RESPONSE - Who should decide the qualification to do cosmetic surgery?

BY PATRICK TANSLEY

Patrick Tansley responds to a recent article featured in *The PMFA Journal* entitled 'Who should decide the qualification to do cosmetic surgery?' by **Professor James D Frame** (with an associated editorial comment by **Professor Andrew Burd**).

ONLINE EXCLUSIVE

When asked to comment upon this article and associated editorial comment, I was initially struck by Professor Frame's welcome statement that, in relation to patient safety in cosmetic surgery, "we need validated evidence of hands-on competency in aesthetic surgery to keep patients safe" [1]. Considering the difference between surgery required for disease and elective surgery for cosmesis, it seems extraordinary how so many seem unable, or perhaps even unwilling, to appreciate such necessity.

In fact, the sentiment expressed by Prof Frame precisely mirrors the position my group has advocated in Australia, where we have urged regulators to implement changes to Australian law that would require all doctors performing cosmetic surgery to be accredited by introducing an independent, objective, competency based National Accreditation Standard in association with Endorsement of medical practitioners in the practice of cosmetic surgery [2,3].

We have warned against the other option currently under consideration - isolated 'title' restriction based on existing surgical specialties with no requirement for training and competence in cosmetic surgery. That reflects and complements Professor Burd's editorial comment that "in summary: qualifications per se are pretty meaningless. A qualification which comes with a guarantee of competence is something else" [4].

At the root of all this, across the Western world, is the fundamental fact that medical practice in the field of cosmetic surgery falls outside accredited specialist training programmes that treat disease, which are provided by traditional medical and surgical colleges in public hospitals. There is virtually no exposure to cosmetic surgery provided to specialist trainees in the taxpayer-funded public hospital systems where such training is traditionally undertaken [5].

In addition, modern cosmetic surgery is a recent development in medical practice which, in Australia, falls outside of the law which might otherwise allow the creation of a new specialty. Having no protected title, it allows any doctor to call themselves a cosmetic surgeon and practice cosmetic surgery, regardless of whether they have any formal training in it [6-9]. Very few do, be they a 'plastic surgeon', 'cosmetic surgeon' or any other 'specialist surgeon' [10].

Whilst inadequately trained or irresponsible cosmetic surgeons exist and are a danger to patients, the inconvenient truth is that a specialist surgical

qualification is no guarantee of safety in cosmetic surgery [11]. It is therefore hardly surprising that published evidence makes clear that adverse, avoidable outcomes, occur from *both* plastic surgeons and cosmetic or other specialist surgeons with inadequate or no training in cosmetic surgery [12-14].

That reality is why I could not agree more with Prof Frame's statement: "In my view there needs to be a structured training programme leading to a new qualification, accepted by all, that the public and media can recognise as acceptable. Both trainees and trainers need to be measured on outcomes".

My group has examined the pertinent issues in a newly published, peer-reviewed, open-access paper in the *American Journal of Cosmetic Surgery*, entitled 'Cosmetic Surgery Regulation in Australia: Who is to be protected – Surgeons or Patients?' [15]. I am the lead author and President of the Australasian College of Cosmetic Surgery and Medicine (ACCSM), a British registered specialist plastic surgeon and former Hunterian Professor of the Royal College of Surgeons of England. My co-authors are Daniel Fleming, past President of the ACCSM, and Tim Brown, British and Australian registered specialist plastic surgeon.

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