

# Call for cosmetic surgery overhaul

## College demands change

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EXCLUSIVE

The only medical college in Australia that provides training in cosmetic surgery is calling for an overhaul of the national law that governs medicine to create an independent specialty in cosmetic surgery and a public register of practitioners.

Currently, any doctor can call themselves a cosmetic surgeon, and the industry is largely unregulated despite an explosion in demand for body-altering procedures and a string of scandals involving doctors with no surgical training butchering patients.

The Australian Health Practitioner Regulation Agency is undertaking a review of patient safety in the industry, examining advertising, codes of conduct, and protocols around how complaints are handled. State government reviews of licensing of cosmetic surgeons are under way, as well as a federal Health Department investigation into the sector.

The Australasian College of Cosmetic Surgery and Medicine has put forward a proposal to AHPRA for effective regulation of the industry. It wants the creation of a National Accreditation Standard that mandates all doctors offering cosmetic surgery meet core and specific training and competency requirements.

This would include a process by which AHPRA endorses doctors who meet those requirements, the establishment of an Australian Board of Cosmetic Surgery, and the creation of an AHPRA-administered Cosmetic Surgery Register so patients can identify doctors who are properly trained and endorsed.

Patrick Tansley, a plastic surgeon and the president of the ACCSM, said the industry had been largely unregulated for far too long.

“The point of regulatory reform which is required is that it must allow patients to identify those doctors who are actually trained, competent and safe in cosmetic surgery and those who are not,” Dr Tansley said, adding: “The best solution by far is recognition of cosmetic surgery as an

independent specialty.”

Currently, the national law can't recognise cosmetic surgery because the surgery is not performed as a result of a disease.

However, Dr Tansley said cosmetic surgery could be recognised under Section 98 of the national law, which allows for endorsement of an approved area of practice in medicine even where there is no burden of disease.

“That section of law exists for new areas of practice, such as cosmetic surgery, which do not fit the criteria of a new medical specialty, but yet still require regulatory restriction,” he said.

Several examples of botched surgery, shocking breaches of hygiene standards, and appalling disrespect for patients have lately been exposed.

AHPRA chief executive Martin Fletcher said the review of the cosmetic surgery industry had been triggered by recent exposes of surgeons who had left women with pain and disfigurement.

“Some worrying features of the cosmetic industry set it apart from conventional medical practice, including corporate business models which are alleged to place profit over patient safety, no medical need for cosmetic procedures, limited factual information for consumers, and exponential growth in social media that emphasises benefits and downplays risks,” Mr Fletcher said.

Dr Tansley said patients must have a way of satisfying themselves that the cosmetic surgeon they choose is properly trained and recognised.

“Patients need to be protected,” Dr Tansley said.

“There needs to be a public register so the public would be able to look it up to see if a doctor has been endorsed specifically in cosmetic surgical practice.

“And if they can recognise that doctor, then they have a level of assurance the doctor has been trained in cosmetic surgery.”