

**From:** Jacquie Chirgwin  
**Sent:** Monday, 20 April 2015 10:22 PM  
**To:** medboardconsultation  
**Subject:** Cosmetic procedures

Dear Sir/ Madam

Please find attached my feedback regarding the proposals for reform in the cosmetic surgery regulations.

I consider it vital that Cosmetic and Anti-aging nurse practitioners are able to continue providing care, including administering Botox and dermal filling injections. Where these practitioners are skilled and experienced I believe they are able to provide a superior service that fulfils a large need in the community in a safe and accessible fashion. There would be no reason for this treatment to only be provided by a cosmetic physician - indeed I cannot imagine that such practitioners would have the capacity to provide for the services currently undertaken by Cosmetic Nurses.

Regards,

*Jacquie*

---

**ASSOCIATE PROFESSOR JACQUELINE CHIRGWIN** MA(Oxon); MB,BS; FRCP(UK) ; FRACP  
**Medical Oncologist specialising in Breast Cancer**

Maroondah Breast Clinic, 20, Grey St., Ringwood East 3135  
Fax: 9871 3588  
Oncology Dept, Box Hill Hospital, Nelson Rd, Box Hill 3128

Ph: 03 9871 3582

Ph: 03 9895 3585  
Fax: 9895 3141

April 19th 2015

Australian Health Practitioner Regulation Agency  
[medboardconsultation@ahpra.gov.au](mailto:medboardconsultation@ahpra.gov.au)

TO WHOM IT MAY CONCERN

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

I note the current proposal for new cosmetic surgery guidelines and regulations, which is clearly needed for invasive surgical procedures in order to protect patients from inappropriate practices and most importantly to ensure safety.

However, these new guidelines and regulations appear to mean that simple procedures such as Botox injections and dermal filling injections would no longer be available via cosmetic nurse practitioners. The consequence of this would seem to be a massive reduction in availability and affordability of these procedures: clients would need to wait for a costly additional face to face medical consultation (often for weeks or months); would presumably require a GP referral and it seems likely an additional imposition of having to have the injection performed by the medical practitioner themselves. As a result of all of this, I can see the cost soaring. In addition, capacity to provide sufficient service in this area is almost certainly not present if all such treatment requires medical practitioner input at this level. Besides, a properly trained and experienced cosmetic or anti-aging nurse is likely to provide a superior service to a doctor in this area.

I have received botox injections regularly for some time under the care of an experienced and highly professional cosmetic nurse, Trish Matheson. She is supervised by a cosmetic physician in her work, and I feel extremely safe in her competent hands. She takes a detailed relevant medical and medication history, explains the proposed procedure, its side effects as well as outlining different options for treatment. Costs are discussed in a transparent manner and I was asked to sign consent once I was clear on all the details. I must say, I felt these processes were better attended to than many medical procedures I have undergone in the past.

I think it a retrograde step to limit cosmetic care to medical practitioners and would urge AHPRA to incorporate into the new proposal mechanisms to ensure the ongoing practice of care by appropriately trained and experienced cosmetic or anti-aging nurses under the

supervision of suitably trained medical practitioners. To do otherwise, would severely reduce the availability of these useful, safe and relatively simple procedures, likely resulting in availability to only the most affluent in society.

Thank you for considering my feedback.

Yours faithfully,

A handwritten signature in black ink, consisting of a stylized initial 'J' followed by a horizontal line extending to the right.

A/Prof Jacquie Chirgwin