

From: Glenn Murray

Sent: Saturday, 28 March 2015 2:43 PM

To: medboardconsultation

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

To Whom It May Concern ,

I am a Past President of the CPSA (founding member) , past ACCS council member and I have been heavily involved in attempting to maintain standards over the last 20 years .

I have been full time cosmetic for most of this time and I have never been sued .

My practice has extensive education processes in place and customer service personnel who prevent , educate and address concerns .

I have recently performed a nation wide lecture tour on Injectable complication management and was shocked at the number and severity of these being caused by unsupervised nurses and inexperienced Dentists .

I was originally a nurse and understand the problems associated with this group .I have many friends who are dentists and I am aware of their limitations in this field .

I am currently studying a Kellogs EMBA (number 1 worldwide) internationally to learn best management practices.I have just performed a Cosmetic Industry analysis for this course .

I believe most of the problems in the industry can be reduced by the following .

Enforcement of laws in place such as seen by the HCCC v Piper decision .

Prosecution or tighter regulation of Distributors who are vertically entering the Industry by stealth and facilitating poor practices .**This is the main problem currently and lobbying of regulators has seen a degradation of standards and patient safety also .**

Keeping nurses well regulated as they do not have the experience to manage patient complications .The medical model should be adhered to - the patient is under the care of the Doctor with the nurse under competent supervision of this Doctor who should have knowledge regarding the field they are practising in (writing scripts and having no knowledge of treatments ,records or patients identity is poor practice) .

Telemedicine consults by a managing physician who is reasonably physically (not interstate or international) contactable in case of emergency etc should be allowed .This should be for their own practice and not for a third party or by a practitioner who has no idea of the field they are practicing in .They should be a member of a society with codes of conduct in cosmetic medicine not a figure head only .

Surgeons and other Doctors should have specific reasonable qualifications specific for the Aesthetic area in each procedure .

Most problems I encounter are those that are from part time practitioners in this field with little real interest .Arrogance from some groups claiming to own the procedures is concerning as many of these do not have a specific interest in the area and do not educate the patients

realistically .Saying this it must be appreciated this is an area of medicine much like chronic pain - there will always be the unrealistic patient who is not happy with life in general .

The Harmony questionnaire is a strongly recommended tool developed the University of Victoria to identify these patients and should be recommended to practitioners .

A cooling off period is acceptable except in those who have been considering the procedure for more than 6 months and , have passed the harmony questionnaire ,BDD questionnaire and social history enquiry .

Turf wars should be ignored between groups as Internal rivalry is high and a cause of patient dissatisfaction and complications .

The cosmetic field should be recognised as a specialty but not be owned by any one group - it should be a multidisciplinary group and not anticompetitive or unfairly restrictive .For example Liposuction was invented by a gynaecologist but some groups claim it as there own for financial reasons when it is obviously not .

The Liposuction death in Victoria was a case in example .The plastic surgeon was not fully experienced in this field (part time cosmetic only) having only performed approximately 100 cases (many non plastics have perfumed over 5000) and performed inadequate followup.

I would like to be involved in any further discussions and if I can be of any further assistance do not hesitate to contact me .

Regards,

Dr Murray

CONSULTATION QUESTIONS

1. Do you agree with the nature and extent of the problem identified in this consultation paper, for consumers who seek cosmetic medical and surgical procedures provided by registered medical practitioners?

I think that it is an area that needs specialist

2. Is there other evidence to suggest that there is a problem with consumers making rushed decisions to have cosmetic medical and surgical procedures provided by registered medical practitioners without adequate information?
3. Is there other evidence that consumers cannot access reliable information or are relying on inaccurate information when making decisions about these procedures?
4. Is there evidence that inappropriate use of qualifications and titles by medical practitioners may be misleading for consumers?
5. Is there evidence that offers of finance for these procedures may act as an inducement for consumers to commit to a procedure before they have had adequate time to consider the risks?
6. Is there other evidence of disproportionate numbers of complaints or adverse events for consumers who have had these procedures?
7. Is there other evidence to identify the magnitude and significance of the problem associated with cosmetic medical and surgical procedures provided by registered medical practitioners?
8. Is there other evidence that the current regulation of medical practitioners who provide cosmetic medical and surgical procedures is not adequately protecting the public and not providing clear guidance on the Board's expectations of practitioners?