

Q1. The Medical Board of Australia 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 have your say about:

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

This submission form is intended for organisations and registered health practitioners. Consumers are welcome to provide feedback here but there is a separate submission form with specific questions for consumers.

The questions here are the same as in the Medical Board's consultation paper. Submissions can address some or all of these questions. You can skip questions if you don't have any feedback and there is an opportunity at the end to make additional comments.

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

### 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.

### Q24. Publication of submissions

The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential. Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is expressly requested.

Q2. Do you give permission to publish your submission?

- Yes - with my name
- Yes - without my name
- No - do not publish my submission

Q3. Name

Q4. Organisation (if applicable)

Q5. Email address

Q6. 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

Q7. 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

Q8. What type of medical registration do you have?

*This question was not displayed to the respondent.*

**Q9. 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](#).

Q10. Q1. Are the requirements for endorsement appropriate?

no comment

Q11. Q2. Are the requirements for endorsement clear?

no comment

Q12. Q3. Is anything missing?

Could the board consider preventing people using their superannuation funds to pay for cosmetic procedures.

**Q13. Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures***

The Board is proposing 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](#).

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

yes

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

yes

Q19. Q9. Is anything missing?

**Q20. Draft Guidelines for medical practitioners who advertise cosmetic surgery**

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section '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 new advertising guidance are in the [draft Advertising Guidelines](#).

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Q23. Q12. Is anything missing?

**Q25. Additional comments**

Q13. Do you have any other comments about cosmetic surgery regulation?

Q26.

Thank you for making a submission to the consultation.  
Your feedback has been received and will be considered by the Medical Board.

Q1. The Medical Board of Australia is consulting on draft guidance for medical practitioners who perform cosmetic surgery. These documents have been developed following an independent review of regulation of medical practitioners who perform cosmetic surgery that raised serious concerns about the cosmetic surgery sector.

This submission form is specifically for consumers. It is made up of multiple-choice questions and should take only 5 - 10 minutes to complete. You can skip any questions you don't want to answer and there is an opportunity at the end to make additional comments. All consumers are invited to provide their feedback - both those who have had cosmetic surgery and those who haven't.

The consultation paper, including the draft guidelines, is available on the [Medical Board website](#).

### Definition

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Q3. Name (optional)

Q4. Email address (optional)

Q5. The Board is proposing the following guidance for medical practitioners. Please tell us whether you agree or disagree with the proposed requirements.

**Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures***

The draft Cosmetic Guidelines are in the [consultation document](#).

Q6. Q1. The draft Cosmetic Guidelines propose that all patients seeking major cosmetic surgery must have a referral from a GP (their own GP or another independent GP who does not provide cosmetic surgery or procedures).

Do you agree that a GP referral should be required?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q7. Q2. The draft Cosmetic Guidelines propose that the medical practitioner performing the cosmetic surgery should provide enough information to enable the patient to provide their informed consent. The information should be provided to the patient verbally and in writing, and include information about the procedure, the medical practitioner performing the surgery and the costs (the full list is in the draft guidelines).

Will this information assist patients to be able to make an informed decision?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q8. Q3. The draft Cosmetic Guidelines propose that patients must have at least two pre-operative consultations before the day of the surgery. At least one must be face-to-face (the other can be face-to-face or a video consultation). Informed consent cannot be given until the second consultation.

Do you agree with the requirement for two consultations?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**Q9. Q4.** State and territory governments determine which healthcare facilities need to be accredited. Accreditation sets minimum requirements for safety such as infection control, resuscitation equipment, etc. Whether facilities need to be accredited differs across states and territories. The draft Cosmetic Guidelines propose that all major cosmetic surgery must be performed in an accredited hospital or an accredited day procedure facility regardless of the state or territory requirements. Do you agree with the requirement that major cosmetic procedures only be performed at accredited facilities?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**Q10. Q5.** Do you have any other feedback about the proposed draft revised Cosmetic Guidelines?

All practitioners providing surgical procedures should be fellows of the Royal Australian college of surgeons. It should be mandatory that anyone practicing has the appropriate qualifications to do so. There should be credentialling requirements for all medical consultations and procedures.

**Q11. Draft Guidelines for medical practitioners who advertise cosmetic surgery**

The draft Advertising Guidelines are in the [consultation document](#).

**Q12. Q6.** To assist patients to understand what type of doctor they are seeing, the draft Advertising Guidelines propose that when advertising cosmetic surgery a medical practitioner must include their type of medical registration, for example, 'general registration' or 'specialist registration in Surgery - plastic surgery'. Do you agree that a practitioner's registration type should be included in their advertising?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**Q13. Q7.** To assist patients to understand what type of qualifications a doctor has, the draft Advertising Guidelines propose that when advertising cosmetic surgery a medical practitioner must not abbreviate their qualifications or memberships or use acronyms alone without an explanation of what they are, e.g. FRACS. Do you agree that an explanation must be included with any acronyms?

- Strongly agree

- Agree
- Neutral
- Disagree
- Strongly disagree

Q14. Q8. The draft Advertising Guidelines propose that when advertising cosmetic surgery a medical practitioner must not use paid social media 'influencers', 'ambassadors' or similar.

Do you agree that influencers should not be permitted in medical practitioners' advertising?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q15. Q9. The draft Advertising Guidelines propose that if the medical practitioner uses images to advertise cosmetic surgery, they must show a 'before' *and* 'after' image of the patient and not advertise using single images of a patient, a model or a stock image.

Do you agree that images used in advertising should include a 'before' *and* 'after' image?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q16. Q10. The draft Advertising Guidelines propose that when advertising cosmetic surgery a medical practitioner must not target advertising at people under the age of 18 or to those at risk from adverse psychological and social outcomes.

Do you agree that cosmetic surgery advertising should not target people under the age of 18 and those at risk?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q17. Q11. Do you have any other feedback about the proposed draft Advertising Guidelines?

All major cosmetic procedures should also require independent psychological assessment prior to procedure as part of an informed consent process

**Q18. Q12.** Do you have any other comments about cosmetic surgery regulation?

All surgical procedures should have Minimum credentialing criteria listed in the Medicare benefit schedule- so identifying which can reasonably be performed by general medical practitioner / surgeon / specialist surgeon/ specialist qualified (pain) etc.

**Q19. Note:** If you wish to make a complaint about a medical practitioner, you can call Ahpra's cosmetic surgery hotline on 1300 361 041 or submit a notification on the [Ahpra website](#).

**Q20. About you (optional)**

**Q13.** Have you had cosmetic surgery?

- Yes, I have had cosmetic surgery
- No, I have not had cosmetic surgery but am considering or would consider having it
- No, I have not had cosmetic surgery and have no intentions to have it
- Prefer not to say

**Q21. Q14.** What is your age?

- Under 18
- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65 years or older
- Prefer not to say

Q22. Q15. What is your gender?

Male

Female

Non-binary

Other - how do you identify?

Prefer not to say

Q23. Q16. Which state or territory are you in?

Australian Capital Territory

New South Wales

Northern Territory

Queensland

South Australia

Tasmania

Victoria

Western Australia

Prefer not to say

Q1. The Medical Board of Australia is consulting on draft guidance for medical practitioners who perform cosmetic surgery. These documents have been developed following an independent review of regulation of medical practitioners who perform cosmetic surgery that raised serious concerns about the cosmetic surgery sector.

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The consultation paper, including the draft guidelines, is available on the [Medical Board website](#).

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Q5. The Board is proposing the following guidance for medical practitioners. Please tell us whether you agree or disagree with the proposed requirements.

**Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures***

The draft Cosmetic Guidelines are in the [consultation document](#).

Q6. Q1. The draft Cosmetic Guidelines propose that all patients seeking major cosmetic surgery must have a referral from a GP (their own GP or another independent GP who does not provide cosmetic surgery or procedures).

Do you agree that a GP referral should be required?

- Strongly agree
- Agree
- Neutral
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Q7. Q2. The draft Cosmetic Guidelines propose that the medical practitioner performing the cosmetic surgery should provide enough information to enable the patient to provide their informed consent. The information should be provided to the patient verbally and in writing, and include information about the procedure, the medical practitioner performing the surgery and the costs (the full list is in the draft guidelines).

Will this information assist patients to be able to make an informed decision?

- Strongly agree
- Agree
- Neutral
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Q8. Q3. The draft Cosmetic Guidelines propose that patients must have at least two pre-operative consultations before the day of the surgery. At least one must be face-to-face (the other can be face-to-face or a video consultation). Informed consent cannot be given until the second consultation.

Do you agree with the requirement for two consultations?

- Strongly agree
- Agree
- Neutral
- Disagree
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**Q9. Q4.** State and territory governments determine which healthcare facilities need to be accredited. Accreditation sets minimum requirements for safety such as infection control, resuscitation equipment, etc. Whether facilities need to be accredited differs across states and territories. The draft Cosmetic Guidelines propose that all major cosmetic surgery must be performed in an accredited hospital or an accredited day procedure facility regardless of the state or territory requirements. Do you agree with the requirement that major cosmetic procedures only be performed at accredited facilities?

- Strongly agree
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**Q10. Q5.** Do you have any other feedback about the proposed draft revised Cosmetic Guidelines?

**Q11. Draft Guidelines for medical practitioners who advertise cosmetic surgery**

The draft Advertising Guidelines are in the [consultation document](#).

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Q16. Q10. The draft Advertising Guidelines propose that when advertising cosmetic surgery a medical practitioner must not target advertising at people under the age of 18 or to those at risk from adverse psychological and social outcomes.

Do you agree that cosmetic surgery advertising should not target people under the age of 18 and those at risk?

- Strongly agree
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**Q20. About you (optional)**

Q13. Have you had cosmetic surgery?

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Will this information assist patients to be able to make an informed decision?

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Do you agree that cosmetic surgery advertising should not target people under the age of 18 and those at risk?

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- Neutral
- Disagree
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Female

Non-binary

Other - how do you identify?

Prefer not to say

Q23. Q16. Which state or territory are you in?

Australian Capital Territory

New South Wales

Northern Territory

Queensland

South Australia

Tasmania

Victoria

Western Australia

Prefer not to say

## Your details

Name: [REDACTED]

Organisation (if applicable):

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):
- 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

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

3. Is anything missing?

No

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.

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

No. I do not think GPs have sufficient knowledge to inform us or direct us regarding cosmetic procedures. My GP is way too busy and feels that cosmetic procedures are frivolous and would only try to sway me away from them. Not fair!

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?**

Yes

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

Yes.

**12. Is anything missing?**

No.

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

I have been following this process closely and have come to realise that there are just as many problems/disasters from plastic surgeons as there are from other "cosmetic surgeons". I also realise now that plastic surgery does not encompass cosmetic surgery - it is all about reconstructive and hand surgery, not cosmetic.

I do hope that all providers of cosmetic surgery will expect to have appropriate training in cosmetic surgery. Please ensure that will be so.

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The consultation paper, including the draft guidelines, is available on the [Medical Board website](#).

### 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 purposes 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.

### Q24. Publication of submissions

The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential. Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is expressly requested.

Q2. Do you give permission to publish your submission?

- Yes - with my name
- Yes - without my name
- No - do not publish my submission

Q3. Name (optional)

Q4. Email address (optional)

Q5. The Board is proposing the following guidance for medical practitioners. Please tell us whether you agree or disagree with the proposed requirements.

**Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures***

The draft Cosmetic Guidelines are in the [consultation document](#).

Q6. Q1. The draft Cosmetic Guidelines propose that all patients seeking major cosmetic surgery must have a referral from a GP (their own GP or another independent GP who does not provide cosmetic surgery or procedures).

Do you agree that a GP referral should be required?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q7. Q2. The draft Cosmetic Guidelines propose that the medical practitioner performing the cosmetic surgery should provide enough information to enable the patient to provide their informed consent. The information should be provided to the patient verbally and in writing, and include information about the procedure, the medical practitioner performing the surgery and the costs (the full list is in the draft guidelines).

Will this information assist patients to be able to make an informed decision?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q8. Q3. The draft Cosmetic Guidelines propose that patients must have at least two pre-operative consultations before the day of the surgery. At least one must be face-to-face (the other can be face-to-face or a video consultation). Informed consent cannot be given until the second consultation.

Do you agree with the requirement for two consultations?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q9. Q4. State and territory governments determine which healthcare facilities need to be accredited. Accreditation sets minimum requirements for safety such as infection control, resuscitation equipment, etc. Whether facilities need to be accredited differs across states and territories. The draft Cosmetic Guidelines propose that all major cosmetic surgery must be performed in an accredited hospital or an accredited day procedure facility regardless of the state or territory requirements.

Do you agree with the requirement that major cosmetic procedures only be performed at accredited facilities?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q10. Q5. Do you have any other feedback about the proposed draft revised Cosmetic Guidelines?

**Q11. Draft Guidelines for medical practitioners who advertise cosmetic surgery**

The draft Advertising Guidelines are in the [consultation document](#).

Q12. Q6. To assist patients to understand what type of doctor they are seeing, the draft Advertising Guidelines propose that when advertising cosmetic surgery a medical practitioner must include their type of medical registration, for example, 'general registration' or 'specialist registration in Surgery - plastic surgery'. Do you agree that a practitioner's registration type should be included in their advertising?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q13. Q7. To assist patients to understand what type of qualifications a doctor has, the draft Advertising Guidelines propose that when advertising cosmetic surgery a medical practitioner must not abbreviate their qualifications or memberships or use acronyms alone without an explanation of what they are, e.g. FRACS. Do you agree that an explanation must be included with any acronyms?

- Strongly agree

- Agree
- Neutral
- Disagree
- Strongly disagree

Q14. Q8. The draft Advertising Guidelines propose that when advertising cosmetic surgery a medical practitioner must not use paid social media 'influencers', 'ambassadors' or similar.

Do you agree that influencers should not be permitted in medical practitioners' advertising?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q15. Q9. The draft Advertising Guidelines propose that if the medical practitioner uses images to advertise cosmetic surgery, they must show a 'before' *and* 'after' image of the patient and not advertise using single images of a patient, a model or a stock image.

Do you agree that images used in advertising should include a 'before' *and* 'after' image?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q16. Q10. The draft Advertising Guidelines propose that when advertising cosmetic surgery a medical practitioner must not target advertising at people under the age of 18 or to those at risk from adverse psychological and social outcomes.

Do you agree that cosmetic surgery advertising should not target people under the age of 18 and those at risk?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q17. Q11. Do you have any other feedback about the proposed draft Advertising Guidelines?

Q18. Q12. Do you have any other comments about cosmetic surgery regulation?

*This question was not displayed to the respondent.*

Q19. Note: If you wish to make a complaint about a medical practitioner, you can call Ahpra's cosmetic surgery hotline on 1300 361 041 or submit a notification on the [Ahpra website](#).

*This question was not displayed to the respondent.*

**Q20. About you (optional)**

Q13. Have you had cosmetic surgery?

*This question was not displayed to the respondent.*

Q21. Q14. What is your age?

*This question was not displayed to the respondent.*

Q22. Q15. What is your gender?

*This question was not displayed to the respondent.*

Q23. Q16. Which state or territory are you in?

*This question was not displayed to the respondent.*

Q1. The Medical Board of Australia is consulting on draft guidance for medical practitioners who perform cosmetic surgery. These documents have been developed following an independent review of regulation of medical practitioners who perform cosmetic surgery that raised serious concerns about the cosmetic surgery sector.

This submission form is specifically for consumers. It is made up of multiple-choice questions and should take only 5 - 10 minutes to complete. You can skip any questions you don't want to answer and there is an opportunity at the end to make additional comments. All consumers are invited to provide their feedback - both those who have had cosmetic surgery and those who haven't.

The consultation paper, including the draft guidelines, is available on the [Medical Board website](#).

### 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 purposes 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.

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Q2. Do you give permission to publish your submission?

- Yes - with my name
- Yes - without my name
- No - do not publish my submission

Q3. Name (optional)

Q4. Email address (optional)

Q5. The Board is proposing the following guidance for medical practitioners. Please tell us whether you agree or disagree with the proposed requirements.

**Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures***

The draft Cosmetic Guidelines are in the [consultation document](#).

Q6. Q1. The draft Cosmetic Guidelines propose that all patients seeking major cosmetic surgery must have a referral from a GP (their own GP or another independent GP who does not provide cosmetic surgery or procedures).

Do you agree that a GP referral should be required?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q7. Q2. The draft Cosmetic Guidelines propose that the medical practitioner performing the cosmetic surgery should provide enough information to enable the patient to provide their informed consent. The information should be provided to the patient verbally and in writing, and include information about the procedure, the medical practitioner performing the surgery and the costs (the full list is in the draft guidelines).

Will this information assist patients to be able to make an informed decision?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q8. Q3. The draft Cosmetic Guidelines propose that patients must have at least two pre-operative consultations before the day of the surgery. At least one must be face-to-face (the other can be face-to-face or a video consultation). Informed consent cannot be given until the second consultation.

Do you agree with the requirement for two consultations?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**Q9. Q4.** State and territory governments determine which healthcare facilities need to be accredited. Accreditation sets minimum requirements for safety such as infection control, resuscitation equipment, etc. Whether facilities need to be accredited differs across states and territories. The draft Cosmetic Guidelines propose that all major cosmetic surgery must be performed in an accredited hospital or an accredited day procedure facility regardless of the state or territory requirements.

Do you agree with the requirement that major cosmetic procedures only be performed at accredited facilities?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**Q10. Q5.** Do you have any other feedback about the proposed draft revised Cosmetic Guidelines?

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. The proposed guidelines disadvantage rural / interstate / patients. What is the evidence to support 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. A blanket rule here doesn't make sense, there are alternative ways to involve a patient's GP.

**Q11. Draft Guidelines for medical practitioners who advertise cosmetic surgery**

The draft Advertising Guidelines are in the [consultation document](#).

**Q12. Q6.** To assist patients to understand what type of doctor they are seeing, the draft Advertising Guidelines propose that when advertising cosmetic surgery a medical practitioner must include their type of medical registration, for example, 'general registration' or 'specialist registration in Surgery - plastic surgery'. Do you agree that a practitioner's registration type should be included in their advertising?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**Q13. Q7.** To assist patients to understand what type of qualifications a doctor has, the draft Advertising Guidelines propose that when advertising cosmetic surgery a medical practitioner must not abbreviate their qualifications or memberships or use acronyms alone without an explanation of what they are, e.g. FRACS. Do you agree that an explanation must be included with any acronyms?

- Strongly agree

- Agree
- Neutral
- Disagree
- Strongly disagree

Q14. Q8. The draft Advertising Guidelines propose that when advertising cosmetic surgery a medical practitioner must not use paid social media 'influencers', 'ambassadors' or similar.

Do you agree that influencers should not be permitted in medical practitioners' advertising?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q15. Q9. The draft Advertising Guidelines propose that if the medical practitioner uses images to advertise cosmetic surgery, they must show a 'before' *and* 'after' image of the patient and not advertise using single images of a patient, a model or a stock image.

Do you agree that images used in advertising should include a 'before' *and* 'after' image?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q16. Q10. The draft Advertising Guidelines propose that when advertising cosmetic surgery a medical practitioner must not target advertising at people under the age of 18 or to those at risk from adverse psychological and social outcomes.

Do you agree that cosmetic surgery advertising should not target people under the age of 18 and those at risk?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q17. Q11. Do you have any other feedback about the proposed draft Advertising Guidelines?

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

Q18. Q12. Do you have any other comments about cosmetic surgery regulation?

Q19. *Note:* If you wish to make a complaint about a medical practitioner, you can call Ahpra's cosmetic surgery hotline on 1300 361 041 or submit a notification on the [Ahpra website](#).

Q20. **About you (optional)**

Q13. Have you had cosmetic surgery?

- Yes, I have had cosmetic surgery
- No, I have not had cosmetic surgery but am considering or would consider having it
- No, I have not had cosmetic surgery and have no intentions to have it
- Prefer not to say

Q21. Q14. What is your age?

- Under 18
- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65 years or older
- Prefer not to say

Q22. Q15. What is your gender?

- Male
- Female
- Non-binary
- Other - how do you identify?
- Prefer not to say

Q23. Q16. Which state or territory are you in?

- Australian Capital Territory
- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia
- Prefer not to say

Q1. The Medical Board of Australia 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 have your say about:

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

This submission form is intended for organisations and registered health practitioners. Consumers are welcome to provide feedback here but there is a separate submission form with specific questions for consumers.

The questions here are the same as in the Medical Board's consultation paper. Submissions can address some or all of these questions. You can skip questions if you don't have any feedback and there is an opportunity at the end to make additional comments.

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

### 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.

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### Q24. Publication of submissions

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Q2. Do you give permission to publish your submission?

- Yes - with my name
- Yes - without my name
- No - do not publish my submission

Q3. Name

Q4. Organisation (if applicable)

Q5. Email address

Q6. 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

Q7. Do you work in the cosmetic surgery/procedures sector?

*This question was not displayed to the respondent.*

Q8. What type of medical registration do you have?

*This question was not displayed to the respondent.*

**Q9. 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](#).

Q10. Q1. Are the requirements for endorsement appropriate?

YES

Q11. Q2. Are the requirements for endorsement clear?

YES

Q12. Q3. Is anything missing?

NO

**Q13. Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures***

The Board is proposing 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](#).

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

YES

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

YES

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

YES

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

No. I feel this is a waste of already stretched resources. It is hard enough to find a GP appointment now, let alone after allowing them to be taken up by unnecessary referral requests for non-urgent, cosmetic procedures. I would like to see more GP appointments be made available for medical concerns, certainly not less because someone is looking to tick a box to obtain a mandatory referral for a cosmetic, elective procedure. We in Australia are reported to have one of the largest uptakes of cosmetic procedures, which would flow on to a number of appointments being consumed unnecessarily. I also don't know that a GP is the best person to be making recommendations for cosmetic surgical procedures or for the person providing them. This provides the opportunity for collaboration or partnerships based on bias rather than best clinical judgement, and will to a large extent remove consumer choice. We as consumers should be able to research and approach the surgeon of our choice, and be allowed the opportunity to seek a second or third opinion as needed without having to be referred by a GP or being directed to a surgeon that may not be the surgeon of choice.

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

YES

Q19. Q9. Is anything missing?

NO

**Q20. Draft Guidelines for medical practitioners who advertise cosmetic surgery**

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section '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 new advertising guidance are in the [draft Advertising Guidelines](#).

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

YES

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

YES

Q23. Q12. Is anything missing?

NO

**Q25. Additional comments**

Q13. Do you have any other comments about cosmetic surgery regulation?

I think this is an important step in protecting us as patients, but I can only hope that you mandate that all providers of cosmetic surgical procedures will be required to have the appropriate and specific cosmetic surgery training and evidence of so. Protectng the titles and allowing us to access an annotated register of approved providers will assist this. Of course this doesn't eliminate risks and possible complications but will allow us to feel safe that the professional we consult has an acceptable level of initial cosmetic surgical training and relevant continued education. I understand there have been complications with both the cosmetic and plastic surgeons and that ALL surgical providers need to be monitored and regulated in the same manner. The changes to the cosmetic surgery guidelines are being proposed to assist and protect the patient and public and as such need to cover anyone/everyone who provides these services.

Q26.

Thank you for making a submission to the consultation.  
Your feedback has been received and will be considered by the Medical Board.

## Your details

Name: [REDACTED]

Organisation (if applicable):

Are you making a submission as?

- An individual medical practitioner

Do you work in the cosmetic surgery/procedures sector?

- Yes – I perform cosmetic surgery
- 

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

- General registration only

Do you give permission to publish your submission?

- Yes, without 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?

Yes, the requirements for endorsement are appropriate. Those practitioners performing cosmetic surgery should have a qualification that is specific to cosmetic surgery.

I agree with AMC grandfathering provisions, that grandfathering should not apply to anyone who does not hold a qualification specific to cosmetic surgery.

I agree that participating in registries is positive and not only will this protect patients, we can actually look at the data in years to come and demonstrate the improvement in clinical outcomes after the implementation of these proposed changes.

## 2. Are the requirements for endorsement clear?

Yes, requirements should be:

- Procedure specific qualification
- Accreditation in a licensed and accredited hospital
- Proof of recency of practice
- Current CPD achieved in the area of cosmetic surgery
- Procedure specific medical indemnity

## 3. Is anything missing?

No

# 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?

No, this does not make the guidance clearer. Some procedures that are classified as minor, for example blepharoplasty can be very complex and similarly result in complex complications. Cosmetic surgery should be under one banner, not major or minor.

## 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?

Absolutely not. The primary health care system is overburdened already and adding further paper work to the primary care provider would not make cosmetic surgery any safer. Moreover General practitioners need to be available to treat and refer sick patients as a matter of priority and should not have to spend time referring patients for cosmetic procedures. Some cosmetic procedures are medicare rebatable if they satisfy certain requirements. Sometimes these requirements can be complex and detailed, for example in the case of labiaplasty. We are then expecting GP's to know the details regarding these procedures, which I think is unfair and impractical. Another point to consider is the fact that patients are often too ashamed or embarrassed to bring these topics up with their Gps for fear of being judged or their issue trivialized. They may then seek treatment overseas and be harmed as a result in a country with less regulation.

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

Absolutely, without doubt, however I think that ALL cosmetic procedures except simple lesion excisions should be required to be done in a licensed accredited hospital facility. This includes

blepharoplasty, labiaplasty, buccal fat pad removal and all other cosmetic surgical procedures.

#### 9. Is anything missing?

A specialist anaesthetist should be present in the theatre and should be in control of the anaesthetic and the airway. This should not be done by the surgeon, or a GP.

# 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, more could be added

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

yes

## 12. Is anything missing?

- I would suggest to continue to ban testimonials
- Banning of all videos on social media including instagram, snap chat, weechat, and any other medium
- Do not sexualise patients in advertising ie no bikini clad models on the beach
- Banning of superlatives used to describe the surgeon ie " Boobie God", "king of Boobs" "Breast Master", "world's best", "leading expert", , "world Renowned"
- No material that puts some surgeons above others ie "we are better trained" others are "fake surgeons"
- Focus on realistic advertising, not promoting perfection, because it is not achievable
- Focus on education, rather than trivializing surgery

## Additional comments

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

Every new regulation should have one purpose only, and that is to protect our patients, if it doesn't protect the patient, it is not worth having.

The next step for the board would be to begin the proper regulation of cosmetic medical procedures. There are practitioners and nurses who perform cosmetic medical procedures with little or no know training. Although this has not come to our attention in the media in the same was as surgery has there is still a huge morbidity and mortality associated with these treatments. For example a patient died after having had fillers injected into her breasts.

Nurse practitioners should not be allowed to prescribe Botox or filler and if a nurse is injecting there should be a supervising doctor onsite. The practice of one doctor being a prescriber for many nurses spread over different suburbs and states is unsafe and should come to an end.

5 December 2022

Dr Anne Tonkin  
Chair  
Medical Board of Australia

Via email: [medboardconsultation@ahpra.gov.au](mailto:medboardconsultation@ahpra.gov.au)

Dear Dr Anne Tonkin,

**RE: Public Consultation Submission – Regulation of medical practitioners who provide cosmetic medical and surgical procedures**

I lodge this brief submission as a Member of the Australasian Society of Aesthetic Plastic Surgeons (ASAPS) to echo the points raised by ASAPS to ensure that regulation of medical practitioners upholds patient safety and restores confidence in our health system.

I am a Specialist Plastic Surgeon, with 16 years' experience in Plastic, reconstructive, cosmetic and hand surgery. I have rooms in [REDACTED] locations – [REDACTED]. I began my medical training at the University of [REDACTED] in [REDACTED]. After obtaining my medical degrees and being selected into surgical training, I embarked on a further fifteen years of rigorous general and plastic surgery training including full-time surgical research at the [REDACTED], before being awarded my FRACS (Plastics) under the Royal Australasian College of Surgeons.

I have treated many patients who have presented with complications or substandard aesthetic outcomes caused by a medical practitioner who does not have specialist surgical training. Just a few examples:

- a young lady who had a breast augmentation by a cosmetic surgeon who was trained as an oral surgeon but decided it was more profitable to do cosmetic surgery instead! The patient developed a haematoma postoperatively and to save money and to put a lid on his complications he tried to aspirate the haematoma in his rooms. Of course, this is against all the basic surgical principle and the poor lady ended up with an infected hematoma and became septic and very sick. She was admitted to [REDACTED] hospital where I was working at the time. We had to remove her implants and put her on strong intravenous antibiotics. Fortunately, she recovered from the sepsis but was not too happy about the price she had to pay both from her health point of view and financially to the cosmetic surgeon.
- There was another case where a lady had breast reductions overseas and ended up with losing her left areola completely. It took me a few operations to reconstruct a new nipple for her.
- Recently I had a lady who had an abdominoplasty by one of the cosmetic surgeons in his rooms (not in an accredited hospital) and he took too much fat from under the skin and caused her skin to be tethered to the underlying muscle and painful. She needed fat grafting to rectify this.

These are just a small number of the cases that I have seen and had to treat after cosmetic surgeons performed procedures.

While I strongly support efforts to reform the cosmetic surgery sector, I wish to raise the following concerns with the proposed regulatory changes.

**1. Comments on draft Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners**

I reject the proposed area of practice endorsement for cosmetic surgery on the grounds that appropriate training standards for major cosmetic medical and surgical procedures have already been established through the AMC-accredited Royal Australasian College of Surgeons.

A new form of accreditation for cosmetic surgery will allow the current sub-class of surgery which has developed to continue, and further create confusion for consumers who have only just begun to understand how to make informed decisions about cosmetic surgery. Patients will continue to be harmed if this proposal goes ahead.

The requirements for endorsement are not clear, and a meaningful consultation is not possible unless further information is provided. There has been no communication as to how an endorsement for cosmetic surgery will interact with the commitment by the Health Ministers' Council commitment to protect the title of 'surgeon'.

There has been no visibility of the process the Australian Medical Council is undertaking to determine how a practitioner could be endorsed to practice cosmetic surgery, noting the existence of AMC-accredited training by the Royal Australasian College of Surgeons. Finally, there has been no visibility as to what standards will need to be achieved for endorsement.

**2. Comments on draft revised Guidelines for medical practitioners who perform cosmetic medical and surgical procedures**

Major cosmetic surgery belongs in the category of Invasive Surgery and the guidelines and professional standards for Cosmetic Surgery should be consistent with other Surgical Disciplines such as Neurosurgery, Cardiac Surgery, Orthopedic Surgery and so on.

I reject the proposed Cosmetic Guidelines on the grounds that they:

- Do not require cosmetic surgery to be performed by Specialist Surgeons (FRACS)
- Do not require cosmetic surgery to be performed using only a Specialist Anaesthetist
- Do not require that if a treating practitioner delegates care, that the delegated practitioner must be a Specialist Surgeon
- Do not require that the treating practitioner (or delegate) be available and contactable more than 24 hours after surgery

In light of so many documented incidents of patient harm, the proposed Cosmetic Guidelines are particularly egregious as they fall short of Australia's established surgical standards.

**3. Comments on draft Guidelines for medical practitioners who advertise cosmetic surgery**

The Advertising Guidelines are appropriate for advertising by specialist plastic surgeons and are consistent with the guidelines ASAPS promotes amongst its members to uphold the highest standards of patient safety and support informed consent when undertaking major surgery. However, the onus is on the regulator to strongly enforce these guidelines.

A strong compliance framework is needed to ensure these guidelines are upheld, with serious and swift consequences for those that deliberately mislead vulnerable patients.

If you have any questions regarding my submission I can be contacted on [REDACTED] or [REDACTED] to discuss.

Yours sincerely,

[REDACTED]  
[REDACTED]  
[REDACTED]

Your details
Name: [REDACTED]
Organisation (if applicable): [REDACTED]
<b>Are you making a submission as?</b> <ul style="list-style-type: none"><li>• An organisation</li><li>• <b>An individual medical practitioner</b></li><li>• An individual nurse</li><li>• Other registered health practitioner, please specify:</li><li>• Consumer/patient</li><li>• Other, please specify:</li><li>• Prefer not to say</li></ul>
<b>Do you work in the cosmetic surgery/procedures sector?</b> <ul style="list-style-type: none"><li>• <b>Yes – I perform cosmetic surgery</b></li><li>• <b>Yes – I provide minor cosmetic procedures (e.g. Botox, fillers, etc.)</b></li></ul>

- 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): Plastic & Reconstructive
- 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

## Your details

Name: [REDACTED]

Organisation (if applicable):

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):
- General registration only
- **Specialist registration only – Specialty (optional): Plastic & Reconstructive Surgery**
- 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

## 2. Are the requirements for endorsement clear?

No.

- There is no indication about what constitutes the evidence required in section 2a & 2b.
- There is no indication about what constitutes an appreciate contents for sec 4

## 3. Is anything missing?

The link [www.medicalboard.gov.au](http://www.medicalboard.gov.au). Containing information regarding approved qualifications does not seem active. Is this awaiting discussion?

# 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?

Mostly

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

Without precise definitions of procedures that fit into each category, there is potential for ambiguity.

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

Yes, although I disagree with some of the content.

The requirement for two consultations prior to surgery seems arbitrary. Some patients do not wish to attend for a second consultation even if that is specifically offered. What should be in that consultation if the patient has no further questions and feels that they have an adequate understanding of the procedure and its potential outcomes? Similarly, some patients may not have a complete grasp of the procedure even after two or more consultations.

**Suggest:** "*patients should be offered and/or strongly encouraged to attend a second consultation prior to committing to surgery*".

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

**NO.** Most patients attending for cosmetic surgery do not come because of a GP referral. Many patients either do not have a GP or consider the GP unsympathetic towards their request for surgery. On occasions, patients specifically request that GPs are *not* informed about their seeking cosmetic surgery because of this lack of empathy.

4.6. assumes that GPs have some knowledge and experience of the consequences of cosmetic surgical procedures when they enter discussions with the patient. This places the onus on GPs to obtain information concerning cosmetic surgical procedures for them to have an accurate and meaningful conversation with the patient. A logical sequela would be that GPs undergo some specific training in the scope and nature of that surgery.

**Suggest:** "*Patients are strongly encouraged to obtain a referral from a GP*" and that "*Providers of cosmetic surgery must offer to share information concerning the patient's request with their GP*"

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

Yes

9. Is anything missing?

- Should the definition of cosmetic procedure be simply “*all procedures that do not attract a Medicare item number*”?
- There is no consideration that Clinical Nurse Practitioners can undertake minor surgical procedures (injectables) independent from a medical practitioner.
- “*Providing possible further costs for revision surgery and additional treatment*” – this is very difficult to do. How do other surgical specialties approach this problem with uninsured patients?

# 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.

## Your details

Name: [REDACTED]

Organisation (if applicable):

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):
- 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

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

3. Is anything missing?

NO

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

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

DEFINITELY NO. GPs HAVE NEGLIGIBLE KNOWLEDGE OR TRAINING IN COSMETIC MEDICINE OR SURGERY, AND THE BOARD SHOULD NOT RELY ON THEM TO COUNSEL OR EDUCATE PATIENTS IN THIS REGARD. GPs ARE ALREADY TOO BUSY AND IN SHORT SUPPLY, THEY WOULD NOT HAVE THE TIME NOR THE INCLINATION TO ENGAGE IN THIS. FURTHER, IT WILL ADD TO MEDICARE FINANCIAL BURDEN.

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?

YES

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

YES

12. Is anything missing?

NO

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

AGREED, PROVIDING THAT EVERYONE (FRACS, PLASTICS INCLUDED) WHO PROVIDE COSMETIC SURGERY PROCEDURES ARE OBLIGED TO SHOW TRAINING SPECIFICALLY IN COSMETIC SURGERY.

IT IS A GRAVE ERROR TO ASSUME THAT HOLDING AN FRACS OR BEING A PLASTIC SURGEON AUTOMATICALLY INFERS COSMETIC SURGERY QUALIFICATIONS, AS THE AHPRAs ADVICE TO THE SENATE COMMITTEE DEMONSTRATED THAT A SIGNIFICANT NUMBER OF COMPLAINTS RECEIVED FROM THE PUBLIC CENTRED ON POOR OUTCOMES FROM PLASTIC SURGEONS.

Q1. The Medical Board of Australia 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 have your say about:

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

This submission form is intended for organisations and registered health practitioners. Consumers are welcome to provide feedback here but there is a separate submission form with specific questions for consumers.

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

### 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.

### Q24. Publication of submissions

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- Yes - with my name
- Yes - without my name
- No - do not publish my submission

Q3. Name

Q4. Organisation (if applicable)

Q5. Email address

Q6. 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

Q7. 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

Q8. 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

**Q9. 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](#).

Q10. Q1. Are the requirements for endorsement appropriate?

no. cosmetic surgery should be limited to doctors with a surgical fellowship only.

Q11. Q2. Are the requirements for endorsement clear?

no

Q12. Q3. Is anything missing?

**Q13. Draft revised Guidelines for medical practitioners who perform cosmetic medical and surgical procedures**

The Board is proposing 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](#).

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

not robust enough

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

not necessarily. Any irreversible procedures should be performed by surgeons only.

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

no

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

not necessarily but it is good guidance

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

absolutely

Q19. Q9. Is anything missing?

Any surgery should be performed by practitioners that hold an Australasian recognised surgical fellowship.

**Q20. Draft Guidelines for medical practitioners who advertise cosmetic surgery**

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section '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 new advertising guidance are in the [draft Advertising Guidelines](#).

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

there should not be advertising

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

yes

Q23. Q12. Is anything missing?

Q25. **Additional comments**

Q13. Do you have any other comments about cosmetic surgery regulation?

needs to be regulated to avoid confusion for the Public. Cosmetic Surgeons can only be accredited Surgeons with a surgical fellowship.

Q26.

Thank you for making a submission to the consultation.  
Your feedback has been received and will be considered by the Medical Board.

Q1. The Medical Board of Australia 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 have your say about:

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

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### 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.

### Q24. Publication of submissions

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Q2. Do you give permission to publish your submission?

- Yes - with my name
- Yes - without my name
- No - do not publish my submission

Q3. Name

Q4. Organisation (if applicable)

Q5. Email address

Q6. 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

Q7. 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

Q8. 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

**Q9. 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](#).

**Q10. Q1. Are the requirements for endorsement appropriate?**

No The requirement for endorsement should be experience based and not " required qualification " . The ' Final Report of the Independent review of the regulation of medical practitioner who perform cosmetic surgery ( August 2022) found on page 6 that the review was not able to make findings about the suitability or superiority for cosmetic surgery practise of any existing qualifications . Page 5 of the review also found that universal minimum standards for education , training and qualification are non existence in Australia . A large study published in Annal of Surgery concluded that the more procedures a surgeon have performed , the better their patient outcome . Therefore endorsement should be based on a doctors experience in certain procedures not just qualification . AHPRA published data based on a 3 year analysis for the 2021 Senate enquiry into cosmetic surgery with Dr.Anne Tonkin ( Chair of Medical Board of Australia ) stated that complaints around cosmetic procedures were spread evenly among plastic surgeons , cosmetic surgeons and other speciality . Therefore by eliminating a group of experience cosmetic surgeons who does not have certain qualification is contrary to evidence and will not improve patient safety and outcome. Evidence shows the best outcome for patient is the grandfathering of doctors who has the years of experience and back by proven case loads of successful patient outcome . By preventing experienced doctors who does not fit the required qualification will reduce competition and causes significant price increase in cosmetic surgery fee . As a result more patients will be going overseas for cosmetic surgery resulting in increased cases of complications .

**Q11. Q2. Are the requirements for endorsement clear?**

No

**Q12. Q3. Is anything missing?**

Based on the submission stated in Q1, procedure specific grandfathering based on experience should therefore be included as a mean of obtaining endorsement . If only " required qualification " is the only requirement for endorsement , it will lead to endorsement of many doctors with Zero specific cosmetic surgery training while excluding doctors with years of experience from practising cosmetic surgery . This unwise move can lead to AHPRA being challenge in the courts for anti competitive action and compensation for loss of income by a class action of a group of doctors that had been prevented to practise their trade

**Q13. Draft revised Guidelines for medical practitioners who perform cosmetic medical and surgical procedures**

The Board is proposing 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](#).

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

yes

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

yes

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

yes

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

No . Gp referral will increase cost for patient as referrals will not be medicare rebatable as most cosmetic procedures do not attract item numbers . This will not provide significant additional safety for patients and will overstretch GP time which is better allocated for primary care area .

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

No . Currently a lot of blepharoplasty , Minor liposuction and gynecomastia are performed under local anaesthetic in the doctors procedural rooms . This help the patient to reduce cost and prevent overloading the hospital resources .

Q19. Q9. Is anything missing?

**Q20. Draft Guidelines for medical practitioners who advertise cosmetic surgery**

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section '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 new advertising guidance are in the [draft Advertising Guidelines](#).

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

yes

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Yes

Q23. Q12. Is anything missing?

Q25. **Additional comments**

Q13. Do you have any other comments about cosmetic surgery regulation?

Q26.

Thank you for making a submission to the consultation.  
Your feedback has been received and will be considered by the Medical Board.

Q1. The Medical Board of Australia 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 have your say about:

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- Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*
- Draft *Guidelines for medical practitioners who advertise cosmetic surgery*

This submission form is intended for organisations and registered health practitioners. Consumers are welcome to provide feedback here but there is a separate submission form with specific questions for consumers.

The questions here are the same as in the Medical Board's consultation paper. Submissions can address some or all of these questions. You can skip questions if you don't have any feedback and there is an opportunity at the end to make additional comments.

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

### 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.

### Q24. Publication of submissions

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Q2. Do you give permission to publish your submission?

- Yes - with my name
- Yes - without my name
- No - do not publish my submission

Q3. Name

Q4. Organisation (if applicable)

Q5. Email address

Q6. 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

Q7. 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

Q8. 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

**Q9. 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](#).

**Q10. Q1. Are the requirements for endorsement appropriate?**

Yes overall they requirements are appropriate. However, there are several points which may require further discussion/review. Notably this is the mandatory GP referral. I feel that this will increase the workload on GPs especially as they may have no involvement in the specific post operative care. They may also be subject to Medicare fraud (intentionally or unintentionally) as cosmetic procedures attract no item numbers. Grandfathering is certainly appropriate, provided practitioners have undergone specific training in cosmetic surgery. I also agree with registries, and cooling off periods. Advertising guidelines I agree with in principle, however as the rules are extremely strict there should be something in place to enforce these rules for all practitioners and not just those that AHPRA has been made aware of - either through obvious breach or reporting from competitors.

**Q11. Q2. Are the requirements for endorsement clear?**

Yes overall the endorsement requirements are clear, however the grandfathering rules as well as ongoing requirements for new practitioners need to be specified.

**Q12. Q3. Is anything missing?**

No

**Q13. Draft revised Guidelines for medical practitioners who perform cosmetic medical and surgical procedures**

The Board is proposing 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](#).

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

Yes

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

Yes

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Yes

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

No I don't think this will aid in patient safety, and will just unnecessarily increase the GP workload

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

Yes

Q19. Q9. Is anything missing?

No

**Q20. Draft Guidelines for medical practitioners who advertise cosmetic surgery**

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section '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 new advertising guidance are in the [draft Advertising Guidelines](#).

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

Yes

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Yes, but it seems that enforcement is lacking. Some practitioners are targeted and forced to "clean up" their advertising whereas others can seemingly do what they please.

Q23. Q12. Is anything missing?

No

Q25. **Additional comments**

Q13. Do you have any other comments about cosmetic surgery regulation?

Overall a step in the right direction, but we need to ensure that ultimately it is patient safety that is the priority

Q26.

Thank you for making a submission to the consultation.  
Your feedback has been received and will be considered by the Medical Board.

Q1. The Medical Board of Australia 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 have your say about:

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- Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*
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### 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.

### Q24. Publication of submissions

The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential. Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is expressly requested.

Q2. Do you give permission to publish your submission?

- Yes - with my name
- Yes - without my name
- No - do not publish my submission

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Q6. 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

Q7. 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

Q8. 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

**Q9. 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](#).

Q10. Q1. Are the requirements for endorsement appropriate?

yes

Q11. Q2. Are the requirements for endorsement clear?

yes

Q12. Q3. Is anything missing?

No - as long as practitioners are clearly registered for major and/or minor surgery as defined – so it is clear what expertise and skill they have

**Q13. Draft revised Guidelines for medical practitioners who perform cosmetic medical and surgical procedures**

The Board is proposing 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](#).

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

Yes, except for allowing "buy now pay later" schemes for payment. Installment payments should have a prescribed cost limit and specify a maximum duration of payment to ensure a vulnerable person doesn't take on unaffordable debt, on a procedure that may require further costly treatment, and on which there is no inherent value ie unable to cancel the debt or "return goods".

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

yes

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

yes

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

NO – this takes up valuable GP consultations and patients will expect agreement and facilitation of the referral by the GP and not want to take no for an answer. GPs may have reservations but not the time, ability or resources to discuss or redirect the patient. Many GPs would not want to be seen as "approving" of the cosmetic surgery they are referring the patient for. If a medical practitioner (perhaps a GP by training) wishes to be in this role to provide a medical history to the cosmetic surgeon then they may wish to work alongside the cosmetic surgeon under strict criteria of the role of assessing medical background but not approving or recommending surgery, ie like a "pre-anaesthetic" or physician review prior to surgery.

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

yes

Q19. Q9. Is anything missing?

I don't think that Medicare should be billed for the "GP" referral – the procedure is generally not Medicare rebatable as it is not necessary healthcare. I think there should be a minimum age limit ie 15 or 16 years old even with parent/guardian consent/involvement

**Q20. Draft Guidelines for medical practitioners who advertise cosmetic surgery**

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section '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 new advertising guidance are in the [draft Advertising Guidelines](#).

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

yes

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

yes

Q23. Q12. Is anything missing?

Yes – a disclaimer on all advertising for cosmetic surgery (minor or major) like the warnings on alcohol, gambling etc – ie cosmetic surgery is not medically necessary treatment and can cause harm

Q25. **Additional comments**

Q13. Do you have any other comments about cosmetic surgery regulation?

Must avoid pressure on unconnected medical practitioners to refer, condone or encourage cosmetic surgery. All medically necessary "plastic" surgery should be available through Medicare and the standard medical system including public services (but sadly is massively underfunded and often not practically available for people without significant financial resources)

Q26.

Thank you for making a submission to the consultation.  
Your feedback has been received and will be considered by the Medical Board.

Q1. The Medical Board of Australia 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 have your say about:

- Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners*
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### 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.

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Non-practising registration

Prefer not to say

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The details of the requirements for endorsement are in the [draft registration standard](#).

**Q10. Q1. Are the requirements for endorsement appropriate?**

No. AHPRA can not eliminate grandparenting as a means of endorsement. Large studies in journals such the Annals of Surgery(1) and Systematic Reviews(2) have shown that experience and volume of surgical procedures improves individual surgical performance(2). The evidence indicates that the more procedures a doctor has performed, the better the outcome for the patient. Currently AHPRA states that it will only take into consideration those who have had formal qualifications or training. Although findings in the Australian Medical Council's 2017 report that, in relation to cosmetic surgery, plastic surgical trainees have a "lack of training," a "deficit" in experience available and qualify with "a gap in this area of practice". Furthermore in the recent Independent Review, it should be noted that in the three years to June 2021, more than half of the practitioners—52% (96/183)—who were the subject of notifications (complaints) to AHPRA relating to cosmetic surgery (the AHPRA data) were surgeons holding AMC-accredited specialist surgical registration (i.e. RACS-qualified surgeons). Of these, 71% (68/96) were specialist plastic surgeons. Training is important for new practitioners performing cosmetic surgery but past AHPRA reports have shown that the current training programs are not of a sufficient standard. (1) The Influence of Volume and Experience on Individual Surgical Performance: A Systematic Review Maruthappu, Mahiben; Gilbert, Barnabas J.; El-Harasis, Majd A. Annals of Surgery. 261(4):642-647, April 2015. (2) Morche, J., Mathes, T. & Pieper, D. Relationship between surgeon volume and outcomes: a systematic review of systematic reviews. Syst Rev 5, 204 (2016). <https://doi.org/10.1186/s13643-016-0376-4>

**Q11. Q2. Are the requirements for endorsement clear?**

Yes they are.

**Q12. Q3. Is anything missing?**

An endorsement model based on past number of major cosmetic surgery cases performed by the individual. An endorsement model that addresses the findings of the Independent Review published in 2022. Page 5 states, "The review found that when it comes to cosmetic surgery, universal minimum standards for education, training and qualifications are non-existent in Australia."

**Q13. Draft revised Guidelines for medical practitioners who perform cosmetic medical and surgical procedures**

The Board is proposing 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](#).

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

I agree with all of the changes except the first part of 6.6. I disagree with this section because many competent doctors practising cosmetic surgery do not have admitting rights at public hospitals. We agree with the second part of 6.6 ie. "In the event of complications requiring hospital admission, the treating medical practitioner is responsible for coordinating care until the patient is under management of the alternate practitioner or hospital."

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

Yes

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Yes

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

Yes

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

Yes

Q19. Q9. Is anything missing?

No

**Q20. Draft Guidelines for medical practitioners who advertise cosmetic surgery**

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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 new advertising guidance are in the [draft Advertising Guidelines](#).

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

Yes

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Yes

Q23. Q12. Is anything missing?

No

Q25. **Additional comments**

Q13. Do you have any other comments about cosmetic surgery regulation?

No

Q26.

Thank you for making a submission to the consultation.  
Your feedback has been received and will be considered by the Medical Board.

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- Prefer not to say

Q7. Do you work in the cosmetic surgery/procedures sector?

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- 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
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Q8. What type of medical registration do you have?

- General and specialist registration - Specialty (optional)
- General registration only
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- Provisional registration
- Limited registration

Non-practising registration

Prefer not to say

**Q9. 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](#).

Q10. Q1. Are the requirements for endorsement appropriate?

Yes

Q11. Q2. Are the requirements for endorsement clear?

Yes

Q12. Q3. Is anything missing?

**Q13. Draft revised Guidelines for medical practitioners who perform cosmetic medical and surgical procedures**

The Board is proposing 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](#).

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

Mostly

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

I don't favour the word "minor" as it may trivialise these procedures. I prefer "non-surgical".

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Yes

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

I do not support that the referrer must not have cosmetic experience. Often non-surgical cosmetic practitioners will have a better understanding of what is entailed with the planned surgery and who is, or is not, suitable. They may also have detailed knowledge of prior cosmetic procedures. Many GPs also currently "dabble" (not a desirable thing) in cosmetic work which may mean that patients will need to seek an entirely new GP in order to obtain a referral, with this new GP not having detailed knowledge of the patient's past history or mental state.

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

Different forms of surgery may require different levels of accreditation. Suitably-accredited facilities should not discriminate against suitably-qualified practitioners in favour of certain groups of practitioners who may have had a type of closed-shop access previously.

Q19. Q9. Is anything missing?

BDD screening tools are easily subverted by intelligent BDD patients who learn how to answer "appropriately" in order to manipulate the results. Over-reliance on these is not desirable.

**Q20. Draft Guidelines for medical practitioners who advertise cosmetic surgery**

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section '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 new advertising guidance are in the [draft Advertising Guidelines](#).

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

Yes

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Yes

Q23. Q12. Is anything missing?

Q25. **Additional comments**

Q13. Do you have any other comments about cosmetic surgery regulation?

It must be remembered that non-surgical cosmetic medical procedures are undertaken by practitioners other than doctors, as well. This part of the industry is extremely unregulated and the MBA should be mindful not to place too many barriers in front of patients wanting to access a safer option, so that they, through ease of convenience, time or cost are herded towards a potentially less-safe, less-educated, unregulated option. Cosmetic injectables are also prescribed by nurse practitioners, whose area of expertise is not always in the cosmetic arena, to be injected by RNs under their "supervision". It seems these nurses are not aware that advertising and other regulations apply to them and this should be promoted to those parties.

Q26.

Thank you for making a submission to the consultation.  
Your feedback has been received and will be considered by the Medical Board.

04/12/2022

Dr Anne Tonkin  
Chair  
Medical Board of Australia

Via email: [medboardconsultation@ahpra.gov.au](mailto:medboardconsultation@ahpra.gov.au)

Dear Dr Anne Tonkin,

**RE: Public Consultation Submission – Regulation of medical practitioners who provide cosmetic medical and surgical procedures**

I lodge this brief submission as a Board Member of the Australasian Society of Aesthetic Plastic Surgeons (ASAPS) to echo the points raised by ASAPS to ensure that regulation of medical practitioners upholds patient safety and restores confidence in our health system.

I am a Specialist Plastic and Reconstructive Surgeon with six years of experience working in [REDACTED]

I have treated many patients who have presented with complications or substandard aesthetic outcomes caused by a medical practitioner who does not have specialist surgical training. All these patients have had their operations undertaken interstate, where non-FRACS medical practitioners currently practice. In contrast, I have not treated any patients with complications from non-FRACS medical practitioners from operations in [REDACTED] because to my knowledge there are none practicing locally. This contrast is stark and highlights the urgent patient safety threat.

While I strongly support efforts to reform the cosmetic surgery sector, I wish to raise the following concerns with the proposed regulatory changes.

**1. Comments on draft Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners**

I reject the proposed area of practice endorsement for cosmetic surgery on the grounds that appropriate training standards for major cosmetic medical and surgical procedures have already been established through the AMC-accredited Royal Australasian College of Surgeons.

A new form of accreditation for cosmetic surgery will allow the current sub-class of surgery which has developed to continue, and further create confusion for consumers who have only just begun to

understand how to make informed decisions about cosmetic surgery. Patients will continue to be harmed if this proposal goes ahead.

The requirements for endorsement are not clear, and a meaningful consultation is not possible unless further information is provided. There has been no communication as to how an endorsement for cosmetic surgery will interact with the commitment by the Health Ministers' Council commitment to protect the title of 'surgeon'.

There has been no visibility of the process the Australian Medical Council is undertaking to determine how a practitioner could be endorsed to practice cosmetic surgery, noting the existence of AMC-accredited training by the Royal Australasian College of Surgeons. Finally, there has been no visibility as to what standards will need to be achieved for endorsement.

## **2. Comments on draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures***

Major cosmetic surgery belongs in the category of Invasive Surgery and the guidelines and professional standards for Cosmetic Surgery should be consistent with other Surgical Disciplines such as Neurosurgery, Cardiac Surgery, Orthopedic Surgery and so on.

I reject the proposed Cosmetic Guidelines on the grounds that they:

- Do not require cosmetic surgery to be performed by Specialist Surgeons (FRACS)
- Do not require cosmetic surgery to be performed using only a Specialist Anaesthetist
- Do not require that if a treating practitioner delegates care, that the delegated practitioner must be a Specialist Surgeon
- Do not require that the treating practitioner (or delegate) be available and contactable more than 24 hours after surgery

In light of so many documented incidents of patient harm, the proposed Cosmetic Guidelines are particularly egregious as they fall short of Australia's established surgical standards.

## **3. Comments on draft *Guidelines for medical practitioners who advertise cosmetic surgery***

The Advertising Guidelines are appropriate for advertising by specialist plastic surgeons and are consistent with the guidelines ASAPS promotes amongst its members to uphold the highest standards of patient safety and support informed consent when undertaking major surgery. However, the onus is on the regulator to strongly enforce these guidelines.

A strong compliance framework is needed to ensure these guidelines are upheld, with serious and swift consequences for those that deliberately mislead vulnerable patients.

[REDACTED]

If you have any questions regarding my submission I can be contacted on  
[REDACTED] to discuss.

Yours sincerely,

[REDACTED]

Specialist Plastic and Reconstructive Surgeon

[REDACTED]

Your details

Name: [REDACTED]

Organisation (if applicable): [REDACTED]

**Are you making a submission as?**

- An organisation
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**Do you work in the cosmetic surgery/procedures sector?**

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- No
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**For medical practitioners, what type of medical registration do you have?**

- **General and specialist registration – Specialty (optional): Plastic and Reconstructive Surgery**
- General registration only
- Specialist registration only – Specialty (optional):
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**Q9. 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](#).

**Q10. Q1. Are the requirements for endorsement appropriate?**

The only College in Australia that provides specific and comprehensive training in Cosmetic Surgery and Medicine is The Australasian College of Cosmetic Surgery & Medicine (ACCSM). This organisation is the only organisation championing an endorsement model for practitioners appropriately trained to be recognised as being capable to perform Cosmetic Surgery and Medicine. The requirements proposed for an endorsement model are that the practitioner has extended training in cosmetic surgery evidenced by appropriate qualifications and this be approved and recognised by the Medical boards. Whilst these conditions are met by practitioners of ACCSM and therefore in principle I agree with the requirements for endorsement, it is necessary or incumbent on the Medical boards and Medical council to therefore recognise practitioners from ACCSM as having the extended training and qualifications to practice Cosmetic Surgery prior to adopting the endorsement model. The current and inaccurate status quo is that "Specialists" often untrained but recognised by the Medical boards and Council would be the only practitioners endorsed, which is not in the public good or provides safety to patients when finding an appropriate practitioner that is trained in cosmetic surgery. The endorsement requirements need to be fair and reflect appropriately extended training in cosmetic surgery by practitioners, and not be just another process by which a particular specialist group can maintain a monopoly and make false assertions or claims to patients about their training and abilities.

**Q11. Q2. Are the requirements for endorsement clear?**

Yes as per the answer in question 1 and in line with the draft recommendations the requirements for endorsement are clear. Once again though there is no suggestion with the draft recommendations that the Medical boards and Australian Medical Council (AMC) need to first review and recognise the current organisations that have extended training and provide qualifications in the practice of Cosmetic Surgery and Medicine as provided by ACCSM. To date there has been significant resistance from specific specialist groups and the AMC in recognising the training and qualifications offered by the ACCSM. So therefore the requirements only serve specialists recognised by the AMC and Medical boards. It is in the public interest if this is to be a fair open and transparent process that the training and experience offered by the ACCSM be recognised by the Medical board and AMC as being a valid pathway in training to be able to practice Cosmetic Surgery and Medicine. Once this occurs then the requirements for endorsement would be fairly and equitably applied to members of the ACCSM as well as practitioners from other craft groups.

**Q12. Q3. Is anything missing?**

ACCSM has been in existence for over 20+ years. The issue of recognition and "endorsement" as a legitimate organisation that provides extended surgical and medical training specifically in the field of Cosmetic Surgery and Medicine has been a hotly contested issue for much of this time. This is particularly true as demonstrated by the resistance by a Monopolistic Surgical specialist group/college that provides no equivalent or recognised training pathway yet make claims to be the "only" practitioners capable of providing Cosmetic Surgery services as they belong to RACS. Unfortunately the process leading up to considering an endorsement model both publicly by this group and in conjunction with certain media organisations and privately by their members making unfounded claims and accusations of members of the ACCSM; I feel that this process will be hijacked by the powerful lobby groups and colleges that belong to RACS. I do not believe that this will lead to better public safety and choice or improve the outcomes of those practitioners that should be appropriately recognised as being trained and having the qualifications to practice Cosmetic Surgery and Medicine.

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The details of the revised guidance are in the [draft revised Cosmetic Guidelines](#).

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

Yes I would agree that the Cosmetic guidelines are appropriate as are the proposed changes. However, as a member of ACCSM the current and much of the proposed guidelines form part of the expectation of how I and other practitioners practice. ACCSM has regular journal meetings as well as face to face meetings and conferences where issues related to the guidelines are regularly discussed and advice by various experts provided to better inform the practice of our members. Of Interest is that the Plastic Surgeons propose various changes to the guidelines. It is my experience that I have encountered a number of patients that no assessment was made by the Plastic Surgeon to determine if the patient had psychological issues such as BDD. Additionally I have had patients complain that deposits were taken, no cooling off period provided and if the patient changed their mind the deposit was not returned. If these same specialist surgeons had a complication the patient was often managed in the public hospital system. I believe these and multiple other cosmetic guidelines are breached by these specialist surgeons, and they are not challenged by the medical board because they are a protected specialist group. The issues regarding training and qualification have been dealt with in the previous section. In my experience there are practitioners from specialist recognised colleges as well as from general practice who fail the current guidelines and are not compliant.

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

Identifying the difference between major and minor cosmetic procedures would facilitate clearer guidance.

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

As outlined above in the previous responses the guidelines and expectations of medical practitioners are clear. This is the case with the current guidelines which have not been complied with by Specialist groups as they are protected by the medical board and AMC. A greater burden of expectation to adhere to the guidelines has always been applied to members of ACCSM by the medical board.

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

In my own practice I often invite/ask GP's for a referral as this provides collaboration with the patients primary carer with permission by the patient, as well as providing useful clinical information when determining if the patient is a suitable candidate for any surgical procedure. However, many GP's have no clinical understanding of Cosmetic surgery procedures and as members of ACCSM we are not recognised as specialists or even trained in Cosmetic surgery some GP's are dismissive of needing to refer to ACCSM members. Also consultations for patients considering cosmetic surgery are not covered by medicare and so patients would need to pay a fee to both the GP and me, for which they would not receive a rebate. However, I am aware that GP's referring to a Plastic surgeon are bulk billed by the GP and patients receive a specialist rebate from medicare for part of the cost of consultation with the specialist which is fraudulent. If the referral process is to be equitable then practitioners recognised as being trained in cosmetic surgery should have a medicare item number specific for cosmetic surgery that can be applied and claimed. This would place an increased financial burden on the medicare budget which I am sure would not be agreed to by the health minister. Whilst referrals by GP's clinically is useful I feel there are currently multiple issues not addressed by requiring practitioners not recognised as a specialist. Members of ACCSM need to have an equal status as those specialist groups when considering referrals by GPs for Cosmetic surgery.

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

Yes i agree. However, It is imperative that practitioners recognised as being trained in Cosmetic surgery not be prohibited or prevented from being able to perform these surgeries in accredited facilities by medical credentialing groups loaded with specific specialist practitioners that are against any practitioner outside their specific craft group from gaining access to the facility. Restrictive trade practices such as this has existed for a long time in an attempt to prevent members of ACCSM from safely practicing cosmetic surgery and therefore limit providing a valuable and safer alternative to patients.

Q19. Q9. Is anything missing?

If medical or surgical complications arise then practitioners recognised as being trained in cosmetic surgery, but not recognised as specialists by the AMC should have access to the public hospital system. I believe it is clinically important in the continuity of care of these patients by the practitioner that performed the cosmetic surgery, especially as these practitioners have broader clinical experience and can offer patients safe and clinically appropriate care.

**Q20. Draft Guidelines for medical practitioners who advertise cosmetic surgery**

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section '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 new advertising guidance are in the [draft Advertising Guidelines](#).

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

Yes I agree with the guidelines these are appropriate.

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Yes these guidelines and the boards expectations are clear.

Q23. Q12. Is anything missing?

Unfortunately social media marketing is a reality of today's advertising world. The cosmetic industry including non medical arenas use social media and make unfounded and unscientific claims about their cosmetic consumer product. Regulation of social media by any medical regulator has yet to be tested in any court of Australia. The failure of medical regulators under the current guidelines has seen very public and notable individuals and specialists thrive and profit from performing cosmetic surgery on the public. Whilst there are special categories of practitioners that are protected by the medical board,AMC and their politically powerful lobby groups, then equitable application and compliance of the guidelines will not occur.

Q25. **Additional comments**

Q13. Do you have any other comments about cosmetic surgery regulation?

As repeatedly stated in the previous answers the only college offering training and qualification in Cosmetic surgery and medicine is the Australasian College of Cosmetic Surgery and Medicine (ACCSM). This is a non traditional pathway to those recognised by the AMC, however, it is no less valid and provides excellent training and ability of its members for more than 20+ years. It is necessary and Imperative that members of ACCSM be recognised by the medical board as having been trained in Cosmetic surgery and or Medicine prior to and for any change in regulation to have meaning, be equitable and provide the public with assurance of safety and ability to make an informed decision. The current regulation favours a single AMC recognised specialist group and unfairly places a greater burden on members of the ACCSM to comply. This should not be the status quo with consideration of any change to the current cosmetic surgery regulation.

Q26.

Thank you for making a submission to the consultation.  
Your feedback has been received and will be considered by the Medical Board.

Q1. The Medical Board of Australia 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 have your say about:

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

This submission form is intended for organisations and registered health practitioners. Consumers are welcome to provide feedback here but there is a separate submission form with specific questions for consumers.

The questions here are the same as in the Medical Board's consultation paper. Submissions can address some or all of these questions. You can skip questions if you don't have any feedback and there is an opportunity at the end to make additional comments.

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

### 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.

### Q24. Publication of submissions

The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential. Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is expressly requested.

Q2. Do you give permission to publish your submission?

- Yes - with my name
- Yes - without my name
- No - do not publish my submission

Q3. Name

Q4. Organisation (if applicable)

Q5. Email address

Q6. 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

Q7. 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

Q8. 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

**Q9. 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](#).

Q10. Q1. Are the requirements for endorsement appropriate?

Yes endorsement is required

Q11. Q2. Are the requirements for endorsement clear?

No

Q12. Q3. Is anything missing?

Yes

**Q13. Draft revised Guidelines for medical practitioners who perform cosmetic medical and surgical procedures**

The Board is proposing 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](#).

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

Yes

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

Yes

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Yes

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

No Cosmetic surgery is still seen as contentious by many GP and this may negatively affect the patients well being GPs are time poor and their referral may add little to protecting patients, also how are GP reimbursed for a consultation that is not medically based

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

Yes in general However procedures such as liposuction to a limited amount and blepharoplasty should be able to be performed in appropriate facilities associated with medical clinics and there is no standardisation of what this is throughout the country

Q19. Q9. Is anything missing?

I agree with the grandfathering provisions. Grandfathering should be restricted to practitioners who hold an approved qualification only Registries and data of procedures should be collected independently

**Q20. Draft Guidelines for medical practitioners who advertise cosmetic surgery**

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section '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 new advertising guidance are in the [draft Advertising Guidelines](#).

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

Yes

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Yes

Q23. Q12. Is anything missing?

Consent processes Consent forms needing to be signed seven days prior to surgery, disadvantages rural and interstate patients and as such this should have an allowance via video consultations given that there has been at least one in person consultation at this time or prior.

Q25. **Additional comments**

Q13. Do you have any other comments about cosmetic surgery regulation?

This needs to be independent and viewed as a separate surgical sub-speciality

Q26.

Thank you for making a submission to the consultation.  
Your feedback has been received and will be considered by the Medical Board.

## Your details

Name: [REDACTED]

Organisation (if applicable): [REDACTED]

Are you making a submission as? Yes, as ....

- An individual medical practitioner

Do you work in the cosmetic surgery/procedures sector?

- Yes – I work in the area but do not provide surgery or procedures (Medical Director)

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

- Non-practising registration

Do you give permission to publish your submission?

- Yes, without 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?

**No, for the following reasons:**

**1. Applications should not be granted purely on the basis of formal qualifications or RACS Qualifications alone.** This would not protect the public. I have seen too many disastrous outcomes at the hands of Plastic Surgeons, ENT Surgeons & General Surgeons who were poorly trained in Cosmetic Surgery but attracted to it by the potential financial rewards.

In support of the latter recommendation, the following statistics presented at the Senate Enquiry in 2022 should be borne in mind:

**“In the 3 years to June 2021, more than half of the practitioners – 52 percent (96/183) – who were the subject of notification (complaints) to AHPRA relating to Cosmetic Surgery were surgeons holding AMC-accredited Specialist Surgical Registration. And, of those, 71 percent (68/96) were Specialist Plastic Surgeons”**

**2. Each application for inclusion on the Endorsement Register should be considered on its individual merits. Screening criteria could include:**

- **Evidence of Training Specifically in Cosmetic Surgery:** The Australasian College of Cosmetic Surgery & Medicine (ACCSM) for many years now has been the only body in Australia with a two-year intensive training course specifically in Cosmetic Surgery. Notably, the course is open only to those practitioners with a background of 5 years of post-graduate surgical training. Upon completion of the 2-year course, trainees must pass rigorous written and oral examinations. Graduates are then justifiably allowed to use the title ‘Surgical Fellow’ in distinction to its Medical Fellows who have not undertaken the surgical training course and therefore have **not** been trained by ACCSM in surgical procedures. For the latter reason, I would advocate that ‘Medical Fellows’ of ACCSM should NOT be included on the Endorsement Register.
- **A Logbook of Cosmetic Procedures Performed:** This would provide AHPRA with evidence as to any practitioner’s experience in various cosmetic surgical procedures.
- **Proof of Professional Indemnity Cover for the Procedures Being Performed.**
- **A Professional Indemnity Insurance History:** This would provide AHPRA with insight as to instances of litigation a practitioner may have had.
- **Proof of Hospital Accreditation:** A useful criterion. Based on their two-year intensive cosmetic surgical training, Surgical Fellows of ACCSM have little trouble gaining accreditation and operating privileges at most Private Hospitals. ACCSM Medical Fellows who have not undergone the two-year cosmetic surgical training course are rarely accredited.

## 2. Are the requirements for endorsement clear?

Not totally.

I expect that various stakeholder groups (e.g. Plastic Surgeons, ENT Surgeons, General Surgeons) will strongly advocate for their members to be automatically included on the Endorsement Register by virtue of their RACS qualification.

However, if AHPRA were to accede to this, it would be failing to protect the public from practitioners without training specifically in cosmetic surgery.

It needs to be remembered that Plastic Surgery is NOT the same as Cosmetic Surgery. A trainee Plastic Surgeon can graduate as a fully-fledged Specialist Plastic Surgeon without ever having performed a single Cosmetic Procedure! This is simply because Plastic Surgeons train in Plastic and Reconstructive Surgery in Public Hospitals where no Cosmetic Surgery is performed. As an example, Dr Patrick Tansley, Plastic Surgeon (U.K.) and Past-President of ACCSM, spoke to the 2022 Senate Enquiry of his own experience of graduating as a Plastic Surgeon but then needing additional training and qualification in Cosmetic Surgery simply because his Plastic Surgery training did not sufficiently cover cosmetic procedures!

Accordingly, if the proposed Endorsement Register is to adequately protect the public, inclusion on the Register should only be approved **after individual assessment of a practitioner using the multiple criteria suggested above** which only then confirm a practitioner's ability to competently and safely deliver cosmetic surgery procedures.

If, on the other hand, inclusion on the Register is automatically granted on the basis of a doctor's RACS qualification as opposed to ***proof of training in cosmetic surgery***, the public will NOT be protected and the Register will have achieved little or nothing of value. Poor outcomes at the hands of practitioners inadequately trained ***specifically in cosmetic surgery*** will continue.

## 3. Is anything missing?

Yes.

The Endorsement Register:

1. Should exclude the many GP's and Cosmetic Physicians currently 'dabbling' in invasive cosmetic surgical procedures (e.g. blepharoplasty, liposuction, labiaplasty) without any formal cosmetic surgery training. Moreover, unable to obtain hospital accreditations, such practitioners are performing procedures in their own premises which may not be ideal in terms of sterility or resuscitation facilities.
2. Should not automatically list any Specialist Plastic Surgeon by virtue of his/her RACS or AMC-accredited qualifications. ALL applicants should be assessed individually using multiple criteria as suggested above.
3. The Register would need to be frequently updated to reflect newly-endorsed practitioners as well as the removal of any that AHPRA has deemed warranted.

# 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?

I commend AHPRA on the implementation of a Cosmetic Surgery Hotline where practitioners can anonymously report practitioners whom they believe are not practising appropriately.

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

An interesting concept but one I would prefer to see divided into 'Surgical' and 'Non-Surgical' rather than 'Major and Minor', for the following reasons:

- i. Which procedures are major and minor would be a very subjective and debatable division.
- ii. If implemented, 'Surgical' should cover all procedures which involve the cutting of skin, irrespective of the size of the incision. Only practitioners who have been deemed qualified to perform cosmetic surgery should be listed in a 'Surgical Section' of the Endorsement Register because it must be remembered that even minor cosmetic procedures can deliver disastrous outcomes if not performed under the highest of standards by experienced and skilled Cosmetic Surgeons.
- iii. 'Non-Surgical' would cover all the remaining cosmetic procedures such as Dermal Fillers, Anti-Wrinkle Injections, Laser Procedures etc. Inclusion in such a section would require proof of training and experience in those treatments.

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

I could not find any clear explanations of the draft Cosmetic Guidelines so am unable to answer this question.

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

No, for the following reasons:

1. I do not believe GP's have sufficient experience/knowledge of cosmetic surgery practice to be able to select an appropriate practitioner for any given procedure; and
2. Requiring a referral from a GP would add unnecessarily to the cost of the national health bill.

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

ABSOLUTELY AGREE!

I do not agree with cosmetic surgery being performed in a doctor's rooms if the premises are not ISO-certified (or equivalent) to indicate an acceptable standard of quality.

Additionally, I would recommend regulations be enacted to ensure that all invasive cosmetic procedures in doctor's rooms (other than simple skin surgery under local anaesthesia alone) may only be performed in the presence of a Specialist Anaesthetist who would be present to deal with any unexpected emergency.

Currently, a common practice that needs to be outlawed is the one in which the practitioner acts as both Surgeon and Sedationist, relaying instructions while scrubbed and operating to their nurse as to additional doses of drugs to be injected. This is a very unsafe and all-too-common practice nowadays. Intravenous sedation needs to be administered by an Anaesthetist, NOT the operating Surgeon!

9. Is anything missing?

Yes.

I believe AHPRA also needs to outlaw the growing practice of entrepreneurial doctors entering into financial arrangements with Nurse Injectors travelling around performing injections of Dermal Fillers and Muscle Relaxants at Beauty Salons and patients' homes.

Dermal Fillers and Muscle Relaxants are classed by Australia's Therapeutic Goods Administration as Schedule 4 drugs and their administration is certainly not risk-free. Although rare, intravascular occlusion by a Dermal Filler can result in skin necrosis (tissue death), scarring, and most disastrous of all, permanent blindness. Over 98 cases of blindness have been reported worldwide from vascular occlusion and in 2018, a Sydney woman suffered blindness after being injected by a nurse at a clinic where no doctor was present to immediately try to dissolve the vessel blockage.

Inadvertent intravascular injection needs immediate emergency treatment by a doctor using Hyalase to try and dissolve the occlusion. The problem we have is that roving nurses injecting at beauty salons and patient homes have no doctor onsite to handle such an emergency.

As only a doctor can purchase S4 medications, the typical financial arrangement is that a doctor purchases the S4 medications and then passes them onto their Nurse Injector to inject patients. The profits are then divided between the doctor and nurse at an agreed percentage.

Apart from the physical risks, AHPRA needs to be aware that the doctors involved in such arrangements are not assessing face-to-face each patient's suitability for treatment. Instead, the travelling Nurses Skype their doctor for him/her to assess the patient from a remote location and issue authority for the Nurse to proceed. As mentioned, the greatest danger of such a practice is the absence of the doctor to immediately treat any vascular occlusion.

The solution is very simple: such doctor-nurse arrangements can be easily stopped by enacting a regulation that requires a Nurse Injector to **always have** their prescribing doctor present **on the premises at the time of treatment**. There would be no economical sense for a travelling doctor to pay a nurse to be present! The end-result would be that the doctor would properly assess patients in person, would inject them personally and most importantly be on hand should a vascular occlusion or other complication unexpectedly arise – all which translate into increased patient safety. Problem solved!

# 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, but I would suggest the following additional measures for AHPRA's consideration:

- The current ban on the use of testimonials on websites and social media should be extended to disallow the promotion of links to favourable testimonials on other websites.
- The use of superlatives such as 'the best' or 'the most experienced' in advertising should be prohibited unless the claim can be substantiated.
- The use of misleading descriptions such as 'expert' or 'world-renown' should also be disallowed unless the claim or description can be substantiated.
- Holding oneself out to be a better practitioner than others might already be prohibited but it is often ignored. As an example, the website of [REDACTED], displays the following disparaging statement: **"Plastic Surgeons have superior training and understanding when compared to common cosmetic surgeons, and are experts in their fields. Trust your facelift to a more experienced surgeon."** This is not only derisive of well-trained cosmetic surgeons who may well have had more facelift training and experience than [REDACTED] it is also misleading and factually incorrect as not all plastic surgeons are experienced in facelift surgery.
- Before/After Photos: I do support the use of before/after photographs in any form of advertising provided that:
  - The images have been taken under identical conditions.
  - The images have not been photoshopped.
  - The patients have given written consent to the publication of their photographs.
- Websites and advertising should not feature multiple sexual images of women which might reflect poorly on the profession as well as lead to unrealistic expectations for some patients. Blatantly sexual images should not be allowed.
- Several websites currently promote unrealistic post-operative courses. In particular, is the promotion of the 'Rapid Recovery Technique' after breast augmentation or surgical facelift which claims patients **"can resume normal activities in 24-48 hours or even go out to dinner the same night"** This is an absurd claim and is essentially a 'marketing ploy' to attract gullible patients. Surgery is surgery and tissues need time to heal! Promotion of such techniques should be immediately banned.
- Websites: I have noticed that of late a number of cosmetic clinics, notably those owned by non-medical entrepreneurs, have removed all mention and descriptions of their practitioners from their website menu. I suspect that this is being done to avoid public scrutiny of their doctors'

profiles as the doctors I knew to be working at those clinics had no formal training in cosmetic surgery.

Non-disclosure of a cosmetic clinic's practitioners could be a move to counter the possible non-inclusion of its doctors on the Endorsement Register. Such non-disclosures can only be a disadvantage for consumers who would have no idea as to the doctors and their qualifications when considering attending such a clinic.

I believe it should be a mandatory requirement that all cosmetic clinics provide profiles of their treating practitioners.

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

As above

**12. Is anything missing?**

See above

## Additional comments

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

No

Q1. The Medical Board of Australia 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 have your say about:

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

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The questions here are the same as in the Medical Board's consultation paper. Submissions can address some or all of these questions. You can skip questions if you don't have any feedback and there is an opportunity at the end to make additional comments.

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### 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.

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Q2. Do you give permission to publish your submission?

- Yes - with my name
- Yes - without my name
- No - do not publish my submission

Q3. Name

Q4. Organisation (if applicable)

Q5. Email address

Q6. 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

Q7. 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

Q8. 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

**Q9. 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](#).

Q10. Q1. Are the requirements for endorsement appropriate?

Yes. This will make clear for patients/consumers to know who are the doctors who have formal cosmetic training and experience.

Q11. Q2. Are the requirements for endorsement clear?

Yes.

Q12. Q3. Is anything missing?

The doctors who have endorsement by Medical board must have formal training in cosmetic surgery, not just who attended a weekend course. They need to show their experiences in cosmetic surgery and aesthetic medicine

**Q13. Draft revised Guidelines for medical practitioners who perform cosmetic medical and surgical procedures**

The Board is proposing 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](#).

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

Yes.

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

Yes

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Yes

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

No. Mandatory GP referrals may not contribute to clients/patients safety. Firstly, GPS may not have a full understanding of cosmetic surgery and may dismiss customers need. Secondly, Cosmetic procedures/surgeries are not Medicare rebatable and therefore exposes GPS to issues of Medical-fraud but most importantly unjustifiably use a valuable and overstretched resource that is much better spent on its primary purpose. Thirdly, referrals will increase cost for patients/customers (not Medicare rebatable) and may deem cosmetic surgery unaffordable for some patients, driving them overseas to seek cosmetic tourism.

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

No, I do not support the requirement. While I support major cosmetic surgery under general anaesthesia or IV sedation must be done in an accredited facility, some minor cosmetic surgery, eg eyelid surgeries, can be done under local anaesthesia safely in surgeon' clinic. The operating surgeon, in consulted with his/her client should have the right to decide if the surgery need to be done under general or local anaesthesia. Small cosmetic surgeries to be undertaken in an accredited facility is not only wasting resource but also significantly increase patients financial burdens, and may deem cosmetic surgery unaffordable for some patients, driving them to seek overseas cosmetic tourism.

Q19. Q9. Is anything missing?

Need to clearly define what major cosmetic surgery includes, what minor cosmetic surgeries are, and different approach.

**Q20. Draft Guidelines for medical practitioners who advertise cosmetic surgery**

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section '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 new advertising guidance are in the [draft Advertising Guidelines](#).

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

Yes, I support in principle

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Yes

Q23. Q12. Is anything missing?

Q25. **Additional comments**

Q13. Do you have any other comments about cosmetic surgery regulation?

I hope the board can regulate cosmetic surgery industry, set higher standards for every doctor who wish to enter and make it safer in Australia.

Q26.

Thank you for making a submission to the consultation.  
Your feedback has been received and will be considered by the Medical Board.

Q1. The Medical Board of Australia 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.

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### 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.

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### Q24. Publication of submissions

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Q7. 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
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Q8. 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

**Q9. 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](#).

Q10. Q1. Are the requirements for endorsement appropriate?

Yes. Endorsement should be in detailed, include name of the procedures the doctor can do. The doctors perform cosmetic surgery must have cosmetic surgery licence issued by the medical board.

Q11. Q2. Are the requirements for endorsement clear?

Not too detail. Every doctor who performs cosmetic surgery need showed his training, qualification, and experience. The endorsement should include detail name of operations the doctor can do.

Q12. Q3. Is anything missing?

see above answer

**Q13. Draft revised Guidelines for medical practitioners who perform cosmetic medical and surgical procedures**

The Board is proposing 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](#).

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

yes

Q15. Q5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?

No. We must make concept correctly first: cosmetic procedures and cosmetic surgery are different concept: Cosmetic procedures are medical procedures, and include anti-wrinkle injection, filler injection, laser treatment, thread lift etc. They are not cosmetic surgery. Cosmetic surgery can be divided into two categories. minor and major cosmetic surgeries: Minor cosmetic surgery, which can be done under local anesthesia safely, such as eyelid surgery/blepharoplasty, lip reduction, small volume fat grafting etc. Major cosmetic surgery, which need to employ IV sedation or general anesthesia, such as face lift, rhynoplasty, breast augmentation, breast reduction, abdominoplasty, larger volume of liposuction etc.

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

yes

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

No, I do not support this requirement. Cosmetic clients are not patients, they are customers. They have right to choose whom to perform for them. GP may not have such cosmetic knowledge. . Also, cosmetic consultation is not Medicare rebatable, this will increase financial burden to the cosmetic customers, or increase chance of Medicare fraud.

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

No. I support any major cosmetic surgery that need to be done under general anaesthesia or Intra-venous sedation to be undertaken in an accredited facility. For minor cosmetic surgery, which can be done under local anesthesia safely, should be allowed to be undertaken in surgeon's room. This is similar to GP done skin cancer surgery in their room. This will be more effectively use facility, reduce fianacial cost for the clients, Minor cosmetic surgery to be done under LA is safer than under GA.

Q19. Q9. Is anything missing?

Cosmetic medical procedures and cosmetic surgery need to be defined more accurately .

**Q20. Draft Guidelines for medical practitioners who advertise cosmetic surgery**

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section '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 new advertising guidance are in the [draft Advertising Guidelines](#).

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

yes

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

yes

Q23. Q12. Is anything missing?

Q25. **Additional comments**

Q13. Do you have any other comments about cosmetic surgery regulation?

The medical board need to define the concept of cosmetic medical procedures and cosmetic surgeries more accurately. Division of cosmetic surgery into minor and major is good option: Minor cosmetic surgery can be done under local anesthesia in surgeon's clinic safely, There is no reason GP can perform skin cancer surgery in their room, while not allowed surgeon doing minor cosmetic surgery in their clinic.

Q26.

Thank you for making a submission to the consultation.  
Your feedback has been received and will be considered by the Medical Board.

Q1. The Medical Board of Australia 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 have your say about:

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Prefer not to say

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The details of the requirements for endorsement are in the [draft registration standard](#).

Q10. Q1. Are the requirements for endorsement appropriate?

Yes.

Q11. Q2. Are the requirements for endorsement clear?

Yes. In specific to "grandfathering", I support that no practitioners should be "grandfathered" unless they have specific cosmetic training/qualifications.

Q12. Q3. Is anything missing?

No.

**Q13. Draft revised Guidelines for medical practitioners who perform cosmetic medical and surgical procedures**

The Board is proposing 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](#).

Q14. Q4. Are the proposed changes to the Cosmetic Guidelines appropriate?

Yes.

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Yes.

Q16. Q6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?

Yes.

Q17. Q7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?

No. Reasons are: - Implementing a GP referral does not significantly improve patient safety. - Adds stress on an already overstretched system. Many patients will attend GP's just to get a referral which takes time away from the important work that GP's have to do. - Cosmetic surgeries are not Medicare rebatable and therefore all referrals will be made privately. This adds cost to the patient and will drive patients away to seek cosmetic tourism instead. - Many of my current patients are uncomfortable talking to their GP's about wanting to have cosmetic surgery as GP's sometimes do not understand how cosmetic procedures can indeed improve health. Some patients feel dismissed by their GP's. - GP's will need to have clear understanding of a patient's condition, whether is it purely cosmetic or has a medical component. Medical reasons provide an item number for GP billing and patient claiming, when cosmetic reasons do not. This will confuse the system, and open up issues with unintentional Medicare fraud.

Q18. Q8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?

Yes definitely.

Q19. Q9. Is anything missing?

No.

**Q20. Draft Guidelines for medical practitioners who advertise cosmetic surgery**

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section '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 new advertising guidance are in the [draft Advertising Guidelines](#).

Q21. Q10. Is the guidance in the draft Advertising Guidelines appropriate?

Yes. I think most important is that surgeons should not "glamourise" or "sexualise" cosmetic procedures. Before and after photos and educational posts should be allowed to educate the public about different procedures and give them realistic expectations.

Q22. Q11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

Yes.

Q23. Q12. Is anything missing?

No.

Q25. **Additional comments**

Q13. Do you have any other comments about cosmetic surgery regulation?

I suggest to amend the section regarding cooling off period. The draft guidelines suggest consent forms be signed at the 2nd face-to-face consultation, 7 days before surgery. This could disadvantage rural patients. I suggest allowing provisions for rural and interstate patients: - At least 2 telehealth consultations - Consent and booking in for surgery at 2nd telehealth consultation, which will happen at least 7 days after first telehealth consultation - Face-to-face consultation must be done at least once prior to surgery

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**Q10. Q1. Are the requirements for endorsement appropriate?**

To Whom it May Concern, Are the requirements for endorsement appropriate? NO Summary 1. The evidence does not support the sanctioning of many experienced cosmetic practitioners. It seems the PR campaign and calling for AHPRA officials to be replaced etc. has caused the fundamental doctrine of Evidence based decisions to be ignored. 2. This includes Dr Ann Tonkin's (Chair of the Medical Board) statements below. "The cowboy reputation of cosmetic surgeons was not reflected in AHPRA/board data." 3. Plus "Final Report of the Independent review of the regulation of medical practitioners who perform cosmetic surgery" (Aug 2022). 4. The Australian breast register results are clear and unbiased and many of the best performing practitioners will have their livelihood take away from them. 5. The AMC report in 2017 stated the plastic surgeons have a deficit in training and the only culpable cosmetic death is by one of their members. 6. Prices will soar, plastic surgeons will leave public positions to line their pockets, patients will travel overseas (mortality and morbidity will rise), and more pressure will be put on the public health system. This will not lead to better health for all Australians ! Time and precious resources will be wasted in court using the below evidence while a simple compromise and following the evidence would avoid this. 7. A dispensation in the transition period to grandparent those with extensive experience and/or including this experience in the endorsement model with strict unbiased conditions placed on the selection panel. This is consistent with the literature. Discussion "AHPRA published data based on a 3-year analysis for the 2021 Senate Inquiry into cosmetic surgery. In relation to this data, Dr Anne Tonkin, Chair Medical Board of Austral

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**Q12. Q3. Is anything missing?**

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Q13. Do you have any other comments about cosmetic surgery regulation?

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