Submission No 25

COSMETIC HEALTH SERVICE COMPLAINTS IN NEW SOUTH WALES

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Parliament of New South Wales Committee on the Health Care Complaints Commission

Re: Inquiry into cosmetic health service complaints in New South Wales

Thank you for the opportunity to make a submission into the inquiry into cosmetic health service complaints in New South Wales.

AMA (NSW) is an independent organisation, which represents almost 9000 doctors in NSW. As the state's peak medico-political lobbying body, AMA (NSW) serves to represent the interests of its members and plays a pivotal role in the formation of public health and hospital policy.

We also serve to uphold the integrity and honour of the profession and support the interests of doctors and their patients for the advancement of the health of the community.

AMA (NSW) commends the NSW Parliamentary Committee on the Health Care Complaints Commission for examining the regulatory framework for complaints concerning cosmetic health service providers in NSW.

We acknowledge the terms and reference, which include:

- a. The roles and responsibilities of the Health Care Complaints Commission relative to the roles and responsibilities of Commonwealth and other state regulatory agencies;
- b. The adequacy of the powers and functions of the Health Care Complaints Commission to improve outcomes for the public in the cosmetic health services sector;
- c. The opportunities for collaboration with other agencies, organisations and levels of Government to improve outcomes for the public in the cosmetic health services sector; and
- d. Any other related matters.

Background

The popularity of surgical and non-surgical cosmetic procedures has increased significantly in the last decade. It is now a billion-dollar industry in Australia.

According to statistics from the Australasian College of Cosmetic Surgery, Australians have a bigger spend on cosmetic procedures per capita than the US.



The top five most popular procedures are anti-wrinkle injections, fillers, laser and IPL, breast augmentation and reduction, and liposuction.

Australians are injecting \$350m worth of Botox, undergoing more than 8000 breast augmentation surgeries and 30,000 liposuction procedures per year. While these are the reported figures, the number of cosmetic procedures being performed in Australia could in fact be much higher.

This rise in demand has contributed to an increase in the number of unsafe and illegal cosmetic procedures being performed by unqualified practitioners.

As a result, there has been an increase in adverse events. Medical professionals often bear witness to the results of these botched procedures, as they are called upon to correct poor outcomes or manage complications. In some cases, the public health system must be engaged at the expense of tax payers.

Not all cosmetic procedures are performed in medically supervised facilities. Increasingly they are being done in business or clinic settings, as well as private residences. Many of these clinics do not have doctors, but are run by beauticians or nurses, which runs contrary to the rule that injectables must be supervised or done in a medical facility. In these situations, the nurse/beautician consults the patient without even a Skype call to a doctor.

While there is anecdotal evidence to support conclusions that some cosmetic procedures are being performed by untrained and/or unqualified operators, and in settings without adherence to safety and quality, there is a lack of available data on cosmetic services.

Cosmetic procedures are not claimable on Medicare, and as such it is difficult to obtain national data on the number and types of cosmetic procedures being performed in Australia. As well, currently there isn't a register of adverse outcome data from cosmetic services.

This information gap makes it difficult to quantify the extent of adverse outcomes and therefore makes it harder to convey the potential dangers of cosmetic procedures to the public.

Cosmetic service providers include doctors, nurses, dentists, as well as non-registered professionals such as beauty therapists or laser operators.

The HCCC protects public safety by dealing with complaints about health service providers in NSW. A health service provider is defined as someone who provides a health service (irrespective of whether the person is registered under the Health Practitioner Regulation National Law).



The HCCC deals with complaints against registered and non-registered health practitioners differently. Investigation and prosecution of serious complaints relating to registered practitioners are undertaken with relevant professional councils, which can lead to de-registration.

In contrast, complaints against non-registered practitioners are examined in respect to the Code of Conduct, *Public Health Act 2010 and Public Health Regulation 2012*. In the absence of a professional standards body, serious complaints against non-registered practitioners result in a public warning or prohibition. Criminal charges can be laid against both registered and non-registered practitioners if warranted.

The absence of a professional standards body for non-registered practitioners is a concern. While doctors, nurses and dentists must demonstrate the knowledge, skills and expertise required to gain the qualifications throughout the course of their undergraduate education and training, they must also undertake continuing professional development to maintain AHPRA registration.

There is no such oversight of training or qualifications for non-registered practitioners.

While other agencies are responsible for maintaining public health and safety, including the Therapeutic Goods Administration (TGA), the Australian Commission for Safety and Quality in Health Care (ACSQHC), the Medical Board of Australia (MBA) and Australian Radiation Protection and Nuclear Safety Agency (ARPANSA), beauty and non-medical clinics do not come under their purview. As a result, there is a need to establish a professional regulatory body which has a remit to oversee non-registered practitioners, thus addressing this regulatory gap.

Over the last five years, a total of seven registered and three non-registered health practitioners have been subject to public statements or warnings from the HCCC. Anecdotal evidence suggests the number of adverse events relating to cosmetic procedures far outweighs the number of complaints related to HCCC.

AMA (NSW) suggests the HCCC does not currently have the power to regulate the cosmetic service industry, and that the public is not aware of the complaints process that exists.

Recommendations

AMA (NSW) suggests that the public should be protected regardless of whether they undergo a procedure by a registered or non-registered practitioner, and as such:

1.) A regulatory authority be established to provide oversight of non-registered practitioners who inject/breach the integrity of the skin or mucous membranes;



- 2.) Agencies and independent bodies work together to eliminate gaps in regulation and oversight;
- 3.) Appropriate funding and infrastructure be allocated to HCCC to enforce and ensure the safety and quality of cosmetic procedures;
- 4.) Regulatory agencies develop a public awareness campaign that highlights the risks of cosmetic procedures, the rules regarding consultations, and the recourse patients have in event of an adverse outcome or complaint.

Thank you for this opportunity to comment on cosmetic health service complaints in New South Wales.