

# Medibank Private Limited

Submission to Ahpra/Medical Board of Australia  
Consultation paper: *Independent review of the regulation  
of health practitioners in cosmetic surgery*

Medibank Private Limited

11.04.2022

Contact – 

Medibank Private Limited (Medibank) wishes to make the following comments in response to the questions asked in the consultation paper. Please note that a response has not been provided to all questions.

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 – it is limited to **registered medical practitioners** who perform cosmetic medical and surgical procedures. It is also of concern that no GP involvement or referral is required.

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

Ahpra should aim to have **all practitioners who perform cosmetic medical and surgical procedures registered** to ensure adequate oversight of the practitioner's scope, qualifications, training and experience. Ahpra should also develop processes to ensure that GPs are involved, including referral processes to cosmetic surgeons.

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

It is suggested that cosmetic surgery notifications be consistent at a national level rather than being via jurisdictional complaints bodies such as those that occur in NSW and Qld.

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

Ensure that there is no false information regarding the cover of cosmetic surgery by private health insurance.

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?
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?
10. Please provide any further relevant comment in relation to the regulation of advertising.
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)?

This would result in better regulation of the cosmetic surgery industry. This would also ensure consistency and a national minimum standard for training and qualification of cosmetic surgeons.

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?

As per other Colleges recognised and accredited by the Australian Medical Council.

14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.
15. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?

Yes - confidentiality, legal privilege and fragmented processes.

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

There needs to be legal reform and streamlining of processes.

17. Do roles and responsibilities require clarification?

Yes.

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

Reluctance of doctors to make notifications about colleagues, impact on competition and confidentiality.

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

Ensure anonymity and protection of health practitioner notifiers.

22. Please provide any further relevant comment about facilitating notifications.
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?

No.

24. If not, what improvements could be made?

Informed financial consent should also include transparency in relation to out-of-pocket expenses.

25. Should codes or guidelines include a requirement for practitioners to explain to patients how to make a complaint if dissatisfied?

Yes - this requirement should definitely be included.

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?
27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?
28. Is the notification and complaints process understood by consumers?

This is unknown, but consumers should be asked/surveyed about this.

29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?
30. Please provide any further relevant comment about the provision of information to consumers.
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.

*The Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures should also make it clear (page 6, 12.1 6<sup>th</sup> dot point) that cosmetic procedures are also **not covered** by private health insurance.*

*The Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures was issued on 1 October 2016 with the intention of a review by the Board at least every 3 years. The version linked in the consultation document would suggest that this review has not occurred.*

---