Royal Australasian
College of Surgeons
Te Whare Piki Ora o Māhutonga

Level 3, 8 Kent Terrace
Wellington 6011, New Zealand
PO Box 7451, Newtown,
Wellington 6242, New Zealand
T: +64 4 3858247
E: college.nz@surgeons.org
www.surgeons.org

25 September 2025

Dr Rachelle Love, Chair
Te Kaunihera Rata o Aotearoa - The Medical Council of New Zealand (MCNZ)

CONSULTATION – REGULATING DOCTORS PERFORMING COSMETIC PROCEDURES

Tēnā koē Rachelle

Te Whare Piki Ora o Māhutonga – the Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Aotearoa New Zealand and Australia. Our mission is '*To improve access, equity, quality and delivery of surgical care that meets the needs of our diverse communities'*. Health advocacy is a central competency of a surgeon, and a core value of this College.

RACS is broadly supportive of the draft revised *Statement on doctors performing cosmetic procedures* and the need for definition around who is appropriate to deliver care.

We were grateful to be included in the working group and had good representation by Dr Chris Adams and Dr Craig McKinnon.

RACS President, Kerin Fielding and I wrote to you in February 2025 stating "The Royal Australasian College of Surgeons strongly believes that invasive cosmetic surgery procedures should only be carried out by practitioners with comprehensive training in surgical care including: the procedures themselves; identification of risk and management of complications; understanding surgical pathology in relevant organ systems; and the management of patient expectations including psycho-social assessment "

When we review this final draft Policy, we note it states there is a requirement to ensure the doctor has the necessary training, expertise and experience to safely perform the cosmetic procedures and manage any risk. We have significant concern the aim of the Statement - "to ensure the doctor has the necessary training, expertise and experience to safely perform the cosmetic procedures and manage any risk" - will not be achieved. Further, the draft *Policy on the training and expertise necessary for doctors to safely perform cosmetic procedures*, especially the current categorisation of procedures under paragraph 3, cannot fulfil this requirement. The quick reference table doesn't explicitly reference this training, expertise and experience or the necessary qualifications needed to perform these procedures. For surgeons it references merely having a FRACS without stating in an appropriate vocational scope, similarly for Dermatology.

The Dermatology curriculum spans three years of advanced training after a period as a general medical registrar. We recognise it does require separate training for those undertaking advanced procedural dermatology with a fellowship in Mohs surgery and also a one year fellowship in procedural dermatology. However, this is not comparable to the average three to four year basic surgical training then a further minimum of five years of speciality advanced plastic surgical training (similar for other surgical scopes of practice), with a further one to two year sub-speciality fellowship undertaken by all Fellows of RACS.

RACS endorses the submission from the New Zealand Association of Plastic Surgeons / Te Kāhui Whakamōhou Kiri.

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We have answered below selected questions from your consultation document, rather than completing the online survey.

FUNCTION 1: DRAFT POLICY ON THE TRAINING AND EXPERTISE NECESSARY FOR DOCTORS TO SAFELY PERFORM COSMETIC PROCEDURES

Question 1.

a) Do you think anything is missing from paragraphs 1- 6 of the draft policy?

We have no concerns about paragraphs 1 - 6.

Question 2.

c) Do you think we should also split Category 1: Surgical procedures, into higher and lower complexity?

We agree strongly and feel it is important to split category 1 into higher and lower complexity procedures.

However, we feel strongly the examples currently outlined in the policy are mainly invasive surgical procedures and should be done by those with surgical training.

Dermatology is defined as the science that is concerned with the diagnosis and treatment of diseases of the skin, hair and nails. We do not believe the dermatology pathway has adequate training for invasive procedures beneath the skin and of this complexity.

Any procedure requiring anaesthetic involvement falls firmly in the camp of a complex surgical procedure and requires extensive training and assessment such as provided by RACS' advanced training programmes and achievement of fellowship status within RACS in appropriate vocational scopes.

Procedures for consideration as Category 1 lower complexity surgeries are hair transplantation, varicose vein treatment, and dermal fillers.

Question 3.

a) Are the requirements clear and reasonable? If not, please tell us your thoughts.

For Category 1, RACS strongly disagrees the current proposed required training and expertise is proportionate to the associated risks.

b) In your opinion, are there any conditions where doctors other than surgeons and dermatologists, should be permitted to perform Category 1 procedures? Please include a rationale.

We do not believe the current suggestion of dermatologists being permitted to perform category 1 procedures is in patients' best interests and would strongly object to any other groups being considered for inclusion. This is again due to inadequate comprehensive training, necessary expertise and experience.

Further, not all surgeons should be able to perform all Category 1 procedures. These should only be undertaken by surgeons who are trained and accredited in the procedures themselves; identification of risk and management of complications; understanding surgical pathology in relevant organ systems; and the management of patient expectations including psycho-social assessment.

To achieve this, the Category 1 procedures as currently listed should only be undertaken by:

- surgeons who have attained Fellowship in a relevant surgical scope with appropriate sub-specialty skills, post-graduate qualifications and experience, with ongoing Continuing Professional Development, feedback, and accreditation
- surgeons who are International Medical Graduates (IMGs) vocationally registered in Aotearoa New Zealand, with appropriate surgical sub-specialty skills, post-graduate qualifications and experience, ongoing Continuing Professional Development, feedback, and accreditation, and
- surgical vocational Trainees under supervision of a RACS Fellow or vocationally registered IMG, who is thus responsible for the procedure and it's outcomes.

c) In your opinion, which doctors should be permitted to perform Category 2 procedures? Please include a rationale.

These procedures fall within the remit of both dermatologists and surgeons and also a subset of general practitioners with a special interest and appropriate training. Again surgical or dermatological trainees should be under the supervision of a RACS Fellow, registered dermatological or vocationally registered IMG who is responsible for the procedure and its outcomes.

d) Do you see any challenges arising from the proposed changes to training and expertise required to safely perform cosmetic procedures?

We as a profession are significantly challenged by the broadening of scope this Statement implies by including all dermatologists (advanced or otherwise) to allow for complex surgical procedures to be undertaken without adequate or robust training, accreditation and ongoing benchmarking.

e) Will the proposed requirements improve patient safety?

We believe the paper as it reads currently will put patients at significant risk and compromise safe standards for patients. Cosmetic surgery should have the same high-quality training requirements as are applied to all surgical specialties in Aotearoa New Zealand to ensure patient safety.

FUNCTION 2. DRAFT REVISED STATEMENT ON DOCTORS PERFORMING COSMETIC PROCEDURES

Question 7. Do you agree the revised Statement and the draft Policy work well together?

We strongly disagree. RACS is broadly supportive of the draft revised Statement and the need for definition around who is appropriate to deliver care. However, we do not believe the draft *Policy on the training and expertise necessary for doctors to safely perform cosmetic procedures* would support the Statement. The training requirements proposed are far too loose and would fail to achieve the aim of ensuring cosmetic procedures are performed safely. The quick reference table doesn't include the required training, achievement of that training, experience and expertise in the appropriate areas.

Question 8. Any other feedback?

We broadly agree with the detailed guidelines around consent and treating those under 18, as well as the instruction about peri-operative care and handover.

The information about informed consent does not emphasis the process of a conversation over time as well as obtaining formal written consent.

Finally

We appreciated the opportunity to discuss these comments with MCNZ before finalising our submission and would appreciate ongoing discussion as you finalise the policies. We value the opportunities available to work with you, contributing collaboratively to achieve a safe, fair, and sustainable health system in Aotearoa New Zealand.

Nāku noa, nā

Ros Pochin

Chair, Aotearoa New Zealand National Committee

RACS represents more than 8300 surgeons and 1300 surgical Trainees and Specialist International Medical Graduates across Aotearoa New Zealand and Australia. We are the accredited training provider in nine surgical specialities.

I consent to my responses being used as quotations, including my name and organisation.

AGENDA ITEM 1.5
POSITION STATEMENT ON COSMETIC SURGERY IN AOTEAROA NEW ZEALAND

Royal Australasian
College of Surgeons
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Level 3, 8 Kent Terrace
Wellington 6011 New Zealand

PO Box 7451 Newtown
Wellington 6242 New Zealand
Telephone +64 4 385 8247
Tollfree (NZ only): 0800 787 469

www.surgeons.org

4 February 2025

To: Medical Council of New Zealand
Chair of the Working Group

Royal Australasian College of Surgeons Position statement on Cosmetic Surgery in Aotearoa New Zealand.

Cosmetic Surgery can be defined as any "procedure where the primary intention is to achieve what the patient perceives to be a more desirable appearance and where the procedure involves changes to bodily features that have a normal appearance on presentation to the doctor"[1]. The purpose of Cosmetic Surgery is to support the psycho-social functioning of the patient and their sense of self. It does not include surgery for correction of congenital abnormalities nor functional reconstructive procedures[2].

Cosmetic Surgery may involve both minor, superficial procedures and more complex invasive procedures. Any cosmetic procedure that incises the subcutaneous space, involves musculo-skeletal manipulation or involves direct manipulation of an organ (including the breast) should be considered invasive.

The Royal Australasian College of Surgeons strongly believes that invasive cosmetic surgery procedures should only be carried out by practitioners with comprehensive training in surgical care including: the procedures themselves; identification of risk and management of complications; understanding surgical pathology in relevant organ systems; and the management of patient expectations including psycho-social assessment.

The Royal Australasian College of Surgeons believes that in the Aotearoa New Zealand environment only practitioners with comprehensive surgical training to the level of FRACS (or equivalent), within the curricula of specific sub-specialties, have appropriate comprehensive training.

RACS also believes that, as with all areas of surgical practice, maintenance of practice should be part of comprehensive annual practice review including peer review, through an accredited continuing professional development system.

Nāku iti noa, nā

Associate Professor Kerin Fielding
President

Dr Ros Pochin
Chair, Aotearoa New Zealand National Committee

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