

## Media statement

30 September 2015

## Medical Board announces next steps on cosmetic medicine

The Medical Board of Australia has published submissions to its consultation on cosmetic medical and surgical procedures provided by medical practitioners and outlined next steps in deciding how best to manage risk to patients in this area.

The Board has published 489 submissions and an online petition <u>on its website</u> and considered more than 100 other submissions that were not published, either on request or at the Board's discretion.

'The Board is delighted that so many people and organisations shared their views and took part in our consultation,' said Board Chair, Dr Joanna Flynn AM.

'This issue has obviously hit a nerve in the community, as there has been a lot of spirited discussion and debate about what is happening in the sector, how serious and immediate some of the risks are and what needs to happen to protect patients,' Dr Flynn said.

Cosmetic procedures are different from other medical procedures and the Board's priority is to find the best way to manage risk to patients without limiting or making judgements about consumer choices.

'We want to do what we can to keep the public safe, without imposing an unreasonable regulatory burden on practitioners,' Dr Flynn said.

Submissions to the consultation show a wide range of views from the profession and the community, but broad support for action to keep patients safe.

The Board will now follow the requirements of the <u>Office of Best Practice Regulation (OBPR)</u>, which is a division of the Office of the Prime Minister and Cabinet that aims to 'assist the Government in keeping the Australian economy as efficient, flexible and responsive as possible'.

A Decision Regulation Impact Statement (RIS) is now being prepared which will be considered by the OBPR. When the OBPR confirms the RIS is compliant, the Board will decide what if any regulatory action is needed to protect patients who seek cosmetic medical and surgical procedures performed by medical practitioners.

The OBPR is independent of the National Registration and Accreditation Scheme so timelines for a Board decision are not yet confirmed.

'Addressing these issues in the public interest is an absolute priority for the Board and we will do everything we can within the parameters set by government to progress this,' Dr Flynn said.

The Board will continue to update the community and the profession on progress on this important issue, as information is available.

## Background

From March to May 2015, the Board consulted on options to best protect consumers seeking cosmetic medical and surgical procedures provided by medical practitioners. The Board published a Public Consultation Paper and Regulation Impact Statement which are <u>accessible on the Board's website</u> under News/Past Consultations.

Australian Health Practitioner Regulation Agency G.P.O. Box 9958 | Melbourne VIC 3001 | www.ahpra.gov.au A regulation impact statement (RIS) details the costs and benefits of proposed options and is required by the Commonwealth's Office of Best Practice Regulation. The RIS provides detailed background information on this issue, including evidence, regulatory context, non-regulatory and regulatory options and the associated impacts, costs, benefits and risks.

The Board's preferred option was to issue guidelines for cosmetic medical and surgical procedures performed by medical practitioners. Other options tested in the regulation impact statement included doing nothing, boosting consumer education, and providing less explicit guidance to medical practitioners.

The draft guidelines proposed:

- a seven-day cooling off period for all adults before procedures
- a three-month cooling off period before procedures for all under 18s, along with mandatory assessment by a registered psychologist or psychiatrist
- explicit guidance on informed patient consent, including clear information about risks and possible complications
- explicit responsibility for post-operative care by the treating practitioner, including emergency facilities when sedation or analgesia is involved
- mandatory face-to-face consultations before prescribing schedule 4 (prescription only) cosmetic injectables
- detailed written information about costs and
- limits on where cosmetic procedures can be performed, to manage risk to patients.

## For more information

- Read submissions to the consultation here
- Read the Public Consultation Paper and Regulation Impact Statement 17 March 2015 on the <u>past</u> <u>consultations</u> page. The proposed guidelines are published in Attachment B of the regulation impact statement
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