Royal Australasian
College of Surgeons

17.02.23

250–290 Spring Street
East Melbourne VIC 3002 Australia
Telephone +61 3 9249 1200
www.surgeons.org
ABN 29 004 167 766

UROLOGICAL SURGEONS ASSOCIATION OF AUSTRALIA AND NEW ZEALAND

BREAST SURGEONS of Australia & New Zealand

THE AUSTRALIAN SOCIETY OF OTOLARYNGOLOGY HEAD AND NECK SURGERY

**Submission in response to AMC consultation re: *'New Standards for Assessment and Accreditation of Cosmetic Surgery Programs of Study'***

**This Royal Australasian College of Surgeons submission is endorsed by the Australian Society of Otolaryngology Head & Neck Surgery, Breast Surgeons of Australia and New Zealand, General Surgeons Australia, and the Urological Society of Australia and New Zealand**

## 1. Cosmetic surgery is significant surgery with risk

Surgery for cosmetic/aesthetic purposes is significant surgery and, as is the case with all surgery, carries risks including complications resulting in serious harm and even death. What are perceived as common or uncomplicated cosmetic surgery procedures are mostly major surgery.

Ensuring the best outcomes for surgical patients, whether cosmetic or otherwise, is dependent on more than technical skills. The best outcomes will only be achieved when a practitioner has trained for and gained competence across both technical and non-technical (professional) skills and works with a competent team and is credentialled to work in an accredited safe facility.

The practitioner must possess a comprehensive understanding of all surgical and other options available for a particular patient. And in acting in the best interest of the patient, the practitioner must recognise times when the best option is to NOT offer surgery.

The nature of cosmetic surgery and the cosmetic surgery 'industry' is different to that of other surgery. It is surgery for which there is no clinical or functional need, no 'pathology', for the patient, but for which there is often a significant revenue and profit incentive to the practitioner.

In this context, the Royal Australasian College of Surgeons (RACS) is of the very strong view that the standards for training and practicing in cosmetic surgery, should be *at least the same* as they are for all other surgery. Specifically, the standards for training and practicing should be at least the same as existing standards for surgical *specialties* whose scope cover surgical procedures common in the cosmetic surgery 'industry'**.** This is absolutely essential to maintain safe practice and to protect the public.

Committed to
Indigenous health

## 2. Concerns about the purpose of setting up a system of endorsement

RACS fully supports significant reforms to the cosmetic surgery status quo to protect the public. RACS is keen to work with government and regulatory stakeholders to ensure the best outcome. As an existing mechanism in the National Law, RACS recognises that endorsement is a potential tool.

But, given RACS' strong view on the standard of training required for cosmetic surgery, RACS has some significant concerns about setting up an entirely new system for endorsing practitioners who may not be specialist surgeons.

The expectation of all stakeholders is that an accredited *specialty* training program will be of the highest standard. RACS surgical specialties have aesthetic components within their curriculum, training, and assessment and this is the standard that the public expects from a surgeon performing cosmetic surgery. 'Endorsement' has not previously been used to regulate medical practitioners' areas of practice, other than for the practice of acupuncture. It is thus unclear what the purpose of setting up a system of 'endorsement' is. Is it to ensure practitioners meet the same training standards as *specialists* in that area of practice, is it to set up a system for endorsing additional training of practitioners already registered in a surgical specialty, or is the purpose to set up a system with training standards that are lower and easier to meet?

From RACS' reading, it seems likely that the latter may be the *result* - whether intended or otherwise. If that is the result RACS would definitely reject it outright.

## 3. Concerns about differences in wording between the sets of accreditation standards

RACS has noted many differences in wording between the proposed accreditation standards for cosmetic surgery programs, and existing accreditation standards for medical *speciality programs*. The Australian Society of Plastic Surgeons (ASPS) has also shared with RACS a table comparing the two sets of standards. RACS understand ASPS is including this table in its own submission.

The table highlights significant discrepancies between specialist accreditation standards and the proposed cosmetic program accreditation standards, with the latter appearing to represent an overall lowering of standards.

The appearance of lowered standards has *reinforced* RACS' concerns about the purpose of the establishment of a system of endorsement as described above.

## 4. Specific concern about recognition of prior learning

RACS has a specific concern about the wording of 3.4 of the proposed accreditation standards regarding the recognition of prior learning. There are obvious risks in enabling an accredited provider to recognise prior learning. Allowing providers to do so could, by giving them the power to grant qualifications easily, result in the practical outsourcing of the power to 'grandparent' endorsement with the potential for conflicts of interest.

## 5. Concerns about *application* of accreditation standards when assessing programs

The accreditation standards for *specialty* programs are applied rigorously by the AMC when assessing medical colleges and their programs.

Even if the wording of the two sets of accreditation standards were *substantially similar*, RACS would retain its concerns about the purpose of a system of *endorsement.* This is because, as described above, it is unclear what the *intended purpose* of this new system of endorsement *is.*

RACS is concerned that even with similar wording, there may be an understanding that, because this is about 'endorsement', rather than 'specialisation', the cosmetic surgery program standards are to be *applied less rigorously*. Less rigorous application could easily result in the accreditation of programs that are less comprehensive and that do not teach and assess technical and non-technical skills at the same level as qualifications leading to specialty registration. This is a risk to patient safety.

## 6. Concerns for patients and the health system

Our overriding concern is that the result will be lower-standard surgical qualifications, in turn resulting in less qualified practitioners of cosmetic surgery - and thus potentially with less safe practice, carrying an endorsement by the medical board.

Because of the risks to patient safety associated with cosmetic surgery procedures, and the nature of the cosmetic surgery industry, RACS does not believe that lowering of standards of care is a result that health ministers, regulatory authorities and the Australian public would want.

Beyond the issue of patient safety, RACS also believes there are risks for the healthcare system and regulatory stakeholders. If lower standard qualifications are endorsed the public may have reduced confidence in healthcare regulation, and the standard of Australia's healthcare system as a whole.

## 7. Concerns about nomenclature

Since RACS made its submission to the related AHPRA/MBA review of registration standards the Health Ministers made the welcome announcement that they had agreed to restrict the title 'Surgeon' to practitioners registered in specific specialties.

With this announcement RACS has given further consideration to the wording of the proposed 'endorsement for cosmetic surgery'. RACS is of the view that creating an endorsement for cosmetic surgery, while restricting the title 'Surgeon' will result in some confusion amongst the public about whether all who offer cosmetic procedures are qualified specialist surgeons.

## 8. Final comments

RACS supports the need to act with some urgency on this issue.

It is however important to get it right. The short period allowed for this consultation has obviously meant that RACS cannot give the proposed standards, and in particular the outcome (capability) statements, the consideration that they would otherwise be due.

Were more time to be available, RACS would be interested in more fully considering whether providing clearer outcome statements and detail would be another additional way of ensuring achievement of the high standards which RACS considers necessary for accrediting training in surgical procedures.

RACS acknowledges that the changes RACS recommends in the section below will make 'Accreditation Standards' quite 'high'. RACS is aware of a concern that making regulations around cosmetic surgery too tight – such as RACS proposes below for the Accreditation Standards - may have the effect of restricting the 'market', leading people to travel overseas to get procedures done. That the 'market' may be restricted is possible in the medium term, but RACS notes that cosmetic surgery is not surgery for which there is a 'need', rather it is strongly-market driven augmented by advertising and social media. Were there fewer low-end providers there may well be less of a 'push' factor for cosmetic surgery, and so it is possible that demand will be less than it otherwise would be.

Longer waiting lists may also be beneficial in that a longer cooling off period for cosmetic surgery has significant merit. An effective cooling off period combined with ensuring practitioners act in the best interest of patients, and recognise that the best option may not always be to offer surgery, may also reduce the number of procedures performed. RACS advocated for a longer cooling off period in its separate submission on registration standards.

Regarding the issue of people traveling overseas for cosmetic surgery, RACS notes that no matter the nature of regulation in Australia it is likely that procedures will be offered more cheaply overseas. The response must be education (see below) to build awareness of the risks.

## 9. Recommendations

RACS makes these recommendations:

### 9.1. Consider other models for regulating the training of practitioners of cosmetic surgery

There are other models for the regulation of cosmetic surgery training. RACS notes that ASPS has proposed two alternate models. One model involves the establishment of a liposuction endorsement open to practitioners with General or Specialist registration. RACS in its separate submission regarding registration standards recommended the establishment of two endorsements, one for liposuction and one for cosmetic surgery which would have different requirements.

ASPS' second model involves the establishment of five separate cosmetic surgery endorsements relating to different areas of practice. This model is somewhat similar to a model which RACS understands is being set up in the UK by the Intercollegiate Cosmetic Surgery Oversight Committee (ICSOC). Under the ICSOC scheme there are eleven available areas of certification, based on a categorisation of cosmetic surgical procedures and non-surgical cosmetic procedures into groups of closely related operations.

These models have merit, and RACS would work constructively with government and regulatory stakeholders on detail, were there a decision to consult on them further.

*If* the decision is to continue with the current approach of a single endorsement for 'cosmetic surgery', RACS makes the recommendations as follows.

### 9.2. A statement of principle about the purpose of the endorsement

RACS proposes a statement of principle by the AMC and/or Health Council declaring that the purpose of the establishment of this new system is to endorse practitioners meeting standards similar to those which *specialist surgeons* who provide cosmetic surgery must meet.

This statement of principle should also make clear that, *despite any differences in wording* between the two sets of standards, the intention is that any accredited cosmetic surgery program should be similar in all aspects to existing accredited surgical specialty programs whose scope covers surgical procedures common in the cosmetic surgery 'industry'**.**

It should be made clear that existing surgical specialty programs should be the benchmark against which cosmetic surgery programs seeking accreditation are assessed.

It should also be made clear that the *capabilities* of cosmetic program graduates (the program outcomes) should be benchmarked against the capabilities of graduates of accredited surgical specialty programs.

For specific cosmetic procedures, the surgical sub-specialty programs used as a benchmark should be ones whose scope of training relates to that procedure. For example, the capabilities of cosmetic surgery program graduates in *cosmetic nasal surgery* should be benchmarked against the capabilities of graduates of accredited specialty Plastic and Reconstructive Surgery and Otolaryngology programs. The benchmark should not only be for technical skills, but for all competencies necessary for good surgical practice.

### 9.3. An explanation of differences in wording

As a general rule the two sets of accreditation standards should be as similar as possible, though the specialty standards, being applied to a variety of specialties will obviously be more general in some respects. RACS is of the view that a detailed explanation of the differences in wording between the proposed cosmetic surgery program standards and the existing standards for specialist medical training programs would be valuable. As expressed here, there are concerns that the changes represent an overall lowering of standards. Understanding the reasoning behind differences would be beneficial for all stakeholders.

### 9.4. Tighter and more explicit standards in relation to recognition of prior learning

Given the potential pitfalls of allowing recognition of prior learning by accredited providers, RACS believes rules in relation to prior learning should be tighter and more explicit.

RACS believes they should be standardised to apply to all who wish to seek endorsement and not vary between different training providers.

Specifically, recognition of prior learning should involve a detailed assessment of prior training as well as recency of practice, against a range of technical and non-technical competencies.

RACS would like the opportunity to assess any proposed criteria for the recognition of prior learning.

### 9.5. A change to the nomenclature of the proposed endorsement

Given the potential for confusion associated with the restriction of the title 'Surgeon', RACS is of the view that the endorsement should be for 'Cosmetic procedures', rather than for 'Cosmetic surgery'.

### 9.6. Public consultation on all programs seeking accreditation

Any application for accreditation of a program of study should be made public. The application should be announced publicly by the AMC and relevant stakeholders should be given the opportunity to comment in relation to the application.

### 9.7. An education campaign

This recommendation only relates to the proposed accreditation standards indirectly.

RACS understands that Health Ministers have already approved, 'funding for a national public education campaign about the risks associated with cosmetic surgery and how to identify quality service providers'. RACS very much supports this decision, and would be keen to work with government and regulatory stakeholders on its implementation. The campaign should highlight risks of surgery in locations, including other countries, where standards are lower.