INFORMATION NOTE

Regulation of aesthetic practices in Singapore

1. Background

1.1 In early October 2012, there were four reported cases of women suffering from septic shock after receiving intravascular infusions at a beauty treatment centre.\(^1\) One of the patients subsequently died of multiple organ failure. The incident has aroused public concerns over the need for the Government to tighten up regulation of the beauty industry and provide a clear definition to differentiate beauty therapies from medical treatments.

1.2 On 11 October 2012, the Government announced the setting up of the Steering Committee on Review of the Regulation of Private Healthcare Facilities. The Steering Committee will conduct a review on the regulatory regime for private healthcare facilities in Hong Kong, including whether to place any premises which conduct high-risk medical treatments/procedures under regulatory control. A working group will also be established under the Steering Committee to speed up the differentiation of low-risk, non-invasive beauty services from high-risk medical treatments and the formation of professional guidelines in order to protect public safety.

1.3 The Panel on Health Services will hold a special meeting on 26 October 2012 to discuss the regulation of medical beauty treatments/procedures. To facilitate members' deliberations, this information note examines the regulation of aesthetic practices in Singapore, with special reference to the Guidelines on Aesthetic Practices for Doctors ("the Guidelines") implemented in Singapore since November 2008.

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\(^1\) See Hong Kong Special Administrative Region Government (2012).
2. Regulation of healthcare institutions and professionals in Singapore

2.1 Singapore's healthcare regulatory framework consists mainly of two parties: the regulator (comprising the Ministry of Health along with its statutory boards) and the regulated (comprising public and private service providers).

2.2 In Singapore, all healthcare facilities such as hospitals, medical centres, community health centres, nursing homes, clinics (including dental clinics), and clinical laboratories are required to apply for licence under the Private Hospitals and Medical Clinics Act/Regulations.

2.3 As to healthcare professionals, they are required by law to register with their respective professional bodies. According to the Medical Registration Act, medical practitioners or doctors must register with the Singapore Medical Council ("SMC") before they are allowed to practise in Singapore. Being a statutory board under the Ministry of Health, SMC has jurisdiction to regulate the professional conduct and ethics of registered medical practitioners. It has promulgated the Ethical Code and Ethical Guidelines to set out the acceptable professional conduct and behaviour required of a medical practitioner in Singapore. On aesthetic practices, SMC requires medical practitioners to abide by the Guidelines in addition to the standards set out in the Ethical Code and Ethical Guidelines.

2.4 The Medical Registration Act empowers SMC to "determine and regulate the conduct and ethics of registered medical practitioners". As such, SMC can set up Complaints and Disciplinary Committees to investigate complaints received against the practices of medical practitioners. SMC can, on its own accord, initiate disciplinary hearing if it receives information of professional misconduct or disreputable behaviour by medical practitioners. For cases proven, SMC may issue letter of advice, impose fines, or even remove the medical practitioners from the registers.

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2 The Ethical Guidelines elaborate on the application of the Ethical Code and are intended as a guide to all medical practitioners as to what SMC regards as the minimum standards required of them in discharge of their professional duties and responsibilities in the context of practice in Singapore.

3 This involves a two-tier process: first, the cursory examination of the merits of the complaint by a Complaints Committee of SMC, followed, if necessary, by a formal investigation of the complaint by a Disciplinary Committee.

3.1 For better professional self-regulation of aesthetic practices, the Academy of Medicine, Singapore (AMS), the College of Family Physicians, Singapore (CFPS) and SMC jointly implemented the Guidelines on 1 November 2008. Doctors who perform any aesthetic procedures not in accordance with the Guidelines may be liable for disciplinary action by SMC.

3.2 The formulation of the Guidelines followed a heated debate on the appropriateness of and the need for regulation of aesthetic practices in early 2008. In March 2008, the Ministry of Health, in giving a newspaper interview, asked doctors not to offer unproven beauty treatments "on the pretext that they are medical in nature and are medically beneficial." The report disclosed that the Ministry had begun cracking on such practices from September 2007. As a rapid-evolving area of medical practices in 2007, aesthetic treatments at that time were unclearly regulated and monitored. There were no rulings by SMC on which aesthetic procedures were clinically validated and which were not. Nor were any clear advisory cautions issued by the regulators on high risk aesthetic treatments.

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4 AMS was founded in 1957 as a professional institution of medical and dental specialists, while CFPS was formed in 1971 by a group of family physicians in Singapore to promote the values and ideals of family medicine.


6 As reported by The Straits Times, the Ministry of Health had been concerned about the booming aesthetic medicine market in Singapore, estimated to be worth around S$200 million (HK$1.3 billion) a year. In particular, it was concerned about over 1 000 general practitioners and specialists offering a wide range of unproven treatments in Singapore. These treatments ranged from fat-busting injections and skin treatments to remove flaws or "whiten" the complexion, to applications of growth hormones or stem cells for a more youthful appearance. See Ministry wants doctors to stop 'aesthetic' treatments, The Straits Times, 20 March 2008.

3.3 The Ministry of Health's apparent decision to ban certain aesthetic procedures had drawn negative response from the medical profession, which criticized the Ministry for failing to evaluate all relevant documentation and consult doctors before deciding to impose an outright ban on certain aesthetic practices. The Ministry subsequently clarified that it would regulate only highly invasive procedures such as liposuction to protect human lives, while supporting the self-regulation of other aesthetic procedures by the medical profession. In addition, the Ministry mentioned that AMS and CFPS would jointly prepare guidelines for governing the ethical practice of aesthetic procedures.

3.4 Shortly after announcing that there would be guidelines on the aesthetic practices, the Ministry of Health stated in a newspaper interview that the Guidelines would not apply to the beauty salon operators. According to the Ministry, it did not regulate practices at these establishments as most of the products used by them were generally not intended for medical purposes. For the products that could be used for medical purposes, such as laser devices, they were already governed by the relevant regulations to prevent misuse. While beauty salon operators were not subject to the Guidelines, the Ministry emphasized that the Penal Code could be used or the beauticians could be sued for negligence in a civil suit.

3.5 In July 2008, AMS, CFPS and SMC jointly published the Guidelines as a standard for aesthetic practices. SMC updated the Guidelines in October 2008 which were then endorsed by AMS and CFPS. On 1 November 2008, the Guidelines came into force to become the professional obligations imposed on doctors performing aesthetic practices. The key areas of the Guidelines are summarized in the paragraphs below.

8 GPs unhappy with MOH move, The Strait Times, 21 March 2008.
9 In July 2008, the Ministry of Health announced a new regulatory framework for liposuction which came into force on 1 November 2008. Under the new framework, liposuction is regulated as a special care service under the Private Hospitals and Medical Clinics Act. In addition, all clinics wishing to offer liposuction services need to obtain approval from the Ministry and comply with the special licensing conditions.
11 Health Ministry draws lines on aesthetic practices, Today, 7 April 2008.
12 Under the Penal Code, the beauty salon operator may be fined, imprisoned or both should he or she has performed a rash or negligible act that might endanger the personal safety of his or her customer.
Definition of aesthetic practice

3.6 According to the Guidelines, there is currently no internationally accepted definition of aesthetic practice. The Guidelines adopt the definition of cosmetic surgery developed by the UK Cosmetic Surgery Interspecialty Committee as a working definition of aesthetic practice. Hence, aesthetic practice is defined as an area of practice involving

"Operations and other procedures that revise or change the appearance, colour, texture, structure, or position of bodily features, which most would consider otherwise to be within the broad range of 'normal' for that person."

Professional responsibility

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

3.8 Under the Ethical Code and Ethical Guidelines, doctors are to treat patients according to generally accepted methods, and shall not offer management plans or remedies that are not generally accepted by the profession, except in the context of a formal and approved clinical trial. Medical treatment must be effective and due cognizance must be given to patient safety. In the context of aesthetic practices, it must go beyond the "Do No Harm" principle and be seen to benefit the patient positively.
Classification of aesthetic treatments and procedures

3.9 Based on currently available scientific evidence, aesthetic treatments and procedures are classified into two lists:

(a) List A: moderate to high level of scientific evidence, and/or local medical expert consensus that procedure is well-established; and

(b) List B: low or very low level of scientific evidence, and/or local medical expert consensus that procedure is neither well-established nor acceptable.

Full list of aesthetic practices classified under List A and List B is shown in Appendix I.

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

(a) all other conventional and sound-evidence based treatments/procedures have been attempted on the patient and have not been shown to produce the desired outcomes;

(b) the procedure has on the available evidence not been shown to carry any risk of significant adverse effects or harm to any patient; and

(c) the patient is aware that the procedure is low-evidence in nature and only offered in view of the lack of efficacy of conventional and sound-evidence based treatments and gives specific consent to this, on a consent form.

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

3.12 List A aesthetic practices are further grouped into non-invasive, minimally invasive, and invasive procedures. The minimum level of competence required, the appropriate premises at which the procedure can be done, and the requisite number of procedures performed for doctors to practise such procedures are also defined in the Guidelines (see Appendix II).

3.13 As a general principle, List A procedures requiring local anaesthesia and sterile conditions may be performed in a clinic with appropriate facilities and staff. Procedures that require intravenous sedation or general anaesthesia should be performed in operating theatres in hospitals and ambulatory surgery centres.

3.14 Doctors can practise List B aesthetic procedures only under highly monitored conditions that enable the efficacy or lack thereof of such procedures to be objectively demonstrated. The objectives, methodology, analysis and findings obtained through such treatments must be of sufficient scientific validity to establish efficacy or otherwise. In addition, patient response should be documented and retained, alongside all case records of such treatments.

Accreditation to perform aesthetic procedures in List A and List B

3.15 Doctors who are currently performing aesthetic procedures are required to note the respective classification of their procedures and comply with the recommendations made on the minimum standards of training, qualification and practice laid out in the Guidelines, as well as any requirements set by the Ministry of Health.

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13 "Minimum level of competence" means competence necessary to carry out the procedure and manage the anticipated serious complications.
3.16 For List A procedures, doctors who are performing such procedures with a track record of the requisite number of cases done with good outcomes\textsuperscript{14} can continue to practise. Those without a track record of the requisite number of cases done with good outcomes but have acquired a certificate (overseas or local training courses) are required to submit a notification to SMC's Aesthetic Practice Oversight Committee ("APOC") to verify whether the certificate is a certificate of competence ("COC"). In cases that the certificate is not verified as a COC, in the interest of patient safety, doctors are recommended to attend courses which fulfil the COC course criteria. Doctors can appeal with additional relevant information to APOC.

3.17 Doctors who wish to perform List B aesthetic procedures have to list themselves with APOC before carrying out any List B aesthetic procedure. They may be subject to audit and should comply with requirements set by APOC and the Ministry of Health\textsuperscript{15}. Doctors are reminded to maintain proper documentation of the indications and outcomes of the treatments and procedures.

3.18 Doctors who wish to perform procedures that fall within the definition of "aesthetic practice" in the Guidelines\textsuperscript{16} but are not listed in List A or List B should also list themselves with APOC. APOC may then decide on the classification of the procedure and/or further dictate how the doctor should proceed. Doctors are advised not to perform such procedures until the procedures have been classified.

\textbf{Restriction on promotion}

3.19 Since aesthetic practice is not regarded as a specialty or subspecialty, the title of "aesthetic plastic surgeon", "aesthetic dermatologist" or "aesthetic physician" is not allowed. No doctor shall advertise that he or she is performing aesthetic procedures in List B.

\textsuperscript{14} "Track record of the requisite numbers done with good outcomes" means having performed a minimum recommended number of procedures for each procedure with no adverse outcomes.

\textsuperscript{15} The Ministry of Health is assisting SMC to monitor List B procedures which are currently regarded to have low or very low level evidence of effectiveness, and/or are not well-established and generally accepted.

\textsuperscript{16} See paragraph 3.6 of this information note.
Compliance

3.20 APOC has been formed under SMC to regulate doctors engaged in aesthetic practices. Any doctor who performs any aesthetic procedure that is not in accordance with the Guidelines or with any requirements set by SMC or the Ministry of Health will be deemed by the medical profession as unethical and bringing disrepute to the profession. Such doctor may be liable for disciplinary action by SMC.

Recent developments

3.21 In 2011, two aesthetics doctors, Low Chai Ling and Georgia Lee, were found guilty by the Disciplinary Committee of SMC of offering and performing treatments not generally accepted by the medical profession. Both of them appealed to the Singapore High Court. On 17 September 2012, the High Court overturned the decision of the Disciplinary Committee on Low's case. Subsequently, SMC applied to the High Court to set aside the Disciplinary Committee's orders against Lee in view of the court decision.

3.22 In the course of its decision in Low's case, the Singapore High Court had made certain observations that are likely to provide guidance in future disciplinary cases. In particular, the judgement pointed out that the definition of List B procedures was vague, and the injunction to doctors that they must not charge "highly profitable fees" for low evidence-based procedures was an unsatisfactorily vague measure of ethical or professional conduct. On 16 October 2012, SMC announced that a Review Committee would be appointed to optimise the disciplinary processes, saying that the court decision provided valuable guidance in other disciplinary cases involving the conduct of doctors in the practice of aesthetic medicine and in the review of the Guidelines.
Appendix I

List A and List B aesthetic practices under the Guidelines on Aesthetic Practices for Doctors

List A aesthetic practices

Non-invasive

(a) Chemical peels;
(b) Microdermabrasion;
(c) Lasers (Medical);
(d) Intense pulsed light;
(e) Radiofrequency, Infrared and other devices e.g. for skin tightening procedures;
(f) Photodynamic/Photopneumatic therapy; and
(g) External Lipolysis (heat/ultrasound).

Minimally invasive

(a) Botulinum toxin injection;
(b) Filler injection;
(c) Phlebectomy;
(d) Sclerotherapy;
(e) Thread lifts; and
(f) Lasers (vascular lesions, skin pigmentation and skin rejuvenation).
Appendix I (cont'd)

List A and List B aesthetic practices
under the Guidelines on Aesthetic Practices for Doctors

_Invasive_

(a) Abdominoplasty;
(b) Blepharoplasty (including double eyelid);
(c) Breast enhancement or reduction;
(d) Brow lift;
(e) Free fat grafting;
(f) Hair transplantation;
(g) Implants (excluding breast implants);
(h) Lasers (skin resurfacing);
(i) Liposuction;
(j) Rhinoplasty;
(k) Rhytidectomy (facelift); and
(l) Dermabrasion (mechanical).

_List B aesthetic practices_

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

### Administration of List A procedures

<table>
<thead>
<tr>
<th>Type of treatment and procedure</th>
<th>Minimum level of competence required⁽¹⁾</th>
<th>Appropriate premises at which procedure can be done</th>
<th>Requisite no. of procedures performed⁽²⁾</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-invasive</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical or pressurized gas/liquid peels</td>
<td>MBBS⁽³⁾ (COC)⁽⁴⁾</td>
<td>Clinic⁽⁵⁾</td>
<td>30</td>
</tr>
<tr>
<td>Microdermabrasion</td>
<td>MBBS (COC)</td>
<td>Clinic</td>
<td>30</td>
</tr>
<tr>
<td>Intense pulsed light (IPL)</td>
<td>MBBS (COC)</td>
<td>Clinic</td>
<td>30</td>
</tr>
<tr>
<td>Radiofrequency, Infrared and other light-based devices e.g. for skin tightening or hair removal</td>
<td>MBBS (COC)</td>
<td>Clinic</td>
<td>30</td>
</tr>
<tr>
<td>Lasers (non-ablative) for hair removal</td>
<td>MBBS (COC)</td>
<td>Clinic</td>
<td>30</td>
</tr>
<tr>
<td>Photodynamic/photopneumatic therapy</td>
<td>MBBS (COC)</td>
<td>Clinic</td>
<td>30</td>
</tr>
<tr>
<td>External lipolysis (heat/ultrasound)</td>
<td>MBBS (COC)</td>
<td>Clinic</td>
<td>30</td>
</tr>
<tr>
<td><strong>Minimally invasive</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Botulinum toxin injection</td>
<td>MBBS (COC)</td>
<td>Clinic</td>
<td>30</td>
</tr>
<tr>
<td>Filler injection</td>
<td>Plastic surgeon, MBBS (COC)</td>
<td>Clinic</td>
<td>30</td>
</tr>
<tr>
<td>Phlebectomy</td>
<td>Plastic surgeon, General/vascular surgeon</td>
<td>OT⁽⁶⁾</td>
<td>20</td>
</tr>
</tbody>
</table>
Appendix II (cont'd)

Administration of List A procedures

<table>
<thead>
<tr>
<th>Type of treatment and procedure</th>
<th>Minimum level of competence required</th>
<th>Appropriate premises at which procedure can be done</th>
<th>Requisite no. of procedures performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimally invasive (cont'd)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sclerotherapy</td>
<td>Plastic surgeon/Dermatologist, MBBS (COC)</td>
<td>OT/Clinic</td>
<td>20</td>
</tr>
<tr>
<td>Thread lifts</td>
<td>Plastic surgeon, MBBS (COC)</td>
<td>OT/Clinic</td>
<td>20</td>
</tr>
<tr>
<td>Lasers for</td>
<td>MBBS (COC)</td>
<td>OT/Clinic</td>
<td>30</td>
</tr>
<tr>
<td>• treating vascular lesions and skin pigmentation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• skin rejuvenation (e.g. fractional lasers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invasive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominoplasty</td>
<td>Plastic surgeon/General surgeon/Gynaecologist (COC)</td>
<td>OT</td>
<td>10</td>
</tr>
<tr>
<td>Blepharoplasty (including double eyelid)</td>
<td>Plastic surgeon/Ophthalmologist trained in oculoplastic surgery</td>
<td>OT/Clinic</td>
<td>20</td>
</tr>
<tr>
<td>Breast enhancement or reduction</td>
<td>Plastic surgeon</td>
<td>OT</td>
<td>10</td>
</tr>
<tr>
<td>Brow lift</td>
<td>Plastic surgeon</td>
<td>OT</td>
<td>10</td>
</tr>
<tr>
<td>Free fat grafting</td>
<td>Plastic surgeon/Dermatologist, MBBS (COC)</td>
<td>OT/Clinic</td>
<td>10</td>
</tr>
</tbody>
</table>
### Appendix II (cont'd)

#### Administration of List A procedures

<table>
<thead>
<tr>
<th>Type of treatment and procedure</th>
<th>Minimum level of competence required</th>
<th>Appropriate premises at which procedure can be done</th>
<th>Requisite no. of procedures performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hair transplantation</td>
<td>Plastic surgeon/Dermatologist, MBBS (COC)</td>
<td>OT/Clinic</td>
<td>10</td>
</tr>
<tr>
<td>Implants (excluding breast implants)</td>
<td>Plastic surgeon</td>
<td>OT/Clinic</td>
<td>10</td>
</tr>
<tr>
<td>Lasers (ablative e.g. CO2/YAG for skin resurfacing)</td>
<td>MBBS (COC)</td>
<td>OT/Clinic</td>
<td>20</td>
</tr>
<tr>
<td>Liposuction (traditional/water assisted/VASER/laser)</td>
<td>As per Ministry of Health special licensing conditions for liposuction</td>
<td>As per Ministry of Health special licensing conditions for liposuction</td>
<td>N.A.</td>
</tr>
<tr>
<td>Rhinoplasty (ear, nose, throat) surgeon</td>
<td>Plastic surgeon/ENT (ear, nose, throat) surgeon</td>
<td>OT/Clinic</td>
<td>10</td>
</tr>
<tr>
<td>Rhytidectomy (facelift)</td>
<td>Plastic surgeon</td>
<td>OT</td>
<td>10</td>
</tr>
<tr>
<td>Dermabrasion (mechanical)</td>
<td>Plastic surgeon/Dermatologist, MBBS (COC)</td>
<td>OT/Clinic</td>
<td>10</td>
</tr>
</tbody>
</table>

**Notes:**

1. Minimum level of competence means competence necessary to carry out the procedure and manage the anticipated serious complications.
2. Doctor must at least fulfill the requisite numbers for the preceding 2 years.
3. MBBS stands for bachelor of medicine and bachelor of surgery.
4. COC refers to Certificate of Competence achieved through attending accredited specialized courses in the respective area of interest, approved and recognized by SMC.
5. Clinic refers to clinics with appropriate facilities and staff. This means that the clinic must be equipped and staffed to a level commensurate with the procedure performed.
6. OT refers to operating theatres in hospitals and ambulatory surgery centres.

References


6. Medical Registration Act. Available from: http://statutes.agc.gov.sg/aol/search/display/view.w3p;page=0;query=DocId%3A7ed19ec9-f4b6-4949-ac89-d3901be12a1f%20%20Status%3Ainforce%20Depth%3A0;rec=0 [Accessed October 2012].


9. The Strait Times, various issues.