29 May 2015

Executive Officer
Medical
AHPRA
GPO Box 9958
MELBOURNE VIC 3001

Via email: medboardconsultation@ahpra.gov.au

Dear Sir / Madam

Consultation – Registered medical practitioners who provide cosmetic medical and surgical procedures

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) thanks the Medical Board of Australia (MBA) for the opportunity to provide comments on its consultation paper regarding the effectiveness of current regulation on registered medical practitioners who provide cosmetic medical and surgical procedures.

RANZCO's mission is to drive improvements in eye health care in Australia, New Zealand and the Asia Pacific region through continuing exceptional training, education, research and advocacy. Underpinning all of RANZCO's work is a commitment to: best patient outcomes; providing contemporary education, training and continuing professional development; evidence based decision making; collaboration; and collegiality. RANZCO also seeks to educate the general public in all matters relating to vision and the health of the human eye and advocates for accessible ophthalmology services for patients.

RANZCO has reviewed each option posed by the MBA in close collaboration with the Australian and New Zealand Society of Ophthalmic Plastic Surgeons (ANZSOPS).

From the outset, RANZCO's favoured option(s) depends on the definition of cosmetic surgery used. The Department of Health is currently consulting with health insurers and numerous medical colleges, societies and associations through its Cosmetic Services Review Working Group to come to an agreed definition of cosmetic surgery. Any future MBA guidance must contain a definition consistent with that ultimately agreed by the Department, particularly given the mandate and expertise of the Working Group members, and the unwanted consequences of stakeholders being held to varying definitions.

The MBA's consultation paper uses the Medical Board of New Zealand's definition of cosmetic surgery which correctly places it outside any surgery done within the Medicare system, i.e. no

The Royal Australian and New Zealand College of Ophthalmologists ACN 000 644 404
94 - 98 Chalmers Street, Surry Hills NSW 2010 Australia
T 61 2 9690 1001 F 61 2 9690 1321 E ranzco@ranzco.edu
ranzco.edu

Medicare Benefits Schedule (MBS) item numbers are used, and conversely if surgeons use MBS item numbers the procedure is not being done as a cosmetic operation, by definition.

If in the future, there is any attempt to alter the definition of cosmetic surgery to include any MBS item work, then the following opinion would no longer hold.

The problem

RANZCO agrees that a problem exists in this area, as described by the consultation paper. Our experience is anecdotal, but universal, and includes patients whose decisions are rushed, ill-informed and confused regarding the qualifications of the treating doctor.

Some of the issues include:

- Quality of care from some practitioners who are not trained well enough
- Practitioners who have no affiliations with organisations which have minimum standards (and even with the lesser trained organisations there may be problems too)
- Misrepresentations by practitioners as to their qualifications and competence
- Inducements for surgery using financial loan arrangements
- Minimal or no informed consent
- Little information or educational material to explain the procedure, its aftermath and complications, and
- Poor aftercare arrangements

In light of the above, RANZCO's responses to the relevant questions posed in the consultation paper are as follows:

Question	Answer
1.	Yes.
2.	Yes, although some practitioner groups already supply information.
3.	This varies between groups of practitioners.
4.	Yes.
5.	Yes, empirically.
6.	Unknown.
7.	Unknown.
8.	Unknown.

Option One – Retain the status quo

Current guidelines are adequate for the vast majority of doctors who are trying to act in good faith, and with the interests of the patient first and foremost. However we believe that there is scope for more rigorous guidelines, which our members' current practice would still easily meet, but which would make control and prosecution of less ethical health care providers easier.

The Royal Australian and New Zealand College of Ophthalmologists ACN 000 644 404
94 - 98 Chalmers Street, Surry Hills NSW 2010 Australia
T 61 2 9690 1001 F 61 2 9690 1321 E ranzco@ranzco.edu
ranzco.edu

As such, RANZCO's responses to the consultation questions regarding Option One are as follows:

Question	Answer
9.	In a generic way, yes, but specifically, no.
10.	Existing arrangements are probably suitable however where some practitioners have no affiliations to a College or Society/Association there appears to be a lack of effectiveness of codes and guidelines being necessarily adhered to.
11.	Yes.
12.	No.

Option Two – Provision of consumer education material

Consumer education is of the utmost importance, and RANZCO believes there is always scope for improving this. The appropriate generic material should be produced (with standardised informed consent information, details about the practitioner's qualifications and experience, etc.) for all practitioners. Individual nuances can then be added by the medical profession in the final information pack given to the patient, including the informed financial consent. The medical profession must take ownership of the patient educational information with the most competent and highly trained groups ensuring the validity, accuracy, and bias-free presentation of the information.

Whilst independent sources of consumer education material sound like a good idea in theory, this in fact negates the expertise available via Medical Colleges - the bodies best placed to provide information. The area contains a great deal of subtlety and a constantly expanding pool of knowledge and techniques. As such, keeping the information specific and current enough to be useful is fundamental.

RANZCO would welcome the opportunity to take the lead on this in our areas of expertise. The ideal balance between independence and relevant expert knowledge can be achieved by the MBA including the relevant Colleges (including RACS and RANZCO) in the authorship of consumer education material and then, either via the respective College websites or a website owned and maintained by AHPRA, directing consumers to such sanctioned information. In this way, consumers may access useful, accurate and trustworthy information, and Colleges are able to share their specified and authoritative body of knowledge.

The costs for the provision of written educational material could be borne by the practitioner and the cost passed on to the patient. The minor administration costs for the establishment of website information, promulgation of changes to the guidelines etc. would need to be borne by the MBA/AHPRA.

The Royal Australian and New Zealand College of Ophthalmologists ACN 000 644 404
94 - 98 Chalmers Street, Surry Hills NSW 2010 Australia
T 61 2 9690 1001 F 61 2 9690 1321 E ranzco@ranzco.edu
ranzco.edu

A correction should be pointed out in regards to the last dot point in 12.1 (page 59), where it states "... *advising the patient that most cosmetic procedures are not covered by Medicare*" should have the word "*most*" deleted to be consistent with the MBA's definition of cosmetic surgery.

Given these issues, RANZCO's responses to the relevant questions posed in the consultation paper are as follows:

Question	Answer
13.	Yes, as described above.
14.	Medical practitioner groups, as described above.
15.	Practitioners, and finally patients (consumers) at a modest cost only.
16.	Possibly a reduction in litigation.

Option Three – New practice-specific guidelines for practitioners providing procedures

RANZCO is supportive of a cooling off period for cosmetic procedures. The duration is somewhat arbitrary, but 10-14 days seems reasonable.

Practitioners should be mindful of the psychological state of their patients, and act accordingly. Psychological or psychiatric assessment may not always be necessary – in some cases an extended cooling-off period or a compulsory second opinion would be perfectly reasonable.

Cosmetic surgery on those under 18 years of age is quite uncommon in our area of expertise, however RANZCO would advocate guidelines emphasising caution.

The College strongly believes that all patient consultations for cosmetic treatments (medical, surgical, injectables) should be held face to face with the surgeon. This is spelt out late in the paper with the desired guidelines for Option Three. All such medical/injectable treatments should be performed directly, or under the direct supervision of the appropriately qualified specialist. Injectable treatments should not be administered by other personnel (such as nurses) under remote supervision.

RANZCO's responses to the consultation questions regarding Option Three are as follows:

Question	Answer
17.	
17.1.	Yes, as described above.
17.2.	Yes, 30 days would be sufficient time to arrange a psychiatric/psychological assessment.
17.3.	Yes.
17.4.	Yes, if they are concerned.
17.5.	Yes.

The Royal Australian and New Zealand College of Ophthalmologists ACN 000 644 404
94 - 98 Chalmers Street, Surry Hills NSW 2010 Australia
T 61 2 9690 1001 F 61 2 9690 1321 E ranzco@ranzco.edu
ranzco.edu

17.6.	Unknown.
17.7.	Yes, and for all surgical procedures, as described above.
18.	Yes, the guidelines should mandate an initial consultation by the proceduralist before any surgery is undertaken.
19.	Yes.
20.	No.
21.	Yes.

Option Four - New practice-specific guidelines for practitioners providing procedures (less explicit guidance than under Option Three)

This Option does not appear to offer sufficient detail to be clear progress over the status-quo. RANZCO's responses to the relevant questions posed in the consultation paper are therefore as follows:

Question	Answer
22.	Yes.
23.	Unknown.
24.	Option Four is not our preferred option.

RANZCO has no comments in response to Questions 25 and 26.

Preferred options

RANZCO's preference is for Option Three, augmented by Option Two.

The College believes that if the goal is genuine reform of the cosmetic surgery industry, the minimum is Option Three. It is however very important that patient education (in Option Two) be a prominent feature of the arrangements. This should involve information that can be accessed on the MBA website, as well as material given to the patient by the surgeon at the time informed consent is given.

RANZCO is willing to provide further advice in regards to the issues raised above. Should you require any further information, please contact Mr Gerhard Schlenther at gschlenther@ranzco.edu.

Yours sincerely

David Andrews

Dr David Andrews
RANZCO CEO

The Royal Australian and New Zealand College of Ophthalmologists ACN 000 644 404
94 - 98 Chalmers Street, Surry Hills NSW 2010 Australia
T 61 2 9690 1001 F 61 2 9690 1321 E ranzco@ranzco.edu
ranzco.edu