

Your details

Name: [REDACTED]

Organisation (if applicable): MINKST

Are you making a submission as?

- An organisation

Do you work in the cosmetic surgery/procedures sector?

- Yes – I perform cosmetic surgery
- Yes – I provide minor cosmetic procedures (e.g. Botox, fillers, etc.)
- Yes – I work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee)
- No
- Prefer not to say

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

- General and specialist registration – Specialty (optional):
- General registration only
- Specialist registration only – Specialty (optional):
- Provisional registration
- Limited registration
- Non-practising registration
- Prefer not to say

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?

We agree that to be eligible for endorsement, the practitioner must have been awarded an approved qualification in cosmetic surgery.

As the approved qualifications have not yet been approved, we believe the following should be taken into consideration when determining such approval:

There **MUST** be specific cosmetic surgery training and experience.

It would not be appropriate to allow existing specialist surgeons, irrespective of their specialty, to be endorsed, unless the specialist can demonstrate adequate and appropriate training, including practical experience specifically in cosmetic surgery. This includes specialist plastic surgeons who the AMC has determined qualify with “a gap” in this area of practice. Like all other practitioners, plastic surgeons should show that they have sufficient additional specific training and experience in cosmetic surgery prior to endorsement.

It is clear from their own statements that special interests such as the ASAPS have had no genuine interest in reform to protect patients and have primarily been interested in protecting themselves.

<https://www.smh.com.au/lifestyle/health-and-wellness/secret-cosmetic-surgery-review-meeting-ends-in-revolt-20220829-p5bdng.html>

It can be expected that such groups and probably RACS, having not supported the endorsement model, will now attempt to hijack it to benefit themselves rather than offering patients a choice of appropriately trained, safe practitioners some of whom will not be members of their organisations.

Approved qualifications should include surgeons who are surgical Fellows of the Australasian College of Cosmetic Surgery and Medicine (ACCSM) and Royal Australian College of Surgeons (RACS) with additional sufficient training and experience in cosmetic surgery. We support including surgeons who can demonstrate an overseas equivalent.

At MINKST we only work with surgeons who are members of either the ACCSM or RACS (with additional training or experience in cosmetic surgery). We ensure all our surgeons are fully qualified with relevant and sufficient cosmetic surgery training and experience. The approved qualifications should ensure the same.

2. Are the requirements for endorsement clear?

No - as we don't know what the approved qualifications are yet.

3. Is anything missing?

What determines the approved qualifications to apply for endorsement.

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?

No we don't agree with guidelines within Section 3- Patient consultation type and timing.

A cooling off period with consent forms needing to be signed at a second in-person consultation, at least seven days prior to surgery, disadvantages rural and interstate patients.

We currently have a large percentage of patients who travel for cosmetic surgery via air or long road trips. Telehealth is expected to be an option by these patients, just as it is with other medical specialities. Requiring a face-to-face consult at least 7 days prior to surgery would essentially make two trips required under the new guidelines which is a significant disadvantage.

Telehealth consultations should be considered an appropriate consultation for the patient to make an informed decision, with the proviso that the patient must consult with the surgeon face to face, at least the day before the surgery to confirm the operative plan is correct. If either the patient or the surgeon does not want to proceed, the patient should be eligible for a full refund of any monies paid.

A minimum standard to ensure prevent rural / interstate patients are properly informed but not disadvantaged would be-

1. First consultation with their surgeon (either in person or telehealth) at least 7 days prior to surgery.
2. An option for second consult with their medical practitioner (either in person or telehealth).
3. A requirement for a minimum one face-to-face consultation with the surgeon at least one day before surgery.

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?

Although the principle of a patient's GP being informed is sound, we do not support a requirement for a mandatory GP referral. Instead we propose an alternative way to involve the patient's GP which will be more likely to provide the desired outcome and will also respect patient privacy and choice and will also not expose the patient to avoidable additional expense since cosmetic surgery consultations do not attract a Medicare benefit.

We know that when asked circa 85% of our patients do not have a GP they would like us to keep informed. We do however, require patients to get a clearance letter from a GP or treating specialist when they present with risk factors such as a history of psychological conditions needing treatment or other relevant medical conditions.

We are unaware of any evidence that GPs acting as a mandatory gatekeeper for cosmetic surgery would enhance patient safety. GPs are not trained in cosmetic surgery and have no expertise concerning a patient's suitability for cosmetic surgery other than their personal knowledge of that patient's medical and psycho-social history. The latter can and should be accessed to enhance patient safety as follows:

Any surgeon offering cosmetic surgery to a patient, if the patient consents, be required to write to the patient's GP informing them of the proposed procedure and inviting the GP to respond should they have any concerns based on the patient's past medical or psycho-social history.

Should mandatory referrals be required, especially because many patients do not have a GP, there is the risk that inappropriate and conflicting relationships could develop between the surgeon's practice and that of a preferred GP.

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

Yes

9. Is anything missing?

No

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?

While we agree with the overall good practices of cosmetic surgery advertising outlined, it seems like further consultation is needed to better understand the advertising landscape.

Some areas that need to be reconsidered-

Section 3. Social media influencers and ambassadors.

Social media plays a role in society and is important to reach an audience with the appropriate message. A blanket rule here doesn't make sense when considering other alternatives. For example should advertising on a bus or a billboard not be allowed? Or advertising on Facebook / Instagram? How is paying a media Company to advertise a message different from someone with a social media following? As long as the advertising message is aligned with the good practices of cosmetic surgery advertising, how can one form be banned over another?

Section 4. Use of images and before and after photos

Paid advertising platforms such as Facebook, Instagram and Google don't allow before and after photos to be promoted. These guidelines say this is the only form allowed. Limiting advertising to only before and after photos doesn't make sense as long as the good practices are followed.

Banning the use of emojis and the non medical terms such as 'boob job 'and 'mummy makeover'. Emojis form part of the language for Millennials and Generation Z and patients often don't recognise the medical terms.

Medical practitioners must not advertise using automated apps which predict an individual's

appearance post-surgery as this can create unreasonable expectations of outcome. We strongly disagree with a blanket ban using AR/VR as long as a proper disclaimer is given. Allowing patients to get an 'idea' of their potential outcome helps set realistic expectations which can be discussed during the consent process so the patient can decide if surgery is right for them.

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

No as mentioned above. They need a lot more consideration.

12. Is anything missing?

No

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