



# The Australasian College of Cosmetic Surgery

## *Raising Standards, Protecting Patients*

15<sup>th</sup> November 2005

Dr David Hillis  
Chief Executive Officer  
Royal Australasian College of Surgeons  
College of Surgeons Gardens  
Spring Street  
Melbourne  
Victoria 3000

Dear Dr Hillis

**Re: Letter from you to Dr Michael Molton dated 26<sup>th</sup> October 2005**

I have been forwarded a copy of the above letter. It will, of course, be a matter for Dr Molton to decide if he wishes to reply with the information you seek.

However, in the letter you make assertions about standards of practice in cosmetic surgery in Australia and the Royal Australasian College of Surgeons involvement in these standards. It seems that you believe RACS has a monopolistic right to “safeguard(s) the standards of surgery in the community” and in addition you have extended your claim of a monopoly to include cosmetic surgery. Since you have chosen to copy this letter widely, including to Mr Joe Hooper, the Registrar and CEO of the Medical Board of South Australia, this is not simply a private matter. The perception is that your letter may be a self-serving attempt to convince the community that you do have such a monopoly. In order that this perception is not misplaced I give you the opportunity to clarify RACS’ position and provide evidence that the statements you make are true and not in fact disinformation.

Please advise whether RACS does believe it has, or should have, a monopoly in the training and accreditation of doctors providing cosmetic surgery in Australia and New Zealand. Also please advise if RACS is willing to work cooperatively with other bodies, including this College, to raise the standards of cosmetic surgery training and accreditation for the benefit of patients. To do so requires RACS to forgo any monopolistic ambitions.

In your letter you make the following statements:

1. “The Royal Australasian College of Surgeons is the professional body that safeguards the standards of surgery in the community of Australia and New Zealand”.

Other Colleges also provide training, accreditation and safeguard standards in various surgical disciplines. Some of these are already accredited by the Australian Medical Council and others, including the Australasian College of Cosmetic Surgery are awaiting accreditation.

Please provide evidence that the RACS has a monopoly as “the professional body” safeguarding surgical standards.

2. “It has become increasingly apparent that when the community sees the word ‘surgeon’ they assume that the College will ensure training has been achieved and maintenance of standards is confirmed”.

Increasingly apparent to whom? It is not apparent to surgeons practicing cosmetic surgery. In fact I, an FRACS myself, and others, are increasingly consulted by patients who are aware that, specifically with regard to cosmetic surgery, the qualification FRACS alone is no guarantee that the surgeon has sufficient training and experience, or indeed any training and experience in this field.

Please provide evidence to support your blanket statement. Also please provide details of how your College’s compulsory continuing medical education programme ensures that, specifically for cosmetic surgery, “...maintenance of standards is confirmed”.

- 3 “Cosmetic surgery is not a recognised specialty. This is covered under the specialty of Plastic and Reconstructive Surgery.”

Please advise which particular state or federal regulations declare that cosmetic surgery is covered under plastic and reconstructive surgery, and further, which regulations provide for this coverage to be a monopoly.

Certainly cosmetic surgery is not yet a recognized specialty. The concerted, organized and continuing efforts by those FRACS plastic surgeons who run the Australian Society of Plastic Surgeons (ASPS) to prevent it from becoming so are well documented. **The ASPS exists not to protect standards or patients but to protect the “financial and political” interests of those plastic surgeons who choose to belong to it. (Source: ASPS website; now removed but held on file.) It is clear from your letter that RACS has been persuaded to join the ASPS in this protectionist campaign.**

Cosmetic surgery is a discrete, specialised area of surgery as for example, government appointed committees, the medical indemnity providers, learned journals and specialised conferences testify. The Australian Society of Plastic Surgeons also distinguishes between plastic and reconstructive surgery and cosmetic surgery. The UK Department of Health has already recognized that plastic and reconstructive surgery training does not provide adequate training in cosmetic surgery and has determined that training schemes in cosmetic surgery must be constructed.

Should you wish to defend your statements by claiming that the plastic and reconstructive surgery training and cosmetic surgery training are the same (as a prominent spokesperson for the ASPS who is also an FRACS recently did on national television) the Australasian College of Cosmetic Surgery will be pleased to debate this publicly with you. A comparison between RACS training in cosmetic surgery and that of the Australasian College of Cosmetic Surgery will clearly demonstrate the gulf that exists between the two.

Despite your claim that cosmetic surgery "...is covered under the specialty of plastic and reconstructive surgery", there are FRACS surgeons qualified in other specialties providing and advertising cosmetic surgery services. It would seem by your own definition these surgeons are practicing outside of their specialty. How does your College "ensure training has been achieved and maintenance of standards is confirmed" for these surgeons? If the College has not done this what action have you taken against FRACS surgeons from other specialties who advertise cosmetic surgery services?

4. "The College needs to highlight that under the Trade Practices Act it is not appropriate to misinform the community about the qualifications that one holds."

As you have raised this issue, I refer you to the enclosed advertisements taken from the current Adelaide Yellow Pages. Advertisements with identical wording appear in other states. Fellows of your College who are also members of the Australian Society of Plastic Surgeons, (the President of which you saw fit to send a copy of your letter to Dr Molton) claim their Society accepts as members only those surgeons who are "...fully trained in the fields of Plastic and Reconstructive and Cosmetic Surgery procedures (sic) by the Royal Australasian College of Surgeons (or its equivalent). FRACS after your plastic surgeon's name is your assurance that the surgeon you consult has achieved these standards."

I am pleased to note that the ASPS distinguishes between plastic and reconstructive surgery and cosmetic surgery. There is no doubt that an FRACS qualification in plastic and reconstructive surgery does assure the community of full training in those procedures.

Please provide proof that it is also an assurance that similar standards have been achieved in cosmetic surgery as the advertisement claims. As you are "...the professional body that safeguards the standards of surgery in the community of Australia..." and as the ASPS relies on your qualification in its advertisement you will be readily able to provide details of the training RACS has provided to the surgeons listed in the advertisement to enable them to assure the community that they are "...fully trained...in Cosmetic Surgery Procedures". In addition to detailing the nature and duration of the specific cosmetic surgery training provided by RACS please also provide details to the community of when any compulsory cosmetic surgery rotation became part of FRACS training.

Privately plastic surgeons admit that they qualified FRACS having had little or no exposure to cosmetic surgery. This is no surprise as RACS plastic and reconstructive surgery training takes place almost exclusively in the public hospital system where the common cosmetic surgery procedures are not performed. Those plastic surgeons who have gone on to become expert in cosmetic surgery have done so by experience, and in some cases training,

obtained voluntarily and privately after obtaining FRACS and this training and experience was not supervised by RACS. Such training has not been undertaken by all plastic surgeons.

The community needs therefore to be reassured by RACS revealing the number of the common cosmetic surgery procedures – facelifts, browlifts, liposuction, laser resurfacings, cosmetic breast augmentations and cosmetic blepharoplasties for example, its Fellows have performed at the time they are granted your qualification. These figures will be readily available from the surgical log books all trainees are required to submit prior to qualification.

As the community is in fact increasingly appreciating the difference between “Cosmetic Surgery” and “Plastic and Reconstructive Surgery”, Yellow Pages has seen to have a separate section solely devoted to cosmetic surgery. The ASPS also advertises in this section. This advertisement claims that “all members” have “years of extensive training”. As this statement is in the cosmetic surgery section the reader can reasonably assume that the surgeons have “years of extensive training” in cosmetic surgery. Please provide the details of this cosmetic surgery training.

If you are unable to demonstrate that the FRACS surgeons have indeed undertaken “years of extensive training” in cosmetic surgery and that they have sufficient experience at the time of obtaining your College’s qualification to claim they are “...fully trained ...in cosmetic surgery procedures” the advertisements are false and misleading and, as you have pointed out, the law under the Trade Practices Act will have been broken. Furthermore the advertising regulations of the South Australian Medical Board and other medical boards will also have been breached.

I look forward to receiving the evidence to substantiate the statements made in your letter and to the details of the cosmetic surgery training and ongoing “...maintenance of standards...” your College provides to its trainees. If RACS is unwilling or unable to provide this information within 14 days please explain why.

Should you discover RACS’s cosmetic surgery training and recertification to be in any way deficient I would like to extend an invitation from the Australasian College of Cosmetic Surgery to work cooperatively with your College and the regulatory authorities so that standards may be raised for the benefit of all patients seeking cosmetic surgery.

Signed:



**Dr. Michael Zacharia**

FRACS, FACCS

**President**

The Australasian College of Cosmetic Surgery

cc

Commissioners of Medical Boards

NSW - Prof Peter Procopis - PO Box 104 Gladesville NSW 1675

SA - Joe Hooper - PO Box 359 Stepney SA 5069

VIC - Ian Stoney - GPO Box 773 Melbourne VIC 3001

ACT - Heather Munro AO - PO Box 976 Civic Square ACT 2608

QLD - Jim O'Dempsey - GPO Box 2438 QLD 4001

WA - Frank Fiorillo - GPO Box 2754 Perth WA 6001

TAS - Annette McLean Aherne - PO Box 8 South Hobart TAS 7004

NT - Samantha Williams - GPO Box 4221 Darwin NT 0801

Health Care Complaints Commissions

NSW - Kieran Phem - Locked Mail Bag 18 Strawberry Hills NSW 2012

SA - Leena Sudano - PO Box 199 Rundall Mall SA 5000

VIC - Beth Willson - Level 30 570 Bourke St Melbourne VIC 3000

ACT - Roxane Shaw - PO Box 977 Civic Square ACT 2608

QLD - David Kerslake - GPO Box 3089 Brisbane QLD 4001

WA - Eamon Ryan - PO Box B61 Perth WA 6838

Tas - Simon Allston - GPO Box 960 Hobart TAS 7001

NT - Carolyn Richards - PO Box 1344 Darwin NT 0801

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Mike Woods - PO Box 80 Belconnen ACT 2616

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Graeme Samuel - PO Box 1199 Bickson 2602

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NSW - Dr John Glotter - PO Box 121 St Leonards NSW 1590

Federal President - Dr Mukesh Haikerwal - PO Box 6090 Kingston ACT 2604

Federal Minister for Health

Tony Abbott - Parliament House Canberra ACT 2600

State and Territory Health Ministers

NSW - John Hatzastergos - GPO Box 5341 Sydney 2001

QLD - Stephen Robertson - GPO Box 48 Brisbane 4001

ACT - Simon Corbell - GPO Box 1020 Canberra ACT 2601

SA - John Hill - GPO Box 2555 Adelaide SA 5001

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