Australasian College of Cosmetic Surgery
Submission to the Medical Board of Australia
Draft guidelines
24 May 2012

Supplementary guidelines in relation to cosmetic medical or surgical procedures

In relation to adults

1. The first consultation should be with the operating doctor, not with an agent/ patient adviser.
2. Assessment should include:
a) An exploration of why the surgery/procedure is requested. Both external reasons (eg a perceived need to please others) and internal reasons (eg strong feelings about appearance) should be explored.
b) An exploration of the person's expectations of the requested surgery/procedure to ensure they are realistic
3. If there are indications that the person has self-esteem or mental health problems, the person should be referred to a GP or an appropriately qualified health professional (eg psychiatrist, psychologist or specialist counsellor) for review.
4. Informed written consent should be obtained at a pre-procedure consultation within a reasonable time period before the day of the procedure and reconfirmed on the day of the procedure.
5. A cooling-off period between the initial consult and performance of the procedure is encouraged.

Response: The College supports in principle these proposed changes to the Code of Professional Conduct. However, the College believes that proposed guideline 3 is vague. A self-esteem "problem" could imply anything from a normal response to some aesthetic concern, which a cosmetic procedure might ameliorate, to body Dysmorphic Disorder.

The College recommends that this proposed guideline be amended to:

> "If the doctor believes that there are indications that the person may have an underlying psychopathology such as Body Dysmorphic Disorder or other mental health condition or concern which may make them an unsuitable candidate for a cosmetic medical or surgical procedure, the person should be referred to a GP or an appropriately qualified health professional (eg psychiatrist, psychologist or specialist counsellor) for review."

In relation to children

In relation to a person under 18 years of age, the 5 provisions immediately above regarding adults should be supplemented or replaced (where the intent is inconsistent) by the following:
1. If the requested surgery/procedure has no medical justification there must be a 'cooling off' period of 3 months, followed by a further consultation during which the request is further explored. The requested surgery/procedure should not be scheduled at the initial consultation.
2. The person should be encouraged to discuss their desire for the surgery/procedure and any concerns with their general practitioner during the cooling off period.
3. The person should be assessed by an appropriately qualified health professional (e.g. psychiatrist, psychologist or specialist counsellor).

ACCS response: The College supports this proposed amendment.

Providing a suitable patient management plan

There should be protocols and pathways in place to cover all aspects of postoperative care, including the full range of complications, and arrangements with specific hospitals and staff to be involved in care should the patient unexpectedly require it.
2. There should be monitoring of patients receiving injectable opiates and use of narcotic medication generally.
3. The operating doctor is responsible for all aspects of pre-operative, operative and post-operative care. Delegation of care must be appropriate and arranged in advance of any procedure and these arrangements should be made known to the patient.
4. Documented post-operative instructions should be provided to patients to take home after the procedure.
5. On discharge, a patient must be provided with written information which tells them
a) How to contact the doctor if complications arise
b) Details of who they can contact if the doctor is not available
c) The usual range of post-operative symptoms
d) Where to go if the patient experiences unusual pain or symptoms
e) Appropriate instructions for medication and self care
f) Details of dates for follow up visits.

ACCS response: The College supports these proposed additions but questions why they would not apply to all doctors. They are applicable to all doctors performing surgical procedures. The College recommends that these provisions be amended to the Code of Professional Conduct but without narrowly referencing cosmetic procedures.

Providing good patient care

Treatment should only be provided if you have the appropriate training, expertise and experience in the particular cosmetic procedure being performed to deal with all routine aspects of care and any likely complications. 2. You are responsible for ensuring that you have the necessary training, expertise and experience to perform a particular cosmetic procedure with reasonable care and skill. If you do not comply with this requirement, you may be subject to a performance assessment required by the Board if there is reason to believe that your competence may be deficient.

ACCS response: The College supports the draft good patient care amendments. However, the College again questions why these changes should not apply to all practicing doctors.

The College also reiterates its concerns that patients may assume that a specialist recognised in one area of medicine or surgery may be appropriately qualified to perform a given cosmetic procedure or procedures merely because they have a specialist title. The College notes the warnings provided by the UK Department of Health that practitioner's qualifications in, for example, plastic and reconstructive surgery, **"**may not indicate that they have received any special training in cosmetic surgery, or that they have experience in doing cosmetic surgery or [in a] particular procedure".[1] A similar distinction was made by the UK National Confidential Enquiry into Patient Outcome and Death (2010), which warned:

> *"The present reliance on inclusion on the specialist register does not give any assurance that a surgeon has received adequate training in cosmetic surgery".*[2]

The College also notes that there is as yet no AMC recognised specialty of cosmetic surgery or commensurate recognised training program. The College also notes that a number of specialists continue to claim that they are fully trained in cosmetic surgery merely by dint of their specialist surgical qualification. The College has presented the MBA with evidence that this assertion cannot be supported and has the potential to interfere with patients' informed consent.

Therefore, in order to protect patients, the College recommends that the Draft guidelines adopt the following provision as included in the College's Code of Practice:

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1 (UK) Department of Health, 2008 www.dh.gov.uk/en/Publichealth/CosmeticSurgery/DH_4124199 (Accessed August 2010).
2 "On the face of it: a review of the organisational structures surrounding the practice of cosmetic surgery", *National Confidential Enquiry into Patient Outcome and Death (2010)*, p. 4-5.

> "Doctors must have available for patients a written summary (for example in the form of a resume) of their own training and experience. The summary is to be provided to patients at their first consultation or where the first consultation is other than face to face, by mail or email prior to that first consultation."

The College makes other recommendations included in its April 2011 submission to the Board.

Working with Patients

At the initial consultation, the person must be provided with written information in easily understood language about: a) What the surgery/procedure involves b) The range of possible outcomes of the surgery/procedure c) The risks and possible complications associated with the surgery/procedure d) Recovery times and specific requirements during the recovery period e) Information about your qualifications and experience f) Total cost g) That any deposits taken, be refunded fully or partly at any point prior to when the procedure is undertaken h) Other options for addressing the person's concerns i) Information should be displayed at the doctor's premises advising patients that there is a complaints process available and how to access it, beginning with approaching the operating doctor.

ACCS response: The College supports these draft provisions, though notes again that it is reasonable to emphasise that they apply to *all* practitioners as part of their duties obtain informed consent, particularly for elective procedures.

Professional behaviour

You should not provide or offer to provide financial inducements to agents for recruitment of patients (e.g. payment of a commission for patients recruited). 2. You should not offer financing schemes to patients (other than credit card facilities), either directly or through a third party, such as loans, as part of your cosmetic medical or surgical services.

ACCS response: The College supports these provisions. The College notes that a similar provision exists in its Code of Practice. However, the College intends to amend the code to more clearly prohibit third-party lenders' information appearing on practice websites, even as an information link, or on other promotional material. The College recommends that this prohibition be made clear in the draft guidelines.