GUIDELINES ON AESTHETIC PRACTICES FOR DOCTORS

UPDATED IN OCTOBER 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[1];
   - 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; and
   - consultation and views of the Singapore Medical Council.

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[2] 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's (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.

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

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 .

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

6. A medical practitioner who is a general practitioner / family physician who provides and performs aesthetic treatments and procedures should still call himself or herself general practitioner / family physician.

PROFESSIONAL RESPONSIBILITY

7. The guiding principles in any medical treatment must be that 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 SMC'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 (Ministry of Health, 23 March 2008).[3]

CLASSIFICATION OF AESTHETIC TREATMENTS AND PROCEDURES

9. Based on currently available scientific evidence, aesthetic treatments 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 at *Appendix*.

LIST A AESTHETIC PRACTICES

10. This list reflects the aesthetic treatments 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 / Photopneumatic therapy
- External Lipolysis (heat / ultrasound)

[3] 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

Minimally invasive:

- Botulinum toxin injection
- Filler injection
- Phlebectomy
- Sclerotherapy
- Thread lifts
- Lasers (vascular lesions, skin pigmentation and skin rejuvenation)

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

- Abdominoplasty
- Blepharoplasty (including double eyelid)
- Breast enhancement or reduction
- Brow lift
- Free fat grafting
- Hair transplantation
- Implants (excluding breast implants)
- Lasers (skin resurfacing)
- 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 treatments and procedures.

TABLE 1. LIST A: Evidenced based aesthetic treatments and procedures

Type of treatment and procedure	**Minimum level of competence required***	**Appropriate premises at which procedure can be done**	**Requisite no. of procedures performed****
Non-invasive			
Chemical or pressurized gas / liquid peels	MBBS (COC)	Clinic	30
Microdermabrasion	MBBS (COC)	Clinic	30
Intense pulsed light (IPL)	MBBS (COC)	Clinic	30
Radiofrequency, Infrared and other light-based devices e.g. for skin tightening or hair removal	MBBS (COC)	Clinic	30
Lasers (non-ablative) for hair removal	MBBS (COC)	Clinic	30
Photodynamic / photopneumatic therapy	MBBS (COC)	Clinic	30
External lipolysis (heat / ultrasound)	MBBS (COC)	Clinic	30
Minimally invasive			
Botulinum toxin injection	MBBS (COC)	Clinic	30
Filler injection	Plastic surgeon, MBBS (COC)	Clinic	30
Phlebectomy	Plastic surgeon, General / vascular surgeon	OT	20

Type of treatment and procedure	Minimum level of competence required*	Appropriate premises at which procedure can be done	Requisite no. of procedures performed**
Sclerotherapy	Plastic surgeon / Dermatologist, MBBS (COC)	OT / Clinic	20
Thread lifts	Plastic surgeon, MBBS (COC)	OT / Clinic	20
Lasers for - treating vascular lesions and skin pigmentation - skin rejuvenation (eg. fractional lasers)	MBBS (COC)	OT/ Clinic	30
<u>Invasive</u>			
Abdominoplasty	Plastic surgeon / General surgeon / Gynaecologist (COC)	OT	10
Blepharoplasty (including double eyelid)	Plastic surgeon / Ophthalmologist trained in oculoplastic surgery	OT / Clinic	20
Breast enhancement or reduction	Plastic surgeon	OT	10
Brow lift	Plastic surgeon	OT	10
Free fat grafting	Plastic surgeon / Dermatologist, MBBS (COC)	OT / Clinic	10
Hair transplantation	Plastic surgeon / Dermatologist, MBBS (COC)	OT / Clinic	10
Implants (excluding breast implants)	Plastic surgeon	OT / Clinic	10
Lasers (ablative eg. CO_2 / YAG) for skin resurfacing	MBBS (COC)	OT / Clinic	20
Liposuction (traditional / water assisted / VASER / laser)	As per MOH special licensing conditions for liposuction	As per MOH special licensing conditions for liposuction	NA
Rhinoplasty	Plastic surgeon / ENT surgeon	OT / Clinic	10
Rhytidectomy (facelift)	Plastic surgeon	OT	10
Dermabrasion (mechanical)	Plastic surgeon / Dermatologist, MBBS (COC)	OT / Clinic	10

COC: Certificate of Competence achieved through attending accredited specialised courses in the respective area of interest, approved and recognised by the SMC.
* Minimum level of competence means competence necessary to carry out the procedure and manage the anticipated serious complications.
**Doctor must at least fulfill the requisite numbers for the preceding 2 years (i.e. from 1 Oct 2006 to 30 Sep 2008)
OT / Clinic – As a general principle, procedures requiring local anesthesia and sterile conditions may be performed in a clinic with appropriate facilities and staff. Procedures that require intravenous sedation / general anesthesia should be performed in OT.
'OT' – refers to operating theatres in hospitals and ambulatory surgery centres.
'Clinic' – refers to clinics with appropriate facilities and staff. This means that the clinic must be equipped and staffed to a level commensurate with the procedure performed.

12. Doctors who are performing aesthetic procedures with a track record of the requisite number of cases done with good outcomes (for each specific procedure) need not submit a notification form to the SMC's Aesthetic Practice Oversight Committee (APOC). These doctors can continue to practise.

13. Doctors without a track record of the requisite numbers done with good outcomes but have acquired a certificate (overseas or local training courses) and who wish to perform aesthetic procedures should submit the List A notification form (together with copies of their certificates) to the SMC's APOC to be verified whether this constitutes a certificate of competence (COC). The List A notification form is available on SMC's website.

14. Doctors are strongly encouraged to engage in a quality framework or peer review and case discussions on a regular basis if they perform or intend to perform aesthetic procedures. Doctors who perform or intend to perform List A aesthetic procedures should do so only in accordance with these guidelines, further directions of the SMC and requirements set by the Ministry of Health (MOH), if any.

LIST B AESTHETIC PRACTICES

15. List B contains aesthetic treatments and procedures that are currently regarded as having low / very low level of evidence and / or being neither well established nor acceptable. These are:

(a) Mesotherapy;
(b) Carboxytherapy;
(c) Microneedling dermaroller;
(d) Skin whitening injections;
(e) Stem cell activator protein for skin rejuvenation;
(f) Negative pressure procedures (e.g. Vacustyler); and
(g) Mechanised massage (eg. "slidestyler", endermologie" for cellulite treatment).

16. There will be circumstances in which doctors may wish to practise such low-evidence procedures on patients. In general, these circumstances are:

(a) All other conventional and sound-evidence based treatments / procedures have been attempted on the patient and have not been shown to produce the desired outcomes;
(b) The procedure has on the available evidence not been shown to carry any risk of significant adverse effects or harm to any patient;
(c) The patient is aware that the procedure is low-evidence in nature and only offered in view of the lack of efficacy of conventional and sound-evidence based treatments and gives specific consent to this, on a consent form.

17. Having satisfied all the above circumstances and documentations, it is still required of doctors to practise List B aesthetic procedures only under highly monitored conditions that enable the efficacy or lack thereof of such procedures to be objectively demonstrated. The objectives, methodology, analysis and findings obtained through such treatments must be of sufficient scientific validity to establish efficacy or otherwise. In addition, patient response should be documented and retained, alongside all case records of such treatments.

18. In the event that the procedure yields adverse or neutral outcomes, the practice of the procedure(s) must be terminated.

19. The patients must not be charged highly profitable fees for such procedures of low-evidence, but a fair fee representing the cost of the procedures plus the cost of providing and administering them. Financial documents relating to these procedures must also be retained for the purpose of audit when required.

20. It is important for a doctor to understand that the provisions of the SMC's Ethical Code and Ethical Guidelines apply to all doctors who wish to practise List B aesthetic procedures. A doctor must continue to ensure that he / she practises in the best interests of his / her patients and that any procedure is clinically justifiable if challenged.

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

ADMINISTRATION OF EXISTING AND NEW AESTHETIC TREATMENTS AND PROCEDURES

22. Doctors who wish to perform List B aesthetic procedures should list themselves with the SMC's APOC using the prescribed List B and Other Aesthetic Procedures notification form (available on SMC's website) before carrying out any List B aesthetic procedure. Doctors who perform List B aesthetic procedures will be subject to audit by the MOH. Proper documentation of the indications and outcomes of the treatments and procedures are therefore of utmost importance.

23. Doctors who are currently performing aesthetic procedures should note the respective classification of their procedures and 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 the MOH.

24. 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 should list themselves with the SMC's APOC using the same prescribed List B and Other Aesthetic Procedures notification form. SMC's APOC may then decide on the classification of the procedure and / or further dictate how the doctor should proceed. Doctors are advised not to perform any such procedures until the procedures have been classified.

COMPLIANCE WITH THESE GUIDELINES

25. Any doctor who performs any aesthetic procedure that is not in accordance with these guidelines or with any requirements set by the 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 [1]

Level of evidence	Quality of evidence and definitions
High	Further research is very unlikely to change our confidence in the estimate of effect.
Moderate	Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low	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.
Very low	Any estimate of effect is very uncertain.

[1] GRADE Working Group. Grading quality of evidence and strength of recommendations. BMJ 2004;328:1490 ; Guyatt GH et al. GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. BMJ 2008;336:924-6.