The health regulator's response to Australia's cosmetic surgery crisis is wholly inadequate. While it proposes increasing financial penalties for misconduct by self-styled 'cosmetic surgeons', these will be inconsequential for those rogue doctors operating in such commercially driven ventures.

As president of the Australian Society of Plastic Surgeons, whose first objective is the highest standard of practice and ethics in plastic and reconstructive surgery, I am dismayed by the proposed solutions from the Australian Health Practitioner Regulation Agency (Ahpra), which it made public on Thursday following a review of how it might improve regulations to protect patient safety.

Australian Health Practitioner Regulation Agency has so fundamentally misunderstood what is needed that a refresh of its leadership is warranted. The proposed lift in penalties will have no adverse effect on rogue practitioners. Nor will it much help to take them before an Ahpra tribunal, where the most usual punishment is having their practice restricted to that of a general practitioner. That not only grossly denigrates the role of a GP, but is disproportionate to the harm being inflicted on patients.

And installing a 'cosmetic surgery hotline' will do nothing to prevent further harm to the public. If those reporting know that there will be no effective action taken, it is unlikely it will even be used.

The idea of developing an 'endorsement' for cosmetic surgery training or practice may seem superficially sensible, with Ahpra proposing to ask the Australian Medical Council (AMC) to administer this. However, there is no evidence that the council has been involved in this proposal. The concept is unworkable, unless only organisations that are already accredited with the council are the training providers.

The council does indeed have a mandate to protect the community through setting standards for training and for assessing and certifying surgical training programs. So, why are medical practitioners simply able to bypass completing one of these programs and perform major surgery without its accreditation?
To date, all proposed 'cosmetic surgery training programs' put forward by non-surgeons have failed to gain AMC accreditation. This should be reason enough to immediately ban from performing surgery anyone who has done only such inadequate training. If someone fails their driving test, we do not license them to drive because their grandmother was a good driver and spent many hours teaching them to drive like her.

Unbelievably, amid this health industry crisis, Ahpra also proposes to weaken its regulations regarding testimonials. While it will make an exception for cosmetic surgery, it will be open season for people wanting to advertise pain clinics, substandard skin-check clinics and hundreds of other interventions. There will be no surprise when the 'skin cancer clinics' happen to have a cosmetic procedure room at the back of the office.

The Therapeutic Goods Administration (TGA) and the AMA both oppose testimonials in medicine. The TGA recently said anti-testimonial laws should be strengthened. Why, then, are the regulators not working together? The system is broken. The current ban on testimonials for medical services should stay. Weakening this will only endanger the community further.

Possible solutions involve restricting scope of practice of general Ahpra registrants so that surgery is not allowed other than for doctors undergoing specialist surgical training. Specialists in fields such as dermatology could have specific scope for surgical procedures relevant to that field. We acknowledge specialist GPs play a valuable role in procedural work and rural and regional settings, and doctors registered within a specialty with AMC-accredited surgical training would be allowed to perform surgery.

But those who carry out surgery with no accredited surgical qualification should be deregistered. And their interventions should be regarded as assault.

Members of our society are all specialist plastic surgeons with eight years of additional surgical training. We believe this is what Australians would expect—that only qualified surgeons are allowed to perform surgery, other than in limited, specified circumstances. If this requires a change in the law, change the law.

Our society appeals to the federal health minister, the government and parliament to work with the necessary parties to fill the gap between the excellent standards of the AMC and the ability of Ahpra to ensure Australians can expect care that meets those standards. Currently, Ahpra seems unable or unwilling to rise to this challenge, and the community is paying the price.

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