AUSTRALASIAN ACADEMY OF FACIAL PLASTIC SURGERY

AAFPS

Postal Address:
AAFPS
Level 1
21 Spring Street
Bondi Junction
NSW 2022

Web Address:
www.AAFPS.com.au

28TH May 2015

The Executive Officer, Medical
Medical Board of Australia
AHPRA
GPO Box 9958
Melbourne VIC 3001
medboardconsultation@ahpra.gov.au

Dear Executive Officer,

SUBMISSION TO PUBLIC CONSULTATION: REGISTERED MEDICAL PRACTITIONERS WHO PROVIDE COSMETIC MEDICAL AND SURGICAL PROCEDURES

The Australasian Academy of Facial Plastic Surgery (AAFPS) is pleased to make a submission to the Medical Board of Australia's (MBA) public consultation on registered medical practitioners who provide cosmetic medical and surgical procedures.

The AAFPS is the only specialist group in Australasia focusing solely on Facial Plastic Surgery and is a founding member of the International Federation of Facial Plastic Surgery Societies (IFFPSS).

The AAFPS represents a large group of specialists in the field of Facial Plastic Surgery and should be involved in the consultatory and regulatory process.

About the AAFPS

The Australian Academy of Facial Plastic Surgery formed in 1990 and brought together a group of fully registered specialists who perform aesthetic and reconstructive procedures of the face, head and neck.

Membership of the academy is open only to specialists who practice in the area of the head and neck including: Otolaryngologists, head and neck surgeons, general Plastic Surgeons, General Surgeons (who practice in the head and neck), Ophthalmologists, Dermatologists, and Maxillo-Facial surgeons.

The AAFPS was formed under the auspice of the American association (AAFPRS) who represent over 3,000 facial plastic surgeons worldwide. Many of our facial plastic surgeons sit exams with the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS), a governing body that accredit specialist practitioners globally, adhering to a high standard of distinction.
As a group, we are committed to continual education, research and leadership for doctors and clients with an interest in the field of facial plastic surgery. We convene major Educational Conferences every year, inviting prominent international and local experts to exchange information, participate in interactive discussion and run hands on workshops promoting ongoing excellence to advance our medical knowledge.
Many members are involved in registrar and surgeon training within their original Surgical Societies including, Otolaryngology, head and neck surgeons, Ophthalmologists,

Dermatologists, general plastic surgeons, oral and faciomaxillary surgeons.

The Academy aims to provide a sharing environment and we endorse cross-specialty involvement as a means of informing and advancing medical knowledge.
We also endeavour to provide up-to-date information on procedures and developments in facial plastic surgery for our clients to enable them to make informed decisions when choosing reconstructive and cosmetic surgery.

Responses to Consultation Questions

1. **Do you agree with the nature and extent of the problem identified in this consultation paper, for consumers who seek cosmetic medical and surgical procedures provided by registered medical practitioners?**

   We feel that the market for Facial Plastic Surgery is competitive and there is an abundance of information.
   Many patients seek multiple opinions before committing to surgery.
   All members of the AAFPS have specialist qualifications (either ENT, Plastics, General Surgery, Ophthalmology, Maxillo-facial, or Dermatologist) and as such are guided by the principles of their original specialist groups. These qualifications are stated clearly on the AAFPS website making it very clear to consumers.
   The individual specialist groups have information available to the public about the various surgical procedures such as FRACS information sheets. In addition our patients are provided with access to latest Procedure Information sheets provided by the AAFPRS (American Academy).
   Being Specialists our patients are referred from General Practitioners. However the general practitioners may not have an extensive knowledge of who to refer to.
   We feel there may be more variable quality of results in the cosmetic field and we endeavor to encourage teaching and sharing of information to all Specialists in this field through our regular Educational Conferences.
   We agree that patients under 18 need great care with relation to consent but this is true for all procedures in young patients. As Facial Plastic Surgeons we commonly have younger patients come with their parents requesting such procedures as Otoplasty for prominent ears and Rhinoplasty for both functional and cosmetic reasons.

2. **Is there other evidence to suggest that there is a problem with consumers making rushed decisions to have cosmetic medical and surgical procedures provided by registered medical practitioners without adequate information?**

   We encourage our patients to research and understand the expectations of their intended surgery thoroughly. Our patients have usually done significant research and seen several surgeons before committing to surgery.

3. **Is there other evidence that consumers cannot access reliable information or are relying on inaccurate information when making decisions about these procedures?**

   We feel that our Specialist Societies are already supplying accurate information regarding the various Facial Plastic Surgery procedures.
   We note also that in this field patients are increasingly consulting information about their surgeons on public internet forums where they can openly discuss their expectations and results.

4. **Is there evidence that inappropriate use of qualifications and titles by medical**

practitioners may be misleading for consumers?

There may be confusion for consumers as to the term "Surgeon".
We feel the term "Surgeon" should be reserved for those who have had specialist surgical training such as FRACS or equivalent.
All our members clearly state their qualifications and have FRACS or equivalent.

The term "Facial Plastic Surgeon" has been in use for almost 100 years and many of the first Facial Plastic Surgeons were Otolaryngologists who developed the specialty after World War I treating disfigured soldiers. Indeed the specialty of Plastic Surgery evolved from these original Otolaryngolgists.
We feel the term "Facial Plastic Surgeon" should be used by specialist surgeons with an FRACS or equivalent who practice in cosmetic and reconstructive procedures in the head and neck (regardless of their original training specialty ie Otolaryngolgy-ENT or general Plastic Surgery)

5. **Is there evidence that offers of finance for these procedures may act as an inducement for consumers to commit to a procedure before they have had adequate time to consider the risks?**

   We do not feel the offer of finance should influence the consideration of risks. Surgeons should always follow ethical guidelines in recommending the best possible treatments or procedures. As such surgeons should certainly not obtain any commission for providing finance.
   Some patients may be price sensitive and this may influence their decision to take finance options. We note that finance is available for non cosmetic surgical procedures as well.

6. **Is there other evidence of disproportionate numbers of complaints or adverse events for consumers who have had these procedures?**
   Facial plastic surgery has low risk

   We are not aware of a disproportionate number of complaints in the area of Facial Plastic Surgery. In fact the evidence from the USA is that the number of complaints in Facial Plastic Surgery is in fact lower.
   Complaints may be due to the variability in the quality of results even by highly qualified specialists. Facial Plastic Surgery has been an evolving field and there is a greater understanding of the anatomy and of the surgical procedures over the last 10 – 15 years. This is ongoing and we attempt to keep all our members as informed as possible through our regular Educational Conferences.

7. **Is there other evidence to identify the magnitude and significance of the problem associated with cosmetic medical and surgical procedures provided by registered medical practitioners?**

   We are not aware of any.

8. **Is there other evidence that the current regulation of medical practitioners who provide cosmetic medical and surgical procedures is not adequately protecting the public and not providing clear guidance on the Board's expectations of practitioners?**

   All our members are currently regulated by their individual specialist societies which follow the Board's expectations.

Option 1

9. **Does the Board's current code of conduct and the existing codes and guidelines of the professional bodies provide adequate guidance to medical practitioners providing cosmetic medical and surgical procedures?**

   Yes the Board's current codes and guidelines for our specialist societies are adequate and in fact we have significant ongoing CPD requirements.

10. **How effective are existing professional codes and guidelines in addressing the problem identified by the Board?**

    We feel the existing guidelines are effective if followed.

11. **Do you agree with the costs and benefits associated with retaining the status quo as identified by the Board?**

    We feel the status quo is adequate for memebers of our specialist surgical groups within the AAFPS but cannot comment on this for non FRACS or equivalent practitioners.

12. **Are there other costs and benefits associated with retaining the status quo that the Board has not identified?**

    No.

Option 2

13. **Would consumer education material be effective in addressing the problem? If so, how could it be designed to ensure it is effective and kept up to date and relevant?**

    Consumer Education material is effective. Our various specialty subgroups already have excellent information sheets for various procedures For instance: ENT: Rhinoplasty and Otoplasty Procedure sheets (FRACS); Ophthalmolgy: Blepharoplasty Procedure sheets; General Plastics have procedure sheets for: browlift, blepharoplasty and facelift. As well we direct patients to the Patient Information provided on each procedure form the AAFPRS (American Academy) which is equally applicable for patients here.

14. **Who do you think is best placed to design consumer education material about cosmetic medical and surgical procedures provided by medical practitioners?**

    We think this educational material could be made by consulting all the stakeholder groups.

15. **Who should pay for the development of consumer education material?**

    The consumer should pay as it is to benefit the consumer.

16. **Are there any other costs and benefits associated with providing consumer education material that the Board has not identified?**

    No

Option3

17. The Board seeks feedback on elements for potential inclusion in guidelines:

17.1 Should there be a mandatory cooling off period for adults considering a cosmetic medical or surgical procedure (other than for minor procedures)? If so, is seven days reasonable?

Our members are encouraged to give informed consent and this usually involves two consultations with a "cooling off" period in between.
We do not think it sensible to define a time limit. There may be occasions where the patient only has a certain time available for a procedure and that may fall within a regulatory cooling off period. In such a case it would not be fair to withhold a treatment if the patient feels they have been adequately informed.

17.2 Should there be a mandatory cooling off period for patients under the age of 18 who are considering a cosmetic medical or surgical procedure? If so, is three months reasonable?

See above.
As stated earlier Facial Plastic Surgeons commonly have younger patients come with their parents requesting such procedures as Otoplasty for prominent ears and Rhinoplasty for both functional and cosmetic reasons. It would not be fair for them to have a mandatory 3 month wait especially when they may have restraints on times available during school holidays.

17.3 Should medical practitioners be expected to assess patients for indications that the patient has significant underlying psychological problems which may make them an unsuitable candidate for the procedure?

It would be helpful for a practitioner to know if a patient is unsuitable for cosmetic procedures due to underlying psychological problems however this can be difficult to assess at any time even if looking for such problems.

17.4 Should medical practitioners be expected to refer these patients to an independent psychologist or psychiatrist for evaluation?

See above. If a patient volunteers any psychological or psychiatric problems and the practitioner feels it may be helpful to involve a psychiatrist or psychologist then that may be reasonable. However we do not feel it reasonable to make this standard practice.

17.5 Is it reasonable to expect that registered medical practitioners refer all patients under the age of 18 to an independent psychologist or psychiatrist for evaluation before a cosmetic medical or surgical procedure is performed, regardless of whether legislation exists (as it does in Queensland via the *Public Health Act 2005*)?

As stated earlier Facial Plastic Surgeons commonly have younger patients come with their parents requesting such procedures as Otoplasty for prominent ears and Rhinoplasty for both functional and cosmetic reasons. It is unreasonable for all such patients to need to see a psychiatrist. However if the clinician deems it reasonable in an individual case then it would be sensible.

17.6 Should there be further restrictions for patients under the age of 18 who seek cosmetic medical and surgical procedures?

No

17.7 Should a medical practitioner be expected to have a face-to-face consultation (in person, not by video conference or similar) with a patient before prescribing schedule 4 prescription only cosmetic injectables? If not, why?

This should be at the discretion of the clinician however adequate assessment and record keeping is imperative.

18. Are there other elements not included in the draft guidelines at Attachment B that could be included?

No

19. Do you agree with the costs and benefits associated with guidelines with explicit guidance (option 3) as identified by the Board?

No

20. Are there other costs and benefits associated with guidelines with explicit guidance (option 3) that the Board has not identified?

Costs of administration and enforcement.

21. Would the benefits of guidelines with explicit guidance (option 3) outweigh the costs, or vice versa?

The costs may outweigh the benefits.

Option 4

22. Do you agree with the costs and benefits associated with guidelines which are less explicit (option 4) as identified by the Board?

No

23. Are there other costs and benefits associated with guidelines which are less explicit (option 4) that the Board has not identified?

N/A

24. Would the benefits of guidelines which are less explicit (option 4) outweigh the costs, or vice versa?

Costs outweigh the benefits?

Preferred Option from the Regulatory Impact Statement

Option 1 with some elements of option 2

Yours sincerely

Dr George Marcells MBBS FRACS
President AAFPS