

From: Cath Porter
Sent: Thursday, 28 May 2015 11:39 PM
To: medboardconsultation
Subject: FEEDBACK ON DRAFT COSMETIC SURGERY GUIDELINES

To the Medical Board of Australia
Re: Feedback on draft cosmetic surgery guidelines

Medical mandatory face-to-face consultations before prescribing schedule 4 (prescription only) cosmetic injectables

My sole field of medical practice since 2005 has been non surgical cosmetic medicine. I have worked in the cosmetic industry however for 20 years and graduated from medicine in 1993. I work alongside registered nurses and beauty therapists in a cosmetic practice that has been established for 25 years.

I strongly support the requirement for a face to face consultation for consideration of treatment with prescription muscle relaxants and dermal fillers. A physical examination is required for the appropriate prescription of these products for the following reasons

- the cosmetic patient must be viewed as a three dimensional whole for an adequate assessment of their cosmetic needs. This results in better and more natural looking outcomes.
- the cosmetic consult is also an opportunity to assess a patient's photodamage and recommend appropriate treatment.
- being face to face with a cosmetic patient allows better assessment of their face in both animation and repose. Palpation of the facial tissues is helpful in assessing volume loss and elasticity.
- being in the same room as the patient leaves one better equipped to assess mental state and emotional affect.

Currently Skype/Facetime consultations are being used by doctors, some of whom have no cosmetic training and have never administered these medicines themselves, to prescribe dermal fillers and muscle relaxants for administration by registered nurses or endorsed enrolled nurses. The prescribing doctor is often not only not in the room, but not even in the city or the state where the procedure is being performed. This presents problems in emergency situations and in the management of complications. The prescribing doctor in this situation cannot take full responsibility for the care of the patient or professionally support the delegated injector.

I agree with the use of Skype / Facetime consultations and telemedicine in an emergency situation or where patient access is limited by remote location. Elective treatment of cosmetic patients in densely populated urban environments with no limit to patient access does not seem to fit this model.

COOLING OFF PERIOD FOR COSMETIC TREATMENT OF A MINOR

I offer no comment with respect to surgical procedures. I do however believe that a mandatory cooling off period is NOT necessary for the laser treatment of congenital birthmarks for which there are currently medicare item numbers.

Regards,

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