

27 March 2018

Mr Adam Crouch
Chair, Committee on the Health Care Complaints Commission
Parliament of New South Wales
Macquarie Street
Sydney NSW 2000

Dear Mr Crouch

Thank you for the opportunity to consider the handling of complaints about cosmetic health service providers in NSW.

The Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Management (FPM), is committed to high standards of clinical practice in the fields of anaesthesia, perioperative medicine and pain medicine. As the education and training body responsible for the post graduate training programs of anaesthesia and pain medicine for Australia, New Zealand and parts of Asia, ANZCA is committed to ongoing continuous improvement, promoting best practice and contributing to a high quality health system.

In responding to the Committee's inquiry, ANZCA considers cosmetic health services as those that undertake "operations or procedures that revise or change the appearance, colour, texture, structure or position of normal bodily features with the sole intention of achieving what the patient perceives to be more desirable appearance and self-esteem."¹

ANZCA holds particular concern around procedures that are taking place in cosmetic health services where either intravenous sedation or potentially toxic levels of local anaesthetic are being used by registered and unregistered health practitioners. Recent events in NSW Cosmetic Clinics covered in the media highlight the urgency for having in place, minimum standards for the provision of safe and appropriate anaesthesia and surgery to ensure patient safety. It should be understood that adverse outcomes are usually a combination of factors.

With emerging evidence of a growing cosmetic surgery industry and increase of day procedures at private facilities, in 2017, ANZCA along with the Royal Australian College of Surgeons (RACS) and Australian Society of Plastic Surgeons (ASPS), released a joint position paper on day surgery in Australia. The paper highlighted six

¹ Inter-jurisdictional Cosmetic Surgery Working Group. Cosmetic Medical and Surgical Procedures – A National Framework. This report was prepared under the auspices of the Australian Health Ministers' Conference [cited 8 March 2018]

standards central to the safe operation of cosmetic services including facilities, equipment, staff training, pre, intra and post-operative care and documentation.

This response by the Colleges and Society is necessary given there have been increasing reports of serious patient harm associated with procedures performed in an ‘office setting’ where either intravenous sedation and/or large and potentially toxic doses of local anaesthesia have been administered. In 2018, the College has hosted two roundtables with representatives across the health professions to discuss making sedation safer. As part of these discussions the following points were supported:

- **Patient information** - need of patients to be made fully aware of pre and post-operative requirements of care. Consumer focus on the actual cosmetic procedure means this aspect of care is easily overlooked, potentially leading to poorer outcomes and ongoing health risks, and
- **Competency in service provision** – there are key competencies that health professionals practicing sedation should be trained in to ensure patient safety and reduction in risks and complaints by patients.

In addition to the potential for tragic death and ongoing psychological impact to patients, complications arising from cosmetic surgeries impose a huge financial burden on Australia’s public health system. Scant data presently exist on the size of this cost, however some recent research has attempted to address this issue. One study considered the cost of complications from cosmetic breast surgery and found that from 2000 to 2014 the cost of complications was \$10 million in surgical fees alone.² As noted, given this figure is based only on the surgeon and surgical assistant fees for **one type** of cosmetic surgery, the total burden of complications on the Australian health system from all cosmetic surgeries must be significant.

ANZCA supports pathways and allocation of regulatory powers that will improve safety and health outcomes for the public and thus welcomes the opportunity to offer the Committee a response to the inquiry’s terms of reference b and c. (See Attachment 1)

ANZCA thanks the Committee on the Health Care Complaints Commission for the opportunity to comment on the inquiry and wishes to formally state its willingness to be engaged in further discussion. Should you require any further information, please contact Jo-anne Chapman, General Manager Policy, Safety and Quality via email policy@anzca.edu.au or telephone (03) 8517 5341.

Yours sincerely



Dr Phillipa Hore
Chair, ANZCA Quality & Safety Committee

² Miller G, Hunter Smith D. Cosmetic breast augmentation in Australia: a burden of disease study. Paper presented at the Royal Australasian College of Surgeons 85th Annual Scientific Congress, 2-6 May 2016, Queensland, Australia.

Attachment 1 – Responding to the Inquiry Terms of Reference b) & c)

b) The adequacy of the powers and functions of the Health Care Complaints Commission HCCC to improve outcomes for the public in the cosmetic health services sector

ANZCA understands that nationally there is a rise in reports against cosmetic health services making inquiry into the complaints process timely. We note, however, that the Commission's annual report (2016-17) details very few cosmetic health service complaints that have brought about decisive action. Of note, only one complaint resulted in a public warning. The Commission could widen communication of investigations and results – including to the general community, industry, accrediting and regulatory bodies – to further enhance complaint process feedback.

The HCCC Annual Report (2016-17) states that an objective of the Commission is to support improvements to patient care in health care delivery through recommendations arising from investigations. There is, however, a clear discrepancy between complaint enquiry recommendations and health service implementation with only 34.8% of health services found to have followed through on the requested improvement. By increasing HCCC's regulatory power, recommendations could be tied to accreditation and licencing, such as those in place with the Australian Health Safety and Quality Accreditation Scheme or private health insurers. Any facility undertaking cosmetic health services should undergo regular assessment by an external auditing authority.

Improved linkages with regulatory agencies, coupled with better dissemination of complaint investigation learnings could have a two-fold benefit – that of assisting services improve practice as well as better education of consumers.

Fear of identification is often a barrier to offering negative service feedback. It would be worthwhile for the HCCC to investigate the option of anonymous reporting of complaints. Being a repository for general complaints about services, treatment clinics and professionals could provide the Commission with a valuable database of information around trends and issues within the cosmetic health service industry. Such a function would give opportunity for system oversight, potentially leading to pre-emptive action and reform in the regulatory, policy and practitioner arenas.

ANZCA considers the HCCC to be well positioned to ensure that patient safety is central in the operation of all facilities offering cosmetic health services. A well informed consumer is able to make better decisions about their health care which makes provision of accurate, relevant information so important. While consumers of cosmetic services tend to give focus to financial outlay and time commitment, they also need to be made aware of standards of care, quality and safety.

Informed consent is a vital component of safe health service practice, as is patient assessment prior to procedure. Risks and potential complications of procedures need to be thoroughly explained in consumer friendly language. It is in this area of patient information provision that HCCC can make substantial inroads into having a better informed public.

c) The opportunities for collaboration with other agencies, organisations and levels of Government to improve outcomes for the public in the cosmetic health service sector

National and international trends show that health service complaints are increasing in the context of growing consumer expectation, choices and knowledge. Closing the quality improvement feedback loop is an important component of a complaints commission's work. Consumers need to be empowered with knowledge about the Commission's function in order to utilise the service effectively. Extending upon current, government orientated communication processes to include consumer groups would provide enhanced opportunity for two way learnings.

Also of note, is the limited opportunity the Commission seems to have in acting upon unregistered health practitioners working in the cosmetic health service setting. Partnering with industry bodies and training providers that fall outside the traditional health practitioner space is warranted. While there are obvious challenges in working with a broad group of professions and work spaces, recent serious reported events within such centres suggests they must be incorporated into a more rigorous quality and safety framework.

ANZCA sees the Commission as having a central role in following up on reports of bad conduct and, in turn, contributing to Government reform in areas such as regulation, practice, training, accreditation and auditing of facilities where cosmetic surgery services are conducted based on the evidence from complaint investigations.