



# COLLEGE SUBMISSION

Independent review of the regulation of health practitioners  
in cosmetic surgery  
April 2022

## About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is *the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care*. It provides a quality Fellowship program including training, professional development, and clinical practice standards; and support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of face-to-face specialist and allied health services.

ACRRM represents over 5000 doctors in rural and remote and Aboriginal and Torres Strait Islander communities and medical students working toward rural careers.

## Initial Comments

ACRRM welcomes the opportunity to provide feedback in relation to the Australian Health Practitioner Regulation Agency's and the Australian Medical Board's regulation of medical practitioners who perform cosmetic surgery in Australia.

The College acknowledges that cosmetic surgery is different from most other surgery and medical procedures, predominantly since it is entirely elective, has no clinical or medical need, and is not funded either by Medicare or by private health insurance. The fact that no General Practitioner involvement or referral is required, and health practitioners working in this area are working in commercial markets with corporate business models further distinguishes it from other forms of surgery.

We note that the Medical Board has defined cosmetic medical and surgical procedures" as 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.

"Cosmetic surgery" refers to operations which involve cutting beneath the skin.

There is a degree of public confusion and common misunderstanding regarding the use of the title *cosmetic surgeon*. In the view of the College, this problem arises from the use of the term 'cosmetic' and its association with beauty industries which are predominantly non-medical, combined with the word 'surgeon'.

The adoption by a medical professional industry of an identifying term related to an essentially aesthetic outcome brings with its inherent risk of such confusion.

The College welcomes initiatives to regulate the cosmetic surgery industry, however, does not support any move to legislate to protect the title "surgeon".

We have responded to the survey questions pertinent to the work of the College.

## Response to Survey Questions

### ***Question 11 – To what extent would establishing an endorsement in relation to the practice of cosmetic surgery address relevant issues of concern in the sector (including patient safety issues)?***

ACRRM would expect a medical practitioner to have the necessary training and qualifications for undertaking surgical procedures within their appropriate scope of practice.

Endorsement would result in the development of a relevant registration standard which would need to be met by all practitioners wishing to be recognised as having an extended scope of practice in cosmetic surgery.

This would provide a point of regulation from which any further appropriate measures such as patient education campaigns, employment decisions, or advertising regulations could build.

### ***Question 12 - Would establishing an endorsement in relation to cosmetic surgery provide more clarity about the specific skills and qualifications of practitioners holding the endorsement?***

Establishing an endorsement would lead to cosmetic surgery being a specifically endorsed area of practice and would result in cosmetic surgeons holding an approved qualification and complying to an approved registration standard relevant to the endorsement.

As endorsement of registration recognises that a person has an extended scope of practice in a particular area, and that it is approved by the National Board, this would go some way towards quantifying the size of the cosmetic surgery sector, and providing a mechanism whereby governments and regulators could monitor the cosmetic surgery workforce.

### ***Question 14 – Please provide any further relevant comment in relation to specialist title protection and endorsement for approved areas of practice relevant to cosmetic surgery***

The College agrees that currently there is common public misunderstanding arising from the use of the term 'cosmetic surgeon'. We see the problem arising from the use of the term 'cosmetic' and its associations with beauty industries which are predominantly non-medical. The adoption by a medical professional industry of an identifying term related to an essentially aesthetic outcome brings with it inherent risk of such confusion.

We see no practical conflict or confusion however arising where the ‘surgeon’ terminology has been paired with other non-medical areas such as for ‘tree surgeons’, ‘veterinary surgeons’ or ‘dental surgeons.’ We would also see that any moves to legislate to prevent these popularly understood usages would be both unhelpful and impracticable.

We would make a clear distinction between all these usages and the usage of the term ‘surgeon’ in combination with terms which have clear medical professional understandings such as General Practitioner (GP) or Rural Generalist (RG). These provide a clear and unambiguous signal to consumers that the term used first is the principle professional qualification (i.e. GP or RG); that the term ‘surgeon’ relates to medical training; and that this training is confined within the scope of the principle professional qualification.

Proceeding to restrict the surgeon title would potentially inhibit Rural Generalists and Rural General Practitioners from working fully within their scope of surgical practice and inhibit their patients from clearly understanding their local doctor’s qualifications and from making informed judgements about their care options. This would cause significant detriment to the many people living in rural and remote areas with no simple access to FRACS qualified surgeons. These people rely on their local medical practitioner to perform many surgical procedures particularly in emergencies and travelling to cities for care may often be prohibitive for them in terms of financial and personal costs and in the time delays involved in receiving care.

ACRRM does not support moves to legislate to protect the title ‘surgeon’. Whilst we acknowledge the problem that it seeks to solve, in the context of cosmetic surgery, we see considerable perverse outcomes arising from this proposed solution. The issue of public confusion over cosmetic surgeons titling is an isolated and particular problem that should be addressed in isolation, and on its own merits. Endorsement is one possible solution. We would consider there are many further actions that could be undertaken to improve health literacy and restrict irresponsible or misleading corporate practices with respect to cosmetic surgery that need not impact the entire health service sector.

## College Details

Organisation	Australian College of Rural and Remote Medicine (ACRRM)
Name	Marita Cowie AM
Position	Chief Executive Officer
Location	Level 1, 324 Queen St, PO Box 2507 Brisbane Qld 4001
Email	<a href="mailto:m.cowie@acrrm.org.au">m.cowie@acrrm.org.au</a>
Phone	07 3105 8200

ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live and pay respect to their elders past present and future.