



Your details

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**Organisation (if applicable):** Australasian Society of Aesthetic Plastic Surgeons

The Australasian Society of Aesthetic Plastic Surgeons (ASAPS) is a not-for-profit, member-based organisation that has been in existence for over 40 years and represents over 300 Specialist Plastic Surgeons practising in Australia and New Zealand. Our members are frequently called upon to treat avoidable life-threatening complications and sub-standard aesthetic results following cosmetic surgery performed by doctors with no recognised surgical training.

As an organisation, we have been working tirelessly to achieve better safety standards and outcomes for patients and have engaged extensively with the many agencies involved in regulating and reforming this sector. In doing so, we have repeatedly held up AMC-accredited training as the key to maintaining the high surgical standards necessary for patient safety.

**Are you making a submission as?**

- An organisation

**Do you work in the cosmetic surgery/procedures sector?**

- Yes – we have FRACS (Plast) training and perform cosmetic surgery.

**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

# 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?

ASAPS rejects the proposed area of practice endorsement for cosmetic surgery on the grounds that appropriate training standards for **major cosmetic medical and surgical procedures** have already been established through the AMC-accredited Royal Australasian College of Surgeons.

A new form of endorsement for cosmetic surgery will allow the current subclass of surgery which has developed to continue, and further create confusion for consumers who have only just begun to understand how to make informed decisions about cosmetic surgery. Patients will continue to be harmed if this proposal goes ahead.

The requirements for endorsement are not appropriate as they are based on a fundamental misreading of:

- The current Australian professional standards for invasive cosmetic surgery
- The consumer expectation of safe cosmetic surgery and good clinical outcomes and
- The hidden costs to Medicare and the community due to 'botched' cosmetic surgery.

The multiple mainstream media exposes on 'cosmetic cowboys' that revealed poor professional standards, dangerous practices and life threatening and life-altering outcomes do not support the endorsement approach. AHPRA and MBA should not take the regressive step to endorse these practitioners who are currently considered ineligible by law (The National Law) to be registered as surgical specialists to practice invasive cosmetic surgery.

Rather than regulating health practitioners according to the nation's existing high surgical standards, the this would be creating new lesser standards to accommodate practitioners who want to bypass surgical training to perform invasive surgeries. This will put future Australian patients in great danger, yet again. No one would propose an endorsement process to allow non-surgical specialists to perform heart transplant surgery, so why should cosmetic surgery be any less safe?

The proposed restriction of the title 'surgeon' will go a long way to protect the public, but we cannot ignore the fact that the 'cosmetic cowboys' will seek to exploit the endorsement process to continue performing invasive surgery without AMC-accredited surgical training.

This risk in creating a loophole for 'cosmetic cowboys' through the endorsement process was acknowledged by Senator Anne Ruston in Senate Estimates on Thursday 10 November 2022. Seeking clarity from AHPRA Chief Executive Martin Fletcher on how the proposed endorsement would work, Senator Ruston said: "I think that you have only served [to make me think] that there is going to be an ongoing process of being able to short-cut one's way to a qualification that will enable them to cut up someone's face."

## 2. Are the requirements for endorsement clear?

The requirements for endorsement are not clear, and a meaningful consultation is not possible unless further information is provided. Patient safety and surgical standards are too important to be maligned into obscure new standards.

There has been no communication as to how an endorsement for cosmetic surgery will interact with the commitment by the Health Ministers' Council commitment to protect the title of 'surgeon'.

There has been no visibility of the process the Australian Medical Council is undertaking to determine how a practitioner could be endorsed to practice cosmetic surgery, noting the existence of AMC-accredited training by the Royal Australasian College of Surgeons.

And finally, there has been no visibility as to what standard will need to be achieved for endorsement.

Will it be experience based? [REDACTED] has possibly performed more liposuction procedures than any other doctor in Australia, but the [REDACTED] showed significant breaches in patient safety, reckless conduct, and substandard medical care.

Will it be qualification based? We already have AMC-accredited training schemes that teach cosmetic surgery, so why do we need to provide a bypass system of endorsement for Colleges that have not been able to achieve accreditation?

Will it be based on Continuing Professional Development? The AMC-accredited Colleges provide a robust system of CPD already, and this would need to be weakened to accommodate non specialist practitioners performing cosmetic surgery.

Will it be based on international qualifications? The Competent Authority Pathway can already be exploited by overseas doctors who want to practice Cosmetic Surgery in Australia bypassing all the professional and regulatory requirements such as AMC accredited training, qualifying surgical exams and AHPRA registration as a Surgeon.

Will the public understand endorsement? Unlikely. Given the significant inroads in educating the community on the need to engage a specialist when undertaking cosmetic surgery, creating a new area of practice endorsement that essentially gives medical practitioners without surgical training a license to operate, would be a grave error. An endorsement would be a license for practitioners to promote themselves as approved by AHPRA to perform invasive surgery.

There has been no visibility of the actual process that will need to be followed to achieve endorsement and as this consultation notes, there aren't any approved qualifications yet. This consultation process is asking stakeholders to comment on an approved qualification that has not been defined. Rather than working in the interests of patients, it appears to be a bureaucratic mechanism to create a new medical specialty that bypasses normal processes and scrutiny.

We also note that organisations like the Australasian College of Cosmetic Surgery and Medicine (ACCSM) have consistently misled the regulators and the general public by stating that there is no accredited training for 'cosmetic surgery' as part of the FRACS (Plast) fellowship. This statement is simply not true.

FRACS (Plast) training includes an additional 8-12 years of specialist surgical training beyond a medical degree. Throughout this training, Specialist Plastic Surgeons are required to complete anywhere between 300 to 600 operations a year under supervision. As part of this rigorous training program, Specialist Plastic Surgeons also learn how to manage unexpected events during and after surgery.

FRACS (Plast) should be the benchmark for Cosmetic Surgery Accreditation in Australia. This standard would ensure practitioners have received world-class levels of accredited training through the Royal Australasian College of Surgeons, including access to continued professional development, access to hospital facilities, risk mitigation and post-operative care, the ethical use of advertising, access to a network of experts, and accountability and regulation.

While we believe that an endorsement model is going backwards, if it is to proceed, Plastic Surgeons should be exempt from the endorsement process as Plastic Surgeons already have an AMC accreditation in this area (FRACS (Plast) supported by frequent CPD training. See **Attachment A** for details on the CPD programs ASAPS offers to our members to supplement their specialist surgical qualifications.

### 3. Is anything missing?

The proposed area of practice endorsement for cosmetic surgery has clearly been developed as a compromise to appease the 'cosmetic cowboys' who wish to continue performing major surgery without any specialist surgical training or qualifications, but at what cost?

Countless lives and livelihoods have already been destroyed by unqualified practitioners performing major surgery on vulnerable Australians, who have been let down by a failure to regulate against bad behaviour.

Given the scarcity of data to show the true scale of the damage inflicted by 'cosmetic cowboys', the cost to the health care system for endorsement of cosmetic practitioners who abandon their patients at public hospital emergency departments has not been quantified.

The endorsement process will formalise and legitimise the process of unqualified doctors sending their patients with complications into the public hospital system as they do not have the training, expertise or resources to manage post-operative issues, which are mostly caused by their own incompetence.

AHPRA has previously stated that between 1 July 2018 and 30 June 2021, it received 16,226 notifications about medical practitioners.

Of surgical outcomes with a complication from surgery, or a surgery resulting in injury, AHPRA identified notifications relating to:

- administration of dermal fillers/anti-aging injections/dermal lasers, and/or
- other invasive cosmetic procedures or related surgeries (eg. tummy tuck, breast augmentation, facelift, liposuction, blepharoplasty).

Of the practitioners who had received a notification because of an issue arising from a cosmetic procedure 68 hold registration as a Specialist Plastic Surgeon, while 115 were a result of a practitioner who had not completed Australian specialist plastic surgery training requirements.

In other words, the specialist surgical training for Plastic Surgeons resulted in there only being 35.52% of complications from procedures performed by a Specialist Plastic Surgeon, compared to 62.84% by those who had not undergone the rigorous training and CPD requirements.

In 2008, the Australasian College of Cosmetic Surgery, the now Australasian College of Cosmetic Surgery and Medicine (ACCSM) lodged an application with the Australian Medical Council (AMC) to have Cosmetic Medical Practice recognised as a Medical Specialty.

The AMC refused the application. The ACCSM sought a review of the decision, and the AMC appointed an independent review panel to conduct the review. The panel's chair, Robert Wells, produced a report (the Wells Report), which again refused the application.

The proposed area of practice endorsement for cosmetic surgery is a regressive change to Australia's specialist surgical services that will set us back nearly a century by undermining patient and consumer confidence and increasing costs to the consumer, community, Medicare, state

government health departments and the economy. In short, this endorsement model will rob the Australian consumer of the right to safe cosmetic surgery.

# 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?

Major cosmetic surgery belongs in the category of Invasive Surgery and the guidelines and professional standards for Cosmetic Surgery should be consistent with other Surgical Disciplines such as Neurosurgery, Cardiac Surgery, Orthopaedic Surgery, Urology, ENT Surgery. Deliberate dilution of the standards for cosmetic surgery will rob the Australian consumer the right to safe cosmetic surgery.

ASAPS rejects the proposed Cosmetic Guidelines on the grounds that they:

- Do not require cosmetic surgery to be performed by Specialist Surgeons (FRACS)
- Do not require cosmetic surgery to be performed using only a Specialist Anaesthetist
- Do not require that if a treating practitioner delegates care, that the delegated practitioner must be a Specialist Surgeon
- Do not require that the treating practitioner (or delegate) be available and contactable more than 24 hours after surgery
- Do not require the treating practitioner to have admitting rights to a private or public overnight stay facility for post operative care and patient observation.

In light of so many documented incidents of patient pain, the proposed Cosmetic Guidelines are particularly egregious as they fall short of Australia's established surgical standards.

The Cosmetic Guidelines should seek to protect rather than disenfranchise the consumer. In 2022, the consumer expects cosmetic surgery to be performed by a registered specialist surgeon who is available in person (or their specialist surgeon delegate) to provide post operative care for at least six weeks and has admitting rights to an appropriate hospital should the need arise. This is the Australian Standard of Surgical care (FRACS) and should be upheld.

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

ASAPS supports this proposal.

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

ASAPS rejects the proposed Cosmetic Guidelines.

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

ASAPS supports the requirement for a GP referral for all patients seeking major cosmetic surgery. Specialist general practitioners understand the importance of appropriate assessment and care of the surgical patient. They support the appropriate referral of patients to specialist plastic surgeons who have the qualifications and training to provide a high standard of care. In addition, GPs provide important psychological and physical history for their patients.

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

ASAPS strongly supports the requirement for major cosmetic surgery to be undertaken in an accredited facility.

**9. Is anything missing?**

# 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?

ASAPS supports the proposed social media guidelines for any practitioner performing cosmetic surgery, as they are focused on putting patients before profits. Our surgeons regularly treat patients who have experienced harm at the hands of 'cosmetic cowboys' who they trusted due to social media advertising and false claims made on websites. And despite reporting these, this is a growing problem. As we are serious about protecting patients, we support stronger social media restrictions to prevent more vulnerable patients from being harmed.

The onus is on the regulator to strongly enforce these guidelines. The guidelines state that 'Serious or repeated failure to meet these guidelines *may* have consequences for a medical practitioner's registration'. ASAPS contends that a stronger compliance framework is needed. There needs to be serious and swift consequences for those that do the wrong thing. The proposed Advertising Guidelines must also apply to all health professionals, providers of health care and health care societies.

ASAPS recommends that the use of stock imagery be permitted in the proposed Advertising Guidelines provided it is clearly identified as stock imagery, for example with the inclusion of text to clarify that the image does not depict an actual patient of Dr X.

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

Yes

## 12. Is anything missing?

The use of hashtags, search engine optimisation and google AdWords can all mislead the consumer and substantial effort is required to proactively regulate this misleading behaviour. For example, it is misleading for someone who is not a surgeon to use #plasticsurgery #FRACS #surgeon after their posts.

It is also misleading for someone who is not a surgeon to advertise using the Google AdWords, "Ear, nose and throat expert". References to associations can also be misleading if they are not legitimate e.g. Society of Cosmetic Maxillofacial and Reconstructive Surgeons, which has only one member.

Filters and photo editing apps must not be used to enhance results or outcomes. This includes 'Journey stories' on websites from real-life patients that are heavily edited to mislead patients about what is achievable through cosmetic procedures.



ASAPS also recommends regulations around incentivising ratings and testimonials by patients on third party sites (e.g. 10% discount on surgery if a review is posted on rateMD), or incentivising introducing a 'friend' or 'relative' for surgery (or use of 'discount codes').

We also recommend greater clarification on the use of testimonials for cosmetic procedures on social media, including the use of temporary mediums such as Instagram stories (which disappear after 24 hours), posting of thank you cards contents, reposting of testimonials (not just photos) from patients.

## Additional comments

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

AHPRA's proposal to endorse practitioners who are currently considered ineligible by law (the National Law) to be registered as surgical specialists to practice invasive cosmetic surgery, should be shelved. This regressive initiative will disenfranchise consumers of their statutory right to cosmetic surgery safety. This regressive proposal by AHPRA disempowers women and disenfranchise them of their statutory right to cosmetic surgery safety.

The title 'surgeon' is sacrosanct. The title 'surgeon' must be protected so it can be and remain the cornerstone for the proper, informed and effective treatment of patients seeking invasive cosmetic surgical procedures.

## ATTACHMENT A

ASAPS EDUCATIONAL MEETINGS WITH CPD ACTIVITY APPROVED BY THE ROYAL AUSTRALASIAN COLLEGE OF SURGEON (RACS)		Delegates CPD	Delegates Educated
<b>Appendix 2022</b>			
1	44th Annual ASAPS Conference	19	141
2	MAFAC	13	40
3	Non-Surgical Symposium	17	818
4	Anatomy for Injectors Workshop	7	72
	ASAPS Journal Club Virtual - Breast Augmentation	1	54
	ASAPS Journal Club Virtual - Body Contouring	1	50
	ASAPS Journal Club Virtual - Breast implant capsule pathology and management	1	46
		<b>59</b>	<b>1221</b>
<b>Appendix 2021</b>			
5	43rd Annual ASAPS Conference Virtual	18	104
	ASAPS Journal Club Virtual - Facelift & Extended Transconjunctival Lower Eyelid Blepharoplasty	1	66
		<b>19</b>	<b>170</b>
<b>Appendix 2020</b>			
6	2020 ASAPS Aesthetic Breast Course The Virtual Edition	7	121
7	2.0 Non-Surgical Symposium Virtual	20	85
		<b>27</b>	<b>206</b>
<b>Appendix 2019</b>			
8	ISAPS Symposium	6	28
9	42nd Annual ASAPS Conference	17	200
10	MAFAC	17	26
11	Non-Surgical Symposium	18	653
12	ASAPS Anatomical Dissection and Cosmetic Procedures Workshop	7	79
		<b>65</b>	<b>986</b>
<b>Appendix 2018</b>			
13	Breast Masters Symposium	20	148
14	ISAPS Symposium	7	39
15	ASAPS & NZAPS Combined Conference	18	171
16	ASAPS Anatomical Dissecting & Injecting Workshop	8	71
17	Non-Surgical Symposium	17	607
18	MAFAC		34
		<b>70</b>	<b>1070</b>
<b>Appendix 2017</b>			
19	ISAPS Symposium	6	35
20	40th Annual ASAPS Conference	17	225
21	MAFAC	16	32
22	ASAPS Anatomical Dissecting & Live Injecting Workshop	6	76

23	Non-Surgical Symposium	17	605
		<b>62</b>	<b>973</b>

#### Appendix 2016

24	Anatomical Dissecting & Live Injecting Workshop	7	78
25	Non-Surgical Symposium	18	450
26	ISAPS Symposium	6	38
27	39th Annual ASAPS Conference	16	181
28	MAFAC	16	33
		<b>63</b>	<b>780</b>

#### Appendix 2015

29	Anatomy and Live Injecting Workshop	7	82
30	Non-Surgical Symposium	20	484
31	Allergan Academy Workshop	4	15
32	ISAPS Symposium	7	69
33	38th Annual ASAPS Conference	21	201
34	Photography Masterclass	3	28
35	MAFAC	16	31
		<b>78</b>	<b>910</b>
		<b>443</b>	<b>6316</b>