

Consultation: Registered medical practitioners who provide cosmetic medical and surgical procedures

Attention: medboardconsultation@ahpra.gov.au

From:

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The Australian Laser & Skin Clinics

To whom it may concern,

Thank you for reading and considering this submission regarding the proposed changes to regulations concerning cosmetic medical and surgical procedures.

██████████ The Australian Laser & Skin Clinics, we are a non-surgical cosmetic enhancement company only based in Melbourne and have been operating since 1998. ██████████ team of 16 highly trained and skilled cosmetic nurses and 2 medical practitioners.

I feel it pertinent to add that our company not be confused with others that have recently taken on similar variations of our trading name in Melbourne, as there is significant confusion in the market place at the moment due to such. I cannot speak to the protocols and practices of these companies and we bear no affiliation.

We have seen many changes to the non-surgical cosmetic industry over the years. Some of these changes have been positive, such as an increased awareness and the mainstreaming of certain cosmetic procedures, along with the introduction of a more competitive market which has created affordability for individuals that previously may not have had access to these types of procedures.

While as a company we have maintained our high standards and duty of care, we understand that there are companies in the industry that do not share our passion for high standards and safe practice. Therefore, we appreciate and applaud the effort that was put into revising and submitting these proposed changes in order to safeguard patients.

In this submission, I will only be referring to section 7.b, as this is the only area that we feel is not in line with the purpose and intent of the proposed changes.

7.b) Medical practitioners must not prescribe schedule 4 (prescription only) cosmetic injectables unless they have had a face-to-face consultation with the patient. A face-to-face consultation is required for each course of injections. Remote prescribing (for example, by phone, email, or video conferencing) of cosmetic injectables is not appropriate.

In examining section 7.b, we did have difficulty in interpreting the intention of the phrase "course of injections". Given that a medical practitioner's prescription for S4's (in our company being for either a series of HA Dermal Filler Injections, or a series of BOTOX Injections) is valid for 12 months, we inferred that a "course" of injections means the prescribed course or series during that 12 month period.

There is no medical need for the medical practitioner to examine a patient at every single appointment prior to receiving a single treatment of cosmetic injections if:

- a) The patient has had a full medical consultation with the medical practitioner.

- b) The patient has been deemed a suitable candidate for a series of cosmetic injections and received a prescription from the medical practitioner, valid for 12 months.
- c) The patient was fully informed regarding the procedure upon the initial consultation with the medical practitioner.

A new consultation with the medical practitioner should occur only if:

- a) After a careful and thorough consultation and review with the cosmetic nurse before each cosmetic injection treatment, it is discovered that the patient's medical condition has changed, the patient has begun taking any new medication or any new information about the patient that is pertinent to the treatment comes to light.
- b) After the 12 month prescription for the series of cosmetic injections has lapsed.

We put forward that the draft document does not fully explore the significant implications of proposing that face to face consultations with a medical practitioner become mandatory when prescribing Schedule 4's.

We submit that remote prescribing via video conferencing is a safe and extremely effective form of consultation which has many benefits to the patient, the medical practitioner and cosmetic nurses.

If the intention of the proposed changes is to ensure that patients are being well informed and consulted prior to undergoing cosmetic injections, then video conferencing offers all the benefits of face to face consultations without the significant associated cost, time and restrictions.

Following are our views on face to face consultations verses video conference consultations:

1. Video conferencing is being effectively used in many other areas of medicine relating to health care, similarly it is of great benefit to the cosmetic industry and can significantly lower costs for patients.
2. Face to face consultations do not add to the welfare of the patient over and above video conference consultations. The patient undergoes the exact same consultation as is given in a face to face meeting. The patient is given the same information, asked the same questions and given the same opportunity to ask questions. The medical practitioner is able to see, interact and communicate with the patient clearly.
3. Face to face consultations do not enhance the quality of service, the subsequent treatment, advice or information given to the client over and above video conference consultations. The patient is given the exact same quality of service and advice.
4. Face to face consultations do not add to the safety of the treatment provided over and above video conference consultations. The same level of patient care is undertaken.

Mandatory face to face consultations with the medical practitioner causes unnecessary disadvantage to the patient, medical practitioner and cosmetic nurse in the following manner:

1. They are unnecessarily restrictive to the medical practitioners that have multiple clinic locations and perform other types of procedures which require them to be off site at times.
2. They are unnecessarily restrictive to the cosmetic nurse because it means that the only time that they are able to treat patients is when the medical practitioner is physically on site.
3. They are unnecessarily restrictive to the patient because there becomes a limited availability for treatment due to the restrictions on both the medical practitioners and the cosmetic nurse.

4. They are costly for medical practitioners, as it limits the amount of patients that they can attend to.
5. The cost of having medical practitioners performing all consultations personally face to face may be too much for some clinics to bear and may significantly contribute to the failure of some businesses.
6. They are costly for the cosmetic nurse, as it limits the amount of patients they can treat.
7. They are costly for the patient because the patient will need to bear the financial burden incurred by the nurses and medical practitioners due to the aforementioned restrictions. This will limit the amount of people that are able to access these treatments. Many people will not be able to afford treatments if costs rise.
8. They are less frequently available. Many people have busy schedules, children and work commitments and find it hard to find time for themselves. Due to limited availability many patients will be inconvenienced and miss out on having treatments. In turn, business will suffer a loss of clientele due to scheduling problems.

There are many talented & professional nurses who have dedicated years of their life to learning and perfecting the art of cosmetic injections. Many of these nurses have created a dedicated following of patients that are wishing to have treatments administered only by them. Introducing mandatory face to face consultations with a medical practitioner for every single patient will limit these nurses from performing their craft and penalize patients that are seeking these treatments.

We feel that the real problem exists with those companies and practitioners that do not provide any consultation with a medical practitioner whatsoever and operate outside of the legislation. In many of these cases, the patients see only a nurse with limited training and experience and have no contact at all with the medical practitioner. A prescription for S4 cosmetic injections is then given purely on the advice of the nurse and in most cases only after the actual administration of the treatment by the nurse has already occurred. Regrettably, prescription requests are being faxed or emailed to the medical practitioner only after the patient has had the treatment.

The current legislation is more than sufficient, however sadly it is not being upheld by all companies or medical practitioners. Enforcement of the current legislation and safe, best practice is the answer here, not unnecessarily burdening honest and ethical medical practitioners and cosmetic nurses.

We sincerely thank you for your reasonable consideration of the ideas and opinions expressed herein and appreciate all the hard work that has been put into this proposal.

With sincerest regards,

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Australian Laser & Skin Clinics

www.australianlaser.com.au