

Thank you for the opportunity of providing comment on the options for addressing the problems identified in relation to Cosmetic and Surgical Procedures. In response to the specific consultation questions, my views are outlined below:

Q 1. I do not agree that the nature and the extent of the problem are the same for Cosmetic medical and Cosmetic surgical procedures.

Q 2. Unfortunately most of the information available to consumers is provided by the tabloid media and there would be benefit in having reliable information available for consumers. In relation to injectables, particularly botulinum toxin but also fillers, the initial decision should be well considered but the decision to continue with subsequent injections is not a rushed decision nor is it without adequate information.

Q 3. See the response to Q 1. above.

Q 4. I am not aware of any such evidence.

Q 5. Offers of finance may act as an inducement and should not be allowed.

Q 6. Clearly medical indemnity insurance address a range in the number of complaints and have different premiums where only minor cosmetic procedures are undertaken, as a result of that difference in the number of complaints.

Q 7. I am not aware of other evidence.

Q 8. I am not aware of other evidence.

Q 9. Current code of conduct provided by the board does provide adequate guidance to medical practitioners, not only those providing cosmetic medical and surgical procedures.

Q 10. The existing codes and guidelines are adequate. Surely each and every branch of medicine cannot have a detailed code of conduct and set of guidelines specific to that area. There will always be rogues but a hammer is not required to kill a gnat.

Q 11. Yes.

Q 12. No.

Q 13. Yes. Every area of medicine would benefit from the availability of up to date and relevant education material, much is already available on the internet and most sensible consumers already access such information.

Q 14. Probably the Mayo Clinic but the various colleges and medical associations should do their bit.

Q 15. The manufacturers of the products and the various colleges.

Q 16. No.

Q 17.1. Only for the cosmetic surgical procedures and certainly not for minor procedures. 7 days is a reasonable period.

Q 17.2. Absolutely and Yes.

Q 17.3. Yes.

Q 17.4. Only patients deemed unsuitable should be referred to an

independent psychologist.

Q 17.5. No.

Q 17.6. No.

Q 17.7. To deny the benefits of video conferences or similar modern technology and insist on consultation in person will have ramifications in all areas of medicine and will set the profession back. Why single out prescription only cosmetic injectables?

Q 18. No.

Q 19. No. In the case of simple, recurrent botulinum injections , many of which incur a fee of between \$100 and \$250, the additional consultation costs (which are NOT refundable by medicare) would make the procedures prohibitive for many of the current clients. Any cooling off period for recurrent injections is an unnecessary cost and inconvenience for both the patient and the doctor.

Q 20. See Q 19.

Q 21. This depends on which procedures one is discussing and the answer in terms of minor cosmetic medical procedures is no but for more major cosmetic surgery the answer is probably yes.

Q 22. Yes.

Q 23. There is less cost in terms of administering such guidelines and the board would not be seen to be promoting the self interest of some colleges and associations.

Q 24. Probably.

Q 25. See the above.

Q 26. The options that the board has identified are adequate.

Q 27. MY PREFERENCE IS SLIGHTLY IN FAVOUR OF OPTION 4 OVER A COMBINATION OF OPTIONS 1 AND 2.

OPTION 3 IS, I BELIEVE UNNECESSARILY RESTRICTIVE AND WOULD DEMONSTRATE THE INCURSION OF BUREAUCRACY INTO THE PRACTICE OF MEDICINE. AFTER ALL THE CHARLATANS IN MEDICINE ARE A VERY SMALL SECTION OF THE OTHERWISE TRUSTED MEDICAL COMMUNITY.

Thank you for the opportunity to comment on the options.

Dr. Bronte Douglass