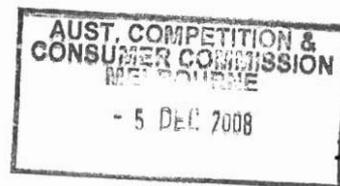


# Department of Health and Human Services

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Mr Gavin Jones  
Director Adjudication Branch  
Australian Competition and Consumer Commission  
GPO Box 520  
MELBOURNE VIC 3000



Dear Mr Jones

Thank you for your letter of 14 November 2008, regarding the Australasian College of Cosmetic Surgeons application for authorisation A91106 – interested party consultation. I offer the following for your consideration.

The Royal Australasian College of Surgeons (RACS) has strict criteria by which it measures a clinician's ability to practice as a surgeon. Clinicians in all surgical disciplines are required to meet these criteria before they are granted the right to surgical practice. Until such time as another body takes over these roles, these RACS criteria, which include elements of training and examination, continuing professional development, and acceptable standards of professional behaviour, should be met by any discipline that acknowledges surgery as its primary modality of healthcare delivery. It is widely accepted that the basic MBBS degree does not adequately equip one with the skills or knowledge necessary to practice surgery.

I am aware that the Australian Society of Plastic Surgeons, whose members all have a Fellowship of the Royal Australasian College of Surgeons (or equivalent from another country) is preparing a detailed submission on this application. This document is expected to deal in depth with issues of patient safety, and will offer a far more comprehensive comment on the above application than I offer.

Overall, the Australian Medical Council is the arbiter of accreditation for medical colleges, education, maintenance of safety and quality. Theirs would be an appropriate forum for decisions regarding the practice of cosmetic surgery within Australia to be made in.

I offer the following specific comments regarding the Code of Practice proposed by the College of Cosmetic Surgeons.

### Points relating to advertising within the Code of Practice:

Within the Code, numerous references are made to the circumstances under which advertising is appropriate and how messages within advertising should be conveyed. Superlatives should not be necessary in descriptions of persons or procedures as factual information regarding persons or procedures enables the consumer to better make an informed, objective decision. We therefore recommend the Code does not providing fellows with discretion regarding the use of superlatives. Similarly, the use of methods designed to solicit business should not be employed (Guidelines 2 and 7).

### Points relating to Procedural Competence:

To protect the consumer from harm associated with surgical procedures, a doctor should not perform invasive surgical procedures for which he or she is not accredited (Guideline 9).

Performance of any procedure outside the surgeons' scope of practice must be under the supervision of an experienced and suitably qualified surgeon. To ensure the best outcome possible for the patient involved, the procedure must not be performed prior to the appropriate education, training and assessment of the inexperienced surgeon in that particular procedure (Guideline 9).

Consumers have the right to information regarding the procedural competence of their surgeon. The arbitrary cut-point proposed in the Code, of 100 procedures, does not guarantee the quality of the outcomes achieved by the surgeon is high. Rather, appropriate education, training and assessment must be taken into account, together with procedural experience, when assessing surgical skill (Guideline 11).

### Points relating to Informed Consent:

Appropriate informed consent is based on the quality of information provided to a consumer, the objectivity of this information source, the ability of the consumer to interact with the provider in obtaining answers to questions raised relating to the procedure, rather than the amount of time that has elapsed between the consumer providing consent and when the procedure is actually performed (Guideline 13). This is not reflected in the Code.

### Dealing with Complaints:

With regard to the complaints process the whole of the process described within the Code is internal to the College and not subject to public scrutiny. Further, there is no process outlined with regard to serious complaints being referred to the Medical Board (or Council), Australian Medical Council, Health Complaints Commissioner or other relevant authority within the State concerned.

On considering the balance of public good versus detriment it is important that patient safety is not compromised by the relaxation of competitive practice laws.

Thank you again for your invitation to make a submission regarding this matter.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Mary Bent', is written on a light-colored rectangular background.

Mary Bent  
Acting Secretary

2 December 2008