

General Practice & New Cosmetic Regulations

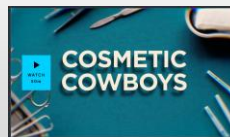
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What triggered the Cosmetic Surgery Reform?

October 2021

ABC: 4 Corners Program



2022 5-Part Series

Channel 9: 60 Minutes Program

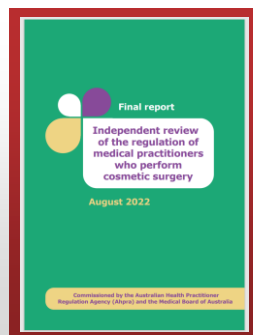


'Cosmetic Surgeon'

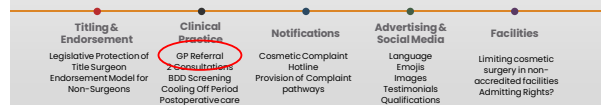
Brown's Review on Cosmetic Surgery

Andrew Brown (Former QLD Health Ombudsman)

16 recommendations - all accepted by AHPRA



Regulatory Changes



Why Involve the GP?

AHPRA's INTENTIONS

- Provision of background medical history, medications and other pertinent health/social information
- An opportunity for patient to be assessed for physical and mental wellbeing
- A neutral setting for patient to discuss their motivation for cosmetic surgery with an independent practitioner
- The GP will be kept informed of their surgery and thus enable continuity of care.

'A referral from a GP is therefore not a recommendation of a surgery or a cosmetic practitioner.' –AHPRA



Who, What, When & How

What procedures?

Not needed for injectables, other treatments
Cosmetic Surgery (definition)

Who can refer?

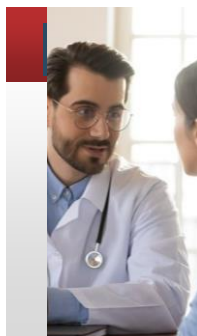
GP who practices (P1/r1) cosmetic medicinal surgery cannot refer.
Must be independent to the surgeon referred to.
Does it have to be usual GP?
Preferable but not necessary.

When is it required?

No discussion of cosmetic surgery can be entered into without a GP referral.
It is required even for patients from overseas/non-Medicare

What type of consultation?

In real-time, in-person preferred (video acceptable)
Not via questionnaires



Who to refer to?

What is expected from the GP



GPs are not expected to know all surgeons who provide cosmetic surgery and what surgery they provide.



The GP is not expected to provide information on the surgeries.



The GP is not responsible if the patient doesn't like the surgeon, if something goes wrong, or has a poor outcome.



GP should provide advice to patient re: qualifications of a surgeon and how to choose a surgeon.



Specialist plastic Surgeon MSBS (FRACS)

VS

Cosmetic Surgeon MSBS

Minimum 12 years of training

5 years Specialist Plastic Surgery training

Member
Australian Society
Of Plastic Surgeons

Fellow of the Royal Australian
College of Surgeons



Most likely no Specialist Plastic Surgery training

Not a member of ASPS

Unlikely to be FRACS qualified

Unlikely to be a member of RACS

What to look for? #knowthedifference

1. Check the doctor's website:
- Credentials
 - Procedures



2. Check the AHPRA Website

Australian Health Practitioner Regulation Agency - Home (ahpra.gov.au)



Markers of Good Practice

- Accreditation & Admitting Rights in an Accredited Facility
- Consultations include:
 1. Discussion on risks, unfavourable outcomes & postop recovery
 2. 7-day cooling off period
 3. Financial Consent
- Postoperative Care Plan includes:
 1. Follow-up appointments & Emergency measures
 2. Hand-over of care if not available
 3. Postoperative instructions

Beware of preoperative NDA's (Non-disclosure Agreements)



What's in the Referral?

Procedure

The referral should specify the nature of the patient's request, but not the type of surgery is to be determined by surgeon and patient. GPs are not expected to have detailed knowledge and provide advice on procedures.

What else?

As with other referrals. Nature of referral and medical history/medications, other pertinent history.

Practitioner

As in other referrals, the patient can choose their surgeon of choice other than that specified.

Correspondence

The surgeon is expected to reply the referring doctor as with other referrals.

Your Rights

Can you decline to refer?

Yes

Is the consultation claimable with Medicare?

Medicare is not payable for cosmetic surgery or procedures. However, Medicare Australia has advised (advice received 14 February 2023), that for a GP consult where the purpose is to assess an individual patient's physical and mental health, help them make a decision and provide a referral, benefits would most likely be payable, provided the requirements of a relevant item are met.

Body Dysmorphic Disorder

BDD SCREENING

- A validated screening tool is requirement for cosmetic surgery (documented process and outcome)
- This is not expected to be done by the GP.

HOWEVER

- What if this is suspected during GP consultation? (e.g. during discussion of motivation for surgery).

'... It is expected that the referring GP discusses the requested procedure with the patient and if there are indications of BDD or another similar condition, they would manage the patient as they would any patient who presented with such a condition.'

It is expected that if the GP determines the patient has BDD or any other condition which would make them an unsuitable candidate for cosmetic surgery, the GP should not provide them with a referral for cosmetic surgery.'

- What happens if patients 'fall' their BDD with the surgeon?
- Referral to GP with mental health interest is acceptable as long as that GP does NO cosmetic medicine/procedures.



Checklist



Physical Health Assessment

Medical history and physical health
Issues: Smoking, high BMI, Anticoagulation, CVS/respiratory risks, poorly-controlled DM etc.



Mental Health Assessment

Underlying mental health issues
Motivation for surgery, BDD traits



Informed Choice of Surgeon

Educate patients about qualifications
Check qualifications or endorsements



Correspondence & Followup

Correspondence is to be expected
Postop care is the surgeon's responsibility



QUESTIONS?