



## Response template for submissions to the *Independent review of the regulation of medical practitioners who perform cosmetic surgery*

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You are invited to have your say about the regulation of medical practitioners (doctors) who perform cosmetic surgery by making a submission to this independent review.

The consultation questions from the consultation paper are outlined below. Submissions can address some or all of these questions, and you can include any evidence or examples that you think are relevant.

Submissions can be emailed to:

Mr Andrew Brown, Independent Reviewer  
marked '*Submission to the independent review on cosmetic surgery*' at [CSReview@ahpra.gov.au](mailto:CSReview@ahpra.gov.au).

**The closing date for submissions is 5.00pm AEST 14 April 2022.**

### Your details

<b>Name</b>	██████████
<b>Organisation (if applicable)</b>	Medical Indemnity Protection Society (MIPS)
<b>Email address</b>	████████████████████

## Your responses to the consultation questions

### Codes and Guidelines

<p><b>1. Do the current <i>Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures</i> adequately address issues relevant to the current and expected future practice of cosmetic surgery and contribute to safe practice that is within a practitioner's scope, qualifications, training and experience?</b></p>
<p>No.</p>
<p><b>2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?</b></p>
<p>The guidelines, which were developed under section 39 of the Health Practitioners Regulation National Law aim to provide guidance about the expectations of practitioners who perform cosmetic procedures in Australia.</p> <p>With recent well publicised concerns, section 9 and 10 of the guidelines regarding qualifications and titles and marketing should be reviewed.</p> <p>With regard to section 9 and the context of Titles and Qualifications, MIPS is of the strong view that protecting a title alone will do little to mitigate the risks within cosmetic practice. While protecting the title will reduce the risk of the public perception that a surgeon is qualified it may just lead to other titles being adopted with no fundamental change to practices. A more robust framework should be adopted to ensure minimum qualification particularly where significant and invasive surgeries are conducted. This should be considered in line with other surgical practices and guidelines from the various colleges.</p> <p>With section 10 and marketing collateral, there is a strong link to public perception and what marketing is done by each practice. The use of marketing collateral that may falsely infer that a practitioner has appropriate skills, qualifications and knowledge to provide cosmetic procedures must be reviewed with guidelines to limit and control marketing and collateral.</p> <p>The guidelines do provide guidance on consent and patient assessment for both adults and those under 18 however, these areas should be reviewed to better define the psychological and physical condition of the patient to ensure that they are psychologically fit and sound to both consent to but also go through with the procedure understanding that the outcome expectations need to be considered in line with the actual outcomes achievable. For patients under 18, a more formal approach to mitigate risks in this more vulnerable group should also be considered. Section 3.4 considers psychological evaluation for major procedures which should be extended to all procedures to further mitigate risk to our younger more vulnerable group.</p> <p>Section 11 of the guidelines relating to facilities should be reviewed to ensure that <b>procedures that are invasive and significant must be conducted in a licenced facility, for example a registered private hospital or day procedure centre, with a qualified anaesthetist present where substantial sedation is required</b>. Ensuring that procedures are conducted in appropriate facilities will reduce the risk of adverse outcomes and protect patients where inevitable complications do occur.</p> <p>While we understand that the guidelines are to be read in conjunction with the National Law and the Good Medical Practice: a code of conduct for doctors in Australia, the code discussed here needs to be refined to ensure patient safety whilst undergoing any procedure. Importantly it is critical that there are adequate psychological assessments and reviews conducted prior to surgery that considers the person state of mind and also understands their expectations of the procedure and the actual outcomes that can be achieved and expected.</p>
<p><b>3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.</b></p>

While only guidelines, the adherence to good medical practice and the code should be designed to mitigate the risk to the patient while ensuring that the practitioner meets minimum expectations for qualifications, training and experience to enable the safest practice possible.

The code of practice should be read in conjunction with any minimum education and qualification requirements expected.

## Management of notifications

**4. Having regard to Ahpra and the Medical Board's powers and remit, what changes do you consider are necessary to the approach of Ahpra and the Medical Board in managing cosmetic surgery notifications, including their risk assessment process, and why?**

With appropriate codes of practice and guidelines, there is no reason why Ahpra and the Medical boards should need to differentiate between cosmetic and other notifications. All notifications should be managed in line with these codes and guidelines as are applied to other medical practices.

**5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.**

As mentioned above, if the practices are aligned to appropriate guidelines and codes, there is no need to differentiate the practices of cosmetic surgery when aligned.

## Advertising restrictions

<b>6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?</b>
<p>Ahpra and the Medical Board's approach to the regulation of advertising should scrutinise any advertising and social media that will be promoting unrealistic expectations of the likely outcomes of a procedure. Appropriate guidelines should consider the realistic outcomes of any procedure, consider the psychological impact and support best practice. All advertising for cosmetics should be accompanied with a clear addendum to acknowledge the risks of such surgery or procedures -both physical and psychological.</p> <p>Ahpra and the Medical Board will need to ensure that any practices and requirement changes that are developed in codes and guidelines are effectively distributed to all providers.</p>
<b>7. What should be improved and why and how?</b>
<p>Given the current issues that are related to cosmetic surgery within the public domain, there is a need to review current practices to better understand the public's perception and better align advertising to those expectations. By strengthening the guidelines, required qualifications and the facilities where such procedures take place, the Medical Boards and Ahpra may be able to reduce any risks.</p> <p>Advertising must be fact based, consider both benefits and risks equally and avoid imagery that promotes the ideal or unrealistic outcomes.</p>
<b>8. Do the current <a href="#">Guidelines for advertising a regulated health service</a> adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?</b>
<p>The guidelines for advertising a regulated health service do provide coverage and are also further protected by the National Law. All false or misleading advertisements are already covered in the guidelines and the National law. A review of these matters in relation to any changes to the guidelines and requirements, as suggested in question 2 should then be considered in line with requirements for this speciality area of medicine.</p> <p>With Australians now spending more per capita on cosmetic surgery and procedures, there is a need to carefully consider the broader social, psychological and financial impact on individuals and how advertising influences these impacts..</p>
<b>9. Does the promotion of cosmetic surgery via social media raise any issues that are not adequately addressed by the advertising guidelines, or that require any specific regulatory response?</b>
<p>Social media should already be covered by the Guidelines for advertising a regulated health service and also by the National Law. However, with the proliferation of social media and the impact this has particularly on vulnerable and younger cohorts who can be heavily impacted by perceived social norms. Further research should be conducted to better understand the impacts such advertising has on people's desire to undertake cosmetic surgery.</p> <p>With the ease of access, low cost to delivery and the ability of social media to influence individuals, further controls may need to be considered to mitigate the risks to consumers who could be influenced by social media.</p>
<b>10. Please provide any further relevant comment in relation to the regulation of advertising.</b>
Nil

**11. To what extent would establishing an endorsement in relation to the practice of cosmetic surgery address relevant issues of concern in the sector (including patient safety issues)?**

There has been significant discussion about the use of the title “surgeon” within cosmetics where the practitioner has not necessarily completed a surgical endorsement. While the credentialing of a title alone will not remove risk it is critical that practitioners in the cosmetic domain are appropriately trained and meet relevant expectations.

A specific endorsement would provide a level of control and establish a minimum requirement to deliver such services. The Plastic and Reconstructive Surgery Training Board conducted a review of its own training in 2019 and acknowledged the importance of a deep understanding of the psychology and the need to be competent in assessing the psychological circumstances of all patients. This requirement, within the more elective domain of Cosmetic Surgery should be even more critical where many of the procedures are only for aesthetic reasons. There are currently no requirements for cosmetic surgeons to undergo or have any specific psychological training prior to practicing in cosmetics.

As there are many varied cosmetic procedures ranging from simple dermatological approaches through to highly complex augmentation surgeries, there would need to be consideration for each of these and their relative risks to the patient and the complexity of learning.

Also, the need to be appropriately qualified and or supported by appropriately qualified medical professionals to provide significant surgical procedures needs to be considered with particular

1. Patient management and surgical training requirements.
2. Psychological training relevant to the procedures
3. Licencing and requirements for facilities and the utilisation of anaesthetics for procedures requiring sedation.

Any endorsement that is established should clearly define what practices require it, for example breast augmentation. Minor cosmetic procedures that are non permanent such as dermal fillers present a lower risk and an endorsement would be unnecessarily burdensome for both regulators and practitioners. Clearer lines for practitioners would also assist organisations, such as MIPS, to categorise the professional and in the case of MIPS, appropriately price indemnity insurance.

<p><b>12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?</b></p>
<p>Yes. All medical areas of specialty require substantial training and specific skills to deliver the services. This is both at the outset of becoming a medical practitioner and then for ongoing registration through CPD requirements including further training. With the growth of the cosmetic market and the relatively low barriers to entry along with a large financial incentive, there is a risk that without control the proliferation of this area of medicine will be accompanied by harm to patients and litigation.</p> <p>Clarifying the endorsement and ongoing requirements will ensure that practitioners will meet specific requirements and will be enabled to deliver services in as safe and effective manner as expected/required.</p>
<p><b>13. What programs of study (existing or new) would provide appropriate qualifications?</b></p>
<p>There are a number of aligned areas of study that could be considered to ensure appropriate endorsement of the individuals working in cosmetics. The range of procedures conducted by cosmetic medicine are very varied. Therefore, there may need to be endorsements that consider minor versus major procedures.</p> <p>However, the common factor is the thorough understanding of psychology for both the patients pre procedural circumstances and condition and importantly to manage the patients' expectations of outcome that are not to their perceived level of expectation.</p> <p>For major procedures, consideration should be given to this becoming a surgical stream in one of the existing programs of surgery either plastics or general surgery. Ensuring appropriate accreditation will ensure that risk is minimised and that those practicing major procedures are doing so with adequate training and also that these procedures are done in appropriate licenced facilities and with appropriate support where required ( eg. Anaesthetics).</p>
<p><b>14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.</b></p>
<p>The protection of the term surgeon whilst an area of consideration, will not on its own adequately protect patients from risk. The title must be considered as part of appropriate training and ongoing education, and appropriate experience.</p>

**Cooperation with other regulators**

<p><b>15. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?</b></p>
<p>No Comment</p>
<p><b>16. If yes, what are the barriers, and what could be improved?</b></p>
<p>No comment</p>
<p><b>17. Do roles and responsibilities require clarification?</b></p>

No comment
<b>18. Please provide any further relevant comment about cooperating with other regulators.</b>
No comment

## Facilitating mandatory and voluntary notifications

<b>19. Do the Medical Board's current mandatory notifications guidelines adequately explain the mandatory reporting obligations?</b>
The Medical Boards mandatory notification guidelines are clear and provide guidance to facilitate notifications where appropriate. The timely action of these notifications is of critical importance to our members who need support and guidance when a notification is made.
<b>20. Are there things that prevent health practitioners from making notifications? If so, what?</b>
No comment
<b>21. What could be improved to enhance the reporting of safety concerns in the cosmetic surgery sector?</b>
The closer regulation of the cosmetic surgery sector through the changes suggested and those already enacted through the guidelines and national law will enable a more robust and simpler reporting framework for understanding safety concerns as well as reducing the risks associated with these concerns.
<b>22. Please provide any further relevant comment about facilitating notifications</b>
No comment

## Information to consumers

<b>23. Do the Medical Board's current codes and guidelines adequately describe the obligations of practitioners who perform cosmetic surgery to provide sufficient information to consumers and obtain informed consent?</b>
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No.
<b>24. If not, what improvements could be made?</b>
<p>MIPS strongly supports tightening the obligations as outlined in the previous questions. More robust guidelines around education requirements, a focus on the psychological impacts and training as well as requirement for licencing of premises and access to appropriate support staff during procedures including anaesthetists where significant sedation is required.</p> <p>The complexity is within the distribution the information to patient. Clear, concise information sheets and stronger informed consent requirements that consider both physical and psychological risks should be included.</p> <p>Mandatory psychological screening for major cosmetic procedures in a standardised digital format through which a regulator can collect data would help inform regulators and ensure practitioners undertake thorough pre-surgery consultation with their patients. MIPS is aware of the Australian Foundation for Plastic Surgery and the 'Patient Assessment tools' (PATs) they are developing. This type of evidence-based approach would create a more robust approach for the industry likely reducing patient harm and litigation in the long-term.</p>
<b>25. Should codes or guidelines include a requirement for practitioners to explain to patients how to make a complaint if dissatisfied?</b>
Yes

<b>26. In the context of cosmetic surgery, does the Ahpra website and public register of practitioners provide sufficient information about medical practitioners to inform consumer choices?</b>
No. There is no endorsement or other words that would advise a consumer that a practitioner is qualified in either minor or major cosmetic procedures.
<b>27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?</b>
There are two considerations here that should be considered. The first is the actual information that is available on the registers and what form that takes and the second is the ability and knowledge of the patient to access the site without specific advertising.
<b>28. Is the notification and complaints process understood by consumers?</b>
Yes
<b>29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?</b>



<b>30. Please provide any further relevant comment about the provision of information to consumers.</b>
No further comments

### Further comment or suggestions

<b>31. If you have any further comment relevant to Ahpra's and the Medical Board's regulation of cosmetic surgery including and/or suggestions for enhancements not mentioned in response to the above questions, please provide it here.</b>
No further comments.