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To: medboardconsultation

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

Public Consultation Paper and Regulation Impact Statement

Registered medical practitioners who provide cosmetic medical and surgical procedures

Feedback and response to 17.7

I am a Registered Nurse and now practise as a Cosmetic Nurse Injector after working for 8 years in the sales and practitioner training of Botulinum Toxin Type A and Hyaluronic Acid Dermal Fillers. This exposure allowed me to observe the skill set and processes associated with cosmetic injectable of many Plastic Surgeons, Cosmetic Dermatologists, Cosmetic Physicians and Nurses in most States of Australia.

Since practising as a Cosmetic Nurse Injector, I have used both the Face to Face and Real Time Video consultation process involving the Cosmetic Physician, the patient and myself for the prescribing of schedule 4 prescription only cosmetic Injectables.

I am concerned that this paper has:

- 1) Given no rational why a Real Time Video Consultation between prescribing Doctor, injecting nurse and patient should stop and that the only consultation be Face to Face.
- 2) Grouped all forms of remote consultation together such as phone or video link.
- 3) Grouped the solutions to each problem in Options 1-4.

1-3 are raising concerns because:

1) The Real Time Video Consultation between prescribing Doctor, injecting nurse and patient provides opportunity for a group consultation between the Doctor, nurse and patient. It is very different to a phone consultation where there is no image of the patient or other stakeholders. The resolution provided by Real Time Video ie Skype or FaceTime allows the concerning areas to be viewed and for body language to be observed. Each contribute to effective diagnosis and provision of treatment options by the Doctor and nurse leading to an informed consent being given by the patient. Having used both the Face to Face consultation and Real Time Video Consultation between prescribing Doctor, myself and the patient, I do not feel the latter compromises the consultation process in any way. The treatment outcomes are not compromised.

In fact, the iPad and computer are very effective tools for learning in this area due to the high quality resolution - it has provided me with images to learn the vasculature, facial innervation and musculature by viewing human cadavers. Therefore, I believe the clarity of image leads to an effective consultation.

There is no rational given why the GMC now requires a face-to-face (instead of real time video) consultation before prescribing cosmetic Injectables. From an evidenced based evaluation, the paper has not outlined an objective so one cannot assess if a change in practice will meet the objective.

Real Time Video Consultation provides convenience to the rural or regional patient who would otherwise have to travel to the city for his or her Cosmetic Injectables. The low volume of rural patients wanting cosmetic Injectables makes it challenging for a local practitioner to easily develop a high level expertise. Real Time Video Consultation allows a nurse with expertise to travel and treat the regional patient locally while having the benefits of a consultation provided by Medical Practitioner with expertise.

2) As outlined in 1), there is a difference between a phone consultation and a Real Time Video Consultation and it is not appropriate to group all forms of remote consultation. A Real Time Video Consultation allows each stakeholder to be visualised therefore does not compromise the consultation process.

3) Grouping solutions together infers the same merit or weight is given for each problem and solution within each Solution Option. For example, taking Option 3 may offer an appropriate solution for one problem however may not be the solution of choice for all problems. This is of particular concern when there has been no rational why only a Face-to-Face consultation should be used when in other areas of medicine Real Time Video is used effectively.

17.7 I have outlined in 1 and 2 why a Real Time Video Consultation should continue as an effective consultation between a Medical Practitioner and nurse who each has appropriate expertise and patient before prescribing schedule 4 prescription only cosmetic Injectables.

Kind regards
Clare Casey