

**Submission  
No 23**

# **COSMETIC HEALTH SERVICE COMPLAINTS IN NEW SOUTH WALES**

**Organisation:** The Royal Australian College of General Practitioners  
**Date Received:** 13 April 2018

13 April 2018

Mr Adam Crouch  
Committee Chair  
Health Care Complaints Commission  
Parliament House Sydney NSW

By Email: [hccc@parliament.nsw.gov.au](mailto:hccc@parliament.nsw.gov.au).

Dear Mr Crouch

**Re: Inquiry into cosmetic health service complaints in NSW**

The Royal Australian College of General Practitioners (RACGP) NSW&ACT welcomes the opportunity to comment on the Inquiry into cosmetic health services complaints in NSW.

The RACGP is the Australian Medical Council's accredited college for General Practitioners working in cosmetic surgery and have many members who practice in this area. We believe that practitioners offering cosmetic services should be properly trained and have appropriate professional standards and guidelines to ensure patient safety.

We make the following comments on practice accreditation, practitioner accreditation and qualifications and standards:

**1) Practice accreditation**

The practice should be equipped to provide basic and advanced life support. All the staff should have BLS training. In the cases when the practitioner is performing complex procedures the practice should also be able to provide advanced life support.

**2) Practitioner accreditation**

Cosmetic medicine practitioner should undertake specific training necessary for the service they provide. They should also be transparent to disclose their qualification, accreditation body and continuous professional development in their field to patients.

The medical board should also consider enforcing diligent CPD activities to enhance their professional skills.

**3) Qualifications and standards**

Patients need transparency as to the qualifications and standards of their cosmetic medicine providers. A set of accreditation standards and advertising standards around who is qualified to use particular titles or perform procedures such as cosmetic injectables would be helpful.

The RACGP is happy to work with surgeon colleges and other professional organisations to develop and promote standards in this growing area of clinical work.

We refer to your Terms of Reference and comment on these in the attached submission.

If you have any questions regarding this response, please contact Roslyn Irons, State Manager of RACGP NSW&ACT at [nswact@racgp.org.au](mailto:nswact@racgp.org.au)

Yours sincerely



A/Professor Charlotte Hesper  
**Chair, RACGP NSW&ACT**



**RACGP**

Royal Australian College of General Practitioners

## ***RACGP NSW&ACT***

**Submission**

**Inquiry into cosmetic health service complaints in NSW**

**13 April 2018**

Healthy Profession.  
Healthy Australia.

The RACGP NSW&ACT appreciates the opportunity to make the following submission.

## Inquiry into cosmetic health service complaints in NSW

In addressing the adequacy of the powers and functions of the HCCC to improve outcomes for the public in the cosmetic health services sector and opportunities for collaboration with other agencies, organisations and levels of Government to this end. We make the following comments:

- a. Need for clarity around who can do what cosmetic work
  - There does not seem to be clear enough guidelines as to who can call themselves a ‘cosmetic physician’ or ‘cosmetic practitioner’. Some are doctors who are well trained and involved with the College of Cosmetic Physicians but others may have no training and others are not actually medical practitioners. This can include nurses or even non-registered health practitioners.
  - Work is at times being done by people who are not adequately trained for what they do – this includes doctors, nurses and other non-registered “health practitioners”, who at times work beyond what might be expected of their skills and training. This is a difficult area as it is hard to be absolutely prescriptive of “who can do what”. For Doctors there is an expectation to work within your scope of practice but this is not always adhered to. More challenging, is the issue of non-registered practitioners who may not work under the same ethos of having a recognised scope of practice.
  - In some cases much of the work is done by non-doctors under a vague supervisory role of a doctor associated with the clinic and issues can then arise as to who is really taking responsibility for the care delivered.
- b. Public perception and public awareness needs raising
  - An additional concern to the previous two issues is that the public seem quite unaware of the expertise or non- expertise of the ‘cosmetic practitioner’ they are seeing, ie a person attends a cosmetic clinic and may be treated by a doctor or nurse or non-registered practitioner and may not be aware of the difference. Misleadingly, promotional material quite often depicts representatives dressed in white coats when they may not be doctors.
  - We believe the HCCC has more power in dealing with adverse outcomes when the practitioner is a registered practitioner vs a non-registered practitioner but we are not aware of the legalities.
- c. Clinic/Facility standards
  - Non-doctor owners of cosmetic clinics seem not to be restricted by advertising guidelines that apply to registered medical practitioners and often appeal to vulnerable clients.
  - As cosmetic surgery is not Medicare funded, there is no incentive to have practice accreditation. There are concerns around the quality of some clinic facilities, especially around the issue of hygiene or how to manage the rare but potential emergency.

Most of the above seem to arise due to fact it is an evolving and growing field and there is a lot of money to be made.

In summary issues that might limit HCCC protecting public include:

- i. Inadequate guidelines around qualifications and training required for scope of work
- ii. Public understanding of the former
- iii. Lack of requirements for facility standards. Working with relevant specialty Colleges and the College of Nursing might help resolve some of above re: scope of practice guidelines and work with state or national regulatory bodies over legislating re: need for facility accreditation
- iv. In addition, work with patient advocacy groups may help develop solution re: raising patient awareness of above issues