

Your details

Name: [REDACTED]

Organisation (if applicable): Australian and New Zealand Association of Oral and Maxillofacial Surgeons Inc (ANZAOMS).

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): Oral and Maxillofacial Surgery
- 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 (Organisation 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- No, do not publish my submission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?

In order to appropriately protect the Australian public, there should be appropriate setting of the standards for the provision of safe surgery, that is consistent for all practitioners and specialties (cosmetic or otherwise).

Current standards mandate that the provision of surgical care by existing registered surgical specialties necessitates rigorous training and examination processes.

AMC accredited surgical training and AHPRA registration as a specialist act as statutory safeguards for Australian consumers undergoing surgery.

Existing accredited training in surgical procedures, including those encompassed under the revised definition of “**Major cosmetic medical and surgical procedures** (‘cosmetic surgery’), defined as procedures which involve cutting beneath the skin (examples include breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer)”, fall under the remit of several AMC accredited training colleges including;

1. Royal Australasian College of Dental Surgeons (RACDS) – FRACDS (OMS).
2. Royal Australasian College of Surgeons (RACS) and affiliates.
3. Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).
4. Royal Australian and New Zealand College of Ophthalmologists (RANZCO).

The AMC accredited training provided by these Colleges leads to registration as a specialist by AHPRA. Under Section 38 of the Health Practitioner Regulation National Law (as in force in each state and territory) each Health Practice Board of Australia must develop and recommend core registration standards to the Ministerial Council. The Australian standard of surgery is achieved by:

1. Completing an AMC accredited specialist surgical training program.
2. Passing surgical exams approved by the AMC; and
3. Registration by AHPRA as a Specialist in Surgery

Therefore, the procedures listed under ‘**Major cosmetic medical and surgical procedures**’ (‘cosmetic surgery’) should be undertaken by

qualified surgeons who have completed specialist surgical training within an AMC accredited training program. These programs ensure specific training in the core skills of anatomy, pathology, physiology, wound management, complication management and psychological assessment that are core to specialist surgical training.

The principal consideration is not that the current surgical training is deficient in any way, it is that some practitioners are performing these procedures without the recognized appropriate surgical training qualifications and specialist surgical registration.

As with Fellows of the above Surgical Colleges, specialist Oral and Maxillofacial Surgeons, FRACDS (OMS), meet all the necessary criteria. The curriculum of the OMS program contains appropriate training and qualifications to perform minor and major cosmetic procedures within their scope of practice. In particular the Oral and Maxillofacial Surgery curriculum covers all aspects of head, neck and facial cosmetic surgery.

“Oral & Maxillofacial Surgeons require a dual qualification in medicine and dentistry to treat conditions that require expertise from both backgrounds. They treat facial trauma, impacted teeth, cysts and tumours of the jaws, skin, and mucosal disease; carry out facial plastic surgery, reconstructive surgery (including harvesting grafts from distant sites), preprosthetic surgery and dental implant surgery; and treat developmental craniofacial abnormalities of the jaws or facial regions, facial disproportion (corrective jaw surgery), facial pain, temporomandibular joint disorders, head and neck cancers, salivary gland diseases”. (NSW Health, Scope of Clinical Practice for Oral & Maxillofacial Surgeons – Oct 2017)

Additional Reference:

1. Att 1: RACDS Board of Studies OMS – FRACDS (OMS) core areas of study and qualification.

The proposed endorsement model creates uncertainty as to whether it is proposed that only some **new** qualification in cosmetic surgery is going to be eligible for accreditation for endorsement as a ‘cosmetic surgeon’ rather than acknowledging that the existing AMC accredited surgical training programs will be included as accredited training programs to support the proposed endorsement model.

Any ‘specific qualification’ in cosmetic surgery, if approved, must have as a prerequisite a fellowship from one of the abovementioned Colleges and should only be agreed with extensive consultation with these Colleges, the experts in the field of surgical training in Australia.

Endorsement of clinicians without specialist surgical training (as currently recognised by AMC) would create significant confusion for the public and referrers, and risks undermining the very high standards of care that patients in the Australian health care system expect under our existing regulatory standards. Patient safety must be paramount, and we have long standing, well tested, mechanisms for the training and accreditation of surgeons to undertake all elements of surgery, including cosmetic surgery.

2. Are the requirements for endorsement clear?

No, it is unclear whether surgeons from AMC recognized accredited programs will be automatically endorsed or not. It appears there will be multiple pathways to endorsement, which will allow medical practitioners without surgical qualifications and training to become endorsed by completing training which sits outside AMC accreditation. There is a risk of implementing a two-tier system for endorsement which could potentially be exploited by education providers with commercial imperatives.

ANZAOMS recommends that the Medical Board protects the public and avoids further confusion by endorsing only medical practitioners from the surgical AMC accredited disciplines to perform major cosmetic surgery.

3. Is anything missing?

There is an overwhelming body of evidence and reporting that confirms that the general public are not aware of differences between the medical surgical specialists who have completed a training program with a Fellowship and other practitioners who use the term surgeon, such as 'cosmetic surgeon', 'oral surgeon', and 'podiatric surgeon'.

The review of cosmetic surgery by the Medical Board of Australia is welcomed. AHPRA and the MBA however must also be aware that dentally only qualified (i.e., **Non-Medically** or Surgically qualified) Oral Surgeons are performing extensive cosmetic surgical procedures. These practices lie outside the scope of this enquiry and the proposed endorsement model. Oral Surgeons have also sought to increase the amount and complexity of cosmetic surgery procedures in their most recent submission via the NSW Draft Scope of Clinical Practice – Oral Surgery. Unless this issue is addressed this loophole will steadfastly worsen with poorer outcomes for the community. Please be aware that the community will be unable to differentiate between **non** medically or surgically qualified 'Oral Surgeon'

versus the **medically and surgically qualified** 'Oral and Maxillofacial Surgeon'.

An example of this confusion can be found on the website of the Commonwealth Ombudsman which uses the two titles interchangeably, leading consumers to believe that they are the same thing.

*“Oral surgery includes a range of surgical procedures that are conducted in the mouth and jaws, including removal of wisdom teeth (third molars) **and corrective jaw surgery.***

Oral surgery can be performed by a general dentist or an oral surgery specialist (Oral Surgeon or Oral and Maxillofacial Surgeon)”.

[Dental and Oral Surgery - Commonwealth Ombudsman](#)

If the Commonwealth Ombudsman is unable to distinguish between the two, then members of the public seeking an appropriately qualified surgeon to perform 'corrective jaw surgery', for example, are going to face great difficulty in satisfying themselves as to the appropriate qualifications of their surgeon. Clearly the specialist title of dentally qualified only "Oral Surgeon" is deeply misleading.

Clarification is essential for the protection of the general public.

The issue of the protection of title of surgeon is critical to addressing the current issues in cosmetic surgery. Patients clearly have a perception that use of the title of 'surgeon' implies that the practitioner has undertaken specific medical and surgical training, which in fact, is not necessarily the case. Limiting the use of the title of surgeon to the 10 Medical Board of Australia accredited principal specialties would assist to overcome this confusion. There is an acknowledged substantial risk to public safety caused by practitioners in the health sector using the title 'Surgeon' when they do not have the appropriate qualifications or experience in the specialist fields of surgery.

The issue is easily addressed through restriction of the use of the term 'surgeon'.

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?

Generally, the proposed changes appear to be appropriate, strengthening requirements for informed consent (including informed financial consent), addition of a requirement for GP referral and mandating assessment for underlying psychological conditions are all positive steps.

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

It assists to provide clarity and will go some way to providing improved understanding to both providers and consumers. ANZAOMS recognizes that 'minor' procedures require a level of skill, training and qualification to be undertaken safely.

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

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

Yes

9. Is anything missing?

No

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

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

Yes

12. Is anything missing?

No

Additional comments

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

No



Royal Australasian College of Dental Surgeons

30th November, 2022

To Whom it May Concern,

Re: Regulation of medical practitioners who provide cosmetic medical and surgical procedures

I am writing as current Chair of the Board of Studies for Oral and Maxillofacial Surgery under the Royal Australasian College of Dental Surgeons regarding the regulation of medical practitioners who provide cosmetic medical and surgical procedures. This letter is in support of the submission by the Australian and New Zealand Association of Oral and Maxillofacial Surgeons Inc (ANZAOMS).

With regard to the endorsement of medical practitioners who will be eligible to perform major and minor cosmetic surgery I would like to highlight the training requirements for Oral and Maxillofacial Surgery.

1. Trainees accepted into Oral and Maxillofacial Surgery training are registered medical practitioners with AHPRA.
2. Oral and Maxillofacial Surgery training is a minimum of four years of full-time training in accredited training posts.
3. Surgical experience is recorded via a logbook with annual reports and a final logbook summary which is approved by a Training Committee.
4. Clinical evaluations are performed via six-monthly assessment reports.
5. There is a mandatory research requirement.
6. A satisfactory standard must be achieved in the Surgical Science and Training exam before trainees can progress into their second year of training.
7. A satisfactory standard must be achieved in the Fellowship examination which is required for completion of training and award of Fellowship for registration with AHPRA.
8. The curriculum is modular and competency based.
9. With regard to cosmetic surgery our curriculum covers all aspects of head, neck and facial cosmetic surgery. It is internally assessed and externally validated.
10. The OMFS curriculum undergoes regular review and is accredited as part of the Australian Medical Council accreditation process.

The Board of Studies believes that the training in Oral and Maxillofacial Surgery would meet the requirements for approval of a medical practitioner to perform major and minor cosmetic surgery. Please do not hesitate to contact the College if any further information is required.

Kind regards,

Dr Emma Lewis BDS, MBBS
Chair
Board of Studies for Oral and Maxillofacial Surgery