

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

Attention: medboardconsultation@ahpra.gov.au

From: Alexandra Hanby
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The Australian Laser & Skin Clinic - Brighton

To whom it may concern,

I appreciate and am thankful for the opportunity to give my insight and thoughts in regards to the proposed changes regarding the cosmetic and surgical procedures.

I am employed as a division one cosmetic nurse by the Australian Laser and Skin Clinic, my role specifically is to provide non-surgical cosmetic enhancement. The company prides itself on its paramount quality in both services and treatments.

I would just like to outline that I believe our company to be of a highly esteemed calibre. There is a rigorous training module which is to be completed by all new cosmetic nursing staff and continuous training for all current staff. I am aware that there are a few companies with similar branding and name, these companies are by no means are linked to our establishment.

Prior to being employed for The Australian Laser and Skin Clinic I worked for the Alfred Hospital where I administered many types of scheduled drugs autonomously. So long as the patient had valid script, I could administer these drugs. This is considered safe and within my scope of practice. Currently the policy at The Australian Laser and Skin Clinic is as follows:

- All clients are to have a comprehensive face to face consultation with a cosmetic nurse.
- All clients are to have a face to face medical consultation with a medical practitioner to ascertain a valid script.
- The script is then valid for 12 months.

I would like to analyse the statement below.

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, I found it difficult to decipher the phrase "course of injections". Understanding that our medical practitioner's prescription for S4 drugs (includes either a series of hyaluronic acid dermal fillers or a series of botulinum toxin type A Injections) is valid for 12 months, from my understanding is that a "course" of injections/treatment means the prescribed course or series is inclusive of that 12 month time period.

I would deem it overzealous and inappropriate from a medical point of view for a medical practitioner to be re-assessing every client prior to every treatment. This is not routine practice (unless the patient is showing abnormal symptoms) in a hospital based setting.

So long as the points listed below have been met our current practice is safe and within scope of practice:

- a) All patients have attended a full comprehensive medical consultation with the medical practitioner.
- b) Post the medical consultation the medical practitioner has deemed the patient safe for treatment with either hyaluronic acid dermal fillers or a series of botulinum toxin type A injections.
- c) The patient was comprehensively informed and signed a medical consent form regarding the procedure upon the initial consultation with the medical practitioner and prior to treatment.

Only if the valid script has expired should this process be repeated.

I submit that use of prescribing via video is within scope of practice as similar procedures are in place within the medical profession. It is in my opinion it is an extremely effective remote tool which proposes many benefits to not only the patient but to the medical practitioner and cosmetic nurses.

I do not believe that the safety or the explanation of the procedure will be compromised by video conferencing.

Following are my views in regards to face to face consultations in juxtaposition to video conference consultations:

1. Video conferencing is widely used by the majority of medical practitioners and nursing staff globally in all settings, it allows for a more fluid approach to time and cost management.
2. Neither form of consultation provides a superior or inferior form of information to be delivered to the patient.
3. The same information is relayed to the client, the client is systematically asked the same questions and given the opportunity to ask questions and the same level of quality and service is maintained. Both the client and the medical practitioner are able to interact clearly and concisely.
4. Face to face consultations in comparison to video consultations does not have any added properties to the safety of the client. Regardless of the mode of information relay between practitioner and client the same level of patient care is undertaken.

Imposing mandatory face to face consultations will severely disadvantage all parties involved within non-surgical cosmetic enhancement and affect the fluidity of treatment and care, points for this statement are as listed below:

1. Majority of medical practitioners work exclusively to a number of clinics, this would limit the time available for clinics to perform face to face consultations.
2. It would disadvantage cosmetic nurses by the fact that a physician needs to present on site thus removing their autonomy and would render the nurse unable to perform their duties in a fluid manner.

3. It would also limit consumer availability as it restricts the volume of treatments to be performed.
4. From a cost perspective it would be unviable to for a clinic to have all face to face consultations performed by a medical practitioner, thus causing that business to run at a loss or close indefinitely.
5. If this change was to be enforced it would dramatically increase the price of the service/treatment and limit the amount of consumers investing in such treatments. Majority of current clients will not be able to continue with treatment if the cost was to rise.

The Australian Laser and Skin Clinics all across Melbourne have a number of experienced and talented cosmetic nurses. I myself pride in the fact that I am employed by an organisation that strives to be the very best in the industry. From personal experience I have been given the opportunity to train with highly experienced, knowledgeable cosmetic physicians and clinical educators. This has not only positively benefited my practice but I feel that it has made me a very valuable asset to the non-surgical cosmetic enhancement industry.

I strongly feel that the implementation of this compulsory face to face consultation will disadvantage not only my practice but my value to my current employer. I believe it will also hinder my progression within my field as it will limit my exposure to treating clients. Majority of my clients come from a middle class background and a rise of treatment cost would restrict the market of client that I can offer my services to.

In conclusion I see this proposal of change to current practice to be unviable for not only cosmetic physicians, nurses but also to business owners.

With kindest regards,

Alexandra Hanby
Registered nurse
Australian Laser & Skin Clinics
