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GUIDELINES ON AESTHETIC PRACTICES BY DOCTORS

1 For better professional self-regulation of aesthetic practices, the Academy of Medicine, Singapore (AMS), College of Family Physicians, Singapore (CFPS) and the Singapore Medical Council (SMC) shall jointly implement a framework for aesthetic practitioners.

2 The AMS and the CFPS, in unison, have developed the Guidelines on Aesthetic Practices for Doctors ("guidelines"). These guidelines were forwarded to the SMC's Aesthetic Practice Oversight Committee (APOC) which recommended that the SMC adopt the guidelines as professional standards of aesthetic practice. After reviewing both the guidelines and APOC's recommendations, the SMC has decided to adopt these guidelines as professional standards of aesthetic practice. The guidelines will take effect from 1 November 2008.

3 The primary intention of the guidelines is to enhance the safety of patients who seek aesthetic procedures offered by doctors, especially when the procedures involved carry higher risks or have little supporting evidence of efficacy or safety. The guidelines serve as a yardstick for the SMC to determine the professional and ethical conduct of doctors performing aesthetic procedures and will enable doctors who wish to perform aesthetic procedures to do so under appropriate, risk-adjusted regulatory oversight.

4 The guidelines resulted from a rigorous and consultative process by the two professional medical bodies and incorporated the *Report of the Workgroup on Recommendations on the Regulation and Training of Aesthetic Medicine in Singapore* appointed by the Ministry of Health..

5 The key areas of focus of the guidelines are as listed below. Please refer to Annex A for a summary of the guidelines.

I. Categorising of aesthetic procedures

6 Currently practiced aesthetic procedures will be grouped into two lists: A and B. List A procedures generally have moderate to high level of evidence and/ or local expert consensus that such procedures are well-established and acceptable.

7 List B procedures generally have low or very low level of evidence and/or have local expert consensus that they are neither well-established nor acceptable. Doctors may only perform such procedures either as clinical trials with approval from

appropriate research ethics committees, or as before-and-after studies with sufficient scientific rigour to produce conclusive results of the procedures' efficacy and safety.

II. Training requirements and premises where procedures are performed

8 List A procedures that are non-invasive to minimally invasive may be performed by MBBS-level doctors with certified competence in the respective procedures within the clinic setting. Doctors who wish to perform invasive procedures in List A need to be trained in dermatology, plastic surgery or other surgical disciplines as indicated in Annex A. There are no training requirements specified for List B procedures as these are non-evidence based and therefore any form of training would not be considered legitimate.

III. Administration of aesthetic practices

9 The APOC has been set up by the SMC to establish professional regulatory oversight of aesthetic practices by doctors. Please refer to Annex B for the composition of the committee. In addition to complying with the guidelines, doctors who practise aesthetic procedures would need to comply with additional licensing requirements set by MOH and may be subject to audit as and when needed.

Aesthetic practice by doctors in Singapore

10 The practice of aesthetic procedures has become increasingly prevalent in Singapore, with many new aesthetic procedures coming onto the market in the last few years. There is currently no formal training available for doctors performing aesthetic procedures and many of such procedures have also not been rigorously tested in clinical trials. Injuries sustained from aesthetic procedures also often go unreported.

11 Currently, doctors are bound by SMC Ethical Code and Ethical Guidelines to "treat patients according to generally accepted methods and use only licensed drugs for appropriate indications". Doctors who do not comply with the guidelines may face disciplinary action by the SMC. However, the present regulatory framework is not ideal as remedial actions are taken only after patient harm has resulted.

12 With the new guidelines, there will be better professional self-regulation of aesthetic practices, and help raise public awareness and facilitate patient decision-making when seeking aesthetic services provided by doctors.

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ACADEMY OF MEDICINE, SINGAPORE
COLLEGE OF FAMILY PHYSICIANS, SINGAPORE
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SUMMARY OF GUIDELINES ON AESTHETIC PRACTICES BY DOCTORS

LIST A AESTHETIC PRACTICES

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.

Non invasive

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

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.

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

Type of treatment and procedure	Minimum level of competence required *	Appropriate premises at which procedure can be done
Non-invasive		
Chemical or pressurized gas/liquid peels	MBBS (COC)	Clinic
Microdermabrasion	MBBS (COC)	Clinic
Intense pulsed light (IPL)	MBBS (COC)	Clinic
Radiofrequency, Infrared and other light-based devices e.g. for skin tightening or hair removal	MBBS (COC)	Clinic
Lasers (non-ablative) for hair removal	MBBS (COC)	Clinic
Photodynamic/ photopneumatic therapy	MBBS (COC)	Clinic
External lipolysis (heat/ultrasound)	MBBS (COC)	Clinic
Minimally invasive		
Botulinum toxin injection	MBBS (COC)	Clinic
Filler injection	Plastic surgeon, MBBS (COC)	Clinic
Phlebectomy	Plastic surgeon, General/ vascular surgeon	OT
Sclerotherapy	Plastic surgeon/ Dermatologist, MBBS (COC)	OT / Clinic
Thread lifts	Plastic surgeon, MBBS (COC)	OT / Clinic
Lasers for - treating vascular lesions and skin pigmentation - skin rejuvenation (eg fractional lasers)	MBBS (COC)	OT/ Clinic
Invasive		
Abdominoplasty	Plastic surgeon/ General surgeon/ Gynaecologist (COC)	OT
Blepharoplasty (excluding double eyelid)	Plastic surgeon/ Ophthalmologist trained in oculoplastic surgery	OT
Eyelid alteration (double eyelid)	Plastic surgeon/ Ophthalmologist trained in oculoplastic surgery	OT
Breast enhancement or reduction	Plastic surgeon	OT
Brow lift	Plastic surgeon	OT
Free fat grafting	Plastic surgeon/ Dermatologist, MBBS (COC)	OT / Clinic
Hair transplantation	Plastic surgeon / Dermatologist, MBBS (COC)	OT / Clinic
Implants	Plastic surgeon	OT
Lasers (ablative eg. CO ₂ / YAG) for skin resurfacing	MBBS (COC)	OT / Clinic
Liposuction (traditional/water assisted/VASER/laser)	As per MOH special licensing conditions for liposuction	As per MOH special licensing conditions for liposuction
Rhinoplasty	Plastic surgeon; ENT surgeon	OT
Rhytidectomy (facelift)	Plastic surgeon	OT

Type of treatment and procedure	Minimum level of competence required *	Appropriate premises at which procedure can be done
Dermabrasion (Mechanical)	Plastic surgeon/ Dermatologist, MBBS (COC)	OT / Clinic
<p>COC : Certificate of Competence achieved through attending accredited specialised courses in the respective area of interest, approved and recognized by the SMC</p> <p>* Minimum level of competence means competence necessary to carry out the procedure <i>and</i> manage the anticipated serious complications</p> <p>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.</p> <p>OT – refers to operating theatres in hospitals and ambulatory surgery centres.</p>		

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

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)

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. Patient consent and feedback response on his/ her outcome must be documented. The procedure must be terminated if the procedure yields poor outcomes.

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.

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

ADMINISTRATION OF AESTHETIC PRACTICES

- Doctors who are currently performing aesthetic procedures should note and comply with the recommendations made on the minimum standards of training, qualification and practice.
- Doctors who wish to perform List B aesthetic treatments and procedures should list themselves with APOC.
- Doctors who wish to perform procedures that fall within the definition of Aesthetic Practice in the guidelines but are not listed in List A or List B would need to obtain prior approval from APOC. They must provide APOC with the supporting scientific evidence and information on the training they have undergone.

**AESTHETIC PRACTICE OVERSIGHT COMMITTEE
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