`

Response template for submissions to the *Independent review of the regulation of medical practitioners who perform cosmetic surgery*

You are invited to have your say about the regulation of medical practitioners (doctors) who perform cosmetic surgery by making a submission to this independent review.

The consultation questions from the consultation paper are outlined below. Submissions can address some or all of these questions, and you can include any evidence or examples that you think are relevant.

Submissions can be emailed to:

Mr Andrew Brown, Independent Reviewer
marked '*Submission to the independent review on cosmetic surgery*' at CSReview@ahpra.gov.au.

The closing date for submissions is 5.00pm AEST 14 April 2022.

Your details

Name	
Organisation (if applicable)	Royal Australian College of General Practitioners
Email address	qualitycare@racgp.org.au

Your responses to the consultation questions

Codes and Guidelines

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?
The guidelines address issues relevant to current and expected future practice of cosmetic surgery. Guidance alone will not necessarily make practitioners comply with these requirements. It is important to have monitoring as outlined in section 2 of the consultation paper.

2. What changes are necessary and why? What additional areas should the guidelines address to achieve the above purpose?
The guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures detail that: *A cooling off period of at least seven days between the patient giving informed consent and the procedure.* *For patients under 18 a cooling off period is the following:* • *for minor procedures, the cooling off period must be a minimum of seven days* • *for major procedures, the cooling off period must be a minimum of three months.* The RACGP recommends that 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. Section 4.1 Consent states that the practitioner should also provide written information in plain language. All patient consent needs to be considered and informed. The RACGP recommends that patients who do not speak English as their primary language be offered a translator to assist in understanding the information provided, and be provided written information in their primary language to support informed consent. All patients have a right to understand the information and recommendations they receive from their medical practitioner.

3. Please provide any further comment in relation to the use of codes and guidelines relevant to the practice of cosmetic surgery.
The existing codes and guidelines need to be effectively implemented to help prevent adverse events.

Management of notifications

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?
The RACGP supports the recommendation that APHRA and MBA examine cosmetic surgery notifications data as well as TGA event reports. Additional monitoring that could be implemented may include de-identified but linked data extraction from primary care and hospitals to see if there is an uptake in revised procedures or presentations with adverse effects after cosmetic surgery. Similarly, a de-identified registry could monitor medical devices used and procedures done so that targeted recall is possible. For example, the TGA arthroplasty implant registries could be used as an exemplar.

Another mechanism to consider would be practice accreditation of cosmetic surgery practices thereby ensuring that high quality infection, prevention and control is implemented to ensure patient safety.
5. Please provide any further relevant comment in relation to the management of notifications about medical practitioners involved in cosmetic surgery.
-

Advertising restrictions

6. Is Ahpra and the Medical Board's current approach to regulating advertising in cosmetic surgery sufficient?
The advertising guidelines are appropriate for regulating advertising in cosmetic surgery but their implementation is inadequate and requires further action and refinement.
7. What should be improved and why and how?
The RACGP believes a rigorous review of the accessibility and marketing of cosmetic procedures, as well as the costs of these procedures is warranted. Treatments should only be provided if the person performing the procedure has the appropriate training, expertise and experience. The evidence supporting procedures should also be clearly available to consumers to avoid misleading therapeutic claims. This principle should apply to all medical type procedures. Maximum penalties should be reviewed as they seem small in comparison to the significant profit these organisations gain from offering cosmetic surgery.
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?
See response below to question 9.
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?
Promotion of cosmetic surgery via social media should be regulated as per the advertising guidelines so that health services cannot: • be false, misleading or deceptive, or likely to be misleading or deceptive • offer a gift, discount or other inducement, unless the terms and conditions of the offer are also stated • use testimonials or purported testimonials about the service or business • create an unreasonable expectation of beneficial treatment. Advertising of medical services of any type should not be in the unregulated space of social media, except public health promotions.
10. Please provide any further relevant comment in relation to the regulation of advertising.

Title protection and endorsement for approved areas of practice

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)?
It is difficult for a member of the public to know whether a person calling themselves a cosmetic surgeon is working within their scope of experience. The RACGP supports introducing changes that will increase patient safety and care with no additional barriers such as increased cost. Our submission to the Health Minister's Council, recommends the use of the title 'surgeon' should be dependent on certified completion of approved training and demonstrated required competencies. The protected title of surgeon will help the public better understand a medical practitioners' qualifications. The RACGP suggests use of terms such as "Cosmetician" and "Dr", and not surgeons as alternatives for providers of cosmetic surgical services. Restriction on titles alone will not be sufficient. There needs to be public education as to what titles mean.

12. Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?
The RACGP would like to note that practitioners calling themselves surgeon are expected by the public to be registered surgeons that have specialist qualifications relevant to the surgery. As explained in Q11 above, the title of surgeon enables clear communication to the public about a medical practitioners' qualifications. As per Q11 above, the RACGP suggests use of terms such as "Cosmetician" and "Dr", and not surgeons as alternatives for providers of cosmetic surgical services. Restriction of these titles alone will not be sufficient. There needs to be public education as to what these titles mean.
13. What programs of study (existing or new) would provide appropriate qualifications?
14. Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery.
Training and experience The potential harms associated with cosmetic surgery are related to the degree to which the competencies held by the practitioner match the scope of practice, which needs to be regulated through training. 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, general practitioner (GP) or nurse.As per Q11 above, the title of surgeon enables clear communication to the public about a medical practitioners' qualifications. The RACGP suggests use of terms such as "Cosmetician" and "Dr", and not surgeons as alternatives for providers of cosmetic surgical services. In the event of restrictions on the use of the title 'surgeon' being introduced, and the current processes involving RACS in the assessment of overseas qualifications are followed, only suitable qualified surgeons would be admitted for practice in Australia. **New cosmetic procedures**

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.

The RACGP made a previous submission to the Medical Board of Australia's Public Consultation Paper and Regulation Impact Statement in March 2015 on registered medical practitioners who provide cosmetic medical and surgical procedures. It highlighted that 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.

Cosmetic injections including muscle relaxants and fillers can result in serious and sometimes permanent injuries. These injections need to be provided by trained medical practitioners. The practice of "supervised" injection has had fragmented implementation. We recommend that cosmetic injections be restricted to trained medical practitioners.

Often new cosmetic techniques are sponsored by manufacturers without rigorous independent research. More thorough and independent evaluation of cosmetic techniques needs to be undertaken

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

A resource was published by the RACGP in 2015 to highlight this information to GPs and other health professionals: Female genital cosmetic surgery – A resource for general practitioners and other health professionals.

Cooperation with other regulators

15. Are there barriers to effective information flow and referral of matters between Ahpra and the Medical Board and other regulators?

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

17. Do roles and responsibilities require clarification?

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

Facilitating mandatory and voluntary notifications

19. Do the Medical Board's current mandatory notifications guidelines **adequately explain the mandatory reporting obligations?**

20. Are there things that prevent health practitioners from making notifications? If so, what?

21. What could be improved to enhance the reporting of safety concerns in the cosmetic surgery sector?
A previous submission was made to the Medical Board of Australia's Public Consultation Paper and Regulation Impact Statement in March 2015 on registered medical practitioners who provide cosmetic medical and surgical procedures. It highlighted that 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. As per above, it would also be beneficial if the relevant clinical groups could agree on a delineation of services according to the complexity of the procedures.
22. Please provide any further relevant comment about facilitating notifications

Information to consumers

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?
See response to question 24.
24. If not, what improvements could be made?
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 health professional. 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. **Public education** The RACGP supports efforts to increase patient safety through public education, which communicates who performs surgery, what the relevant qualifications mean and how to find out the qualifications of the cosmetic service provider. ***New cosmetic procedures*** As per above, a previous submission was made to the Medical Board of Australia's Public Consultation Paper and Regulation Impact Statement in March 2015 on registered medical practitioners who provide cosmetic medical and surgical procedures. The response highlighted 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.[1]

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.

As per the RACGP *Female genital cosmetic surgery: A resource for general practitioners and other health professionals*, people aged under 18 years of age should not have FGCS as the genital tissue has not fully developed until after this age. 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.

As per question 14, often new cosmetic techniques are sponsored by manufacturers without rigorous independent research. More thorough and independent evaluation of cosmetic techniques needs to be undertaken and the public made aware of the outcomes.

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

The RACGP recommends that the codes or guidelines direct patients to information on how to make a complaint if they are dissatisfied with a service. All patients should be informed of the risks of the cosmetic procedure and be informed of how to make a complaint. Medical practitioners should be required to have a system for managing complaints.

Section 3 of the Medical Board of Australia’s Good medical practice: A code of conduct for doctors in Australia, which contains advice about managing complaints at the practice level (available at www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx)

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?

No. Please see response to question 27.

27. If not, what more could/should Ahpra and the Medical Board do to inform consumer choices?

The RACGP supports efforts to increase patient safety through public education. Public education around the Aphra website and public register of practitioners should be better implemented to raise awareness of this information.

28. Is the notification and complaints process understood by consumers?

N/A

29. If not, what more could/should Ahpra and the Medical Board do to improve consumer understanding?

N/A

30. Please provide any further relevant comment about the provision of information to consumers.

Further comment or suggestions

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.