Australian Society *of* Plastic Surgeons

29 May 2015

Dr Joanna Flynn AO
Chair
Medical Board Australia
By email: medboardconsultation@ahpra.gov.au

Dear Dr Flynn

Re: Public Consultation Paper and Regulation Impact Statement

The Australian Society of Plastic Surgeons welcomes the opportunity to provide input into the deliberations and work of the Medical Board of Australia.

We congratulate the Medical Board on its informative and comprehensive document which clearly articulates the background, current status and emerging challenges in relation to efforts to effectively monitor and regulate the rapidly changing market place that delivers cosmetic medical and surgical procedures.

The Australian Society of Plastic Surgeons (ASPS) welcomes the Medical Board's public consultation paper, March 2015 and the initiative to follow up the recommendations, which flowed from the report of the AHMAC Inter-jurisdictional Cosmetic Surgery Working Group, for specific guidelines for medical practitioners.

In making this submission the Society acknowledges the Board's proscribed role and functions, however, the submission addresses issues the Society believes are of importance in ensuring the future provision of high quality cosmetic medical and surgical procedures in Australia and specifically in relation to informed consent and patient safety.

Option 3:

ASPS supports Option 3 (three) outlined in the Medical Board's Consultation Paper and Regulation Impact Statement, that is, 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 (draft guidelines as at Appendix B of the Consultation Paper).

In relation to the Draft Guidelines, ASPS commends the following comments on the Consultation Questions to the Medical Board for its consideration:

<u>The ASPS Code defines "procedure" as:</u>

"Means an open plastic surgery procedure, being either:
- *(a) an open reconstructive surgery procedure; or*
- *(b) an open cosmetic surgery procedure; or*
- *(c) a reconstructive and a cosmetic surgery procedure, at least one of which is an open procedure.*

For the avoidance of doubt, a Procedure does not include:
- *a cosmetic injection; or*
- *laser therapy."*

17.1 ASPS Code of Practice (Rule 5.5) states:
"Members must ensure that there is a "cooling off" period of not less than ten days between the initial consultation with the patient and the cosmetic surgery procedure during which it must be made clear that the patient is free to withdraw from the procedure with no penalty. The patient must be told about the cooling off period prominently in writing.".

ASPS therefore supports a mandatory cooling off period and recommends a minimum of 10 days is reasonable and would support a mandatory 14 days.

17.2 & 17.6 ASPS recommends that the Medical Board address the inconsistency in state-based legislation (or absence thereof) with the provision of a nationally consistent standard to be applied for cosmetic procedures on patients under 18 years of age. The test should always be the 'best interest' of the child. In this regard, ASPS supports the Queensland legislation which makes it unlawful to perform a cosmetic procedure on a patient under 18.

ASPS Code of Practice (Rule 5.7) states:
"Even where cosmetic surgery is not specifically prohibited (in State or Territory) for patients under 18 years of age, members must exercise particular care when treating such patients to ensure that the treatment is in the patient's best interests and that legal requirements in relation to consent are satisfied".

17.3 & 17.4 ASPS believes it is an essential component of good medical practice for medical practitioners to assess a patient's suitability for surgery, including psychological factors, and to refer that patient to an appropriate practitioner (including a psychologist or psychiatrist) for further investigation, if the medical practitioner deems that to be appropriate.

17.5 This refers to 17.2 above. The test should always be one of 'best interest' for child. In this regard, ASPS supports the Queensland legislation which makes it unlawful to perform a cosmetic procedure on a patient under 18.

ASPS does not believe it is reasonable to expect the medical practitioner to refer all patients under 18 years of age for psychological assessment.

The medical practitioner will determine whether the patient should be referred for evaluation by a psychologist or psychiatrist. Depending on the age and circumstances of the patient, it might be appropriate for the medical practitioner to refer the patient to an expert child/ adolescent psychologist or psychiatrist for further assessment.

17.7 ASPS supports the broad principles in the Medical Board Guidelines for technology-based patient consultations, January 2012.

ASPS acknowledges the special circumstances that may apply to some rural, regional and remote locations and the need to address the disparity of access to medical services compared with urban centres.

In relation to the definition of "procedure" in the ASPS Code of Practice, ASPS believes that on-line consulting with a patient is not appropriate unless it is limited to the provision of general information about treatment options, and their potential risks and side-effects. No final diagnosis or recommendation for surgery should be made without a face-to face (in person – not including telemedicine) consultation with the patient.

Further, ASPS believes that a medical practitioner must not permit a non-medically qualified person (e.g. nurse or beauty therapist) to administer prescription only medication unless there has previously been a face to face (in person – not including telemedicine) consultation with the patient and the medical practitioner to determine whether the treatment is appropriate and to prescribe the medication.

18. Other Elements to be included in the Guidelines:

(i) ASPS maintains that all surgery, including cosmetic, should be the subject of statutory regulation which clearly defines the scope of surgery and which at least encompasses:

- Minimum qualifications and scope of practice;
- Consistent use of nomenclature which in both reality and in perception correctly defines and reflects AMC accredited standards of training, qualifications and experience;
- Minimum facilities, equipment and staffing requirements;
- Minimum audit requirements.

Notwithstanding our protected title, Specialist *Plastic Surgeon*, the titles "Surgeon", "Surgery" and "Plastic" must also be protected.

"Plastic Surgeon" and "Plastic" when applied as qualifications and titles must only be used by medical practitioners who are AMC certified in Plastic Surgery. This is not intended to disadvantage any particular discipline or specialty group. These terms are currently misunderstood by the public. Therefore restrictions are required to ensure that the public does not make important medical decisions based on misperception.

The titles "Surgeon", and "Surgery", should only be used by a medical practitioner who has a postgraduate AMC recognised qualification in surgery.

(ii) ASPS maintains that the current lack of regulation of office-based surgery poses an unacceptable risk to patient safety.

Surgery is performed in public hospitals, private hospitals, free-standing day procedure centres/day hospitals and professional rooms (known as office-based surgery).

A two-tiered system has evolved in Australia.

Public hospitals, private hospitals and day procedure centres/day hospitals must be accredited and comply with statutory requirements, that whilst they differ quite considerably from State to State, have similar safety and quality objectives.

There is however no regulation for office-based surgery, which given the increasing complexity of surgery undertaken at these sites, exposes the public to unacceptable risks.

Further, patients are generally not aware of the different safety standards that apply to procedures performed a at a doctor's office or at a hospital/day procedure centre.

Operations performed in doctors' rooms are invisible to the Government and all forms of regulation.

Progress and passage of time has resulted in an anomalous situation. That is, the regulations, safety and oversight of patient care and surgery differs markedly in Australia depending on where the operation is legally carried out.

Registered and accredited hospitals and day surgery centres are subject to legislation and industry regulation governing all aspects of their functioning. These laws and regulations have evolved to guide standards and protect patients.

Doctor credentialing and substantiation of training is a necessary part of the quality standards expected of hospitals and day surgery centres. Credentialing of practitioners who perform procedures is lacking in office-based settings.

While contingent liability is placed on hospitals to test credentialing of practitioners and scope-of-practice requirements, similar credentialing of practitioners does not occur in office-based settings.

We note that the report *Cosmetic Medical and Surgical Procedures – A National Framework* identifies that the national framework should be based on five interdependent elements – the procedures, the promotion of the procedures, the practitioner, the patient and the place.

With respect to the last of these elements, the report noted that*: 'The Australian Commission on Safety and Quality in Health Care (ACSQHC) is undertaking a project to develop a new national model of safety and quality health service standards to apply in the first instance to high risk services.' The scheme would be mandatory and apply initially to high risk services including public and private hospitals and day procedure centres. In addition, 'medical rooms where high risk activities occur such as cosmetic surgery… or any facility not covered above where patients are sedated and/or anaesthetised and who are subject to invasive procedures are recommended for inclusion in the scheme.'*

The HCCC report also recommended that the relevant legislation should be amended to require licensing of facilities where medical procedures are performed using local anaesthetic and sedation. Further, that the relevant health practitioner registration Acts be amended to deem non-compliance with licensing and reporting requirements to be unsatisfactory professional conduct (Recommendations 4a and 4d).

ASPS is convinced of the need for nationally consistent standards that apply to office-based surgical facilities that bring them into line with standards applicable to hospitals and day procedure centres.

It is our view that it is critical that basic standards be required of all facilities where surgery of any description is undertaken.

Risks:

- Lack of regulation of office-based surgery poses an unacceptable risk to patient safety.
- Patients are largely unaware of the inherent differences in safety and quality control associated with surgical procedures performed at hospitals and day procedure centres as compared with doctors' offices.
- There is no requirement for credentialing of a medical practitioner who undertakes operations in office-based surgeries.

There is clearly a gap in quality and safety systems relating to office-based surgery which needs to be addressed.

The simplest mechanism would be to adapt day procedure centres/day hospital legislation to include office based surgery. Nationally consistent requirements for office-based facilities should be implemented. These should address:

- independent accreditation of the facilities;
- credentialing of clinical staff;
- infection control, sterile supply, clinical waste management;
- building and facilities issues; and
- minimum quality and audit requirements e.g. ensure that resuscitation equipment is available and correctly maintained in all doctors' offices where surgery is performed using more than local anaesthetic.

Nationally consistent requirements for office-based facilities should be implemented. Office-based surgical procedures that use high volume local anaesthesia or 'conscious sedation' fly under the radar in terms of accreditation and audit.

ASPS advocates for a maximum upper limit of 50 ml local anaesthesia for procedures in these settings.

To assist the work of ACSQHC, ASPS has modified and made available the American Association for Accreditation of Ambulatory Surgery Facilities International (AAAASFI) Class A standards as a template for the accreditation of office-based surgical facilities in Australia. To date, there has been little progress by the regulators to implement and enforce the accreditation of office-based surgical facilities in Australia.

ASPS is therefore of the view that rather than new guidelines remaining silent on standards for safety and quality in medical rooms where cosmetic procedures are performed, it would be beneficial for patients and practitioners if the Medical Board made an explicit statement as to its current and future expectations about minimum standards which could foreshadow new mandatory requirements established under the Australian Commission on Safety and Quality in Health Care (ACSQHC), which is charged with the responsibility to develop national health care standards.

19-21. Costs:

ASPS agrees with the costs and benefits associated with Option 3 and believes the benefits of explicit guidelines far outweigh the costs. The modest costs outlined in Option 3 are protective in nature and enable a more informed patient and medical practitioner to reach a decision that is in the patient's best interest.

Appendix B of the Consultation Paper, point 4 Consent:

ASPS supports plain English, full written disclosure to patients as per the Appendix B (Point4. "Consent"). Based on their claims experience, medical indemnity organisations such as Avant Mutual, MDA National and Miga provide useful templates to members in relation to informed consent. NHMRC and AMA also provide guidance on this issue.

About the Society

The Australian Society of Plastic Surgeons Incorporated (ASPS) is a not-for-profit organisation whose members are specialists in plastic and reconstructive surgery and who hold a Fellowship of the Royal Australasian College of Surgeons (FRACS) or its equivalent. Inclusive of all membership categories, there are 502 members.

ASPS' main focus is to maintain and improve standards of patient care and service.

ASPS promotes, develops and advances the practice of plastic surgery throughout Australia by:

- supporting the highest standard of surgical practice and professional ethics;
- administering post graduate surgical training programs for the specialty of plastic and reconstructive surgery for the Royal Australasian College of Surgeons;
- providing continuing professional development and education in plastic and reconstructive surgery; and
- promoting research in the specialty of plastic and reconstructive surgery.

About plastic surgery and specialist plastic surgeons

"Cosmetic surgery", is a term used to describe one of the sub-specialties of plastic surgery. There is no difference between cosmetic surgery and other surgery**.** There is a healing time, risk of complications and poor outcomes, and surgical and anaesthetic risk. As a surgical discipline it is no different to neurosurgery or open heart surgery and should be regarded as seriously.

To draw a distinction between cosmetic surgery and other types of surgery is completely artificial. All surgery deals with the human body, uses the same techniques, the same types of anaesthesia, and has the same attendant risks and hazards.

Specialist Plastic Surgeons having completed medical school, undertake at least a further seven years of training, five of which constitute the Plastic Surgery training program, to qualify as a Fellow of the Royal Australasian College of Surgeons (RACS).

However, uniquely in surgical practice in Australia, non-surgeons have appropriated for themselves a field of practice, cosmetic surgery, without qualifying as a Fellow of RACS.

Fellows of RACS are required to undertake a rigorous cycle of continuing education to retain Fellowship of the College and the professional and financial benefits which accrue as a result. Clinical audit forms a key part of continuing education.

Common with other surgical specialties, Specialist Plastic Surgeons develop areas of particular expertise in sub-specialty fields, where skills are developed through supervised practice and intensive education in post-fellowship posts in Australia and overseas, and where competence is monitored and maintained through review, audit and continuing education.

In Australia plastic surgery encompasses the following main fields:

- breast reconstructive surgery;
- burns surgery;
- cosmetic surgery;
- facial reconstruction due to injury, cancer or birth defects;
- hand surgery;

- microsurgery;
- repair after injury to the face, skin, soft tissues or limbs;
- surgery for congenital deformity; and
- surgery of the skin, including skin cancer surgery.

The Society's annual membership survey identifies that, on average: about twenty per cent of members' time working is undertaken in public hospitals; forty per cent in private hospitals and day procedure centres; and forty per cent in private rooms. About sixty per cent of surgeon time is spent on reconstructive surgery. On average members who provide supervision commit about six hours each week of their time to educating plastic surgery trainees. This supervision is provided in multiple settings including public hospitals, private hospitals and private rooms.

About ASPS Code of Practice

After extensive consultation, in 2011 ASPS Council published a Code of Practice for its members. It is a dynamic document which is regularly reviewed. Most recently at the AGM on 8 May 2015, ASPS members voted in favour of changes and additions to the 2011 version of the Code. A copy of the latest version is attached at Appendix A.

The ASPS Code is an adjunct to the Medical Board of Australia's Codes and Guidelines. ASPS members are also subject to the Royal Australasian College of Surgeons Code of Conduct and other RACS standards and guidelines.

The ASPS Code of Practice provides specific guidance on the professional ethics and behaviour required of members of the Australian Society of Plastic Surgeons. It reflects the professional standards expected of specialist plastic surgeons by ASPS and the communities we serve. It focuses on particular issues and concerns relevant to the practice of plastic surgery, and assists Fellows and Trainees to respond appropriately to these issues and concerns.

Upon becoming a member of ASPS, and at the time of annual renewal, members are required as a condition of membership of ASPS to sign a written acknowledgment that they have read and agree to comply with:

i. all Codes and Guidelines of the Medical Board of Australia;
ii. the RACS Code of Conduct and other RACS standards and policies; and
iii. the ASPS Code of Practice.

Conclusion:

In relation to the Consultation Questions 1 – 8, ASPS agrees with the nature and extent of the problem identified in the Medical Board's Consultation Paper.

ASPS Code of Practice attempts to be a practical guide for our members on specific aspects of medical practice but does not attempt to be a 'one-stop-shop' that provides an inclusive schedule of all relevant legislation in each state and territory. Apart from referring members to the Medical Board of Australia and RACS Codes and Guidelines, our Code of Practice annexes a schedule, not exhaustive, that lists 38 separate State, Territory and Commonwealth Acts and Laws that relate to this area.

In short:

- There is no single regulatory body.
- There is no single legislative framework across Australia.
- Existing codes and guidelines have come some way to provide guidance to medical practitioners providing cosmetic medical and surgical procedures but they are not specific enough to be of practical benefit to medical practitioners and consumers.

The cosmetic surgery environment remains a confusing one for consumers.

Contributing factors:

1. Training:
    - Driven by market opportunity, leading to an increasing number of doctors turning their hands to cosmetic surgery, more sophisticated operations than ever before are being undertaken in doctors' offices across Australia.
    - Consumers are ill equipped to discern whether the doctor of choice is adequately trained to perform the desired procedure and whether that doctor has the qualifications and training consistent with his/her scope of practice.
    - Currently there is no method in place to ensure that doctors are appropriately trained for the work they do. After obtaining the basic medical qualifications, all doctors are legally able to perform any procedure without the requirement for further qualifications and training. It is therefore legal for a doctor in Australia to undertake a sophisticated surgical procedure without any approved training for that procedure.

2. Advertising:
    - Since the legalization of medical advertising in 1994, advertising practices are aimed at selling medical procedures.
    - To maximize market penetration the advertising is geared to give an impression of simplicity and safety associated with a surgical procedure and to down play risks.

3. Data collection and monitoring:
    - Cosmetic procedures do not attract a Medicare rebate. It is not a legal requirement to perform cosmetic surgical procedures in accredited public and private hospital facilities or day centres. Therefore there is no effective data collection, reporting or compulsory maintenance of standards in the industry.

In relation to Option 2, ASPS is committed to and supports the development of reliable and unbiased education material for consumers on cosmetic and medical and surgical procedures provided by medical practitioners:

- ASPS is a content partner with the Victorian Government's initiative, Better Health Channel.
- ASPS website is a source of information and it links to the website of the Australasian Foundation for Plastic Surgery which provides objective information for consumers on cosmetic medical and surgical procedures.
- ASPS has developed information brochures such as "Essential Information for Patients" and a suite of surgical procedure brochures (breast, body contouring, facial, ear) and non surgical treatments (injectable fillers, dermabrasion, sclerotherapy, chemical peels), which describe the procedure, the possible risks and complications and the cost and which encourage the consumer to seek the advice of a qualified medical practitioner prior to making a decision.

In early May 2015, ASPS launched the "Think Over before you Make Over" campaign, which was developed by the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS). The campaign was promoted by BAPRAS' survey findings that revealed of the two million British considering cosmetic surgery each year, a quarter don't check the credentials of their surgeon and a fifth aren't aware of the risks associated with different procedures. It is likely that an Australian survey would yield similar results.

While ASPS encourages the Medical Board to invest in the development of high quality and reliable consumer education, we do not believe this substitutes, in any way, for the need 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.

Medical Board Authority and Managing Compliance

ASPS notes the Medical Board's statement:

"These guidelines can be used to assist the Board in its role of protecting the public, by setting and maintaining standards of medical practice. If a medical practitioner's conduct varies significantly from these guidelines, they should be prepared to explain and justify their decisions and actions. Serious or repeated failure to meet these guidelines may have consequences for a medical practitioner's registration."

ASPS understands that an approved registration standard or a code or guideline approved by the Board is admissible in proceedings against a practitioner by the Board as evidence of what constitutes appropriate professional conduct or practice for the profession.

Medical Board Guidelines necessarily carry the moral authority that abides in the reputation and influence of the institution itself. As such, any guideline developed and endorsed by the Medical Board is a powerful tool in the effort to protect patient safety through better regulation of practices by medical practitioners engaged in delivering cosmetic medical and surgical procedures.

The anti-ageing and cosmetic market is a global industry which thrives and renews itself because it is entrepreneurial and opportunistic. ASPS supports Option 3, but we make the comment that, in the final analysis, for guidelines to be effective they must be properly enforced and with tangible and meaningful penalties applied to those medical practitioners who fail to comply with the guidelines.

AHPRA's reliance on an under-resourced reactive complaints mechanism that acts as an incentive to encourage compliance is wishful thinking, in our view, and does not do justice to the intent and spirit of the guidelines proposed by the Medical Board in this Consultation Paper.

Effective, proactive, enforcement to ensure compliance by medical practitioners with the Board's guidelines requires political will from state and federal governments to allocate the resources required for a long term commitment to patient safety in this cosmetic medical space. The distribution of the health dollar is a highly competitive activity, however, ASPS stands ready to lobby and encourage Government to strengthen AHPRA and the Medical Board's enforcement capacity.

Mandatory guidelines are preferable to voluntary guidelines but we ultimately believe that the guidelines should be proscribed in national law with enforceable penalties.

Yours sincerely

Associate Professor Hugh Bartholomeusz OAM RFD MBBS FRACS
President

Attachments:

Appendix A: ASPS Code of Practice (version 2, May 2015)
Appendix B: The Need for Regulation of Office-Based Procedures - closing a regulatory gap to ensure patient safety in all surgical procedures. (MJA 196 (8) – 7 May 2012)
Appendix C: "Think over before you make over" (ASPS media release 8 May 2015)

Australian Society of Plastic Surgeons Inc

Code of Practice:

An Adjunct to the Medical Board of Australia and RACS Codes of Conduct

Introduction

This Code of Practice provides specific guidance on the professional ethics and behaviour required of members of the Australian Society of Plastic Surgeons (ASPS). It reflects the professional standards expected of plastic surgeons by ASPS and the communities we serve. It focuses on particular issues and concerns relevant to the practice of plastic surgery, and assists Fellows and Trainees to respond appropriately to these issues and concerns.

Members of ASPS, like all doctors in Australia, must comply with the "Good Medical Practice" Code of Conduct for Doctors in Australia issued by the Medical Board of Australia. The majority of ASPS members are also Fellows of RACS, and therefore subject to the RACS Code of Conduct and other relevant RACS standards and guidelines. This Code of Practice supplements the Medical Board of Australia and RACS Codes of Conduct by providing elaboration of key ethical and professional principles as they apply to plastic surgery.

Standards of behaviour help make our relationships mutually rewarding and productive, and ensure that patients receive the best possible standard of care. They remind us that the overarching concern of all medical practice is to act in the best interests of our patients to improve their health and quality of life.

The purpose of this Code is:

- to define acceptable behaviours in the practice of plastic surgery
- to promote high standards of practice and professional responsibility on the part of plastic surgeons
- to provide a benchmark for members to use for self evaluation
- to preserve the reputation and high standards expected of our profession

Embedded in the Code are the values of ASPS which are:

- surgical excellence and ethical practice
- honesty, integrity and respect
- compassion
- accountability
- scholarship and collegiality

These values guide us in our interactions with patients, fellow surgeons, trainees, nursing and allied health care staff, and other stakeholders in the health sector.

The practice of plastic surgery today encompasses a range of treatments, both surgical and non-surgical, particularly in the field of cosmetic medicine. This Code is intended to cover the full scope of practice undertaken by plastic surgeons, and should guide all their professional interactions with patients.

This Code of Practice was developed in response to member and community concerns in order to demonstrate that, as plastic surgeons, we hold ourselves to a clear set of ethical standards. The intention was to be patient-centred and focus on those aspects of professional behaviour that contribute to high quality patient care. ASPS was also concerned to create a transparent, enforceable and realistic compliance process based on a model of encouraging best practice by members.

The Code aims to provide a clear set of principles, in plain English, for the assistance of ASPS members. It sets out current standards and rules of behaviour, but is also intended to be a dynamic document that may be modified from time to time to reflect changing principles and obligations.

As plastic surgeons, we must comply with Federal and State laws as well as a range of rules and guidelines established by various bodies and statutory authorities such as: the Medical Board of Australia; State Health Departments; Consumer Affairs; the Therapeutic Goods Administration; the Australian Competition and Consumer Commission; Medicare; the Australian Medical Council; the Royal Australasian College of Surgeon (RACS); and the hospitals in which we work.

The ASPS Code of Practice does not replace or detract from any of the above. It is intended to sit alongside these other ethical and regulatory frameworks, and provide specific guidance on issues relevant to plastic surgery. It is therefore not an exhaustive ethical and professional code, and members will need to ensure that they comply with other relevant codes and guidelines as well.

Members must also be aware that some States have regulations that, in some areas, may be more restrictive than the principles set out in this Code. It is the responsibility of all members to familiarise themselves with applicable laws and regulations in their State.

Acknowledgement

The development of the ASPS Code of Conduct was achieved through the cooperative effort of ASPS Council and its members and the broader community. Over a period of three years from 2008-2010, a series of consultations, discussions, focus groups and road shows harnessed the views of current and future members of ASPS as well as key stakeholders.

In developing this Code, particular thanks must go to the tireless efforts of the ASPS Ethics Committee chaired by Dr Garry Buckland, co-chaired by Dr Heather Cleland and ably supported by the ASPS Chief Executive, Gaye Phillips.

The Code is intended to be a dynamic document that may be reviewed and modified from time to time to reflect changing principles and obligations.

Version: 2
Approved: 8 May 2015
Review: May 2016

General Principles

Members must demonstrate high standards of professionalism, integrity and ethical conduct in the practice of plastic surgery, and act at all times in the best interests of their patients.

They must strive to give effect to the values of ASPS which are:

- surgical excellence and ethical practice
- honesty and integrity
- respect for both patients and colleagues
- compassion
- accountability
- scholarship and collegiality

Members must at all times act in accordance with:

- the conduct required of them under Federal, State and Territory law and any Government rules or guidelines;
- all Codes and Guidelines of the Medical Board of Australia
- the Code of Conduct and other guidelines and standards of the Royal Australasian College of Surgeons; and
- the ethical and professional standards set out in this Code.

Members must ensure that they acquire and maintain the professional skills, experience and competence necessary to provide high quality care to their patients.

Members must respect the confidentiality of the information they hold about their patients.

Members must not engage in any activity which brings the practice of plastic surgery or ASPS into disrepute.

Members must conform to the codes and bylaws of the institutions in which they work.

1. **Definitions**

In these Rules:

Medically Qualified means, in respect of a person, a person who is registered to practice medicine in Australia and its administered territories.

Procedure means an open plastic surgery procedure, being either:

(a) an open reconstructive surgery procedure; or

(b) an open cosmetic surgery procedure; or

(c) a reconstructive and a cosmetic surgery procedure, at least one of which is an open procedure.

For the avoidance of doubt, a Procedure does not include:

(d) a cosmetic injection; or

(e) laser therapy.

Receive a Financial Benefit

(a) In determining whether a Financial Benefit is Received:

(i) give a broad interpretation to financial benefits being received, even if criminal or civil penalties may be involved; and

(ii) the economic and commercial substance of conduct is to prevail over its legal form; and

(iii) disregard any consideration that is or may be received for the benefit, even if the consideration is adequate.

(b) Receiving a Financial Benefit includes the following:

(i) receiving a financial benefit indirectly, for example, through one or more interposed entities;

(ii) receiving a financial benefit by making an informal agreement, oral agreement or an agreement that has no binding force;

(iii) receiving a financial benefit that does not involve paying money (for example by receiving a financial advantage).

(c) The following are examples of Receiving a Financial Benefit from a person:

(i) receiving finance or property from a person;

(ii) buying an asset from or selling an asset to the person;

(iii) leasing an asset from or to the person;

(iv) supplying services to or receiving services from the person;

(v) receiving a grant of securities or an option from the person;

(vi) having the person take up or release an obligation.

Surgically Qualified means, in respect of a person, a person who has an Australian Medical Council-accredited specialist surgical qualification.

2. Upholding the Reputation and Standards of the Practice of Plastic Surgery

2.1 Members must at all times maintain high standards in their practice of plastic surgery, and must not act in a way that may bring ASPS or the practice of plastic surgery into disrepute.

2.2 Conduct that may amount to a breach of clause 2.1 includes, but is not limited to:

(a) practising in a way that exposes patients to an unnecessary or inappropriate level of risk;

(b) making inappropriate representations about the potential benefits and risks of Procedures; and

(c) a breach of clause 6.1.

3. Advertising

3.1 Members must familiarise themselves with the Guidelines for Advertising Regulated Health Services issued by the Medical Board of Australia. These Guidelines set out detailed and specific requirements in relation to:

(a) What constitutes “advertising” by a medical practitioner;

(b) The substantiation of advertising claims;

(c) The responsibility of individual medical practitioners for the nature and content of any advertising relating to health services they provide;

(d) What kinds of statements or other information are acceptable in the advertising of health services;

(e) What kinds of statements of other information are unacceptable in the advertising of health services;

(f) The use of graphic or visual representations, such as “before and after” photos;

(g) The use of comparative advertising;

(h) Advertising of qualifications and titles;

(i) Advertising of price information;

(j) Offering gifts or discounts;

(k) The use of scientific information in advertising; and

(l) Advertising of therapeutic goods, including scheduled medicines and vitamin supplements.

3.2 Members must be aware of the requirements of these Guidelines, and must ensure that they comply with them in every respect. A failure to comply with the Guidelines may constitute unprofessional conduct or professional misconduct on the part of the Member, as well as being a breach of this Code.

4. Financial Arrangements

4.1 Members must make a full written disclosure to patients of what the cost of their treatment will be. The disclosure should be made at a sufficiently early stage to enable the patient to take cost considerations into account when deciding whether to undergo the treatment. The cost disclosure should include information about the possibility of further costs, should revision surgery be necessary.

4.2 Members must ensure that they do not have any financial conflict of interest that may influence their decisions and recommendations about patient care. The best interests of the patient must at all times be the paramount concern.

4.3 Members must disclose to patients any financial interest they have in any institution, company, arrangement or product related to any aspect of the patient's care.

4.4 Members must comply with the requirements of the Guidelines for Advertising Regulated Health Services issued by the Medical Board of Australia in relation to the advertising of price information and the use of gifts or discounts in advertising.

4.5 Members must be careful to ensure that finance arrangements or financial incentives are not offered to patients in such a way that they may act as an inappropriate influence on patient's decision as to whether the treatment is in his or her best interests. Examples of arrangements that are inappropriate include;

(a) giving a fee discount if the patient undergoes the surgery before a certain date;

(b) offering other benefits, such as airfares, accommodation, spa treatment etc.; and

(c) entering into any arrangements with patients to assist them in obtaining finance to pay for a Procedure, such as offering a credit facility (other than the use of a credit card), introducing the patient to a credit provider or providing information about possible loans.

4.6 Any bills rendered to patients by Trainees for work done assisting in the provision of plastic surgery services must be reasonable having regard to the Trainee's qualifications and level of experience. It is the responsibility of the individual Trainee to comply with relevant laws and guidelines in this respect, including obligations under employment contracts.

4.7 Members who use the services of Trainees outside the public hospital system should ensure, to the extent they are able to do so, that the Trainees receive appropriate payment for their work.

4.8 Members must not submit fee claims to any organisation, such as Medicare or Workcover, unless they are satisfied that each claim is proper and meets the legal and other requirements of the relevant organisation.

5. Pre and Post-Operative Surgical Care

5.1 Members must take personal responsibility for ensuring that their patients are adequately informed of the nature of the proposed treatment, the likely post-operative course, and the

possible risks, side-effects and complications. Wherever possible, the information should be provided in writing. Patients must receive this information at an early stage so they can make an informed decision about whether to agree to the treatment. They must be given sufficient time to consider the information, and have an opportunity to ask questions.

5.2 In a public hospital setting, members may sometimes rely on registrars or other medical staff to discuss the Procedure with the patient and perform the pre-operative assessment. However, the plastic surgeon remains responsible for ensuring that the patient has been fully informed and adequately prepared for surgery.

5.3 Outside the public hospital setting, members must have an established relationship with the patient prior to undertaking any treatment. Members must personally conduct at least one pre-operative consultation with the patient and, unless the treatment is required urgently, the consultation must take place before the patient's admission to hospital. In most cases, and with all cosmetic surgery, at least two pre-operative consultations would be appropriate.

5.4 On-line consulting with a patient is not appropriate unless it is limited to the provision of general information about treatment options, and their potential risks and side-effects. No final diagnosis or recommendation for surgery should be made without a face-to-face consultation with the patient.

Cooling Off Period for Cosmetic Procedures

5.5 With cosmetic Procedures, it is particularly important that the patient is given sufficient time to think about whether the procedure is in his or her best interests. Members must ensure that there is a "cooling off" period of not less than ten days between the initial consultation with the patient and the cosmetic surgery procedure during which it must be made clear that the patient is free to withdraw from the procedure with no penalty. The patient must be told about the cooling off period prominently in writing.

5.6 Ideally, no deposit should be taken from the patient prior to the end of the cooling off period. If a deposit is taken, it should be fully refundable if the patient decides not to proceed with surgery.

Cosmetic Procedures for Patients under 18

5.7 Some States have specific rules to cover cosmetic procedures for patients under the age of 18. In Queensland, for example, it is unlawful to perform a cosmetic procedure on a patient under 18, while in New South Wales, there are special requirements for a "cooling off" period for these patients. Members must be aware of the law governing treatment for minors in their State or Territory. Even where cosmetic surgery is not specifically prohibited for patients under 18, members must exercise particular care when treating such patients to ensure that the treatment is in the patient's best interests and that legal requirements in relation to consent are satisfied.

Post-Operative Care

5.8 Members are responsible for ensuring that patients receive appropriate post-operative care and follow-up. If they cannot attend to this personally, they must make formal arrangements for the patient's post-operative care, and take steps to ensure that the patient, other treating health professionals and, if applicable, the clinic or hospital are made aware of these arrangements.

Itinerant Surgery

5.9 Members must exercise care when agreeing to perform itinerant surgery in a town or region that they visit for short periods only. While arrangements of this kind are sometimes in the best interests of patients, in that they increase the availability of specialist plastic surgery services, they carry inherent risks because the plastic surgeon may not be able to undertake necessary post-operative care and follow-up.

5.10 Members should only perform itinerant surgery if they have satisfied themselves that the local health facilities are adequate for the nature of the surgery to be undertaken and the local medical personnel have the necessary skills and experience to provide appropriate post-operative care. Arrangements must be in place for the emergency transfer of patients, if medically required.

Complications and Adverse Events

5.11 If a patient suffers an adverse event, or has an outcome that is less favourable than expected, members must provide the patient with an open and honest explanation of what has happened. There should be no attempt to cover up any complication or medical error.

5.12 Members must take responsibility for ensuring that the patient receives any further treatment required. They should seek a second opinion or refer the patient to another specialist, if this is in the best interests of the patient or if the patient requests it.

5.13 Revision surgery will sometimes be necessary even where there was no negligence or lack of skill or care in relation to the original surgery. This should be explained to the patient in advance. Where a patient requires revision surgery, members should take into account the out-of-pocket expense to the patient when determining the surgeon's fee for the revision surgery. If performing revision surgery on another surgeon's patient, members should be careful not to make inappropriate comments about the treatment provided by the previous surgeon.

6. Involvement of Non-Surgically or Non-Medically Qualified Persons in Procedures

6.1 A member must not Receive a Financial Benefit in connection with another person performing a Procedure unless:

(a) the other person is likely to provide the standard of care and expertise that could reasonably be expected of a person who is Surgically Qualified; or

(b) the member reasonably expects that the Procedure will only be performed:

(i) where medically necessary; and

(ii) in a geographical area of under-resourced need.

6.2 Some members may wish to employ or engage non-Medically Qualified persons, such as nurses or beauty therapists, to assist with performance of Procedures or other patient care. In these cases, the member must:

(a) ensure that those persons have the appropriate qualifications and training to provide that care; and

(b) provide adequate supervision of those persons and retain responsibility for patient care at all times.

6.3 A member must not encourage or permit non-Medically Qualified persons, such as nurses or beauty therapists, to administer "prescription only" medication, unless the member has previously had an in person consultation with the patient (not including telemedicine) to determine whether the treatment is appropriate and has prescribed the medication.

7. Relationships with the Pharmaceutical and Medical Device Industries

7.1 Members must comply fully with the RACS Guidelines on Surgeons and Trainees Interactions with the Medical Industry. Members must also be aware of the Codes of Conduct of Medicines Australia and the Medical Technology Association of Australia which

regulate advertising and promotional activities by industry. In relation to plastic surgery, in particular, the following provisions of the RACS Guidelines are relevant:

(a) Members must not accept financial remuneration, either by way of money or goods or services, based solely or partly on the use, or expectation of use, of medication, devices or prostheses.

(b) Members must not enter into any financial arrangement that could influence, or be reasonably expected to influence, the decisions they make on behalf of their patients. All such arrangements must be able to withstand public and professional scrutiny and conform to professional and community standards, ethics and expectations.

(c) Members must declare to the patient any arrangement with the medical industry that results in benefit, financial or non-financial, to the member, before any recommendations or decisions with respect to medication, prostheses, devices or technology on behalf of the patient are made.

(d) Except where they have been involved in the creation or development of a medical product, members must not promote or endorse a product other than by demonstrating or training others in the use of the product.

(e) Members must distance themselves from financial grants obtained from the medical industry. For example, educational grants should be directed to organising bodies, and payment for specific fellowship training should be by way of the specialist organisations.

(f) Members must not accept any financial support, direct or indirect, from the medical industry for attending educational meetings. The venue for such meetings should not be excessive or extravagant; the reason for a member deciding to attend should be the educational content, not the venue.

8. Use of the ASPS Name and Logo

8.1 Members must not hold themselves out as representing ASPS in any public forum or media communication, unless prior authorisation has been given by the President or Chief Executive.

8.2 Members may re-produce the ASPS logo on their stationery or in advertisements or promotional material for the sole purpose of communicating that they are a member of ASPS. Any other use of the logo is not permitted, except with the prior authorisation of the President or Chief Executive.

8.3 The ASPS name or logo should not be used alongside or in association with any sexually provocative photos, or in any other way that might cause damage to the name or reputation of ASPS.

9. Mandatory Notification

9.1 Members must be aware of and comply with their obligation to report “notifiable conduct” on the part of another medical practitioner to the Australian Health Practitioner Regulation Agency (AHPRA) under the *Health Practitioner Regulation National Law* (as it applies in each State or Territory) and the Guidelines for Mandatory Notifications issued by the Medical Board of Australia. The obligation to report applies to certain types of serious misconduct, such as placing the public at risk of harm by reason of a significant departure from accepted professional standards, practising while intoxicated, or engaging in sexual misconduct.

9.2 Mandatory notification in these circumstances is a legal requirement that applies independently of this Code. Members who become aware of such behaviour on the part of another medical practitioner must report it to AHPRA.

10. Compliance with this Code

10.1 Upon becoming a member of ASPS and at the time of each annual renewal, members are required, as a condition of membership of ASPS, to sign a written acknowledgement that they:

(a) have read and agree to comply with:

(i) all Codes and Guidelines of the Medical Board of Australia;

(ii) the RACS Code of Conduct and other RACS standards and policies; and

(iii) this Code of Practice.

(b) have complied with these Codes, Guidelines, standards and policies in their professional practice over the previous 12 months; and

(c) agree to submit to the RACS disciplinary procedure (see RACS Policy on Handling Potential Breaches, November 2009) if a complaint is made against them and to be bound by the outcome of the procedure.

The written acknowledgment must be signed by all members of ASPS, including those who are not Fellows of RACS or not current financial members of RACS.

Note: Any complaints to be made in respect of this Code of Practice must be made in accordance with the process set out in the ASPS Constitution.

Extract from the ASPS Constitution (Professional conduct, complaints and disciplining of members, Rules 81 - 95)

81. All members (and trainees) are bound to comply with the Society's Code of Practice. The Code of Practice supersedes the Guidelines for Professional Conduct (2006), which are no longer in force.

82. Any person may bring a complaint against a member of the Society. Complaints must be in writing addressed to the Chief Executive of the Society. Anonymous complaints will not be accepted.

83. The Chief Executive will refer any complaint received, and any matter relating to a breach or potential breach of the Society's Code of Practice by a member (whether or not a complaint has been received about that member), to the Society's Ethics Committee. The Ethics Committee will review the referral from the Chief Executive under this Rule at its next meeting and do one or more of the following:

(a) if the referral raises issues that may involve unprofessional conduct on the part of a member, a risk to patient safety, or a breach of any of the AHPRA Codes or Guidelines, refer the matter to AHPRA (or in the case of some NSW complaints, the Medical Council of NSW) for investigation and determination under applicable legislation;

(b) in the case of a referral that warrants further substantive investigation in relation to a matter that, in the opinion of the Ethics Committee, is more properly dealt with by the RACS, refer the matter to RACS for investigation and determination under the RACS disciplinary procedure (see RACS Policy on Handling Potential Breaches, November 2009);

(c) if the referral raises issues that the Ethics Committee considers it is able to deal with itself, deal with the referral in accordance with Rule 86 below; or

(d) if the complaint received, in the opinion of the Ethics Committee, appears frivolous or vexatious, or the referral to it does not raise issues of significance such as to warrant further investigation, dismiss the complaint or referral and inform the complainant and the member to whom the complaint or referral relates accordingly.

84. Where a complaint against a member, or a referral from the Chief Executive, is referred for further investigation under sub-Rule 83(a), the Ethics Committee will review the findings of the investigation, once concluded, and make recommendations to the Council as to what action, if any, the Society should take based on the findings of the investigation.

85. Where a complaint or referral from the Chief Executive is referred to RACS for investigation and determination under sub-Rule 83(b), the decision of RACS will be final and binding, and the Council of the Society will take whatever steps are necessary to give effect to the RACS decision.

86. If the Ethics Committee decides to deal with the complaint itself under sub-Rule 83(c) above, it will:

(a) inform the member in writing of the details of the complaint or referral from the Chief Executive, provide a copy of the complaint or referral from the Chief Executive, and a copy of Rules 81 to 94, and give the member 28 days within which to provide a written or oral response, or both, to the complaint;

(b) undertake such further investigation of the complaint or referral from the Chief Executive as the Ethics Committee, in its absolute discretion, considers appropriate;

(c) *thereafter determine the complaint or referral from the Chief Executive taking into account the matters contained in the complaint or the referral from the Chief Executive, the response received from the member and the results of the further investigation, if any, undertaken by the Ethics Committee;*

(d) *make recommendations to the Council as to what action, if any, the Society should take in response to the complaint or the referral from the Chief Executive.*

87. *Recommendations made by the Ethics Committee under Rule 84 or 86 above as to what action, if any, the Council should take may include any or all of the following:*

(a) *dismissing the complaint or referral from the Chief Executive;*

(b) *requiring the member to participate in counselling or other remedial programs;*

(c) *requiring the member to sign a statutory declaration stating that he or she will in future comply with this Code and other relevant Codes of Conduct;*

(d) *reprimanding the member;*

(e) *imposing conditions on the member's membership of the Society;*

(f) *if the member has persistently refused or neglected to comply with a provision of these Rules, or has persistently acted in a manner prejudicial to the interests of the Society, suspending the member's membership of the Society for a specified period of time;*

(g) *if the member has persistently refused or neglected to comply with a provision of these Rules, or has persistently acted in a manner prejudicial to the interests of the Society, expelling the member from the Society.*

88. *When making its recommendation, the Ethics Committee must review any complaints previously made against the member, and any previous referrals from the Chief Executive in relation to the member, and, where appropriate, take the complaints and referral history into account. Where the member has already received two periods of suspension from the Society within the previous five years, the Ethics Committee must bring this to the attention of the Council so that the Council can consider whether to expel the member from the Society.*

89. *The Council will consider the recommendations of the Ethics Committee at its next meeting and will decide what action, if any, should be taken in response to the complaint or referral from the Chief Executive.*

90. *Before imposing any of the sanctions referred to in Rule 87 above (other than dismissing the complaint or referral from the Chief Executive) the Council will provide the member with 7 day's notice of its intended sanction and provide the member with an opportunity to make written or oral submissions, or both, to the Council going only to the sanction to be imposed. Having considered those submissions the Council will make its decision on the sanction, and will write to the member and the complainant informing them of its decision.*

91. *Any decision by the Council to reprimand, impose conditions on, suspend or expel a member will be published on the public domain of the Society's website.*

92. *A member may appeal to the Society in general meeting against a decision of the Council under Rule 89 to expel the member from the Society, within 7 days after notice of the decision is served on the member, by lodging with the secretary a notice to that effect. There is no right of appeal from a decision to apply a sanction other than expulsion.*

93. On receipt of a notice of appeal under Rule 92, the secretary must notify the Council which must call a general meeting of the Society to be held within 21 days after the date when the secretary received the notice or as soon as possible after that date.

94. Subject to the Act, section 50, at a general meeting of the Society called under Rule 93:

(a) no business other than the question of the appeal may be transacted; and

(b) the Council and the member must be given the opportunity to make representations in relation to the appeal orally or in writing, or both; and

(c) the members present must vote by secret ballot on the question of whether the decision to expel the member should be confirmed or revoked.

95. If the meeting passes a special resolution in favour of the confirmation of the decision to expel the member, that decision is confirmed.

End of extract

Schedule of Legislation

This Schedule of relevant legislation in each State and Territory is provided to assist members to identify laws that may be relevant to their professional practice. The schedule is not necessarily exhaustive, and members may need to seek legal advice from their medical defence organisation or elsewhere in order to ensure they have an accurate and up-to-date understanding of their legal obligations.

Commonwealth
Privacy Act 1988 (Cth)
Therapeutic Goods Act 1989 (Cth)
Trade Practices Act 1974 (Cth)
National Consumer Credit Protection Act 2009 (Cth)

New South Wales
Fair Trading Act 1987 (NSW)
Health Practitioner Regulation National Law (NSW)
Health Care Complaints Commission Act 1993 (NSW)
Health Records and Information Privacy Act 2002 (NSW)
Privacy and Personal Information Protection Act 1998 (NSW)

Queensland
Fair Trading Act 1989 (Qld) Health Practitioner National Law Act 2009 (Qld)
Health Practitioners (Professional Standards) Act 1999 (Qld)
Health Quality and Complaints Commission Act 2006 (Qld)
Information Privacy Act 2009 (Qld)
Medical Practitioners Registration Act 2001 (Qld)
Public Health Act 2005 (Qld)

South Australia
Fair Trading Act 1987 (SA)
Health and Community Services Complaints Act 2004 (SA)
Health Practitioners Regulation National Law (South Australia) Act 2010 (SA)

Tasmania
Fair Trading Act 1990 (Tas)
Health Complaints Act 1995 (Tas)
Health Practitioner Regulation (National Law) Act 2010 (Tas)

Victoria
Fair Trading Act 1999 (Vic)
Health Practitioner Regulation National Law (Victoria) Act 2009 (Vic)
Health Records Act 2001 (Vic)
Health Services (Conciliation and Review) Act 1987 (Vic)
Health Professions Registration Act 2005 (Vic)

Western Australia
Fair Trading Act 1987 (WA)
Health Services (Conciliation and Review) Act 1995 (WA)
Medical Practitioners Act 2008 (WA)

Australian Capital Territory
Fair Trading Act 1992 (ACT)
Health Practitioner Regulation National Law (ACT) Act 2010 (ACT)
Health Professionals Act 2004 (ACT) Health Records (Privacy and Access) Act 1997 (ACT)

Northern Territory
Consumer Affairs and Fair Trading Act 1990 (NT)
Health Practitioner Regulation (National Uniform Legislation) Act 2010 (NT)
Health Practitioners Act 2004 (NT)
Health and Community Services Complaints Act 1998 (NT)

The need for regulation of office-based procedures

Closing a regulatory gap to ensure patient safety in all surgical procedures

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Health services are delivered in a variety of settings, including public and private hospitals, day surgeries and practitioner offices. Office-based surgery has been practised safely in the United States for many years,[1] and has been embraced by surgical specialties such as otolaryngology,[2] vascular surgery,[3] general surgery including endoscopy, and plastic and reconstructive surgery including cosmetic procedures. However, unlike hospitals and day surgeries, office-based settings do not have regulations and quality controls in place to ensure that acceptable levels of care are implemented and monitored.

Public and private hospitals, day procedure centres and day hospitals must be accredited and comply with statutory requirements that differ considerably between Australian states but have similar safety and quality objectives. Despite overall good safety in office-based settings in the absence of such regulations, many adverse events have been reported in the US[4] and Australia. Several American authors have championed the cause of office-based surgery, pointing out that over-regulation or loss of office surgery would have a tremendous impact on the management of common surgical procedures.[5] However, given the increasing complexity

of surgery undertaken at these sites, lack of regulation of office-based surgery poses an unacceptable risk to patient safety. Further, patients are largely unaware of the inherent differences in safety and quality standards and controls that apply to surgical procedures performed at hospitals and day procedure centres compared with doctors' offices.

While office-based surgery is generally safe and cost-effective,[1] there is clearly a gap in quality and safety systems and regulations that needs to be closed. Nationally consistent requirements for office-based facilities should be implemented. These requirements should include independent accreditation of the facilities, credentialling of clinical staff, infection control, sterile supply, and clinical waste management. Building and facility issues and minimum quality and audit requirements must also be included. In the US, duration of anaesthesia has been shown to be an indicator of morbidity and mortality in office-based facial plastic surgery.[6] Another study has shown that significant changes in haemodynamic status occur during office-based endoscopic surgery.[7] Therefore, the scope and type of procedures that are to be accredited in office-based settings must also be carefully considered.

With regard to the practitioners who perform procedures, a two-tiered system has evolved in Australia. A contingent liability is placed upon hospitals and measures are taken by their medical advisory committees to test registrants to meet credentialling and scope-of-practice requirements. This system is open to all registrants who are recognised by the Australian Medical Council. However, similar credentialling of practitioners does not occur in the office-based setting.

Regulation of office-based procedures will also protect health care workers. Practical techniques to enhance the safety of health care workers in office-based surgery have been well documented. These techniques can be preoperative (organising the surgical field, considering alternative treatments for high-risk patients), intraoperative (safe handling and transferring of sharp instruments, working without using sharps, protecting from back-spray injuries) and postoperative (proper disposal of used sharps).[8] All these techniques should be incorporated into a simple system of accreditation for office-based facilities.

A recent report prepared under the auspices of the Australian Health Ministers' Conference highlights the increasing number of cosmetic surgical procedures being performed in office-based settings.[9] The report suggested a national framework to safeguard consumers based on five interdependent elements: the procedures, the promotion of the procedures, the practitioner, the patient, and the place.[9]

Having regard to these recommendations, the Australian Society of Plastic Surgeons (ASPS) has made a submission to the Australian Commission on Safety and Quality in Health Care. The ASPS has recommended that a modified version of the American Association for Accreditation of Ambulatory Surgery Facilities International Class A standards[10] should be used as the template for accreditation of office-based surgical facilities in Australia. These standards cover the general environment of the office-based setting and the specific environment of the procedure room, including equipment, infection control, emergency protocols, hazardous agents, medications, medical records, and provision for quality assessment and quality improvement. The standards should be supplemented by a transparent and robust credentialling process for the practitioners who provide services within these facilities.

There is no doubt that the safety of the Australian public is of paramount importance within our health care system. An urgent need exists for Australian regulatory authorities to rectify the lack of regulation in this burgeoning area of medical practice and provide a nationwide system of accreditation for office-based surgical facilities.

Competing interests: I am an elected councillor of the Australian Society of Plastic Surgeons.

Provenance: Commissioned; externally peer reviewed.

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10 American Association for Accreditation of Ambulatory Surgery Facilities International. International accreditation standards and checklist. http://www.ironworks.us.com/SFRWEB/PDFs%20Common/AAAASFI%20Surgical%20Standards%20Manual.pdf (accessed Apr 2012). ❑

MEDIA RELEASE 8 May 2015

Think over before you make over: Surgeons warn of health risks from hasty cosmetic surgery choices – estimated one in four don't check surgeon's credentials

The Australian Society of Plastic Surgeons (ASPS) is urging Australians to think very carefully before committing to cosmetic surgery procedures, whether in Australia or overseas, and inform themselves of all possible risks and possible consequences. "Our message is to 'think over before you make over' says ASPS President, Dr Tony Kane at the biennial Plastic Surgery Congress in Brisbane.

Additionally ASPS is calling for regulations to mandate a minimum 14 day cooling off period after the initial consultation, arguing the 7 day cooling off period in the Medical Board of Australia's draft recommendations on Cosmetic Surgery regulation doesn't go far enough.

"Alarmingly some people seem to spend more time researching a new hairdresser than they do their surgeon and rush into surgery they later regret," says Dr Kane.

"Our priority is patient safety. Since 2011 the Australian Society of Plastic Surgeon's Code of Conduct has included a 10 day cooling off period, however, we'd like to see the Medical Board go even further and implement a 14 day cooling off period."

"We are concerned that increasing numbers of Australians are having cosmetic procedures without fully understanding the potential risks and, importantly, without properly investigating the qualifications of the person undertaking their procedure or the facility in which it's being conducted."

"Despite a growing number of reports in the media of poor or disastrous outcomes, and sadly, even deaths, people are still rushing into cosmetic surgery with little consideration for their safety, often putting financial considerations ahead of their health," says Dr Kane.

"This is a global issue. Cosmetic surgery can have life-changing benefits for many people and more and more people will choose to take up this option but we urge them to make informed choices,," said British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) Vice President Dr Graeme Perks, who is attending the Plastic Surgery Congress in Brisbane.

BAPRAS recently launched a "Think over before you Make Over" campaign in conjunction with disturbing survey findings that showed that of the two million British considering cosmetic surgery each year, a quarter don't bother to check the credentials of their surgeon while a fifth aren't aware of the risk associated with different procedures," says Dr Perks.

"We believe an Australian survey would reveal similar results. We are seeing a growing number of patients requiring corrective surgery particularly to correct surgery conducted overseas," says Dr Kane. "People need to understand that cosmetic surgery is not trivial. It is serious, invasive surgery requiring anaesthetic and like any other surgery, involving an element of risk."

Australian Society *of* Plastic Surgeons

"That's why we implore people to take responsibility for their own health and personal safety by doing their homework ahead of any cosmetic surgery to ensure the decision you make is the right one for you."

The Australian Society of Plastic Surgeons encourages anyone considering cosmetic surgery to ask some simple, but crucial questions:

Who? Who is undertaking your surgery and are they appropriately qualified to do so? Is your surgeon a fully-qualified, accredited plastic and reconstructive surgeon? Beware of flashy websites – these don't necessarily reflect the skills or qualifications of the surgeon. You can check your surgeon's credentials with the Australian Society of Plastic Surgeons. You should have at least two face-to-face consultations ahead of your surgery to find out details of the surgery, the possible complications, and cost. You should be given a cooling off period to review your decision. If you are travelling overseas for surgery check whether your surgeon is a member of the International Society of Aesthetic Plastic Surgeons and whether you will meet them face-to-face ahead of the surgery.

Where? Where are you having your surgery? Whether it's overseas or in Australia, find out whether you having your procedure in an accredited hospital or day surgery? Is there resuscitation equipment on site in case of an emergency and is there a qualified anaesthetist supervising? If not, be warned, you are taking a risk.

What? What happens after the surgery? What after care is available, who will take care of any complications that may arise post-operatively. Post-operative is an important part of your surgery and needs to be considered as part of the entire process, particularly if you are travelling overseas. Lying by a pool sipping a cocktail ahead of a long haul flight home is not a safe form of post-operative care.

Why? Why are you having this surgery? What are you expectations of the results and what benefits do you anticipate? It's important to have a realistic understanding of the likely results and to be aware of the limitations of surgery. This is not the same as buying a new pair of shoes or a new hair-style. Take your time to consider it – don't rush your decision - and if you have any doubts, get a second opinion.

How? How much will it cost? Beware of cut-price offers or packages that include a holiday or travel. If it sounds too good to be true, it probably is. If you are getting a bargain price procedure, you need to ask where are the savings being made – is it in the level of care, the experience of the surgeon or the standard of the anaesthetic or facilities?

For more information: www.plasticsurgery.org.au

To interview Dr Tony Kane or Dr Graeme Perks, contact Edwina Gatenby, phone 0402 130 254 or edwina@maxicom.net.au