

Senate Community Affairs References Committee: Questions on Notice: Senator Askew

11 October 2021

1. *Can you explain the training and qualifications required for fellows who perform plastic surgery?
How is this different to the qualifications obtained by cosmetic surgeons?*

Answer.

The training and qualifications required for registration as a specialist plastic surgeon?

The Plastic Surgery training program is an Australian Medical Council (**AMC**) accredited post graduate surgical training program that provides training in all subspecialities of the recognised medical speciality of Plastic Surgery including Aesthetic (Cosmetic) Surgery. This training is administered by the Royal Australasian College of Surgeons (**RACS**) and delivered by the Australian Board of Plastic and Reconstructive Surgery and the New Zealand Board of Plastic & Reconstructive Surgery. Both Boards teach the same Curriculum and have the same exit examination.

As the trainees advance through training (5 years), they are trained and mentored by Registered Specialist Plastic Surgeons in the safe and ethical practice of all aspects of Plastic Surgery. Trainers and Supervisors are Registered Plastic Surgeons who are leaders in their field. Prior to applying for the Surgical Education and Training (SET) Program in Plastic Surgery the candidate has usually completed 2-4 years of unaccredited training in plastic surgery which is usually preceded by 2-4 years of surgical residency rotating between all surgical specialties, thus attracting vocationally dedicated medical graduates.

Almost all Registered Plastic Surgeons are involved in teaching and training medical students, junior registrars and surgical trainees ensuring the future medical workforce is well trained to meet the demands of the future. Many Registered Plastic Surgeons are involved in cutting edge research that facilitates data driven decisions to provide evidence based plastic surgical care to all Australians that is both clinically and cost effective.

To continue to practice Plastic Surgery of the highest standard, the Registered Specialist Plastic Surgeon must comply with the RACS Continuing Professional Development (CPD) program as a condition of ongoing registration.

Given the extensive training program, the regular reviews by the AMC, and the ongoing professional oversight of the Australian Health Practitioners Regulation Agency (**AHPRA**), patients can be confident that their medical practitioner will be able to successfully complete the cosmetic surgery procedure they are considering.

How does registration as a plastic surgeon differ from the qualifications obtained by “cosmetic surgeons”?

Cosmetic surgery does not exist as an independent specialty. Cosmetic surgery falls within the scope of practice of several surgical specialties that are fully supported by AMC accredited specialist surgery training programs.¹

In comparison, many “cosmetic surgeons” have little or no formally accredited cosmetic surgery training. There is no way to determine the rigour of the educational backgrounds of this practitioner group.

The Australasian College of Cosmetic Surgery and Medicine (**ACCSM** or **College**) claims to provide two years of advanced training in cosmetic surgery. Specific details of their course are not publicly available. According to the ACCSM website, the organisation currently has 38 surgical Fellows and an additional 55 medical (non-surgical) Fellows for a total of 93 Fellows.² Additionally, there is no transparency as to the number of ACCSM Fellows who have successfully undertaken the ACCSM “training program” and how many were granted Fellowship positions by “special consideration” (i.e., Fellows who have not successfully completed the ACCSM “training program”).

It would be difficult for a potential patient to evaluate the skills, training, and expertise of an ACCSM Fellow given the lack of transparency and identified possible deficiencies in the ACCSM training program.

In its 2014 Review “*Assessment of Cosmetic Medical Practice as a Medical Specialty*”, the AMC noted several key concerns regarding the competency and capacity of ACCSM to provide medical education.³ These concerns include:

- “The relatively low numbers of members of the College raises questions about the College’s capacity to sustain the technical and professional infrastructure necessary to support the development and maintenance of a comprehensive set of standards.”
- “The Fellowship numbers of the College are likely to remain relatively small because of the small numbers of trainees entering the College training program. While medical education providers of varying size are able to demonstrate to the AMC a capacity to sustain high quality training, the Review Group was uncertain that the College, with 45 surgical Fellows and 90 medical Fellows, would have the ‘critical mass’ necessary to sustain a training, assessment and certification program.”

¹ There are currently 514 doctors registered by AHPRA as Specialist Plastic Surgeons in Australia. There are an additional 84 Plastic Surgery trainees in Australia. They will gradually enter the Australian registered specialist surgeon workforce over the next few years

² Data from ACCSM website accessed 27th September 2021.

³ AMC Report on Assessment of Cosmetic Medical Practice as a Medical Specialty, Recognition of Medical Specialties Advisory Committee, July 2014.

- “The Review Group considers that some of the College’s training standards needs to be enhanced. For example, the ACCSM’s Board of Censors has significant discretion to allow entry by special consideration, there is no description of equivalent surgical qualification needed for entry to the program and no details regarding minimum standards for logbook completion.”
- “The Review Group has concerns about standards relating to the training program, assessment and certification. These relate to the relatively short time frame of training (part time over 18 months to 2 years), the depth and breadth of trainees’ experience and the lack of detail about the level of involvement of trainees in procedures.”
- “It is unclear what standards are established for trainee experience in observation, assistance and as principal surgeon.”
- “The difficulty accessing patients where a trainee can act as principal clinician was highlighted by advice from senior representatives of the College that trainees routinely utilise family and friends to gain experience in procedures such as liposuction and the administration of Botulinum Toxin, a practice over which the Review Group holds significant concerns.”

Note regarding final point, that the Medical Board of Australia states “...*medical practitioners must not perform elective surgery (such as cosmetic surgery), to anyone with whom they have a close personal relationship.*” Failure to comply constitutes major professional misconduct.⁴

Based on transparency, governance, capacity, capability and ethical criteria, the ACCSM cannot claim to be a legitimate educational body capable of training practitioners to a widely accepted specialist standard.

2. *To ensure the safety of members of the public looking for cosmetic surgery, what recommendations would you make to provide clarity around qualifications of providers?*

Answer.

Total transparency of qualifications and proactive enforcement of misleading titles are key to patient safety.

To ensure the safety of members of the public looking for cosmetic surgery, the most effective recommendation is to ensure that practitioners are unable to conceal their lack of specialist registration behind a deceptive title. AHPRA has the power to restrict the use of the title “cosmetic surgeon” by practitioners who are not registered specialists. AHPRA can do that now by proactively enforcing Section 118 (1)(b) of the *Health Practitioner Regulation National Law Act 2009* (the **National Law**) before further patients are harmed.

AHPRA has assigned every medical practitioner a category of registration in accordance with the provisions of the National Law.

The most significant protective provision is the need for all medical practitioners to be registered by AHPRA and to comply with the provisions of the National Law.

⁴ Medical Board of Australia. *Good medical practice: a code of conduct for doctors in Australia.*

In accordance with the National Law, most practitioners qualify for general registration (129,066 practitioners), whilst a smaller number qualify for specialist registration (66,146 practitioners). Specialist registration in an approved specialty is available to those who have achieved Fellowship level from one of the recognised specialist training colleges. A recognised specialist training college is accredited by the AMC as having reached a sufficient standard in medical and surgical education in an approved specialty. There are currently 514 medical practitioners registered as a Specialist Plastic Surgeon in Australia.⁵

Use of title “Cosmetic surgeon”

There is a group of medical practitioners who do not have specialist registration with AHPRA who practice cosmetic surgery. They label themselves as “cosmetic surgeons”. This is the group that is creating a litany of poor patient outcomes, serious injury and a burden on scarce healthcare resources.

Consumer research shows that 86% of Australians believe that it is wrong for a non-specialist to use the title “Surgeon” and, when choosing to have surgery their preference is to engage a surgical specialist.

However, the title “cosmetic surgeon” implies to patients that the practitioner who uses that title is a surgical specialist. This is borne out by patient testimony. It is also confirmed by consumer research which indicates that 81% of Australians believe that when a practitioner uses the title “Cosmetic Surgeon” they must be a registered surgical specialist.

In 2019, ASAPS conducted a member survey on complications.

Over 85% of members surveyed reported having treated numerous patients in the preceding 12 months with complications following invasive surgery performed by doctors who were not registered as surgical specialists.

Some 25% of members surveyed reported having treated patients with life threatening complications including infections, following surgery performed by doctors who were not registered as surgical specialists.

Members reported numerous patients requiring multiple additional corrective surgeries to treat the complications including admission and treatment in intensive care.

A common theme linking these cases is frequent patient testimony, “I thought my doctor was a specialist”.

Clarity of qualifications

It is a fundamental right for patients to know exactly what sort of medical practitioner is going to treat them. To make a fully informed choice, they need to have this information before they decide. It is totally unsatisfactory to discover that your doctor was not a registered specialist after an adverse event has occurred.

⁵ Registrant data. Medical Board of Australia. Reporting period 01 April 2021 to 30 June 2021.

Full disclosure should be integral to the ethical behaviour of the practitioner. However, when practitioners knowingly and recklessly withhold materially important information, robust proactive preventative regulation is required. It is AHPRA's role to protect the public and enforce the law.

Important proactive public protection provisions exist in section 118 (1)(b) of the National Law. Section 118 (1)(b) states:

118 Claims by persons as to specialist registration

(1) A person who is not a specialist health practitioner must not knowingly or recklessly—

(a) take or use the title of “specialist health practitioner”, whether with or without any other words; or

(b) take or use a title, name, initial, symbol, word or description that, having regard to the circumstances in which it is taken or used, indicates or could be reasonably understood to indicate—

(i) the person is a specialist health practitioner; or

*(ii) the person is authorised or qualified to practice in a recognised specialty;
or*

(c) claim to be registered under this Law in a recognised specialty or hold himself or herself out as being registered under this Law in a recognised specialty; or

(d) claim to be qualified to practice as a specialist health practitioner.

When a practitioner who is not a registered specialist either “*knowingly or recklessly*” uses the title “cosmetic surgeon”, to convince a patient that they are a registered specialist in cosmetic surgery, this is contrary to the provisions of section 118(1)(b) - as is clear from above.

These issues have repeatedly been brought to AHPRA's attention. AHPRA has refused to act on this and to fulfill its obligations to protect the public. Instead, AHPRA has continually made the claim that since cosmetic surgery is not a recognised specialty, there cannot be a breach of section 118 (1)(b). This is clearly contrary to the clear statement of parliamentary intent as set out in the National Law to protect patients from unscrupulous practitioners.

Only by AHPRA acting proactively, can any more patients saying, “if only I had realised my doctor was not a registered specialist, I would never have proceeded with the surgery” be avoided.

Finally, to reiterate, ASAPS is not seeking to dictate what other practitioners choose to include in their scope of practice. If a patient chooses to undergo surgery by a non-specialist and provided the decision to do so is made under conditions of full disclosure, ASAPS respects the patient's fundamental sovereignty to autonomous choice.

Senate Community Affairs References Committee: Questions on Notice: Senator Hughes

11 October 2021

1. *What is your objection with a model which would ensure accreditation and registration of cosmetic surgeons?*

Answer: The Australasian Society of Aesthetic Plastic Surgeons (ASAPS) supports the current model for the accreditation and registration of medical practitioners as set out in the *Health Practitioner Regulation National Law Act 2009* (National Law), as it is fit for purpose and protects Australians; and all who practice cosmetic surgery should comply.

There is already a model that protects all Australians. This model ensures accreditation by the Australian Medical Council (AMC) and registration by the Australian Health Practitioners Regulation Agency (AHPRA) of all medical practitioners in accordance with provisions of the National Law. To protect the community, AMC, AHPRA and the Medical Board of Australia (MBA) work together to set standards and policies that must be met by all medical practitioners.¹

Protection of patients is best achieved through transparency. Registered surgical specialists do not use the term “cosmetic surgeon”. The term is most used by non-specialists who choose to perform cosmetic surgery. As consumer research and patient testimony demonstrates, most patients think that when a practitioner uses the term cosmetic surgeon, the practitioner must be a registered specialist. This is deceptive. It deprives patients of their fundamental right to make an informed decision. A decision that materially impacts on their health and wellbeing.

A new accreditation and registration model is not needed to protect patients. The National Law is already fit for purpose but action by AHPRA is required to protect the public, but they are currently failing to do so.

Medical practitioners are registered by AHPRA. Most practitioners have general registration (129,066 practitioners), and some have specialist registration (66,146 practitioners). Current models of accreditation and registration diverge into “General” and “Specialist” registration. General registration is available to medical school graduates (medical schools are accredited by the AMC) or foreign medical graduates (their pathway to Australian registration again mediated through the AMC).

Specialist registration in an approved specialty is available to those who have achieved Fellowship level from one of the recognised specialist training colleges. A recognised specialist training college is

¹ Registrant data. Medical Board of Australia. Reporting period 01 April 2021 to 30 June 2021.

one that has been accredited by the AMC as having reached a sufficient standard in medical and surgical education in an approved specialty.

Once a practitioner has achieved Fellowship status and is registered by AHPRA as a specialist, practitioners need to comply with their respective college's program of continuing professional development (CPD) to maintain specialist registration. This is very important as it ensures that practitioners remain current in a career that may span several decades.

There are currently 514 doctors registered by AHPRA as Specialist Plastic Surgeons in Australia.²

As a result, Australians rightly expect all surgical procedures to be performed to the highest possible standards. They expect their surgeons to meet nationally established standards, undertake regular training and be registered as specialists in surgery before performing surgery.

There is no justification for a lesser standard to apply to medical practitioners who provide cosmetic surgery which has risks, complications, and failures. Hence, we do not support a new model that disregards and bypasses the safety standards inherent in the current model. A logical and a better model to protect all Australians is to mandate that all practitioners who practice cosmetic surgery without being registered as surgeons must take steps to obtain the necessary accreditation and registration.

The fabricated title of “cosmetic surgeon” must be distinguished from the practice of “cosmetic surgery”.

The title “cosmetic surgeon” needs to be distinguished from the practice of “cosmetic surgery”. The first refers to a type of medical practitioner. Cosmetic surgery on the other hand is a field of surgical practice undertaken by medical practitioners.

As ASAPS and Australasian College of Cosmetic Surgery and Medicine (**ACCSM**) both indicated in verbal evidence, many practitioners who practice cosmetic surgery are not registered as surgical specialists with AHPRA.

Consumer research (see attached infographic) shows that 86% of Australians believe that it is wrong for a non-specialist to use the title “Surgeon” and, when choosing to have surgery their preference is to employ a surgical specialist.

However, the title “Cosmetic Surgeon” implies to patients that the practitioner who uses that title is a surgical specialist. This is borne out by patient testimony. It is also confirmed by consumer research which indicates that 81% of Australians believe that when a practitioner uses the title “Cosmetic Surgeon” they must be a registered surgical specialist.

The practice of cosmetic surgery is within the scope of practice of several surgical disciplines. Cosmetic surgical procedures are performed by, but not limited to, the following registered specialists:

- Plastic Surgeons
- Otolaryngologists

² Registrant data. Medical Board of Australia. Reporting period 01 April 2021 to 30 June 2021.

- Ophthalmologists
- General Surgeons
- Urologists
- Gynecologists.

Some practitioners choose to subspecialise in cosmetic surgery. It is important to note that subspecialisation implies a concentration of study and practice within a broader specialty. However, it is important to note that subspecialisation exists within fields of existing specialist practice. **Subspecialisation does not imply the creation of a new specialty.** For example, spinal surgery is an area of subspecialisation for both orthopaedic and neurosurgeons. Spinal surgery does not require the creation of a new specialty just because it is performed by surgeons from different accredited training schemes.

The common theme linking the above practitioners is that they have all completed an AMC accredited Fellowship and comply with ongoing CPD. They are all bound by their respective college's code of professional conduct. Compliance allows them to attain and then maintain specialist registration.

In Australia, registered surgical specialists have been providing world-class cosmetic surgery over several decades. They provide this with high levels of professional and ethical competence. They provide this in a collegiate environment that allows multidisciplinary dialogue to provide care that is exclusively focused on the patient.

Embedded in the registered specialist community and overseen by the regulator the existing model already ensures accreditation and registration for specialists who perform cosmetic surgery.

The AMC, the “Wells Report” and the Federal Court of Australia have all refused to recognise cosmetic surgery as a medical specialty.

New medical titles can be granted through a well-defined regulatory pathway. The process is detailed in: *Guidelines for the Recognition of Medical Specialties and Fields of Specialty Practice under the Health Practitioner Regulation National Law*, published jointly by the AMC and the MBA.³

In particular, the guidelines state:

“The COAG Health Council may approve a new or amended specialty only after a public benefit has been demonstrated. That is, applicants proposing a new or amended specialty for recognition under the National Law must establish that there is a need for requiring government intervention (regulation) in the interests of the public and that existing arrangements or other alternative non-regulatory options are unsatisfactory.”

In 2008, the ACCSM lodged an application with the AMC to have Cosmetic Medical Practice recognized as a Medical Specialty.⁴

³ *Guidelines for the Recognition of Medical Specialties and Fields of Specialty Practice under the Health Practitioner Regulation National Law.*

⁴ *AMC Report on Assessment of Cosmetic Medical Practice as a Medical Specialty, Recognition of Medical Specialties Advisory Committee, July 2014.*

In their submission, the ACCSM submitted a list of common cosmetic surgical and medical procedures including:

- Abdominoplasty (tummy tuck)
- Augmentation phalloplasty (penile enlargement)
- Blepharoplasty (eyelid surgery)
- Botulinum toxin therapy
- Breast reduction
- Augmentation mammoplasty
- Chemical peel
- Collagen/fat injection
- Dermabrasion
- Rhytidectomy (facelift)
- Laser resurfacing
- Liposuction
- Otoplasty
- Rhinoplasty
- Sclerotherapy

The AMC Review Group noted that many of the above procedures are used for non-cosmetic purposes in addition to cosmetic purposes. It also noted that most of these procedures have developed or evolved from disease modification or reconstructive surgical techniques. These are exactly the procedures that existing registered specialists are consistently performing in the context of regulatory oversight and accountability.

The Review Group considered that recognition of Cosmetic Medical Practice as a specialty would not improve the effectiveness of health care. The Group also recognized that recognition of Cosmetic Medical Practice as a specialty would not lead to harm reduction.

The MBA defines cosmetic medical and surgical procedures as:

“... operations and other procedures that revise or change the appearance, colour, texture, structure or position of normal bodily features with the dominant purpose of achieving what the patient perceives to be a more desirable appearance or boosting the patient’s self-esteem.”⁵

The crucial issue in this definition are the words “what the patient perceives”. The patient has a view about their current appearance, and this motivates a desire to seek change through medical or surgical intervention. Under this robust definition, “cosmetic” becomes a therapeutic indication. In other words, if a procedure is done to treat a recognized disease it is not considered cosmetic. If the **same** procedure is performed because the patient perceives there is an aesthetic issue, it is deemed cosmetic. On this basis, there is no justification to separate practitioners into those who treat disease

⁵ Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures. Medical Board of Australia, 1 October 2016.

and those who treat aesthetic issues when they would be using the same assessment techniques and surgical procedures to do so.

The ACCSM submission to the Committee states:

Ultimately, the application was unsuccessful since, for cosmetic medical practice, it remains not possible to satisfy the criterion of reduction in the ‘burden of disease’ set down by the AMC which must be met for the recognition of any new specialty.⁶

In fact, the assessment was undertaken against the criteria listed in the guidelines, *The Recognition of Medical Specialties: Policy and Process (2009)*. These criteria take a holistic view of the community benefit that would result from approval of a new medical specialty.

- Criterion I That the specialty is a well-defined, distinct and legitimate area of medical practice with a sustainable base in the medical profession.
- Criterion II That specialization in the area of practice is demonstrably contributing to substantial improvements in the quality and safety of healthcare.
- Criterion III That specialization in the area of practice is demonstrably contributing to substantial improvements in the standards of medical practice.
- Criterion IV That recognition of the specialty would be a wise use of resources.

In considering the application for recognition of “Cosmetic Medical Practice as a Medical Specialty”, the Recognition of Medical Specialties Advisory Committee found that judged against all four criteria, a case could not be made to support the application.

The AMC decided to refuse the application based on conclusions reached in a “Final Assessment Report” produced by the Review Group. The ACCSM sought a review of the decision, and the AMC appointed an independent review panel to conduct the review. The panel’s chair, Robert Wells, produced a report (the **Wells Report**), which was averse to the ACCSM.

Subsequently, the ACCSM made an application for judicial review in the Federal Court of Australia on the contention that the Wells Report was “deficient in law”. The Court upheld the AMC decision.

In conclusion, ASAPS fully supports all initiatives that enhance the efficacy and safety of healthcare for patients. There currently exists a robust system to ensure accreditation and registration for registered specialists who provide cosmetic services to patients. Community expectations demand that non-specialists who wish to provide cosmetic services, especially invasive surgical procedures, would need to achieve an educational and compliance standard equivalent to that of current specialist practice.

⁶ Australasian College of Cosmetic Surgery and Medicine. *Submission to Administration of registration and notifications by the Australian Health Practitioner Regulation Agency and related entities under the Health Practitioner Regulation National Law, 2021*

2. *How would removing the title cosmetic surgeon increase public safety rather than confuse the public?*

Answer: A prohibition on use of the title “cosmetic surgeon” will increase public welfare by reducing both public confusion and, more importantly, further patient harm.

The title “cosmetic surgeon” is currently used by a group of medical practitioners who are not registered surgical specialists. However, 81% of Australians believe that when a practitioner uses the term “cosmetic surgeon” the practitioner must be a registered specialist. This is not only confusing, but also knowingly and recklessly deceptive. Practitioners are motivated to use this title to hide the fact that they are not registered specialists.

This lack of transparency leads many patients into making treatment decisions which they may not have made under conditions of full disclosure. This arrangement works to the benefit of the practitioner at the expense of the patient. Because of the technical nature of medical practice, the practitioner has access to more information about themselves and their capabilities than does the patient. This is the problem of information asymmetry.

The reason for transparent titling is to mitigate information asymmetry. Transparency then facilitates a more informed choice by the patient. It is key to proactive patient protection.

It must be made clear that ASAPS’ submission to the Inquiry is exclusively focused on transparency. ASAPS is not motivated to dictate what other practitioners choose to include in their scope of practice. If a patient chooses to undergo surgery by a non-specialist and provided the decision to do so is made under conditions of full disclosure, ASAPS respects the patient’s fundamental sovereignty to autonomous choice.

AHPRA’s patient protection role is to ensure that patients can make fully informed choices by insisting practitioners engage in full disclosure, including their qualifications and registration status. Registration status is essential as it is based on AMC accredited training and compliance. Qualifications that fall outside the AMC process have not been independently benchmarked against the high standards expected by patients and the public of registered specialists.

3. *The AMC has reported that none of the existing surgical specialties provide proper training in cosmetic surgery. What therefore is your objection to protecting patients by an accreditation standard and register for all doctors performing cosmetic surgery with title restriction to be linked to the register?*

Answer: The AMC has not reported that “none of the existing surgical specialties provide proper training in cosmetic surgery.” The AMC accredited training program of Plastic Surgery includes training in the entire spectrum of cosmetic surgery. Cosmetic surgery is 1 of 10 subdisciplines of Plastic Surgery. In addition, cosmetic surgery falls within the scope of several surgical specialities and is fully supported by AMC accredited specialist surgery

training programs. The MBA has stated that the medical speciality of Plastic Surgery includes both Cosmetic Surgery and Reconstructive Surgery.⁷

ASAPS fully supports all doctors performing cosmetic surgery being accredited and registered specialists with the AMC and AHPRA.

In its submission the ACCSM again used a highly selective excerpt that has been repeatedly quoted out of context since the AMC Report was published in 2017.⁸ The issue of the 2017 AMC assessment is discussed in the ASAPS Supplementary Submission to the Inquiry. For the purposes of answering this question, it is appropriate to note the following:

- The 2017 AMC report is part of an ongoing process of dialogue between the specialist training colleges and the AMC. A subsequent inspection has occurred.
- The term “gap” is used throughout the document and applies not only to the assessment of plastic surgery training but also to other specialties such as orthopaedic surgery and neurosurgery. It denotes areas where improvements would be beneficial. It does not denote a complete void in an area of training as implied in the ACCSM submission.
- The honesty and transparency of the accreditation process facilitates a process of continuous curriculum improvement which the Plastic Surgery community welcomes. The objectives remain focused on achieving the best patient outcomes.
- No mention has been made of “gaps” in the training of ENT Surgeons or of other surgical specialties, all of which regularly perform cosmetic surgery within the AMC system of accreditation to a very high standard.
- There has been a more recent AMC accreditation of the Royal Australasian College of Surgeons. During the latest accreditation process, no new concerns were raised regarding cosmetic surgery training in the plastic surgery curriculum as set out in the attached letter to the ASAPS Supplementary Submission from Mr William Blake, FRACS, National Chair, Australian Board of Plastic & Reconstructive Surgery.
- Since the 2017 AMC assessment, the Plastic Surgery curriculum has transitioned from a traditional, time-based system to one based on competency and skills. ASAPS understands that this represents a world leading approach in post graduate surgical education.

In summary, Plastic Surgical training was fit for purpose in 2017. Further, the 2017 assessment is now completely out of date as set out in the ASAPS Supplementary Submission.

ASAPS believes that a register of appropriately skilled professionals already exists through the provisions of AHPRA’s Specialist Registry. These practitioners have complied with all requirements of AMC accreditation. AMC accredited training and compliance remains the gold standard competency benchmark. Further, a robust process exists for creation of any new specialty and for the creation of educational capabilities within that specialty within the AMC assessment regime if it is considered necessary. ASAPS has full faith in this system.

⁷ MBA Guidelines for Cosmetic Medical Practice, Oct 2016. Page 2

⁸ Accreditation Report: The training and education programs of the Royal Australasian College of Surgeons. Specialist Education Accreditation Committee, December 2017.

A new accreditation and registration model is not needed to protect patients. The National Law is already fit for purpose but action by APHRA is required to protect the public.

AHPRA presently uses section 150 of the National Law to place conditions on or suspend the practice of a doctor when complaints are submitted, a retroactive action but it should be doing much more. AHPRA has the power to proactively provide protection to vulnerable patients through the provisions of Section 118 (1)(b) of the National Law. Yet, AHPRA continues to refuse to fulfil its obligations. Obligations whose primary purpose is to prevent the inexcusable litany of poor patient outcomes that arise when patients are deceived into believing that when a practitioner uses the title “cosmetic surgeon” they must be a registered surgical specialist.

Know the Difference

8-12 more years

Only those who have completed an additional 8-12 years of training beyond their medical degree, including AMC accredited specialist surgical training, can lawfully use the title Plastic Surgeon.

100%

of ASAPS members are recognised by AHPRA, the AMC and Medicare as specialists in plastic surgery, and have 8-12 years of specialist surgical training beyond their degree.

93%

of Australians agree that it would be easier for patients to differentiate between surgeons and doctors, if all practitioners were to go by their official AHPRA title.*

~60%

of cosmetic surgery patients would have chosen differently if they knew their doctors were not qualified plastic surgeons.†

86%

of Australians agree that any doctor without any surgical training who is using the title 'surgeon' is wrong.*

Training & experience

Consumers often conclude that a cosmetic surgeon is best qualified to undertake a cosmetic procedure without recognising the gap in experience and training between a cosmetic surgeon and a registered specialist plastic surgeon.

THE LAW

Only doctors registered as specialists in the recognised speciality of 'plastic surgery' can call themselves 'Plastic Surgeons'.

THE FAKE TITLE

Cosmetic surgery is not recognised as a separate speciality. Doctors with NO specialist surgical registration portray themselves as surgeons by using the fake title, 'Cosmetic Surgeon'.

AUSTRALIANS EXPECT SURGEONS TO FOLLOW THE LAW

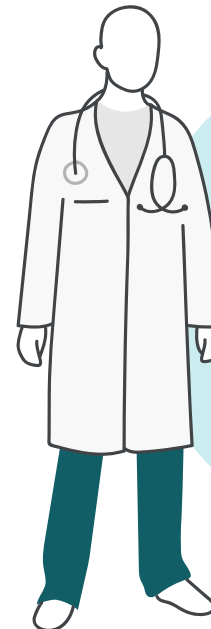
[93% of Australians expect all doctors to only use their official AHPRA title*]

**AHPRA REGISTERED
SPECIALIST
PLASTIC SURGEON**



VS

**UNREGISTERED
"COSMETIC"
SURGEON**



Practitioners who are not registered, specialist health practitioners must not falsely claim to be so. Individuals and bodies found guilty of false claims, can be fined up to \$120,000, 3 years imprisonment or both.

Check your surgeon: www.aestheticplasticsurgeons.org.au/your-safety

Risk of harm

Some of these 'cosmetic surgeons' hold elementary medical degrees, which exposes consumers to a greater risk of harm or negative outcome.

92%

of Australians believe that a patient's safety is put at risk when a doctor performs surgery without surgical training.*

77%

of Australians agree that banning the term "cosmetic surgeon" would help patients to separate the doctors from the surgeons.*

81%

of Australians agree that the title of 'Cosmetic Surgeon' implies that a doctor is a registered specialist.*

90%

of cosmetic surgery patients choose non-accredited surgeons because they believe they are less expensive and have visible online and social media profiles.†

Uninformed decisions

There is a critical need for consumers to become better informed on the correct titles and levels of expertise, in order to make informed decisions that result in the best, possible outcomes.