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Kia ora Anne

### **Regulation of medical practitioners who provide cosmetic medical and surgical procedures**

Thank you for inviting Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand to provide feedback on the [regulation of medical practitioners who provide cosmetic medical and surgical procedures](#).

I was very glad to catch up last week (during my visit to Australia) with the work that APHRA and the Medical Board of Australia have underway. That included hearing more about the current proposals to protect and improve the safety of those undergoing cosmetic medical and surgical procedures.

This letter responds to the current consultation following the [independent review of the regulation of medical practitioners who perform cosmetic surgery](#) and APHRA and the Board's acceptance of the review recommendations in full. I note that these include agreeing to create an area of practice endorsement for cosmetic surgery, strengthen existing guidelines for doctors who perform cosmetic procedures and issue more guidance on advertising about cosmetic surgery.

The context for the regulation of doctors who provide cosmetic surgery in New Zealand differs in significant respects from that in Australia. The difference was noted briefly in the review report, but I thought it would be helpful to set out our approach to this group as background for the Board and in case the Board wishes to draw on aspects of this.

As the *Review* noted, our regulatory approach to doctors providing cosmetic surgery relies on Council identifying which scopes of practice permit cosmetic surgery. Under the Health Practitioners Competence Assurance Act 2003, scopes of practice for each profession are defined by the responsible authority in the way in which that authority sees fit. Registered practitioners must not perform activities that fall outside the scope of practice for which they are registered.

The Council's [statement on cosmetic procedures](#) sets out the scopes of practice that a doctor must be registered in to be able to perform cosmetic procedures. Our position is that cosmetic surgery in New Zealand sits within the vocational scope of dermatology and all surgical scopes of practice. In addition, as the statement discusses, doctors in these scopes must meet certain requirements beyond merely holding the qualification for the scope. In summary,

**Dermatologists** must:

1. Have training, expertise and experience in the procedure being performed; and
2. Have their competence accredited by the New Zealand Dermatological Society.

**Surgeons** must:

1. Have training, expertise and experience in the procedure being performed; and
2. Have their competence accredited by their College (ie, as part of the College training programme) or through a credentialling process.

Cosmetic surgery can also be performed by a doctor with General registration within a training programme leading to the dermatology scope or a surgical vocational scope.

A further level of clarity is achieved at an organisational level, through the credentialing of doctors by services or employers to define limits on areas of responsibility. The Council's approach clearly differs from the current situation in Australia and what the Board is proposing, which is to establish an area of practice endorsement for cosmetic surgery. In addition, I understand that the Board is proposing that all patients seeking cosmetic surgery will need a referral from their general practitioner or another independent general practitioner.

Given the differences in approaches and statute between our two countries, I understand the reasons for these proposals and don't have any comment to offer on these. I do want to endorse, however, the Board's additional proposals for changes to its guidelines. Setting clear standards and expectations of doctors is key to assuring the delivery of safe surgical services.

I see that the Board is proposing several changes to its guidelines for medical practitioners who perform cosmetic medical and surgical procedures. These are in line with recommendations in the independent review and include changing most instances of 'should' to 'must' to make the Board's expectations explicit. I note that the Board is also proposing new standalone guidelines relating to the advertising of cosmetic surgery that address each of the areas identified in the independent review. These include avoiding the glamorisation and trivialisation of procedures; avoiding the use of images of models who have not undergone a cosmetic procedure to promote procedures; avoiding use of social media influencers; avoiding linking procedures with obtaining an acceptable/ideal body type; not claiming psychological benefits; strengthening informed consent for use of before and after photos.

We have recently updated the Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand [statement on advertising](#) which touches on several of these aspects. We look forward to seeing the final form of the Board's guidelines which I'm sure will be useful for us to consider in any further iterations of our own statements.

We welcome the opportunity to share our approach to the regulation of cosmetic surgery. We look forward to learning the outcomes of this consultation and will ensure our Council is kept across developments on this issue.

Nāku noa, nā



Joan Simeon

**Manukura | Chief Executive**

**Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand**