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# NEW AHPRA SCREENING REQUIREMENTS FOR COSMETIC PROCEDURES

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# OUR TEAM

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# OUR WHY





# SURGICAL GUIDELINES

## 2. Assessment of patient suitability

- 2.1 All patients seeking cosmetic surgery must have a referral, preferably from their usual general practitioner or if that is not possible, from another general practitioner or other specialist medical practitioner. The referring medical practitioner must work independently of the medical practitioner who will perform the surgery and must not perform cosmetic surgery or non-surgical cosmetic procedures themselves.
- 2.2 The medical practitioner who will perform the 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.
- 2.3 Patients should be asked if another practitioner has declined to provide them cosmetic surgery.
- 2.4 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.
- 2.5 If screening indicates that the patient has significant underlying psychological issues which may make them an unsuitable candidate for the cosmetic surgery, they must be referred for evaluation to a psychologist, psychiatrist or general practitioner<sup>4</sup>, who works independently of the medical practitioner who will perform the surgery.
- 2.6 The medical 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.
- 2.7 A medical practitioner must decline to perform the surgery if they believe that it is not in the best interests of the patient.



# NON-SURGICAL GUIDELINES

## 2. Assessment of patient suitability

- 2.1 The medical practitioner who will perform the cosmetic procedure or prescribe the cosmetic injectable must discuss and assess the patient's reasons and motivation for requesting the procedure 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 procedure must be discussed to ensure they are realistic.
- 2.2 The medical practitioner who will perform the cosmetic procedure or prescribe the cosmetic injectable must assess the patient for underlying psychological conditions such as body dysmorphic disorder (BDD), which may make them an unsuitable candidate for the procedure.
- 2.3 If there are indications that the patient has significant underlying psychological issues which may make them an unsuitable candidate for the cosmetic procedure, they must be referred for evaluation to a psychologist, psychiatrist or general practitioner<sup>10</sup>, who works independently of the medical practitioner who will perform the procedure or prescribe the cosmetic injectable.
- 2.4 The medical practitioner who will perform the cosmetic procedure or prescribe the cosmetic injectable must discuss other options with the patient, including cosmetic procedures or treatments offered by other health practitioners and the option of not having the procedure.
- 2.5 A medical practitioner must decline to perform a cosmetic procedure or prescribe a cosmetic injectable if they believe that it is not in the best interests of the patient.

# KEY CHANGES

## **For both surgical and non-surgical:**

1. Medical practitioner **must** (rather than should) assess the patient's motivations, expectations, and underlying psychological conditions such as BDD.
2. If concerns are identified, refer to a GP, psychiatrist or psychologist for further assessment **before proceeding with treatment.**

## **For surgery only:**

3. GP referral needed
4. A validated BDD assessment tool must be used and documented.



# BODY DYSMORPHIC DISORDER (BDD)



WORRIES ABOUT APPEARANCE FLAW WHICH IS NOT VISIBLE OR MINOR (>1 HR A DAY)



REPETITIVE BEHAVIOURS IN RESPONSE TO APPEARANCE



DISTRESS / INTERFERENCE WITH FUNCTIONING



NOT BETTER EXPLAINED BY GENDER DYSPHORIA / EATING DISORDERS

An iceberg floating in a blue ocean. The tip of the iceberg is above the water line and is labeled 'BDD'. The much larger part of the iceberg is submerged below the water line and contains several labels representing causes: Neurobiology, Genetics, Childhood trauma, Bullying, Perfectionism, Social Media, and Societal Pressure. The background is a light blue sky and a darker blue ocean with wavy lines.

# BDD

Neurobiology

Genetics

Childhood trauma

Bullying

Perfectionism

Social Media

Societal Pressure



# WHY HAS BDD BEEN SPECIFIED?

No perceived change in BDD symptoms (72-91%)

Continuing to worry about the treated area (82.3%)

Development of new appearance concerns (17%)

BDD symptoms deteriorated (16%)

Greater risk of complications and re-operation

Potential for 'addiction' to develop

Complaints, threats and litigation (29%)

# OTHER PSYCHOLOGICAL CONCERNS

Depending on the procedure/setting you work in, you may come across:

- Anxiety and depression
- Obsessive-compulsive disorder
- Health anxiety
- Eating disorders
- Personality disorders

These can:

- Complicate recovery
- Decrease satisfaction with treatment
- Create physical health risks
- Exacerbate psychological vulnerability
- Raise ethical problems re patient autonomy/competency/beneficence



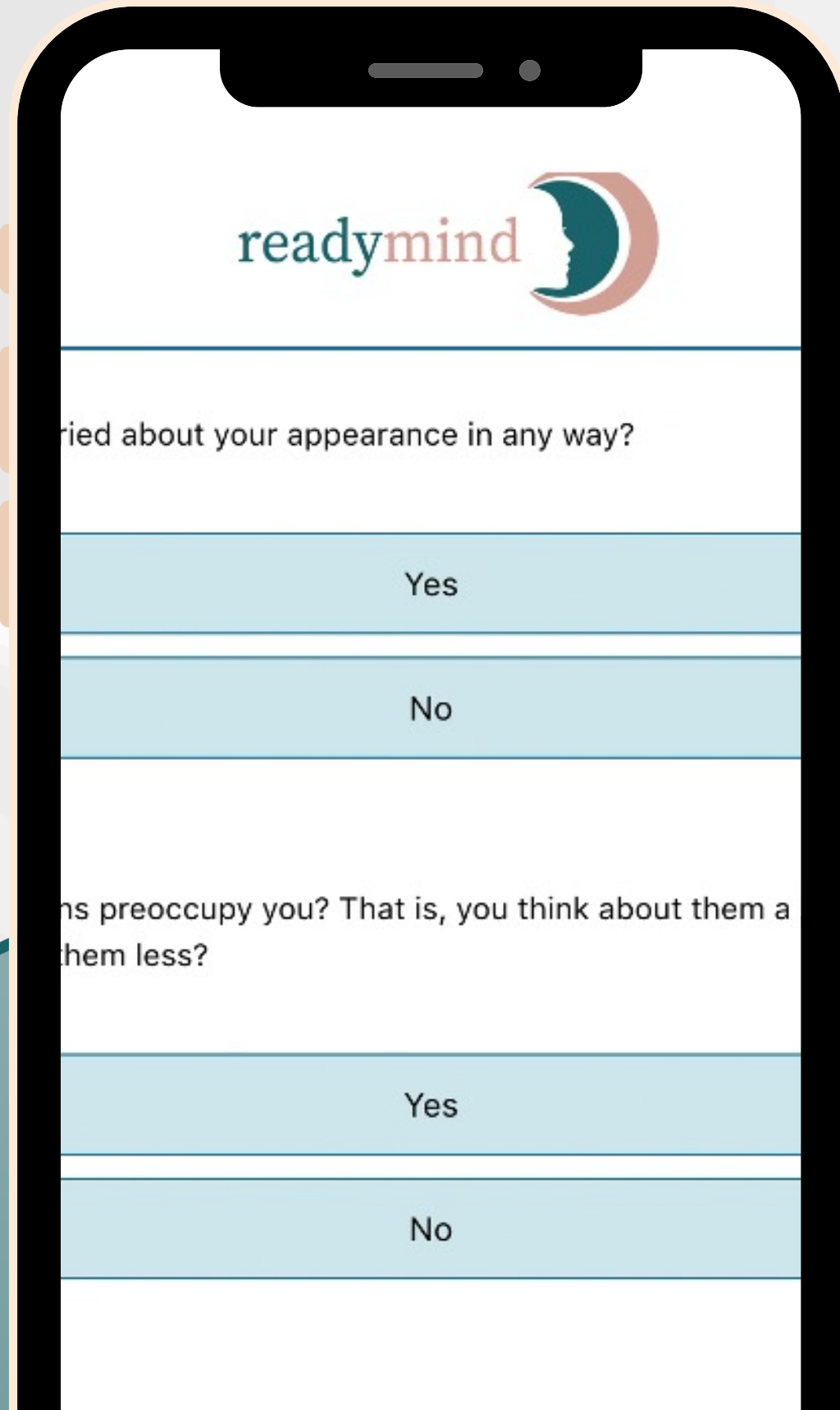
# ASSESSING MOTIVATIONS AND EXPECTATIONS


(Tools under development)

1. What prompted you to consider this treatment?
2. Why now?
3. Has anyone else influenced your decision or encouraged you to do it?
4. What are you hoping to achieve with this procedure?
5. How are you hoping to look or feel different afterwards?



# PSYCHOLOGICAL SCREENING



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ried about your appearance in any way?

Yes

No

ns preoccupy you? That is, you think about them a  
them less?

Yes

No

01

Time-efficient

02

Requires less expertise than a clinical interview

03

Ensures you don't miss anything

04

Documentation

05

Supports clinical decision-making

06

Provides framework to discuss referral

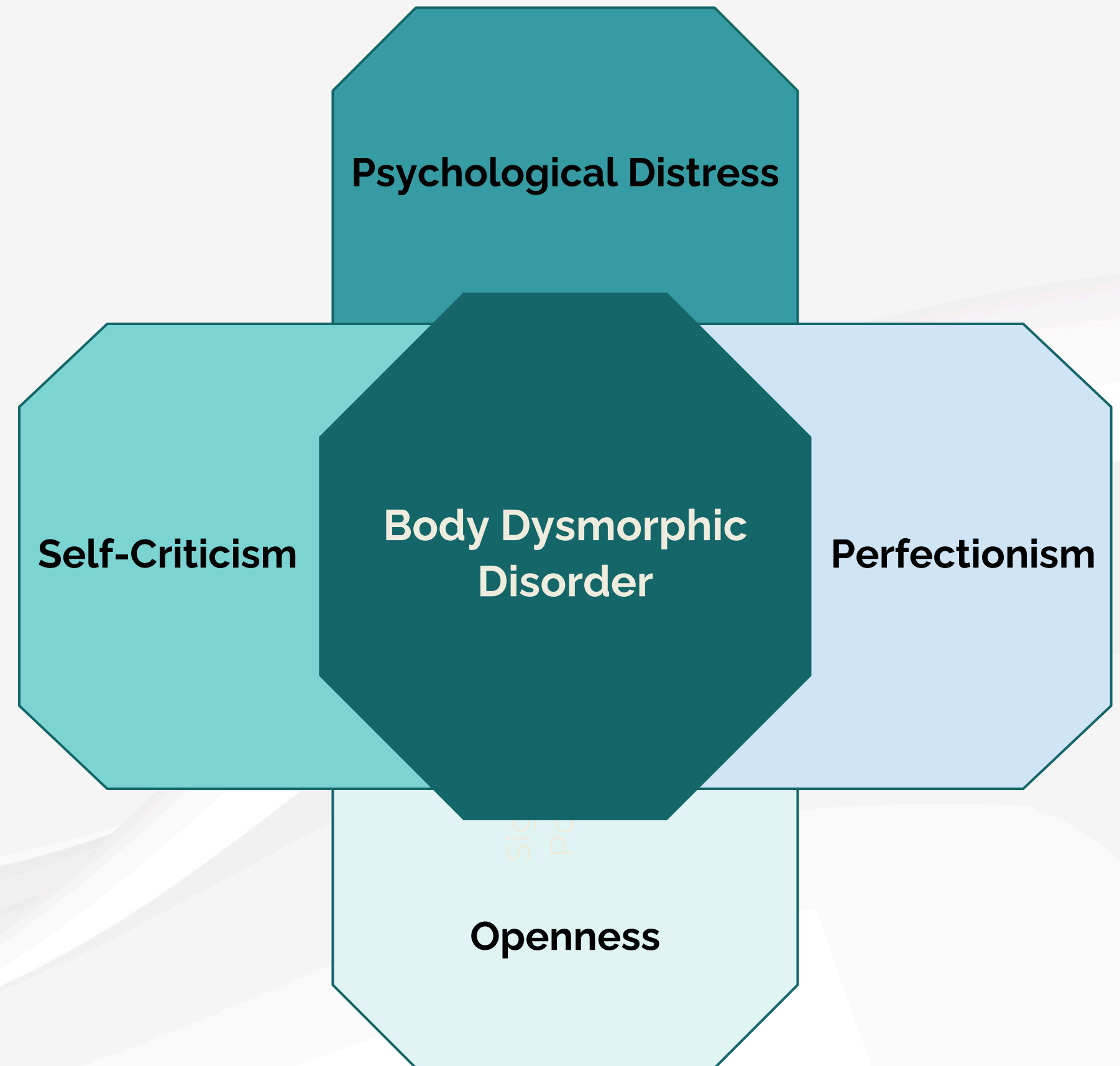
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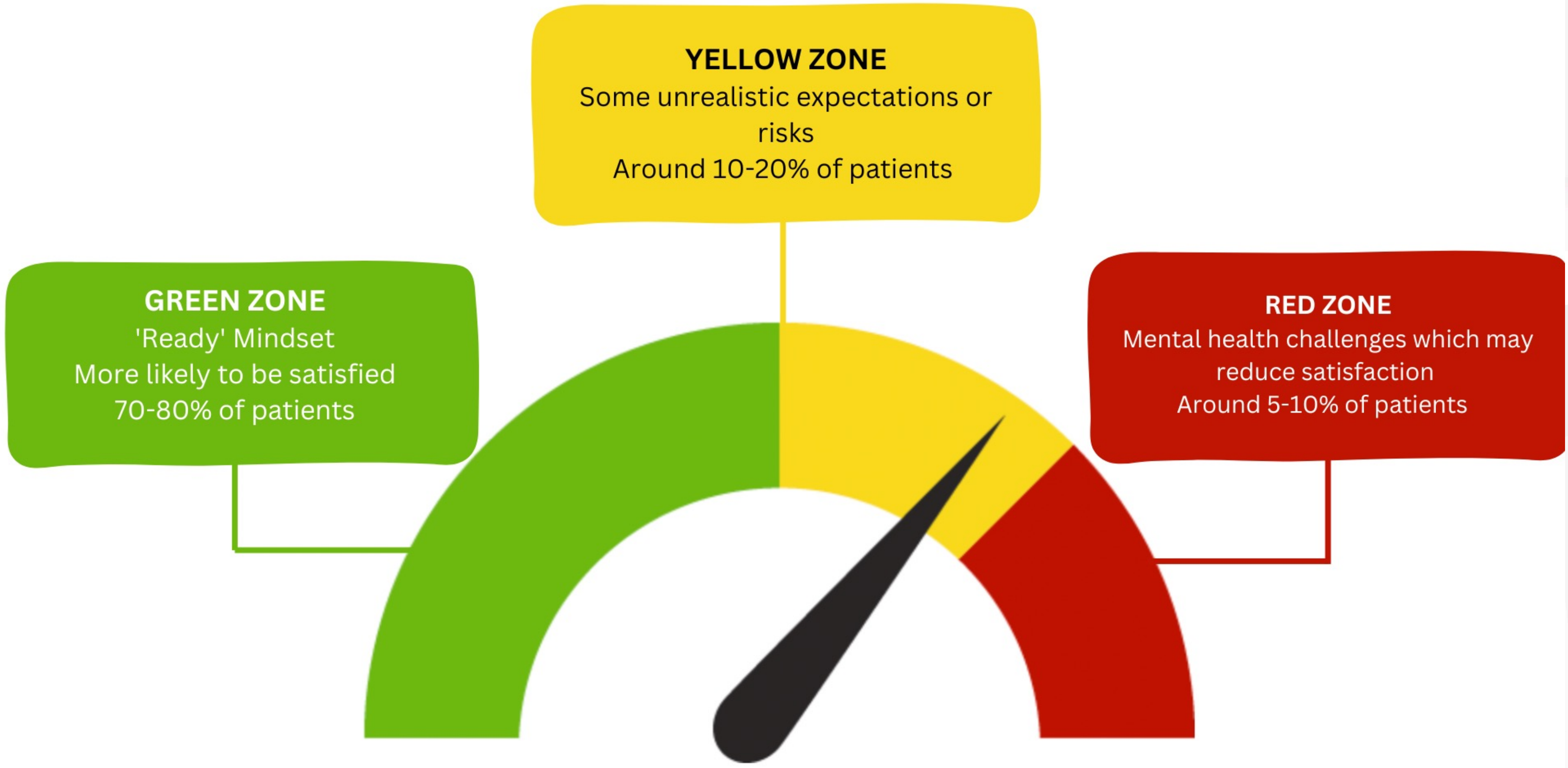
Facilitates outcome monitoring



# THE COSMETIC READINESS QUESTIONNAIRE (CRQ)

- 45 items from well-validated scales
- Takes less than five minutes to complete





**GREEN ZONE**

'Ready' Mindset  
More likely to be satisfied  
70-80% of patients

**YELLOW ZONE**

Some unrealistic expectations or risks  
Around 10-20% of patients

**RED ZONE**

Mental health challenges which may reduce satisfaction  
Around 5-10% of patients



# SCALE VALIDATION



## BDD Diagnosis

Associated with BDD diagnosis based on clinical interview and gold-standard diagnostic tool  
( $r = .65, p = .008$ )



## Dissatisfaction

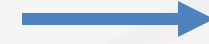
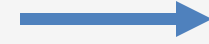
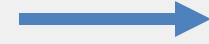
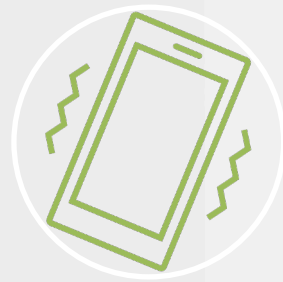
CRQ Total Score ( $r = .55, p < .001$ ), Psychological Distress ( $r = .42, p < .001$ ) and BDD ( $r = .65, p < .001$ ) are all associated with unmet expectations.



## Psychologist Ratings

Associated with blinded psychologist rating of readiness for cosmetic procedures  
( $r = .51, p = .003$ )

# HOW IT WORKS



**Practitioner  
sends patient  
the link to  
complete  
screening  
questionnaire**

**Patient  
completes  
questionnaire  
on personal  
device at  
home or at the  
clinic**

**Results are  
instantly  
scored and  
interpreted**

**Results  
emailed to  
practitioner**

**Clinician uses  
scores to  
provide  
feedback,  
referral or  
track  
outcomes**



# CRQ REPORT

## Client Information

Client Name	Kylie Brentworth
Date of birth (age)	1 January 2001 (22)

## Assessment Information

Assessment	Cosmetic Readiness Questionnaire (CRQ)
Date administered	24 May 2023
Assessor	Dr Safari
Time taken	2 minutes 47 seconds

## Assessment Summary

Cosmetic Readiness Rating	<b>Red</b>
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## Cosmetic Readiness Sub-Scales

	Average Score (0-4)	Risk Category
Body Dysmorphia	2.7	<b>Red</b>
Psychological Distress	2.2	<b>Green</b>
Self-Criticism	1.3	<b>Green</b>
Perfectionism	3.5	<b>Red</b>
Openness	2.8	<b>Yellow</b>

## Interpretation & Recommendations

### \*\*\* Cosmetic Readiness Overall Score \*\*\*

Your patient has scored in the **RED** zone. Their responses on the Cosmetic Readiness Scale have indicated several risk factors which increase the likelihood of dissatisfaction with cosmetic treatment outcomes. We would recommend that you refer this patient for further assessment by an independent mental health practitioner for further evaluation, before proceeding with any cosmetic treatment.

### \*\*\* Consultation Prompts \*\*\*

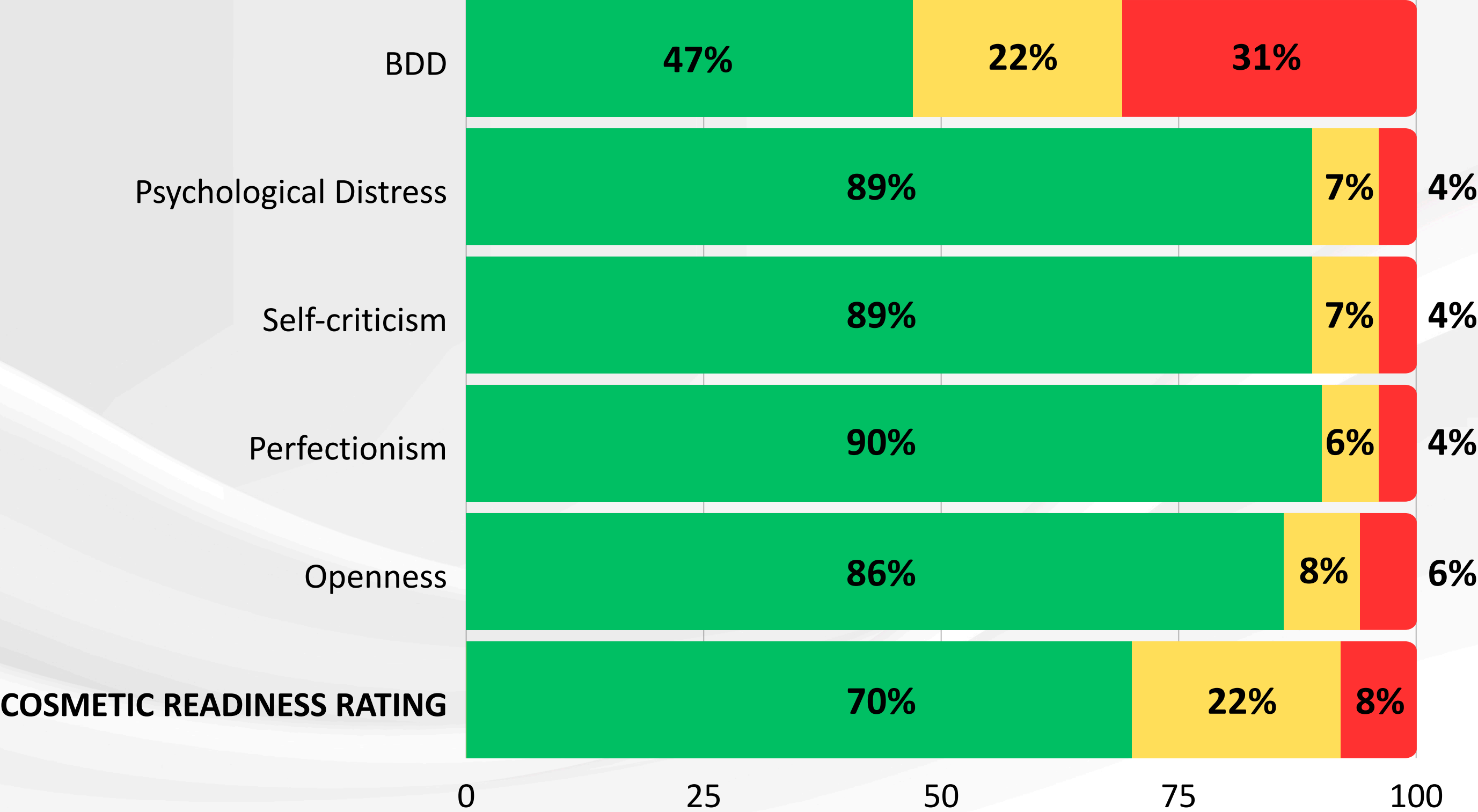
Given your patient showed elevated risk on at least one subscale, it is recommended that the below points be considered as part of a thorough pre-procedure counselling process.

\* Consultation Recommendations for Patients Scoring **YELLOW** or **RED** for Body Dysmorphia: \*

1) A discussion with your patient about their appearance anxiety. You could explain that they have expressed heightened levels of anxiety around their appearance, which seems to be impacting them in areas such as their work, social or romantic life. Patients who are

# SCORING BREAKDOWN

■ Green ■ Yellow ■ Red



n = 70 individuals seeking surgical or non-surgical cosmetic treatment



# HOW TO REFER

1

RELATE

Express your concern for the distress that the patient is experiencing (based on consultation or assessment)

"I can tell how much your anxiety about your appearance has been impacting you"

2

REASSURE

Explain that you have their best interests at heart - both physical and emotional

"I want you to know that my main priority is your physical and emotional wellbeing"

3

REFUSE

Explain that the guidelines require referral before proceeding with any treatment

"Based on your screening results and my requirements under the new guidelines, I am unable to proceed with the treatment today."

4

REFER

Normalise the referral process

"I'd like you to have a chat with [Name] to help clarify your motivations and expectations, and work out whether cosmetic treatment is the best way to achieve your goals."

# THE PSYCHOLOGIST'S ROLE

Psychological  
Evaluation

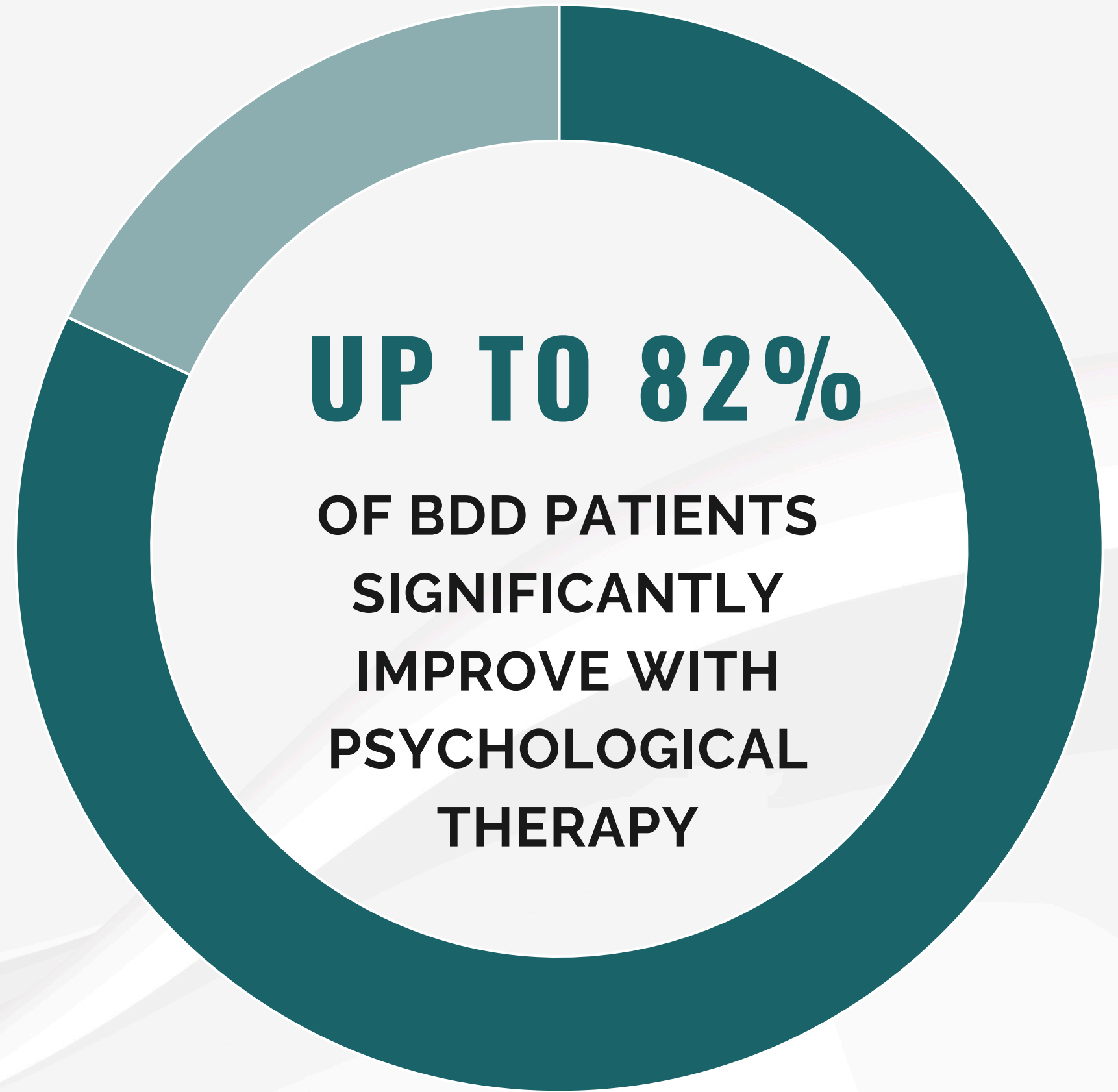
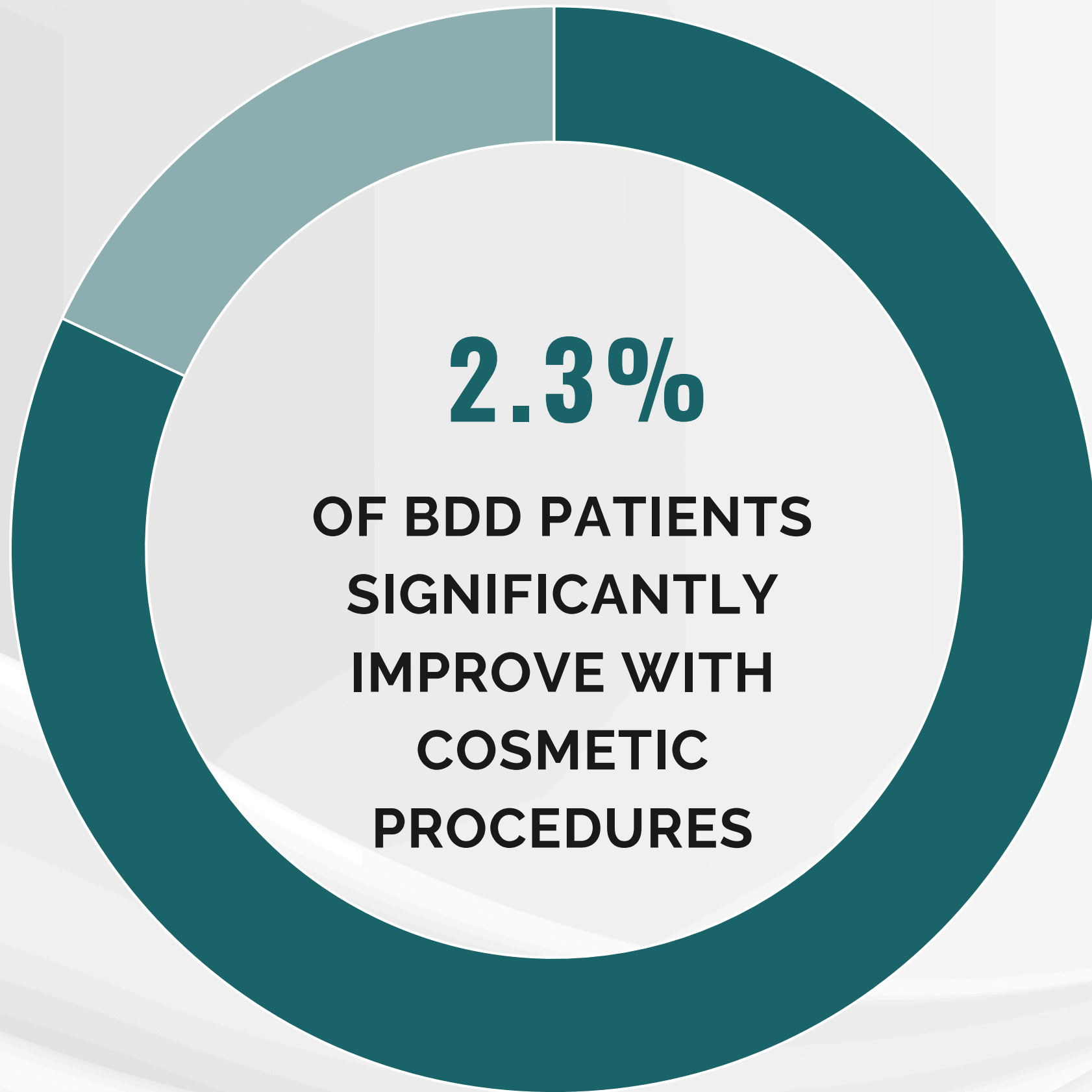
- According to APS Guidelines for Psychologists

Report back to  
Referrer

- Risk assessment to determine if safe to proceed with cosmetic treatment

Provide or refer  
for ongoing  
treatment if  
recommended





# 8 OUT OF 10

Cosmetic patients had positive responses to the implementation of routine psychological screening



They valued a practitioner who could manage their expectations and say no when a procedure wasn't in their best interests



The remaining participants felt that if it wasn't a routine process for all patients, they may feel targeted

# READYMIND PROVIDES:

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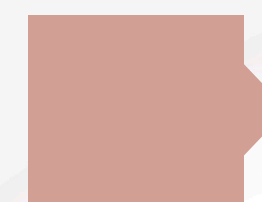
Screening and Assessment Tools



Automated Scoring Platform



Recommendations for Consultation and Pre-operative Care



Scripts and Training for Managing Difficult Conversations



Psychologist Referral Letter Template



Information Handouts for Patients



Outcome Tracking for CPD Requirements or Audits



Automatic Graphing with Multiple Administrations

Let us know if there's anything else you need to navigate the new changes!



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# QUESTIONS?



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