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By email: [medboardconsultation@ahpra.gov.au](mailto:medboardconsultation@ahpra.gov.au)

Dear Dr Katsoris

**Submission in response to the Medical Board of Australia's Public Consultation Paper and Regulation Impact Statement - Registered medical practitioners who provide cosmetic medical and surgical procedures**

Thank you for giving the Medical Council of NSW (Council) the opportunity to provide this submission, to assist the National Board in its consideration of regulatory and non-regulatory options with regard to registered medical practitioners who provide cosmetic medical and surgical procedures.

The Council is supportive of a national approach to regulation specific to this area of practice. Given the nature of this consumer driven industry, and the lack of a single professional body with responsibility for standards of practice, the Council is concerned that a reliance on more general regulatory mechanisms, such as the Board's Code of Conduct, may not provide adequate guidance to practitioners, nor ensure public protection.

The Council has long recognised the need for increased regulation in this area. As was noted in the Consultation Paper, the Council developed a policy in 2008 for medical practitioners registered in NSW on *Cosmetic Surgery, including a cooling off period for persons under 18 years of age*, which is available on the Council website: <http://www.mcnsw.org.au/>. This policy was developed in recognition of the need to ensure expected standards of practice specific to cosmetic surgery were articulated and able to be monitored when required.

With regard to the four proposed options outlined in the Consultation Paper, the Council notes that the definitions of services are appropriate and are helpful in providing clarity about the scope of the proposed options provided.

The Council provides the following feedback regarding each option in turn:

*Option 1 – Retain the status quo of providing general guidance about the Board's expectations of medical practitioners providing these procedures via the Board's approved Code of Conduct*

The Council agrees with the risks which the Board has identified relating to the inconsistencies which would continue to apply across jurisdictions and between professional groups should the status quo prevail. Under these circumstances in NSW, for example, the Council would continue to develop and rely upon its own policies with regard to this type of practice. This is in the recognition, as outlined above, that general guidance about the Board's expectations of all practitioners does not provide sufficient guidance to practitioners or ensure adequate public protection in this area.

The preferred position of the Council would be the adoption of consistent standards and expectations required of all registered medical practitioners performing cosmetic medical and surgical procedures, regardless of jurisdiction or professional affiliation.

*Option 2 – Provide consumer education material about the provision of cosmetic medical and surgical procedures by medical practitioners*

The Council is supportive of the development of consumer education material about cosmetic procedures, as it considers that this facilitates informed consent and realistic patient expectations.

It is not clear, however, that there is an obvious source of such information, nor a mechanism to achieve agreement with regard to its content, or provide updates as required. The concerns of the Board about the lack of clarity about the funding for such a project are also noted.

In NSW, Council policy currently requires individual practitioners to prepare this written information and to provide it to the patient at the initial consultation. This approach enables each practitioner to provide information specific to his/ her practice. The onus is on the practitioner to ensure that the material is current, free from bias, comprehensive and easy to understand. Should a complaint be received about a practitioner, the Council can request copies of this information, and therefore has the opportunity to review the content at that time.

It is considered whilst expecting the practitioner to provide educational material is of benefit to the process of informed consent, provision of education material alone is not considered by the Council to be an adequate measure to ensure adequate protection of patients considering cosmetic procedures.

*Option 3 – Strengthen current guidelines for medical practitioners providing cosmetic medical and surgical procedures through new practice – specific guidelines that clearly articulate the Board’s expectations of medical practitioners*

This option is strongly supported by the Council, as it represents a comprehensive and consistent approach, and it is not considered that any of the risks identified outweigh the potential benefits for patients.

The draft guidelines are useful in providing guidance to practitioners in providing a quality service to patients, and assisting them to manage risk and ensure realistic patient expectations. The Council supports the focus on informed consent and appropriate clinical care and follow-up.

The intention to include a requirement in the guidelines for practitioners to provide patients with written information about any proposed procedure is strongly supported, as the Council considers public education and informed consent to be of considerable importance in this area of practice.

As with all such documents, it would be of benefit if the proposed guidelines were reviewed regularly and updated from time to time as required.

*Option 4 - Strengthen current guidelines for medical practitioners providing cosmetic medical and surgical procedures through new practice – specific guidelines that clearly articulate the Board’s expectations of medical practitioners as per option 3, but provide less explicit guidance to medical practitioners*

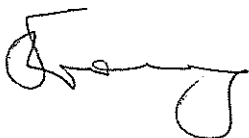
The Council does not support the exclusion of several of the protective measures introduced in option 3 from the guidelines proposed in option 4. The Council considers public protection as a paramount consideration, particularly for patients under the age of 18. It is considered that when compared to option 3, the risks involved in excluding these elements outweigh any potential benefits, which the Council consider to be minor.

In summary, following consideration of all the proposed options, **the Council is strongly supportive of the adoption of option 3**, which would see the implementation of consistent guidelines across all jurisdictions.

Thank you again for this opportunity to provide the Council’s views on the Medical Board of Australia Consultation Paper and Regulation Impact Statement.

If you have any questions or wish to discuss the Council’s submission, I can be contacted on [REDACTED].

Yours sincerely



Dr Stuart Dorney  
Medical Director