



MEDICAL COUNCIL OF MALAWI

**Regulations and Standards for Cosmetic
Surgery and Aesthetic Procedure**

JUNE 2025

Regulation Highlights Dashboard

Regulations Name	Regulations and Standards for Cosmetic Surgery and Aesthetic Procedures
Regulations No.	1
Approval Authority	Medical Council of Malawi
Date of Approval	June 2025
Effective Date	June 2025
Last Review	First Version
Next Review	As determined by Council
Related Acts, Codes, Policies, and Procedures	<ul style="list-style-type: none"> • The Medical Practitioners and Dentists Act • The Code of Ethics and Professional Conduct • Telemedicine Regulations • Clinical Guidelines and Policies
Stakeholders to whom these Regulations apply	<ul style="list-style-type: none"> • The Council and its Committees • Medical Council of Malawi Secretariat • Registered Practitioners • Health Facilities
Responsible Officers	<ul style="list-style-type: none"> • Registrar and Chief Executive Officer • Director of Regulatory Enforcement • Director of Finance and Administration
Responsible Office	<ul style="list-style-type: none"> • Office of the Registrar and Chief Executive
Responsible Committees	<ul style="list-style-type: none"> • Inspections and Registrations Committee • Finance and Establishment Committee • Disciplinary Committee

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Foreword

The field of cosmetic surgery and aesthetic procedures has seen remarkable advancements globally, offering individuals opportunities to enhance their well-being, confidence, and quality of life. However, alongside these developments comes the critical responsibility of ensuring patient safety, ethical practice, and professional accountability in this specialised area of healthcare.

Recognising the growing demand for cosmetic and aesthetic services in Malawi, the Medical Council of Malawi has taken a proactive step by developing the Regulations and Minimum Standards for Cosmetic Surgery and Aesthetic Procedures. This document serves as a comprehensive guide to regulate practice, promote high standards of care, and safeguard the health and rights of individuals seeking these services.

These regulations set forth clear guidelines on professional qualifications, facility standards, ethical considerations, and patient consent, ensuring that all procedures are conducted safely and responsibly. By establishing a framework for accreditation, oversight, and compliance, we aim to prevent malpractice, uphold medical ethics, and align our healthcare system with international best practices.

As the first-ever regulatory framework on cosmetic surgery and aesthetic procedures, this document marks a significant milestone in the advancement of medical practice and patient safety. It is a product of extensive consultation, research, and collaboration among healthcare professionals, policymakers, and key stakeholders. We urge all practitioners, institutions, and regulatory bodies to adhere to these guidelines to foster a safe, ethical, and professional environment for cosmetic and aesthetic procedures.

The Medical Council of Malawi remains committed to continuous monitoring, evaluation, and refinement of these standards to ensure they remain responsive to evolving medical trends and patient needs. We extend our appreciation to all contributors who have played a pivotal role in the development of these regulations.

It is our hope that this document will serve as an essential resource in guiding practitioners, protecting patients, and enhancing the overall quality of cosmetic and aesthetic services in Malawi.



Dr Grace Chiudzu,
Chairperson

Preface

The Medical Council of Malawi (MCM) is committed to ensuring patient safety, professional integrity, and high standards of medical practice across all fields of healthcare, including the emerging sector of cosmetic surgery and aesthetic procedures. As the demand for these services continues to grow, it has become increasingly important to establish a regulatory framework that promotes safe, ethical, and standardised practices in this specialised area of medicine.

The Medical Council of Malawi wishes to acknowledge the Medical Council of Australia for providing benchmarking documents. Their regulations and guidelines have been instrumental in shaping these MCM regulations and standards. This document, the first of its kind in Malawi, sets forth minimum standards and regulatory guidelines for the provision of cosmetic surgery and aesthetic procedures. It is designed to safeguard patients, guide healthcare professionals, and provide a reference for institutions offering these services. The regulations cover critical aspects such as practitioner qualifications, facility requirements, patient consent, ethical considerations, and procedural safety, ensuring that all interventions are performed with the highest level of professionalism, competence, and accountability.

These guidelines will serve as a living document, subject to periodic review and updates to reflect advancements in medical practice, emerging trends, and evolving healthcare needs. The Medical Council of Malawi encourages all practitioners, institutions, and policymakers to familiarise themselves with these regulations and ensure full compliance to uphold the safety, dignity, and rights of all individuals seeking cosmetic and aesthetic procedures.

It is our firm belief that the implementation of these minimum standards and regulations will strengthen the regulation of cosmetic and aesthetic medical services in Malawi and enhance public confidence in the healthcare system. I encourage all stakeholders involved in cosmetic surgery and aesthetic procedure to adhere to these regulations.



Dr Davie B.S. Zolowere,
Registrar and Chief Executive Officer

List of Acronyms and Abbreviations

BBL:	Brazilian Butt Lift
BDD:	Body Dysmorphic Disorder
CEO:	Chief Executive Officer
CEPC:	Code of Ethics and Professional Conduct
CPD:	Continuous Personal Development
DC:	District Commissioner
DHO:	District Health Commissioner
DOFA:	Director of Finance and Administration
DORE:	Director of Regulatory Enforcement
ECFMG:	Education Commission for Foreign Medical Graduates
ENT:	Ear, Nose and Throat
HC:	Health Centre
IEC:	Information Education and Communication
IPC:	Infection Prevention and Control
IRC:	Inspections and Registration Committee
MBS:	Malawi Bureau of Standards
MCM:	Medical Council of Malawi
MOU:	Memorandum Of Understanding
MPD Act:	Medical Practitioners and Dentist Act
NDA:	Non-Disclosure Agreement
NGORA:	Non-Governmental Organizations Regulatory Authority
OT:	Operating Theatre
PMRA:	Pharmacy Medicine Regulatory Authority
PIC:	Patient Implant Card
PIL:	Patient Information Leaflet
PRP:	Platelet-Rich Plasma
RH:	Referral Hospitals

SOPs: Standard Operating Procedures

TORs: Terms of References

Definition of Terms

Aesthetic, cosmetic surgery and procedures: are operations and other procedures that revise or change the appearance, colour, texture, structure, or position of normal bodily features with the dominant purpose of achieving what the patient perceives to be a more desirable appearance. Examples include breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer.

Complainant: an individual who complains to MCM about health care.

Complaint: is an expression of dissatisfaction or concern made by a patient, their representative, or other stakeholders regarding the quality of care, services, behaviour, or outcomes provided by a healthcare professional, facility, or organisation.

Council: means the Council of the Medical Council of Malawi as appointed in line with the Medical Practitioners and Dentists Act, section 4.

Improper and disgraceful conduct: refers to actions, behaviours, or omissions by a healthcare professional that violate ethical, professional, or legal standards and bring dishonour or disrepute to the profession.

Incompetence: the inability or lack of capacity of a healthcare professional to perform their duties to the required standard, due to inadequate knowledge, skills, judgment, or application of professional competencies. This deficiency can lead to substandard care, patient harm, or a failure to meet the expectations of the profession

Secretariat: is the administrative or executive arm of MCM, responsible for managing its operations, coordinating activities, and ensuring the implementation of decisions.

Non-surgical cosmetic procedures: are procedures that do not involve cutting beneath the skin, but may involve piercing the skin. Examples include cosmetic injectables such as Botulinum toxin and dermal fillers (also known as soft tissue fillers), fat dissolving injections, thread lifts, sclerotherapy and micro sclerotherapy, CO2 laser skin resurfacing, cry lipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels and hair transplants.

Surgery or a procedure: may be medically justified if it involves the restoration, correction, or improvement in the shape and appearance of body structures that are defective or damaged at birth or by injury, disease, growth, or development for either functional or psychological reasons.

Reconstructive surgery: differs from cosmetic surgery as, while it incorporates aesthetic techniques, it restores form and function as well as normality of appearance. These guidelines apply to plastic surgery when it is performed only for cosmetic or aesthetic reasons. They do not apply to reconstructive surgery.

1.0 Introduction

1.1 The Mandate of Medical Council of Malawi

The Medical Council of Malawi (MCM) is a parastatal organisation established under the Medical Practitioners and Dentists (MPD) Act. Its mandate is to support the health of Malawi's population by regulating medical, dental, and allied health professions to safeguard public welfare and uphold professional standards. MCM's responsibilities include regulating health practitioners, accrediting health facilities, handling patient and public complaints, and overseeing both pre-service and in-service training for its registrable cadres, including internship regulation.

Cosmetic surgery and aesthetic procedures have gained increasing popularity in Malawi, driven by advancements in medical technology, evolving beauty standards, and growing public interest in appearance-enhancing treatments. These procedures range from invasive surgical interventions, such as liposuction and facelifts, to non-surgical treatments like Botox injections, and dermal fillers. While these services can offer significant benefits to individuals seeking aesthetic improvements, their rapid growth in an unregulated environment has led to serious concerns regarding patient safety, professional competence, and ethical practice. In response to these concerns, MCM has developed the **Regulations and Standards for Cosmetic Surgery and Aesthetic Procedures** to ensure that these services are delivered in a safe, ethical, and professional manner.

These regulations establish the minimum requirements for facilities, define the practitioners required, and outline patient safety protocols. They are designed to protect the health and well-being of Malawians by ensuring that only qualified professionals perform cosmetic and aesthetic procedures in properly accredited facilities that adhere to high safety and quality standards. Additionally, the regulations promote ethical practice, transparency, and accountability within the sector, aligning Malawi with international best practices in cosmetic and aesthetic medicine.

1.2 Regulations Rationale

In recent years, there has been a significant increase in the demand for cosmetic surgery and aesthetic procedures in Malawi. This growing interest has led to a surge in applications from practitioners, healthcare facilities and business people seeking accreditation to offer these services. However, the absence of clear regulatory standards has resulted in an alarming rise in cases of patient harm due to substandard procedures, unqualified practitioners, and unsafe clinical environments.

The MCM, as the regulatory authority for the medical, dental and allied health professions, has a duty to safeguard public health by ensuring that cosmetic surgeries and aesthetic procedures are performed by competent and qualified practitioners in accredited facilities that meet minimum safety and quality standards. The lack of regulation in this sector poses serious risks, including botched procedures, life-threatening complications, and unethical practices that exploit vulnerable individuals seeking aesthetic enhancements.

These regulations and standards for cosmetic surgery and aesthetic procedures will establish clear guidelines on the competencies of practitioners, the scope of procedure to be conducted, facility

accreditation, patient safety protocols, and ethical considerations. This framework will enhance public confidence, promote patient safety, and align Malawi with international best practices in aesthetic medicine.

1.3 Citation and Application

This document shall be known and referred to as the **Regulations and Standards for Cosmetic Surgery and Aesthetic Procedures**.

The scope of these Regulations encompasses all practitioners and health facilities offering cosmetic surgery and aesthetic procedures.

2.0 Regulations Goal

To ensure the safe, ethical, and professional delivery of cosmetic surgery and aesthetic procedures in Malawi by establishing a regulatory framework that promotes patient safety, practitioner competence, and quality healthcare standards.

3.0 Regulations Objectives

- i. **To establish minimum competency requirements** for medical practitioners and clinicians performing cosmetic and aesthetic procedures.
- ii. **To set minimum standards for facility accreditation** to ensure safe environments for cosmetic and aesthetic procedures.
- iii. **To implement patient safety protocols** that minimise risks, complications, and adverse outcomes.
- iv. **To promote ethical practice and professional conduct** by ensuring informed consent, transparency, and accountability in service provision.
- v. **To monitor and enforce compliance** with the established regulations through inspections, audits, and disciplinary measures.
- vi. **To educate and create awareness** regarding cosmetic and aesthetic practice.

4.0 Regulations Outcomes

- i. Well-regulated cosmetic surgery and aesthetic practice that prioritises patient safety.
- ii. Clear professional guidelines that support qualified practitioners while deterring unqualified providers.
- iii. Improved quality of services through adherence to defined ethical and professional standards.
- iv. Reduced incidence of complications, malpractice, and unethical practices in cosmetic and aesthetic procedures.
- v. Increased public trust and confidence in cosmetic and aesthetic services.

5.0 Legal Framework

The MCM is vested with the legal authority to regulate medical, dental, and allied health practice in the country as indicated in the MPD Act. This mandate includes setting professional standards, ensuring compliance with ethical guidelines, and safeguarding public health.

The MCM's regulatory framework is primarily guided by the MPD Act as read together with other laws of Malawi and the Code of Ethics and Professional Conduct (CEPC), which outlines the ethical and professional responsibilities of practitioners, health facilities and training institutions. These responsibilities include ensuring safe provision of all health services, including cosmetic surgery and aesthetics procedures.

Through provisions from the MPD Act, CEPC, other regulations and policies, the MCM ensures that healthcare professionals in Malawi adhere to the highest standards of ethical and professional conduct, ultimately fostering public trust in the medical, dental, and allied health professions.

Through these “**Regulations and Standards for Cosmetic Surgery and Aesthetic Procedures**” MCM seeks to protect the public and guide the professions.

6.0 Regulations and Guidelines for Aesthetic Procedures

6.1 Types of Procedures

Below is a minimum list of aesthetic procedures that may be provided in MCM approved facilities in the Malawian setting after meeting the minimum standards. Please seek guidance from MCM where required.

6.1.1 Non-Invasive

This is defined as external applications or treatment procedures that are carried out without creating a break in the skin or penetration of the integument. They target the epidermis only. These include:

- Superficial Chemical Peels
- Microdermabrasion
- IV Drips for Skin Brightening & Hydration
- Teeth Whitening
- Dental Veneers
- Orthodontics (Braces & Aligners).

6.1.2 Minimally Invasive

These procedures involve penetration or transgression of skin but are limited to the sub-dermis and subcutaneous fat. Minimally invasive procedures include:

- Botox and Dermal Fillers
- Microneedling
- PRP (Platelet-Rich Plasma) Therapy
- Laser Treatments
- Tattoo Removal

- Medium depth Chemical peel
- Superficial sclerotherapy.

6.1.3 Invasive Aesthetic Procedures

These are treatment procedures that penetrate or break the skin through either perforation, incision, or transgression of the skin, subcutaneous and/or deeper tissues. These include:

- Liposuction
- Rhinoplasty
- Breast Augmentation/Reduction
- Tummy Tuck (Abdominoplasty)
- Eyelid Surgery (Blepharoplasty)
- Scar Revision Surgery
- Brazilian Butt Lift (BBL) & Buttock Augmentation
- Hair Transplantation
- Laser for treating vascular lesions
- Deep chemical peels
- Ablative skin resurfacing lasers
- Phlebectomy
- Tumescent liposuction
- Ultrasound Device

6.2 Premises for conducting aesthetic procedures

Below are the premises where the aesthetic procedures can be conducted.

Procedure	Premises	Non-Core Specialists	Core Specialists
Non-Invasive			
Superficial Chemical Peels	Clinic	Case by case basis	Dermatologists/Plastic Surgeons
Microdermabrasion	Clinic	Case by case basis	Dermatologists/Plastic Surgeons
IV Drips for Skin Brightening & Hydration	Clinic	Case by case basis	Dermatologists/Plastic Surgeons
Teeth Whitening	Clinic	Case by case basis	Dermatologists/Plastic Surgeons
Dental Veneers	Clinic	Case by case basis	Dermatologists/Plastic Surgeons

Orthodontics (Braces & Aligners)	Clinic	Case by case basis	Dermatologists/Plastic Surgeons
Minimally Invasive			
Botox and Dermal Fillers	Clinic	Case by case basis	Dermatologists/Plastic Surgeons
Microneedling	Clinic	Case by case basis	Dermatologists/Plastic Surgeons
PRP (Platelet-Rich Plasma) Therapy	Clinic	Case by case basis	Dermatologists/Plastic Surgeons
Laser Treatments	Operating theatre (OT)/Clinic	Case by case basis	Dermatologists/Plastic Surgeons
Tattoo Removal	Clinic	Case by case basis	Dermatologists/Plastic Surgeons
Medium depth Chemical peel	Clinic	Case by case basis	Dermatologists/Plastic Surgeons
Superficial sclerotherapy.	OT/Clinic	Case by case basis	Dermatologists/Plastic Surgeons
Invasive			
Liposuction	OT	Not applicable	Dermatologists/Plastic Surgeons
Rhinoplasty	OT	Not applicable	Dermatologists/Plastic Surgeons, ENT (Ear, Nose and Throat) Surgeon
Breast Augmentation or Reduction	OT/Clinic	Not applicable	Plastic Surgeons
Tummy Tuck (Abdominoplasty)	OT	Not applicable	Dermatologists (Case by case basis)/Plastic Surgeons
Eyelid Surgery (Blepharoplasty)	OT/Clinic	Not applicable	Dermatologists/Plastic Surgeons
Scar Revision Surgery	OT/Clinic	Not applicable	Dermatologists/Plastic Surgeons
Brazilian Butt Lift (BBL) & Buttock Augmentation	Clinic	Not applicable	Dermatologists/Plastic Surgeons
Hair Transplantation	OT	Not applicable	Dermatologists (Case by case basis)/Plastic Surgeons
Laser for treating vascular lesions.	OT/Clinic	Not applicable	Dermatologists/Plastic Surgeons/vascular surgeon
Deep chemical peels.	OT/Clinic	Not applicable	Dermatologists/Plastic Surgeons
Ablative skin resurfacing lasers	OT/Clinic	Not applicable	Dermatologists/Plastic Surgeons
Phlebectomy	OT/Clinic	Not applicable	Dermatologists (Case by case basis)/Plastic Surgeons
Tumescent liposuction	OT/Clinic	Not applicable	Dermatologists/Plastic Surgeons
Fat transfer	OT/Clinic	Not applicable	Dermatologists/Plastic Surgeons
Ultrasound device	OT/Clinic	Not applicable	Dermatologists/Plastic Surgeons

The premises where the services will be provided should have the following features as a minimum:

- i. A consultation room, which should be separate from the reception area.

- ii. Cosmetic procedures should be conducted in approved health facilities.
- iii. Minor surgery room, which should be a clean room with adequate lighting and ventilation.
- iv. Invasive procedures should be performed in a minor surgery room equipped with a suction apparatus, diathermy, and basic patient monitoring and resuscitation equipment. There should also be a designated recovery area.
- v. For laser treatment adequate and recommended goggles for the practitioner conducting the procedure, patients and all other persons present in the procedure room.
- vi. Where procedures are conducted in a clinic, the facility must have good access to a referral hospital.
- vii. Refer to other requirements as per existing guidelines.

6.3 Human Resource requirements

Core practitioners: This consists of medical practitioners where aesthetic medical procedures fall within their core curriculum and core competence e.g. dermatologists and plastic surgeons. NB: Oral and maxilla facial surgeons and dental surgeons and oculoplastic surgeons (ophthalmologists) are considered core practitioners but within the body regions they operate in.

Non-core practitioners: This refers to medical practitioners including medical specialists where aesthetic medical procedures do not fall within their core curriculum and competence and therefore do not form their routine area of practice e.g. anaesthetists, pathologists, radiologists etc. the practice of non-core medical practitioners should be restricted to the scope provided by the training they underwent.

- i. Clinical Officer – Requires three years of practical (clinical) experience post internship plus additional training in aesthetics from an institution recognised by MCM.
- ii. Medical Practitioner – Requires two years of practical (clinical) experience post internship plus additional training in aesthetics from an institution recognised by MCM.
- iii. Specialists – Core specialists, such as dermatologists, plastic surgeons, oral and maxillofacial surgeons, ophthalmologists, and dentists, can begin practicing immediately after completing their training, as these procedures fall within their core curriculum and competence. Non-core specialists, whose scope of practice is completely unrelated to dermatology and plastic surgery e.g. cardiothoracic surgeon, nephrologist, oncologist etc, require additional training in aesthetics from an institution recognised by MCM before practicing aesthetic procedures.

6.4 Material Requirements-Drugs, Supplies and other resources

The facility and practitioners must use drugs, supplies, and materials which have been certified by relevant regulatory bodies e.g. Pharmacy Medicine Regulatory Authority (PMRA), or the Malawi Bureau of Standards (MBS).

The minimum specific drugs and supplies are included as appendix 1 (Checklist for Aesthetic Procedures)

6.5 Specific guidelines for performing aesthetic procedures

6.5.1 Informed consent for aesthetic procedures

a. Informed Consent process

- i. Informed consent must be obtained by the Practitioner who will perform the aesthetic procedure.
- ii. The Practitioner must take reasonable steps to ensure that the patient understands the information provided.
- iii. Consent must be appropriately documented, and a copy of the signed consent form must be given to the patient.

b. Procedure informed consent and financial consent

- i. The practitioner performing the aesthetic procedure must provide the patient with sufficient financial implication information to enable them to make an informed decision about whether to proceed with the procedure. The practitioner must have a verbal consent discussion with the patient and provide written information that is free of jargon and easily understandable by a layperson.
- ii. The practitioner performing the procedure must see the patient in person at least once before the procedure.
- iii. The information provided must not glamorise cosmetic procedures, minimise their complexity, overstate results, or imply that patients can achieve unrealistic outcomes. It must include details about the following issues outlined below.

6.5.2 Details of the informed consent

a. The Cosmetic Procedure

A clear explanation of what the procedure involves, including the type of anaesthesia and pain management.

- For injectable, details of the prescribed cosmetic injectable, including the type(s), quantity, and longevity of the injectable material.
- Whether the procedure is new or experimental, and if so, whether the necessary approvals have been obtained.
- The range of possible outcomes of the procedure, both in the short and long term.
- The risks and potential complications associated with the procedure, both in the short and long term.
- Risks specific to the patient, including the possible impact of any comorbidities.
- The possibility of requiring further or subsequent treatment.
- Recovery times and specific care requirements during the recovery period.

b. The Practitioner

- Refer to section on human resource on who should perform aesthetic procedures.
- The practitioner must be in good standing with MCM.

c. Training and experience

- Aesthetic procedures must only be provided by medical practitioners with the appropriate knowledge and training in the specific aesthetic procedures being offered, and experience to perform the procedure and deal with all routine aspects of care and any likely complications.
- A medical practitioner who is changing their scope of practice to include cosmetic procedures is expected to undertake the necessary training before providing aesthetic procedures or prescribing cosmetic injectables.
- All medical practitioners, both core and non-core whose scope of practice includes aesthetic procedures, must undertake continuous professional development (CPD) that includes activities related to aesthetic procedures, including reviewing their performance and measuring their outcomes.

d. Qualifications and titles

- A medical practitioner must not make claims about their qualifications, experience, or expertise that could mislead patients by implying the practitioner is more skilled or more experienced than is the case. To do so is a breach of the Code of Ethics and Professional Conduct.
- For core practitioners, the primary speciality of the practitioner must always be used despite their aesthetic practice, i.e a plastic surgeon and not an aesthetic plastic surgeon unless so certified by the council.
- Any practitioner that is not a specialist should not use any title that misleads the population that they are one i.e a medical practitioner despite having extra training and is licensed to practice aesthetics remains a medical practitioner and not an aesthetic medical officer,
- Practitioners must clearly inform their patient of their registration type, for example, general registration or specialist registration (including recognised speciality and field of speciality practice (if applicable)).
- Practitioners must not use a protected title unless they hold the related registration type.

e. Cost

- The total cost, refund of deposits, and payments for follow-up care must be discussed with the client beforehand.
- The client must be informed of any potential additional costs for revisions or further treatments.
- The client must be advised that cosmetic procedures are not covered by most medical insurance.

But where the aesthetic procedure is required to complete treatment of an

underlying pathology e.g. aesthetic repair after removal of a tumour, the practitioner where desired, should be able to provide justification to the medical insurance in accordance with the existing guidelines of that insurer.

6.5.3 Consent for Photographs and Videos

Consent must be obtained for any photographs or videos a practitioner proposes to take during a consultation or cosmetic procedure. The patient must be informed about the intended use of their images, including:

- i. The purpose (e.g., for medical records only, advertising, or educational use).
- ii. How the images will be used (e.g., stored in the patient's record, shown to prospective patients, published on a website, or posted on social media).
- iii. Use for medico-legal purposes.
- iv. Where the images will be stored and who will have access to them.
- v. Patient images must be stored on a secure device.
- vi. Patients must have the opportunity to review images before consenting to their use in advertising.
- vii. Patients have the right to refuse the use of their images, and they cannot be required to agree to their use for advertising.
- viii. Consent for the use of images in advertising must be separate from the consent for the procedure.
- ix. Patients must be allowed to withdraw their consent at any time, and the practitioner must promptly stop using the images (e.g., remove them from advertising or stop showing them to prospective patients).
- x. Consent for the taking, use, and storage of images must be documented.

6.5.4 Patient Management

- i. The Practitioner performing the procedure is responsible for patient management, including ensuring that the patient receives appropriate post-procedure care.
- ii. The Practitioner must be available for post-operative care. If unavailable, they must have formal alternative arrangements, including a nominated delegate who is a suitably qualified health practitioner. These arrangements must be made in advance, documented, and communicated to the patient and other treating practitioners.

6.5.5 Post-Procedure Written Instructions

The patient must receive written post-procedure instructions, including:

- i. Contact details for:
 1. The Practitioner who performed the cosmetic procedure or prescribed the cosmetic injectable.
 2. The Practitioner who performed the procedure (if applicable).

3. The nominated delegate practitioner, in case the primary practitioner is unavailable.
 4. Details of the procedure(s) performed and the anaesthesia used.
- ii. Expected post-procedure symptoms.
 - iii. Instructions for managing unusual pain or symptoms, including escalation points and whom to contact.
 - iv. Guidelines on medication, activity restrictions, and self-care.
 - v. Dates and details of follow-up visits (if applicable).

6.5.6 Medical Records

Medical records must include:

- i. A detailed description of the cosmetic procedure performed, sufficient to enable another practitioner to take over post-procedure care with a clear understanding of what has been done.
- ii. Provision of patient care (including consultations) by other health practitioners.
- iii. The medical practitioner is responsible for ensuring that any other person participating in the patient's care has appropriate qualifications, training and experience, and is adequately supervised as required.
- iv. When a medical practitioner is assisted by another registered health practitioner or assigns an aspect of an aesthetic procedure or patient care to another registered health practitioner, the medical practitioner who performed the aesthetic procedure retains overall responsibility for the patient.
- v. This does not apply when the medical practitioner has formally referred the patient to another registered health practitioner.

6.5.7 Advertising and marketing

- i. Advertising material, including practice and practitioner websites and social media, must comply with the CEPC.
- ii. Advertising should not glamorize cosmetic procedures, minimise the complexity of a procedure, overstate results or imply patients can achieve outcomes that are not realistic.
- iii. Detailed guidance for advertising cosmetic surgery is in the Guidelines for registered medical practitioners who advertise cosmetic surgery and is a useful reference when advertising cosmetic procedures.

6.6 Complaints

- i. Patients who are dissatisfied have the right to make a complaint. The practitioner must provide all patients with information before the procedure, about the range of complaints mechanisms available including:
 - ii. raising and resolving the complaint directly with the practitioner who provided the procedure.
 - iii. Patients shall be encouraged to make complaints to the facility (Hospital Ombudsman) or to

the MCM.

- iv. Practitioners must ensure any non-disclosure agreement (NDA) they use, makes clear that a patient, or a person on behalf of the patient, can still make a complaint to MCM, the Health Care or the Office of the Hospital Ombudsman.

6.7 Facilities

- i. The practitioners must know and comply with relevant legislation, regulations and standards of the jurisdiction in which they are practicing in relation to facilities where the aesthetic procedure will be performed.
- ii. Practitioners who provide or prescribe aesthetic injectables or any non-surgical cosmetic procedures that include injecting, piercing the skin or incisions, are encouraged to provide procedures in a facility that is accredited by the MCM.
- iii. Non-surgical aesthetic procedures must be performed (whether by the medical practitioner or another health practitioner working with the medical practitioner) in a facility that is appropriate for the level of risk involved in the procedure and the risk profile of the patient. Facilities must be appropriately staffed and equipped to manage possible complications and emergencies.

6.8 Financial arrangements

- i. The practitioner must not provide or offer to provide financial inducements (such as a commission) to agents for recruitment of patients.
- ii. The practitioner must not provide or offer to provide free or discounted procedures to prospective patients, including social media influencers or users, for promotion of aesthetic procedures.
- iii. The practitioner must not offer, promote or recommend financing schemes to patients, either directly or through a third party, such as loans or commercial payment plans, as part of the aesthetic procedure. This does not preclude a practitioner from informing patients of accepted payment methods such as credit cards (such as Visa, Mastercard), or from offering the option to pay for a procedure in instalments in a non-commercial payment arrangement between doctor and patient.
- iv. Practitioners must not offer patients additional products or services that could act as an incentive to aesthetic procedures.
- v. Practitioners must:
 - a. ensure that they do not have a financial conflict of interest that influences the advice that they provide to their patients
 - b. any financial interests that could be perceived as influencing the advice that they provide to their patients.

6.9 Complications management

There must be protocols in place for managing procedure complications and emergencies. These must be managed consistent with the CEPC.

- i. Complications must be documented by the practitioner
- ii. Shared and known to all relevant clinic staff.

- iii. If complications require hospital admission or referral to another facility, the Practitioner who performed the procedure or prescribed the injectable is responsible for coordinating care until the patient is under the management of an alternative practitioner or hospital.

7.0 Regulations and Guidelines for Cosmetic Procedures

7.1 Types of Procedures

Cosmetic procedures may be provided in MCM approved facilities that meet the minimum standards. You may seek guidance from MCM where required. Below is a minimum list of the procedures:

7.1.1 Minor Procedures

Minor cosmetic procedures may include:

- Mole removal
- Liposuction and fat transfer

7.1.2 Major Procedures

Major cosmetic procedures may include:

- Breast augmentation under limitations
- Mastopexy- Breast lift
- Breast reduction
- Abdominoplasty (tummy tuck)
- Rhinoplasty
- Blepharoplasty
- Surgical face lifts
- Cosmetic genital surgery
- Post bariatric surgery-after massive weight loss

7.2 Premises for conducting Cosmetic procedures

Cosmetic procedures shall be conducted in safe environments, that meets the minimum standards, to reduce the risk of harm. Below, are the premises where the aesthetic procedures shall be conducted.

While minor procedures may be conducted in approved clinics, health centres and secondary level hospitals, major procedures shall only be conducted in approved referral hospitals (RH).

The table below presents the premises where the cosmetic procedures shall be conducted.

Procedure	Premises	Non-Core Specialists	Core Specialists
Minor procedures			
Mole removal	Clinic, health centre (HC)	Case by case basis	Dermatologists/Plastic Surgeons
Liposuction and fat transfer	Clinic, HC	Case by case basis	Dermatologists/Plastic Surgeons
Major procedures			
Breast augmentation under limitations	Referral hospitals	Case by case basis	Surgeons, including plastic surgeons
Mastopexy- Breast lift	Referral hospitals	Case by case basis	Surgeons, including plastic surgeons
Breast reduction	Referral hospitals	Case by case basis	Surgeons, including plastic surgeons
Abdominoplasty (tummy tuck)	Referral hospitals	Case by case basis	Surgeons, including plastic surgeons
Rhinoplasty	Referral hospitals	Case by case basis	Surgeons, including plastic surgeons
Blepharoplasty	Referral hospitals	Case by case basis	Surgeons, including plastic surgeons
Surgical face lifts	Referral hospitals	Case by case basis	Surgeons, including plastic surgeons
Cosmetic genital surgery	Referral hospitals	Case by case basis	Surgeons, including plastic surgeons
Post bariatric surgery-after massive weight loss	Referral hospitals	Case by case basis	Surgeons, including plastic surgeons

The premises where the cosmetic procedures are conducted should have as a minimum the following features:

- i. A consultation room, which should be separate from the reception area.
- ii. Both major and minor procedures should be conducted in approved health facilities and theatres.
- iii. Minor surgery room, which should be a clean room with adequate lighting and ventilation.
- iv. Minor procedures should be performed in a minor surgery room equipped with a suction apparatus, diathermy, and basic patient monitoring and resuscitation equipment. There should also be a designated recovery area.

- v. For laser treatment, adequate and recommended goggles for the practitioner conducting the procedure, patients and all other persons present in the procedure room.
- vi. Facilities offering minor procedures must have good access to referral hospitals and encouraged to have Memorandum of Understanding (MOU's) for referrals.
- vii. Refer to other requirements as per existing guidelines.

7.3 Human Resource requirements

The human resource requirements are as explained in section 6.3.

Clinics, Health Centres and Secondary Hospitals, should have officers conducting the following roles:

- A Specialist Medical practitioner where applicable.
- Dermatologists
- Dental Medical practitioner where applicable.
- Anaesthetist Clinical Officers where applicable.
- Anaesthesiologist where applicable.
- Allied Health Professionals – Rehabilitation practitioners- non-resident
- Linkage with a clinical psychologist or clinical counsellor.
- Nursing staff.
- Receptionists
- Clinic attendant
- Security
- Administrative staff
- In addition, there should be a linkage with a referral hospital

7.4 Infrastructure requirements

Signage

- The Cosmetic Surgery Clinic shall display appropriate signage.
- Practitioner's names, qualifications/registration number, services offered, and consulting hours in line with the Code of Ethics and Professional Conduct
- Registration details of the hospital as applicable,
- Fee structure of the various services provided, if applicable.
- Important contact numbers such as blood banks, fire department, police and ambulance services available in the nearby area.
- Patients' rights & responsibilities.
- Safety hazard and caution signs where applicable.

Other requirements

- At least one consultation room
- Vital signs area
- Theatre-specific measurements
- Treatment room
- Sluice room
- Sterilisation room
- Storage area
- Agreement with an incineration services facility.
- Sufficient illumination, including theatre light.
- The centre shall provide a safe, clean, and hygienic environment for patients, their attendants, staff and visitors.
- Theatre should have adequate space for equipment, mobility
- Storage area for sterile instrument/supplies and other materials shall be available.
- There shall be a work area that contains a work counter, handwashing sink, storage cabinets.
- There shall be designated water treatment area, toilet facility for the staff/patients with urinal, water closet, and lavatory.
- The centre shall have a reception area and a waiting area with sufficient seats for patients and visitors.
- Potable water for drinking & hand hygiene shall be available.
- Power source, e.g. electricity, shall be available.
- Effective and suitable ventilation to maintain comfortable room temperature shall be available.
- Appropriate internal and external communication facilities.

Record maintenance and reporting

- Medical records, maintained in physical or digital format.
- Confidentiality, security and integrity of records shall be ensured at all times.
- Client or patient records shall be maintained in consonance with laws/policies and guidelines.

Equipment and supplies

- Approved required drugs and supplies.
- Thermometers
- BP machine
- Stethoscope
- Weighing scale and height measuring device
- Dressing set
- Steriliser or autoclave

Consultation area/Treatment area

- Examination couch

- Full diagnostic set
- Examination light
- Resuscitation equipment
- Emergency tray
- Calliper
- Tape measure
- Screen

Theatre

- A theatre that meets the requirements.
- Metal/ aluminium window frames allowed (no wooden frames) with a translucent glass.
- Hatch window.
- Adequate sterile gloves
- Cabinet for dangerous drugs
- Cabinet for Instruments
- Diathermy
- Suction Machine
- Oxygen Cylinder or concentrator
- Plastic surgery set
- Fine Instrument set
- Liposuction set (optional)
- Rhinoplasty set (optional)
- Anaesthetic machine
- Tourniquet
- Anti-static instrument trolley with shelves
- Air conditioner, fan and air extractor in each theatre room
- Standard adjustable operating table.
- Ceiling mounted operating light.
- Mobile Operating light with battery backup 12 volts.
- Double hook drip stand.

7.5 Supporting services

- i. Laboratory, that offers important tests, or linked with existing hospital or laboratory offering laboratory services,
- ii. Emergency services- resuscitation equipment

7.6 Specific guidelines for performing cosmetic surgery

7.6.1 Recognising potential conflicts of interest.

Medical practitioners must recognise that conflicts of interest can arise when providing

cosmetic surgery and must ensure that the care and wellbeing of their patient is their primary consideration.

7.6.2 Assessment of patient suitability

- i. All patients seeking cosmetic surgery can be self-referrals or referred by a medical practitioner or other specialist medical practitioner.
- ii. The practitioner who will perform cosmetic surgery must discuss and assess the patient's reasons and motivation for requesting the surgery, including external reasons (for example, a perceived need to please others) and internal reasons (for example, strong feelings about appearance). The patient's expectations of the surgery must be discussed to ensure they are realistic.
- iii. Patients should be asked if another practitioner has declined to provide them cosmetic surgery.
- iv. The medical practitioner who will perform the surgery must assess the patient for underlying psychological conditions such as body dysmorphic disorder (BDD), which may make them an unsuitable candidate for the surgery. The practitioner doing the assessment must use a validated psychological screening tool to screen for BDD. The process and the outcome of the assessment and screening must be documented in the patient's record, for all patients seeking cosmetic surgery.
- v. If screening indicates that the patient has significant underlying psychological issues which may make them unsuitable for the cosmetic surgery, they must be referred for evaluation to a psychologist, psychiatrist or general practitioner, who works independently of the medical practitioner who will perform the surgery.
- vi. The practitioner who will perform the surgery must discuss other options with the patient, including surgery, procedures, or treatment offered by other health practitioners and the option of not having the surgery.
- vii. The medical practitioner must decline to perform the surgery if they believe that it is not in the best interests of the patient.

7.6.3. Patient consultation type and timing

Number and type of consultation

- i. A patient seeking cosmetic surgery must have at least two pre-operative consultations.
- ii. The patient's first consultation must be with the medical practitioner who will perform the surgery or another registered health practitioner who works with the medical practitioner who will perform the surgery (not a patient advisor or an agent).
- iii. At least one of the two consultations must be in person with the medical practitioner who will perform the surgery.
- iv. Other consultation(s) can be in person or by video.

- v. The patient must not be requested to sign consent forms at their first consultation.
- vi. The patient cannot consent to cosmetic surgery until they have had an in-person consultation with the medical practitioner who will perform the surgery.
- vii. The decision to have the procedure (provision of informed consent) must be made at a consultation with the medical practitioner who will perform the procedure (in person).

7.6.4 Cooling-off period

There must be a cooling-off period of at least seven days after the patient has had the first consultation before giving informed consent (signing consent forms), booking the surgery or paying a deposit.

Additional responsibilities when providing cosmetic surgery for patients under the age of 18 years.

In addition to the other requirements in these guidelines for cosmetic surgery, the following applies to patients under the age of 18 years.

- i. Practitioners must know and comply with relevant legislation of the jurisdiction in which they practice, in relation to restrictions on cosmetic surgery for patients under the age of 18 years. The consent should be signed by the parents and legal guardians.
- ii. The practitioners who will perform the surgery must assess and be satisfied that the parents or legal guardians have the capacity to consent to the surgery.
- iii. The practitioner should, to the extent that it is practicable, have regard for the views of a parent or legal guardian of the patient under 18 years, including whether the parent or legal guardian supports the surgery being performed.
- iv. Before any cosmetic surgery, all patients under the age of 18 years must be referred to, and be evaluated by, a psychologist, psychiatrist or general practitioner who works independently of the medical practitioner, who will perform the surgery, to identify if there are any significant underlying psychological problems which may make them an unsuitable candidate for the surgery.
- v. For patients under the age of 18 years, there must be a cooling-off period of at least three months between the provision of informed consent and the surgery being performed.
- vi. The patient should be encouraged to discuss why they want to have the surgery with their family during the cooling-off period. The patient may seek a second opinion from another medical practitioner.

7.7 Informed consent and financial consent

7.7.1 Procedure Informed consent

- i. Informed consent must be obtained by the practitioner who will perform the surgery. Informed consent should not be delegated to another person.
- ii. The practitioner who will perform the surgery must provide the patient with enough information and take reasonable steps to ensure the patient understand, for them to make an informed decision about whether to have the surgery.
- iii. The practitioner must have a consent discussion with the patient and provide written information that is free of jargon and easily understandable by a layperson.
- iv. Practitioners should take all practical steps to provide information in a language understood by the patient.
- v. Information provided must not glamorise surgery, minimise the complexity of the surgery, overstate results or imply patients can achieve outcomes that are not realistic.
- vi. Informed consent must be obtained at a consultation (in person) before the day of the surgery and reconfirmed on the day of the surgery and documented appropriately. A copy of the signed consent form must be given to the patient.

7.7.2 Informed consent for images and videos

Consent for any photographs or videos a practitioner proposes to take of a patient in a consultation or during the surgery must be according to the CEPC. The patient must be given information about the proposed use of any images of them, including:

- i. The purpose (for example, for medical record only, for advertising)
- ii. How the images will be used (for example, stored in patient's record, shown to prospective patients in consultations, published on the website and posted on social media), and
- iii. Where they will be stored and who will have access. Patient images must be stored on a secure device; a password-protected gadget with encrypted folders and restricted access with user permissions.
- iv. Patients must be given an opportunity to view images before consenting for use.
- v. Patients have the right to refuse use of their images, and a patient cannot be required to agree to use of their images in advertising. Consent for the use of images in advertising must be separate from consent to the surgery.
- vi. Patients may withdraw their consent to use their images and the practitioner must promptly stop using images (for example, not show them to prospective patients, delete them from advertising) if a patient withdraws consent.

vii. A patient's consent for taking, use and storage of any images must be documented.

7.8 Information about the cosmetic surgery

The information for cosmetic surgery must as a minimum include:

- i. What the surgery involves (including the type of anaesthesia and pain management)
- ii. Where the surgery will be performed
- iii. Whether the surgery is new or experimental
- iv. The range of possible outcomes of the surgery, in the short and long term
- v. The risks and possible complications associated with the surgery, in the short and long term
- vi. The risks specific to the patient including the possible impact of any comorbidities the patient has the possibility of the need for revision surgery or further treatment in the short term (such as capsular contracture) or the long term (such as replacement of implants after expiry date)
- vii. Recovery times and specific care requirements during the recovery period
- viii. The practitioner (s) performing the procedure, their registration title, and other practitioners involved in the surgery

7.9 Financial arrangements

To ensure fairness and open communication between the clients and service providers, the clients accessing cosmetic surgery services should be informed of the costs, including:

- i. Total cost
- ii. Costs of any implants or other devices costs of other practitioners, for example, assistant surgeon and anaesthetist fees (costs if known, indicative cost or information on how to find out these costs)
- iii. Facility costs, for example, theatre fees, and hospital or day procedure centre (costs if known, indicative cost or information on how to find out these costs)
- iv. Details of deposits and payments required and payment dates
- v. Refund of deposits
- vi. Payments for follow-up care, including any garments or devices to support recovery
- vii. Possible costs for allied health or other care required post-operatively
- viii. Possible further costs for revision surgery, multiple-stage surgery or additional treatment
- ix. Advising the patient that cosmetic surgery is not covered by most medical insurance providers

For any cosmetic surgery that includes an implantable device, the patient must be given an approved patient information leaflet (PIL) (before the surgery) and the patient implant card (PIC) (after the surgery) for the device.

7.10 Patient management

- i. The Medical practitioner who will perform the surgery is responsible for the management of the patient, including ensuring the patient receives appropriate ongoing post-operative care.
- ii. If the surgeon is unavailable for post-operative care, they must arrange in advance for a nominated delegate to take over. This arrangement must be documented and communicated to the patient, other healthcare providers, and the relevant facility.
- iii. When a medical practitioner performs cosmetic surgery in a location that is not their primary place of practice, the practitioner who performed the surgery must be readily accessible at that location after the patient's surgery. Ongoing post-operative care in these locations can only be delegated after the first 24 hours.
- iv. When a patient may need sedation, anaesthesia and/or analgesia for cosmetic surgery, the practitioner who will perform the surgery must comply with the MPD Act, relevant regulations and CEPC and ensure that there are trained staff, facilities, and equipment to deal with any emergencies, including resuscitation of the patient.
- v. There must be protocols in place for managing complications and emergencies that may arise during the surgery or in the immediate post-operative phase.
- vi. The surgeon should ideally have hospital admitting rights in case the patient needs post-operative admission. If not, they must arrange for another practitioner with admitting rights to take over care. The operating surgeon remains responsible for the patient until the handover is completed.
- vii. The surgeon is responsible for ensuring all involved in the patient's care are qualified, experienced, and properly supervised.
- viii. Collaborative care arrangements with the wider healthcare team, as indicated by a patient's history and needs, should be considered pre-operatively, organised prior to discharge and made known to the patient.
- ix. If a surgeon is assisted or delegates care to another registered practitioner, they remain fully responsible for the patient unless a formal referral has been made.
- x. Written instructions must be given to the patient on discharge, including:
 - a. Contact details for the practitioner who performed the surgery
 - b. Nominated delegate practitioner in case the practitioner who performed the surgery is not available
 - c. Details of the surgery performed and the expected post-surgical symptoms.
 - d. instructions for the patient if they experience unusual pain or symptoms (escalation points and who to contact and when)
 - e. Instructions for medication, dressings, activity restrictions and self-care, and
 - f. Dates and details of follow-up visits
- xi. Medical records must include adequate details of the surgery performed for continuity of care.

7.11 Practitioner competence, qualifications and titles

- i. Cosmetic surgery must be performed by registered practitioners with proper training,

competence, and the ability to manage care and complications. MCM expect that practitioners must have completed relevant surgical skills training, specific cosmetic surgery training, and supervised practice.

- ii. Practitioners expanding their scope to include cosmetic surgery must complete necessary training beforehand.
- iii. Practitioners performing cosmetic surgery must include cosmetic surgery-related activities in their CPD, such as performance review and outcome measurement.
- iv. Practitioners must not make misleading claims about their competence or title, as this violates the CEPC.
- v. Practitioners must use their official specialist titles; for example, a plastic surgeon should not use “aesthetic plastic surgeon” unless certified. Non-specialists must not use titles that imply they are specialists, even if trained and licensed in aesthetics.

7.12 Advertising and marketing

Advertising shall be consistent with the CEPC.

7.13 Complaints

Complaints shall be handled as specified in section 6.6.

7.14 Complications management

Complications shall be managed according to section 6.9

8.0 Implementation Arrangements

The Policy has identified various stakeholders who have crucial roles in performing cosmetic surgery and aesthetic procedures. Their respective roles shall be as follows:

8.1 Registrar and Chief Executive Officer

The Registrar is responsible for providing overall leadership in the implementation of this regulation/ minimum standard. Specifically, the Registrar or his/her designate shall:

- i. Lead all secretariat responsibilities in the implementation of these regulations
- ii. Receive and process application from practitioners and institutions
- iii. Institute inspection team for assessment
- iv. Review reports from the inspection team
- v. Serve as the Secretary to the IRC and Council
- vi. Publish outcomes for the registered practitioners and premises, consistent with the MPD Act
- vii. Safely store applications, assessment reports, certificates and all critical documents
- viii. Manage a database of applications from time to time
- ix. Monitor implementation of the practice, consistent with the MPD Act
- x. Analyse the Council completed applications and assessments to inform policy review
- xi. Perform any other duties as delegated by the IRC and Council consistent with the MPD Act

8.2 The Inspection and Registration Committee

The specific roles and responsibilities of the IRC shall be as follows:

- i. Attend the IRC meetings
- ii. Receive and review committee meeting packs
- iii. Actively participate and vote in proceedings of the IRC meetings, including those for cosmetic surgeries and aesthetic procedures
- iv. Adhere to the procedures and Code of Conduct of IRC meetings
- v. Be knowledgeable of the MPD Act

8.3 The Council

The Council shall be responsible for policy direction on issues related to the administration of Regulations and Guidelines for Cosmetic and Aesthetic procedures. The specific roles and responsibilities shall be as follows:

- i. Attend Council meetings
- ii. Appoint the Registrar and CEO, management of the MCM, and permanent members of the IRC. The permanent members of the Registration and Inspections Committee shall be appointed for three consecutive years. The term of office shall correspond to the duration of the Council appointment
- iii. Review and approve recommendations of the IRC for further processing by the Secretariat
- iv. Approve Policies and Procedures of the IRC consistent with the MPD Act

8.4 Practitioners and Health Facilities

The specific roles and responsibilities of practitioners and health facilities shall be as follows:

- i. Familiarise themselves with these Regulations and Guidelines, MPD Act, CEPC and other relevant regulations and rules
- ii. Submit adequate and all relevant and complete documents in support of their applications; See Appendix 1& 2
- iii. Provide honest and complete details to the inspections team
- iv. Address any critical recommendations from the inspections reports before commencing services
- v. Provide contact details through which they can be contacted

9.0 Monitoring and Evaluation

9.1 Monitoring

Monitoring shall ensure that the Regulations are effectively implemented and remain aligned with the MCM's objectives. The Registrar and CEO shall have overall responsibility for monitoring the implementation of this Regulation by:

- a) Collecting data for monitoring and evaluation of necessary processes
- b) Periodically convening meetings to monitor and evaluate the effects of the Regulations
- c) Gathering feedback from various stakeholders to assess their satisfaction with administration of cosmetic and aesthetic procedures

9.2 Regulations Evaluation and Review

The Registrar and CEO shall evaluate the Regulations every three years to assess whether, and to what extent, the Regulations have succeeded in making the intended impact.

It is the MCM's intention to periodically review the Regulations to accommodate changing realities. Therefore, the Regulations shall be reviewed every three years if significant changes have been observed. The MCM reserves the right to review the Regulations earlier if significant changes are noted before the said three years.

10.0 List of Appendices

Appendix 1: MCM Practitioner application requirements and eligibility

It is the responsibility of the applicant to ensure that requirements for registration are complied with.

Application requirements

- i. Complete MCM application and statutory declaration form (electronic or hard copy).
- ii. A duly commissioned statutory declaration form by a lawyer, district commissioner (DC) or magistrate.
- iii. Legible certified copies of original Degrees, Diplomas, and Certificates must be attached to the application form. MCM may require legible certified copies of academic transcript issued by a university.
- iv. MCM may request for verification of the documents of credentials by the Education Commission for Foreign Medical Graduates (ECFMG) and other independent local and international credential verifiers. These credential verifying services have to be obtained at the applicant's own cost. Where MCM determined the need to have this verification, and the candidates fail to meet this requirement they will not be permitted to proceed with the application.
- v. Certified copy of highest secondary school education certificate or its equivalent.
- vi. Sworn translated copies in English must be attached if the documents are in other languages, not in English.
- vii. Two passport size photos.
- viii. Personal curriculum vitae.
- ix. Proof of adequate knowledge of the English Language where the candidate obtained their qualifications in any other language except English. The proof may include, ability to communicate fluently in English or may submit certificate of English proficiency testing.
- x. A copy of valid passport or identity document.
- xi. Relevant application fees must be paid.

Note that in addition to the above minimum requirements, MCM may request the applicant to submit additional documents as it sees fit.

Appendix 2: Health facility application requirements for Individuals

- i. Complete MCM private practice application form (electronic or physical)
- ii. Those who are to indulge in a private practice should be in good standing with the

MCM (not under MCM disciplinary or conduct sanctions and up to date in paying renewal and other fees)

- iii. Letter of consent from their employer if they are still employed
- iv. Resignation letter from their employer if they have resigned
- v. Retirement letter from their former employer, if they retired
- vi. End of contract document for those who were previously on contract
- vii. Request for initial inspection when the clinic /Hospital is ready for inspection (has fulfilled the minimum requirements)
- viii. Pay relevant fees (application and registration and inspection related costs) as prescribed by MCM

Appendix 3: Health Facility application requirements for Corporate Organizations

- i. Write and submit letter of intent addressed to the MCM Registrar
- ii. Attach certificate of incorporation or registration certificate from Non-Governmental Organizations Regulatory Authority (NGORA)
- iii. Request for initial inspection when the Clinic /Hospital is ready for inspection (has fulfilled the minimum requirements)
- iv. Pay relevant fees (application and registration and inspection related costs) as prescribed by MCM

Note that in addition to the above minimum requirements, MCM may request the applicant to submit additional documents as it sees fit.

Appendix 4: Aesthetic Procedures Health Facility Inspection Checklist

*Asterisks means the indicators is critical

Section 1: Facility Profile					
NAME OF THE CLINIC					
Registered Owner of the Practice					
	MCM/				
LOCATION					
Physical Address of facility					
Postal Address					

PHONE NUMBER			
EMAIL			
BUILDING Nature of surrounding Premises (Permanent structure)	ROOF: Minimum corrugated iron sheets but not leaking		
	FLOORS :Minimum cemented, smooth and non-slippery		
	WALLS: Inside; plastered and painted (wash & wear paints)		
	state whether quiet, noisy, private and none congested entrance		
SECTION 2: STAFFING LEVELS-CORE			
Specialist — surgeons			
Dermatologist			
Dental surgeons			
Ophthalmologists			
SECTION 2: STAFFING LEVELS-NON CORE			
Medical Practitioners			
Clinical Officers			
Linkage with a Psychologist			
Nurses – 1			
Receptionists			
Clinic attendants			
Security			
Administrative staff			
Agreement – linkage with a referral hospital			
SECTION 3: INFRASTRUCTURE & ENVIRONMENT			
Signage		Appropriate Language	
		Facility Registration details	
		Practitioners Details and Services offered	
		Fees Structure	
		Safety hazard and caution signs	
		Appropriate Fire Exit Signage	
General status of the structure		Corrugated /Concrete Roof	
Non-Slippery And No Cracks Floor			
Well Painted Walls			

Waiting /reception room	Table and Seats Registration Facility sanitizer		
Ventilation	A Window In Every Room		
Lighting	Natural/Solar/ ESCOM		
Source and quality of water	Sink/ Hand Wash Facility Tap Treated Water Availability of Reservoirs*		
Drainage and sewerage			
Toilets availability and status			
Sanitation status			
Room measurements-	A Minimum of 3.5 M By 3.5 M- SOURCE (SAI)		
Physical accessibility to people with disability			
Functional fire extinguisher/ pail of sand			
Sub Total			
SECTION 4: INFECTION PREVENTION & WASTE MANAGEMENT			
Availability of Personal Protective Equipment (PPE)-	Heavy Duty, Examination And Surgical Gloves, Masks, Face Shields, Protective Goggles, Heavy Duty Aprons, White Coat And Gum Boots		
Handwashing facilities			
Container with soapy water			
Functional steriliser/ pressure cooker			
Metal drum / big container with a cloth			
Information Education and Communication (IEC) material for Infection Prevention and Control (IPC) available			
Health care workers vaccination status for	HEPATITIS B, A programme around occupational health, risk assessment		

Waste management processes:	Sharp Wastes-Container Infectious-Well Covered Container Non-Infectious Wastes-Container Hazardous-Wastes- Special Container Incinerator Or documented MoU with a hospital*		
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Sub Total			(16)
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SECTION 5: GOVERNANCE, ETHICS, AND PROFESSIONALISM			
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Availability of clinical guidelines, protocols and SOPs			
Availability and accessibility of regulatory documents, MPD Act, Code of Ethics and Professional Conduct, regulations, etc			
IPC guidelines			
OPD registers and reporting forms			
Availability of MCM registration and renewal certificates/ licences			
Evidence of orientation and CPD			
Privacy and confidentiality in the designs of the rooms			
Displayed patients rights and responsibilities			
Health practitioners rights available			
Evidence of purchases			
Evidence of certification for the products			
Patient information leaflets			
Availability of consent forms			
Sub Total			

SECTION 6: QUALITY ASSURANCE, CONTROL AND IMPROVEMENT INITIATIVES			
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Availability of supervision reports and action plans			
Evidence of action plans implemented			
Availability of examination forms			
Evidence of quality control for the unit aesthetic clinic			
Evidence of quality assurance for the services			
Medical emergency preparedness			
Availability of secured data storage gadgets			
Protocols for complaints handling			
Protocols for handling complications			
Availability of emergency tray-annex 1 (To bring the list)			

Sub Total			(14)
SECTION 7: DRUGS AND SUPPLIES			
EXPIRY DATES FOR DRUGS WHERE THE DRUGS ARE KEPT			
Sub Total			(2)

Facility should contain the following minimum number of (a) Rooms, (b) equipment and (c) furniture			
WAITING ROOM/RECEPTION			
Table for Registration			
Seats			
Weighing scales (Adult and Paediatrics)			
Outpatient Register			
Health Passport Books			
Receipt book for fees charged			
Handwashing facility with soap			
	Sub Total		(14)
CONSULTING ROOM			
Reporting forms			
Full diagnostic set			
A copy of treatment Guidelines (Latest version)			
A copy of all necessary guidelines e.g. IPC & IEC			
2 boxes of Gloves (latex examination and surgical)			

1 Blood Pressure Machine			
Weighing scale			
Height Measuring device			
A box of disposable spatula or 25 metal spatula			
2 Thermometers			
Examination couch (curtain around couch, 1 metre high)			
Angle Poised Lamp			
Stethoscope			
Torch/source of light for throat examination			
Ambu Bags (Adult and Paediatrics)			
Proctoscope			
Snellens Chart			
Receipts for drugs purchased (not in a new facility)			
Records of drugs dispensed (not in a new facility)			
Sharps container			
One biomedical and one non-biomedical waste bins (labelled)			
Three buckets for disinfection (labelled)			
Handwashing facility with soap			
Emergency Tray			
	Sub Total		(52)
EXAMINATION ROOM [Exams room alone (4x3m) if combined (6x3m)] with consultation room			
2 boxes of Gloves (latex examination and surgical)			

Examination couch (Curtain around couch,1 metre high)			
Sharps container			
one biomedical and one non-biomedical waste bins (labelled)			
Three buckets for disinfection (labelled)			
Handwashing facility with soap			
Examination light			
	Sub Total		(20)
TREATMENT ROOM			
Examination couch (curtain around couch1 metre high)			
sterile syringes tray			
Sharps container			
one biomedical and one non-biomedical waste bins (labelled)			
Three buckets for disinfection (labelled)			
Handwashing facility with soap			
At least a box of 100 plastic syringes as follows: 2ml syringes 5ml syringes 10ml syringes			
Suction Machine			
Oxygen Concentrator			
Resuscitation Equipment			
2 Observation beds			
Double hook intravenous stand			
	Sub Total		(26)
MINOR SURGERY ROOM			

	Adequate Lighting		
	Adequate Ventilation		
	Suction Apparatus		
	Diathermy		
	Basic Patient Monitoring Equipment		
	Resuscitation Equipment		
RECOVERY AREA	Adequate lighting		
	Suction Machine		
	BP machine		
	Pulse Oximeter		
	Oxygen Concentrators/ Cylinders		
	Monitors		
	Drip Stand		
	Adjustable height beds with sliding rails		
SLUICE ROOM	A door connected to the sterilization room		
	Adequate washing sinks		
	Trolley		
	Decontamination buckets		
	Decontamination solution		
	Sub Total		(36)

	TOILET FACILITIES			
	Pit latrines/ water closet (male and female)			
	Bucket with tap near toilet			
	VENTILATION			
	Windows for ventilation in each room			
	LIGHTING (ESCOM, natural or Solar)			
	Second door as emergency exit			
	Bucket of sand/Fire Extinguisher			
	Drainage System			
	Sewer System			
	Waste Management			
	Rubbish disposal pit			
	Ordinary Incinerator type or 200L Metal drum with holes around it.			
	MOU with DHO (District Health Commissioner) on incineration			
		Sub Total		(22)
	Grand Total			(244)

Critical Findings Score and recommendations:

1. List critical findings and corresponding recommendations here.

General Findings and Recommendations:

1. List general findings and corresponding recommendations here.

Conclusion: (Does the facility meet the requirements)

Met all requirements, Partially, met requirements, Did not meet requirements

Recommendation for Licensing: (Should the facility be licensed or continue service provision?)

Criteria

Tick

Recommendation for Licensing

Recommendation with Conditions

Not Recommended

Inspection Team:

1. **Inspector Name:****Designation:**
Signature: **Date:**

2. **Inspector Name:** **Designation:**
Signature: **Date:**

3. **Co-opted Expert:** **Designation:**
Signature: **Date:**

4. **Co-opted Expert:** **Designation:**
Signature: **Date:**

Appendix 5: Cosmetic Surgery Health Facility Inspection Checklist

*Asterisks mean the indicator is critical

Section 1: Facility Profile			
Name of the health facility			
Registered Owner of the Practice			
		MCM/	
LOCATION			
Physical Address of facility			
Postal Address			
Phone number			
EMAIL			
BUILDING Nature of surrounding Premises (Permanent structure)	ROOF: Minimum corrugated iron sheets but not leaking		
	FLOORS :Minimum cemented, smooth and non-slippery		
	WALLS: Inside; plastered and painted (wash & wear paints)		
	state whether quiet, noisy, private and none congested entrance		

SECTION 2: STAFFING LEVELS			
Specialist Medical Practitioner			
Dermatologist			
Dental Medical practitioner			
Anaesthetist Clinical Officers			
Anaesthesiologists			
Allied Health Professionals – Rehabilitation-practitioners- non- resident			
Linkage with a Psychologist			
Nurses – 2			
Receptionists			
Clinic attendants			
Security			
Administrative staff			
Agreement – linkage with a referral hospital			
SECTION 3: INFRASTRUCTURE & ENVIRONMENT			
Signage	Appropriate Language		
	Facility Registration details		
	Practitioners Details and Services offered		
	Fees Structure		
	Safety hazard and caution signs		
	Appropriate Fire Exit Signage		

General status of the structure	Corrugated /Concrete Roof		
	Non-Slippery And No Cracks Floor		
	Well Painted Walls		
WAITING /RECEPTION ROOM	Table and Seats Registration Facility sanitiser Cooling System		
Ventilation	A window in every room		
Lighting	Natural/Solar/ESCOM		
Source and quality of water	Sink/ Hand Wash Facility Tap Treated Water Availability of reservoirs*		
Drainage and sewerage			
Toilets availability and status			
Sanitation status			
Room measurements-	A Minimum of 3.5 M By 3.5 M- SOURCE (SAI)		
Physical accessibility to people with disability			
Functional fire extinguisher/ pail of sand			
Sub Total			(22)
SECTION 4: INFECTION PREVENTION & WASTE MANAGEMENT			
Availability of PPE-	Heavy Duty, Examination And Surgical Gloves, Masks, Face Shields, Protective Goggles, Heavy Duty Aprons, White Coat And Gum Boots		

Handwashing facilities			
Container with soapy water			
Functional steriliser/ pressure cooker			
Metal drum / big container with a cloth			
IEC material for IPC available			
Health care workers vaccination status for	HEPATITIS B, A program around occupational health, risk assessment		
Waste management processes:	Sharp Wastes-Container Infectious-Well Covered Container Non-Infectious Wastes-Container Hazardous-Wastes-Special Container Incinerator or documented MOU with a hospital*		
Sub Total			(16)
SECTION 5: GOVERNANCE, ETHICS, AND PROFESSIONALISM			
Availability of clinical guidelines, protocols and SOPs			
Availability and accessibility of regulatory documents, MPD Act, code of ethics and professional conduct, regulations, etc			
IPC guidelines			
OPD registers and reporting forms			
Availability of mcm registration and renewal certificates/ licences			
Evidence of orientation and CPD			
Privacy and confidentiality in the designs of the rooms			

Displayed patients rights and responsibilities			
Health practitioners rights available			
Evidence of purchases			
Evidence of certification for the products			
Patient information leaflets			
Patient implant card			
Availability of consent forms			
Sub Total			(20)
SECTION 6: QUALITY ASSURANCE, CONTROL AND IMPROVEMENT INITIATIVES			
Availability of supervision reports and action plans			
Evidence of action plans implemented			
Availability of examination forms			
Evidence of quality control for the unit cosmetic surgery clinic			
Evidence of quality assurance for the services			
Medical emergency preparedness			
Availability of secured data storage gadgets			
Protocols for complaints handling			
Protocols for handling complications			
Availability of emergency tray- Annex 1 (<i>To bring the list</i>)			
Sub Total			(14)
SECTION 7: DRUGS AND SUPPLIES			

Expiry dates for drugs			
Where the drugs are kept			
Sub Total			(2)

Facility should contain the following minimum number of
(a) Rooms, (b) equipment and (c) furniture

WAITING ROOM/RECEPTION			
Table for Registration			
Seats			
Weighing scales (Adult and Paediatrics)			
Outpatient Register			
Health Passport Books			
Receipt book for fees charged			
Handwashing facility with soap			
	Sub Total		(14)
CONSULTING ROOM			
Reporting forms			
Full diagnostic set			
A copy of treatment Guidelines (Latest version)			

A copy of all necessary guidelines e.g. IPC & IEC			
2 boxes of Gloves (latex examination and surgical)			
1 Blood Pressure Machine			
Weighing scale			
Height Measuring device			
Calliper			
Tape Measure			
A box of disposable spatula or 25 metal spatula			
2 Thermometers			
Examination couch (curtain around couch, 1 metre high)			
Angle Poised Lamp			
Stethoscope			
Torch/source of light for throat examination			
Ambu Bags (Adult and Paediatrics)			
Patella hammer			
Proctoscope			
Snellen's Chart			

	Receipts for drugs purchased (not in a new facility)			
	Records of drugs dispensed (not in a new facility)			
	Sharps container			
	One biomedical and one non-biomedical waste bins (labelled)			
	Three buckets for disinfection (labelled)			
	Handwashing facility with soap			
	Emergency Tray			
	Sub Total			(52)
	EXAMINATION ROOM [Exams room alone (4x3m) if combined (6x3m)] with consultation room			
	2 boxes of Gloves (latex examination and surgical)			
	Examination couch (Curtain around couch, 1 metre high)			
	Sharps container			
	one biomedical and one non-biomedical waste bins (labelled)			
	Three buckets for disinfection (labelled)			

Handwashing facility with soap			
Examination light			
3 Retractors			
Cabinet for dangerous drugs	Analgesics-Pethidine, morphine, etc.)		
	Sub Total		(20)
TREATMENT ROOM			
Examination couch (curtain around couch 1 metre high)			
Sterile syringes tray			
Sharps container			
One biomedical and one non-biomedical waste bins (labelled)			
Three buckets for disinfection (labelled)			
Handwashing facility with soap			
At least a box of 100 plastic syringes as follows: 2ml syringes 5ml syringes 10ml syringes			

Refrigerator for the storage of drugs requiring refrigeration			
Suction Machine			
Oxygen Concentrator			
Resuscitation Equipment			
2 Observation beds			
Double hook intravenous stand			
	Sub Total		(26)
DRESSING ROOM			
2 Cheatle forceps and holder			
5 Kidney dishes			
Steriliser (Fish kettle type if in area areas where there is no electricity)			
Stove/hotplate (in areas without electricity)			
5 needle holders			
2 pairs of dressing scissors			
5 dissecting forceps			
tissue holding forceps (5 toothed & 5 non-toothed)			

	5 artery forceps			
	5 Scalpel blade holders			
	Instrument storage drum			
	Handwashing facility with soap			
	Sharps container			
	One biomedical and one non-biomedical waste bins (labelled)			
	3 buckets of disinfection labelled			
	Handwashing facility with soap			
	A box of examination gloves and sterile surgical gloves			
	PPEs: Boots, heavy-duty gloves, masks and Heavy-duty Apron			
		Sub Total		(36)
	THEATRE			
	ENTRANCE TO THEATRE	Middle Red line demarcating incoming and outgoing flow.		
		Separate trolleys for in and outgoing of patient		
		Swinging doors in all outlets with metal skirting		

MAIN OPERATING ROOM	Spacious operating room		
	Only metal/ aluminium window frames allowed (no wooden frames) with a translucent glass		
	Hatch window		
	Adequate sterile gloves		
	Cabinet for Instruments		
	Diathermy		
	Suction Machine		
	Oxygen Cylinder or concentrator		
	Plastic surgery set		
	Fine Instrument set		
	Liposuction set (optional)		
	Rhinoplasty set (optional)		
	Anaesthetic machine		
	Tourniquet		
	Anti-static instrument trolley with shelves		
	Air conditioner, fan and air extractor in each theatre room		
	Standard adjustable operating table		
	Ceiling mounted operating light.		

		Mobile Operating light with battery backup 12 volts		
		Double hook drip stand		
		X-Ray viewer		
		Monitor		
		Sub Total		(26)
	LABORATORY	Rapid Tests		
		Link with existing hospital,		
		Sub Total		(2)
	RECOVERY ROOM	Adequate Lighting		
		Suction Machine, BP Machine, Pulse Oximeter, Oxygen Concentrators/ Cylinders, Monitors, Drip Stand, Adjustable Height beds with sliding rails		
		Sub Total		(4)
	SLUICE ROOM	A door connecting to the sterilisation room, Adequate Washing Sinks, Trolley decontamination buckets, Solution PPEs (Heavy-duty gloves/gowns/masks)		
		Sub Total		(4)
	TOILET FACILITIES			
		Pit latrines/ water closet (male and female)		

	Bucket with tap near toilet		
	VENTILATION Windows for ventilation in each room		
	LIGHTING (ESCOM, natural or Solar)		
	Second door as emergency exit		
	Bucket of sand/Fire Extinguisher		
	Drainage System		
	Sewer System		
	Waste Management		
	Rubbish disposal pit		
	Ordinary Incinerator type or 200L Metal drum with holes around it.		
	MOU with DHO on incineration		
		Sub Total	(22)
	Grand Total		(280)

Critical Findings Score and recommendations:

1. List critical findings and corresponding recommendations here.

General Findings and Recommendations:

2. List general findings and corresponding recommendations here.

Conclusion: (Does the facility meet the requirements)

Met all requirements, Partially met requirements, Did not meet requirements

Recommendation for Licensing: (Should the facility be licensed?)

Criteria

Recommendation for Licensing
Recommendation with Conditions
Not Recommended

Tick

Inspection Team

1. **Inspector Name:****Designation:**
Signature: **Date:**

2. **Inspector Name:** **Designation:**
Signature: **Date:**

3. **Co-opted Expert:** **Designation:**
Signature: **Date:**

4. **Co-opted Expert:** **Designation:**
Signature: **Date:**