

National [Cosmetic Cowboys](#)

OPINION

Patients must come first: regulate cosmetic surgeons like any other doctor



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More than half a million Australians undergo cosmetic surgery each year, with more procedures per person here than in the United States. As much of the country exits lockdown, a vast bulk of that work is likely to take place in the next few months.

Even without this added pressure, the system is already fraught with risk as it is almost impossible to establish who is adequately trained to perform cosmetic surgery. [Revelations made by Four Corners, The Age and the Herald](#) highlight troubling practices and the consequences for patients. Regulation is urgently needed.



Cosmetic surgery is under scrutiny. iStock

Any medical practitioner can call themselves a cosmetic surgeon. There are three types who do, including general practitioners, plastic surgeons and fellows

of the Australasian College of Cosmetic Surgery and Medicine. Some have received cosmetic surgery training, others have not. This is confusing to patients and regulators.

The college is calling for regulation and accreditation for all doctors who perform cosmetic surgery, as there is for any other specialised field of practice. This is not about self-regulation or a turf war among surgeons. It's about patient safety and an independent overhaul of the system is required, putting patients first, not surgeons.

Nevertheless, plastic surgeons are opposing an independently mandated accreditation standard for all doctors. They want exclusive use of the title surgeon, patients to go solely to them and claim only they are safe. But would this protect patients or just plastic surgeons and their million-dollar plus incomes?

The Australian Medical Council, the independent national standards body which audits training of plastic surgeons, reported that plastic surgeons have a "deficit" in their experience of cosmetic surgery and qualify with a "gap in this area of practice".



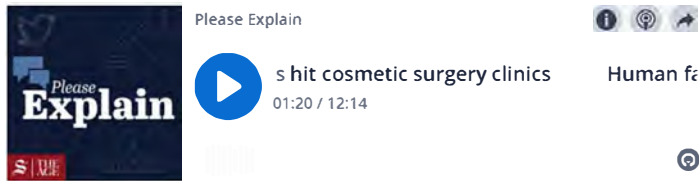
Plastic surgeons do not receive automatic training in cosmetic procedures.

This has always been the case because cosmetic surgery falls outside of plastic and reconstructive surgery in public hospitals, where reconstructive plastic surgeons are trained and cosmetic surgical procedures are not performed.

I would know. I trained as a plastic surgeon in Britain and went on to pursue further specific education and training in cosmetic surgery. Such training is necessary and it is a mistake to believe it happens in the ordinary course of specialist surgical training. It does not.

The consequences for patients can be fatal. The only death of a cosmetic surgery patient in Australia from inadequate surgical training occurred at the hands of a specialist plastic surgeon whose liposuction patient believed he was competent *because* he was a specialist plastic surgeon. The Victorian coroner who investigated her death said “irrespective of a practitioner’s provenance or primary qualifications, there was a need for specific training and experience in performing liposuction surgery”.

Other complications resulting from inappropriate training can cause patients years of misery and financial distress. One distraught woman consulted me after cosmetic breast surgeries at the hands of two plastic surgeons. Her woeful story of breast augmentation using PIP breast implants (now banned), was followed by asymmetry, pain, “uniboob” deformity and failed revisional surgery, all consistent with inadequate cosmetic surgical training and experience.



A third plastic surgeon advised her he was the “only surgeon in Australia” who could fix her breasts and quoted \$1800 to complete a form and \$40,000 to fix his plastic surgical colleagues’ work. She declined. After revision surgery in my practice, she is now restored.

The Council of Australian Governments’ health committee is considering regulation of cosmetic surgery. A Senate committee is also considering it as part of its inquiry into the registration of medical practitioners. Almost everyone in government recognises the lack of regulation is concerning. Bureaucrats have been stifled by the fact that “cosmetic medicine or cosmetic surgery” does not fit into existing health laws.

Change needs to occur. Patients need to be protected. There are thousands upon thousands of people getting cosmetic procedures across Australia every year and the issue is growing, not going away. The government needs to act.

The solution is simple. *All* doctors performing cosmetic surgery should have to meet a national accreditation standard and be on a register of cosmetic surgeons. The standard would require essential training, qualifications, competency and recertification specific to cosmetic surgery. By restricting the title of cosmetic surgeon only to those doctors on the register, patients will be protected by allowing the easy identification of practitioners who are trained, competent and safe.

No plastic surgeon or cosmetic surgeon who is trained, competent and safe in cosmetic surgery should object to patients being protected in this way. It has been described by health officials as a “no-brainer”. Every other area of medicine is regulated in this way. So why is it that in this increasingly growing area of medicine, patients are left to determine who is safe? The government and regulators need to put an end to this confusion and unsafe practices.

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Dr [Patrick Tansley](#) is a British-registered plastic surgeon and president of The Australasian College of Cosmetic Surgery and Medicine.

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