



Australian Society
of Plastic Surgeons

AHPRA/MBA GUIDELINES

1 OCTOBER 2016

ADVISORY FOR ASPS MEMBERS

1 Summary

Additional guidelines on cosmetic medical and surgical procedures have been issued by the Medical Board of Australia (AHPRA), and take effect from 1 October 2016.

The additional guidelines clarify and expand upon the existing AHPRA requirements, and include:

- the surgeon's responsibilities regarding patient assessment, particularly in the areas of patient consultations, patient motivation, referral for independent pre-procedural evaluation, and cooling off periods
- providing patients with detailed, written information covering informed consent, financial arrangements and post-procedural care and support
- definitions of minor, major and medically justified cosmetic procedures
- additional responsibilities concerning patients under 18 years of age
- clarifications regarding experience, qualifications, facilities and advertising.

These guidelines have implications for ASPS members and practice managers, and may require changes in practice procedures and documentation supplied to patients.

2 Background

On 9 May 2016, [AHPRA announced](#) the release of "[Guidelines on cosmetic medical and surgical procedures](#)" to take effect from 1 October 2016.

The guidelines are a relatively short (6-page) document developed over the last 18 months in consultation with the profession, the industry and the community, focussing on consumer protection.

The new guidelines apply to all medical practitioners, and specifically cover non-medically justified procedures – i.e. those undertaken with the dominant purpose of achieving what the patient perceives to be a more desirable appearance or boosting the patient's self-esteem.

They complement the 2014 AHPRA document [Good medical practice: a code of conduct for doctors in Australia](#), and should also be read in conjunction with other relevant regulatory and advisory documents (see Appendix A).

3 Commentary on the Guidelines

This paper provides a brief discussion of the main areas covered in the new guidelines, along with an assessment of whether previous guidelines have been:

- **clarified** – more detail is given, terms are defined, examples are given, guidelines specify what “should” or “must” occur;
- **expanded** – additional steps are described, document contents are listed;
- or **tightened** – guidelines are more restrictive and/or more prescriptive; “should” has become “must”.

Surgeons and practice managers should refer to the actual AHPRA guidelines document for a complete understanding of how their practices are affected.

3.1 Conflicts of Interest

(No change)

The care and wellbeing of patients is reinforced as the primary consideration in the provision of all medical and surgical services.

3.2 Patient assessment

(Clarified and expanded)

The medical practitioner who will perform the procedure is required to personally assess and advise the patient. The assessment should include discussion of the patient’s reasons and motivation for seeking the procedure, the patient’s expectations, and all other options for the patient including alternative treatments and no treatment at all.

Referral to an independent psychologist, psychiatrist or general practitioner is required if there are any indications of relevant, significant, underlying psychological problems.

3.3 Patients under 18

(Clarified, expanded and tightened)

Assuming the procedure is within the relevant legislative restrictions concerning patients less than 18 years of age, the practitioner must be satisfied with the patient’s capacity to consent to the procedure, and should have regard to the views of the patient’s parent(s), as far as practicable.

In the case of major procedures (as defined in the guidelines), it is mandatory that every patient under 18 be referred to an independent psychologist, psychiatrist or general practitioner to identify any relevant, significant, underlying psychological problems. A referral for evaluation is not required for minor procedures, unless the practitioner sees indications of any such underlying problems.

Cooling off periods are mandatory between the time informed consent is given and the time any payments are accepted or procedures carried out:

- a minimum of seven days (for minor procedures)
- a minimum of three months (for major procedures)

3.4 Informed Consent

(Clarified and expanded)

In order for the patient to make an informed decision, the practitioner must provide the patient with all necessary information, and should provide written information in plain language covering all aspects of the procedure including:

- possible outcomes, risks and complications
- the possible need for revision surgery or further treatment
- recovery times and requirements
- the total cost of the procedure and follow-up care; the possible costs of revision surgery or further treatment; a detailed payment schedule
- the complaints process and how to access it
- the practitioner's qualifications and experience

3.5 Patient management

(Clarified)

The medical practitioner is responsible for the management of the patient from initial consultation to the completion of post-procedural care. Any delegation of these responsibilities must be made formally, and should be in advance and with the knowledge of the patient and all other relevant parties.

Trained staff, appropriate facilities and equipment, and suitable protocols and procedures must be in place to manage any complications or emergencies.

On discharge, the practitioner must provide the patient with written information in plain language covering all aspects of the post-procedural care including:

- contact details for the practitioner and any alternative practitioners
- usual post-procedural symptoms with instructions for medication and self-care
- dates and details of follow-up visits

3.6 Financial arrangements

(Clarified and expanded)

The practitioner must provide the patient with written information covering all aspects of the costs of the procedure including:

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- the total cost including any payments for follow-up care and possible further costs for revision surgery or additional treatment
- details of deposits required, payment dates and refund conditions
- advising the patient that most cosmetic procedures are not covered by Medicare.

No deposit should be payable until after the cooling off period.

The practitioner should not provide or offer:

- any financial inducements to agents for recruitment of patients
- any financing schemes to patients (either directly or through a third party)
- any incentives to treatment such as products or services

3.7 Other guidelines

The new guidelines also include sections covering the requirements for:

- the provision of care by other practitioners (clarified)
- schedule 4 cosmetic injectables (clarified and expanded)
- ensuring practitioners have the necessary training and experience for procedures being provided (clarified)
- claims regarding qualifications and titles (no change)
- advertising and marketing (clarified)
- medical and surgical facilities (clarified)

Appendix A - Relevant Authorities and Guidelines

Authority	Guideline	Full Name	Revision
AHPRA	Guidelines	Guidelines for Advertising Regulated Health Services	2014
	Good Medical Practice	Good Medical Practice: A Code of Conduct for Doctors in Australia	2014
ASPS	Code of Practice	ASPS Code of Practice	2015
RACS	Code of Conduct	RACS Code of Conduct	2011
TGA	Advertising Code	Therapeutic Goods Advertising Code 2007	2015
	Therapeutic Goods Act	Therapeutic Goods Act 1989	2015