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

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.

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

Your details

Name	[redacted]
Organisation (if applicable)	Aesthetic MET (AMET) – Aesthetic Medical Emergency Team
Email address	[redacted]

Your responses to the consultation questions

Codes and Guidelines

1. Do the current *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures* 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?

No. Whilst the guidelines provide some framework for safer practice, many points need to be added and clarified to ensure there is less chance of miscommunication or ability for practitioners to intentionally or unintentionally treat outside their scope of practice.

2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?

REQUESTED CHANGES:

1. Clarifying and defining the medicolegal roles and responsibilities of the **prescribing medical practitioner who delegates to another health care practitioner (e.g. Nurse).**
    - Who is responsible for the below? (E.g. **Medical prescriber, Treating practitioner, or both)**
        - Informed consent?
        - Complication management?
        - Aftercare?
2. Clarify wording: Avoid (where possible) using "*Should*" and "*Appropriate*" and replace with "***Must***" and "***unacceptable / unaccepted practice / not allowed***".
    - This prevents misinterpretations (or grey areas) with practitioners performing inadequate consultations (E.g. section 7.2 – *"Remote prescribing of cosmetic injectables by phone or email (or equivalent) is not appropriate".*
    - Change "not appropriate" to **" not allowed"** OR "***Telephone or email consultations are only deemed appropriate in the event of managing a procedural complication whereby the patient's medical health or safety is at risk and a face to face consultation is not possible"***
3. Define what it means to be ***"contactable and able to respond" (7.3)***
    - Does contactable mean the medical practitioner **must** be able to see the patient in person? Telehealth? Phone Call? Email?
    - Define situations whereby methods of contact are appropriate - Examples below:
        - **Telehealth** – Pre treatment consultation and informed consent.
        - **Telephone and/or email:** Telephone or email consultations are only deemed appropriate in the event of managing a procedural complication whereby the patient's medical health or safety is at risk"
        - **In Person:** In person medical assessment is required for the following circumstances:
            - Upon request from the treating health care practitioner for medical or patient management support

- Upon patient request.
- When advised of a patient complication requiring immediate support and/or management to minimise threat to patients' life, health or general wellbeing.

- Are there situations whereby the **prescribing** medical practitioner (or appointed covering medical practitioner) must review the patient in person as soon as practicable (or within a timeframe)? Examples below:
  - Any complication requiring or resulting in patient hospitalisation.
  - Any complication that requires immediate transfer to a specialist practice (e.g. Ophthalmologist, Plastic Surgeon, ENT, Neurologist etc)
  - Any complication requiring immediate or urgent treatment to remove the cosmetic injectable product (E.g. dissolving or excising the implanted filler)
  - Complication requiring immediate treatment that impacts, or is likely to impact, the patient's activities of daily living and/or overall health and wellbeing.

4. Confirm expectations of medical prescribers when delegating to NP's, RN's and EN

- To ensure medical practitioners understand the differing responsibility of direct/indirect supervision for all Nurse qualifications.

5. Clarify what is meant by adequate training in an industry that is not formally recognised.

- How is this assessed and measured?
- Is there a minimum amount of supervised clinical hours that must be undertaken prior to operating independently?
- With cosmetic injectables, grading regions based on anatomical risk and correlating this with experience level AND clinical environment (refer to Goodman et al 2020; A Consensus on Minimizing the Risk of Hyaluronic Acid Embolic Visual Loss and Suggestions for Immediate Bedside Management; Aesth Surg Journ, DOI:10.1093/asj/sjz312)

6. Medical board guidelines must also provide links to relevant regulatory documents that support rationales for the framework including the below documents:

- Poisons schedule: https://www.legislation.gov.au/Details/F2022L00074/Download
- TGA poisons standards and medical devices: https://www.tga.gov.au/poisons-standard-and-medical-devices

RATIONALE FOR CHANGES:

1. Clarifying and defining the roles of both prescriber AND the treating practitioner will ensure that both parties understand their level of professional accountability – particularly when managing complications and consent.
   - This will prevent either HCP from absolving themselves of responsibility.
     - For example the prescribing Dr **MUST** support the treating practitioner (Nurse) AND the nurse **MUST** know how to manage acute complications (anaphylaxis, allergic reaction, BLS, Vascular occlusion etc.)
   - This will deter Dr's with no training in cosmetic procedures or relevant complication protocols from prescribing for profit reasons.
     - Prescribing Dr's will need to invest in training in application of cosmetic treatments as well as complication protocols.

- This will ensure that both the prescriber and treating practitioner have adequate training and ongoing education on how to recognise and manage aesthetic complications **before they commence injecting**.
    - There are many practitioners who have little to no knowledge of how to use hyaluronidase for dissolving hyaluronic acid filler. This is crucial for patient safety.

2. Clarifying wording will ensure there are no "grey areas" or misinterpretations of what is and is not allowed or considered best practice for the patient.
3. Clarifying what is meant by ***"contactable"*** will ensure appropriate support levels for both the treating practitioner and the patient. This will ensure both appropriate and consistent complication support is maintained for all patients, irrespective of the clinical setting.
    - Clarifying situations will ensure appropriate and timely complication support is maintained at all times – irrespective of the method of prescribing.
    - Consistent framework whereby if the prescribing Dr is not able to review the patient in person within an reasonable timeframe (as stipulated by the medical board) then a covering medical practitioner must be appointed to do so.
4. Highlighting variation between Nurse qualifications will ensure medical practitioners understand the responsibility of direct/indirect supervision for different Nurse qualifications and the need for EN's to have an RN1 for direct supervision
    - The NMBA recently announced an updated position statement clarifying more clearly the guidelines for nurses and how a Dr is not considered appropriate supervision for an EN https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/position-statements/nurses-and-cosmetic-procedures.aspx
5. Injectable grading is essential to ensure practitioners have a clear framework to identify what scope of practice is. With no formal recognition or qualification, it means any practitioner can be trained up and commence injecting high-risk regions. This is happening a lot and hugely impacting patient safety.
6. Providing links is essential to ensure medical practitioners understand that ALL soft tissue fillers that are TGA approved are considered Schedule 4 and require a prescription - despite the fillers being listed as a class III medical device by the TGA.
    - We have had prescribers who do not believe that Fillers are an S4 as they are not listed on the old versions of poisons standards.

3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.

Where possible, the medical board guidelines should provide a framework for and be consistent with other health care professional bodies relevant to administration and/or prescription of cosmetic treatments:

- Nursing and Midwifery Board
- Dental Board.

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?

1. Improved education and internal communication within these organisations about the cosmetic medical and surgical industries.

    a. Prior to the launch of Aesthetic MET, we spoke with 3 x AHPRA representatives who ALL believed you did not have to be a registered HCP to administer cosmetic injectables.

2. There should be clear communication as to where complaints are to be made and to which professional body.

    a. When speaking with AHPRA, there was no clear communication as to which organisation deals with complaints or reports of practitioner misconduct. The HCCC is also involved but it was not clear as to what role AHPRA plays with complaints process.

3. Each healthcare professional board (MBA, NMBA, DBA) should have an appointed internal representative that is familiar with (or works within) the cosmetic industry.

    a. This will ensure when complaints are made, these are communicated effectively within the organisation. It will also ensure that when there is regulation changes from AHPRA, Health Departments or TGA, these are communicated swiftly and uniformly to each HCP community.

4. There must be an independent highly experienced advisory committee that comprises of **representatives from all relevant health care professional backgrounds** (surgeons, dermatologists, ophthalmologist, emergency physicians, general practitioners, nurses, dentists) that is dedicated to cosmetic complication prevention and management.

    a. This advisory committee can provide unbiased, evidenced based advice and best practice framework to AHPRA and all relevant boards to ensure consistency, framework and safety is maintained across the whole industry.

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

Advertising restrictions

6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?
Yes.
7. What should be improved and why and how?
When advertising a cosmetic procedure (including before and after images), the ad should contain patient safety information including: o Contraindications to treatment. o Realistic expectations. o All risks and complications associated with the procedure that has been performed. o Downtime associated with the procedure.
8. Do the current Guidelines for advertising a regulated health service adequately address risks in relation to advertising of cosmetic surgery, or is a more specific regulatory response required?
As above
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?
Guidelines cannot control international posts that are free and exempt from AUS regulations.
10. Please provide any further relevant comment in relation to the regulation of advertising.

Title protection and endorsement for approved areas of practice

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)?
1. Being endorsed ensures practitioners that are practicing cosmetic procedures have received adequate training as determined by AHPRA. a. Advice as to what constitutes "adequate training" should be provided by an independent advisory committee dedicated to patient safety within aesthetics.

2. Aesthetic Medicine should be a tertiary qualification that is open for all registered health care practitioners that are legally able to administer cosmetic treatments

    a. All courses MUST include training on complications from cosmetic procedures including medical emergencies in cosmetic medicine (allergies, anaphylaxis, unconscious collapse, seizures, burns, laser injuries, ocular complications, stroke) as well as management of acute complications (localised reactions, vascular occlusion, urticaria, facial swelling etc.)

3. Cosmetic Surgery speciality should follow the same path of existing surgical specialties within medicine, as well as incorporating cosmetic medical and skin procedures (as above)

12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?

Yes

13. What programs of study (existing or new) would provide appropriate qualifications?

- Currently there is no course that provides adequate amount of practical experience for brand new practitioners when commencing cosmetic injectable procedures.
- A regulated tertiary course will ensure that there is an acceptable number of clinical hours through clinical placement – consistent with other post graduate specialities.
    - This will allow course attendees to have exposure to various different clinical practices as well as having hands on in clinic experience.

14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.

Cooperation with other regulators

15. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?

Yes.

Currently there is no centralised body that has been appointed to communicate regulatory changes within the cosmetic industry, which results in many practitioners unknowingly treating outside of the law or their scope of practice.

This communication breakdown significantly impacts patient safety as well as potential for practitioner's to lose their registration and ability to practice.

16. If yes, what are the barriers, and what could be improved?

Appoint an independent body that comprises of representatives from various cosmetic industry councils – such as the AMET, ASAPS, ASCD, CNA, CPCA, ACCS etc. This will ensure that any updates to regulation will be communicated quickly and uniformly across all bodies.

17. Do roles and responsibilities require clarification?

Yes. Health care professionals within the cosmetic industry still do not know who and where to go when it comes to advice and complaints.

AMET has a centralised regulatory section containing all relevant documents pertaining to cosmetic medicine, however even we randomly find new or updated documents with no formal announcement of these being available or updated.

18. Please provide any further relevant comment about cooperating with other regulators.

AHPRA and MBA should support Aesthetic MET (AMET) and their goal of improving patient safety through supporting all practitioners with complication prevention and management. We have established an independent complication advisory panel as well as a nationwide network of specialists willing to assist when there is a complex complication.

We would like to work closely with regulatory bodies to ensure we are able to assist with industry communication and advice that is dedicated to patient safety.

Facilitating mandatory and voluntary notifications

19. Do the Medical Board's current mandatory notifications guidelines adequately explain the mandatory reporting obligations?

Yes

20. Are there things that prevent health practitioners from making notifications? If so, what?

Many practitioners do not want to disclose their identity when reporting other practitioners as being unsafe.

21. What could be improved to enhance the reporting of safety concerns in the cosmetic surgery sector?

22. Please provide any further relevant comment about facilitating notifications

Information to consumers

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?

Yes

24. If not, what improvements could be made?

25. Should codes or guidelines include a requirement for practitioners to explain to patients how to make a complaint if dissatisfied?
Yes. This should also be on aftercare instructions for easy access for the patient.

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?
No. There is little understanding from the public about how a medical practitioner performing surgical procedures differs from a specialist surgeon.
27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?
A patient information section that clearly outlines what patients should consider and ask practitioners when seeking cosmetic procedures
28. Is the notification and complaints process understood by consumers?
No.
29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?
Website needs to be clear with who to contact, when and why for patients.
30. Please provide any further relevant comment about the provision of information to consumers.

Further comment or suggestions

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.
This review should also include updates to the cosmetic medical procedures (injectables) as these are often done in combination with surgical procedures.