

## Your details

Name: [REDACTED]

Organisation (if applicable): MDA National

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?

- N/A

Do you give permission to publish your submission?

- Yes, with my 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- No, do not publish my submission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?

Yes

2. Are the requirements for endorsement clear?

Yes

3. Is anything missing?

We have no submissions to make in relation to the Registration Standard.

# 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?

Please see comments in 9 below.

## 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?

Please see comments in 9 below.

## 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?

### **Providing major cosmetic medical and surgical procedures (cosmetic surgery)**

1.1 - We query whether example case studies could be provided here to demonstrate circumstances where the care and wellbeing of the patient overrides the decision to undertake cosmetic and medical procedures on patients.

2.1 - Further guidance regarding what the expectations of general practitioners will be would be beneficial. In our view, prescriptive guidelines for GPs will be necessary. We suggest that such guidelines provide for, among other things, whether GPs are required to assess the suitability of the patient for surgery.

2.1 - We foresee circumstances where cosmetic surgeons may enter commercial arrangements with GPs. Are such arrangements prohibited?

**2.1** - Must a GP recommend a particular surgeon or simply refer to a surgeon of the patient's choosing?

**3.1** - In our view, a requirement for patients to have at least two pre-operative consultations may be excessive and likely to be cost prohibitive for many patients.

**Footnote 4** - Clarity is required around who is captured by "general practitioners who provide cosmetic procedures". Does this include GPs who perform botulinum toxin injections?

**3.4** - We consider that provision should be made for circumstances where a patient wishes to go away and consider whether they wish to proceed with the procedure (see related comments in relation to 5.5 below).

**4.4** - We suggest the insertion of the following at the end of the last sentence:

*The medical practitioner who will perform the procedure must not perform the procedure until they have received written confirmation from a psychologist, psychiatrist or general practitioner that they have assessed the prospective patient and confirmed that there are no significant underlying psychological issues which may make them an unsuitable candidate for the procedure.*

**5.1b** - We suggest the insertion of the following after the word "type":

*, if they are a member of a college and, if so, which college.*

**5.5** - We suggest the insertion of the following at the end of the last sentence:

*For clarity, if, at the initial face-to-face consultation, the patient informs the medical practitioner that they wish to go away and think about whether they would like to proceed with the procedure and the patient subsequently decides to proceed, a further face-to-face consultation is required at least seven days before the day of the procedure.*

**6.2** - Further guidance regarding what is meant by "formal alternative arrangements" would be helpful. For example, must they be documented?

**6.3** - We anticipate that the requirement for a practitioner to remain in the location of the surgery for at least 24 hours after surgery will pose difficulties. It is unclear whether the wording "the practitioner *should*" as opposed to the wording "the practitioner *must*" is intentional. This requirement may not be necessary if adequate formal alternative arrangements are in place.

**6.7** - We suggest the insertion of the following at the end of the sentence:

*The patient must be informed, in writing, of the collaborative care arrangements.*

**6.8, 3<sup>rd</sup> dot point** - Clarity is required regarding what level of detail must be included about the anaesthesia provided to the patient.

**10.2** - We suggest the insertion of the following after the word "type":

*, if they are a member of a college and, if so, which college.*

**11.1** - We suggest the insertion of the following after the word "websites":

*and social media*

**13** - In our view, guidance should be given as to whether any deposit is required to be refunded to the patient if they decide not to proceed with the procedure.

**13.1** - Subject to whether a second consultation is deemed required, "initial consultations" should be replaced with "the two pre-operative consultations".

**13.3** - We suggest the insertion of the following after the word "treatment":

*or treatment at a reduced rate*

**(new) 13.8** - We suggest the insertion of the following sub-paragraph:

*Medical practitioners must advise the patient if they have a financial interest in the hospital where the surgery will be performed.*

**Providing minor (non-surgical) cosmetic medical procedures**

**5.2** - We suggest the insertion of the following after the words “images in”:

*or for them to be shown to other (prospective) patients*

**10.1** - Further guidance would be helpful regarding what constitutes “appropriate knowledge and training”, for example, in botulinum toxin injections.

**11.2** - We suggest the insertion of the following after the word “type”:

*, if they are a member of a college and, if so, which college.*

**13.1** - Clarity is required regarding whether this includes infection control procedures.

**14.2** - We suggest the insertion of the following after the word “treatment”:

*or treatment at a reduced rate,*

**14.4** - Clarity is required regarding whether such offers are acceptable provided they comply with the Board’s *Guidelines for advertising of regulated health services*.

## Additional comments

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?

Please see comments in 12 below.

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

Please see comments in 12 below.

### 12. Is anything missing?

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**Broadly, the Board and Ahpra have two ways of dealing with unacceptable advertising** - Our understanding is that Ahpra deals with advertising in accordance with the "Advertising compliance and enforcement strategy" (see [here](#)) which does not appear to be consistent with this paragraph. For example, further education around advertising appears to be the initial approach, rather than prosecution and disciplinary processes.

1.4 - We suggest the insertion of the following after the word "aftercare":

*It should also specify that cosmetic procedures are not covered by Medicare.*

(new) 3.2 - We suggest the insertion of the following sub-paragraph:

*Any testimonials must be in accordance with Ahpra's guidelines on testimonials, as published [here](#).*

4.3 - We suggest the insertion of the following after the words "must be":

*taken with the same lighting and position and*

5.6 - We suggest the insertion of the following after the last sentence:

*Written consent must be obtained from the patient to:*

- *use videos in which they can be identified; or*
- *disclose any of their personal health information.*

8.3 - Typographical error: “targetted” should be “targeted”.

**Final page:**

***The following requirement is taken directly from the 2016... -***

This paragraph is unclear. Does the “following requirement” referred to in the second paragraph refer to the “requirement” in the third paragraph?

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

No.