

29 May 2015

Chair, Medical Board of Australia  
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Dear Dr Flynn,

**RACGP submission to the Medical Board Australia: Registered medical practitioners who provide cosmetic medical and surgical procedures**

The Royal Australian College of General Practitioners (RACGP) thanks the Medical Board of Australia for the opportunity to provide input into this important consultation process. We agree with the nature and extent of the problem identified in the public consultation paper.

The concern that consumers often make rushed and ill-informed decisions to have these procedures done is real. As general practitioners (GPs), our role is to provide the best possible advice and care to our patients in all areas of their health. As such, GPs are in a key position to support patients who have cosmetic concerns.

**Proposed solution for regulation of medical practitioners providing cosmetic medical and surgical procedures**

We support the view that existing general guidance for medical practitioners providing cosmetic medical and surgical procedures needs to offer more than what the status quo provides. The RACGP supports the Medical Board's drafted guidelines supplied in Attachment B on page 54 of the consultation paper.

We support **option three** to "strengthen current guidance for medical practitioners providing cosmetic medical and surgical procedures through new, practice-specific guidelines that clearly articulate the Board's expectations of medical practitioners". However, guidance alone will not necessarily make it easier for GPs and consumers to be sufficiently aware of the quality and risks of various procedures and providers. We therefore also support **option two** to "provide consumer education material about the provision of cosmetic medical and surgical procedures by medical practitioners".

Below we provide further comment highlighting the areas we view with most concern.

**Option three – where are tighter guidelines needed?**

Training and experience

The training backgrounds of those performing cosmetic procedures differ. Currently, the title 'cosmetic surgeon' is often used regardless of the particular training background. Some are fully qualified surgeons, having completed accredited surgical training programs, while others are not. The titles of those performing procedures need clearer clinical definitions. Titles should be sufficient for the

consumer to have an understanding of the skill level of the provider e.g. whether they are a plastic surgeon FRACS / dermatologist FACD, GP or nurse.

Cosmetic procedures, such as injectable Botox and collagen treatments, are often performed by a beautician or nurse. These are sometimes supervised by the treating doctor but it is likely there are instances when this is not the case. As stated in item 8 of the Medical Board's draft guidelines, treatments should only be provided if the person performing the procedure has the appropriate training, expertise and experience in the particular cosmetic procedure being performed. The person performing the procedure should be able to deal with all routine aspects of care and any likely complications.

It would also be beneficial if the industry could agree on a delineation of services according to the complexity of the procedures.

#### Patient assessment and referral

It is important to note that in many instances, GPs will not have the opportunity to have a conversation with people considering cosmetic medical or surgical procedures. This is because consumers often bypass their usual GP and take themselves directly to cosmetic practitioners.

In circumstances where a patient visits a GP and requests advice or referral for a cosmetic procedure, the GP is in a position to assess the patient for appropriateness of the procedure and to screen for underlying physical and mental health issues that may need to be considered.

Before undergoing a significant cosmetic procedure, we believe consumers should have a consult with an appropriately trained and recognised health professional.

In the case of patients aged under 18 years of age, specialist adolescent counselling prior to surgery or other aesthetic modifications should be recommended. A cooling off period of three months with appropriate educational material should be mandated for this group.

Similarly, there should be a cooling off period advised for adults considering a cosmetic medical or surgical procedure, although the cooling off period need not be mandatory.

#### Prescribing and administering prescription only cosmetic injectables

The RACGP agrees with item 7 in the Medical Board's draft guidelines that prescribing of cosmetic injectables via phone, email, or video conferencing is inappropriate. Only those with appropriate training and experience should be permitted to prescribe cosmetic injectables, and only after evaluation of the patient.

#### **Option two - GP consumer material**

In circumstances where a patient visits a GP and requests advice or referral for a cosmetic procedure, it would be beneficial for GPs to have access to reputable independent consumer resources. This could include prompted discussion points for the patient to consider such as a list of questions to ask a provider before considering a procedure, advice to have a cooling off period before committing to surgery, benefits versus costs of obtaining a second opinion and other such points to assist consumers in making an informed and well thought out decision.

## Female Genital Cosmetic Surgery (FGCS)

Newer emerging cosmetic procedures such as female genital cosmetic surgery (FGCS) raises other concerns regarding regulation. FGCS is not medically indicated and aims to change aesthetic (or functional) aspects of a woman's genitalia. These procedures can be performed by anyone with a medical degree, including a cosmetic surgeon, gynaecologist, plastic surgeon, or urologist. No formal training is required and there are no evidence based guidelines for these procedures at present.

FGCS also highlights how the use of commercial labels to describe and market invasive procedures can mislead the consumer. Terms include 'vaginal rejuvenation', 'designer laser vaginoplasty', 'revirgination' and 'G-shot' and do not refer to medically recognisable procedures.<sup>1</sup>

No controlled evaluation of short and long term clinical effectiveness of FGCS can be identified in the literature.<sup>2,3</sup> Cosmetic genitoplasty has been criticized and debated because it can result in impaired sexual function.<sup>4,5,6</sup> Surgical procedure development in this area may be based on inadequate information.<sup>7</sup>

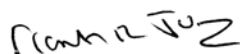
If a patient is considering having any one of these FGCS procedures performed, the GP is in a position to discuss the lack of long term data that exists and the potential for injury or complications with them. Patients should be warned that the benefits are not proven and that they are not approved medical procedures. Referral to a gynaecologist rather than directly to a plastic or cosmetic surgeon should be recommended. Mental health and body image concerns should be also be explored and appropriate counselling arrangements provided.

People aged under 18 years of age should not have FGCS as the genital tissue has not fully developed until after this age.<sup>8</sup> If a referral is made, it should be to a specialist adolescent gynaecologist and not to a plastic or cosmetic surgeon. Psychological referral should be mandatory in children prior to any cosmetic procedure and as mentioned previously, include a minimum three month cooling off period.

The RACGP is developing a *Female Genital Cosmetic Surgery toolkit* to help inform GPs and other health professionals on FGCS and the factors influencing demand. The toolkit will also provide a set of recommendations on how to manage women requesting referral for FGCS or expressing concern regarding their genitalia. The guide will be released later this year.

We thank you for the opportunity to contribute to this important discussion. The RACGP would be happy to engage in further consultation with you throughout your process of guideline and standards development in this space.

Yours sincerely,



Dr Frank R Jones  
President

## References

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