AUSTRALASIAN COLLEGE OF COSMETIC SURGERY

Submission

To the Minister of Health
Queensland Government

Date 15 January 2002

1 EXECUTIVE SUMMARY

1.1 The Queensland Government has proposed a Regulation to restrict the use of the term "Surgeon" to medical practitioners with FRACS, ie Fellowships of the Royal Australasian College of Surgeons. The Minister has stated that she wishes to protect the public and has been conscientious in addressing the problems of unqualified practitioners doing procedures for which they have not been adequately trained.

1.2 The **Australasian College of Cosmetic Surgery** (the "**College**") has

- **Better qualified graduate Fellows in cosmetic procedures than any other body in Australia**
- **Higher standards for accreditation for new procedures than plastic surgeons**
- **Longer cosmetic training and more arduous qualification criteria in cosmetic procedures than plastic surgeons.**
- **Better risk profiles for death and for pulmonary embolus than plastic surgeons** (see paragraphs 3.6 & 3.7)
- **Refused entry to unqualified persons purporting to be cosmetic surgeons**
- **Disciplined and de-registered College Fellows who have failed to maintain standards.**

1.3 Cosmetic Surgery and medicine are at a stage where they are emerging as a separate specialty with their own body of knowledge, recognised throughout the world as a discipline requiring independent study, for the **protection of the public.**

1.4 Training for plastic surgery does not include this body of knowledge routinely and plastic surgeons are not qualified without further training to undertake cosmetic procedures. Even though the current legislation permits them to purport to do so, the clinical results are poor compared to the results with qualified cosmetic surgeons.

1.5 Hospital practice will be altered by the passing of these proposed Regulations in that operating time will be restricted to those using the title "surgeon" by surgical members of the Hospital's Medical Advisory Committee (MAC) The monopoly of practice will thus be maintained.

1.6 There is a risk that the current draft Regulation may mislead the public in two ways:

(1) by allowing only FRACS surgeons to call themselves surgeons and excluding

Fellows of the Australasian College of Cosmetic Surgery, the Minister will exclude the group with the *most* training and experience in cosmetic procedures, thereby exposing the public to continued risk, and

(2) by failing to distinguish between GPs calling themselves surgeons (with no formal training) and College members who have proper cosmetic training, the public will be further confused and misled.

1.7 The use of the word "Cosmetic" either to describe cosmetic practitioner, physician, or surgeon should be restricted to those how have been qualified under the standards for accreditation set by the College or similar body with the same standards in this area.

1.8 The College was formed specifically to address these issues in the area of cosmetic surgery. A large number of practitioners are self-styled as "cosmetic surgeons" without any training or qualifications recognised by the College or any other body within Australia. For such practitioners to continue to practise in this area, they should be required to undertake a proper course of supervised study such as that offered by either the College, or any other body with equivalent standards in cosmetic procedures, whether established now or in the future.

2 MONOPOLY CREATION

2.1 In Australia, specialist recognition of surgical qualifications, for the purposes of Medicare specialist rebates, depends on the candidate having a Fellowship of the Royal Australasian College of Surgeons (FRACS), thereby creating a monopoly for the Royal Australasian College of Surgeons. The Australasian College of Cosmetic Surgery (ACCS, the College) was formed to provide a viable, professional, high-standard alternative for cosmetic surgical training.

2.2 That the monopoly should be broken by an alternative competent professional body or bodies accords with the general principles of competition which have been promulgated throughout the Commonwealth by the Federal Government and the ACCC. These are principles which the state governments have agreed to uphold in the economic interests of the community.

2.3 Economic interests can be subjugated to issues of public safety and the College agrees that the highest standards of training and accreditation are required to protect the public safety. Those standards are not found only within the province of a single medical college but are such that any number of bodies might be able to establish such standards and enforce them.

2.4 The new colleges are to be reviewed by the Australian Medical Council (AMC) in due course, but the principle already exists that there should not be a single arbiter of training and standards that can retain to its members a monopoly in the marketplace.

2.5 The College has applied for recognition of cosmetic medicine and surgery as a professional sub-specialty to the AMC. This body has been charged with the responsibility of recognition of specialist Colleges by the Federal government. The recognition process is lengthy and will require detailed assessment of each College, its members, training and procedures, including its disciplinary procedures.

2.6 Because the College is unlikely to be assessed within 2 years (a process that can barely be hastened if at all) the Queensland government is in the difficult position of appearing to create a monopoly in the interim. Such a situation could be avoided if

standards such as those set by the College were to be approved for Queensland pending later ratification by the AMC. In that way the Queensland government can be seen to have acted in the public interest but can adopt other standards or approvals at a later time if and when the AMC reaches its decision.

3 CATEGORISATION OF PROCEDURES

3.1 There are several difficulties in approaching the regimentation of this sub-specialty, for example, certain of the procedures that can properly be called cosmetic are not of a traditional surgical nature. These include laser dermabrasion, injectable materials, laser treatments of lesions or scars and the management of various forms of solar damage to skin. For a long time and perfectly satisfactorily, these conditions and procedures may have been dealt with by general practitioners skilled in these areas. But even these general practitioners would not be admitted to the College unless they can meet the strict standards, including examination, required for Fellowship or for Membership. (Dr Warren Chan, for instance, is not a member of the College.)

3.2 Many GPs have received non-FRACS post graduate surgical training in hospitals which is sufficient to equip them to do a wide range of surgical procedures required by the community for the efficient management of these and other more general conditions. GP Surgeons have long been the only practitioners who are available to operate on an acute appendix or other more complex operations in bush hospitals where no FRACS surgeon can be found.

3.3 Until the establishment of the College there was no way for patients to recognise those with adequate and demonstrable training in cosmetic procedures, since the RACS has not provided this. The claims of 15 years training by the plastic surgeons includes undergraduate years, and not all these years are in specialist training. Those practitioners with a Fellowship of the Australasian College of Cosmetic Surgery (FACCS) provide a professionally responsible alternative for patients for treatment. At no time has the College sought approval by Medicare for specialist level fees as cosmetic procedures of all types are excluded from Medicare rebates. Recognition by the AMC will not change this position.

3.4 The College has both members (MACCS) and fellows (FACCS). Members are those who are accredited to perform non-surgical procedures and surgical fellows are fully trained in the surgical procedures. Cosmetic medical procedures include botox injections, superficial liposuction, laser resurfacing, sclerotherapy and other non-invasive procedures. These do not require a surgical qualification and have been satisfactorily performed by some practitioners for many years. However, in order to stem the flow of GPs entering into this area of practice without training, the College has set up medical training (see below in paragraph 4) leading to the qualification of MACCS (Member of the Australasian College of Cosmetic Surgery).

3.5 **Evidence Based Medicine**: there is evidence to show that the incidence of complications in procedures such as liposuction are greatly reduced in the hands of College- accredited cosmetic surgeons than in the hands of plastic surgeons. Most of that evidence comes from the studies conducted by the plastic surgery bodies themselves.

3.6 For instance:

Deaths from Liposuction:

College liposuction registrants:	0 deaths in 17,005 cases
American Academy of Cosmetic Surgery	1 death in 40,000 cases[1]
American Society of Dermatological Surgery	0 deaths in 15,336 cases[2]
Plastic surgeons doing liposuction:	**1 death in every 5000** cases

(shown in 3 separate studies by the plastic surgeons themselves)[3]

3.7 **Pulmonary Embolus:**

College Audit 2001:	5 patients in 100,000 cases
American Society of Dermatological Surgery	0 patients in 15,336 cases[4]
Plastic Surgeons	**26 patients in 100,000** cases[5]

College statistics are available to the government for verification.

4 TRAINING & SPECIFIC ACCREDITATION

4.1 It has been clear for many years during the evolution of this sub-specialty that there have been, and still are, practitioners whose training and background does not equip them to operate or to promise results to the public seeking attention in the area of cosmetic surgery. The College offers both medical training leading to MACCS, and surgical training leading to FACCS. Such cosmetic surgical fellows are trained more comprehensively than members of any other College, including RACS Fellows and plastic surgeons, in the area of cosmetic surgery.

4.2 The College has set up a system of training, examination and accreditation which is arduous and which compares at the highest level with any other surgical college's requirements for fellowship. The College requirements for fellowship have been provided to the Minister's advisor, and they are a total of seven years *post* graduate study, including two years to registration and:

(a) 3 years general surgical training;
(b) 2 years specific cosmetic training;
(c) 350 supervised cases of cosmetic procedures, to meet a specific mix of cases;
(d) examination including a written and 5 oral examinations.

4.3 Plastic surgeons' claims that College members do not have broad surgical training, are therefore false. Our College Laser exam is already recognised in Queensland.

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[1] Jackson RP, Dolsy RI: Liposuction and patient safety: Am J Cosmetic Surg 1999: 16:21-3

[2] Hanke CW, Bernstein G et al: Safety of Tumescent Liposuction in 15,336 cases. Dermatol Surg 1995: 21: 459-62

[3] Grazier P, deJong RH. Fatal Outcomes from liposuction.Census survey of cometic surgeons Plast Reconstr Surg 2000; 105; 436-46 (95 deaths in 496,245 patients ie **1 in 5000**) + American Society of Plastic & Reconstructive Surgery: 1998 Survey of liposuction complications: 2 deaths in 10,000 cases **(1 in 5000**) + American Society of Plastic & Reconstructive Surgery: Task Force on Lipoplasty 1997: 5 deaths in 24,245 cases **(1 in 5000**)

[4] Hanke CW, Bernstein G et al; Safety of Tumescent Liposuction in 15,336 patients; Dermatol Surg 1995; 21; 459-62

[5] Hughes CE, Reduction in Lipoplasty Risks and Mortality, ASAPS Survey, Aesthetic Surgery Journal March/April 2001 (Official Journal of the Society of Aesthetic Plastic Surgery) : 24 pulmonary embolus patients in 94,159 cases (26 per 100,000)

4.4 **In addition**, to this general surgical training and specific surgical training for Fellowship, and only after this training and the following examinations, Fellows are eligible to be placed on Specific Procedure Surgical Registers. If they wish to be registered on the Specific Procedure Surgical Registers a candidate must present at least 50 audited cases of that procedure before the College will register him or her. This offers a true gold standard for cosmetic training. Compare this to the FRACS plastic surgery training in cosmetic procedures, in terms of protection for the public.

4.5 Plastic surgeons with FRACS, at the time of obtaining their qualifications have usually done: no facelifts, no liposuctions, no laser resurfacings, and no cosmetic breast implants. Yet this proposed Regulation will allow them to undertake such operations alone on the public seeking cosmetic treatments. This can be proved by asking to see their surgical log books held at the Royal Australasian College of Surgeons. The false claims of experience and competence, which place the public at risk, are currently being investigated by the ACCC. This has been admitted in the past by senior plastic surgeons (see quote by Dr Ian McDougall, Queensland: "The problem is, and we acknowledge this, is that we did not receive training in Cosmetic Surgery" on ABC TV)

4.6 Practitioners in the area of medical cosmetic procedures have, until the College was formed, had no formal process of training and examination and thus a number of practitioners were promoting themselves as cosmetic practitioners without any supporting credentials. Until recently, the Royal Australasian College of Surgery and the Australian Society of Plastic Surgeons provided no formal training in cosmetic procedures to their member graduates.

4.7 Without wishing to disparage the excellent record of some plastic surgeons who have spent a lifetime in the area of cosmetic surgery, the College wishes to emphasise that at this point a newly emerged plastic surgeon *may or may not* have undertaken the recently established three month course in cosmetic training. He or she is currently entitled, in Queensland or anywhere else in the Commonwealth, to undertake cosmetic procedures without the slightest further cosmetic training, and can advertise themselves as cosmetic plastic surgeons without doing anything more. The poor operating record and the history of unacceptable outcomes for patients of these surgeons is unfortunately high, especially in the first ten years of practice.

4.8 Although statistics of medical negligence cases in cosmetic surgery are not kept (they are included in over all plastic surgery) identifying precisely the qualifications of doctors who have been the subject of such proceedings, it is clear from research undertaken that the majority of surgeons who have been the target of professional negligence suits come from plastic surgery. The plastic surgeons have recognised the need for some form of specific training however, even though wholly inexperienced in this area of practice, the recently introduced training is limited to 3 months. This is hardly the type of training required to maintain a very high standard in this area of practice.

4.9 However the College has in its Constitution and in its body of knowledge, recognised the expertise and need for qualifications in this area of practice. This collective body of knowledge can be seen to be far superior to any other such body of knowledge and can justify the approach that this is a separate specialty from plastic surgery.

4.10 The proposed Regulations in Queensland do not adequately address the problem of inexperienced surgeons. Graduates may carry a FRACS (Plastics) although their training is predominantly in the area of repair and regeneration of physical defects of damage resulting from birth, trauma, burns or disease and developmental defects e.g.

after various forms of radical surgery. For such a practitioner to undertake a purely cosmetic procedure in the area of breast or face, or any other form of aesthetic surgery, is not within his or her training. Where such a graduate wishes to acquire appropriate experience it is not required to be documented, not adequately peer reviewed, and not subject to examination or any testing or accreditation procedures in respect of new modalities that may come into existence in the future. Neither the Royal College of Surgeons or the Australian Society of Plastic Surgeons has any such system in place in respect of cosmetic surgery. The College, on the other hand, provides for a regime of Continuing Medical Education in cosmetic surgery which has been approved by NSW Medical Board for medical re-certification.

4.11 By taking steps which have the effect of excluding Fellows of the College from using the term "surgeon", the Queensland government will be inadvertently empowering competitors in a monopoly, who *may* have had three months, as opposed to two years of cosmetic surgical training.

4.12 The College invites the Queensland government to scrutinise the system it has put in place for the protection of the public by the control of each of these cosmetic procedures. The public has a need for reliable, demonstrable training programs which is not currently met by any other college whose members undertake cosmetic procedures. The College has established what is so far the *only* national regime for the specific protection of the public seeking cosmetic treatments. This system ensures that no matter how long a practitioner may have been in practice, or how widespread his reputation, he or she may not be accredited in other areas of surgical procedure without doing supervised training on at least 50 cases and being registered on those specific registers. This process does not occur in any other college in the Commonwealth.

4.13 The College system ensures that the public can be confident that the practitioner who carries an FACCS and registration on the specific procedure register, has in fact passed the "learning curve" stage in a supervised and approved manner. Appropriate peers have reviewed his work, and they know, and therefore the public knows, that this person is competent to do this procedure.

5 MARKETPLACE EFFECTS

5.1 Competition issues have arisen also at the hospital level as well as at the College level. In private hospitals, where all of the cosmetic surgery procedures take place, the Medical Advisory Committee ("MAC") is required to approve the appointment of new applicants to the hospital for admitting and operating privileges. They therefore have to assess the qualifications and experience of a person who may have been trained surgically by an entity other than the Royal Australasian College of Surgeons.

5.2 The MAC has responsibilities that operate under the threat of litigation and it therefore will to turn to its own surgeons for advice as to whether those alternative training procedures have been adequate. Naturally the surgeons on the MAC have to date all been trained by the RACS as the traditional body and have the degrees of FRACS and have been disapproving of any competition. They have not been willing to agree that any qualifications other than FRACS will allow a surgeon to have operating privileges at those private hospitals. Thus the monopoly has been maintained. This aspect of the medical industry has been the subject of many complaints to the ACCC who are currently examining the issues.

6 CONTROLLING THE USE OF THE WORD "COSMETIC"

6.1 The top priority of the Queensland government as espoused by the Minster in the area of health is **to protect the public**. The only effective way of achieving this is to ensure that those persons who wish to practise in the field of cosmetic "surgery", "procedures" or "practice" are qualified in accordance with the standards as set out under ACCS or any other College with similar standards. If the Queensland government wants to produce a situation where the use of the word surgeon is restricted to those with surgical training only through the RACS, then it should clearly also restrict the use of the word "cosmetic" to those who have had competent cosmetic training, at or above the standard set by the College, and not settle for less.

6.2 This cosmetic training should be ultimately be approved by a competent Commonwealth authority and should meet at least the standard of cosmetic training set by the College. For anything less to be approved for the use of the term "cosmetic surgeon" would be a public disgrace because the public cannot rely on certain of our competitors having any training whatsoever in cosmetic surgery, but in many cases merely self-directed, financially impelled ventures into an area in which they have no proven competence.

6.3 If the use of the title "cosmetic" surgeon or practitioner were to be subject to approval of the standards of training by the College or any other appropriate body, the risk of the promotion of a monopoly, and the risk to the public of exposure to incompetent practitioners would be enormously reduced.

We would like the opportunity to discuss this matter further with the Minister and/or her adviser and to assist with drafting relevant Regulations. The Queensland government should not be frightened to set the standard for the rest of the country.

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Spokespersons for the
Australasian College of Cosmetic Surgery

APPENDIX COMPARISON of

COSMETIC SURGEONS with FACCS with	**PLASTIC SURGEONS with FRACS, or FRCS**
Work in aesthetic or beautification techniques	Work in repair & reconstruction of defects
Two years general surgical training + 3 years specific procedures training	Three years general surgical training + years plastic surgery training, NO cosmetic cosmetic surgery training routinely.
Log book of cases in specific procedures Registered in specific procedures and on-going re-accreditation in procedures	Log book of cases in general plastic surgery No cosmetic procedure log books No procedure training or registration
Numbers of complaints against Cosmetic surgeons members of ACCS (known to HCCC)	Numbers of complaints against 250 Plastic surgeons members of ASPS (Known to HCCC)
No cosmetic surgeon has threatened to leave a hospital because a plastic surgeon has applied to work there	Complaints to ACCC about plastic surgeons threatening hospital administrators to leave if they allowed a cosmetic surgeon to work there.
No cosmetic surgeon has threatened to remove or reduce their advertising if a magazine accepts advertising from their competitors	Plastic surgeons have reportedly offered to buy $1m advertising a year from a magazine on condition the magazine does not accept further advertising from cosmetic surgeons
"Cosmetic surgeon" is a composite term that can be understood to be those who not have meet the standards (log books and exams) of ACCS, and not by those who "dabble" in cosmetic procedures .	"Surgeon" is a term that can be restricted to those with FRACS or FRCS and should be available to those who "dabble" in general surgery. "Plastic surgeon" is a term that is understood to be a specialist discipline, but it is promoted as a term for all forms of cosmetic procedures, in spite of the fact that they may have never done a case of that type.