



Submission: Guidelines for medical practitioners who advertise cosmetic surgery

Details

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Introduction

Over the course of the past two years, the cosmetic surgery industry has faced media and parliamentary scrutiny for poor practices, including in advertising. Cosmetic cowboys have enjoyed poor regulatory oversight which has enabled and encouraged unethical and sometimes illegal conduct.

Cosmetic surgery advertising needs serious consideration around reigning in marketing techniques in order to better protect the public.

Our view is cosmetic injectable advertising needs consideration in these guidelines for the following reasons. Many practices that offer cosmetic surgery also offer injectables. Although the TGA oversees the products used, injectables are being promoted and applied by medical doctors or nurses trained by them. Injectables are often used to upsell major surgical procedures, and sometimes to vulnerable patients who only sought fillers.

The Nursing and Midwifery Board recently shared the TGA's information about the danger of injectables: *"Cosmetic injections are serious medical procedures that involve injecting a substance under the skin to change an aspect of appearance...If used incorrectly, the substances in these injections could cause skin damage, blindness or even death"*¹.

Operation Redress is an advocacy group which successfully pushed for franchising and wage theft reforms in Australia. Our attention was drawn to the cosmetic surgery industry in late 2020. As individuals without scientific or medical/healthcare backgrounds, we were shocked at the level of unprofessionalism, sexualisation, glamourisation, and graphic nature of cosmetic surgery advertising on social media. Some of the worst offenders of this kind of material amassed significant followings, including an Australian General Practitioner who performed cosmetic surgery without a surgery specialisation and had up to 13 million followers on TikTok (the most followed cosmetic surgeon in the world).

¹<https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Position-Statements/nurses-and-cosmetic-procedures.aspx>

The ability for doctors who do cosmetic surgery to attain followings of over 20,000 by using influencers, glamour, and sometimes gruesome content led to an avalanche of other doctors believing they needed to participate in this kind of marketing in order to stay competitive.

Our fear was this kind of marketing was soon going to be standard practice in medical advertising in Australia.

Our submission to these guidelines might seem extreme to some in the cosmetic surgery industry. We must stress this is because we have viewed literally tens of thousands of social media videos and photos, and know firsthand how significantly this can impact people. The standard you walk past is the standard you accept.

One of our co-founders is in a key target market of cosmetic surgeons, being a woman under 30. The language, imagery, music, colours and glitter being used, as well as doctors glamourising or sexualising young women on social media clearly illustrates their target market. The conduct could be described as 'baiting' by using deceptive images of beautiful people and suggesting others can look like them through cosmetic surgery. From targeting teens on TikTok to post-pregnant people on Instagram, and increasingly targeting men for gynaecomastia surgery, they are playing a part in creating insecurities in society which they are then selling the solution to.

Even one interaction with advertising can be enough to trigger or create an insecurity in someone who is healthy and generally happy. A middle aged man told us that seeing advertising on the back of a bus for abdominal liposuction made him feel he needed the procedure. Prior to seeing the ad he had never considered it. He is a fit and healthy looking man. The ad had no risk statements.

Social pressures exist and we can only imagine the impact this advertising must have on those who are being targeted unsolicited, or those who are self-conscious and struggling with self-image insecurities, and those struggling with body dysmorphia and other body image illnesses.

Advertising cosmetic surgery should only be permissible under very strict guidelines in print and contain essentially a black box warning before any photos of results are shown. It should not be fun. It should be clinical, boring and not contain positive commentary ("my patient looks great", "great results"). Places like TV, radio and bus advertising are not able to adequately convey the seriousness of these procedures and prominently display the warnings and therefore advertising should be banned from those platforms.

We are already hearing murmurs in the grapevine that doctors are giving thought on how they can skirt the proposed guidelines and some are modifying the way they advertise to avoid detection.

Despite the national publicity on the issue of cosmetic surgery advertising, we have observed that many have not changed their behaviour, apart from deleting posts that were practically pornography.

So it is important that these guidelines are very firm, detailed and enforced or this conduct will continue and the status quo will remain.

The Proposed Guidelines

1. Practitioner responsibility

1.1 *“Responsible practitioners must not advertise cosmetic surgery in a way that exploits the vulnerabilities of individuals to increase demand for cosmetic surgery. A practitioner’s duty to their patient is the paramount consideration in all practitioner/patient interactions, including through advertising.”*

This must include ensuring consent forms for advertising clearly detail that images will be used in advertising. Of the consent forms for advertising we have seen, a number of them state images will be used for “education purposes” on social media, and make no mention of advertising. This exploits the vulnerability of patients as this suggests to the patient that their images will be used for further education, but are actually being used for advertising.

This point also needs further specificity. All individuals are vulnerable to insecurities and therefore all advertising could exploit this. We suggest specifying that:

- groping, pinching, pressing, or squeezing areas on a patient’s body either before or after surgery is exploiting the vulnerabilities of individuals.
- This includes providers caressing breasts, squeezing tummies, and pinching arms. (We have observed all of these things happening on social media.)
- Paying particular attention to post-pregnancy bodies (especially suggesting they are unattractive) in advertising exploits vulnerabilities of individuals to increase demand from other women who are post-pregnancy. The term ‘mummy makeover’ should be outright banned.

1.2 *“Responsible practitioners advertising cosmetic surgery recognise that there is strong demand from patients who are not suitable candidates and may be adversely affected by treatment because they have unrealistic expectations of cosmetic surgery outcomes.”*

There should be some acknowledgement that irresponsible social media marketing has the potential to drive this demand from candidates who are not suitable for surgery. Unrealistic expectations are frequently advertised by doctors on Instagram in particular.

1.3 *“Medical practitioners must recognise the potential for conflict between financial gain and their duty to patients. They must put their patients first when advertising cosmetic surgery. This includes recognising the potential harm to patients with conditions such as body dysmorphic disorder (BDD) who may seek cosmetic surgery.”*

This is an important point, but further clarification is needed to provide guidance to doctors on how they can recognise potential harm to patients with BDD and similar conditions. A number of doctors outsource their social media marketing to third parties, and end up being convinced into using hashtags and other marketing techniques to improve reach and this ultimately represents a financial gain. It should be specified in this point that using hashtags that aren't the medical name of the procedure, the location of the doctor, or the name of the doctor, potentially puts patients struggling with these conditions in harm's way. All other hashtags should be banned from advertising as it could entice or influence patients with these conditions.

1.4 *“Advertising that includes information about costs should be clear, easily understood, accurate, honest and include the total cost – not just the cost of consultations but other costs such as anaesthesia and aftercare.”*

Providers on social media do not usually include the cost of surgery in their advertising. When prospective patients ask how much something costs in the comments section, the provider will often directly message them the cost.

2. Titles and claims about registration, competence and qualifications

2.3 *“All medical practitioners advertising cosmetic surgery should include clear and unambiguous information about their qualifications and type of medical registration. Information must include the practitioner's registration number and whether they hold general registration or specialist registration, including specialty and fields of specialty practice.”*

It should be specified that this must be on all social media posts/stories. See pages 17-19.

This section must also include banning self-aggrandising monikers and aliases such as ‘Queen of Tummy Tucks’, ‘Lipo God’ etc. These suggest greater competence than their peers without any evidence suggesting this is actually the case.

3. Social media influencers and ambassadors

3.1 *“Responsible advertising of cosmetic surgery must not use paid social media ‘influencers’, ‘ambassadors’ or similar, as this increases the risk that patients are not fully informed and form unrealistic expectations of results.”*

This needs further clarification. Social media influencers retain a lot of trust with their audiences and help influence choices. This alone encourages the indiscriminate use of a regulated health service. While it is important influencers must not be paid, this point **must specify that influencers or ambassadors cannot receive any incentive at all** in exchange for positive testimony, recommendation, or sharing their patient journey, outcomes, or results with their followers. This includes receiving free or discounted surgery, or other perks such as free fillers or injections, in exchange for promotion of the clinic or doctor.

We support banning influencer deals in advertising for the following reasons.

- It adds to the commercialised aspect of the cosmetic surgery industry.
- It provides an unrealistic expectation of outcomes, as influencers control their image in many ways, not just surgery.
- It encourages the indiscriminate use of cosmetic surgery (influencing target markets).
- If the influencer has a bad experience or a poor outcome, they might feel obligated to mislead the public about this as their contract comes with stipulations.
- Providers often share posts or stories made by influencers about their experience, or they link to the influencers profile where audiences can read the paid-for testimonials.

Further, AHPRA and the Medical Board should consider writing to or monitoring influencers who continue to advertise the clinic or doctor they went to see. If they are responsible to the National Law as an advertiser of a regulated health service, regulators should consider cracking down on them in the same fashion that ASIC cracked down on ‘finfluencers’ who were influencing people’s investment decisions².

4. Use of images and before and after photos

4.1 *“Use of single images alone, rather than ‘before’ and ‘after’ photographs can idealise cosmetic surgery and must not be used as they can mislead and increase unreasonable expectations of beneficial treatment. This includes the use of stock images, models and celebrities or re-posting a patient’s social media image.”*

This is extremely important as more and more providers have been using single images to advertise their services on Instagram. It is a widespread strategy and often uses bikini or lingerie photos of women, where it is not clear what role the procedure played in the way she looks. It means prospective patients believe they can achieve the look of someone else by having surgery, often not realising the image has been distorted through clever angles, bronzer/oil, and other enhancements, and without knowing how the patient looked beforehand.

²<https://www.afr.com/wealth/personal-finance/finfluencers-really-scared-asic-will-make-an-example-of-them-with-fines-or-even-jail-20220811-p5b96t>

Further, the clothing the patient is wearing can enhance results. These photos often don't reference the procedure, or they are published without any comparison to how the patient looked beforehand. We strongly support banning the use of single images as advertising in this way is a substantial risk to the public.

These guidelines should ensure providers disable the 'Tagged' section of their Instagram. Patients often tag their provider on social media, and even if the doctor doesn't re-share this post, it can show up on the Tagged Feed on their profile. This means prospective patients can be misled or see unrealistic results when visiting the doctor's Instagram profile.

4.2 "All advertising using images intended to show the outcomes of cosmetic surgery must include a warning that the outcomes shown are only relevant for this patient and results may vary significantly from other patients due to many factors including the individual's genetics, diet and exercise."

This warning should be prominent in the text of a post, not buried at the bottom where people are unlikely to read that far. It should also be prominently displayed at the start of a story. We have provided examples of how social media advertising should look when including risks on pages 17-19.

4.3 "Before' and 'after' photographs in advertising must be used responsibly to provide information about the procedure undertaken only. They must not: a. idealise surgical outcomes through the use of sexualised images, such as sexualised poses, oiled bodies and similar b. involve gratuitous nudity. For example, do not include photographs of naked breasts when presenting information about abdominoplasty."

This point must state that lingerie or similar must not be used in imagery. Sexualising cosmetic surgery is an increasing phenomenon on Instagram especially. Seeing predominantly young women (who are being advertised as patients) posed on beds, beaches, chairs and lounges in a sexually suggestive manner should also be explicitly referenced and banned. It has been common to see young women posing on or by a bed or chair in what appears to be residential or hotel bedrooms in a way that is not professional, clinical, or even casual, but in a suggestive and increasingly pornographic and sexual way. The frequent use of these images implies that young women need surgery to be sexually attractive or ready.

There are numerous issues with these types of images used in advertising a regulated health service and perhaps the various regulators didn't think explicit references to banning this type of conduct was necessary. However the issue is not going away, even after extensive media coverage.

This section should also state that using Photoshop, filters, greyscale, or similar are banned. We still observe providers putting glitter and sparkle filters or greyscale on their images. It distorts the outcomes and idealises the results by minimising scarring and bruising.

Regarding gratuitous nudity, it must specify that this is the case even if the body part is censored. Our opinion is that taking photos of patients in any state of undress unnecessarily should be reported to the police where regulators become aware of it. Unfortunately it is all too common to see women topless on Instagram in clinical 'before and after' images taken at the clinic, despite the stated procedure not involving the breasts. Even though these are censored, it remains unknown why these women are being asked to remove their clothes unnecessarily for a clinical photo. We have countless examples of these and have great fear that these photos remain accessible on a personal electronic device.

It is interesting to note that a number of doctors we have observed posting photos of women seemingly needlessly nude, censored or not, will not show men without pants for the same procedure. The men will be wearing jeans or underpants, meaning there is no clinical reason.

Further, just like the Advertising Guidelines for advertising a regulated health service, these guidelines should stipulate specific requirements when taking before and after photos. The lighting should be the same, as well as exposure, framing, posture, make-up, clothing, and should even go further by establishing a working group of relevant professionals to develop enforceable Clinical Photography Guidelines.

With regards to 'after' photos, we believe the after photo should always be taken at a minimum of six months after the surgery, and this should be clearly stated in the advertising. If a provider wishes to include an 'after' photo taken before six months, it must be published at the same time as the six months 'after' photo. This will mean prospective patients are less likely to be misled with before and after images. Often the full results aren't clear until the six-month mark.

Photos taken immediately post-op or while the patient is still on the operating table should be banned in advertising. Results are often distorted due to swelling and the results can look much better than when the swelling subsides. A disclaimer that "results may be impacted by swelling" should not suffice, and instead this practice should be outright banned.

We have observed too many instances of cosmetic surgery before and after advertising that took place immediately after or a few days and weeks after. We have been told of instances where this happened and the patient was happy. But after the six-month mark, the results looked very different and the patient was unhappy. Patients complain that they raised concerns after a few months, but were told to wait six months for full results. After six months, they were told the bad result was because they didn't follow the doctor's diet and exercise plan. Yet, that initial result remains published as advertising. The concerning element to this is potential patients only have the positive advertising to rely upon, which is completely misleading.

4.4 *“Responsible practitioners prioritise patients’ interests, dignity and privacy ahead of marketing or advertising opportunities. Medical practitioners must have fully informed consent from patients to use their ‘before’ and ‘after’ images in any advertising. Patients must be free to withdraw their consent for the use of their images at any time and practitioners must provide clear information and a process for them to do so. If a patient withdraws consent to use of their images, the practitioner must promptly remove those images from their advertising.”*

A number of providers do not prioritise their patients’ dignity or privacy. Some doctors encourage their followers to play a game which is similar to “guess the number of jelly beans in the jar”. They direct their followers to view their patient’s breasts post-surgery and then comment their best guess on the implant size or CCs (cubic centimetres). This is inappropriate as it directs strangers to unnecessarily stare at the patient’s breasts and ultimately does not prioritise the dignity of the patient.

Through the course of our research, we have identified concerns through the way providers take photos of patients and the way consent is obtained from patients to use these photos. We have noticed an increase in cosmetic surgery providers using personal electronic devices (PEDs) to take photos of patients. We have addressed these in the submission which follows this one.

Although PEDs have been referenced in the ‘Draft Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures’, it would not hurt to specifically mention their prohibition in these guidelines too.

In terms of using these photos for advertising, we have seen a number of consent forms used for patient advertising. The consent forms do not go into enough detail and some concerningly involve bundled consent. One type of bundled consent sees the patient consent to the surgery and marketing; there is no ability to consent to just the surgery. Another type of bundled consent sees the patient consent to having clinical photos taken for their patient records and being used in marketing; there is no ability to consent to just the photos being taken for clinical evidence.

Further, social media advertising is unique in the way services are marketed to audiences. Patients should be made aware in the consent forms of the following:

- The provider has no control if the patient’s photo is downloaded, copied, or screenshot (these could then be uploaded to other websites),
- Photos will be used in advertising cosmetic surgery to audiences that include children and young people,
- Social media users might interact negatively with the photo of the patient, including sexualised, racist, sexist or otherwise offensive and hurtful comments,
- The photo or video could be used in perpetuity.

Patients should also be giving informed consent about how they want their photos used:

- Nudity in photos and videos: does the patient consent to topless photos/videos being taken and used, are sensitive areas to be covered or censored prior to being used?
- Protecting patient confidentiality: does the patient consent to social media advertising only if their identity is concealed? Do they want tattoos, birthmarks, and other identifying features covered?
- Patients should be told which platform it will be uploaded to and when it will be uploaded. Patients should be provided a copy of the photos, videos and wording used.
- The consent forms must be signed well before the surgery is to happen, not on the day, and not when they are affected by sedation.

5. Risk, recovery and idealising cosmetic surgery

5.1 “All cosmetic surgery is invasive and carries risks. Advertising should provide accurate, realistic and educative information about risks or potential risks of a treatment or procedure. Failure to do so has the potential to mislead or deceive the public and to create an unreasonable expectation of beneficial treatment.”

Throughout our research, we have never identified a provider on social media who frequently informs the public that patients can die from cosmetic surgery. Occasionally, some providers will say risks include infection, bruising and swelling. However, these are not informative enough and do not detail the serious nature of surgery.

Social media accounts of doctors detail many benefits of cosmetic surgery and then use idealised imagery. A number of doctors do include a banal risk statement like “all surgery has risks” right at the bottom of their post. It’s not balanced, and is not a realistic approach to ensure prospective patients are viewing the advertising with logic.

It is important to note that the advertising proposed to be covered by these guidelines is predominantly major surgical procedures. These procedures carry great risk and very little data is available about complications, poor surgical outcomes, mental health impacts etc. At this stage, it is almost impossible to know the size and scope of the harm to the public as a result of getting cosmetic surgery or for people who have encountered cosmetic surgery advertising. There is no doubt in our minds that it is a significant problem impacting the public, which includes vulnerable people, teenagers and children.

Advertising these procedures, directly or indirectly should involve detailed warnings in a way that impresses upon the general public the seriousness of such procedures. There are literally thousands of Australians currently in class actions that claim patients were harmed as a result of getting cosmetic surgery. Advertising played a key role in the decision making of many.

The advertising of major cosmetic surgery procedures needs to be treated more like cigarette advertising and less like buying a new phone.

The introduction of a simple advertising format and general risk statement will go a long way to improving protections to the public and provide more clarity to practitioners who use social media to advertise - this may also reduce the regulatory burden. We have created a potential format for consideration on pages 17-19.

5.2 *“Medical practitioners must ensure that full information about risks and potential risks can be easily found. The public should not be required to exhaustively search for or contact the medical practitioner for information about risks and potential risks. It may not be possible in some advertising such as social media to provide full details about risks or potential risks of a treatment or procedure. In this case the advertising should direct the public to the location of the information about risks or potential risks, such as through a link or directions to the section of the medical practitioner’s website that contains the information.”*

Part of this section needs reconsideration. We have included format suggestions for publishing risks on social media on pages 17-19.

Three of the primary platforms being used to advertise cosmetic surgery procedures are Facebook, Instagram and Tiktok. All of these platforms have sufficient character limits to post fairly detailed information. The below example post contains the doctor’s name, AHPRA No., qualifications, detailed risk statement and call to action is less than 750 characters - well below the limit of the aforementioned platforms.

“Dr John Smith (Bachelor of Medicine & Bachelor of Surgery, University of Sydney)
Registration No. MED1234567890.

Important! Abdominoplasty (Tummy Tuck) is considered a major surgery. Risks include infections, keloid scarring (raised dark lines), necrosis (dead areas of skin), seromas (blood and fluid trapped under skin), suture failure (stitches coming apart) and death.

Results and outcomes of cosmetic surgery vary between patients.

It is advised that you seek an independent opinion from another surgeon and discuss with your GP before committing to surgery. Appropriate support and aftercare is necessary to aid in recovery.

If you would like a consultation to discuss having this procedure, call 02 1234 5678 to make an appointment with me.”

Our concern is some practitioners may argue there is insufficient room in their post to include a detailed risk statement and opt to simply supply a link to risk information.

5.6 *“Any video content in advertising should be used responsibly, for information and/or education only. Videos of patients and surgical procedures must not be presented for entertainment.”*

More parameters around what constitutes entertainment needs to be included. All providers would class their surgical videos as “education”, even if their intention is to post videos to increase their social media following. While some surgical videos might be informative, this does not necessarily constitute “education” in our opinion. There should be better guidance as to what is classed as entertainment and what is classed as education.

It is our view that no post to social media should be classified as educational, as they are all inherently marketing posts. Unless the doctor posting the educational content is appropriately trained and qualified in the topic, linking to acceptable evidence and is not offering services to the public.

5.7 *“Advertising must not trivialise cosmetic surgery. Advertising must not: a. minimise the invasiveness of cosmetic surgery b. mislead patients in relation to the surgery’s complexity, duration, pain, potential side effects or potential complications c. use emojis d. use minimising terms such as ‘safe’ and ‘quick’, ‘easy’ e. use colloquial terms or non-clinical terms without also using the medical term for the surgery as this detracts from the seriousness of the surgery (including via a hashtag) for example, ‘boob job’, ‘tummy tuck’, ‘mummy makeover’, ‘Brazilian butt lift’ f. idealise cosmetic surgery through the use of images, words or other marketing techniques. For example, advertising should not use terms such as ‘designer vagina’, non-clinical adjectives such as ‘transformation’, ‘amazing’, ‘perfect’ and similar.”*

- a. By not stating that a cosmetic procedure can be invasive and painful, most providers minimise its invasiveness by excluding it altogether. Wording such as ‘silhouette’ (improve her silhouette, sculpting a silhouette) minimises the invasiveness of cosmetic surgery as it sounds like something which is performed around the edges.
- b. Are patients being misled by not having this information included at all? Very few providers include potential complications or side effects in their advertising.
- c. Emoji use has exploded over the past two years. A number of providers use excessive emojis in their advertising, and a recent sample we took showed the ✨ (sparkles) emoji was the most frequently used. Our belief is that this emoji carries a ‘magical’ effect. Other popular emojis used by doctors include: the magic wand, 🍑 (bikini) to indicate a bikini body post-surgery, 🐐 (goat - greatest of all time) suggesting a doctor is superior to their colleagues, 🔥 (fire) suggesting the results or their patient is “lit” or “on fire” or “hot” post-surgery, 🙌 (clap) applauding the results, 🙌 (raising hands) which depicts joy and pride at the results, 👑 (king) which shows the doctor as being superior to their colleagues, and then more benign emojis like 📞 (telephone), 📌 (needle), 😊 (smile), and ♥ (heart).

These are frequently used in the text part of social media posts, however doctors also use emojis to censor sensitive areas on their patient's photos.

Some doctors use fruit emojis, the winky emojis (😜 and 😏), and love hearts (❤️ and 🍷) to cover nipples. We believe this is inappropriate and only shapes should be used to censor sensitive areas. Some doctors use sad emojis (😞) to censor the 'before' photo, and then use happy or love emojis to censor the 'after' photo.

It should be made clear that emojis are inappropriate both on images and in text.

- d. This is important as some doctors advertise that a procedure only takes 15 minutes and that they can drop in on their lunch break at work.
- e. Problematic captions, hashtags, and text (plus their variations) used to advertise cosmetic surgery by registered medical practitioners on social media include:
- | | | |
|---------------------------------------------|-------------------------------------|-------------------|
| - steal her look | - optimal | - fit body |
| - summer ready | - out of this world | - strong women |
| - body inspo | - looks like a million dollars | - women power |
| - babe | - glamour | - body goals |
| - bikini body | - immaculate | - dream body |
| - perfect/perfection | - turning heads | - love handles |
| - magic/magical | - sculpted | - mummy makeover |
| - buttery smooth | - art/work of art | - beach body |
| - treat (eg, looks a treat, treat yourself) | | - dream come true |
| - boobies | - assets (eg implants are an asset) | - problem area |
| - weekend ready | - life changing | - surgical wand |
| - summer body | - flawless | - transform |
| - flaunting | - the body you deserve | - amazing |
| - accessory (eg implants are an accessory) | | - barbie |
| - gorgeous | - curves in the right places | - designer vagina |

While this language is ubiquitous on social media, it is important to remember that these are registered medical professionals promoting a regulated health service which has a risk of death. It is not appropriate for doctors to label their patients "gorgeous", or refer to their aesthetic as "barbie", to say their skills are "magical" or the procedures are "like magic", or to insinuate a person has a "Summer ready body" because they had cosmetic surgery. Having "curves in the right places" suggests a healthy human body can have curves in the wrong places, and in a similar way, having cosmetic surgery to get "the body you deserve" implies natural, healthy bodies need to be changed.

Doctors, who are esteemed people in society should not, in our view, be perpetuating the myth that you must look a certain way or be a certain size in order to wear a bikini, or be allowed to enjoy the Summer.

The words 'perfect' or 'perfection' are increasingly used by doctors to describe post-surgery bodies, which is entirely inappropriate as it creates an unreasonable expectation of outcomes after providing a regulated health service. There is nothing more unreasonable than achieving "perfection". It is pleasing to see this word being explicitly referenced and banned in the Medical Board's guidelines, given the frequency in which it is currently used and the connotations it carries.

This list of terms is not exhaustive, and where these guidelines reference specific phrases and terminology, it should be made clear that these are just examples and not the only inappropriate phrases and terms.

6. Body image and promotion for wellbeing or psychological health

6.2 "Medical practitioners must not advertise using automated apps which predict an individual's appearance post-surgery as this can create unreasonable expectations of outcome."

In addition to automated apps, this should include automated websites, tools, and programs. Further, it should specify the use of artificial intelligence or machine learning is also inappropriate.

This should also be broadened to all providers of this service, not just medical practitioners. Some businesses promote AI or automation to predict an individual's appearance post-surgery. Sometimes a doctor is involved but is not the owner of the website, and our fear is that these businesses will argue they are not covered by these guidelines and will continue to pursue this.

In instances where a provider will predict an individual's appearance post-surgery using non-automated techniques, the provider must ensure the patient is over the age of 18. This should be the case even if the person has no plans to get surgery until 18.

6.3 "Cosmetic surgery advertising should not: a. use language or statements which are exploitive, disapproving or imply that a normal change (e.g. post-pregnancy body), body shape or bodily feature is abnormal or undesirable and should not be displayed because it is not aesthetically pleasing and should be remedied by cosmetic surgery. This means, for example phrases such as 'unsightly bulges', 'lose the bingo wings', 'bikini body', 'flabby', and similar should not be used in cosmetic surgery advertising b. state or imply that it is normal to have cosmetic surgery to 'fix' natural variations and changes in body shapes and features c. focus on an individual's negative feelings about natural variation in their body, body image or body part. d. promote unrealistic images of youthful, 'perfect' body shapes e. state or imply cosmetic surgery should be used to obtain an acceptable or 'ideal' body type. This includes: • using phrases that imply wellbeing will suffer without cosmetic surgery, such as 'healthier, happier you', 'restore', 'youthful' and 'body goals' • using non-clinical terminology such as 'get ready for summer', 'forever young' and similar."

The following phrases and terms relating to body shape or features are ones we frequently see being used to suggest they can be fixed or created with cosmetic surgery:

- problem area
- treat hip dips
- J Lo butt
- weekend body
- stubborn areas
- mummy makeover
- thigh gap
- body goals
- silhouette
- snatched waist
- bikini body
- Kim K butt
- summer body
- youthful

The phrase “problem areas” should be included in this section, as it suggests there is something medically problematic about someone’s natural body. Along with “bingo wings”, “bikini body” etc, “hip dips” should also be specifically referenced as this is an emerging area doctors are focusing on to “treat” through surgery, despite it being entirely normal and natural. Thigh gaps are also advertised as being desirable and achievable through surgery, and flat buttocks are also increasingly advertised as being unattractive and fixable through surgery.

7. Realistic expectations of outcomes

7.1 Responsible practitioners do not advertise their services in a way that creates unrealistic expectations of outcomes. They limit claims as to what can be achieved through cosmetic surgery to that which is objective, demonstrable, or provable. Advertising must: a. not use statements or marketing techniques that imply all desired outcomes can be obtained b. be clear that individual responses and individual results vary as the outcomes experienced by one person do not necessarily reflect the outcomes that other people may experience c. maintain reasonable expectations of patient outcomes.”

“Advertising must not use statements or marketing techniques that imply all desired outcomes can be obtained”. This should be changed to “that imply **any** desired outcome can be obtained”.

Specific language which we have identified that implies desired outcomes can be obtained, or include unreasonable expectations of patient outcomes, include:

- steal her look
- curve inspo
- we design the perfect curves for each client
- we can help you get great results
- get your desired outcome
- sculpt beautiful figures
- with [X procedure] and [X doctor] combined, you get amazing results
- we can help everyone achieve their desired body shape
- sculpture/sculpting
- want/love her look?
- body inspo
- create a stunning silhouette
- ultimate
- stunning
- get her look
- amazing
- perfect
- flawless
- beautiful
- magic

7.2 *“Responsible advertising of cosmetic surgery does not make claims in regard to psychological or social benefit or similar claims which cannot be supported by acceptable evidence in health advertising.”*

While providers might argue that they see psychological benefits of particular surgeries, it is inappropriate and against AHPRA’s Advertising Guidelines to use this in advertising. Acceptable evidence excludes a doctor’s anecdotal observations in practice, but it is common for providers advertise cosmetic surgery as a fix for poor self-esteem or to improve confidence.

8. Targeting people potentially at risk

8.1 *“Responsible practitioners recognise that children and young people, along with other patient groups, are particularly vulnerable to body image pressures and negative body image perceptions. Responsible practitioners recognise the potential risk of exacerbated body image dissatisfaction among vulnerable groups when advertising implies that a patient’s body image will be improved through cosmetic surgery.”*

We support this. It is important providers stop using hashtags like #mummy makeover.

8.2 *“Good practice advertising of cosmetic surgery is not targeted or directed at people under the age of 18 and limits the exposure of people under the age of 18 by not advertising in publications or other media likely to appeal to or have a significant audience of people under the age of 18. Cosmetic surgery advertising in social media should be identified as ‘adult content’ in order to prevent people under the requisite age on the social media platform from accessing cosmetic surgery content.”*

While TikTok is now mainstream, it is still used by large groups of people under 18. Strong consideration should go into banning cosmetic surgery advertising on TikTok because of this. The shock factor of gory and graphic surgeries cannot be underestimated in how much it contributes to the popularity of a particular doctor.

Otoplasty procedures are frequently targeted towards children and teenagers. These guidelines should ban providers using people under 18 in advertising, even in clinical before and afters.

8.3 *“Responsible advertising of cosmetic surgery does not exploit and is not targeted towards at risk groups. This includes not leveraging social media algorithms and similar to boost social media posts towards vulnerable groups. Good practice advertising of cosmetic surgery does not use terminology in meta data, hashtags or other fields within advertising in order to target a vulnerable patient demographic.”*

We suggest only allowing providers to hashtag their name, location, and the medical name of the procedure to ensure vulnerable patient groups are not being targeted.

Other

- Testimonials are often used by providers on their website or on social media. Sometimes providers re-share stories and posts published by their patients. While using testimonials in advertising is against the National Law, these guidelines should also ban this conduct.

Some providers do not use testimonials online but will use testimonials while in the clinic. This can be on TV screens in the clinic or in brochures and can also be accompanied with before and after photos.

Proposed Advertising Format: Social Media

We propose that all posts (Posts/Stories) must display two images (a 'risks warning' and a 'results disclaimer') before any other images or videos. Given the serious nature of the major surgical procedures these first two images will serve essentially as a black box warning and will ensure that no person sees any advertising when scrolling through their social media feed. This will stop children and vulnerable people stumbling on this advertising and mean that only people who choose to engage with the content will be advertised to. See mock up examples on the following pages.

The provider's details should be at the top first and foremost, followed by a detailed 'risks warning', 'results disclaimer' and then whatever the provider wants to include in the post that meets the guidelines. Sticking a vague "All surgery carries risk, seek a second opinion" way down the bottom of a post or in tiny print at the bottom of an image is extremely insufficient.

Example Format for Posts and Stories

Each post that promotes and seeks to attract a person to a regulated health service provider and/or to attract a person to use the regulated health service must follow the below format.

Post Text

Each post starts with section one and two in the post text. All other information must go below.

Section One: must only contain the provider's full name, AHPRA registration number and qualifications as displayed on the AHPRA register.

Section Two: only contain a detailed 'risks warning' relevant to the general procedures offered by the provider, or the specific procedure advertised in the post. The 'risks warning' must list the common risks as well as the worst possible risk. Must state that results seen are specific to this patient only and that others may experience different outcomes.

Post Images and Videos

Each post must start with two images of a prominent 'risks warning' and a 'results disclaimer' on a dark background, regardless of whether a video or photo follows.

First image: must only contain a detailed 'risks warning' relevant to the general procedures offered by the practitioner, or the specific procedure advertised. The risk warning must list the common risks as well as the worst possible risk.

Example:

Important
Abdominoplasty (tummy tuck) is considered a major surgery. Risks include infections, keloid scarring (raised dark lines), necrosis (dead areas of skin), seromas (blood and fluid trapped under skin), suture failure (stitches coming apart) and death.

dr_cosmetic_surgery_aus • Follow
Sydney, New South Wales

dr_cosmetic_surgery_aus Dr John Smith (Bachelor of Medicine & Bachelor of Surgery, University of Sydney)
Registration No. MED1234567890

Important!
Abdominoplasty (Tummy Tuck) is considered a major surgery.
Risks include infections, keloid scarring (raised dark lines), necrosis (dead areas of skin), seromas (blood and fluid trapped under skin), suture failure (stitches coming apart) and death.

Results and outcomes of cosmetic surgery vary between patients.

It is advised that you seek an independent opinion from another surgeon and discuss with your GP before committing to surgery. Appropriate support and aftercare is necessary to aid in recovery.

If you would like a consultation to discuss having this procedure, call 02 1234 5678 to make an appointment with me.
2 w

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Second image: must include a 'results disclaimer' that states results seen are specific to this patient only and that others may experience different outcomes. Example:

Results and outcomes of cosmetic surgery vary between patients.

It is advised that you seek an independent opinion from another surgeon and discuss with your GP before committing to surgery. Appropriate support and aftercare is necessary to aid in recovery.



Before After (6 months)

dr_cosmetic_surgery_au • Follow
Sydney, New South Wales

dr_cosmetic_surgery_au Dr John Smith (Bachelor of Medicine & Bachelor of Surgery, University of Sydney)
Registration No. MED1234567890

Important!
Abdominoplasty (Tummy Tuck) is considered a major surgery. Risks include infections, keloid scarring (raised dark lines), necrosis (dead areas of skin), seromas (blood and fluid trapped under skin), suture failure (stitches coming apart) and death.

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2 w

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Stories on Instagram don't have the ability to include text without overlaying it on an image. So we propose a similar format. The first two images for a 'story series' advertising any procedure must be displayed in the layout below.

It is important that the doctor's name and credentials, 'risks warning' and 'results disclaimer' are displayed over two images. It provides enough space to provide sufficient detail without reducing the size of text.

Image one

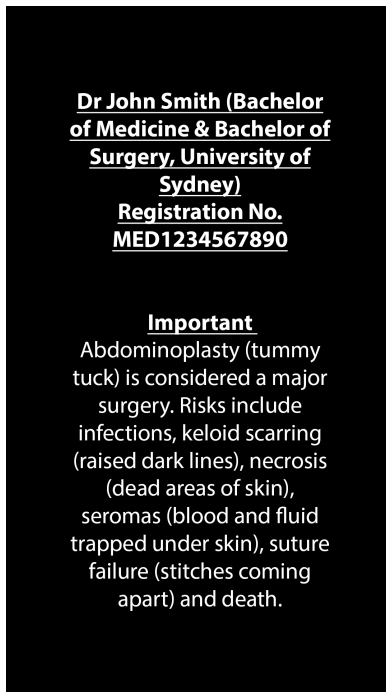


Image two

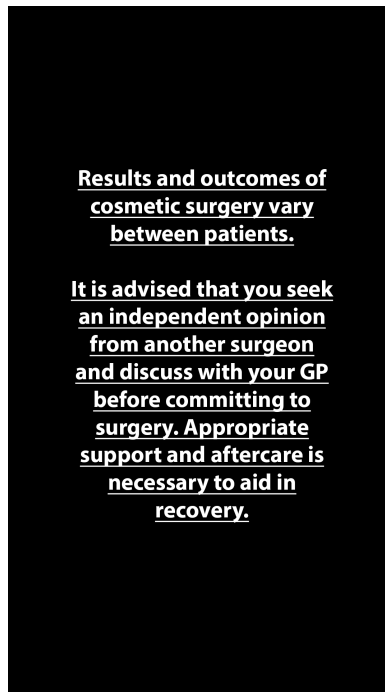
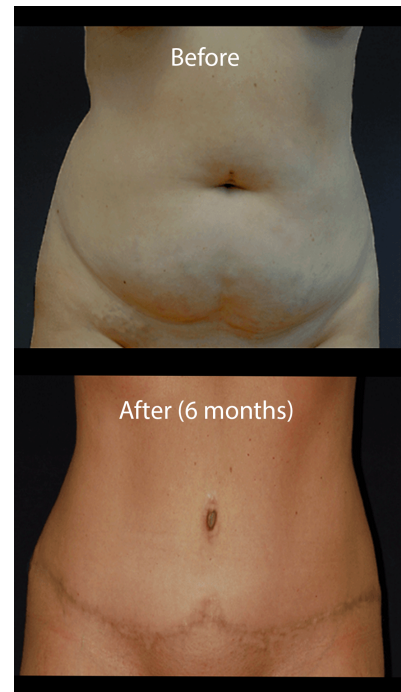


Image three



Submission: Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners

Our main concern around endorsement for cosmetic surgery is that it won't stop poor conduct in the cosmetic surgery industry. If doctors do not achieve the endorsement, they can still perform cosmetic surgery and advertise themselves as an 'artist', 'expert', 'creator', 'aesthetics expert', 'cosmetic surgery provider', 'cosmetic surgery practitioner', 'lipo proceduralist' among others.

To prospective patients, these labels carry the same meaning as 'cosmetic surgeon' if the doctor is offering cosmetic surgery services. The prospective patient would need to know that an endorsement exists and that it's not simply given to anyone who wants one. They would need to understand what it means to have an endorsement as opposed to not having one. Lastly, they would need to overcome advertising and marketing techniques of doctors who are not endorsed, explaining away why they don't need endorsement: "I have done over 5,000 cosmetic procedures, real life experience is more valuable than reading books", etc. We observed this kind of reasoning when prospective patients would ask a cosmetic surgeon why they should see them and not a specialist plastic surgeon.

We do hold concerns over the quality of training and qualifications to obtain the cosmetic surgery endorsement. We are especially worried that some associations will seek to influence the AMC on lowering the standard of training to obtain endorsement.

A doctor without a surgical speciality should not be endorsed just because they say they have done thousands of cosmetic surgeries. One of the most experienced cosmetic surgeons without surgical speciality is a subject of a class action with hundreds of claimants. In order to protect the public, under no circumstance should a doctor without a surgical speciality be endorsed for cosmetic surgery.

The only question remains is what further training, if any, doctors with a surgical specialty need to do in order to be endorsed for cosmetic surgery.

Keeping in mind the driver to increase protections to the public, we think to obtain endorsement, doctors should be required to supply (in confidence) a list of all patient related NDA's, legal events, insurance payouts and complications.

Submission: Revised Guidelines for medical practitioners who perform cosmetic medical and surgical procedures

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

We have a few thoughts around GP referrals.

1. Unscrupulous cosmetic surgeons could seek to influence GPs to refer patients to them. This could happen in an unethical, obvious way like promising fees for referrals. Or, it could happen in a less obvious way such as attempting to befriend the GP. We have already seen unethical referrals occur in the cosmetic surgery space.
2. We think that patients will either attend their mandatory GP appointment with a cosmetic surgeon (endorsed or not) already in mind and ask their GP for a referral to them. Or, they will ask their GP who they should go to which could be a gamble for the GP. If the surgery goes wrong, the GP could find themselves under fire for referring a patient to them. Given GPs ordinarily refer patients on for necessary medical evaluation or treatment by other specialists, this would possibly be uncharted territory for them.
3. On a positive note, we think a GP would more likely send a patient to a specialist plastic surgeon (or endorsed cosmetic surgeon) and be less influenced by marketing techniques on Instagram.
4. Requiring a GP referral could possibly weed out non-endorsed providers as hopefully no GP would refer a patient to someone without endorsement (unless point 1 occurred).
5. However, we also can't ignore the strain GPs are already feeling and given the rise of cosmetic surgery, requiring GP referrals could make this strain substantially worse. This consultation must not be bulk billed.

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

Yes. And major cosmetic surgery should only be performed by doctors who hold operating privileges in private and public hospitals. This will stop doctors operating in day hospitals who have had their privileges removed from private and public hospitals.

Further Comments

5. Informed consent including informed financial consent

5.3 *“Consent must be requested if a practitioner proposes to take photographs or videos of a patient in a consultation or during the procedure. The patient must be given information about the proposed use of any images of them, including the purpose, how the images will be used and where they will be stored. Medical practitioners must not store patient images on a personal device; they must be stored on a secure device. Patients must be provided an opportunity to view images before consenting to their use in advertising. Patients have the right to refuse use of their images and a patient cannot be required to agree to use of their images in advertising. A patient’s consent for taking, use and storage of any images must be documented.”*

A significant concern of ours has been around the increasing use of personal electronic devices (PEDs) used to take photos of patients. We welcome this change.

Further clarity is needed around what constitutes a “secure device”.

The use of their personal mobile phone, other PEDs, or taking photos on devices which back up images to the cloud or on other apps is an issue for a number of reasons and patients may not be expressly aware of them.

These issues are:

- The provider could have access to the patient’s (often nude) photo or video in a non-clinical setting.
- Should the device be lost or stolen, these photos are now accessible to others not part of the doctor-patient relationship.
- Any person who has access to the device (which can access patient photos) could then have access to the patient’s photos.
- The device might have app-based or cloud-based storage, which means patient photos could be accessible on other devices and by third-party apps.

Photos accessible elsewhere means there is no log of the patient’s photos being viewed, downloaded, edited, or sent to someone else.

We also welcome the change around ensuring patients see the imagery the providers plan to use in advertising before it is used. We would go one step further and suggest patients should be provided with a copy of the image/s.

We appreciate that providers may have issues around seeking consent for taking photos of patients, however we argue this is imperative. Some patients may not realise that it is an insurance requirement or evidentiary requirement to take photos.

They may not be comfortable with having their photos taken, especially if it involves taking their clothes off. They might also not be comfortable with or clear on the doctor/clinic's privacy and security processes for their photos and may not want to provide consent on this basis.

In these cases, providers should already be explaining why taking photos is a requirement and outlining the privacy and security processes to the patient. This should already have been standard practice. If the patient still does not consent, they do not have to proceed with the surgery.

8. Complaints

8.2 *“Medical practitioners must ensure any non-disclosure agreement (NDA) they use makes clear that a patient, or a person on behalf of the patient, can still make a notification to Ahpra, the Medical Council of NSW (NSW) or the Office of the Health Ombudsman (Queensland).”*

We strongly support this change. However, we would argue it should be required for providers to supply a copy of each NDA to the Medical Board or AHPRA if they reach a certain threshold (e.g. more than three each year). Otherwise providers can hide poor conduct, poor practices, or poor outcomes with NDAs. Patients might be personally okay with the arrangement and not tell the regulator, even with the above provision, and even if they were significantly harmed. However these providers may still pose a risk to the public.

9. Training and experience

9.1 *“Procedures must only be provided by medical practitioners with the appropriate knowledge, training and experience to perform the procedure and deal with all routine aspects of care and any likely complications. (When area of practice endorsement for cosmetic surgery is available) an approved qualification eligible for endorsement for cosmetic surgery is appropriate training. In the interim, the Board expects that at a minimum, a medical practitioner performing cosmetic surgery will have undertaken appropriate surgical skills training, training in the specific cosmetic procedures being offered, and completed supervised practice to ensure they are safe to perform the procedure.”*

This is unclear. Does this mean specialist GPs and Dermatologists, or medical practitioners with General registration are not allowed to perform cosmetic surgery?

What surgical skills training does the Board accept? For example, does a weekend course suffice?

Does supervised practice include supervision by a doctor who also doesn't have a surgical speciality?

These are currently real life examples of what has occurred within the cosmetic surgery industry.

13. Financial arrangements

13.3 *"The medical practitioner must not provide or offer to provide free treatment to prospective patients, including social media influencers or users, for promotion of procedures or Services."*

This should also be included in the Advertising Cosmetic Surgery guidelines.