV as a tool to assess whether a practitioner is competent to practise cosmetic surgery, as provided for in National Health Law Section 102, subsection 2(b).

Notwithstanding, the ACCSM supports in principle this requirement as it forms a safeguard to ensure a practitioner who applies for endorsement not only holds an appropriate qualification, but also demonstrates appropriate experience and recency of practice.

### 3. Is anything missing?

The ACCSM understands the standards for accreditation of programs of study leading to an approved qualification for endorsement for cosmetic surgery is separate to the registration standard for endorsement of medical practitioners, and such standards are being formed in consultation with various stakeholders in other fora.

The ACCSM also understands AHPRA and the Board have advised changes (if any) to title restriction of 'surgeon' will be determined by Health Ministers. Notwithstanding, one of the main issues identified from the Independent Review in cosmetic surgery was the difficulty for consumers to identify which doctors were appropriately trained in cosmetic surgery. This confusion is exacerbated by the (mis)use of the title 'cosmetic surgeon' not being linked to competency.

The ACCSM proposes, that regardless of the outcome of the RIS for protecting the title 'Surgeon', the title 'cosmetic surgeon' become a restricted title to those who are endorsed and appear on the public register. This will ensure the public can still easily identify practitioners with an approved qualification in cosmetic surgery, in the event that Health Ministers decided *not* to restrict the title 'surgeon'.

If, however Health Ministers decided to restrict the title 'surgeon', it should follow that the title 'cosmetic surgeon' be permitted for use by those endorse practitioners on the register regardless of registration type, as 'endorsement for cosmetic surgery' is incumbent on an *AMC approved qualification*.

# Feedback on draft revised Cosmetic Guidelines

This section asks for feedback on the Board's proposed changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*.

The details of the revised guidance are in the [draft revised Cosmetic Guidelines](#).

## 4. Are the proposed changes to the Cosmetic Guidelines appropriate?

The majority of the proposed changes are appropriate, however the ACCSM has concerns with Section 3: Patient consultation type and timing.

The ACCSM supports the proposed guidelines in section 3 to ensure that patients are fully informed so that they can give valid consent to have a surgical procedure. In its current form, the guideline may be easily applied to local patients, however pose a major disadvantage to and discriminates against rural, remote and interstate patients as it requires them to make either two visits to the surgeon's location or to remain at that location for at least seven days before their surgery. The Board may wish to consider the following, which will provide safeguards for all patients and does not disadvantage rural, remote and interstate patients.

- First consultation with their surgeon either by face-to-face or video consultation, at least 7 days prior to surgery. (Not with another practitioner)
- Informed consent forms to be provided but not signed at this consultation.
- An option to be offered for second consultation with their surgeon either face-to-face or by video consultation. Informed consent may be provided at this consultation.
- A mandatory minimum of one face-to-face consultation with the surgeon at least one day before surgery to confirm the operative plan is correct and to answer any questions the patient may have.
- Informed consent forms to be signed at this consultation.
- If either the patient or the surgeon does not wish to proceed, the patient should be eligible for a full refund of any monies paid.

## 5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

Yes

## 6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Yes. It should, however, be emphasised that the Cosmetic Guidelines apply to *all* medical practitioners who perform cosmetic medical and surgical procedures, regardless of registration type.

Additional emphasis should be made of Section 9.1, that '*procedures must only be provided by medical practitioners with appropriate knowledge, training and experience to perform the procedure*', and that '*appropriate training*' is defined as '*an approved qualification eligible for endorsement for cosmetic surgery*'.

Therefore, once an area of practice endorsement for cosmetic surgery is available, *'Procedures must only be provided by medical practitioners with appropriate knowledge, training and experience to perform the procedure'*, ie, endorsed medical practitioners.

Until such time, the Board may consider mandating that a *'medical practitioner performing cosmetic surgery must have undertaken appropriate surgical skills training, training in the specific cosmetic procedures being offered, and completed supervised practice to ensure they are safe to perform the procedure.'*

#### 7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

The ACCSM does not support mandatory GP referrals for patients seeking major cosmetic surgery.

There are sound reasons for involving a GP in the care of patient who is undergoing surgical procedure and those who undergo specialised surgery currently do require a GP referral to a specialist surgeon. There are aspects of care unique to cosmetic surgery that need to be considered before imposing the same restrictions that are applied to other surgical specialities.

1. Overstretched resource: mandatory GP referrals would unjustifiably utilise a valuable and overstretched resource that is much better spent on its primary purpose. Furthermore, consultations for cosmetic procedures do not attract a Medicare rebate which exposes the patient to avoidable additional expense, and/or the GP to potential Medicare fraud.
2. Patient privacy: a portion of patients who seek cosmetic surgery do not have a GP, or do not have a GP they wish to keep informed about the procedure(s) they seek. Mandating GP referrals may risk inappropriate and conflicting relationships between the patient and GP, and between the surgeon's practice and that of the GP.
3. Knowledge: cosmetic surgery is not part of the medical school curriculum nor does it form part of prevocational or general practice training. As such GPs are not trained in cosmetic surgery and have no expertise concerning a patient's suitability for cosmetic surgery other than their personal knowledge of that patient's medical and psycho-social history.

In this context, the Board may wish to consider an alternative process to enhance patient safety which involves the GP:

Any surgeon offering major cosmetic surgery to a patient, if the patient's consents, be required to write to the patient's GP informing them of the proposed procedure and inviting the GP to respond should they have any concerns based on the patient's past medical or psycho-social history.

#### 8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

Yes

#### 9. Is anything missing?

In section 10. Qualifications and titles, when the determination for title restriction is available, the guidelines should be updated to outline the use of the title 'cosmetic surgeon' in relation to the title

protection of 'surgeon', and ideally restrict 'cosmetic surgeon' to those practitioners who are endorsed.

# Feedback on draft Advertising Guidelines

This section asks for feedback on guidelines for advertising cosmetic surgery.

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section on 'Advertising and marketing'.

The Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery* because of the influential role of advertising in the cosmetic surgery sector.

The details of the advertising guidance are in the [draft Advertising Guidelines](#).

## 10. Is the guidance in the draft Advertising Guidelines appropriate?

The ACCSM supports in principle the proposed advertising guidelines which would maintain a professional medical identity for cosmetic surgery and enables practitioners to advertise within an appropriate framework.

With regard to section 4.1. The ACCSM agrees that the use of stock images, models, and celebrities can pose an unreasonable expectation of beneficial treatment and must not be used. We also agree with sections 4.2, 4.3 and 4.4 in their entirety.

However, the ACCSM believes that there is a place for single patient images, particularly in the area of prosthetic breast augmentation where clinical before and after images are limited in the information they can provide. For example, in informing patients about how a prosthesis may present when the patient is lying down or in postures and movements of normal daily life. This information is important for patients when deciding whether a breast prosthesis is a suitable option for them.

## 11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Yes

## 12. Is anything missing?

The Board may wish to consider banning the use of ambiguous superlatives which can be perceived to minimise the risk of cosmetic surgery and add to its glamorisation. Such superlatives are exaggerated and subjective descriptors, for example, 'world's best', 'leading expert', 'world renowned.'





## Additional comments

13. Do you have any other comments about cosmetic surgery regulation?