



Singapore
Medical
Council

Guidelines on Aesthetic Practices for Doctors

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Guidelines on Aesthetic Practices for Doctors (2016 Edition)

(A) Introduction

1. The Guidelines on Aesthetic Practices for Doctors¹ (2016 Edition) (“Guidelines”) supersedes the guidelines updated and issued in October 2008. The Guidelines are not intended to serve as clinical practice guidelines insofar as scientific evidence in support of aesthetic practices are often either lacking or inconclusive but to provide a framework for doctors who perform aesthetic procedures to do so under appropriate risk-adjusted regulatory oversight.

2. The Guidelines are based on:

Original (July 2008) and Updated Versions (October 2008)

- The *Report of the Workgroup on Recommendations on the Regulation and Training of Aesthetic Medicine in Singapore* appointed by the Ministry of Health² (“MOH”);
- Consultation and views of the two professional medical bodies - the Academy of Medicine, Singapore (“AMS”) and the College of Family Physicians, Singapore (“CFPS”);
- Consultation and views of the Society of Aesthetic Medicine, Singapore; and
- Consultation and views of the Singapore Medical Council (“SMC”).

Further reviews (January 2014 – June 2016)

- Consultation and views of the Working Committee comprising representatives from the various Chapters and Colleges of AMS and CFPS and the Aesthetic Practice Oversight Committee (“APOC”); and
- Consultation and views of AMS, CFPS, MOH and SMC.

(B) Definition of Aesthetic Practice

3. There is currently no internationally accepted definition of “aesthetic practice”. For the purpose of the Guidelines, the definition of “cosmetic surgery” developed by the UK Cosmetic Surgery Interspecialty Committee³ shall be adopted as the definition for “aesthetic practice”. Accordingly, aesthetic practice as discussed in the Guidelines would represent an area of practice involving:

“Operations and other procedures that revise or change the appearance, colour, texture, structure, or position of bodily features, which most would consider otherwise to be within the broad range of ‘normal’ for that person.”

¹ “Doctors” here refer to medical practitioners registered under the Medical Registration Act.

² Goh CL et al. Report of Aesthetic Medicine Workgroup – Recommendations on the Regulation and Training of Aesthetic Medicine in Singapore, 2007.

³ This definition was also used by the UK Expert Group on the Regulation of Cosmetic Surgery in its report to the Chief Medical Officer.

(C) Display of Titles and Designations for Doctors who engage in Aesthetic Practice

4. Aesthetic practice is not regarded as a specialty or subspecialty. The use of the title of aesthetic plastic surgeon or aesthetic dermatologist or aesthetic physician (or similar titles of the same import) is therefore not allowed. All doctors are also required to comply with the Medical Registration Act (Cap 174) (“the MRA”) and any ethical codes and all relevant guidelines concerning professional standards which may be in place in Singapore during the period of practice / treatment. In particular, doctors must ensure that all displays and/or use of any qualifications, titles, or designations for publicity purposes, including the assumption of title of specialist or family physician are in accordance with the requirements set out in sections 64 and 65 of the MRA.
5. For the avoidance of doubt:
 - (a) A doctor who is a Dermatologist or Plastic Surgeon and who provides and performs aesthetic procedures should only employ the title or designation of “Dermatologist” or “Plastic Surgeon” respectively;
 - (b) A doctor who is a General Practitioner / Family Physician and who provides and performs aesthetic procedures should only employ the title or designation of General Practitioner / Family Physician, as the case may be; and
 - (c) Where Ophthalmologists (who are trained in oculoplastic surgery), Otorhinolaryngologists (ENT Surgeons with facial plastic training) and General Surgeons (who are trained in vascular surgery and in procedures such as Phlebectomy and Sclerotherapy) with the requisite qualifications or competencies are allowed to perform certain procedures under the Guidelines, such doctors should only employ titles and designations that are in line with their respective specialties.

(D) Professional Responsibility

6. The guiding principles in any medical treatment must be that the treatment is effective and for due consideration to be given to patient safety. In the context of aesthetic practice, the medical treatment must extend beyond the “Do No Harm” principle and be seen to benefit the patient positively. The doctor is also under a duty to ensure that the treatments involved are always safe and efficacious in achieving the desired improvement in appearance and well-being.
7. Given that aesthetic practice is an area of medical practice where the effectiveness of the treatment cannot, at times, be measured objectively (in view that there might be a mismatch between what patients and doctors would regard as a good outcome), doctors must be particularly sensitive to the need to ensure informed consent on the part of the patient and advise patients of side effects and adverse outcomes beyond those that are more common, including disclosing risks that are lower than those required to be disclosed in conventional medicine.
8. Doctors are also expected to adhere to any guidelines that may be applicable to safe sedation practice⁴.

⁴ Academy of Medicine, Singapore. Guidelines on Safe Sedation Practice for Non-Anaesthesiologists in Medical Clinics, including Stand-Alone Ambulatory Surgical Centres and Stand-Alone Endoscopy Suites in Singapore, May 2014.

9. The doctor must also be able to apply appropriate assessment tools to counsel vulnerable patients.
10. Doctors must ensure that the content of any advertisements (especially images) and how aesthetic procedures are described are not misleading, and that such procedures are carried out in appropriate clinical settings.
11. Under the SMC Ethical Code and Ethical Guidelines (“ECEG”), doctors are to treat patients according to generally accepted methods. Under the present MOH guidelines, a doctor shall also not offer to patients, management plans or remedies that are not generally accepted by the profession, except in the context of a formal and approved clinical trial⁵.

(E) Allowed Aesthetic Procedures

12. Doctors are only allowed to perform procedures for aesthetic purposes that are covered under the Guidelines. The procedures in question have been grouped into two tables and are further sub-classified into three categories, namely non-invasive, minimally invasive and invasive procedures.

Table 1

13. **Table 1** lists the types of aesthetic procedures which doctors (non-specialists and other specialists who are not indicated under **Table 2**) can perform if the requisite number of procedures performed during 1 October 2006 to 30 September 2008 (“the Relevant Period”) are met. If the doctor has not performed the requisite number of procedures in the Relevant Period, he/she will have to obtain a Certificate of Competence (“COC”).

Table 1: For Non-Specialists and Specialists not listed under Table 2		
Type of procedure	Appropriate premises at which procedure can be done	Requisite number of procedures performed from 1 October 2006 to 30 September 2008 (if not, COC is required)
<u>NON-INVASIVE</u>		
Chemical or Pressurised Gas / Liquid Peels	Clinic	30
Intense Pulsed Light (IPL) – Skin Rejuvenation	Clinic	30
Radiofrequency, Infra-red, Ultrasound and other light-based devices, e.g. for Skin Tightening, Skin Rejuvenation	Clinic	30
Lasers / IPL for Hair Removal	Clinic	30
Photodynamic Therapy	Clinic	30

⁵ Ministry of Health. DMS’s Circular to medical practitioners. Aesthetic Practice. 23 March 2008; MOH. MOH clarifies position on aesthetic treatment. Press Release. 23 March 2008.

Table 1: For Non-Specialists and Specialists not listed under Table 2		
Type of procedure	Appropriate premises at which procedure can be done	Requisite number of procedures performed from 1 October 2006 to 30 September 2008 (if not, COC is required)
Photopneumatic Therapy	Clinic	30
External Lipolysis (Heat / Cold / Ultrasound)	Clinic	30
MINIMALLY INVASIVE		
Botulinum Toxin Injection	Clinic	30
Filler Injection (Face, Neck and Hands only)	Clinic	30
Sclerotherapy	Operating Theatre/Clinic	20
Thread Lifts	Operating Theatre/Clinic	20
Lasers for treating Vascular Disorders	Operating Theatre/Clinic	30
Lasers for Pigmentary Disorders	Operating Theatre/Clinic	30
Fractional Lasers for Skin Rejuvenation	Operating Theatre/Clinic	30
Ablative Lasers for Benign Tumours	Operating Theatre/Clinic	30
INVASIVE		
Free Fat Grafting (Body)	Operating Theatre/Clinic	10
Hair Transplantation	Operating Theatre/Clinic	10
Dermabrasion (Mechanical)	Operating Theatre/Clinic	10

14. To state one example in **Table 1**, if a General Practitioner or a specialist in Geriatric Medicine intends to perform the “Chemical or Pressurised Gas / Liquid Peels” procedure under the “Non-Invasive” category, the doctor must obtain a COC if he/she did not perform 30 procedures (with good outcomes) within the Relevant Period of 1 October 2006 to 30 September 2008. Similarly, non-specialist doctors, including specialists who are neither ENT Surgeons nor Plastic Surgeons are not permitted to perform “Rhinoplasty” as it is not included under **Table 1**.

Table 2

15. **Table 2** lists the types of procedures which certain specialists such as Dermatologists, Plastic Surgeons, Ophthalmologists (who are trained in oculoplastic surgery), Otorhinolaryngologists (ENT Surgeons with facial plastic training) and General Surgeons (who are trained in vascular surgery and in procedures such as Phlebectomy and Sclerotherapy) can perform.

Table 2: For certain Specialists		
Type of procedure	Appropriate premises at which procedure can be done	Specialists who can perform the procedure (COC not required)
<u>NON-INVASIVE</u>		
Chemical or pressurised gas / liquid peels	Clinic	<ul style="list-style-type: none"> • Dermatologists; • Plastic Surgeons and • Ophthalmologists trained in oculoplastic surgery⁶
Intense pulsed light (IPL) – skin rejuvenation	Clinic	<ul style="list-style-type: none"> • Dermatologists; • Plastic Surgeons and • Ophthalmologists trained in oculoplastic surgery
Radiofrequency, Infra-red, Ultrasound and other light-based devices, e.g. for Skin Tightening, Skin Rejuvenation	Clinic	<ul style="list-style-type: none"> • Dermatologists; • Plastic Surgeons and • Ophthalmologists trained in oculoplastic surgery
Lasers / IPL for Hair Removal	Clinic	<ul style="list-style-type: none"> • Dermatologists; • Plastic Surgeons and • Ophthalmologists trained in oculoplastic surgery
Photodynamic Therapy	Clinic	<ul style="list-style-type: none"> • Dermatologists; and • Plastic Surgeons
Photopneumatic Therapy	Clinic	<ul style="list-style-type: none"> • Dermatologists; and • Plastic Surgeons
External Lipolysis (Heat / Cold / Ultrasound)	Clinic	<ul style="list-style-type: none"> • Dermatologists; and • Plastic Surgeons
<u>MINIMALLY INVASIVE</u>		
Botulinum Toxin Injection	Clinic	<ul style="list-style-type: none"> • Dermatologists; • Plastic Surgeons and • Ophthalmologists trained in oculoplastic surgery

⁶ All references to the term “Ophthalmologists trained in oculoplastic surgery” in Table 2 are subject to any further limitations that are set out in Table 2. Ophthalmologists who are not trained in accordance with the standards set out in Table 2 have to abide by the requirements set out in Table 1.

Table 2: For certain Specialists		
Type of procedure	Appropriate premises at which procedure can be done	Specialists who can perform the procedure (COC not required)
Filler Injection (Face, Neck and Hands only)	Clinic	<ul style="list-style-type: none"> • Dermatologists; • Plastic Surgeons; • ENT Surgeons with facial plastic training⁷ (for nose fillers only); and • Ophthalmologists trained in oculoplastic surgery
Phlebectomy	Operating Theatre/Clinic	<ul style="list-style-type: none"> • General Surgeons trained in vascular surgery; and • Plastic Surgeons
Sclerotherapy	Operating Theatre/Clinic	<ul style="list-style-type: none"> • Dermatologists; • Plastic Surgeons; and • General Surgeons trained in vascular surgery
Thread Lifts	Operating Theatre/Clinic	<ul style="list-style-type: none"> • Dermatologists; • Plastic Surgeons; and • Ophthalmologists trained in oculoplastic surgery
Lasers for treating Vascular Disorders	Operating Theatre/Clinic	<ul style="list-style-type: none"> • Dermatologists; • Plastic Surgeons; and • Ophthalmologists trained in oculoplastic surgery
Lasers for Pigmentary Disorders	Operating Theatre/Clinic	<ul style="list-style-type: none"> • Dermatologists; • Plastic Surgeons; and • Ophthalmologists trained in oculoplastic surgery
Fractional Lasers for Skin Rejuvenation	Operating Theatre/Clinic	<ul style="list-style-type: none"> • Dermatologists; • Plastic Surgeons; and • Ophthalmologists trained in oculoplastic surgery
Ablative Lasers for Benign Tumours	Operating Theatre/Clinic	<ul style="list-style-type: none"> • Dermatologists; • Plastic Surgeons; and • Ophthalmologists trained in oculoplastic surgery
INVASIVE		
Abdominoplasty	Operating Theatre	<ul style="list-style-type: none"> • Plastic Surgeons

⁷ All references to the term “ENT Surgeons with facial plastic training” in Table 2 are subject to any further limitations that are set out in Table 2. ENT Surgeons who are not trained in accordance with the standards set out in Table 2 have to abide by the requirements set out in Table 1.

Table 2: For certain Specialists

Type of procedure	Appropriate premises at which procedure can be done	Specialists who can perform the procedure (COC not required)
Blepharoplasty (including Double Eyelid)	Operating Theatre/Clinic	<ul style="list-style-type: none"> • ENT Surgeons with facial plastic training; • Ophthalmologists trained in oculoplastic surgery; and • Plastic Surgeons
Breast Enhancement / Reduction (Implants or any other invasive methods, including fat but excluding fillers)	Operating Theatre	<ul style="list-style-type: none"> • Plastic Surgeons
Brow Lifts	Operating Theatre/Clinic	<ul style="list-style-type: none"> • ENT Surgeons with facial plastic training; • Ophthalmologists trained in oculoplastic surgery; and • Plastic Surgeons
Endovenous Laser Sclerotherapy	Operating Theatre/Clinic	<ul style="list-style-type: none"> • Dermatologists; • Plastic Surgeons; and • General Surgeons trained in vascular surgery or General Surgeons who have completed 20 cases (as primary surgeon) under the supervision of a General Surgeon trained in vascular surgery
Free Fat Grafting (Body)	Operating Theatre/Clinic	<ul style="list-style-type: none"> • Dermatologists; • Plastic Surgeons; and • Ophthalmologists trained in oculoplastic surgery (extracted with syringes)
Hair Transplantation	Operating Theatre/Clinic	<ul style="list-style-type: none"> • Dermatologists; and • Plastic Surgeons
Facial Implants (excluding Breast Implants)	Operating Theatre/Clinic	<ul style="list-style-type: none"> • ENT Surgeons with facial plastic training; • Plastic Surgeons; and • Ophthalmologists trained in oculoplastic surgery
Rhinoplasty	Operating Theatre/Clinic	<ul style="list-style-type: none"> • ENT Surgeons; and • Plastic Surgeons
Rhytidectomy (Facelift)	Operating Theatre/Clinic	<ul style="list-style-type: none"> • ENT Surgeons with facial plastic training; • Plastic Surgeons; and • Ophthalmologists trained in oculoplastic surgery

Table 2: For certain Specialists		
Type of procedure	Appropriate premises at which procedure can be done	Specialists who can perform the procedure (COC not required)
Dermabrasion (Mechanical)	Operating Theatre/Clinic	<ul style="list-style-type: none"> • Dermatologists; and • Plastic Surgeons
Vaginoplasty, Labioplasty, Vulvectomy and Hymenoplasty	Operating Theatre	<ul style="list-style-type: none"> • Obstetricians and Gynaecologists; and • Plastic Surgeons

16. Specialists who are of the relevant field / specialty listed in the 3rd column of **Table 2** do not need to obtain a COC for the specific procedure indicated as they are deemed to have sufficient experience to perform the procedures. Nevertheless, specialists who did not receive sufficient hands-on training to perform any of the procedures listed in **Table 2** should refrain from performing such procedures until they have undergone additional training and acquired the necessary experience to perform these procedures competently.
17. As these guidelines are intended to govern aesthetic practices only, these guidelines only apply in instances where the primary aim of the procedure is aesthetic. To state one example, while a stand-alone Abdominoplasty (for primarily aesthetic purposes) can only be performed by a Plastic Surgeon, these guidelines would not apply if there is some other primary surgical purpose and where the Abdominoplasty is undertaken as part of such broader surgical procedure.

Applications to the Aesthetic Practice Oversight Committee for Treatments and Procedures under Table 1

18. For aesthetic procedures under **Table 1**, doctors who have a proven track record of having performed the requisite number of cases with good outcomes (for each specific procedure) within the Relevant Period need not submit an application form to the APOC. For doctors who did not perform the requisite number of cases with good outcomes (for each specific procedure) within the Relevant Period but who had previously obtained approval from APOC that their certification constituted a COC, they may also continue to perform such procedures without applying for verification of their certification again.
19. Doctors without a proven track record of having performed the requisite number of cases with good outcomes within the Relevant Period but who wish to perform aesthetic procedures under **Table 1**, must acquire a certificate (either from overseas or local training courses) and must submit the application form (together with a copy of the certificate obtained, details of the training course, organiser, trainer(s) name and CV, details of hands-on experience, duration of course, examination/test, course fees and details of sponsorship, if sponsored) to APOC for verification that the certificate in question constitutes a COC before they can perform the said aesthetic procedure. The application form is available on SMC website.

20. Each application for a COC would be determined on its own merits. In accrediting courses and determining whether a particular course or training would be recognised for COC-related purposes, APOC would consider a variety of factors, including the reputation of the professional body or organisation running the course or training in question, the curriculum of the courses and the examination process.
21. Accreditation for COC courses will be for a fixed duration and the list of COC courses will be continuously reviewed to ensure that the courses meet the general criteria set for COC course accreditation and continue to be relevant to Singapore's aesthetic practice landscape. More details on the accreditation of such courses can be found on the SMC website.
22. Doctors are strongly encouraged to engage in a rigorous quality assurance framework or peer review as well as case discussions on a regular basis if they perform or intend to perform aesthetic procedures. Doctors who perform or intend to perform any aesthetic procedures should do so only in accordance with the Guidelines, the SMC ECEG, the MRA and any further directions issued by the SMC and any requirements set by the MOH.

(F) Other Aesthetic Procedures

23. Under the guidelines issued in 2008, some other aesthetic procedures such as mesotherapy and carboxytherapy were allowed to be performed in certain pre-defined situations and were previously known as List B procedures. A review conducted by the MOH showed that the overall number of such procedures performed was small and the results of these procedures were largely equivocal and inconclusive. Furthermore, the documentation and outcomes of these procedures were generally poor in most of the clinics.
24. As at 1 March 2015⁸, the MOH decided that no further licensed healthcare institutions shall be allowed to commence any service involving such aesthetic procedures. Accordingly, the additional terms and conditions pertaining to List B or equivalent aesthetic procedures shall no longer be relevant. After a review of the scientific merit of the procedures in question, such procedures are no longer allowed, save where they are performed in the context of a formal and approved clinical trial.

(G) Non-Listed Aesthetic Procedures

25. Unless the necessary regulatory approvals to perform such aesthetic procedures under the auspices of an approved clinical trial have been obtained, doctors who wish to perform procedures that fall within the definition of aesthetic practice in paragraph 3 of the Guidelines but which are not listed in **Table 1** or **Table 2** above should make an application to the APOC for the classification of the said procedure under **Table 1** or **Table 2** using the prescribed Non-Listed Aesthetic Procedures application form (available on SMC website). Such a submission should be supported by at least three key scientific papers in the English language which support the procedure in question. The APOC will then decide whether the procedure in question ought to be considered for possible classification.

⁸ Ministry of Health's letter to all Licensees, Managers of Medical and Dental Clinics titled "Revised Regulation Regime of Non-List A Aesthetic Procedures" dated 1 March 2015.

26. For the avoidance of doubt, except in the context of a formal and approved clinical trial, doctors are not to perform any aesthetic procedures that are not listed here unless they have been classified by the APOC under **Table 1** or **Table 2**.

(H) Compliance with these Guidelines

27. Doctors who are currently performing aesthetic procedures should note the respective classification of the procedures they are performing and must comply with the Guidelines regarding the standards of training, qualification and practice required, as well as any additional requirement that may be set by MOH.
28. All doctors must comply with the Guidelines and any requirements set by the SMC or MOH in the performance of aesthetic procedures. Otherwise, the aesthetic procedures may be deemed unethical by the medical profession, and the doctor may be liable to disciplinary action by the SMC.



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