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AMA Submission to Medical Board proposals on regulation of medical practitioners who provide cosmetic medical and surgical procedures

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The AMA welcomes the opportunity to respond to the consultation being undertaken by the Medical Board of Australia (MBA) on proposed changes to the regulation applying to medical practitioners who perform cosmetic medical and surgical procedures.

The AMA's response to the Consultation questions are set out below (note the consultation questions are in **bold, italic** and the answers are in normal font):

The details of the requirements for endorsement are in the draft registration standard.

- 1. Are the requirements for endorsement appropriate?***
- 2. Are the requirements for endorsement clear?***
- 3. Is anything missing?***

The AMA notes that at this point in time the key requirement for an endorsement in cosmetic surgery – namely which programs of training will be required to be undertaken – has not yet been specified.

Given the inherent risks in the procedures that will be covered by this endorsement, the AMA takes the view that the necessary qualifications required to attain an endorsement must be at a standard that is at least equivalent to existing Australian Medical Council (AMC) endorsed programs, such as the program and curriculum required to attain Fellowship of the Royal Australasian College of Surgeons covering specialist plastic and reconstructive surgery. The AMA supports the requirement that any programs leading to an endorsement in cosmetic surgery will need to be assessed and accredited by the AMC and approved by the MBA.

With this major caveat, the AMA considers that the other requirements as set out in the draft registration standard, including in relation to recency of practice and CPD, are appropriate. We would also be supportive of an annual audit and peer review process being part of the requirements.

The details of the revised guidance are in the draft revised Cosmetic Guidelines.

- 4. Are the proposed changes to the Cosmetic Guidelines appropriate?***

The AMA generally supports the proposed changes to the Guidelines – subject to the answers to Questions 5 and 6 below.

The AMA also suggests that consideration be given to extending the cooling off period to at least 14 days rather than the proposed period of at least 7 days for major cosmetic surgery.

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

Yes, although for greater clarity we would suggest adding the word “major” in front of “cosmetic surgery” in appropriate parts of the Major Surgery Guidelines, for example in Paragraphs 2.1 and 3.1.

In Paragraphs 4.3 (major) and 4.4 (minor), we would suggest adding “and guardian” following the use of the word “parent”.

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

We would suggest the following changes to increase clarity.

Paragraph 2.1 - Consideration should be given to providing further, more prescriptive guidance to the existing words:

*“The referring general practitioner must **work independently** of the medical practitioner who will perform the service”.*

The guidance should be clearer that there must be not be any financial, ownership or related entity relationship between the referring doctor and the person performing the surgery. Additionally, they should not practise at the same location.

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

The AMA supports this proposal provided that there are independence requirements set out in the answer to Question 6 are able to be addressed.

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

The AMA supports this requirement.

9. Is anything missing?

The AMA considers that the proposed Guidelines covers most of the major issues at this point in the process.

The details of the new advertising guidance are in the draft Advertising Guidelines.

10. Is the guidance in the draft Advertising Guidelines appropriate?

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

12. Is anything missing?

The AMA considers the draft Advertising Guidelines are appropriate. However, there is little point in having stringent guidelines in place if there are insufficient resources available to actually enforce them.

It takes only several seconds on the internet to be linked to multiple practitioners whose advertising and promotional material is significantly outside of the draft Advertising Guidelines.

General comment

The AMA welcomes the proposals contained in the consultation process. We consider these proposals are a positive first step in addressing the concerns that have been identified in the cosmetic surgery

industry and will go some way to improving the safety of patients undertaking cosmetic medical and surgical procedures.

As set out above, the AMA considers that the qualification required to gain an endorsement for cosmetic surgery needs to be of a standard that is at least equal to that required to gain a Fellowship of the Royal Australasian College of Surgeons to undertake plastic and reconstructive surgery. Additionally proposals need to be clearer in establishing independence between referrers and the clinicians undertaking the procedures. We also consider that the proposed cooling off period needs to be longer.

Whilst tightening the Guidelines is a necessary step, it is at least as important that Ahpra and the MBA ensure that there are sufficient resources to ensure their enforcement – particularly in an industry known for having a number of practitioners who operate outside of acceptable practice.

The AMA also notes that proposals for the protection of the title “surgeon” are yet to be released by Health Ministers. This is a necessary key reform and we call on Health Ministers to release proposals to reform this area as soon as possible.

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