

Response:

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

1. Are the requirements for endorsement appropriate?

Yes, the requirements for endorsement are appropriate.

2. Are the requirements for endorsement clear?

Yes, the requirements for endorsement are clear.

3. Is anything missing?

Nothing is noted to be missing.

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

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

Yes, the proposed changes to the Cosmetic Guidelines are appropriate.

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

Whilst examples of major and minor cosmetic procedures are helpful, these procedures are likely to change due to the evolving industry and the examples may need to be reviewed on a regular basis.

With “Definitions” (page 16) the major procedures do not advise whether circumcision is included in genital surgery? Likewise, does cosmetic genital surgery include gender reassignment surgery or only in some circumstances (eg enhancement after prior surgery)?

Whilst we agree that the following is a minor procedure, naevus (mole) removal is listed as a minor procedure, however, usually involves cutting beneath the skin.

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

In section 2.1, the guidelines state that general practitioners who refer patients to cosmetic surgery providers must not perform cosmetic procedures themselves. Some GPs may occasionally perform minor cosmetic procedures (eg excision of naevi for aesthetic reasons), yet not consider themselves cosmetic surgery providers.

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

There may be unintended consequences requiring patients to obtain a GP referral prior to visiting a cosmetic surgery provider.

- Has consideration been given to how this requirement will be monitored?
- Does referral from a GP apply to both Major and Minor cosmetic procedures?

- Clarification to patients and GPs whether the GP referral visit may be billable to Medicare, given this is for a non-medically indicated procedure.
- Will recommended validated screening tools (s2.3 and s2.4) be made available to both GPs and cosmetic surgery providers to screen for underlying psychological conditions and how will this be monitored?
- Does referral from a GP include telehealth providers who have had limited or no face-to-face contact with a patient? Body dysmorphic disorder (BDD) may be more difficult to assess by telehealth.
- Guidance regarding the minimum level of documentation required by the GP referring the patient.

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

Yes.

9. Is anything missing?

Section 1 should refer to the Medical Board Code of Conduct s4.15 where cosmetic surgery providers should avoid providing medical care to people where they have a close personal relationship.

The guidelines should include the minimum qualification for the health practitioner referred to in s3.2.

The separation of roles between proceduralist and anesthetist should be more clearly defined (s7) and 8.1. It is recommended that the document contains a reference to the ANZCA Guideline PG09(G) Guideline on procedural sedation 2022 (or most recent version).

Section 7.7 should provide greater detail IAW the Medical Board Code of Conduct s10.5 in particular: *“accurate, up to date and legible records that report relevant details of clinical history, clinical findings, information given to patients and other management in a form that can be understood by other health practitioners”*.

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

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

Yes, the guidance in the draft Advertising Guidelines is appropriate.

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

Yes, the draft Advertising Guidelines and the Board’s expectations of medical practitioners are clear.

12. Is anything missing?

The Advertising Guidelines are reasonably comprehensive.