

## Public consultation - Submission

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

14 November 2022

The Medical Board of Australia (the Board) is consulting on three documents aimed at regulating aspects of cosmetic surgery. These documents have been developed following an independent review of the regulation of medical practitioners who perform cosmetic surgery that raised serious concerns about the cosmetic surgery sector.

You are invited to provide feedback on the following documents:

1. Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners*
2. Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*
3. Draft *Guidelines for medical practitioners who advertise cosmetic surgery*

This submission form is intended for **organisations and registered health practitioners**.

Patients and consumers are welcome to provide feedback here however, there is an online submission form with specific questions for consumers available on the Board's [current consultations page](#).

The consultation paper, including the three documents, is available on the [Board's website](#).

Submissions can be emailed to [medboardconsultation@ahpra.gov.au](mailto:medboardconsultation@ahpra.gov.au).

The closing date for submissions is 11 December 2022.

#### Definition

**Cosmetic medical and surgical procedures** (as defined in the Medical Board's *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures*) are operations and other procedures that revise or change the appearance, colour, texture, structure or position of normal bodily features with the dominant purpose of achieving what the patient perceives to be a more desirable appearance.

**Major cosmetic medical and surgical procedures** ('cosmetic surgery') is 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.

#### Publication of submissions

Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is expressly requested.

#### Your details

Name:

Organisation (if applicable): **Royal Australian and New Zealand College of Ophthalmologists; Australian and New Zealand Society of Ophthalmic Plastic Surgeons**

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 – Some members 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): Ophthalmology**
- 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**
- 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. We would also like to draw your attention to the joint RANZCO-RACS-RANZCOG statement re use of surgeon title which we believe should be considered within this context.

## 2. Are the requirements for endorsement clear?

Not clear. 'An approved qualification for endorsement for cosmetic surgery' via AMC – does such qualification exist outside of specialist qualification?

## 3. Is anything missing?

Development of resources to develop qualification standards  
Variance of training required for different areas within 'cosmetic surgery'

Will individual procedures be defined, or if qualified in one area of cosmetic surgery, is it implied the practitioner is qualified to perform all procedures? Within cosmetic surgery, there is a wide scope of practice with significant range of anatomical considerations.

How will AHPRA and AMC decide on what is required and who will be exempt?  
Which existing cosmetic societies will be considered as adequate qualifications and training?

RANZCO is ideally positioned, and willing, to contribute to the development of standards for cosmetic surgery in the peri-ocular region.

## 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

### 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.

5.1 (b) Medical practitioner must be endorsed for cosmetic surgery on their registration

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

Yes, although, with respect to ophthalmology, optometry referrals should also be considered.

Specialist to specialist referral could be considered equivalent.

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

Yes, for Band 3 and 4 procedures requiring sedation

Band 2 procedures with local anesthetic alone can be performed in appropriate minor procedure areas with medical practices. Blepharoplasty may satisfy this criterion, depending on the scope of the procedure and patient specific factors.

### 9. Is anything missing?

Minor procedures – 3.1 consultation prior to each prescription – how will this be enforced?

No comment on provision of treatment by non-medical practitioners / 'remote' medical supervision – anecdotal reports are that the majority injections are performed without direct medical supervision (are 7.2 8.1 8.2 adequate?)

Should there be a requirement for the qualifications of other treating health practitioners be made available to the patient? Should they also be subject to endorsement for cosmetic procedures?

## 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?**

4.1 Use of single images alone must not be used – wording can be improved

**12. Is anything missing?**

No

## Additional comments

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

“to be eligible to have their registration endorsed for an area of practice, a practitioner must hold an approved qualification or another qualification, substantially equivalent to an approved qualification”

The detail of the provision of this endorsement is paramount to patient safety  
AMC colleges, including RANZCO should be involved in the accreditation of these endorsements.  
RANZCO is willing to be involved.



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### **Joint statement re: Medical Practitioners' Use of the Title Surgeon Under the National Law**

The Royal Australasian College of Surgeons (RACS), Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and Royal Australian College of Ophthalmologists (RANZCO) welcome the national consultation on Medical Practitioners' Use of the Title 'Surgeon' Under the National Law.

We recognise the need to regulate medical practitioners' use of the title surgeon under the national law in the interest of public safety, mitigating avoidable risks and poor cosmetic surgical outcomes.

We have independently examined the proposed legislative solutions detailed in the Consultation RIS and collectively agree that restricting the use of the title to specialist medical practitioners with significant surgical training, provides sufficient coverage of patient safety whilst protecting and recognising appropriately qualified specialists' clinical practice.



So, we strongly support restricting the use of the title surgeon to medical specialities with relevant Australian Medical Council (AMC) accredited training programs that include significant surgical components, like the 10 surgical specialties already recognised by the Medical Board of Australia such as the nine surgical specialties of RACS and oral and maxillofacial surgery.

Further, specialties like Ophthalmology and Obstetrics & Gynaecology, although not recognised by the Medical Board as surgical specialties, involve regular and significant surgery within their scope. The recognition of these two specialties as having significant surgical components within their scope is aligned with current international standards.

Completion of training in an AMC accredited program which includes a significant surgical component provides a guarantee that a doctor has obtained the physiological, ethical, psychological, pharmacological and medical expertise to safely diagnose, treat and manage surgical patients. Thereby minimising patients' exposure and risk to poor surgical outcomes and improving patient safety.

So, qualified Ophthalmologists, Obstetricians and Gynaecologists are equipped to undertake safe, independent, comprehensive, general specialty practice including performing specialty-specific surgical procedures.

Accordingly, in addition to the 10 medical board recognised surgical specialties, specialists from these two medical specialities should be allowed to use the title of surgeon also in conjunction with their areas of sub-specialisation. Perhaps ophthalmologist glaucoma surgeon; ophthalmologist retinal surgeon; general surgeon, laparoscopic gynaecological surgeon and so on.

In addition, recognising the important role that GPs play in rural communities in conducting basic surgical procedures we agree that it is acceptable that certain rural GPs who have undertaken AMC accredited advanced skills surgical training use the term in combination with the words, 'Rural GP' or 'Rural General Practitioner' – i.e., 'Rural GP Surgeon /Rural General Practice Surgeon.

Our Colleges have independently tendered submissions to this national consultation but recognise the significance of collaboratively advocating for legislative change primarily to ensure patient safety.

Yours sincerely,



**Professor Nitin Verma AM**  
**RANZCO President**



**Dr Benjamin Bopp**  
**RANZCOG President**



**Dr Sally Langle**  
**RACS President**