

Medical board discussion paper

In his recent speech at the national Press Club Professor Warwick Anderson has stated quite clearly that the majority of guidelines in place today are not evidence based. The medical board has very clearly stated that it has incomplete data to base its proposed changes upon. The discussion paper proposes to establish guidelines with incomplete evidence.

At the end of the last century when faced with this same problem the Florida Board of Medicine introduced mandatory reporting. It now has data on which to base its recommendations and the results are not what some expected. John Starling¹ published an interpretation of the data collected over 10 years.

He states that board certification, facility accreditation and physician hospital privileges did not seem to increase the safety of patients undergoing surgical procedures in the office based setting. In his concluding remarks he states "As physicians strive to practice evidence based medicine , we welcome evidence based regulations"

Clarity of expectations is always welcome when it can be seen to be realistic and based on good evidence. For the Board to suggest guidelines that are not evidence-based might provide restrictions which may be unnecessary and potentially burdensome.

Qualifications and training of providers varies

Whilst we do have data to show that the number of complaints is greater for cosmetic procedures , in Australia we have no data to support the assumption that accreditation or specialty training improves safety and indeed the Florida data clearly shows that these two things have no impact on safety outcomes.

Mandatory reporting would provide this data.

I don't know how expensive or difficult it would be to implement but mandatory reporting would appear to be the gold standard that we should move toward.

1. Starling et al, **Determining the Safety of Office-based Surgery: What 10 Years of Florida Data and 6 Years of Alabama Data Reveal.** Derm Surg 38,2,1, February 2012