

From: Mark Hanikeri

Sent: Friday, 29 May 2015 12:42 AM

To: medboardconsultation

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

- Thanks for the opportunity to provide input. I am a Specialist Plastic Surgeon. I agree that it is necessary to protect the public first and foremost and I see no better way of doing this than for the board and AHPRA to end=force honesty and to eliminate false claims by medical practitioners. To allow this to continue is to expose the public to risk as the public is not discerning when it comes to advertising and websites.

False claims in webs and print advertising are endemic and are not monitored. [REDACTED]

[REDACTED]

[REDACTED] In fact none [REDACTED] have had any training in surgery as recognised by the only surgical governing body in Australia (RACS). As someone who teaches medical students, interns and RMO's how to suture, I can assure you that none [REDACTED] would have had appropriate skills or training in surgery enough to call themselves surgeons. They have been "trained" by non-surgeons and should disclose this to the public.

To claim one is a "Dermatological surgeon" is misleading also as the college of dermatology does not come under the auspices of RACS and so these doctors are not surgeons. How does learning to cut out a skin cancer or mole give someone the skills to perform breast aesthetic surgery or liposuction?

General surgeons who perform mastectomies and simple breast reconstructions are allowed to call themselves "Oncoplastic Surgeons" or Oncoplastic and Reconstructive surgeons.

Whilst "facial plastic surgeons" are in fact surgeons (ENT surgeons), most of them also fool the public into thinking they have had training in Plastic and Reconstructive surgery when many have done no more than 6 months observership or fellowship in very limited techniques on the FACE, yet use this to call themselves "Facial Plastic and Reconstructive surgeons" or even "Plastic and Reconstructive surgeons" on their websites. I have had several patients with significant adverse outcomes who have seen one of these "Oncoplastic" or "Facial Plastic and Reconstructive Surgeons" for BREAST surgery believing that they were seeing a Plastic Surgeon due to the false marketing on the websites of these individuals. How is the public protected if they can see an ENT surgeon who has had no training in Breast surgery, who calls himself a Plastic Surgeon??? Specialist Plastic Surgeons have had extensive training in Breast cosmetic and Reconstructive surgery for at least 5 years before being allowed to operate on paying patients without supervision and yet [REDACTED] "Cosmetic Surgeons" and "Facial Plastic Surgeons" are able to operate on breasts without any formal training in breast surgery. How is this protecting the public?

I submit that any regulation of the cosmetic surgery industry MUST start with anyone performing surgery having qualifications recognised by RACS AND having to disclose their primary area of specialty training

I submit that practitioners should be made to be honest about their web, print and other media marketing with penalties for those who make false claims or assertions or in any way mislead the public.

- Option one – Retain the status quo of providing general guidance about the Board's expectations of medical practitioners providing these procedures via the Board's approved code of conduct

This is pointless and sends a message to the dodgy practitioners that they can continue without reproach

- **Option two – Provide consumer education material about the provision of cosmetic medical and surgical procedures by medical practitioners**

Good in theory as long as consumers have the ability to find this information and that the information accurately reflects the primary training of the practitioners as GP, ENT surgeon, General surgeon, Dermatologist or Plastic Surgeon. Probably the only viable way to protect the consumers since the practitioners have NO motivation to self regulate, do not follow any codes and there is no means for AHPRA or the medical board to do anything about those behaving in a way that put patients at risk unless there is a complaint. Even then, the board and AHPRA have little or no power.

Option three – 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

Useless!! The board has no teeth and no power. Dodgy practitioners such as the ACCS and Facial Plastic surgeons have little or no integrity and will thumb their nose at the guidelines as they always have

- Option four – Strengthen current guidance for medical practitioners providing cosmetic medical and surgical procedures through new, practice-specific guidelines as per option three but which provide less explicit guidance to medical practitioners.

Even more useless than 3 for the same reasons.

a seven-day cooling off period for all adults before procedures

THIS IS A GREAT IDEA AND SHOULD BE ENFORCED IF POSSIBLE LEGALLY!

- a three-month cooling off period before procedures for all under 18s, along with mandatory assessment by a registered psychologist or psychiatrist

A GOOD IDEA TO HAVE PSYCHOLOGICAL TESTING BUT THE 3 MONTH PERIOD MAY BE A LITTLE EXCESSIVE IN SOME CASES

- explicit guidance on informed patient consent, including clear information about risks and possible complications

A GOOD IDEA BUT HOW CAN THIS BE MONITORED OR AUDITED?
UNLIKELY TO BE FOLLOWED BY THE UNSCRUPULOUS PRACTITIONERS

- explicit responsibility for post-operative care by the treating practitioner, including emergency facilities when sedation or analgesia is involved

I CANNOT BELIEVE THIS IS NOT ALREADY LEGISLATED. HOW CAN PEOPLE ADMINISTER HEAVY SEDATIVE ANAESTHESIA WITHOUT APPROPRIATE CARE AND MONITORING? LOOK AT WHAT HAPPENED TO MICHAEL JACKSON!!

- mandatory face-to-face consultations before prescribing schedule 4 (prescription only) cosmetic injectables

AGREE THIS SHOULD BE ENFORCED. I KNOW OF NURSES ADMINISTERING BOTOX WHILST BEING “SUPERVISED” FROM 450 KM AWAY!

- detailed written information about costs and

AGREE IT SHOULD BE MANDATORY

- limits on where cosmetic procedures can be performed, to manage risk to patients.

SHOULD NOT BE ALLOWED OUTSIDE AN ACCREDITED HOSPITAL WITH FULL RESUSCITATION FACILITIES AND ANAESTHETIC SUPPORT

KIND REGARDS

Dr Mark Hanikeri MBBS, FRACS (Plast)

Specialist Plastic Surgeon

Western Australian Plastic Surgery Centre

Suite 215, St John of God Medical Centre, 25 McCourt St

Subiaco, WA, 6008, Australia

Tel: +61 8 9380 0311 Fax: +61 8 9380 0300

Email:

Web: www.plasticsurgerycentre.com.au