

**Regulation of medical practitioners
who provide cosmetic medical and
surgical procedures**
Consultation paper

Submission

December 2022

Introduction

1. The Australian Commission on Safety and Quality in Health Care (the Commission) leads and coordinates national improvements in health care safety and quality. It works in partnership with patients, carers, clinicians, the Australian, state and territory health systems, the private sector, managers, healthcare organisations, colleges and professional organisations to achieve a safe, high-quality and sustainable health system.
2. Key functions of the Commission include: developing [national safety and quality standards](#), developing and administering national model accreditation schemes, developing [clinical care standards](#) to improve the implementation of evidence-based health care, coordinating work in specific areas to improve outcomes for patients, and providing information, [publications and resources](#) about safety and quality. The Commission works in four priority areas:
 - Safe delivery of care
 - Partnering with consumers
 - Partnering with healthcare professionals
 - Quality, value and outcomes.

Feedback

3. The Commission welcomes the opportunity to provide feedback on the *Regulation of medical practitioners who provide cosmetic medical and surgical procedures consultation* (the consultation paper). Unless otherwise specified, the comments apply to all three documents:
 - Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners*
 - Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*
 - Draft *Guidelines for medical practitioners who advertise cosmetic surgery*.

Definitions

4. The Commission recommends that the definitions be revised. The overarching definition, with two sub-definitions could be streamlined. In doing so, the need to include the terms 'major' and 'minor' are negated. These terms may inadvertently misrepresent the safety and quality risks related to cosmetic procedures.

Definitions in consultation	Proposed amendments to definitions
<p><i>Cosmetic medical and surgical procedures</i> are operations and other procedures that revise or change the appearance, colour texture, structure or position of normal bodily features with the dominant purpose of achieving what the patient perceives to be a more desirable appearance.</p> <p><i>Major cosmetic medical and surgical procedures</i> (<i>'cosmetic surgery'</i>) is defined as procedures which involve cutting beneath the skin. Examples include; breast augmentation, abdominoplasty, rhinoplasty,</p>	<p><i>Cosmetic surgical procedures</i> are operations and other procedures which involve cutting beneath the skin to revise or change the appearance, colour texture, structure or position of normal bodily features with the dominant purpose of achieving what the patient perceives to be a more desirable appearance. Examples include; breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer.</p>

<p>blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer.</p> <p>Minor (non-surgical) cosmetic medical procedures do not involve cutting beneath the skin but may involve piercing the skin. Examples include: cosmetic injectables such as Botulinum toxin and dermal fillers, thread lifts, mole removal for purposes of appearance, non-surgical cosmetic varicose vein treatment, CO₂ laser skin resurfacing, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels, microsclerotherapy and hair replacement therapy.</p>	<p>Non-surgical cosmetic procedures are procedures that do not involve cutting beneath the skin but may involve piercing the skin to revise or change the appearance, colour texture, structure or position of normal bodily features with the dominant purpose of achieving what the patient perceives to be a more desirable appearance. Examples include: cosmetic injectables such as Botulinum toxin and dermal fillers, thread lifts, mole removal for purposes of appearance, non-surgical cosmetic varicose vein treatment, CO₂ laser skin resurfacing, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels, microsclerotherapy and hair replacement therapy.</p> <p>Cosmetic surgical procedures and non-surgical cosmetic procedures may be collectively referred to as cosmetic procedures.</p>
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Accredited facilities where cosmetic surgical procedures are performed

5. The Commission notes the inclusion of requirements for medical practitioners to perform cosmetic surgical procedures in facilities accredited to the [National Safety and Quality Health Service \(NSQHS\) Standards](#), irrespective of jurisdictional regulations.
6. The Commission has been instructed by Health Ministers to develop a nationally consistent licensing framework and safety and quality standards for facilities where cosmetic surgery is performed. As such, the Commission recommends rewording of the requirements for medical practitioners performing cosmetic surgical procedures to ensure alignment in the various streams of reform.
7. Recommended wording regarding accredited facilities where cosmetic surgery is performed:

All cosmetic surgical procedures must be performed in a facility that is accredited by an external accrediting agency approved by the Australian Commission on Safety and Quality in Health Care (ACSQHC) to appropriate safety and quality standards developed by ACSQHC, as specified by the relevant state or territory licensing regulator, or the ACSQHC where licensing requirements are not in force.

Accredited facilities where non-surgical cosmetic procedures are performed

8. The Commission notes the absence of requirements for facilities to be accredited to safety and quality standards where non-surgical cosmetic procedures are performed.
9. To ensure expected standards of safety and quality are met, the Commission recommends the inclusion of a requirement for medical practitioners to perform non-surgical cosmetic procedures in an accredited facility.

10. Recommended wording regarding accredited facilities where non-surgical cosmetic surgery is performed:

All non-surgical cosmetic procedures must be performed in a facility that is accredited by an external accrediting agency approved by the ACSQHC to appropriate safety and quality standard developed by the ACSQHC, as specified by the relevant state or territory licensing regulator, or the ACSQHC where licensing requirements are not in force.

11. The [National Safety and Quality Primary and Community Healthcare Standards](#) (Primary and Community Healthcare Standards) are the appropriate safety and quality standards for implementation where non-surgical cosmetic procedures are performed. They are aligned to the NSQHS Standards, and support facilities to embed individualised clinical governance frameworks, through the implementation of the Clinical Governance Standard and Partnering with Consumers Standard. This sets the overarching requirements for the implementation of the Clinical Safety Standard, which considers specific high-risk areas commonly encountered that need to be addressed and mitigated.

Informed consent including informed financial consent

12. The Commission supports the inclusion requirements regarding informed consent including informed financial consent within the *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*.
13. Information about the procedure (paragraphs 5.1a *Providing major cosmetic medical and surgical procedures (cosmetic surgery)* and *Providing minor (non-surgical) cosmetic medical procedures* sections within the *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*) should also include the need for further short, medium and long term treatment to maintain the appearance of desired cosmetic outcomes.
14. The Commission recommends the principles of informed consent are more prominent within the *Guidelines for medical practitioners who advertise cosmetic surgery*. Advertising is a key driver in demand for cosmetic procedures and often plays a significant role in a person's decision-making process.
15. Increasing the prominence of informed consent in the *Guidelines for medical practitioners who advertise cosmetic surgery* may be achieved by:
- Explicitly referring to informed consent
 - Replicating the requirements for informed consent in the *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* within the *Guidelines for medical practitioners who advertise cosmetic surgery*.

Splitting draft revised Guidelines for medical practitioners who perform cosmetic medical and surgical procedures

16. While the Commission acknowledges the intent of splitting the guidance into sections for major and minor cosmetic procedures, there is significant overlap between the two sections which in turn lengthens the overall document. The Commission suggests combining guidance that applies to all cosmetic procedures, with a separate section allocated to additional guidance specific to medical practitioners who perform cosmetic

surgical procedures or medical practitioners who perform non-surgical cosmetic procedures.

General practitioner referrals for cosmetic surgical procedures

17. The Commission supports the intent of the requirement for patients to have a referral from their independent general practitioner before seeing a medical practitioner who performs cosmetic medical procedures.
18. To provide greater clarity for general practitioner involvement, it is recommended this requirement is strengthened by:
 - Specifying the purpose of general practitioner consultations is to give patients an opportunity to seek measured and independent advice on suitability of cosmetic procedures, as well as assessment of any underlying conditions, such as body morphic disorder, using evidence-based assessment tools. Where assessment identifies psychological or psychiatric conditions, the general practitioner is the most appropriate medical practitioner to make referral and coordinate patient's care
 - Extending this requirement to all cosmetic procedures, both surgical and non-surgical.
19. Independent assessment should be used to inform the medical practitioner who will perform the procedure and conduct their own assessment of patient suitability.
20. The Commission recommends the Medical Board of Australia undertake detailed consultation with the Royal Australian College of General Practitioners and other key stakeholders to work through impacts and any unintended consequences of the revised guidelines and to ensure appropriate guidance and education is provided to the general practice sector to accompany the inclusion of this requirement.

Guidelines for medical practitioners who advertise cosmetic surgery

21. The principles and intent of the draft *Guidelines for medical practitioners who advertise cosmetic surgery* appear broadly applicable to non-surgical cosmetic procedures. As such, the Commission recommends amendment of guidelines to encompass all types of cosmetic procedures, both surgical and non-surgical. Where the Medical Board of Australia is of the view specified elements relate only to cosmetic surgery, these could be specified in a separate section within the guidelines.
22. The Commission recommends revision of language and inclusion of definitions relating to population groups targeted for cosmetic procedures. Use of words such as 'vulnerable' is open to interpretation and is not recommended.