Your details

Name:

Organisation (if applicable): Royal Australasian College of Surgeons (RACS)
SUPPORTED BY: General Surgeons Australia (GSA), Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS), Urological Society of Australia and New Zealand (USANZ)

Are you making a submission as?

- An organisation
- ~~An individual medical practitioner~~
- ~~An individual nurse~~
- ~~Other registered health practitioner, please specify:~~
- ~~Consumer/patient~~
- ~~Other, please specify:~~
- ~~Prefer not to say~~

Do you work in the cosmetic surgery/procedures sector?

- Yes – I perform cosmetic surgery
- ~~Yes – I provide minor cosmetic procedures (e.g. Botox, fillers, etc.)~~
- ~~Yes – I work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee)~~
- ~~No~~
- ~~Prefer not to say~~

For medical practitioners, what type of medical registration do you have?

- ~~General and specialist registration – Specialty (optional):~~
- ~~General registration only~~
- Specialist registration only – Specialty (optional):
- ~~Provisional registration~~
- ~~Limited registration~~
- ~~Non-practising registration~~
- ~~Prefer not to say~~

Do you give permission to publish your submission?

- Yes, with my name
- ~~Yes, without my name~~
- ~~No, do not publish my submission~~

Feedback on draft Registration standard

This section asks for feedback on the *Draft Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners.*

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

1. Are the requirements for endorsement appropriate?

1.

i. There should be two (2) cosmetic area of practice endorsements

Rather than the creation of a single endorsement for cosmetic surgery, RACS recommends the establishment of two separate cosmetic area of practice endorsements. Each of the two endorsements should have different registration requirements (skill sets, training etc).

RACS recommends that the endorsements be for:

1) Cosmetic surgery

2) Liposuction procedures - Tumescent Infiltration Analgesia

Similar to the Medical Board, RACS does not at this stage propose the establishment of an endorsement for minor medical cosmetic procedures (fillers, botox, etc), nor minor surgical procedures such as excision of small skin lesions suspected of being cancers or repair of traumatic soft tissue lacerations.

As noted below, RACS *also* recommends that the Cosmetic Guidelines be updated to reflect the separation of liposuction procedures from cosmetic surgery.

RACS recommends the establishment of two separate area of practice endorsements due to the reality that there are a large number of medical practitioners who are not Specialist Surgeons who conduct liposuction. While it is a major procedure, RACS acknowledges that with new techniques (Tumescent Infiltration Analgesia) liposuction can be conducted safely by sufficiently trained and experienced medical practitioners, even if they have not mastered the full suite of competencies which are required to be a Specialist Surgeon.

Yet, just because a medical practitioner can conduct liposuction safely, they should not be automatically endorsed for more complex cosmetic practice (i.e. cosmetic surgery).

In this submission RACS does not provide detailed proposals regarding a registration standard for liposuction procedures. However, as a starting point RACS recommends attention be given to the recently developed Victorian Guideline for providers of liposuction.

The remainder of this response deals with what RACS recommends as the registration standard for endorsement for cosmetic surgery – i.e. the first of the two types of endorsements which the college proposes.

ii. 'Non-qualification' requirements for endorsement for cosmetic surgery

As the Medical Board/AHPRA are aware, the AMC has not yet agreed to accreditation standards and graduate outcomes for a qualification for cosmetic surgery.

Not knowing what an accredited qualification will look like (the key requirement for endorsement), RACS must withhold final judgement on the question of whether the requirements for endorsement are appropriate.

However, RACS agrees that the *other* proposed requirements for endorsement – i.e. those *in addition to* the 'appropriate qualification in cosmetic surgery' are reasonable.

RACS also proposes additional 'non-qualification' requirements below in section 'iv'.

iii. RACS' position on an appropriate qualification for cosmetic surgery

Surgery for cosmetic/aesthetic purposes, as is the case with all surgery, carries risks, and can result in complications and death. RACS strongly takes the view that an accredited qualification for cosmetic surgery should not be of a lesser standard than the qualifications which are currently required to be registered as a Specialist Surgeon.

In other words, a qualification for cosmetic surgery should be of a similar standard to the current RACS AMC-accredited surgical qualifications. Graduate outcomes should be of a similar standard to those of practitioners who have completed RACS' specialist surgery training. Aesthetic components are incorporated into the curricula of all 9 approved surgical specialties for which RACS is the provider of accredited training and education. Particular emphasis is given in Plastic Surgery, Otolaryngology – head and neck surgery, General Surgery and Urology training and education.

The full set of competencies that are required to be a surgeon are set out in RACS' Surgical Competence & Performance Guide. This guide should be a starting point for developing accreditation standards. The outcomes achieved from RACS specialist surgery training and education programs, particularly those mentioned above, should be the reference point for graduate outcome standards.

RACS also notes that the proposed registration standard would allow registration for someone who does not hold an approved qualification but holds one that is, 'substantially equivalent to, or based on similar competencies to, an approved qualification'. RACS, as a provider of AMC-accredited surgery specialty training, is willing to provide assessment of non-approved qualifications.

iv. Additional 'non-qualification' requirements for endorsement for cosmetic surgery

RACS recommends the addition of the following requirements to the registration standard for endorsement (as well as, at a minimum, training of a standard equivalent to the current RACS AMC-accredited qualification as described above):

- A requirement for annual audit and peer review using registry data and other means
- A requirement to be in good standing, with no findings of unsatisfactory performance by AHPRA/National Boards

v. 'Grandparenting'

Achieving the best cosmetic/aesthetic outcomes comes down to physiological, ethical, psychological, pharmacological and medical expertise as well as surgical technique and an understanding of how to handle tissue, as well as looking after the patient pre- and post-operatively. The practitioner must possess a comprehensive knowledge of all surgical and other options available for a particular patient. Sometimes the best option is

to **NOT** offer surgery. *Current* AMC accredited training programs enabling registration in the specialty of surgery train medical practitioners to a high standard in these areas of expertise.

Cosmetic objectives – the restoration or enhancement of aesthetic form and texture - are important, if not always primary, aims of all surgery. Whether a surgeon is undertaking functional surgery or tumour surgery, there is always an aesthetic component to the operation as the surgeon will always seek the best aesthetic outcome possible for the patient.

In addition, aesthetic components are incorporated into the curricula of all 9 approved surgical specialties that RACS represents.

Thus, meeting the following criteria should be sufficient to be eligible for endorsement for cosmetic surgery:

1. Registration as a Specialist Surgeon
2. Completion of a curriculum with aesthetic surgical training and graduate outcomes (relevant to their surgical discipline)
3. Recency of practice in cosmetic surgery

In other words where practitioners have already attained surgical training to the standard of AMC accredited training in Surgery, have completed an accredited specialist training program with appropriate aesthetic surgical training and graduate outcomes, and have recency of practice, it is the recommendation of RACS that these practitioners be eligible for automatic endorsement.

Specialists Surgeons who meet these criteria *in the future* should also be eligible for endorsement.

RACS supports Specialist Surgeons being required to meet the other proposed requirements for endorsement; submitting a CV, participation in clinical registries, etc.

Enabling Specialist Surgeons to be eligible for automatic endorsement in this way should occur whether or not a *new* cosmetic surgery qualification is accredited (ie a qualification that does not also enable registration as a Specialist Surgeon).

Those who are not registered as Specialist Surgeons should not be eligible for 'grandparented' endorsement. This is because there is no guarantee that they have received the requisite training and education in surgery that an AMC-accredited surgical *specialty* qualification provides (or if they were foreign-trained, have not had their training, education etc assessed as being comparable to the standards of an Australian or New Zealand trained surgeon).This should remain the case even if a practitioner is a legacy holder of a qualification that *subsequently* becomes accredited, as there is no guarantee that the qualification *in the pa*st met the AMC's standards.

vi. Endorsement & the title surgeon

RACS acknowledges that the question of which practitioners should be able to use 'surgeon' in their title is not a part of this consultation, but it is relevant.

RACS welcomed Health Ministers' announcement in September 2022 that they would act to 'protect the title of 'surgeon' through legislative amendment to ensure doctors using this title have the requisite training'.

However, the exact parameters of the proposed protection remain unclear to RACS, and so as far as RACS is aware it is possible that use of the title 'surgeon' may be linked to *endorsement*.

Due to RACS' concerns about the potential for the accreditation of lower standard qualifications, RACS takes the view that eligibility to use surgeon in titles *should not* be linked to endorsement.

RACS' position remains that only registered Specialist Surgeons, as well as those registered in specialties with a significant surgical component (obstetrics and gynaecology maxillofacial surgery or ophthalmology) should be able to use the title 'surgeon', by itself and in combination with other qualifier or descriptor words. The full details or RACS' position including minor exceptions to the above are available on RACS' website.

As noted below, RACS recommends that Cosmetic Guidelines and Cosmetic Advertising Guidelines make it clear that it is best practice to use the approved title for their profession/specialty as well as the words 'with an endorsement for cosmetic surgery/liposuction procedures', e.g. 'Specialist Dermatologist with an endorsement for liposuction procedures'.

2. Are the requirements for endorsement clear?

The proposed requirements for endorsement are clear, but as described above, there should be more than one cosmetic area of practice endorsement, and there should be additional requirements for cosmetic surgery endorsement.

3. Is anything missing?

- The creation of two separate cosmetic area of practice endorsements.
- Accreditation standards for a cosmetic surgery qualification and graduate outcomes required for cosmetic surgery
- A requirement for those endorsed for cosmetic surgery to undergo annual audit and peer review using registry data and other means
- A requirement to be in good standing, with no findings of unsatisfactory performance by AHPRA/National Boards
- Eligibility of Specialist Surgeons for endorsement if they meet criteria described in response to question 1, section 'v'

RACS would also like to note that it is concerning that the proposed system of endorsement will still not prevent medical practitioners with only a basic medical qualification and no accredited additional training in surgery from performing cosmetic surgery on the public. There should be appropriate repercussions for practitioners practicing cosmetic surgery without endorsement that are clear in the guidelines.

Feedback on draft revised Cosmetic Guidelines

This section asks for feedback on the Board's proposed changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures.*

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

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

RACS' view is that the Cosmetic Guidelines are generally appropriate but recommends the following changes:

- The definitions be modified so that there are three main sub-groupings of cosmetic medical and surgical procedures; cosmetic surgery, liposuction, and minor cosmetic medical procedures.
- The title of the section, 'Providing major cosmetic medical and surgical procedures (cosmetic surgery)', be changed to just, 'Providing cosmetic surgery'.
- A new section, 'Providing liposuction procedures' be inserted, with guidelines similar to those in the 'Providing cosmetic surgery' section.
- Periorbital injections should not be considered 'minor' (non-surgical) cosmetic medical procedures. Such procedures should be defined as cosmetic surgery due to their potential for major complications such as permanent blindness and stroke.
- It may be useful to specify that suturing minor lacerations / removing small skin lesions do not fall under cosmetic surgery

In addition the following changes should be made to the, 'Providing major cosmetic medical and surgical procedures (cosmetic surgery) section (i.e. what RACS recommends should be the, 'Providing cosmetic surgery' section).

- Section 2.3 states that a practitioner performing a procedure should do an assessment of patients for conditions such as body dysmorphic disorder using a validated psychological screening tool. RACS is concerned that this can easily be manipulated and patients "coached" how to pass. As such RACS recommends that this assessment be administered by the referring GP. Ensuring that GPs administer the screening tool for psychological issues prior to referral should help ensure that referrals are of a high quality and ensure that GPs provide due consideration to the suitability of the patient having cosmetic surgery. There should be strict penalties if patients are found, via AHPRA audits, to have been "coached" to pass the validated tool.
- Section 3.2 states that, 'the patient's first consultation must be with the medical practitioner who will perform the procedure or another registered health practitioner who works with the medical practitioner who will perform the procedure.' RACS recommends that this section be modified so that consultations should always be with the treating practitioner and not proxies, and all should be face to face and not telehealth.
- Section 3.6 relates to the 'cooling off' period after informed consent is given. RACS believes 7 days is inadequate and recommends that the cooling off period should be a minimum of 30 days (this should not apply for actual medical conditions requiring immediate therapy e.g.; facial skin cancers etc.)
- Section 4 relates to patients under 18. RACS notes the strict requirements in some jurisdictions, placed on minors with disorder of sexual differentiation, and that it is an offence to operate until cleared by an independent panel. A similar requirement,

or at least a requirement for a multidisciplinary team should apply for cosmetic surgery for minors.

- Section 5 relates to the information which must be provided to patients for informed consent. The information provided should also include information about after care and care in case of emergency.
- Section 6 relates to patient management. RACS recommends that if a treating practitioner is not available, any clinician to whom patient care is delegated should be credentialed to the same level as the treating practitioner as a minimum.
- In addition, the treating clinician should ensure that medical coverage continues throughout the entire postoperative management.
- Section 6.6 relates to practitioners' admitting rights in the event that post-operative admission is required. RACS recommends that the treating practitioner must have admitting rights in an appropriate hospital and if not, prior arrangements *must* (not should) be in place with a practitioner with admitting rights who would assume care. This information should be communicated with the patient preoperatively as part of the informed consent process.
- Section 7 relates to responsibilities regarding patient care by other health practitioners. RACS is of the view that this section should be modified so that cosmetic surgery should only be performed using a Specialist Anaesthetist.
- Section 8 relates to complaints. RACS recommends that non-disclosure agreements for patients be banned. Patients should be able to complain and to discuss all relevant matters with their legal team should they be harmed by surgery.
- Section 9 relates to training and experience of practitioners. RACS recommends that, whether or not a separate cosmetic surgery qualification is approved for area of practice endorsement, registration as a Specialist Surgeon + recency of practice in cosmetic surgery + aesthetic elements within training be considered requisite training and experience.
- Section 10 relates to titling. RACS recommends that in line with RACS' proposed legislative changes, a specific comment be added making clear that only certain practitioners have the right to use 'surgeon' in their title.
- Section 12 relates to the Facilities in which cosmetic surgery must take place. An accredited facility should have an independent medical director or medical advisory council to ensure credentialing is checked and practitioners practice within their Scope of practice.

Where relevant the above proposed changes can also be made to the sections of the Cosmetic Guidelines on liposuction procedures and minor medical procedures.

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

RACS recommends that the guidance be split into three sections reflecting the two areas of practice for which RACS recommends establishing an endorsement, plus a third for minor cosmetic medical procedures.

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

Yes, but RACS recommends making the changes outlined in response to question 4.

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

Yes.

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

Yes.

Liposuction should also be undertaken in accredited facilities.

9. Is anything missing?

Cosmetic surgery has the same risks as all other forms of surgery. The surgical requirements including meticulous surgical technique, a comprehensive detailed knowledge of surgical anatomy, a knowledge of alternate surgical and medical treatments that may also be used, and a clear understanding of when not to operate, and not to offer treatment, are exactly the same as all other forms of surgery.

Like all other surgery, cosmetic surgery requires a solid understanding of the additional core competencies that RACS believes are fundamental to being a surgeon. These additional competencies, including a sound moral and ethical framework, cultural competence, communication, and judgement are especially important in cosmetic surgery. Cosmetic surgery is far more than the learning of a series of surgical procedures and then applying them non judiciously and uniformly. Cosmetic surgery requires nuance, a detailed understanding of the patient's desires and aspirations of the surgical outcome, and the tailoring and individual modification of any given surgical technique to suit the specific needs of that particular patient.

Thus, RACS' recommends the inclusion of its proposals as outlined in response to question 4 (as well as those in RACS' response to question 1 in particular).

RACS also recommends that in line with RACS' proposed legislative changes around titling, a specific comment be added making clear that only certain practitioners have the right to use 'surgeon' in their title, and that endorsement for cosmetic surgery does not enable use of the title.

As a final comment, RACS recommends that the Cosmetic Guidelines make clear that until a specific qualification is approved for endorsement for cosmetic surgery, cosmetic surgery should generally only be undertaken by those who have AMC approved qualifications in a surgical discipline.

Feedback on draft Advertising Guidelines

This section asks for feedback on guidelines for advertising cosmetic surgery.

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section on 'Advertising and marketing'.

The Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery* because of the influential role of advertising in the cosmetic surgery sector.

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

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

The key issue is enforcement. There should be more clarity around who is going to monitor or police advertising and what the penalties are for breaches.

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

There should be more clarity around who is going to monitor or police advertising and what the penalties are for breaches.

12. Is anything missing?

There should be more clarity around who is going to monitor or police advertising and what the penalties are for breaches.

RACS recommends that Cosmetic Advertising Guidelines (as well as the Cosmetic Guidelines themselves) be drafted to convey that it is best practice to use the approved title for their profession/specialty as well as the words 'with an endorsement for cosmetic surgery/liposuction procedures', e.g. 'Specialist Dermatologist with an endorsement for liposuction procedures'.

Additional comments

13. Do you have any other comments about cosmetic surgery regulation?