

## Guidelines

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Effective from: 1 October 2016

### Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures

#### Introduction

These guidelines have been developed by the Medical Board of Australia (the Board) under section 39 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law).

The guidelines aim to inform registered medical practitioners and the community about the Board's expectations of medical practitioners who perform cosmetic medical and surgical procedures in Australia. These guidelines complement *Good medical practice: A code of conduct for doctors in Australia (Good medical practice)* and provide specific guidance for medical practitioners who perform cosmetic medical and surgical procedures. They should be read in conjunction with *Good medical practice*.

#### Who do these guidelines apply to?

These guidelines apply to medical practitioners registered under the National Law who provide cosmetic medical and surgical procedures.

#### Definitions

*Cosmetic medical and surgical procedures* are operations and other procedures that revise or change the appearance, colour, texture, structure or position of normal bodily features with the dominant purpose of achieving what the patient perceives to be a more desirable appearance or boosting the patient's self-esteem.<sup>1</sup>

*Major cosmetic medical and surgical procedures* ('cosmetic surgery') involve cutting beneath the skin. Examples include; breast augmentation, breast reduction, rhinoplasty, surgical face lifts and liposuction.

*Minor (non-surgical) cosmetic medical procedures* do not involve cutting beneath the skin, but may involve piercing the skin. Examples include: non-surgical cosmetic varicose vein treatment, laser skin treatments, use of CO<sub>2</sub> lasers to cut the skin, mole removal for purposes of appearance, laser hair removal, dermabrasion, chemical peels, injections, microsclerotherapy and hair replacement therapy.<sup>2</sup>

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<sup>1</sup> Definition adapted from the Medical Council of New Zealand's *Statement on cosmetic procedures* (2011) and the Australian Health Ministers' Conference *Cosmetic Medical and Surgical Procedures – A National Framework* (2011)

<sup>2</sup> Definitions adapted from the Medical Council of New Zealand's *Statement on cosmetic procedures* (2011)

Surgery or a procedure may be medically justified if it involves the restoration, correction or improvement in the shape and appearance of body structures that are defective or damaged at birth or by injury, disease, growth or development for either functional or psychological reasons.<sup>3</sup> Surgery and procedures that have a medical justification and which may also lead to improvement in appearance are excluded from the definition.

The medical specialty of *plastic surgery* includes both *cosmetic surgery* and *reconstructive surgery*. *Reconstructive surgery* differs from *cosmetic surgery* as, while it incorporates aesthetic techniques, it restores form and function as well as normality of appearance. These guidelines apply to plastic surgery when it is performed only for cosmetic reasons. They do not apply to reconstructive surgery.

### How will the Board use these guidelines?

Section 41 of the National Law states that an approved registration standard or a code or guideline approved by the Board is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a practitioner by the Board as evidence of what constitutes appropriate professional conduct or practice for the profession.

These guidelines can be used to assist the Board in its role of protecting the public, by setting and maintaining standards of medical practice. If a medical practitioner's professional conduct varies significantly from these guidelines, the practitioner should be prepared to explain and justify their decisions and actions.

Serious or repeated failure to meet these guidelines may have consequences for a medical practitioner's registration.

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<sup>3</sup> Definition from *Cosmetic surgery guidelines* (Medical Council of New South Wales, 2008).

## Providing cosmetic medical or surgical procedures

### 1. Recognising potential conflicts of interest

- 1.1 Medical practitioners must recognise that conflicts of interest can arise when providing cosmetic medical and surgical procedures and must ensure that the care and wellbeing of their patient is their primary consideration.

### 2. Patient assessment

- 2.1 The patient's first consultation should be with the medical practitioner who will perform the procedure or another registered health practitioner who works with the medical practitioner who will perform the procedure. It is not appropriate for the first consultation to be with someone who is not a registered health practitioner – for example, a patient advisor or an agent.
- 2.2 If the first consultation is with another registered health practitioner, the patient should have a consultation with the medical practitioner who will perform the procedure, before scheduling the procedure.
- 2.3 The medical practitioner who will perform the procedure should discuss and assess the patient's reasons and motivation for requesting the procedure including external reasons (e.g. a perceived need to please others) and internal reasons (e.g. strong feelings about appearance). The patient's expectations of the procedure should be discussed to ensure they are realistic.
- 2.4 The patient should be referred for evaluation to a psychologist, psychiatrist or general practitioner<sup>4</sup>, who works independently of the medical practitioner who will perform the procedure, if there are indications that the patient has significant underlying psychological problems which may make them an unsuitable candidate for the procedure.
- 2.5 Other than for minor procedures that do not involve cutting beneath the skin, there should be a cooling off period of at least seven days between the patient giving informed consent and the procedure. The duration of the cooling off period should take into consideration the nature of the procedure and the associated risks.
- 2.6 The medical practitioner who will perform the procedure should discuss other options with the patient, including medical procedures or treatment offered by other health practitioners and the option of not having the procedure.
- 2.7 A medical practitioner should decline to perform a cosmetic procedure if they believe that it is not in the best interests of the patient.

### 3. Additional responsibilities when providing cosmetic medical and surgical procedures for patients under the age of 18

- 3.1 The Board expects that medical practitioners are familiar with relevant legislation of the jurisdiction in relation to restrictions on cosmetic surgery for patients under the age of 18.
- 3.2 The medical practitioner must assess and be satisfied by the patient's capacity to consent to the procedure.
- 3.3 The medical practitioner should, to the extent that it is practicable, have regard for the views of a parent of the patient under 18, including whether the parent supports the procedure being performed.
- 3.4 Before any major procedure, all patients under the age of 18 must be referred for evaluation to a psychologist, psychiatrist or general practitioner<sup>4</sup>, who works independently of the medical practitioner who will perform the procedure, to identify any significant underlying psychological problems which may make them an unsuitable candidate for the procedure.

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<sup>4</sup> Referral to a general practitioner excludes referral to general practitioners who provide cosmetic procedures.

- 3.5 For minor procedures, referral for evaluation by a psychologist, psychiatrist or general practitioner<sup>5</sup>, who works independently of the medical practitioner providing the procedure, is not required for patients under the age of 18, *unless* there are indications that the patient has significant underlying psychological problems which may make them an unsuitable candidate for the procedure.
- 3.6 For the patient under the age of 18, there must be a cooling off period between the informed consent and the procedure being performed:
- for minor procedures, the cooling off period must be a minimum of seven days
  - for major procedures, the cooling off period must be a minimum of three months.
- 3.7 The patient should be encouraged to discuss why they want to have the procedure with their general practitioner during the cooling off period.

#### **4. Consent**

- 4.1 The medical practitioner who will perform the procedure must provide the patient with enough information for them to make an informed decision about whether to have the procedure. The practitioner should also provide written information in plain language. The information must include:
- what the procedure involves
  - whether the procedure is new or experimental
  - the range of possible outcomes of the procedure
  - the risks and possible complications associated with the procedure
  - the possibility of the need for revision surgery or further treatment in the short term (e.g. rejection of implants) or the long term (e.g. replacement of implants after expiry date)
  - recovery times and specific requirements during the recovery period
  - the medical practitioner's qualifications and experience
  - total cost including details of deposits required and payment dates, refund of deposits, payments for follow-up care and possible further costs for revision surgery or additional treatment, and
  - the complaints process and how to access it.
- 4.2 Informed consent must be obtained by the medical practitioner who will perform the procedure.
- 4.3 Other than for minor procedures, informed consent should be obtained in a pre-procedure consultation at least seven days before the day of the procedure and reconfirmed on the day of the procedure and documented appropriately.

#### **5. Patient management**

- 5.1 The medical practitioner who will perform the procedure is responsible for the management of the patient, including ensuring the patient receives appropriate post-procedure care.
- 5.2 If the medical practitioner who performed the procedure is not personally available to provide post-procedure care, they must have formal alternative arrangements in place. These arrangements should be made in advance where possible, and made known to the patient, other treating practitioners and the relevant facility or hospital.
- 5.3 When a patient may need sedation, anaesthesia and/or analgesia for a procedure, the medical practitioner who is performing the procedure must ensure that there are trained staff, facilities and equipment to deal with any emergencies, including resuscitation of the patient.
- 5.4 There should be protocols in place for managing complications and emergencies that may arise during the procedure or in the immediate post-procedure phase.

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<sup>5</sup> Referral to a general practitioner excludes referral to general practitioners who provide cosmetic procedures.

5.5 Written instructions must be given to the patient on discharge including:

- the contact details for the medical practitioner who performed the procedure
- alternative contact details in case the medical practitioner is not available
- the usual range of post-procedure symptoms
- instructions for the patient if they experience unusual pain or symptoms
- instructions for medication and self-care, and
- dates and details of follow-up visits.

## **6. Provision of patient care by other health practitioners**

6.1 The medical practitioner is responsible for ensuring that any other person participating in the patient's care has appropriate qualifications, training and experience, and is adequately supervised as required.

6.2 When a medical practitioner is assisted by another registered health practitioner or assigns an aspect of a procedure or patient care to another registered health practitioner, the medical practitioner retains overall responsibility for the patient. This does not apply when the medical practitioner has formally referred the patient to another registered health practitioner.

## **7. Prescribing and administering schedule 4 (prescription only) cosmetic injectables**

7.1 Medical practitioners must know and comply with the requirements of their state or territory drugs and poisons (or equivalent) legislation for schedule 4 (prescription only) cosmetic injectables. For example, requirements relating to permits, supply, storage and transport.

7.2 Medical practitioners must not prescribe schedule 4 (prescription only) cosmetic injectables unless they have had a consultation with the patient, either in person or by video. Remote prescribing of cosmetic injectables by phone or email (or equivalent) is not appropriate.

7.3 If the 'prescription only' cosmetic injectable is administered by another registered health practitioner who is not an authorised prescriber, the prescribing medical practitioner must be contactable and able to respond if required.

## **8. Training and experience**

8.1 Procedures should only be provided if the medical practitioner has the appropriate training, expertise, and experience to perform the procedure and deal with all routine aspects of care and any likely complications.

8.2 A medical practitioner who is changing their scope of practice to include cosmetic medical and surgical procedures is expected to undertake the necessary training before providing cosmetic medical and surgical procedures.

## **9. Qualifications and titles**

9.1 A medical practitioner must not make claims about their qualifications, experience or expertise that could mislead patients by implying the practitioner is more skilled or more experienced than is the case. To do so is a breach of the National Law (sections 117 – 119).

## **10. Advertising and marketing**

10.1 Advertising material, including practice and practitioner websites, must comply with the Board's *Guidelines for advertising of regulated health services*, the current *Therapeutic Goods Advertising (TGA) Code*, any TGA guidance on advertising cosmetic injections and the advertising requirements of section 133 of the National Law.

10.2 Advertising content and patient information material should not glamorise procedures, minimise the complexity of a procedure, overstate results or imply patients can achieve outcomes that are not realistic.

## 11. Facilities

- 11.1 The Board expects that medical practitioners are familiar with relevant legislation, regulations and standards of the jurisdiction in relation to facilities where the procedure will be performed.
- 11.2 Procedures should be performed in a facility that is appropriate for the level of risk involved in the procedure. Facilities should be appropriately staffed and equipped to manage possible complications and emergencies.

## 12. Financial arrangements

- 12.1 The patient must be provided with information in writing about the cost of the procedure which should include:
- total cost
  - details of deposits required and payment dates
  - refund of deposits
  - payments for follow-up care
  - possible further costs for revision surgery or additional treatment, and
  - advising the patient that most cosmetic procedures are not covered by Medicare.
- 12.2 No deposit should be payable until after the cooling off period.
- 12.3 The medical practitioner should not provide or offer to provide financial inducements (e.g. a commission) to agents for recruitment of patients.
- 12.4 The medical practitioner should not offer financing schemes to patients (other than credit card facilities), either directly or through a third party, such as loans or commercial payment plans, as part of the cosmetic medical or surgical services.
- 12.5 Medical practitioners should not offer patients additional products or services that could act as an incentive to treatment (e.g. free or discounted flights or accommodation).
- 12.6 Medical practitioners should ensure that they do not have a financial conflict of interest that may influence the advice that they provide to their patients.

## Acknowledgements

The Board acknowledges the following organisations' codes and guidelines, which informed the development of the Board's guidelines:

- Australian Health Ministers' Advisory Council's Clinical, Technical and Ethical Principal Committee Inter-jurisdictional Cosmetic Surgery Working Group (2011) *Supplementary guidelines for cosmetic medical and surgical procedures*
- Australian Society of Plastic Surgeons (2015) *Code of practice*
- Medical Council of New South Wales (2008) *Cosmetic surgery guidelines*
- Medical Council of New Zealand (2011) *Statement on cosmetic procedures*

## Implementation date and review

These guidelines will take effect on 1 October 2016.

The Board will review these guidelines at least every three years.