

# Statement on doctors performing cosmetic procedures

## Introduction

This statement outlines the standards expected of doctors who perform cosmetic procedures. It may also be a useful resource for patients who are considering a cosmetic procedure.

This statement should be read in conjunction with Te Kaunihera Rata o Aotearoa | the Medical Council of New Zealand's (the Council's) *Policy on the training and expertise necessary for doctors to safely perform cosmetic procedures*. The following points are an extract from that policy:

- Cosmetic procedures revise or change the appearance, colour, texture, structure or position of bodily features with the sole purpose of achieving what the patient perceives to be a more desirable appearance.<sup>1</sup> Procedures with a medical justification, including gender affirming surgery, are not considered cosmetic procedures.
- There are three categories of cosmetic procedures.<sup>2</sup>
  - Category 1: Surgical
  - Category 2: Complex non-surgical
  - Category 3: Low-complexity non-surgical.
- Doctors may only perform cosmetic procedures as specified in the *Policy on the training and expertise necessary for doctors to safely perform cosmetic procedures*. This will ensure the doctor has the necessary training, expertise and experience to safely perform the cosmetic procedure and manage any risks.

## Working with patients seeking a cosmetic procedure

1. Approach all patients with respect and empathy. Create an environment where patients feel comfortable discussing their appearance and concerns without fear of judgement. Ensure they feel free to make their own decisions about whether to have a procedure, without pressure from you or others.
2. You must recognise and work within the limits of your competence. Refer patients to another practitioner if you do not have the necessary training and skills or cannot safely achieve the patient's desired outcome.

## Assessment of patient suitability

3. Assess the patient's reasons and motivation for seeking a cosmetic procedure. Check that their expectations are realistic by discussing any preconceived ideas they may have, including those based on advertising and social media. Document this in the patient's medical record.

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<sup>1</sup> Other terms may be used to refer to cosmetic procedures, such as 'appearance medicine' or 'aesthetic surgery'.

<sup>2</sup> These are further defined and explained in the Council's *Policy on the training and expertise necessary for doctors to safely perform cosmetic procedures*.

4. If you believe a cosmetic procedure is unlikely to deliver the desired outcome or will not be of overall benefit to the patient, discuss this with the patient and explain your reasoning. Consult a colleague if needed. You may decide not to provide the procedure, but you should discuss and document alternative options, and respect the patient's right to seek a second opinion.
5. You should be very cautious about performing a cosmetic procedure on a patient who:
  - a. is currently experiencing psychological distress, or has a history of serious mental illness (such as psychosis) or psychological concerns related to body image
  - b. has had multiple cosmetic procedures and is dissatisfied each time
  - c. appears indecisive
  - d. believes a procedure will solve all their problems
  - e. has not carefully considered the implications of undergoing the procedure.
6. If you have any reason for concern about a patient's motivation for seeking a cosmetic procedure, consider deferring the procedure to allow time for the patient to consult with their GP or talk to a mental health professional. With the patient's consent, you may also want to consult with their relevant clinicians.
7. Document your assessment, reasoning, and the outcomes of your discussions in the patient's medical record.

#### **Informed consent**

8. The informed consent process begins at the initial consultation, and it must be an interactive process between you and the patient. The doctor performing the procedure is responsible for obtaining written informed consent and this cannot be delegated to another person.
9. You must provide written information about the procedure that is in plain language and in a language understood by the patient. You must provide the patient with sufficient, accurate and realistic information about the following:
  - a. What the procedure involves, including the need for any anaesthesia and pain management.
  - b. The range of possible outcomes, in the short and long term, including worst case scenarios.
  - c. Whether the procedure is new or experimental.
  - d. Risks and possible complications.
  - e. The possibility of the need for revision or further treatment in the short- or long-term.
  - f. Recovery times and care requirements.

- g. For any cosmetic procedure involving an implantable device, the patient must be provided with any Patient Information Leaflet (PIL) available about the product before the procedure. If there is an implant registry available for the type of implant, patients should be informed and asked if they would like to have their name, contact details, and implant information recorded in the registry in New Zealand<sup>3</sup>. You must inform the patient if any implanted medical devices may need to be removed or replaced in the future and provide an expected timeframe for this.
  - h. For cosmetic injectables, the patient must be given details about the specific product being used, including its type and quantity.
  - i. Other options for addressing their concerns, including clinically appropriate procedures or treatments offered by other practitioners, and the option of not having a procedure.
  - j. The total financial cost to the patient. You must be clear about what is included in quoted prices and what other charges might be payable, including deposits, anaesthesia, charges for routine follow-up care, and possible further costs for revision or additional treatment. You must explain your charges clearly, so patients know the financial implications of their decision.
  - k. Your qualification, training and experience, including whether the Council has approved an extension to your scope of practice (in line with the requirements set out in the Council's *Policy on the training and expertise necessary for doctors to safely perform cosmetic procedures*).
  - l. The patient's rights as a consumer, including how to report complications and adverse reactions, or make a complaint if something goes wrong. Refer patients to the [Health and Disability Commissioner \(Code of Health and Disability Services Consumers' Rights\) Regulations 1996](#).
10. You should obtain written consent in advance of the day of the procedure, at an in-person consultation. On the day of the procedure, you should reconfirm consent and document the patient's decision.
11. Make sure that the patient understands that they can change their mind at any time, even after they have consented to have a procedure.
12. There must be a period of reflection (a 'cooling-off period') of at least seven days between an initial consultation and the performance of a Category 1 cosmetic procedure. A cooling-off period should be considered for Category 2 and 3 procedures but is not a requirement. These requirements are different for patients under the age of 18 – see paragraphs 15 to 17 below.
13. If you plan to take photos or videos of the patient:
- a. Ensure that there is clinical justification and you obtain the patient's consent.
  - b. Explain the purpose or use of the images or videos.

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<sup>3</sup> A registry helps ensure patients are informed of any important updates regarding the safety of their implants.

- c. Store them securely and dispose of, or delete, them when no longer needed. Do not store patient images on a personal device.
  - d. Adhere to the Privacy Act 2020 and the Health Information Privacy Code 2020.
14. For further information, including information regarding special circumstances, refer to the Council's statement on *Informed consent: Helping patients make informed decisions about their care*.

### **When treating patients under the age of 18**

15. You must assess and document whether the patient fully understands the nature, purpose and possible consequences of the proposed procedure, as well as the consequences of not undergoing the procedure.
16. Consider the views of the parent(s) or guardian of the patient under 18 years, including whether the parent or guardian supports performance of the procedure.
17. For Category 1 procedures on patients under the age of 18, there must be a three-month cooling off period between an initial consultation and the procedure. For Category 2 or 3 procedures, for patients under the age of 18 there must be a cooling off period of at least seven days.

### **Care and follow-up**

18. All procedures must be carried out in facilities where there are appropriate backup services available to address any foreseeable complications or emergencies. You must be satisfied that the facility is safe, suitably equipped and staffed, and that it complies with any relevant regulatory requirements.
19. The doctor performing the procedure is responsible for all aspects of patient care, including before, during, and after the procedure, as well as any required ongoing care. If you delegate care, do so appropriately and in advance, and document the arrangements. Tell the patient who will be involved.

### **Category 1 and 2 procedures**

20. For Category 1 and 2 procedures, you must be available to the patient for follow-up, for a suitable period after the procedure, or make a formal arrangement with another suitably qualified practitioner who has full access to the patient's records.
- a. You are responsible for deciding a 'suitable period' for follow-up. Document this in the patient's medical record and inform them.
  - b. If you plan to transfer the patient's care, inform the patient and document this clearly.
  - c. With the patient's permission, inform the patient's GP (if they have one) about the procedure.
21. Following a Category 1 or 2 procedure, you must provide patients with written information in plain language, in a language understood by the patient, that tells them:

- a. details of the surgery performed, and the anaesthesia used
- b. how to contact you (or your nominated delegate) if complications arise
- c. details of who to contact if you or your delegate are not available
- d. possible post-operative symptoms and signs
- e. where to go if they experience unexpected symptoms or signs
- f. clear and appropriate instructions for medication and self-care
- g. details of the dates for follow-up visits.

### **Standing orders**

- 22. You must adhere to the [Medicines \(Standing Order\) Regulations 2002](#). The Ministry of Health's [Standing Order Guidelines](#) were developed to support health professionals working with standing orders to comply with regulatory requirements.
- 23. Ensure that you regularly review any standing orders you issue, including reviewing whether each person working under your standing orders is competent to administer them.

### **Recognising and managing conflicts of interest**

- 24. Conflicts of interest may arise due to a doctor's opportunities for financial gain. Refer to the Council's statement on [Doctors and health-related commercial organisations](#).
- 25. Recognise that conflicts of interest can arise when providing cosmetic procedures and ensure that the care and wellbeing of the patient is your primary consideration. Do not allow these conflicts to cloud your professional judgement.
- 26. During initial patient consultation, you must disclose to the patient any financial interests that could be perceived as influencing your advice or actions.

### **Advertising and promotion**

- 27. Advertisements must be truthful and balanced. Claims must be valid, evidence-based and possible to check. Make sure that advertisements do not exploit patients' vulnerability or lack of medical knowledge.
- 28. Advertising must not:
  - a. glamourise cosmetic procedures or treatments
  - b. minimise the complexity of a procedure

- c. minimise risk, or suggest that a procedure is free of risk
  - d. overstate or guarantee results
  - e. include testimonials
  - f. imply patients can achieve outcomes that are not realistic
  - g. make direct comparisons between the quality of your services, and services provided by your colleagues.
29. You must not overstate your qualifications or experience or use unclear titles such as 'specialist', unless you are registered with the Council in an appropriate vocational scope.
30. Refer to the Council's *Statement on Advertising* for the standards expected when doctors advertise their services.

#### **Financial promotion**

31. You must not provide or offer to provide:
- a. financial inducements (such as a commission) to agents for recruitment of patients
  - b. free or discounted procedures to prospective patients, including social media influencers or users, for promotion of services
  - c. additional products or services that could act as an incentive.
32. You must not offer, promote or recommend financing schemes to patients, either directly or through a third party, such as loans or commercial payment plans. You can inform patients of accepted payment methods or offer the option to pay for a procedure in instalments in a non-commercial payment arrangement.