

29 May 2015

Executive Officer
Medical Board of Australia
AHPRA
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Submitted via email: medboardconsultation@ahpra.gov.au

Dear Board members

Thank you for inviting the Consumers Health Forum of Australia (CHF) to provide comment on the consultation paper reviewing the regulation of cosmetic medical and surgical procedures provided by registered medical practitioners in Australia. We appreciate your active engagement with health consumers on this issue.

It is important to recognise that it is largely health consumers who stand to benefit from improvements in how the provision of these procedures by medical practitioners is regulated, and as such consumers have a stake in discussions about the proposed safeguards.

We have provided answers to the consultation questions most relevant to consumers and consumer groups.

Should you wish to discuss our responses in more detail, please contact CHF Policy Officer, Ms Mehak Vohra, on 02 6273 5444, or e-mail m.vohra@chf.org.au.

Yours sincerely



Leanne Wells
Chief Executive Officer

28 May 2015



Consumers
Health Forum
of Australia

Submission to Medical Board of Australia on Cosmetic Medical and Surgical Procedures provided by Registered Medical Practitioners

May 2015

Introduction

CHF is the national peak body representing the interests of Australian healthcare consumers. It works in the public interest to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

Australian consumers consistently report instances where they have made decisions to undergo cosmetic surgery without adequate information regarding procedure associated risks, practitioner qualifications, college affiliations, accreditation of facilities, financial impact, and post-procedural care. As noted in your paper, we have been advocating since 2013 for the significant scope for improvement in informed consumer consent processes in the cosmetic surgery industry.

We appreciate the Board's consideration of the problem and congratulate them for their work in endeavouring to address some of these issues; but as we discuss in more detail, we believe that more consideration ought to be made about the use of a combination of option 2 (consumer education) and option 3 (strengthened guidelines) as presented in the paper rather than proceeding with just one.

The demand and use of cosmetic surgery and procedures for aesthetic purposes only is on the rise on a global scale¹. A number of factors including promotion of 'ideal' appearances by media, and an increasingly ageing population are contributing to this demand. It is imperative that the Medical Board of Australia along with the Australian Government take responsibility for a nationally consistent approach to regulation of this private industry and protect consumers from potential harm. For these reasons, options 1 and 4 are found lacking and have not been considered as viable measures to address the issues discussed in the paper.

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

Questions 13, 14, 15 and 16

Consumer education material on its own will not be effective at addressing the health and financial risks currently posed by these procedures. The level of possible harm as a consequence of these risks is too high to be mitigated solely through increased consumer education. CHF encourages the Board to use a combination of regulatory and education approaches to address the problem holistically.

Consumer education must be co-designed through collaboration between a medical college (such as Royal Australasian College of Surgeons, Royal Australasian College of Physicians, or Australasian College of Cosmetic Surgery) and a consumer organisation. This approach will ensure that the materials are accurate, accessible, and simple to understand.

¹ International Society of Aesthetic Plastic Surgery, Global Statistics 2013 (<http://www.isaps.org/news/isaps-global-statistics>)

The partnership between the professional and consumer organisations will mean that the materials are promoted not only to general consumers considering cosmetic surgery but also to those that have made the decision, by the practitioners offering the services. This type of promotion has the potential to develop a culture of information sharing and promote patient-centred care.

Consumer education materials are becoming more important than ever as consumers are increasingly seeking health information online. A study by University of Sydney based on the Bettering the Evaluation and Care of Health (BEACH) data showed that over 50 per cent of Australians aged between 24-44 years that visited a GP also searched the internet for health information. On average almost 30 per cent of all Australians that visited a GP in 2013 had searched the internet for health information. This means consumer education materials will have more of a far reaching effect than considered by the Board, especially for first-time consumers and those that are still considering pursuit of surgery for aesthetic purposes.

The consumer education material should be designed in collaboration between a professional body and a consumer organisation such as Consumers Health Forum. The collaboration project could be funded through a number of organisations such as the Royal Australasian College of Surgeons, Australasian College of Cosmetic Surgery, Australian Commission on Safety and Quality in Healthcare or by the Medical Board through making a recommendation to the Federal Government. The materials should be kept up to date and relevant by the two organisations involved in their development on a two-yearly basis unless there is a drastic change.

The Board states that “When these cosmetic procedures are elective, this [cost] may be a disproportionate impact on the wider community”. Although this is correct, the Board and the funding body must consider the costs to the public healthcare systems as a consequence of complications arising due to the procedures, the emotional and administrative costs of the complaints process, as well as the safety of the growing population that consumes these services.

We suggest that the education materials be supplied at all medical practices that provide cosmetic surgery and procedures and on well-reputed websites renowned for promoting consumer health without bias.

Option 3: 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.

Questions 17, 18, 19, 20 and 21

We strongly support the inclusion of a mandatory cooling off period for adults considering cosmetic surgery in the guidelines. The cooling-off period should be 14 days instead of the proposed 7 days. The two-week cooling off period will give patients time to change their minds and consider the risks of the procedure. The 14 day cooling off period will also align with the UK's National Health Service guidelines, and place Australia on par with international standards.

We agree with the Board's proposal of incorporating, in the guidelines, a mandatory cooling off period for patients under the age of 18 who are considering a cosmetic medical or surgical procedure and that this period is three months. This three month cooling off period should occur after the patient has been assessed by a medical practitioner to determine whether the patient has significant underlying psychological problems which may make them an unsuitable candidate for the procedure.

For patients over the age of 18 years, if the medical practitioner determines the need then they should be expected to refer these patients to an independent psychologist or psychiatrist for evaluation. Most commonly consumers that are likely to be unsatisfied by the procedure are those that have a degree of body image disturbance and seek and re-seek surgery as a remedy to their psychological distress.

For patients younger than 18 years, it is reasonable to expect that registered medical practitioners refer all patients to an independent psychologist or psychiatrist for evaluation before a cosmetic medical or surgical procedure is performed, regardless of whether legislation exists. This guideline will put in place a nationally consistent safeguard that protects the most vulnerable consumer group.

If a three month cooling period and an evaluation by an independent psychologist or psychiatrist is required for consumers under the age of 18 seeking cosmetic surgery then any additional restrictions for these patients may be deemed as over-regulation.

A medical practitioner should have a face-to-face consultation with a patient before prescribing schedule 4 prescription only cosmetic injectables. Management of patient expectations and post-procedural risks are a major concern in the use of Schedule 4 cosmetic injectables. Additionally, cosmetic injectables account for a majority of the cosmetic procedures performed in Australia, therefore at minimum, consumers across Australia, should receive a proper consultation and access to an informed consent process.

The guidelines on their own will not be a sufficient substitute for consumer education materials. Although the draft guidelines are explicit in their statement and will be accessible through the Board's website, they are not simple and easy to understand. They are also not

written for a consumer audience and it is highly unlikely that consumers, actively seeking information, will regard it as a source of information for them.

The cost estimates and the assumptions made by the Board for the consumer scenarios are reasonable. However we are concerned that, due to the potential additional costs to patient inherent in this option, it carries the risk of consumers choosing cheaper alternatives such as procedures provided by unregistered medical practitioners and therefore potentially compromising on quality and their safety. It is therefore important that the Board work with relevant professional colleges and associations to promote the adoption of these guidelines by unregistered medical practitioners and establish national consistency in the provision of cosmetic medical and surgical procedures.

If the guidelines are not adopted across the sector then there is also the risk of a falsely inflated market as a result of this option. The Board should monitor these guidelines and their effectiveness over the two-year post implementation period and endeavour to translate them into Standards of practice that are mandatory rather than guiding in their design.

Preferred Option and Conclusion

From a consumers' perspective, a combination of options two and three is preferred at present. A combination of these two options will provide a balance of increased consumer awareness and patient safeguards. This approach will encourage patient choice and promote safety and trust in the industry.

Whilst the Board's proposal to include a two stage consent process where the patient has an initial consultation with a medical practitioner followed by a 'cooling off period' is the beginning of reform in this industry it does not address the need for mandated requirements.

Consumers need to have safeguards in place due to the lack of a nationally coherent complaints system and because of the attitude towards cosmetic procedures that deters patients from complaining due socio-cultural factors such as embarrassment and shame.

The proposed guidelines should be monitored for effectiveness and developed into regulations. Consumer education materials that raise awareness will support the reach and efficacy of the guidelines and protect consumers from making rushed and misinformed decisions.

CHF offers its support and collaboration to the Board on the implementation of a national approach to regulating cosmetic medical and surgical procedures, and raising consumer awareness to improve public safety.