

Your details

Name: [REDACTED]

Organisation (if applicable): **Australasian Foundation for Plastic Surgery Limited**

Are you making a submission as?

- An organisation

Do you work in the cosmetic surgery/procedures sector?

- No

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

- Not applicable

Do you give permission to publish your submission?

- Yes. Please attribute the submission to the name of the organisation i.e. **Australasian Foundation for Plastic Surgery.**

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?

- The draft Registration standard is not applicable to the Objects of the Australasian Foundation for Plastic Surgery, which is a Public Benevolent Institution, a charity registered with the ACNC.
- Our focus is patient-centred care and, specifically, to improve clinical standards relating to better assessment of the possible psychological vulnerability of potential cosmetic patients.
- Hence we have no comments on the draft Registration standard.
- We limited our comments to the Draft revised Guidelines for medical practitioners who perform cosmetic medical and surgical procedures and Draft Guidelines for medical practitioners who advertise cosmetic surgery.

2. Are the requirements for endorsement clear?

3. Is anything missing?

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?

Yes, the Australasian Foundation for Plastic Surgery fully supports the proposed changes.

Specific points in relation to the Guidance for Providing Cosmetic Surgery:

In Section 2.3, we encourage the Board to extend the Guidance to explicitly extend routine psychological assessment to psychological vulnerabilities other than BDD, as other body image disorders (including eating disorders), mood disorders (e.g. anxiety, depression) and low self-esteem are also linked to an increased risk of poorer outcomes following cosmetic surgery/procedures.

(NB This proposed extension to the Cosmetic Guidelines would be in line with the Board's existing draft of point 6.1 in the Guidance for medical practitioners who advertise cosmetic surgery).

In Section 3.2, we encourage the Board to include the words
.....or another ***appropriately trained*** and registered health practitioner ...

We believe this training should include the assessment and appropriate management of patients with potentially relevant psychological vulnerabilities.

In Section 4.3, we suggest that, in addition to 'having regard for the views of the parent', practitioners should assess whether or not parents are exerting undue pressure on the prospective patient to undergo treatment.

In Section 5.1a, we recommend that the information provided as part of the informed consent process should also include the likelihood of the need for further treatment (e.g. replacing breast implants over time/revision surgery etc.).

It should also be made clear to prospective patients that evidence of long-term psychological gains from aesthetic surgery is currently lacking.

Furthermore, we recommend that contact details for an appropriately trained psychologist are provided to the patient, should advice, support or intervention be required in the longer term.

In Section 6 (points 6.1-6.7) we recommend the inclusion of the requirement that medical practitioners should be able to demonstrate the existence of a working relationship with an appropriately qualified psychologist who is capable of providing advice for clinic staff on patient management on an ad hoc basis.

This psychologist should also be available to offer advice, support or intervention for patients identified as having one or more psychological vulnerabilities.

All clinic team members should be aware of how to access advice on patient management and of how to refer patients for specialist psychological support.

In Section 6.8 Written instructions should include contact details for specialist psychological support.

Furthermore, we recommend that in Section 6.9, medical records should include a record of salient aspects of the patient's pre-operative assessment (previously described in Section 2), including the internal and external motivation to seek treatment, the patient's expectations of any psychological outcomes and the treatment goals agreed between the practitioner and patient pre-operatively.

As data on short and longer term outcomes is urgently needed to improve understanding and to underpin the development of authoritative psychological screening tools, we recommend that the requirement to routinely audit psychological outcomes of treatment should also be included.

In Section 7, the training of other health practitioners should include key aspects of the psychology of the patient.

In Section 9, the Board has already identified that in the cosmetic sector, treatment is driven by psychological and social issues, rather than by medical need. Consequently, fitness to practice in this sector should **include mandatory training and CPD relating to key aspects of the psychology of the cosmetic patient.**

These key aspects include:

- the assessment of prospective patients
- appropriate patient management
- how to safeguard patients with psychological vulnerabilities predisposing them to
- a higher risk of poorer outcomes
- the potential impact of psychological vulnerabilities on the processing of risk information and the process of providing consent for treatment

Sections 11 and 12, we recommend the extension of the Guidance to include the physical environment of the clinic.

In addition to advertising on practice websites, social media etc., the clinic environment is also used as a vehicle:

- to drive demand for, and/or, up-sell additional procedures;
- to display promotional material (e.g. posters/pictures that glamourise and trivialise procedures and are suggestive of unrealistic psychological and aesthetic outcomes; explicit or implicit messages that imply cosmetic surgery/procedures should be utilised to obtain an acceptable or ideal body type; 'coffee-table' albums of before and after photographs).

Specific points in relation to the Guidance for Providing Cosmetic Medical Procedures:

Section 2 (see points re Section 2 above)

Section 3. We recommend that (as for cosmetic surgery) an in-person consultation is mandatory for patients contemplating a new one-off treatment (e.g. dermabrasion), or embarking on a new series of treatments (Botox; fillers).

The quality of interaction and communication is greatly enhanced in face-to-face consultations, significantly increasing the chances of a more accurate assessment by the practitioner of the presence or absence of relevant psychological vulnerabilities.

Section 4.2. We recommend adding the words ‘.....must consider the appropriateness of the *psychological as well as physical* expectations of outcome of the cosmetic procedure....’

In Section 4.4, the medical practitioner should also consider whether a parent is exerting undue pressure on the prospective patient to undergo the procedure.

In Section 5, Informed Consent should also acknowledge the role of psychological factors in the expectations of the outcomes of treatment. For example, in 5.1a, the risks should include the failure to achieve expected psychological gains. Information provided should also include the likely duration of the changes produced by the treatment and the likelihood of the need for repeat procedures (e.g. in relation to Botox and fillers).

In Section 7 (Patient Management), we recommend that referral routes for psychological advice, support and intervention are demonstrably in place for each cosmetic practice and that all clinic members are required to be familiar with these routes.

Medical records should also include a record of the psychological aspects of the pre-treatment assessment and post-treatment levels of (dis)satisfaction. (Please see comments above re Section 6 of Guidance for Cosmetic Surgery).

In Sections 8 & 10, Training and CPD should include content relating to the psychology of the cosmetic patient (specifically, psychological aspects of assessment and appropriate management).

Audit should also routinely include a record of the extent to which the patient’s psychosocial expectations have been met and the patient’s overall level of (dis)satisfaction with the outcomes of treatment.

In Section 12, Guidance on advertising and marketing should also cover any explicit and implicit claims made in materials displayed or available within the environment of the clinic. (See comments re Section 11 and 12 of the guidance for cosmetic surgery above).

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

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

Yes. This improves the chances of any potential medical and psychological risk factors (e.g. previous and current mental health status; recent life events; external pressures) coming to light pre-treatment – contributing to efforts to safeguard psychologically vulnerable patients.

The GP will also be aware of the cosmetic surgery should post-operative complications (medical or psychological) occur. We suggest that post-treatment discharge letters to GPs should routinely include contact details (supplied by the cosmetic surgery clinic) of an appropriately qualified psychologist available for advice, support and intervention if required.

In view of the escalating prevalence of body image dissatisfaction and distress, we also recommend training/CPD for all GPs relating to body image dissatisfaction and the drivers for cosmetic procedures/surgery.

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

Yes

9. Is anything missing?

We recommend the expansion of existing Sections in line with the comments above.

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?

Yes.

We applaud and support the inclusion of the need to protect psychologically vulnerable people and groups outlined in the Advertising Guidelines.

We recommend that this guidance be extended to the physical environment of clinics providing cosmetic services, in line with comments re Sections 11 and 12 of the cosmetic surgery guidance, and Section 12 of the minor cosmetic procedures guidance.

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

Yes.

12. Is anything missing?

We recommend inclusion of the clinic environment in the Guidelines.

In addition to advertising on practice websites, social media etc., the physical environment of the clinic is also used as a vehicle to drive demand for additional procedures/up-sell; to display promotional material (posters/pictures that glamourise and trivialise procedures and are suggestive of unrealistic psychological and aesthetic outcomes; messages that imply cosmetic surgery/procedures should be utilised to obtain an acceptable or ideal body type; 'coffee-table' albums of before and after photographs).

Additional comments

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

We congratulate AHPRA and the Medical Board for its Independent Review and acceptance of the Review recommendations in full. We welcome AHPRA and the Medical Board's consultative approach to achieve new and strengthened regulatory approaches to cosmetic medical and surgical procedures.

The central plank of the Australasian Foundation for Plastic Surgery's Body Image Program is the development of a streamlined, best-practice, evidence based, psychologically valid, **Patient Assessment Tool (PAT) designed for routine use in both cosmetic surgery and cosmetic procedures.**

As well as initial assessment, the PAT is also a tool for patient follow-up, for record keeping and data collection framework.

The PAT is designed to be used in the consultation process with patients to assess psychological vulnerability and improve patient selection and care. The PAT is able to be completed online in the clinic by the medical practitioner, using a tablet or computer, in consultation with the patient. Areas of elevated risk are automatically highlighted with management suggestions offered in real time.

The PAT enables patient involvement in decision making, informed consent, and effective communication of the risks/benefits of appearance altering cosmetic procedures/surgery

The PAT is not a commercial product. In developing the PAT, our intention is entirely philanthropic and to ensure better protection for patients seeking cosmetic procedures and surgery.

AHPRA's final report in August 2022 in relation to its independent review of the regulation of health practitioners in cosmetic surgery included the following:

Patient assessment, including psychological screening:

The review noted that screening for psychological issues is critical for cosmetic surgery patients to identify consumers for whom cosmetic surgery is not suitable. The review considers that the current guidelines on preoperative screening should be strengthened and include reference to the use of a validated psychological screening tool to assess for underlying psychological conditions and documentation of the process and outcome.

While the AHPRA report recommends the use of a validated tool, it isn't possible to produce a validated tool that spans the necessary range of risk factors for poor outcomes without data. Our PAT is the next best thing and a crucial step along the way, that is, evidence-based, supported by psychologists in Australia, UK and Europe, and assessed for feasibility/acceptability. Additionally, it provides a framework to audit practice and to begin collecting the data necessary to improve understanding and to develop a validated tool.

Recommendation:

The Australasian Foundation for Plastic Surgery recommends that all appropriately accredited and trained cosmetic surgeons and clinicians be required, as a mandatory and practical demonstration of patient-centred care, to use the psychologically valid Patient Assessment Tool (PAT) developed by the Australasian Foundation for Plastic Surgery.