



For Immediate Release

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PATIENTS PUT AT RISK BY NEW ZEALAND MEDICAL COUNCIL DECISION

The new restrictions announced by the New Zealand Medical Council (NZMC) in its statement on cosmetic procedures will force patients seeking cosmetic surgery to choose from a small group of doctors who have no formally recognised training in cosmetic surgery, the Australasian College of Cosmetic Surgery (ACCS) said today.

At the same time, the Council will ban doctors with specific and formal training in cosmetic surgery from performing this type of surgery, in New Zealand.

According to ACCS President, Dr Daniel Fleming, the guideline changes will prevent these doctors from performing cosmetic surgery, despite them having to pass examinations in cosmetic surgery and having to recertify in it every year.

"Patients will be denied the right to choose doctors, some of whom have the most cosmetic surgery experience in Australasia, and will be forced to travel to Australia to access them," says Dr Fleming. "The New Zealand ban – the only country in the world to pass such legislation – contradicts an international trend of regulators moving to ensure that doctors offering cosmetic surgery are formally trained and examined in it.

"The Australasian College of Cosmetic Surgery is calling on the NZMC to expedite the recognition of cosmetic surgery as a separate scope of practice and introduce interim measures to protect patients during the process.

"The Health & Disability Commissioner of New Zealand has made a submission* to the NZMC calling for subspecialty training programs in cosmetic surgery. Despite this, the NZMC has ignored these recommendations and failed to recognise the separate scope of practice.

"The ACCS already has cosmetic surgery specific subspecialty training programs of the type recommended by the Health and Disability Commissioner. Instead of recognising these, the NZCS has chosen to limit patients' choice to a group of doctors who have not met these standards.

"The New Zealand Medical Council had a real opportunity to close the gap in patient protection in New Zealand. Instead, they have put patients at greater risk.

"Put in real terms, under the new guidelines a dermatologist whose only surgical training is confined to the skin, will be permitted to perform invasive surgical procedures such as breast implants and tummy tucks. Paradoxically, doctors with years of cosmetic surgery experience and formal training will no longer be allowed to perform them.

"Doctors in cosmetic surgery have the training, qualifications and frequency of practice to ensure patients receive the best possible psychological and physical outcomes.

"The NZMC's decision has effectively created a monopoly in New Zealand by granting one group of specialist surgeons and some dermatologists permission to perform cosmetic surgery, even though they have never undergone formally recognised training or assessment in cosmetic surgery," said Fleming.

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"We are very concerned about the risk to patients in New Zealand. International evidence shows patients are most likely to suffer serious adverse outcomes, or even die, when their cosmetic surgery is performed by plastic surgeons without specific cosmetic surgery qualifications. The NZMC has been presented with hard evidence but has chosen to ignore it and it is the patients who will suffer as a result of this decision."

According to Dr Fleming there have already been tragic cases of patients suffering at the hands of surgeons who aren't formally trained nor sufficiently experienced in cosmetic surgery. Recently, an Auckland patient was forced to seek advice in Australia following two botched breast implant operations by a New Zealand plastic surgeon.

"The patient suffered not because of a complication, but because the plastic surgeon performed the wrong operation due to a lack of experience in cosmetic breast augmentation. However, the doctor who the patient chose to seek advice from because of his expertise in this area is now prevented from performing cosmetic surgery in New Zealand under the Council's new restrictions.

"The Council's decision denies patients the right to choose a doctor who is qualified specifically in cosmetic surgery," concluded Fleming.

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Notes to the editor:

* Health and Disability Commissioner, Ron Paterson commented on the need for cosmetic subspecialty training programmes in a submission to the New Zealand Medical Board dated 22 March 2007.

Although the terms are often used interchangeably, cosmetic surgery varies from plastic surgery in that it is primarily undertaken to address a person's discomfort with appearance and their lack of self-esteem rather than to correct an abnormality.

Plastic surgery corrects conditions caused by disease, accidents and birth defects and requires a different set of skills from cosmetic surgery which includes procedures such as breast augmentation, face lifts and liposuction.

Recognition of cosmetic surgery as a separate scope of practice is necessary if patients are to be able to distinguish those doctors who are expert in it from those who are not.