

## Your details

Name: [REDACTED]

Organisation : Experienced Cosmetic Proceduralist Group

Are you making a submission as?

- An organisation

Do you work in the cosmetic surgery/procedures sector?

- Yes – we perform cosmetic surgery

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, with my name

# 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?

1. Are the requirements for endorsement appropriate?  
No.

### Executive Summary

- Eliminating grandparenting as a means of endorsement is contrary to evidence
- The evidence demonstrates a similar incidence of complaints amongst cosmetic surgeons, plastic surgeons, and other specialties.
- A large study published in *Annals of Surgery* concluded that the more procedures surgeons have performed, the better their patients' outcomes
- The evidence therefore supports procedure specific grandparenting as a means of endorsement.
- We question the legality of AHPRA sanctioning a group of doctors by preventing them from performing procedures when that group of doctors have been performing those procedures at an acceptable standard.
- The elimination of a significant number of experienced cosmetic doctors will result in increased prices for cosmetic surgery leading to Australians seeking cosmetic surgery in unsafe overseas destinations. It is also likely to lead to plastic surgeons abandoning their public work in favour of private cosmetic work and increasing their prices for all plastic surgery, including skin cancer surgery.

### Submission

The decision of AHPRA to exclude grandparenting as an avenue for endorsement is contrary to evidence. Instead, the evidence supports grandparenting on a *procedure specific* basis. The basic tenet of modern medical practice is that it needs to be evidence based. There has been no evidence presented which indicates grandparenting is inappropriate. On the contrary, doctors who have been performing the same procedure many times over develop a significant level of expertise with that particular procedure. Based on an analysis of 1 million surgeries, a study published in the *Annals of Surgery* found the more procedures surgeons have performed, the better their patient's outcomes.<sup>1</sup>

A second study conducted a review of the medical literature and concluded there was a positive volume-outcome relationship for most procedures.<sup>2</sup>

It follows that it is appropriate to provide procedure specific endorsement i.e., if a doctor has obtained significant experience with a particular procedure, he could obtain endorsement *only* for that procedure.

The 7 members of our group have performed 16,500 liposuction cases; 13,800 pairs of breast augmentations and 3500 facelifts. Yet the AHPRA decision to eliminate grandparenting ignores the expertise that is accumulated with significant experience and would prevent us from continuing to perform these procedures.

AHPRA should be striving to base their decision with respect to endorsement on unbiased data. A current independent and unbiased method of evaluating the standard of work carried out by doctors performing breast augmentation are the statistics provided by the Australian Breast Device Registry. This registry statistically analyses the results of all doctors carrying out breast augmentation in Australia, including plastic surgeons and non-plastic surgeons. Figures obtained

from the practices of the members of our group demonstrate above average results compared to other doctors performing breast augmentation.

We acknowledge that the patient outcomes presented on *Four Corners* and *60 Minutes* were very concerning. The doctors involved however were just 5 in number (with 3 being from the same practice), and there is no evidence that any particular group of doctors is performing procedures at a lower standard than other groups. Instead, the evidence suggests that the incidence of complaints is similar amongst all doctors performing cosmetic surgery. AHPRA published data based on a 3-year analysis for the 2021 Senate Inquiry into cosmetic surgery. In relation to this data, Dr Anne Tonkin, Chair Medical Board of Australia said, '...the "cowboy" reputation of cosmetic surgeons was not reflected in AHPRA/board data, and that '...complaints around cosmetic procedures were spread evenly among cosmetic surgeons, plastic surgeons, and other specialties.'<sup>3</sup>

Significant pressure has been placed on AHPRA to eliminate grandparenting as a means of endorsement. The decision of AHPRA to cave in to this pressure is not evidence based. By preventing experienced doctors from performing procedures, AHPRA is effectively sanctioning those doctors.

We acknowledge that AHPRA has the power to sanction individual doctors for unacceptable standards of practice. We question however the legality of AHPRA sanctioning a group of experienced doctors who have been performing procedures at an acceptable standard.

The reduction in the supply of a significant number of competent doctors performing cosmetic surgery in the presence of constant demand will result in an increase in prices for cosmetic surgery. This does not benefit the Australian public. Instead, it is likely to lead to people who cannot afford inflated prices to seek treatment in substandard overseas destinations. In 2014, Australian ██████ unfortunately died shortly after returning to Australia following negligent cosmetic surgery in Malaysia. The coroner subsequently urged authorities to warn the public about the dangers of medical tourism. In 2015, Australian ██████ unfortunately died following negligent cosmetic surgery in Mexico.

There have also been numerous examples of Australians returning to Australia to seek treatment in public hospitals following complications from procedures performed in Thailand and Malaysia. This may be outside the jurisdiction of AHPRA but harm is caused to these Australians and there is a significant cost to the public health system in treating these complications.

Another likely outcome of the absence of competition is that plastic surgeons will abandon their public work in favour of private practice. This would deplete the public hospital plastic surgery workforce. Increased cosmetic surgery prices would lead to plastic surgeons increasing their prices for all plastic surgery, including skin cancer surgery.

In conclusion, AHPRA should act in accordance with modern medical practice and make an evidence-based decision with respect to the Registration Standard. Procedure specific grandparenting should therefore be included as a possible means of obtaining endorsement. We question the legality of AHPRA sanctioning a group of experienced doctors by preventing them from performing procedures when that group of doctors has been performing those procedures at an acceptable standard. The negative consequences of eliminating experienced cosmetic doctors include increased prices for cosmetic surgery in Australia, Australians having cosmetic surgery performed in unsafe overseas destinations, plastic surgeons abandoning public hospitals and increased prices for all plastic surgery services including skin cancer surgery.

#### References

1. Maruthappu, Mahiben; Gilbert, Barnabas J.; El-Harasis, Majd A. The Influence of Volume and Experience on Individual Surgical Performance: A Systematic Review *Annals of Surgery*. 261(4):642-647, April 2015.
2. Morche, J., Mathes, T. & Pieper, D. Relationship between surgeon volume and outcomes: a systematic review of systematic reviews. *Syst Rev* 5, 204 (2016). <https://doi.org/10.1186/s13643-016-0376-4>

3. Durham P. The Medical Republic. Cosmetic surgery review to probe 'weak safety culture'. [https://medicalrepublic.com.au/cosmetic-surgery-review-to-probe-weak-safety culture/58864?utm\\_source=TMR%20List&utm\\_campaign=9eb1e4fb8d Newsletter November 30 11 21&utm\\_medium=email&mc\\_cid=9eb1e4fb8d&mc\\_eid=17fdd549a6&fbclid=IwAR39Zf71AswfiHTtazmw2lp AKzK8rv0fUfjTyqqJN07AA2NP6NeR7cK2u8](https://medicalrepublic.com.au/cosmetic-surgery-review-to-probe-weak-safety-culture/58864?utm_source=TMR%20List&utm_campaign=9eb1e4fb8d%20Newsletter%20November%2030%2011%2021&utm_medium=email&mc_cid=9eb1e4fb8d&mc_eid=17fdd549a6&fbclid=IwAR39Zf71AswfiHTtazmw2lpAKzK8rv0fUfjTyqqJN07AA2NP6NeR7cK2u8). Published 30 November 2021

2. Are the requirements for endorsement clear?

Yes

3. Is anything missing?

See question 1

# 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?

We agree with all of the changes except the first part of 6.6. We disagree with this section because many competent doctors practising cosmetic surgery do not have admitting rights at public hospitals. We agree with the second part of 6.6 ie. 'In the event of complications requiring hospital admission, the treating medical practitioner is responsible for coordinating care until the patient is under management of the alternate practitioner or hospital.'

## 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

## 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