

1. History and Background:

Aesthetic medicine was introduced as a scientific movement by JJ Lengrand, a Parisian Endocrinologist in France in 1973. It originates from the belief that the well-being of an individual is about being satisfied with one's health, job and the environment he or she lives in. The goal is the creation of a harmonious physical and psychological balance as desired by clients, by administering medical treatment which is both preventive and corrective.

Although aesthetic medicine has not been recognized as a medical specialty in Malaysia, the practice of aesthetic medicine is currently inevitably on the rise and is gaining popular demand nationwide.

2. Definition:

For purposes of this Guideline, Aesthetic Medicine is defined as an area of **multidisciplinary** medical practice carried out by registered medical (**and dental**) practitioners to provide treatment which is evidence-based, with the objective of addressing the aesthetic desires of clients (patients).

Aesthetic Medicine is not a spin-off of traditional or complementary medicine, and is recognised to be scientific in its approach and practice. Such practice may be through non-invasive and minimally invasive modalities.

3. Prerequisites of the Practitioner practising Aesthetic Medicine:

The registered medical practitioner practising aesthetic medicine:

- (i) may be a general (family) practitioner or a specialist in any recognized field;
- (ii) must possess experience through recognized practical training courses conducted by *bona fide* professional bodies specialising in aesthetic medicine;
- (iii) shall provide documentary evidence that he has undergone such training and practical/written examination in a *bona fide* professional body. The Ministry of Health reserves the right to examine documents so produced and either permit or reject the application by a registered medical practitioner to be registered in the Aesthetic Medicine Practitioners Register.
- (iv) must exercise strict patient selection criteria, must communicate to the potential client/patient the risks involved, the possible outcome, obtain valid consent for the aesthetic procedure planned, and generally observe all aspects of the Code of Professional Conduct of the Malaysian Medical Council;
- (v) must place client/patient safety as the primary concern and should provide aesthetic medicine services in an approved healthcare facility as required

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by the Private Healthcare Facilities and Services Act 1998 and Regulations 2006.

- (vi) is subject to all relevant parts of the Medical Act 1971, the Regulations 1974, the Code of Professional Conduct and Guidelines of the Malaysian Medical Council.

4. Register of Practitioners offering Aesthetic Medicine treatments.

The Ministry of Health will maintain a Register of Aesthetic Medicine Practitioners. The entry into the Register will be according to requirements laid down by the Director General of Health, Ministry of Health Malaysia, as indicated in section 3(iii) above. Only medical practitioners so registered may offer aesthetic medicine services. The practice of such Registrants will be periodically reviewed and monitored. The details and informations required to be submitted by the practitioners from time to time will be prescribed by the Director General of Health.

5. The registered medical practitioner practising aesthetic medicine is *not* considered a specialist in aesthetic medicine, as such practice is at present not registrable as a specialty or 'sub-specialty' in the National Specialist Register. He may, however, register Aesthetic Medicine as an 'area of interest', besides the registrable qualification, conditional to **3(ii) and 3(iii)** above.

6. The registered medical practitioner may employ non-medical, unregistered persons, (like beauticians, cosmetic therapists and others) to assist in his practice, but should not be associated with such persons as business or professional partners or equal practitioners or provide cover of any description or nature for the independent aesthetic practice of such unregistered persons. The registered medical practitioner shall be held liable for all untoward occurrences or events that may become the subject of a complaint.

7. Complaints lodged by members of the public on the Aesthetic Medicine procedures carried out by a registered medical practitioner, and its outcome, may lead to an inquiry by the Malaysian Medical Council. The Council, after due inquiry, may advise the Director General of Health of any action to be taken.

8. Sign Boards and Announcements:

The sign boards of a healthcare facility in which a registered medical practitioner practises aesthetic medicine, shall not carry the words 'aesthetic medicine practitioner' in that or in any other connotative form implying the practice of aesthetic medicine.

However, the availability of aesthetic medicine in the scope of services provided by a medical practitioner may be carried in any announcements or information about clinics or healthcare facilities in the print or electronic media as at present

allowed by the Malaysian Medical Council, the Medical Practices Division of the Ministry of Health, and the Medicines Advertising Board (Lembaga Iklan Ubat) of the Pharmaceutical Division of the Ministry of Health, provided that the **types** of aesthetic procedures are not specified. Prior approval from the appropriate authority in Ministry of Health must be obtained on the contents of such announcements.

9. Aesthetic Procedures Allowed:

While there are many procedures which may come within the scope of aesthetic medicine, the medical practitioner practising aesthetic medicine must only offer services and practise in areas in which he has received training and has been credentialed by a recognised organisation, as stated in 3(iii) above, as having acquired the knowledge and skills necessary for such procedures. This would apply to all practitioners, and more specifically to general (family) practitioners, who may not possess a specialty surgical or medical postgraduate degree. The types and scope of Aesthetic Medicine to be allowed to be practised by medical practitioners will be periodically evaluated by the Ministry of Health and Malaysian Medical Council.

10. Conclusion:

Until such time as the Cosmetology Act, Traditional/Complementary Medicine Act and the Medical Devices Act, or any other related Act, are passed by Parliament, which will eventually address various other aspects of the practice of Aesthetic Medicine and other related treatment modalities, the above Guidelines will apply.

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