GUIDELINES ON AESTHETIC PRACTICES FOR DOCTORS

July 2008

INTRODUCTION

1. This document serves as guidelines on aesthetic practices for medical practitioners.

2. This document is based on

   • the Report of the Workgroup on Recommendations on the Regulation and Training of Aesthetic Medicine in Singapore appointed by the Ministry of Health.
   • consultation and views of the two professional medical bodies -- the College of Family Physicians Singapore and the Academy of Medicine, Singapore,
   • consultation and views of the Society of Aesthetic Medicine, Singapore
   • consultation and views of the Singapore Medical Council (SMC).

DEFINITION OF AESTHETIC PRACTICE

3. There is currently no internationally accepted definition of Aesthetic Practice. For the purpose of these guidelines, the definition of cosmetic surgery developed by the UK Cosmetic Surgery Interspecialty Committee shall be adopted as the definition for Aesthetic Practice. Hence, Aesthetic Practice is defined as 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.”

DESIGNATION OF AESTHETIC PRACTICE – AN AREA OF PRACTICE NOT A SPECIALTY OR SUBSPECIALTY

4. Aesthetic Practice is not regarded as a specialty or subspecialty. The title of aesthetic plastic surgeon or aesthetic dermatologist or aesthetic physician is therefore NOT allowed. All registered medical practitioners are to comply with the Singapore Medical Council (SMC) Ethical Code and Ethical Guidelines, as well as with Section 64 and 65 of the Medical Registration Act when displaying or using any qualification, title, or designation for publicity purposes.

5. A medical practitioner who is a dermatologist or plastic surgeon who provides and performs aesthetic treatment and procedures will still call himself or herself dermatologist or plastic surgeon, respectively.

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2 This definition was also used by the UK Expert Group on the Regulation of Cosmetic Surgery in its report to the Chief Medical Officer.
6. A medical practitioner who is a general practitioner / family physician who provides and performs aesthetic treatment and procedures should still call himself or herself general practitioner / family physician.

PROFESSIONAL RESPONSIBILITY

7. The guiding principles in any medical treatment must be it is effective and there is due cognizance given to patient safety. In the context of aesthetic practice, it must go beyond the “Do No Harm” principle and be seen to benefit the patient positively.

8. Under the Singapore Medical Council’s Ethical Code and Ethical Guidelines, doctors are to treat patients according to generally accepted methods. A doctor shall 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 trial (MOH, 23 March 2008).  

CLASSIFICATION OF AESTHETIC TREATMENT & PROCEDURES

9. Based on currently available scientific evidence, aesthetic treatment and procedures are classified administratively into:

- List A – Moderate to high level of evidence; and/or Local medical expert consensus that procedure is well-established and acceptable
- List B – Low or very low level of evidence; and/or Local medical expert consensus that procedure is neither well-established nor acceptable

More information on the levels of evidence is attached at Appendix.

LIST A AESTHETIC PRACTICES

10. This list reflects the aesthetic treatment and procedures that are supported by moderate to high level of scientific evidence and/or have local medical expert consensus that the procedures are well-established and acceptable. They are grouped into non-invasive, minimally invasive, and invasive.

Non invasive

- Chemical peels
- Microdermabrasion
- Lasers (Medical)
- Intense pulsed light
- Radiofrequency, Infrared and other devices e.g. for skin tightening procedures
- Photodynamic therapy

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**Minimally invasive**

- Botulinum toxin injection
- Filler injection
- Phlebectomy
- Sclerotherapy
- Thread lifts
- Laser Resurfacing/ Rejuvenation/ Hair removal (CO2/Er:YAG laser resurfacing)

**Invasive: (to be performed only by doctors who have the appropriate surgical training)**

- Abdominoplasty
- Blepharoplasty (excluding double eyelid)
- Eyelid alteration (double eyelid)
- Breast enhancement or reduction
- Brow lift
- Free fat grafting
- Hair transplantation
- Implants
- Liposuction #
- Rhinoplasty
- Rhytidectomy (Facelift)
- Dermabrasion (Mechanical)

# In time to come, these procedures may be subject to specific licensing conditions. So far, specific licensing conditions have been developed for the practice of liposuction.

11. **Table 1** shows the minimum level of competence required of the provider in List A aesthetic treatment and procedures.

**TABLE 1. LIST A: Evidenced based aesthetic treatment and procedures**

<table>
<thead>
<tr>
<th>Type of treatment and procedure</th>
<th>Minimum level of competence required *</th>
<th>Appropriate premises at which procedure can be done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-invasive</td>
<td></td>
<td></td>
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<tr>
<td>Chemical or pressurized gas/liquid peels</td>
<td>MBBS (COC)</td>
<td>Clinic</td>
</tr>
<tr>
<td>Microdermabrasion</td>
<td>MBBS (COC)</td>
<td>Clinic</td>
</tr>
<tr>
<td>Intense pulsed light (IPL)</td>
<td>MBBS (COC)</td>
<td>Clinic</td>
</tr>
<tr>
<td>Radiofrequency, Infrared and other light-based devices e.g. for skin tightening or hair removal</td>
<td>MBBS (COC)</td>
<td>Clinic</td>
</tr>
<tr>
<td>Lasers (non-ablative) for hair removal</td>
<td>MBBS (COC)</td>
<td>Clinic</td>
</tr>
<tr>
<td>Photodynamic/ photopneumatic therapy</td>
<td>MBBS (COC)</td>
<td>Clinic</td>
</tr>
<tr>
<td>External lipolysis (heat/ ultrasound)</td>
<td>MBBS (COC)</td>
<td>Clinic</td>
</tr>
<tr>
<td>Minimally invasive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Botulinum toxin injection</td>
<td>MBBS (COC)</td>
<td>Clinic</td>
</tr>
<tr>
<td>Filler injection</td>
<td>Plastic surgeon, MBBS (COC)</td>
<td>Clinic</td>
</tr>
<tr>
<td>Phlebectomy</td>
<td>Plastic surgeon, General/ vascular surgeon</td>
<td>OT</td>
</tr>
<tr>
<td>Type of treatment and procedure</td>
<td>Minimum level of competence required *</td>
<td>Appropriate premises at which procedure can be done</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------------------------</td>
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<tr>
<td>Sclerotherapy</td>
<td>Plastic surgeon/ Dermatologist, MBBS (COC)</td>
<td>OT / Clinic</td>
</tr>
<tr>
<td>Thread lifts</td>
<td>Plastic surgeon, MBBS (COC)</td>
<td>OT / Clinic</td>
</tr>
<tr>
<td>Lasers for</td>
<td>MBBS (COC)</td>
<td>OT / Clinic</td>
</tr>
<tr>
<td>- treating vascular lesions and skin pigmentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- skin rejuvenation (eg fractional lasers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invasive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominoplasty</td>
<td>Plastic surgeon/ General surgeon/ Gynaecologist (COC)</td>
<td>OT</td>
</tr>
<tr>
<td>Blepharoplasty (excluding double eyelid)</td>
<td>Plastic surgeon/ Ophthalmologist trained in oculoplastic surgery</td>
<td>OT</td>
</tr>
<tr>
<td>Eyelid alteration (double eyelid)</td>
<td>Plastic surgeon/ Ophthalmologist trained in oculoplastic surgery</td>
<td>OT</td>
</tr>
<tr>
<td>Breast enhancement or reduction</td>
<td>Plastic surgeon</td>
<td>OT</td>
</tr>
<tr>
<td>Brow lift</td>
<td>Plastic surgeon</td>
<td>OT</td>
</tr>
<tr>
<td>Free fat grafting</td>
<td>Plastic surgeon/ Dermatologist, MBBS (COC)</td>
<td>OT / Clinic</td>
</tr>
<tr>
<td>Hair transplantation</td>
<td>Plastic surgeon / Dermatologist, MBBS (COC)</td>
<td>OT / Clinic</td>
</tr>
<tr>
<td>Implants</td>
<td>Plastic surgeon</td>
<td>OT</td>
</tr>
<tr>
<td>Lasers (ablative eg. CO₂ / YAG) for skin resurfacing</td>
<td>MBBS (COC)</td>
<td>OT / Clinic</td>
</tr>
<tr>
<td>Liposuction (traditional/water assisted/VASER/laser)</td>
<td>As per MOH special licensing conditions for liposuction</td>
<td>As per MOH special licensing conditions for liposuction</td>
</tr>
<tr>
<td>Rhinoplasty</td>
<td>Plastic surgeon; ENT surgeon</td>
<td>OT</td>
</tr>
<tr>
<td>Rhylidectomy (facelift)</td>
<td>Plastic surgeon</td>
<td>OT</td>
</tr>
<tr>
<td>Dermabrasion (Mechanical)</td>
<td>Plastic surgeon/ Dermatologist, MBBS (COC)</td>
<td>OT / Clinic</td>
</tr>
</tbody>
</table>

COC : Certificate of Competence achieved through attending accredited specialised courses in the respective area of interest, approved and recognized by the SMC

* Minimum level of competence means competence necessary to carry out the procedure and manage the anticipated serious complications

**OT / Clinic**: procedures performed in clinic when done under local anesthesia and sterile conditions. Procedures performed in OT when done under intravenous sedation/general anesthesia.

12. Doctors who perform or intend to perform List A procedures should do so only in accordance with these guidelines, further directions of the SMC and requirements set by MOH, if any.

**LIST B AESTHETIC PRACTICES**

13. List B contains aesthetic treatment and procedures that are currently regarded as having low/very low level of evidence and/or local medical expert consensus that the procedures are neither well-established nor acceptable. These are:

- Mesotherapy
- Carboxytherapy
• Microneedling dermaroller
• Skin whitening injections
• Stem cell activator protein for skin rejuvenation
• Negative pressure procedures (e.g. Vacustyler)
• Mechanised massage (eg. “slidestyler”, endermologie” for cellulite treatment)

14. Doctors who perform or intend to perform List B procedures should only do so under a research framework. This means that the doctor cannot offer the procedure as a medical service, but can perform the procedure either

(a) as a clinical trial with prior approval from the appropriate Institutional Review Board (IRB) or research ethics committee; or

(b) as a series of before-and-after studies with sufficient scientific rigour to produce evidence of the procedure’s effectiveness and safety. The objectives, methodology, analysis and findings of the studies must be well documented and may be subject to audit by MOH. Consent must be taken from all subjects in accordance with SMC’s requirements. Patient response should be documented in a prescribed feedback form, and retained for every patient treated.

15. Should the procedure yield poor outcomes (eg patients generally not satisfied with the outcome or procedure results in significant side effects) the procedure must be terminated.

16. As a principle, no doctor shall perform any List B procedure unless

(a) all other conventional or evidence-based treatments/procedures have been used on the patient for the same indication without good outcomes;
(b) the doctor reasonably believes that the patient will benefit from the procedure;
(c) the procedure poses very minimal or no health risk to the patient in the context of the patient’s medical history;
(d) the patient is clearly aware that the procedure is experimental and gives written consent to the procedure; and
(e) the procedure is performed in accordance with these guidelines, further directions of SMC and requirements set by MOH, if any.

17. No doctor shall advertise that he or she is performing procedures in List B.

ADMINISTRATION OF EXISTING AND NEW AESTHETIC TREATMENT AND PROCEDURES

18. Doctors who wish to perform List B aesthetic treatments and procedures should list themselves with SMC and may be subject to audit when required. Proper documentation of the indications and outcomes of the treatments and procedures are therefore of utmost importance. Those who do not register will also be subject to periodic checks and audits.

19. Doctors who are currently performing aesthetic procedures should note the respective classification of their procedures. The doctor must comply with the recommendations made on the minimum standards of training, qualification and practice laid out in this document, as well as any requirements set by MOH.
20. Doctors who wish to perform procedures that fall within the definition of Aesthetic Practice in paragraph 3 of these guidelines but are not listed in List A or List B must obtain prior approval from SMC. They must provide SMC with the available scientific evidence to support the procedure and information on the training they have undergone. SMC may then decide on the classification of the procedure or further dictate how the doctor should proceed.

COMPLIANCE WITH THESE GUIDELINES

21. Any doctor who performs any aesthetic procedure that is not in accordance with these guidelines or with any requirements set by SMC or MOH will be deemed by the medical profession as unethical and bringing disrepute to the profession. Such a doctor may be liable for disciplinary action by the SMC.

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Levels of evidence for aesthetic procedures

<table>
<thead>
<tr>
<th>Level of evidence</th>
<th>Quality of evidence and definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Further research is very unlikely to change our confidence in the estimate of effect.</td>
</tr>
<tr>
<td>Moderate</td>
<td>Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.</td>
</tr>
<tr>
<td>Low</td>
<td>Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.</td>
</tr>
<tr>
<td>Very low</td>
<td>Any estimate of effect is very uncertain.</td>
</tr>
</tbody>
</table>