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## **Doctors duel over accreditation for nips, tucks and lifts**

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IS IT a professional spat based on the purist of motives — the best interests of a confused public — or rivalry based on which doctors will control the booming cosmetic-surgery market?

On the one side is the establishment: the 51-year-old Australian Society of Plastic Surgeons, whose 260 members have each undertaken eight years of post-graduate surgical training and are fellows of the Royal Australasian College of Surgeons, the only surgical college recognised by accreditation body the Australian Medical Council.

On the other is the Australian College of Cosmetic Surgery, whose 150-odd members work solely with patients who want breast augmentation, tummy tucks, facelifts, liposuction and similar procedures. The cosmetic surgery college, established in 1999, believes such surgery is at a point where its doctors deserve to be called specialists in their own right. It has developed a two-year cosmetic-specific course and applied to have it Australian Medical Council-registered. If it is approved, college members will be recognised as a different class of specialist from plastic surgeons.

Though a plastic surgeon will have some cosmetic-surgery training, plastics is taught mostly in relation to reconstructive work such as skin grafts or breast reconstruction after mastectomies. But data suggest three-quarters of the Society of Plastic Surgeons' members devote a significant proportion of their work to cosmetic patients.

It is, at heart, a credibility war, intensified by consumer anxiety about botched procedures — including the recent death of a Melbourne woman after liposuction. In the middle is the confused patient.

"This is not a turf war; it's not an honesty war," says Melbourne plastic surgeon and society executive councillor Howard Webster. "The whole notion suits the cosmetic surgeons and what they do is they use it to give themselves a seat at the table."

Dr Webster says plastic surgeons have nothing to prove. The society is, he says, desperate for more surgically qualified doctors. "Cosmetic surgery is growing at a far faster rate than we could possibly service," he says. "My next new patient appointment is three months away."

But the society is frustrated by what it sees as a deceitful campaign by its rivals to short-cut their way to the professional high ground.

"The whole reason for the existence of the Australian College of Cosmetic Surgeons is so that these guys can award themselves a higher degree and some sort of legitimacy without getting their college properly accredited," Dr Webster says. "They are spinning very hard and we think it's all bullshit."

The cosmetic surgeons have enlisted the services of Dennis Rutzou Public Relations. In recent media releases, they refer to themselves as "the only professional organisation in Australia" that provides training and accreditation "specifically in cosmetic surgery".

When 26-year-old Lauren James died after her liposuction in January, College of Cosmetic Surgeons president Michael Zacharia told the media that the doctor "had not undertaken training with the (college) and was not a fellow of the college".

The biggest problem, plastic surgeons say, is that the cosmetic-surgery qualification is, in the broader medical profession at least, meaningless. They say cosmetic surgeons should not be allowed to tout their credentials to patients.

"There's no third-party evaluation of the quality of their course," Dr Webster says.

The cosmetic surgeons have applied for accreditation. It has taken them eight years to get to this point. It may take up to two more for the Australian Medical Council to assess their training. They argue the skills required to be a good cosmetic surgeon have gone beyond the point where eight years of plastic and reconstructive training is adequate. They want cosmetic surgery recognised separately.

"The (college) believes that patients ... have a right to be able to identify who is, and who is not, a trained and accredited specialist in cosmetic surgery," vice-president Daniel Fleming says.

Australian Medical Council chairwoman Jo Flynn says there is obvious overlap between plastic and cosmetic surgery and the cosmetic surgeons must prove their skills are different enough to warrant specialty status.

She says many college members have developed sufficient expertise in procedures such as liposuction and facelifts to have reached such a level.

To be awarded their college's highest surgical rank, cosmetic surgeons must have seven years' qualification. After three years' training in an approved surgical setting, such as a public hospital, the college will accept doctors into its own two-year course, during which they are trained alongside a "senior cosmetic surgeon" and take four exams.

The course has had roughly a dozen graduates, though about 40 other experienced college members were given this full status.

Both sides agree a lack of uniform accreditation is impacting on patients' ability to make a properly informed choice.

"It's impossible for an intelligent lay person to determine the actual experience and true qualifications of most practitioners out there," Dr Webster says.

<http://www.accs.org.au>

<http://www.plasticsurgery.org.au>





# FACE OFF THE SURGEONS' TURF WAR

## THE PLASTIC SURGEON DR HAMISH FARROW, 42 (LEFT)

**QUALIFICATIONS:** Melbourne University Bachelor of Medicine and Bachelor of Surgery (five years), Fellow of the Royal Australasian College of Surgeons (eight years' post-graduate training), member of Australian Society of Plastic Surgeons (four years' specific plastic surgery training). Training supervisor for plastic surgery trainees at the Austin Hospital.

**EXPERIENCE:** Eight years post-graduate surgical training, plus two-year fellowship in Canada. Additional seven years in private practice.

**SPECIALTY:** Predominantly breast surgery, including reconstructive surgery for breast cancer patients, asymmetry correction. Small amount of skin cancer, hand repair surgery and cosmetic specific procedures.

### WHICH GROUP OF DOCTORS IS BETTER TRAINED TO PERFORM COSMETIC SURGERY?

"The Australian Medical Council accredits our training for a reason. The cornflakes-packet type degree isn't worth anything if it doesn't meet a set of standards that is looked at by a third party like the AMC. I think the idea of having a credentialing system that is recognised by the public would be absolutely fantastic."

## THE COSMETIC SURGEON DR DAVID TOPCHIAN, 36 (RIGHT)

**QUALIFICATIONS:** Melbourne University Bachelor of Medicine and Bachelor of Surgery (five years). Fellow of the Australian College of Cosmetic Surgery, including three years training in an "approved surgical setting" and a two-year ACCS course, which is not recognised by the Australian Medical Council. Completed first year of surgical training with Royal Australasian College of Surgeons.

**EXPERIENCE:** 10 years post-graduate experience, six in surgical setting, two years in private practice.

**SPECIALTY:** Breast surgery, liposuction and facial surgery.

### WHICH GROUP OF DOCTORS IS BETTER TRAINED TO PERFORM COSMETIC SURGERY?

"Historically, the plastic surgeons' training program doesn't equip you for cosmetic procedures. In order for a doctor to safely and competently do a cosmetic procedure, what matters is that doctor has had the requisite training and experience so they can consistently produce good results and safety."

### WHY COSMETIC SURGERY?

"People think cosmetic procedures are superficial and unnecessary, but the changes I've seen in people, the improvements in their self-esteem, in their lives, has been amazing."

### WHY DID YOU CHOOSE ACCS?

"I actually started training as a plastic surgeon at The Alfred hospital. But I could see that most of it was reconstructive work and emergency burns and I didn't really get a lot of exposure to cosmetic procedures. So I did some research and discovered that ACCS were offering a training program specifically in cosmetic surgery. By the end of the program I had been exposed to hundreds of cosmetic surgery operations."

