

HANDBOOK

Guidelines for Surgical Specialists Undertaking Aesthetic Medical / Surgical Practice in Malaysia

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Academy of Medicine of Malaysia



College of Surgeons
Academy of Medicine Malaysia



MAPACS

A collaborative effort of
Academy of Medicine of Malaysia
College of Surgeons, Academy of Medicine Malaysia
Malaysian Association of Plastic, Aesthetic & Craniomaxillofacial Surgeons

GUIDELINES FOR SURGICAL SPECIALISTS UNDERTAKING AESTHETIC MEDICAL / SURGICAL PRACTICE IN MALAYSIA

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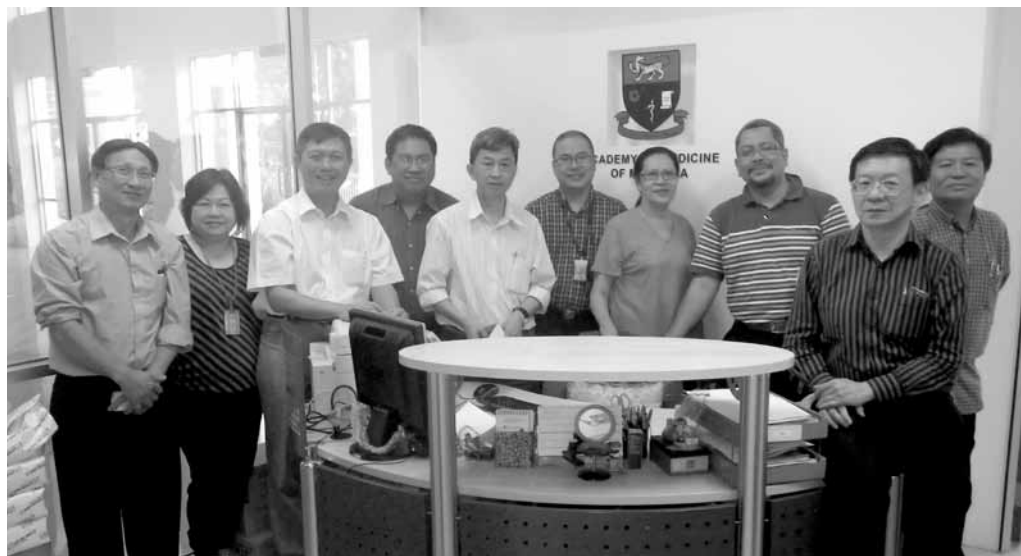
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MESSAGE FROM THE MASTER, ACADEMY OF MEDICINE OF MALAYSIA (AMM)



I would like to congratulate the College of Surgeons, Academy of Medicine of Malaysia, for coming out with the Guidelines for Surgical Specialists undertaking Aesthetic Medical/Surgical Practices. This work was initiated since 2007 and was prepared with the collaboration of the Malaysian Association of Plastic, Aesthetic and Craniomaxillofacial Surgeons and the Medical Practice Division of the Ministry of Health Malaysia.

Aesthetic medical practice is multidisciplinary in scope, encompassing different treatment modalities carried out by surgeons, physicians and general practitioners.

The main consideration is that safety and quality of care be maintained. As such, doctors who wish to perform aesthetic procedures should comply with the recommendations made on minimum standards of training and qualifications.

Dr Chang Keng Wee
Master
Academy of Medicine of Malaysia

MESSAGE FROM THE PRESIDENT OF THE COLLEGE OF SURGEONS, ACADEMY OF MEDICINE OF MALAYSIA (CSAMM)



Aesthetic medical procedures, whether invasive or non-invasive, are basically treatments carried out for non-pathological reasons. These treatments are being carried out rather freely by some beauticians and other unqualified personnel. Some general practitioners, physicians and surgeons also perform cosmetic procedures beyond their training and skill. Many patients who were treated by them have reportedly suffered from adverse or disastrous outcomes, sometimes with permanent disfigurement and even death.

In response to the necessity to regulate aesthetic practice, the Medical Practice Division of the Ministry of Health has called on various organizations including the College of Surgeons, Academy of Medicine of Malaysia (CSAMM), to come up with guidelines which would bring about the regulation and registration of medical practitioners who are deemed qualified to carry out specific aesthetic medical procedures. The CSAMM, together with the Malaysian Association of Plastic, Aesthetic & Craniomaxillofacial Surgeons (MAPACS) set up a task force in July 2011 to formulate a set of guidelines for surgical specialists (who may not be necessarily plastic surgeons) to carry out specific aesthetic medical / surgical procedures.

I would like to thank Dr Peter Wong for chairing the task force, and for representing the CSAMM in the credentialing and privileging committee for aesthetic medical practice in the Medical Practice Division, Ministry of Health of Malaysia.

Dato' Dr Yip Cheng Har
President
College of Surgeons
Academy of Medicine of Malaysia

MESSAGE FROM THE PRESIDENT OF THE MALAYSIAN ASSOCIATION OF PLASTIC, AESTHETIC & CRANIOMAXILLOFACIAL SURGEONS (MAPACS)



The quest for lasting youth and beauty has ensured an exponentially increasing demand for all products promising to reverse the ‘ugliness of aging’. These products now extend beyond creams in a jar to medical and surgical procedures of varying complexities, some involving equipment of various levels of sophistication. Members of the medical profession, a profession originally conceived to care for the sick and dying, are increasingly involved in using medical methods to achieve purely aesthetic goals. In no other area of medicine is the blurring of boundaries between medicine as a commercial commodity and medicine as a profession as well illustrated as in this area of ‘aesthetic medical practice’.

This set of guidelines is therefore both timely and necessary, and Dr Peter Wong should be highly commended for it. Without his focus, energy and single-mindedness, all previous attempts at a work of this nature would have remained a muddled aimless mess. Unquantifiable effort over the last few years, analysing issues, crystallising ideas and battling inherent perplexities, have resulted in the fruition of these guidelines and now all that remains to be said is this - it has been a privilege to share Dr Peter Wong’s firm conviction that this is, undoubtedly, a critically important document.

Dato’ Dr Lim Lay Hooi

President

Malaysian Association of Plastic, Aesthetic &
Craniomaxillofacial Surgeons

INTRODUCTION



The evolution of the guidelines on aesthetic medical practice spans a period of more than five years. It passed through three phases of development, namely, the initiation phase, the quiescent phase and the reactivation phase (Appendix 1). The continued efforts by the College of Surgeons of Malaysia and the Malaysian Association of Plastic, Aesthetic & Craniomaxillofacial Surgeons brought about the publication of “Handbook on Guidelines for Surgical Specialists undertaking Aesthetic Medical/Surgical Practice in Malaysia”.

As early as 2007, the Medical Practice Division of the Ministry of Health Malaysia (MoH) initiated the process by organising workshops and invited participation by stake holders represented by the Academy of Medicine of Malaysia (AMM), the Malaysian Association of Plastic, Aesthetic & Craniomaxillofacial Surgeons (MAPACS), the Dermatological Society of Malaysia (PDM), the Malaysian Society of Aesthetic Medicine (MSAM) and Society for Anti-Aging and the Aesthetic and Regenerative Medicine Malaysia (SAAARM), and Malaysian Dental Society (Appendix 2). The Malaysian Medical Council (MMC) also participated in these workshops.

This was followed by a period of relative inactivity (quiescent phase) from mid-2008 till late 2010, during which time there was neither any workshop held, nor any other effort made towards the formulation of guidelines on aesthetic medical practice.

On 1st December 2010, the Medical Practice Division reactivated the process and, together with the stake holders, resumed work on formulating guidelines on aesthetic medical practice for the medical practitioners.

The College of Surgeons of Malaysia (CSAMM) and the Malaysian Association of Plastic, Aesthetic & Craniomaxillofacial Surgeons MAPACS participated from the beginning and contributed significantly towards the development of these guidelines. Their representatives met and set up a task force in July 2011. They unanimously agreed that aesthetic medical/surgical practice falls within the core curriculum and core competency of plastic surgery. MAPACS, being the professional body for plastic surgery, was given the lead role to draw up the guidelines for aesthetic medical practice, particularly in cosmetic surgery, in collaboration with CSAMM. The CSAMM-MAPACS joint committee met regularly and worked on the definitions, scope of practice, qualifying parameters and the mechanism for credentialing and privileging surgical specialists who intend to undertake aesthetic medical/surgical practice.

The basic consideration by the task force when formulating the guidelines is that aesthetic medical practice is multidisciplinary in scope, encompasses diverse treatment

modalities, and is neither a specialty nor a subspecialty. Each procedure is to be considered individually on its own merits with specific requirements in qualification and training. The task force adopted an inclusive policy that will allow surgeons from different specialties to carry out aesthetic procedures, provided they have satisfied the prerequisites. The criteria will include the possession of recognized surgical qualifications and adequate hands-on experience to carry out aesthetic procedures. For the purpose of credentialing and privileging, the task force set up the “CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice” (Appendix 3).

As Aesthetic Medical Practice is neither a specialty nor a subspecialty, it is not under the purview of the National Specialist Register. Practitioners are subject to Code of Professional Conduct and laws governing medical practice. While the guidelines can be useful in the regulation of aesthetic medical practice and serve as the reference in complaints or malpractice, their main objective is to ensure patients’ welfare and safety.

The authors of this handbook introduced two fundamental ideas. They suggested that there should be different guidelines for the different groups of medical practitioners, especially between the surgeons and the non-surgeons and requested that the College of Surgeons CSAMM, in collaboration with MAPACS, be given the task to draw up the guidelines for “surgical specialists”. They also proposed that surgical specialists from the different specialties and subspecialties be categorized into the “core” and “non core” groups, based on their core curriculum and core competency. This concept of having different guidelines for the different groups of medical practitioners and specifying different requirements for the core and non core surgical specialists, provides the basis for the formulation of the guidelines. As a result, medical practitioners from the different disciplines are broadly classified into three groups, namely, the general practitioners, the medical specialists and the surgical specialists; while surgical specialists are categorized into “core” and “non core” surgical specialists.

The guidelines in this handbook are not meant to be exhaustive. They are tailored specifically to aesthetic procedures which are currently practiced in Malaysia. These procedures are listed in table 1 and table 2, under section 2, subsection 2.2.4. They need to be reviewed and revised whenever necessary, to keep abreast with advances in the art and science of aesthetic medical/surgical practice. New procedures may be added, while the older ones may be modified or discarded.

Dr Peter Wong Toh Lee

Chairman, CSAMM-MAPACS Task Force

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Malaysian Medical Council

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PDM

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ABBREVIATIONS

AMM	Academy of Medicine of Malaysia
CSAMM	College of Surgeons, Academy of Medicine of Malaysia
DG	Director General, Ministry of Health of Malaysia
GA	General Anaesthesia
IPL	Intense Pulsed Light
LA	Local Anaesthesia
LCP	Letter of Credentialing & Privileging
MAPACS	Malaysian Association of Plastic, Aesthetic & Craniomaxillofacial Surgeons
MMC	Malaysian Medical Council
MOH	Ministry of Health of Malaysia
MPD	Medical Practice Division, Ministry of Health of Malaysia
MSR	Minor Surgery Room
NSR	National Specialist Register
OT	Operation Theatre in an Ambulatory Care Centre or Hospital
PDM	Persatuan Dermatologi Malaysia (MDS: Malaysian Dermatological Society)
SSC	Specialty Subcommittee

SECTION I:
BACKGROUND & APPROACH

By Dr Peter Wong Toh Lee & Dato' Dr Lim Lay Hooi

Section 1.1 : Background to the Development of Guidelines

1. Why are the Guidelines Necessary?

There is a recognised need to formulate a set of guidelines in aesthetic medical/surgical practice that is current, relevant and applicable in contemporary medical practice. The necessity for such a document is due to the escalating number of doctors wishing to embark on this area of practice against a background of reports of adverse outcomes. These include disfigurement and death, resulting from aesthetic treatments carried out by unqualified personnel and doctors performing procedures outside their usual domain of practice and beyond their expertise.

2. Chronology

(a) The beginning

The efforts of the Medical Practice Division at Ministry of Health (MoH) to regulate aesthetic medical practice by doctors began in September 2007 when they invited stakeholders to attend a meeting at Quality Hotel, Shah Alam, with the purpose of discussing the scope of cosmetic and aesthetic practice - “SKOP-SKOP KOSMETIK DAN ESTETIK” (appendix 2). The former Director General of Health Tan Sri Dr Ismail Merican released a press statement on “Rules on nip and tucks” which appeared in The STAR, on 23rd November 2007 (Appendix 4). The past President of MAPACS responded with a ‘letter to the editor’ titled “Clear rules for aesthetic services most welcomed”, published in The STAR on 2nd December 2007 (Appendix 5). This was followed by another meeting on “Aesthetic Medicine” in January 2008, fueled by adverse publicity and public outcry following mass media reports of botched jobs performed by unqualified personnel in beauty saloons, hotels and clinics. It was then generally accepted that guidelines were needed to regulate the practice of aesthetic treatments by beauticians and medical practitioners.

In the beginning, when the stakeholders met to draw up a set of guidelines that would define and regulate aesthetic medical practise, the focus was directed mainly towards general practitioners who were carrying out aesthetic procedures. Many of them administered botox and fillers injections, and carried out treatments using lasers and IPL devices. Some general practitioners also performed liposuction and other invasive aesthetic procedures which are clearly outside their discipline and beyond their expertise. A few of them also portrayed themselves as “aesthetic physicians” in interviews, write-ups and advertisements. Against this background, the stake holders worked on a definition of “aesthetic medical practice” that would apply to the general practitioners and confined their scope of practice to “non-invasive” and “minimally invasive” procedures. This was reflected in the “Proposed Guideline on Aesthetic Medical Practice” published by the Malaysian Medical Council (MMC), dated 18th January 2008, wherein “Aesthetic Medical Practice” was defined to encompass only the “non-invasive and minimally-invasive modalities”. In addition, the stakeholders also agreed that the word “aesthetic” or “cosmetic” should not

be used in the signage of the general practitioners. Similarly, the label “aesthetic physician” should not be used as it can be misconstrued to be synonymous with “specialist in aesthetic medicine”.

(b) The Impasse

However, following the newspaper report of a high profile case of death in early 2008, purportedly following a liposuction procedure performed by a non-plastic surgeon, the Ministry of Health Malaysia extended the application of the proposed guidelines to all specialists. All doctors were not allowed to display the words “cosmetic” or “aesthetic” on their clinic signboards. While this restriction might appear to be justifiable to the general practitioners, plastic surgeons objected to the idea that the same rules should apply to them. The Malaysian Association of Plastic, Aesthetic & Craniomaxillofacial Surgeons (MAPACS) wrote a letter of protest to the Medical Practice Division, Ministry of Health. Following that there was an impasse between all the parties and no further meetings were held in the ensuing two years.

(c) Reactivation and Follow Through

The Medical Practice Division at the Ministry of Health invited the stakeholders to meet on 1st December 2010 to resume work on the guidelines (appendix 6). It became clear during the meetings that the initial definition of “Aesthetic Medical Practice” which included only the “non-invasive and minimally invasive modalities” could not be applied to surgical specialists. As a result, “Aesthetic medical practice” was redefined to include the “invasive” modality. Since the focus continued to be directed towards drafting a single set of guidelines that was applicable to all doctors without consideration of their disciplines, the process was inevitably slow and protracted as many diverse conflicting views were expressed.

3. Formation of CSAMM-MAPACS Task Force

During the meetings on 7th July and 13th July 2011 held at the Medical Practice Division, Ministry of Health, the representative from the CSAMM (first author) presented the idea that there should be different sets of guidelines for the different groups of doctors performing aesthetic medical procedures. He requested that CSAMM in collaboration with MAPACS, be given the task to prepare the guidelines for surgical specialists who intend to undertake aesthetic medical/surgical practice, and requested that a letter to that effect be sent to the President of the CSAMM.

Following this, a task force was formed comprising members from CSAMM and MAPACS. Its role was to spearhead the formulation of a set of guidelines that will serve as a professional framework of reference for surgical specialists undertaking aesthetic medical/surgical practice. The task force held its first meeting on 24th July 2011. A letter of request was received from the Medical Practice Division, dated 29th July 2011, officially assigning the CSAMM to draw up guidelines on aesthetic medical practice for the surgical specialists (Appendix 7).

4. Categorisation of Medical Practitioners

Following discussions and deliberations at the Medical Practice Division, the stakeholders unanimously agreed that medical practitioners be categorised into three different groups, namely, (i) the general practitioners, (ii) the medical (non-surgical) specialists and (iii) the surgical specialists. It paved the way for the final outcome of the guidelines for aesthetic medical practice, consisting of three Groups, namely, “Chapter 1” for the general practitioners, “Chapter 2” for the medical specialists, and “Chapter 3” for the surgical specialists. This approach provided the opportunity for the stakeholders to play a lead role in the drafting of guidelines tailored to medical practitioners within their own chapters. It was also agreed that dental practitioners should draft their own guidelines on aesthetic dental practice.

5. CSAMM-MAPACS Guidelines on Aesthetic Medical Practice

After a series of meetings (Appendix 1), the CSAMM-MAPACS task force finally formulated a set of guidelines for surgical specialists undertaking aesthetic medical/surgical practice. These guidelines are printed in this handbook under two sections. Section 1 deals with the background and the approach to formulation; while Section 2 focuses on the Prerequisites, Scope of Practice & Qualifying Parameters, Registration and Professional Code of Conduct. An earlier version of Section 2 was circulated to the working committee on aesthetic medical practice and discussed at the meetings held at the Ministry of Health in 2011. It was presented to the Director General of Health on 31st October 2011. Most of the layouts and contents were accepted and adopted for publication under the Ministry of Health Guidelines on Aesthetic Medical Practice for Registered Medical Practitioners (Reference 3).

Section 1.2: The Approach

In formulating the guidelines for surgical specialists performing aesthetic medical/surgical practice, the CSAMM-MAPACS task force deliberated and adopted an approach based on the following fundamental considerations:

- Definitions
- The Doctors
- The Practice
- The Regulation
- The Committees

1. Definitions - Aesthetic Medical Practice, Aesthetic / Cosmetic Surgery

The task force emphasized the importance of definitions which are concise, and accurately describe the aesthetic medical/surgical procedures under considerations, without any ambiguity. Being a surgical group, it was important to the Task Force that definitions of the levels of invasiveness be determined by anatomical planes and boundaries as well as the potential for damage to tissues. The task force also referred to existing definitions adopted by other organisations (Appendix 8)

The following definitions have been adopted in our guidelines:

- (a) “**Aesthetic Medical Practice**” is defined as “An area of medical practice which embraces multidisciplinary modalities through non-invasive, minimally invasive and invasive means, focusing on the skin and its underlying or related structures, with the purpose of enhancing the appearance of the patient”.
- (b) The degrees of “**invasiveness**” in aesthetic medical/surgical practice are defined as follows:

“**Non-invasive**” means external application or treatment procedure which does not involve penetration of integument, the target being limited to epidermis and papillary dermis. Superficial peels and non-ablative lasers are included in this category.

“**Minimally invasive**” means penetration or transgression of integument but limited to immediate sub-dermis and subcutaneous fat, vertically extending not beyond the superficial musculo-aponeurotic layer of the face and neck, or the superficial fascial layer of the torso and limbs. Injections of botox and fillers are included in this category. In addition, this procedure should induce minimal damage of biological tissues at the point of entrance of instruments, needles or injections.

“**Invasive**” means transgression of integument, subcutaneous and/or deeper tissues, often with extensive violation of tissues in both vertical and horizontal planes by whatever means, including the use of knife, diathermy, ablative lasers, radiofrequency, ultrasound, cannulae and needles.

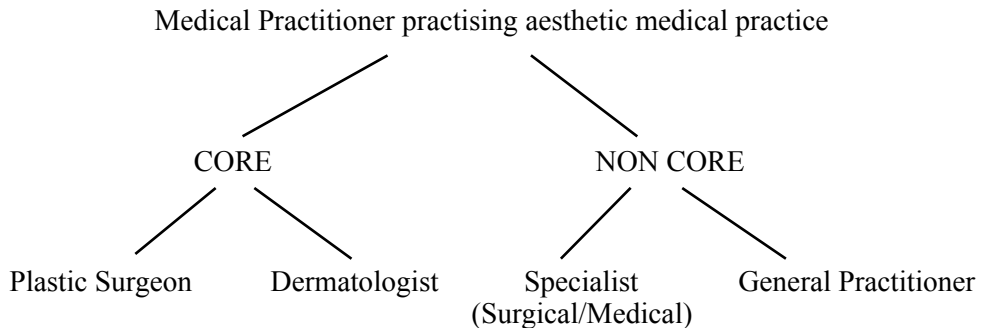
- (c) “**Aesthetic / Cosmetic Surgery**” is defined as “Invasive procedures that alter the non-pathological external appearance of the patient to achieve what patients perceive to be more desirable. It does not treat disease or injury and does not prolong life.”

2. The Doctors - It is recognised that Aesthetic Practice is increasingly attractive to non specialist doctors and specialist doctors from various specialities, both surgical and medical. It is also recognised that the major scientific concepts supporting aesthetic practice originated within the fields of dermatology and plastic surgery. Hence the categories of doctors were devised as the follows:

- (a) Medical practitioners undertaking aesthetic medical practice are categorized as Core and Non-core practitioners in aesthetic medical practice.
- (b) Plastic surgeons are considered as the core specialists for aesthetic surgical and non surgical procedures.

- (c) Dermatologists are considered as core specialists for aesthetic medical (non surgical) procedures.
- (d) General practitioners and specialists, other than plastic surgeons and dermatologists, are considered as Non-core medical practitioners in aesthetic medical practice.

The above is illustrated in the chart below:



3. The Practice - The following general principles pertaining to the practice apply:

- (a) The safety of patients is of paramount importance.
- (b) Medical Practitioners performing aesthetic medical procedures must be adequately trained and competent to carry out the procedures safely and soundly
- (c) Medical Practitioners shall not have any previous record of serious professional civil, or criminal misconduct.
- (d) Medical Practitioners should accurately display and declare their qualifications and core specialty (if any).
- (e) Medical Practitioners should provide accurate information on the procedures for which they have been credentialed.
- (f) Invasive procedures are limited to surgical specialists accredited by National Specialist Register.

4. The Regulation - The following principles provided the basis for the formulation of the guidelines for surgical specialists:

- (a) An inclusive policy which will allow doctors from different surgical specialties to practise aesthetic medical/surgical procedures, provided they possess the necessary prerequisites, passed the assessment conducted by the credentialing and privileging committee and have their names registered in the National Registry of Registered Medical Practitioners Practising Aesthetic Medical Practice.
- (b) The relevant professional bodies CSAMM and MAPACS shall be responsible for evaluating, credentialing and privileging surgical specialists intending to perform aesthetic / cosmetic procedures.
- (c) Aesthetic medical/surgical procedures which are deemed relevant to the practice guidelines shall be specified under the Scope of Practice.

- (d) The required training and/or practical experience for the different surgical specialists shall be stipulated.
- (e) The Medical Practice Division of the Ministry of Health of Malaysia shall maintain a registry of surgical specialists undertaking aesthetic/cosmetic procedures, and shall be responsible for the supervision and enforcement of guidelines on aesthetic practice by registered medical practitioners.
- (f) MMC shall remain the governing body on matters related to medical registration, annual practicing certificate and the professional code of conduct of registered medical practitioners.

5. The Committees - During the process of developing the guidelines, it became evident that several committees were required to perform different functions.

- (a) A *task force* comprising members from the Malaysian Association of Plastic, Aesthetic & Craniomaxillofacial Surgeons (MAPACS) and College of Surgeons Academy of Medicine of Malaysia (CSAMM) shall draw up the guidelines for surgical specialists undertaking aesthetic medical /surgical procedures.
- (b) A *Credentialing & Privileging Committee* comprising members from College of Surgeons (CSAMM) and Malaysian Association of Plastic, Aesthetic & Craniomaxillofacial Surgeons (MAPACS) shall be formed and named as “CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice”,
- (c) The “*CSAMM-MAPACS Joint Committee for Aesthetic Medical / Surgical Practice*” shall consist of representatives from CSAMM and MAPACS, and shall be chaired by a plastic surgeon. This Committee shall assess and accredit surgical specialists who intend to undertake aesthetic medical/surgical practice.

SECTION II: THE GUIDELINES

This section contains the guidelines for surgical specialists undertaking aesthetic medical / surgical practice in Malaysia. It was prepared by the **CSAMM-MAPACS Task Force** in collaboration with the Medical Practice Division, Ministry of Health of Malaysia.

Section 2 is subdivided into:

- 2.1 Prerequisites**
- 2.2 Scope of Practice and Qualifying Parameters**
- 2.3 Registration**
- 2.4 Code of Professional Conduct**

2.1. Prerequisites for Surgical Specialists Undertaking Aesthetic Medical / Surgical Practice

A surgical specialist who intends to perform aesthetic medical/surgical procedures has to satisfy the following conditions:

1. He/she must be registered with the Malaysian Medical Council and has a current Annual Practising Certificate.
2. He/she must have adequate training and practical experience in recognized centre(s) or institution.
3. He/she must place client/patient safety as the primary concern, and provide aesthetic medical/surgical practice in an approved healthcare facility in accordance with existing laws and regulations.
4. He/she is required to possess a higher qualification in surgery, or alternatively, is registered on the National Specialist Register in a surgical discipline, in order to be regarded as a surgical specialist.
5. A surgical specialist may perform aesthetic/cosmetic surgery in a clinic with Minor Surgery Room (MSR) or, Operation Theatre (OT) at an “Ambulatory Care Centre” (ACC) or “Hospital”.

(a) Aesthetic/cosmetic surgery can be performed under local anaesthesia in a clinic with minor surgery room with the following features:

“Minor surgery room” (MSR) means a clean room which is located at, or annexed to, a clinic premise, and dedicated for outpatient surgery carried out under local anaesthesia, with provision for adequate lighting, suction apparatus, diathermy and basic patient monitoring and resuscitation equipment. Invasive procedures such as eyelid surgery, augmentation rhinoplasty, mini lifts and ablative laser treatments must be carried out in a minor operation theatre.

(b) All procedures under general or spinal anaesthesia are to be performed in an Operation Theatre (OT) located at an "Ambulatory Care Centre" or "Hospital".

6. He/she is required to apply to the College of Surgeons, Academy of Medicine of Malaysia and the Malaysian Association of Plastic, Aesthetic & Craniomaxillofacial Surgeons (CSAMM-MAPACS) Joint Committee for Aesthetic Medical/Surgical Practice” is formed for the purpose of credentialing and privileging surgical specialists undertaking aesthetic medical/surgical practice, for the Letter of Credential and Privilege (LCP).

7. The Medical Practice Division, upon recommendation by CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice, will issue a Letter of Credential and Privilege (LCP) to the successful candidate and his/her name will be included in the National Registry of Registered Medical Practitioners Practising Aesthetic Medical Practice.

2.2. Scope of Practice and Qualifying Parameters

1. The Fundamentals

To define the scope of practice and its qualifying parameters, the taskforce felt that it was necessary to specify the aesthetic procedures approved, the type of premise required, and the qualification and hands-on experience expected from surgical specialists who intend to undertake aesthetic medical/surgical practice.

To be applicable to surgical specialists from different specialties, it is necessary to draw up guidelines which are specialty - based and procedure-specific; each procedure has to be matched against the premise, the qualification, and the experience of the surgical specialists.

These considerations are elaborated as follows:

(a) The Scope of Practice

The scope of practice covers those procedures which are listed in Table 1 and Table 2 under sub-section 4, in the later part of this section.

(b) The Premise

The venue where the procedure is performed should meet a minimum level of standard whereby aesthetic procedures can be carried out safely. Apart from having adequate facilities, care should be taken to ensure provision of adequate space and ventilation, as well as cleanliness at the premise.

There are three types of premises approved for aesthetic medical/surgical practice, namely, medical clinic, minor surgery room (MSR) and operation theatre (OT). In general, only non invasive and minimally invasive procedures may be carried out in the clinic. All surgical procedures are to be performed either in a minor surgery room (MSR) or operation theatre.

(c) The Surgeon

To define the surgeon and the skill level required, it is necessary to classify them into core and non-core surgical specialists. This is elaborated in the subsection that follows immediately.

2. Core and Non-core Surgical Specialists undertaking Aesthetic Medical / Surgical Practice

For the purpose of these guidelines, “Core” and “Non-core” surgical specialists are defined as follows:

(a) Core Surgical Specialists

These are surgical specialists performing aesthetic medical / surgical procedures which are within their core curriculum and core competency. Plastic surgeons fall within this group.

(b) Non-core Surgical Specialists

These are surgical specialists performing aesthetic medical/surgical procedures which are outside their core curriculum and core competency.

Depending on whether the specialists are practising within or outside their usual domain, they are classified into non-core (I), and non-core (II) surgical specialists for the specific procedures under consideration.

Non-core (I) Surgical Specialists

This group, in general, will include specialists whose routine anatomical area of practice may present opportunities for them to do aesthetic surgery in their usual domain (for example, ENT doing cosmetic nose surgery, Breast surgeon doing cosmetic breast surgery). However, additional training in the particular aesthetic surgical procedure will be required over and above their core training in their core specialty.

Non-core (II) Surgical Specialists

This group consists of surgical specialists whose specialties are totally unrelated to any form of aesthetic practice. For example, the cardiac surgeons, the neurosurgeons and the orthopaedic surgeons.

3. Summary

The task force recognised that surgical specialists from different specialties have different skills and emphasized on the following aspects:

(a) whether they are core or non-core surgical specialists for each of the aesthetic medical/surgical procedures under consideration

(b) whether that particular aesthetic/cosmetic procedure falls within their routine anatomical areas of practice, and

(c) whether they have fulfilled the necessary requirements which are procedure-specific.

4. Overview in Table Form

Based on the criteria laid down, the Scope of Practice and the Qualifying Parameters can be summarized as in the following tables.

**Table 1. Scope of Practice and Requirements for Surgical Specialists:
Surgical Modalities**

PROCEDURE	PREMISE MSR / OT	CORE	NON CORE		
			Non core (I)	Non core (II)	Requisite No. of Procedures performed**
Abdominoplasty	OT	Plastic Surgeon		Case by case basis	10
Blepharoplasty - Upper eyelid	MSR/OT	Plastic Surgeon	Ophthalmo-logist		10
- Lower Eyelid		Plastic Surgeon	(oculoplastic)		10
Breast Implant	OT	Plastic Surgeon	Breast Surgeon		10
Breast enhancement (other than implant)	MSR/OT	Plastic Surgeon			10
Breast reduction	OT	Plastic Surgeon	Breast Surgeon		10
Brow lift	MSR/OT	Plastic Surgeon			10
Fat grafting	MSR/OT	Plastic Surgeon			10
Hair transplant	MSR/OT	Plastic Surgeon			10
Implant - Face	MSR/OT	Plastic Surgeon			10

PROCEDURE	PREMISE MSR / OT	CORE	NON CORE		
			Non core (I)	Non core (II)	Requisite No. of Procedures performed**
Implant - Nose	MSR/OT	Plastic Surgeon	ENT	Case by case basis	10
Lasers, Ablative (including fractional & resurfacing)	MSR/OT	Plastic surgeon			10
Liposuction (LA & < 1litre aspirate)	MSR/OT	Plastic Surgeon			10
Liposuction (GA / >1 litre)	OT	Plastic Surgeon			10
Rhinoplasty	MSR/OT	Plastic Surgeon	ENT		10
Rhytidectomy Facelift	OT	Plastic Surgeon			10
Mini Lift	MSR/OT	Plastic Surgeon			10
Thread Lift	MSR/OT	Plastic Surgeon			10
Phlebectomy	MSR/OT	Plastic/ Vascular/ General Surgeon			10

Note: This list is subject to review whenever there is new evidence-based treatment available.

** Minimum of 5 cases performed under direct supervision with endorsement by a specialist approved by CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice.

**Table 2: Scope of Practice and Requirements for Surgical Specialists:
Non-Surgical Modalities**

PROCEDURES	PREMISE	CORE	NON CORE	
			(I) or (II)	Requisite No. of Procedures performed*
NON INVASIVE				
Chemical peel (superficial)	Clinic	Plastic surgeon	Case by case basis	20
Microdermabrasion	Clinic	Plastic surgeon		20
Intense pulse light (IPL)	Clinic	Plastic surgeon		20
MINIMALLY INVASIVE				
Chemical peel (medium depth)	Clinic	Plastic surgeon	Case by case basis	20
Botulinum toxin injection	Clinic	Plastic surgeon		20
Filler injection - excluding silicone and fat	Clinic	Plastic surgeon		20
Superficial Sclerotherapy	Clinic	Plastic /Vascular / General Surgeon		20
Lasers for treating skin pigmentation	Clinic	Plastic surgeon		20
Lasers for skin rejuvenation (including fractional ablative)	Clinic	Plastic surgeon		20
Lasers for hair removal (e.g long-pulsed Nd:YAG, Diode)	Clinic	Plastic surgeon		20
Skin tightening procedure - radio frequency, ultrasound, infrared up to deep dermis	Clinic	Plastic surgeon		20
INVASIVE				
Lasers for treating vascular lesions	Clinic	Vascular surgeon Plastic surgeon	Case by case basis	20
Chemical peels (Deep)	Clinic	Plastic surgeon		20
Radiofrequency (external application)	Clinic	Plastic surgeon		20
Ultrasound device (external application)	Clinic	Plastic surgeon		20

Note: This list is subject to review whenever there is new evidence-based treatment available.

**Minimum of 10 cases under direct supervision with endorsement by a specialist(s) approved by CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice.

2.3. Process of Registration

1. Application

- (a) The applicant shall provide documentary evidence that he/she has undergone satisfactory training and assessment by recognized/bona fide professional body or centre.
- (b) A Surgical Specialist who intend to undertake aesthetic medical/surgical procedures is required to apply to the CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice at the College of Surgeons, Academy of Medicine of Malaysia
- (c) Depending on whether he/she is a core or non-core specialist, his/her application will follow one of the following pathways:

(i) Core Surgical Specialists

MAPACS will vet and submit a list of their members to CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice for issuance of LCPs by the Medical Practice Division. Plastic surgeons may also apply directly to CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice.

(ii) Non-core Surgical Specialists

A non-core surgical specialist can either submit his/her application, through his/her society or directly, to the CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice.

Non-core (I) Surgical Specialist

A non-core (I) surgical specialist will require documented approval by his/her own professional peers to support his/her application through his/her society. Alternatively, he/she may apply directly to CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice. Separate application for each procedure is required

If this category of specialists wishes to perform aesthetic/cosmetic surgical procedures outside their routine anatomical areas of practice (e.g. ENT surgeons wishing to perform breast augmentation) then they will be subject to the requirements of non-core (II) surgical specialists.

Non-core (II) Surgical Specialists

A non-core (II) specialist practises outside his/her normal domain of practice and will require much more intensive procedure-specific training compared to a non-core (I) surgical specialist. If possible he/she should be sanctioned by

his/her own professional peers before application to the CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice. Alternatively, he/she may apply directly to the CSAMM-MAPACS Joint Committee on Aesthetic Medical/Surgical Practice with the supporting documents. Separate application for each procedure is required.

2. Credentialing & Privileging

For surgical specialists undertaking Aesthetic Medical/Surgical Practice, the task force set up CSAMM-MAPACS joint committee, as follows:

- (a) The CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice shall be the credentialing and privileging body for surgical specialists.
- (b) The CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice shall consist of representatives from the Malaysian Association of Plastic, Aesthetic and Craniomaxillofacial Surgeons and the College of Surgeons, Academy of Medicine of Malaysia, chaired by a plastic surgeon.
- (c) The address for the Secretariat for the CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice shall be as follows:

CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice,
G-1, College of Surgeons, Medical Academies of Malaysia,
210, Jalan Tun Razak, 50400 Kuala Lumpur.
Email: acadmed@po.jaring.my
Tel: 03-40234700, 03-40254700, 03-40253700 Fax 03-40238100

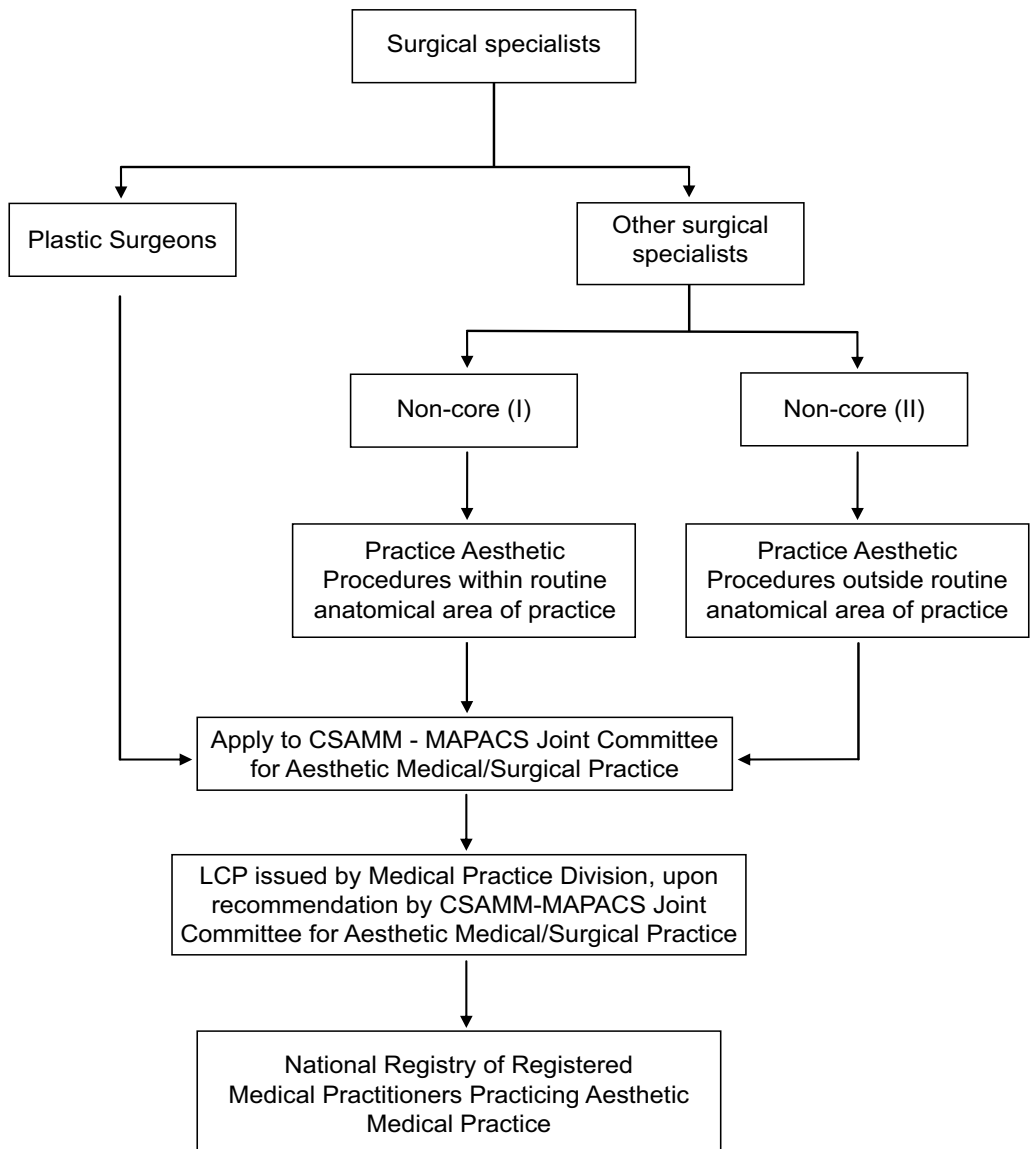
- (d) The CSAMM-MAPACS Joint Committee for Aesthetic Medical Practice shall evaluate the credentials of surgical specialists who applied and, depending on the merits, may approve or reject the application.
- (e) The Medical Practice Division, upon recommendation from CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice, will issue a Letter of Credential and Privilege (LCP) to the successful candidate, stating his NSR specialty, aesthetic medical/surgical procedure(s) approved, and duration of validity of LCP. LCP is valid for 5 years, and renewable upon endorsement by CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice. Provisional or Temporary LCP may be issued for a limited duration at the discretion of the Joint Committee.
- (f) The CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice will submit a list of successful candidates to the Medical Practice Division at the Ministry of Health of Malaysia for issuance of LCPs and inclusion of names in

the National Registry of Registered Medical Practitioners practicing Aesthetic Medical Practice.

3. The Registry

The National Registry of Registered Medical Practitioners Practicing Aesthetic Medical Practice shall be maintained by the Medical Practice Division, Ministry of Health Malaysia.

Flowchart for Process of Registration for Surgical Specialists



2.4 Code of Professional Conduct

1. The Professional Code of Conduct is governed by Malaysian Medical Council and the Laws and Regulations that are in place.
2. The CSAMM-MAPACS Joint Committee may refer a surgical specialist undertaking aesthetic medical/surgical practice to the Medical Practice Division or MMC, if there is a complaint or evidence of unsafe practice or professional misconduct.
3. Whilst a valid LCP accords the privilege to practice specific procedure(s), the onus is on the surgical specialist to treat his patients professionally and to carry out aesthetic procedures, safely and soundly.

REFERENCES

1. Majlis Perubatan Malaysia. Proposed Guidelines on Aesthetic Medical Practice. 18 January 2008.
2. Malaysian Medical Council. Code of professional conduct (Revised - 2009). 1.13 Aesthetic Medical Practice.
3. Official Web page of Ministry of Health Malaysia : www.moh.gov.my/v/garis-panduan
4. Singapore Medical Council. Guidelines on Aesthetic Practices. Updated 12 July 2011.
5. The UK “Expert Group on the Regulation of Cosmetic Surgery”: Report to the Chief Medical Officer” published 28 January 2005.

APPENDICES

APPENDIX 1

Chronology of Meetings

(a) Stake Holders Meetings / Workshops (organised by MOH)

Initiation Phase

1st - 2nd October 2007 MOH/MPD Shah Alam
15th January 2008 MOH/DG Putra Jaya

Consolidation Phase

No meeting / workshop

Reactivation & Follow-through

1st December 2010 MOH/MPD Putra Jaya
31st March 2011 MOH/MPD Putra Jaya
7th July 2011 MOH/MPD Putra Jaya
13th July 2011 MOH/MPD Putra Jaya

(b) CSAMM - MAPACS Task Force - Meetings

24th July 2011 CSAMM Medical Academies
7th August 2011 CSAMM Medical Academies
21st August 2011 CSAMM Medical Academies
9th October 2011 CSAMM Medical Academies
10th November 2011 CSAMM Medical Academies

(c) Presentation

31st October 2011 MOH Putra Jaya

An unedited version of the Guidelines for Surgical Specialists undertaking Aesthetic Medical / Surgical Practice was presented to Director General, Ministry of Health of Malaysia on 31st October 2011.

APPENDIX 2



BAHAGIAN AMALAN PERUBATAN
MEDICAL PRACTICES DIVISION
KEMENTERIAN KESIHATAN MALAYSIA
MINISTRY OF HEALTH MALAYSIA
ARAS 3, BLOK E1, PARCEL E
PUSAT PENTADBIRAN PERSEKUTUAN
WILAYAH PERSEKUTUAN PUTRAJAYA
62590 PUTRAJAYA

Telefon: 03-88831293/88831039
Fax: 03-88831328 / 1225

Ruj Kami : KKM 87/A6/4/1 (20)
Tarikh : 13 September 2007

SENARAI EDARAN SEPerti DI LAMPIRAN

Y. Bhg. Datuk / Datin / Tuan / Puan,

MESYUARAT MEMBINCANGKAN SKOP-SKOP KOSMETIK DAN ESTETIK

Dengan segala hormatnya saya merujuk kepada perkara di atas.

2. Sukacita dimaklumkan bahawa Mesyuarat mengenalpasti skop-skop perkhidmatan kosmetik dan estetika mengikut kepakaran akan diadakan seperti berikut

Tarikh : **30 September – 2 Oktober 2007**

Tempat : **Hotel Quality, Shah Alam**

3. Sehubungan dengan itu, Y. Bhg. Datuk / Datin / Tuan / Puan adalah dijemput untuk menghadiri mesyuarat tersebut bagi memastikan perbincangan ini dapat dijalankan dengan lancar dan efektif.

4. Y. Bhg. Datuk / Datin / Tuan / Puan boleh menghubungi **Dr. Maizura Musa (03-88831288) / En. Mohd Fadhi bin Abdul Rahman (03-88831293)** bagi sebarang pertanyaan berhubung mesyuarat tersebut. Adalah dimaklumkan juga bahawa tambang perjalanan akan ditanggung oleh jabatan masing-masing. Sila kembalikan surat pengesahan kehadiran yang disertakan bersama sebelum **25 September 2007**. Kerjasama daripada Y. Bhg. Datuk / Datin / Tuan / Puan adalah amat dihargai.

Sekian, terima kasih.

“BERKHIDMAT UNTUK NEGARA”

Saya yang menurut perintah,


(**DR MOHD. KHAIRI BIN YAKUB**)
Pegawai Amalan Perubatan
Kementerian Kesihatan Malaysia

s.k Ketua Pengarah Kesihatan

APPENDIX 3

CSAMM-MAPACS Joint Committee for Aesthetic Medical / Surgical Practice

Advisor	: Dato' Dr Yip Cheng Har
Chairman	: Dr Peter Wong Toh Lee
Members	: Dato' Dr Lim Lay Hooi Professor Liew Ngoh Chin Dr Lim Chai Leng Dr Steve Wong Kang Shen Dato' Dr M Subramanian Dato' Professor Dr Isa Hj Omar Dr Tan Kim K Tan Dr Regunathan Villanayer
Secretariat	: Ms Kong Yoon Moi

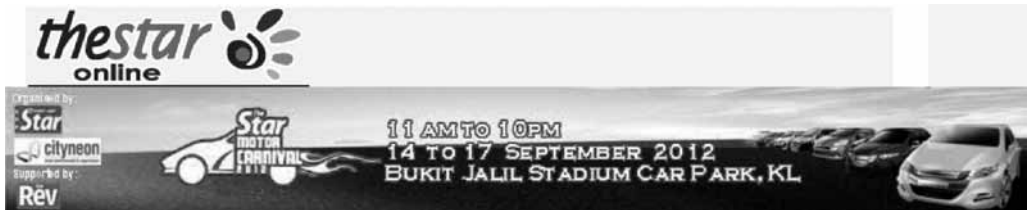
CSAMM COUNCIL 2011 / 2012

President	: Professor Dato Yip Cheng Har
Vice President	: Dr Chew Long Guan
Hon Secretary	: Dr Peter Wong Toh Lee
Treasurer	: Dato' Dr Rohan Malek
Council Members	: Professor Liew Ngoh Chin Professor David Choon Siew Kit Professor Rohaizak Muhammad Associate Professor Andrew Tan Professor Hanafiah Harunnarashid Professor Dato Lokman Saim Dr Ashim Kumar Nandy Dr Ramesh Gurunathan

MAPACS EXECUTIVE COMMITTEE 2010 / 2012

President	: Dato Dr Lim Lay Hooi
Immediate Past President	: Dr Peter Wong Toh Lee
Vice-President	: Dr Tan Kim Kong
Secretary	: Dr Margaret Leow
Treasurer	: Dr Salina Ibrahim
Committee Members	: Dr Regunathan Villanayer Dr Wong Thai ER

APPENDIX 4



23th November 2007 (Friday)

Rules on nip-and-tucks

PUTRAJAYA: To ensure that beauty treatments do not turn ugly, the Health Ministry has drawn up a set of do's and don'ts on aesthetic medicine.

With immediate effect, private general practitioners are not allowed to carry out procedures such as breast implants, liposuction, eyelid surgery, laser and light-based therapies and hair transplant.

They also cannot deal with unapproved agents, inject non-evidence based products like Vitamin C, placental extract, stem cells and growth hormones.

The list, drawn up following a meeting last month with relevant stakeholders, will be included in the Private Healthcare Facilities and Services Act 1998 under the director-general's directive.

A definition of aesthetic medicine has also been drawn up. It states it is a branch of medicine dedicated to creating a harmonious physical and psychological balance using non-invasive and minimally invasive treatment modalities.

The modalities have to be evidence-based and scientifically proven on matters such as the anatomy and skin physiology.

Director-general of health Tan Sri Dr Ismail Merican said yesterday that only trained and credentialed personnel could do Botox treatment.

He added that the general practitioners could, with proper credentials and training from a recognised institute, advise on matters such as medical cosmetology, chemical peels, cellulite control, hair removal and nutrition.

"It does not mean the general practitioner has no role but they should be concentrating on procedures which are not invasive," he said.

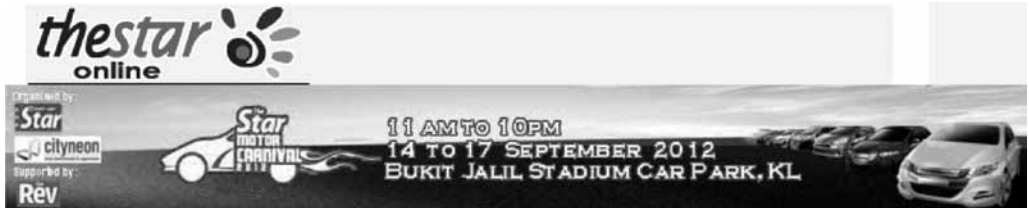
He added that because aesthetic medicine was not a recognised medical speciality in Malaysia, the word "aesthetic" was not allowed to be displayed on signboards.

Dr Ismail added that a proposal would be submitted to register specialists in aesthetic practices in the registry being compiled by the Malaysian Medical Council and Academy of Medicine.

He said it was necessary to draw up such guidelines because the ministry was concerned about developments in the field and wanted to keep unscrupulous practices at bay.

"If you want to look pretty, do it the right way. Make sure the right people provide you with the services," he said.

APPENDIX 5



2nd December 2007 (Sunday)

Clear rules for aesthetic services most welcomed

WE WELCOME the recent statement by Health Ministry Director-General Tan Sri Dr Ismail Merican on the rules on nip-and-tuck.

Of late, many beauty centres and clinics have mushroomed to offer aesthetic services, and ventured into invasive procedures including cosmetic surgeries.

The word “aesthetic” has also been displayed readily on the signboards.

Many lasers, light-based and radio frequency devices, lipolysis and other dangerous surgical devices have been aggressively marketed by the sales agents and rampantly sold to general practitioners and beauticians alike, without any concern for the safety of the public, as they see a lucrative trade in the commodities of youth and beauty.

Some beauty centres have been known to engage fly-by-night “doctors”, plastic surgery charlatans or quacks.

Aesthetic treatment procedures which are unacceptable, unproven or even harmful are known to have been carried out.

Some general practitioners have also been lured into the trade and attended weekend or week-long courses run by entrepreneurs who charged exorbitant fees and promising to award them with sought after ‘certificates’, which are in fact of dubious value and cannot possibly constitute training and qualification.

Some have featured themselves as aesthetic physicians or cosmetic surgeons in write-ups and magazines.

We support the view that there is a role for general practitioners, but they should concentrate on procedures which are not invasive.

The public should be informed as to what to expect from a beautician, general practitioner, dermatologist or plastic surgeon.

They should be protected against individuals or establishments with vested interests, resorting to misleading advertisements in magazines, the mass media, calling cards, signboards and unsubstantiated claims.

Dr PETER WONG TL

President

Malaysian Association of Plastic

Aesthetic & Craniomaxillofacial Surgeons

APPENDIX 6



BAHAGIAN AMALAN PERUBATAN
MEDICAL PRACTICE DIVISION
KEMENTERIAN KESIHATAN MALAYSIA
MINISTRY OF HEALTH MALAYSIA
ARAS 3, BLOK E1, KOMPLEKS E, PRESINT 1
PUSAT PENTADBIRAN KERAJAAN PERSEKUTUAN
62590 PUTRAJAYA

03-8883 1039
03-88831040

Ruj. Kami : KKM87/A6/6/0 (11)
Tarikh : 29 Oktober 2010

SENARAI EDARAN SEPERTI DI LAMPIRAN

Y. Bhg. Datuk/ Dato'/ Datin/ Tuan/ Puan,

MESYUARAT MEMBINCANGKAN ISU-ISU MENGENAI "AESTHETIC MEDICINE"

Dengan segala hormatnya saya merujuk kepada perkara di atas.

2. Untuk makluman Y. Bhg. Datuk/ Dato'/ Datin/ Tuan/ Puan, Bahagian Amalan Perubatan adalah dalam proses mengumpulkan maklumat mengenai pengiktirafan amalan Perubatan Aesthetic dan isu-isu berkaitan dengannya.

3. Sehubungan itu, satu mesyuarat mengenai perkara ini akan diadakan pada ketetapan berikut:

Tarikh : 1 Disember 2010
Masa : 2.30 petang -5.00 petang
Tempat : Bilik Mesyuarat Cawangan Penggubalan Akta
Aras 3, Blok E1, Kompleks E, Presint 1,
62590 Putrajaya
Pengerusi : Dr. Nooraini Binti Baba
Pengarah Amalan Perubatan
Kementerian Kesihatan Malaysia

4. Y. Bhg. Datuk/ Dato'/ Datin/ Tuan/ Puan adalah dijemput hadir mesyuarat ini bagi memastikan ianya dapat berjalan dengan lancar dan efektif. Adalah dimaklumkan juga bahawa tambang perjalanan akan ditanggung oleh jabatan masing-masing. Y. Bhg. Datuk /Dato'/ Datin/ Dr/ Tuan / Puan boleh menghubungi **Dr. Rosnah Yahya** di **03-88831291** atau **Pn Raihana Mat Nor** di **03-88831294** bagi sebarang pertanyaan berhubung mesyuarat ini.



APPENDIX 7



KEMENTERIAN KESIHATAN MALAYSIA

BAHAGIAN AMALAN PERUBATAN
ARAS 3, BLOK E1, KOMPLEKS E

PUSAT PENTADBIRAN KERAJAAN PERSEKUTUAN

62590 PUTRAJAYA

Telefon: 03-8883 1287/1297

Faks : 03-8881 1328/1222

Ref : KKM87/A6/6/0(11)Jld2

Date : 29th July 2011

Professor Yip Cheng Har
President
College of Surgeons
Academy of Medicines of Malaysia,
G-1 Medical Academies of Malaysia,
210 Jalan Tun Razak,
50400 Kuala Lumpur, Malaysia

Dear Prof Yip,

Subject: Proposed Guidelines (Invasive) Aesthetic / Cosmetic Surgery.

First and for most I would like to thank The College of Surgeons, Academy of Medicine of Malaysia for the quick response.

2. The Ministry of Health is now in the process of preparing Guidelines on Aesthetic Practice in Malaysia, due to the increasing complaints pertaining to aesthetic practices in Malaysia.

The Medical Practice division has been given the task to discuss and formulate the guidelines within three months.

3. We have already formed a committee to discuss pertaining to Non Invasive and Minimally Invasive procedures for the Aesthetic Medical Practitioners. In the discussion we have left out the Invasive procedures to be covered by the College of Surgeons and agreeable by Dr Peter Wong.

4. I would very much like if the Society could look into all matters on this, the scope of which would include:

- i. Scope of practice
- ii. Competency Level
- iii. Recognized Training
- iv. Credentialing and Privileging
- v. Appropriate premise where the procedures can be done (clinic/OT)
- vi. Requisite number of procedures performed
- vii. Register
- viii. Monitoring System - where there could be a compulsory reporting of unwanted events
- ix. Etc. that then society feels and can be included in the guidelines.

Thanking you in anticipation.

Yours Sincerely,

(DR ZABEDAH BAHARUDIN)

MMC NO: 24242

Deputy Director

Medical Practice Division,

Ministry of Health Malaysia

Tel: 03-88831288

Fax : 03-88831328

Email : jdrzabedah@moh.gov.my



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APPENDIX 8

According to the UK “Expert Group on Regulation of Cosmetic Surgery” (appendix 4), *cosmetic surgery* is defined as ‘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.’

The Medical Protection Society of UK has defined Cosmetic / Aesthetic Practice as treatments / procedures which in the opinion of the council have as their primary purpose the alteration of nonpathological external features.