



Statement on cosmetic procedures

Purpose of this statement

01 This statement outlines the standards expected of doctors who perform cosmetic procedures¹. The statement may be used by the Health Practitioner's Disciplinary Tribunal, the Council and the Health and Disability Commissioner as a standard by which your conduct is measured.

Potential for conflicts

02 Providing a cosmetic procedure does not improve a patient's physical health and safety and it is often difficult to determine whether the treatment is in the patient's best interests.

03 Take great care to ensure that patients who undergo a cosmetic procedure receive the appropriate information, give their fully informed consent and are free from exploitation.

04 The clinical relationship between a doctor performing a cosmetic procedure and a patient may also be complicated by the consumer's heightened expectations of the results that can be achieved and the provider's opportunities for commercial advantage. You should recognise these conflicts and have a duty not to allow them to cloud your professional judgement.

05 Do not abuse your patient's trust. The investigations or treatment you provide or arrange must be made on the assessment you and the patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options.

Definition

06 Council has defined "cosmetic procedures" as follows:

"Operations and other procedures that revise or change the appearance, colour, texture, structure or position of normal bodily features with the sole intention of improving the patient's appearance or self esteem."²

Expectation of training, skill and expertise

07 *Good medical practice* outlines the duties and responsibilities of a doctor registered with the Medical Council. This states that "In providing care you must recognise and work within the limits of your competence."³

08 Treatment should therefore only be provided if you have the appropriate training, expertise and experience in the particular cosmetic procedure being performed to deal with all routine aspects of care and any likely complications.

09 You are responsible for ensuring that you have the necessary training, expertise and experience to perform a particular cosmetic procedure with reasonable care and skill⁴.

The categorisation system

10 Cosmetic procedures vary in the level of risk and complexity associated with them. To assist it in setting standards the Council has classified different procedures in accordance with the types of providers involved, the type of facility in which they are performed and the level of risk to the consumer:

¹ Patients are advised that this statement only addresses the standard of care expected of doctors. If you seek care from a health practitioner who is not a doctor then you should obtain advice from the relevant professional body.

² The statement does not cover procedures which improve a patient's physical health and safety other than by improving their appearance and self-esteem.

³ Page 6. *Good medical practice*. Medical Council of New Zealand. October 2008.

⁴ If you do not comply with this requirement you may be subject to a competence review by the Council if there is reason to believe that your competence may be deficient.

Category 1

- A surgical procedure that involves cutting beneath the skin, such as breast augmentation, breast reduction, rhinoplasty, surgical face lifts, liposuction and otoplasty.
- Most commonly performed in a day procedure centre or hospital, with an anaesthetist present.
- May be performed by a doctor registered in a relevant surgical scope of practice⁵; who has the necessary training, expertise and experience in the procedure being performed; and whose competence in the procedure has been independently assessed⁶.
- Category 1 procedures which involve cutting the skin and into subcutaneous fat may also be performed by a dermatologist who has satisfied the requirements of the New Zealand Dermatological Society's advanced dermatologic surgical training programme; who has the necessary training, expertise and experience in the procedure being performed; and whose competence in the procedures has been independently assessed⁶.

Category 2

- A non-surgical procedure (although in some cases it may involve piercing the skin), such as non-surgical varicose vein treatment, ultrasound guided sclerotherapy, endovenous laser ablation for vein removal, laser skin treatments, use of CO₂ lasers to cut the skin, mole removal for purposes of appearance, laser hair removal, dermabrasion, chemical peels, injections, microsclerotherapy and hair replacement therapy.
- Most commonly performed in day procedure centres or doctors' clinics with or without an anaesthetist.

- May be performed by a doctor registered in general practice or relevant alternative vocational scope of practice⁷; who has the necessary training, expertise and experience in the procedure being performed; and whose competence in the procedure has been independently assessed⁶.

Advertising and promotion

- 11 Advertising and promotional material should not foster unrealistic expectations.
- 12 False and misleading advertising is unacceptable. Do not claim a falsely high success rate or overstate your qualifications.
- 13 Patients can find medical titles misleading. To minimise confusion you should avoid using titles such as "specialist" which refer to an area of expertise unless you are registered with the Council in an appropriate vocational scope.

Obtaining consent

- 14 Because performing elective procedures may involve a conflict of interest, obtaining the patient's informed consent is particularly important. The informed consent process should start at the initial consultation and should involve a two way communication process which results in the patient feeling confident that they have enough information to agree to the procedure.
- 15 Selection of patients for category 1 cosmetic procedures must start with an effective assessment of the patient's motivation for seeking treatment. Steps should also be taken to ensure that the patient has realistic expectations and that any preconceived ideas based on advertising and media sources have been ascertained and addressed.
- 16 There should be an opportunity for a patient to be referred for psychological evaluation if you have concerns about their motivation. Such doubts might arise, for example, if you suspect the patient has a body dysmorphic disorder or a personality disorder.

⁵ For this purpose, the doctor must hold a relevant post-graduate surgical qualification recognised by the Council as allowing registration within a relevant vocational scope. A doctor who is not registered in an appropriate vocational scope of practice may also perform a category 1 procedure if he or she is in a collegial relationship with a doctor registered in the appropriate vocational scope and that colleague is satisfied that the doctor's training is appropriate and he or she is competent to perform the procedure.

⁶ Independent assessment may occur through a branch advisory body training programme or through a credentialing process.

⁷ A doctor who is not registered in an appropriate vocational scope of practice may also perform a category 2 procedure if he or she is in a collegial relationship with a doctor registered in the appropriate vocational scope and that colleague is satisfied that the doctor's training is appropriate and he or she is competent to perform the procedure.

Onsite counselling services are not necessarily required, but you should know how to access such services. This requirement is especially relevant when category 1 procedures are being provided.

17 A patient's informed written consent should be obtained at a pre-procedure consultation within a reasonable time period before the day of the procedure and consent must be reconfirmed on the day the procedure occurs. Obtaining informed consent is the responsibility of the doctor treating the patient.

18 There should be a period of reflection of seven days between any initial consultation and the performance of a category 1 cosmetic procedure.

19 At the time of the initial consultation for a category 1 procedure, provide patients with written information in lay language which includes:

- Realistic information about what is involved with the procedure.
- The range of possible outcomes (including worst case scenarios).
- The risks associated with the procedure.
- Recovery times and requirements.
- Other options for addressing the clinical problem.
- The patient's rights as a consumer.
- How to make a complaint if something goes wrong.
- Information about your qualifications and experience.

20 Where specific and recognised ethical standards for obtaining informed consent exist (such as the Harry Benjamin guidelines in the treatment of gender dysphoria), you should follow these.

21 Following any category 1 procedure, provide patients with written information in lay language which tells them:

- How to contact the doctor if complications arise.

- Details of who they can contact if the doctor is not available.
- The usual range of post-operative symptoms.
- Where to go if the patient experiences unusual pain or symptoms.
- Appropriate instructions for medication and self care.
- Details of the dates for follow up visits.

Providing care

22 The operating doctor is responsible for all aspects of preoperative, operative and post operative care. Delegation of care must be appropriate and arranged in advance of any procedure.

23 Carry out all surgical procedures in facilities where there are adequate and appropriate backup services available to address any foreseeable operative complications.

24 You should keep the patient's general practitioner informed of all category 1 procedures, with the patient's permission.

25 Provide appropriate follow up. At a minimum follow up for a category 1 procedure requires that you be available personally for at least two weeks post procedure, or to have a formal arrangement with another suitably qualified practitioner who has full access to the patient's history.

Audit and review

26 If you perform cosmetic procedures you must participate in clinical audit or reporting on a number of clinical indicators. Ideally this should occur annually and should contribute towards the mandatory requirements for continuing professional development and recertification. Where this will not count towards continuing professional development and recertification (for example where the procedures do not form part of your vocational scope) then you should be in a collegial relationship with another doctor and audit and review should take place as part of that relationship.

Related Council statements and resources

- Information and consent (April 2002).
- Legislative requirements about patient rights and consent (October 2005).
- Responsibilities in any relationships between doctors and health related commercial organisations (December 2003).

9 October 2007

This statement is scheduled for review by October 2010. Legislative changes may make the statement obsolete before this review date.
