

## Your details

**Name:** [REDACTED]

**Organisation (if applicable):** Cosmetic Physicians College of Australasia (CPCA)

**Are you making a submission as?**

- An organisation

**Do you work in the cosmetic surgery/procedures sector?**

- Yes – I provide minor cosmetic procedures (e.g. Botox, fillers, etc.)

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

- General and specialist registration – Specialty (optional):

**Do you give permission to publish your submission?**

- Yes, as the CPCA 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?

The requirements proposing the endorsement for *Cosmetic Surgery* are viewed by the CPCA to be largely appropriate.

The CPCA does however have some reservations regarding the draft registration standard for *Guidelines for Cosmetic Medical procedures* which are elaborated upon in the appropriate section of this feedback

## 2. Are the requirements for endorsement clear?

Yes, for the Draft Standards for Cosmetic Surgery, but not for Cosmetic Medicine

## 3. Is anything missing?

See comments below

# 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 Cosmetic Physicians College of Australasia raises two concerns in response to question 4, which are:

1. The title ***Minor (non-surgical) cosmetic medical procedures*** is erroneous and misleading because it implies that cosmetic medical procedures do not have Major Complications
2. The Colleges seeks amendment to the proposed guidelines for cosmetic medical (non-surgical) procedures where there is reference to 'appropriate knowledge and training'

### Discussion 1. The title ***Minor (non-surgical) cosmetic medical procedures***

The CPCA acknowledges that the complexities and invasiveness of cosmetic surgery warrants the use of the title ***Major Cosmetic Surgery***, however, the procedures proposed to be defined as ***Minor (non-surgical) cosmetic medical procedure***. can, and do result in **Major Complications**.

One well known example is where **dermal fillers have been injected into one of the facial arteries** causing permanent vision loss, brain injury, stroke, scarring, embolism, ischaemic necrosis and even death.

**Blindness and the effects of stroke** are almost always permanent even after emergency bedside management.

The CPCA is concerned that 'Major' complications can and do arise from what are currently classified as 'Minor' procedures. In our opinion, it is misleading and contradictory to imply that **Major Complications** do not result from **Minor** procedures when the incidence of these complications features prominently and regularly in the medical literature. Some references to these occurrences are listed below.

<https://files.medelement.com/uploads/materials/503d519a758533d83b1936580c98c752.pdf>

<https://pariournal.net/article/view/5220>

*Restoration* of vision loss is rare and the consensus of international cosmetic medical proceduralists is that the window of opportunity is less than or equal to 90 minutes to prevent permanency.

<https://www.dermatoljournal.com/articles/vision-loss-and-blindness-following-fillers.html>

Such injuries are therefore regarded in the profession as **major** complications and classifying the procedures as '**minor**' is misleading to the consumer and may falsely reassure them they are safe.

<https://www.tga.gov.au/news/news/cosmetic-injections-checklist>

**The issue of Major Complications in cosmetic medical procedures: Under-reporting** The fact that these Major Complications of Cosmetic Medical procedures have in the past been hidden from view is identified consistently in government inquiries as **under-reporting**. This issue is now fully acknowledged recently by Medical Board of Australia Chair Dr Joanna Flynn..(September 2022 MBA Newsletter); "*We rarely hear about the problems being fixed, which makes it hard to act quickly to keep patients safe*".

Links to public warnings from State and Federal agencies about major complications from cosmetic medical procedures are listed below:

<https://www.health.vic.gov.au/sites/default/files/migrated/files/collections/factsheets/a/adverse-health-effects-from-injectable-cosmetic-procedures---pdf.pdf>

Almost every state health department has issued similar warnings. as has Australian Health Department and Australian Radiation and Nuclear Protection Agency (ARPANSA).

<https://www.arpansa.gov.au/understanding-radiation/sources-radiation/more-radiation-sources/lasers-and-intense-pulsed-light-0#how-do-lasers-jpls-and-leds-provide-treatment-outcomes-and-what-are-the-risks>

and the Australian Health Ministers Advisory Council, Final Report (2010)

<https://www.health.nsw.gov.au/publications/documents/cosmetic-surgery.pdf>

**Recommendation: 1. The title of the Published Guidelines for cosmetic medical procedures should be 'Cosmetic Medical Procedures'.**

*Procedures that do not involve cutting beneath the skin but may involve piercing the skin, such as cosmetic injectables including Botulinum toxin and dermal fillers, thread lifts, mole removal for purposes of appearance, non-surgical cosmetic varicose vein treatment, CO<sub>2</sub> laser skin resurfacing, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels, microsclerotherapy and hair replacement therapy, and are currently classified as '**Minor (non-surgical) cosmetic medical procedures**' should be renamed simply 'Cosmetic Medical Procedures'.*

**Discussion 2. The proposed changes to the Cosmetic (Medical) Guidelines are confusing and not appropriate in places. Clarification of what the document means by 'appropriate knowledge and training'.**

**Discussion:**

The CPCA understands this may, until recently be 'difficult' to clarify since there are many current 'courses' which are inappropriate and/or insufficient, with no ongoing education, or are run by the pharmaceutical companies that manufacture the products (e.g., neurotoxins and dermal fillers), and non-ionising radiation devices (e.g., lasers, radio frequency, HIFU and microwave technologies). The CPCA considers these 'show me' courses to be inadequate training because they fail to provide the depth and breadth of knowledge required to be able to ensure patient safety and quality care; goals that the proposed guidelines seek to achieve.

Appropriate knowledge and training can only be provided as an 'at arm's length', vocational study and assessment program, that has accreditation by professions and industry in Australia. The CPCA is a strong advocate for formal training in Cosmetic Medicine and has been developing a training program over the last 5 years. The CPCA **Registrar Training Program has been accredited as an Australian Qualification Framework (AQF) Level 7 VET course; the Graduate Certificate in Cosmetic Medicine (52900WA)** in December 2022. This is the **only** vocational education course in Australia awarded AQF accreditation, for the post-graduate training of registered medical practitioners, to gain a qualification that that enables them to perform Cosmetic Medical procedures.

**Recommendation**

The Guidelines for Cosmetic Medical procedures should include the wording, 'must be undertaking or have completed an AMC approved course of study' such as the CPCA Graduate Certificate in Cosmetic Medicine, or an equivalent, for those doctors wishing to commence Practice in '*Minor (non-surgical) cosmetic medical procedures*' (*Cosmetic Medical Procedures*).

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

The concept of splitting the guidance into sections for major and minor cosmetic procedures is to be applauded, notwithstanding the comments made above regarding terminology.

As previously discussed, the CPCA remains concerned that the proposed terminology remains confusing.

The definition provided for **Major Cosmetic Surgical and Medical Procedures** (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) could more succinctly be called **Cosmetic Surgical Procedures** (using the same definition).

Procedures that do not involve cutting beneath the skin but may involve piercing the skin, such as cosmetic injectables such as Botulinum toxin and dermal fillers, thread lifts, mole removal for purposes of appearance, non-surgical cosmetic varicose vein treatment, CO<sub>2</sub> laser skin resurfacing, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels, microsclerotherapy and hair replacement therapy, and are currently classified as '**Minor (non-surgical) cosmetic medical procedures**' could be renamed simply '**Cosmetic Medical Procedures**'.

In our opinion, classifying cosmetic procedures as either Surgical or Medical would further simplify and clarify the proposed standards.

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

Yes, but there have been guidelines in place for some time. It is commendable that some of the language has been altered from 'should' to 'must' but unless these guidelines are policed and enforced, they will be no more effective than the existing ones.

Part of the reason that the Cosmetic Medical and Surgical 'industry' is in the current situation is that the existing guidelines, rules, regulations, and various State Laws have not been policed or enforced. This includes but is not limited to the way in which video consultations are conducted and the handling of S4 medicines and devices which is banned in the UK following the Keogh Report back in 2015.

One mechanism that will improve compliance of registered medical practitioners who perform Cosmetic Medical procedures will be the accreditation of CPD Home: Cosmetic Medicine.

We suggest that the appropriate regulatory bodies be adequately funded and staffed to ensure the standards are met.

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

Yes. The College also encourages the General Practitioner to be provided with information on side effects, complications and aftercare of procedures undertaken by their patient so they are well prepared and educated should an aspect the patient's care be impacted by any cosmetic procedure.

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

Yes

**9. Is anything missing?**

As noted in the above questions.

# 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?

The CPCA believes it is vital that the delineation between Major Cosmetic Medical and Surgical Procedures and Minor (non-surgical) Cosmetic Medical Procedures be defined as suggested, but suggest that it can be further simplified by renaming the procedures either **Cosmetic Surgical Procedures** or **Cosmetic Medical Procedures** (whilst retaining the current proposed definitions).

We also believe that further guidance and direction be provided regarding what AHPRA/MBA consider appropriate knowledge and training for what is called 'Minor (non-surgical) cosmetic medical procedures. Furthermore, consideration needs to be given to providing clearer guidelines regarding video-consultations and delegation to AHPRA registered, non-prescribing practitioners, many of which already work with medical practitioners in this field. There are some corporate models that will not fulfil the 'spirit' of the draft regulations and the Board's intention to improve transparency, standards and patient safety, even if they do manage to comply with the regulations.

Lastly, these guidelines will not be effective if they are not adequately policed or enforced.

The CPCA considers these drafts to be a major step forward in protecting the public and raising medical standards providing the nomenclature can be appropriately corrected.