



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

4 January, 2021

#KnowTheDifference. Are plastic surgeons deceiving the public?

It is estimated that Australians spend more than \$1 billion on cosmetic surgical procedures every year and more per capita than the United States.

The Australasian Society of Aesthetic Plastic Surgeons (ASAPS) recently commenced a 'campaign' entitled 'Know The Difference'¹, designed to convince Australians who undertake a cosmetic surgical procedure that they will only be safe if they choose a specialist plastic surgeon.

The 'Know The Difference' campaign could be the ultimate 'own goal' because ASAPS conveniently omits to tell patients the findings of the Australian Medical Council (AMC). This is an independent national standards body that assesses and accredits plastic surgeons' training and specialist qualifications, as a regulator recognised by the Australian Government.

In 2018, whilst accrediting the training of Australian plastic surgeons, the AMC found that they had a 'deficit' in their cosmetic surgical experience and a 'gap in this area of practice' when they qualify as specialists².

This is because plastic surgical training is undertaken almost exclusively in public hospitals where no cosmetic surgery is performed. In other words, plastic surgeons may be competent in plastic and reconstructive surgery, but not necessarily in the different area of cosmetic surgery.

So damaging were the AMC findings to ASAPS' argument, that another plastic surgical lobby group - the Australian Society of Plastic Surgeons (ASPS) – many of whose members are also members of ASAPS, tried to get the AMC to remove these findings from its report. The AMC refused to do so.

Having failed to suppress the truth about the gaps in their own training, qualifications and experience in cosmetic surgery, plastic surgeons are now concealing this from the public and simultaneously seeking to confuse patients about those practitioners who do have the necessary training, skills and experience.



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The disingenuity goes further. On the campaign page of its website, ASAPS only includes recent newspaper articles on the subject of cosmetic surgery regulation that suit its purpose^{3,4}. It omits unfavourable articles altogether^{5,6}. Of the articles it does quote, it provides only truncated versions to present a distorted version of the media coverage⁷. Conveniently, these edited clips omit the AMC's adverse findings². Links to the full articles are only available on a paid-subscription basis.

In justifying the 'Know The Difference' campaign, ASAPS' President, Dr Rob Sheen, said on 2GB radio *'We cannot find any legitimate reason why a doctor would want to misrepresent themselves to a patient, unless it's to deceive them'*.⁸

Indeed, Rob. Might it have something to do with gaining a commercial advantage in what he admits is *'the booming and lucrative cosmetic surgery market'*³? The Australasian College of Cosmetic Surgery (ACCS) could not possibly comment.

Under the guise of protecting patients, the ASAPS campaign claims that doctors using what it calls the *'made up'* title 'cosmetic surgeon' are a risk to the public. The 'evidence' appears to be a self-administered survey of ASAPS members which concluded that 1 in 10 of them *'had been forced to fix "botched jobs"'*³. Interestingly, the campaign does not specify who performed the *"botched jobs"*.

The relationship of ASAPS' campaign to the truth is further exemplified by ASAPS' Vice President, Dr Amira Sanki who claims that, rather than the 1 in 10 identified in their survey, *'Every plastic surgeon would see, on a weekly basis, someone who has been "botched"....'*⁹

ASAPS' 'Know The Difference' campaign seeks that the government ban the title 'cosmetic surgeon'.

It is important to understand there are three types of doctors in Australia who use the title 'cosmetic surgeon':

1. Fellows of the ACCS who have a minimum of 12 years training, including 5 years of training after qualification as a Doctor plus two further years mandatory cosmetic surgery specific training, before then passing formal examinations leading to the award of FACCS. This is the gold standard in cosmetic surgery training.
2. Specialist plastic and reconstructive surgeons – who may or may not have up to six months, optional, cosmetic surgery training.
3. Other medical practitioners who may have some informal cosmetic surgery training or may have no cosmetic surgery training whatsoever.

In calling for the banning of the title 'cosmetic surgeon', ASAPS disingenuously lumps all non-plastic surgical doctors calling themselves cosmetic surgeons together.



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ASAPS fails to inform the public that the only formal training and examination in Australia that leads to a cosmetic surgery qualification and requires ongoing Continuing Professional Development, has been provided by the ACCS for more than 20 years.

Certainly, patients do need to 'Know The Difference' between those doctors who have appropriate cosmetic surgery training and experience and those, including many plastic surgeons and other self-proclaimed cosmetic surgeons, who do not.

The ACCS has proposed a Register of all medical practitioners performing cosmetic surgery. Only those who have met and maintain an agreed competency-based accreditation standard specifically in cosmetic surgery would be admitted to the Register.

Only those on the Register would be able to use the title 'cosmetic surgeon.'

Plastic surgeons undertaking cosmetic surgical procedures would have to meet the cosmetic surgery accreditation standard just like every other type of doctor. The ACCS has submitted a detailed proposal for such a National Accreditation Standard (the Standard) to Australian regulators.

Only two groups of practitioners might object to the implementation of such a national Register of competent providers of cosmetic surgery who meet the Standard.

Firstly, medical practitioners performing cosmetic surgical procedures who do not meet the Standard. This is because the Standard would be to protect patients, not incompetent practitioners.

Secondly, medical practitioners or their craft-groups who seek to achieve a commercial advantage by manipulating the regulatory reform process by attempting to eliminate competent professional competitors.

Put another way, surgeons seeking to lock-up a monopoly in that '*booming and lucrative cosmetic surgery market*' that ASAPS has identified.

It is time to put the interests of patients first and adopt a National Accreditation Standard so that patients really do 'Know The Difference'.



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