

Your details

Name: Medical Indemnity Protection Society (MIPS)

Organisation (if applicable): Medical Indemnity Protection Society

Are you making a submission as?

- An organisation

Do you work in the cosmetic surgery/procedures sector?

- No – but we assist practitioners who do

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

- N/A

Do you give permission to publish your submission?

- Yes

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. However, we suggest the following minor amendment. At the last paragraph of “Does this standard apply to me?”, we suggest the following addition:

*This standard does not apply to registered medical students or medical practitioners who hold limited registration, provisional registration or non-practising registration. **Practitioners holding these types of registration are not eligible to apply for an endorsement in cosmetic surgery.***

3. Is anything missing?

There remains a lack of clarity around how the requirement to hold a cosmetic surgery endorsement will be enforced, other than through the notifications process. It is also unclear how “substantially equivalent” qualifications in cosmetic surgery will be assessed. We suggest that these matters are clarified before a final *Registration Standard* is released.

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?

Yes. As written, it appears they will achieve the outcomes required for practitioners and patients.

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

While we see benefits in splitting the guidance into sections for major and minor surgery, we believe that this results in unnecessary duplication and repetition, and makes the document more difficult to navigate and understand. Instead, we suggest that the guidance should be merged into a single unifying guidance that applies to both major and minor cosmetic procedures, with separate sections that may apply only to major or minor surgery. This is for the following reasons:

1. There are many common themes raised by both cosmetic surgery and non-surgical cosmetic medical procedures that need to be addressed in the guidance (eg informed consent, patient vulnerability, advertising, financial arrangements etc).
2. Many practitioners may perform both major and minor cosmetic procedures, including for the same patient, and the distinction between major and minor cosmetic procedures may sometimes be unclear or open to interpretation. This could result in unintended gaps, and a lack of clarity or certainty for practitioners.

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

Yes, subject to our comment above at 5.

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

Further consultation and clarity are required before we can provide support to this requirement. In particular, clarity is required to understand whether the Draft Guidelines are intended to apply to GPs who consult with patients for the purpose of a referral to a cosmetic practitioner. For example, is the referring GP also expected to assess and screen the patient for psychological vulnerability and/or suitability for cosmetic surgery? If so, such an assessment would be complex and would be unable to be completed within a standard 15-minute consultation.

We believe that many GPs will want to discuss the benefits and risks of cosmetic surgery with their patients to ensure they are making informed decisions. There are also benefits for the cosmetic practitioner in having access to the patient's past medical history to assist in their assessment of the prospective patient's suitability for cosmetic surgery. However, we question whether mandating GP referrals is sufficiently justified, especially if patients do not want to discuss cosmetic surgery with their GP, when some GPs may not fully understand the procedures being requested, and when practitioners performing cosmetic surgery are complying with the proposed requirements

outlined in the Draft Cosmetic Guidelines. We are also concerned that the requirement for mandatory GP referrals could contribute to ongoing primary health system pressures on already overworked GPs. In addition, it could also result in Medicare billing uncertainty – if the sole purpose of a patient consultation is to obtain a referral for a cosmetic procedure that is not Medicare rebatable, it is unclear whether GPs could bill Medicare for these referrals. Requiring patients to pay privately for a mandated referral may be a source of patient dissatisfaction that could be directed towards GPs.

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

Yes. Cosmetic surgery can pose significant risks and such procedures should be undertaken in accredited facilities that are resourced to deal with potentially life-threatening complications. It is unclear in the Draft Guidelines how this would be enforced or monitored.

9. Is anything missing?

Yes. The following additional items that could be added to the Draft Cosmetic Guidelines:

1. The **definition** of cosmetic medical and surgical procedures should read “operations and other procedures that **intend** to revise or change the appearance...” We believe that the intended outcome, not the actual outcome, of procedure should define cosmetic procedures.
2. At 2.6, there could be a suggestion that practitioners who decline to perform a cosmetic procedure could consider facilitating, but are not required to facilitate, a **second opinion**.

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?

Cosmetic surgery and non-cosmetic surgical procedures both seek to "revise or change the appearance, colour, texture, structure, or position of normal bodily features..." Both can involve vulnerable patient groups with unrealistic expectations of outcomes; and practitioners performing these procedures can employ similar advertising techniques.

Given this, it is unclear why the Draft Advertising Guideline distinguishes cosmetic surgery from non-surgical cosmetic medical procedures. This may ultimately detract from the guideline's intent. It is also inconsistent with the Draft Cosmetic Guidelines, that apply to practitioners performing both medical and surgical cosmetic procedures.

12. Is anything missing?

We have three minor suggestions only to the wording of the Draft Advertising Guidelines.

First, we reiterate our comment that the definition of cosmetic medical surgical procedures should read "operations and other procedures that **intend to** revise or change the appearance..."

Second, we would suggest that 4.2 might also include reference to "expectations".

Third, there should be greater reference to, and clarity around, "testimonials".

Additional comments

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

No.