



COPS – Response to endorsement of cosmetic surgeons proposal

Public consultation - Regulation of medical practitioners who provide cosmetic medical and surgical procedures

The Council of Procedural Specialists (COPS) has examined the 16 recommendations on pages 25 & 26 of the Final Report dated August 2022, which is now the subject of the above consultation which is due to be finalised in December 2022 for implementation in February 2023.

COPS' submission to the original consultation on the use of the title 'Surgeon' clearly states our position in regard to who should perform surgery and the need to protect the title of 'Surgeon'.

In summary, only those medical practitioners who have achieved an AMC-accredited medical surgical fellowship should be considered competent to perform surgery, and this will include the following:

- Fellows of the Royal Australasian College of Surgeons (RACS) and its recognised affiliates, i.e. the Australian Orthopaedic Association (AOA);
- Fellows of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG);
- Fellows of the Royal Australian and New Zealand College of Ophthalmologists (RANZCO);
- Fellows of the Royal Australasian College of Dental Surgeons (RACDS).

Interventional radiology is an advanced procedural specialty practised by interventional radiologists. Interventional radiologists are fellowship trained doctors who perform a wide array of endovascular and minimally invasive image guided surgical procedures in all organ systems of the body. The specialty of interventional radiology impacts every facet of modern medical care and continues to innovate and expand the envelope of minimally invasive image guided surgery.

Our submission to this public consultation will focus on Question 11 of the Consultation Paper from March 2022, under Appendix 1, which asks "To what extent would establishing an endorsement in relation to the practice of cosmetic surgery address the relevant issues of concern on the sector (including patient safety issues)?"

1. There is every likelihood that the proposed endorsement model, which has been advanced by cosmetic surgeons, will fail to address the public safety concerns that have given rise to multiple inquiries and a complex web of existing legislation, as outlined in the current consultation paper.
2. Since cosmetic surgery has sat, and always will sit, outside the clinical medical model, there is no point in pretending that it is comparable to clinical procedural medicine in its intention and purpose.
3. Giving legislative authority to training programs that sit outside AMC accreditation is to give authority for non-accredited surgical interventions and to confuse the public with a semblance of legitimacy and equivalence to clinical procedural medicine as endorsed by the AMC.

4. The fact that the proposal has come from the cosmetic industry itself should be of major concern to legislators, as it will confer training monopolies on one group of non-AMC accredited cosmeticians, who will promote legislative endorsement as part of a broader marketing campaign for body enhancement procedures.
5. COPS recognises the right of Australians to make decisions concerning their appearance and to decide, after informed consent, what procedures they are prepared to undergo.
6. **COPS recommendation**
For this reason, and the fact that the cosmetic industry will continue to provide for the wants of Australians who seek their services, COPS recommends as follows.
 - a. An education campaign to explain to Australians that cosmetic procedures sit outside the medical model and are undertaken by cosmetic providers who do not have training equivalent to the training endorsed by the Australian Medical Council.
 - b. A list of cosmetic procedures be established that are considered by the Medical Board of Australia to place patients at a high risk of harm and/or disfigurement or involve major hazards to health.
 - c. A government regulated consent form, complete with an acknowledgement of the risks involved in cosmetic procedures, completion of which is to be made mandatory for all providers of such nominated procedures prior to commencement of the procedure.
 - d. Any cosmetic procedure involving any form of local or general anaesthetic and/or use of scalpel to be considered for the above list.
 - e. The consent form to be part of a national data collection system to provide ongoing analysis of the type, place and circumstances of cosmetic procedures.
 - f. Where a procedure is undertaken by an AMC-accredited surgeon, such as have been outlined above, no such consent form is required, as the normal surgical consent procedure applies.

Summary

The model proposed by COPS will provide legislators with a pathway to both increase protection of the public and recognise that Australians have a right to make decisions to enhance their appearance for a variety of reasons, many of which will not carry a diagnosed clinical need.

To reiterate, cosmetic procedures have historically fallen outside the clinical medical model and there are dangers to the public in creating the illusion that they are now integrated into clinical medicine.

Our model strikes the balance between freedom of choice for the patient and public protection to the extent that it is possible to do so.

Please do not hesitate to contact us should you require any further information.



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