

Your details

Name: [REDACTED]

Organisation (if applicable): Royal Australasian College of Dental Surgeons (RACDS).

Are you making a submission as?

- An organisation
- An individual medical practitioner
- An individual nurse
- Other registered health practitioner, please specify:
- Consumer/patient
- Other, please specify:
- Prefer not to say

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): Oral and Maxillofacial Surgery
- 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 (Organisation 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- No, do not publish my submission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?

By way of introduction, for historical reasons, the RACDS, though its Board of Studies in Oral and Maxillofacial Surgery, is the body responsible for training, assessment and examination in the medical specialty of Oral and Maxillofacial Surgery, leading to specialist medical registration with AHPRA.

Although the college's governance includes Boards of Studies in many other dental specialties and general dentistry, this response relates ONLY to the specialty of Oral and Maxillofacial Surgery and NOT to the provision of cosmetic procedures by dentists or purely dentally qualified specialists.

There should be standardization for the provision of safe surgery applicable to all practitioners and specialties (including those who practise cosmetic surgery) in order to appropriately protect patients and potential patients.

The college's program in Oral and Maxillofacial Surgery comprises a rigorous training and examination process ensuring maintenance of current standards in the provision of surgical care by registered (medical) surgical specialists.

This programme is accredited by the AMC, ADC, NZMC and NZDC on a regular basis ensuring AHPRA registration continues to provide statutory safeguards for Australian consumers undergoing oral and maxillofacial surgery.

Existing accredited training in surgical procedures, including those encompassed under the revised definition of "**Major cosmetic medical and surgical procedures** ('cosmetic surgery'), defined as procedures which involve cutting beneath the skin (examples include breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer)", fall under the remit of several AMC accredited training colleges including;

1. Royal Australasian College of Dental Surgeons (RACDS) – FRACDS (OMS).
2. Royal Australasian College of Surgeons (RACS) and affiliates.
3. Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).
4. Royal Australian and New Zealand College of Ophthalmologists (RANZCO).

The AMC accredited training provided by the Colleges leads to registration as a specialist by AHPRA. Under Section 38 of the Health Practitioner Regulation National Law (as in force in each state and territory) each Health Practice Board of Australia must develop and recommend core registration standards to the Ministerial Council. The Australian standard of surgery is achieved by:

1. Completing an AMC accredited specialist surgical training program.
2. Passing surgical exams approved by the AMC; and
3. Registration by AHPRA as a Specialist in Surgery

Therefore, the procedures listed under '**Major cosmetic medical and surgical procedures**' ('cosmetic surgery') should be undertaken by

qualified surgeons who have completed specialist surgical training within just such an AMC accredited training program as the RACDS provides, with emphasis on specific training in the essential core skills of anatomy, pathology, physiology, wound management, complication management and psychological assessment that are axiomatic to specialist surgical training.

Our contention is not that the surgical training provided by the above colleges is deficient in any way, but that some practitioners are performing these procedures with neither recognized appropriate surgical training qualifications nor specialist surgical registration and that most patients are ill-equipped to know the difference.

Through the FRACDS (OMS), specialist Oral and Maxillofacial Surgeons meet those necessary criteria.

The curriculum of the OMS program stipulates:

“Oral & Maxillofacial Surgeons require a dual qualification in medicine and dentistry to treat conditions that require expertise from both backgrounds. They treat facial trauma, impacted teeth, cysts and tumours of the jaws, skin, and mucosal disease; carry out facial plastic surgery, reconstructive surgery (including harvesting grafts from distant sites), preprosthetic surgery and dental implant surgery; and treat developmental craniofacial abnormalities of the jaws or facial regions, facial disproportion (corrective jaw surgery), facial pain, temporomandibular joint disorders, head and neck cancers, salivary gland diseases”. (NSW Health, Scope of Clinical Practice for Oral & Maxillofacial Surgeons – Oct 2017)

Additional Reference:

1. Att 1: RACDS Board of Studies OMS – FRACDS (OMS) core areas of study and qualification.

The proposed endorsement model creates uncertainty. Is it proposed that only some **new** qualification in cosmetic surgery is going to be eligible for accreditation for endorsement as a ‘cosmetic surgeon’?

Existing AMC accredited surgical training programs, provided by the above Colleges (the experts in the field of surgical training in Australia) should be included in the proposed endorsement model.

Thus any ‘specific qualification’ in cosmetic surgery, if approved, must have as a prerequisite, a fellowship from one of the abovementioned Colleges and should only be agreed after extensive consultation with those colleges.

Endorsement of clinicians without specialist surgical training (as currently recognised by AMC) would create significant confusion for the public and referrers, and risks undermining the very high standards of care that patients in the Australian health care system expect under our existing regulatory standards. Patient safety must be paramount, and we have long standing, well tested, mechanisms for the training and accreditation of surgeons to undertake all elements of surgery, including cosmetic surgery.

2. Are the requirements for endorsement clear?

No, it is unclear whether surgeons from AMC recognized accredited programs will be automatically endorsed or not. It appears there will be multiple pathways to endorsement, which will allow medical practitioners without surgical qualifications and training to become endorsed by completing training which is not AMC accredited. There is a risk of creating a two-tier system which would encourage exploitation by education providers with commercial imperatives.

RACDS recommends that the Medical Board continues to strive to prioritize patient safety and avoid patient confusion by endorsing only medical practitioners from AMC accredited surgical disciplines, to perform major cosmetic surgery.

3. Is anything missing?

It is acknowledged that patients and potential patients do not understand the differences between medical surgical specialists who have completed a prolonged and rigorous surgical training program leading to College Fellowship, and other practitioners who use the term surgeon.

Clarification is thus essential for the protection of patients and potential patients.

The issue of the protection of the title of 'surgeon' is critical to addressing the current issues in cosmetic surgery. Patients clearly have a perception that use of the title of 'surgeon' implies that the practitioner has undertaken specific medical and surgical training, which in fact, is not necessarily the case. Limiting the use of the title of surgeon to the 10 Medical Board of Australia accredited principal specialties would assist to overcome this confusion.

There is an acknowledged substantial risk to public safety caused by practitioners in the health sector using the title 'Surgeon' when they do not have the appropriate qualifications or experience in the specialist fields of surgery.

The issue is easily addressed through restriction of the use of the term 'surgeon'.

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?

Generally, the proposed changes appear to be appropriate. Strengthening requirements for informed consent (including informed financial consent), addition of a requirement for GP referral and mandating assessment for underlying psychological conditions are all positive steps.

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

It assists to provide clarity and will go some way to providing improved understanding to both providers and consumers. RACDS recognizes that even 'minor' procedures require a level of skill, training and qualification, to be able to be undertaken safely.

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



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