

**From:** Garth Dicker  
**Sent:** Friday, 29 May 2015 10:59 AM  
**To:** medboardconsultation  
**Subject:** Consultation-Cosmetic medical and surgical procedures

Re Use of Schedule 4 cosmetic injections

I am concerned about the illegal use of Schedule 4 cosmetic injection drugs notably Botulinum Toxins and Hyaluronic Acid Dermal Fillers that has been facilitated by medical practitioners working in the area of cosmetic medicine. [REDACTED]

The scenario that is of particular concern is where a medical practitioner forms a financial arrangement with the owner(s) of a Beauty Salon/Day Spa who then promote the use of Schedule 4 cosmetic injections direct to their clients to procure a group of clients, the medical practitioner provides a nurse to visit the salon to treat the clients, the medical practitioner provides the Schedule 4 drugs to be administered, and on the first occasion the client is seen the medical practitioner is contacted by the nurse via Skype and briefly speaks to the 'patient' who is then treated by the nurse. The medical practitioner gives 'standing orders' typically without detailing exact dose, exact product, maximum number of procedures, the areas to be treated or how often the patient is to be retreated. The medical practitioner has no further involvement until 12 months later when written standing orders are reissued usually without any patient review.

This scenario is of great concern on many levels:

- (1) A financial arrangement between a medical practitioner and a non-medical salon owner is essentially touting for business. The arrangement is usually based on the salon owner retaining a % of what the client is charged giving the salon owner the financial inducement to generate as many clients as possible. The direct promotion and advertising of Schedule 4 cosmetic injections by the salon owner to clients is a breach of TGA regulations.
- (2) The financial arrangement between the medical practitioner and the nurse is typically the nurse working as a subcontractor and being paid a % of what they charge. The more Schedule 4 drugs administered by the nurse the more profit they make hence providing a financial inducement for as much Schedule 4 drugs as possible to be administered.
- (3) The setting of medical procedures being performed in a salon/day spa rather than in fully equipped medical rooms and without a medical practitioner available on site is a safety concern should complications occur. Cosmetic injections are listed on Schedule 4 of the TGA register for a reason and in the words of the TGA "prescription medicines are considered high risk products." Another safety concern is the security of Schedule 4 medications if they are being stored by a nurse at home, being transported by a nurse in their car between salons and how secure they are within the salon/spa environment. Drugs and Poisons Regulations require Schedule 4 drugs to be stored in a locked and secure facility to prevent unauthorised access. A further safety concern is with Schedule 4 cosmetic injections that require refrigeration (eg Botulinum toxin) that in transporting the products how effectively and safely the 'cold chain' is maintained.
- (4) The bulk supply of Schedule 4 drugs by a medical practitioner to a nurse for administration to potential 'patients' the medical practitioner has yet to see and might only do so by Skype is of great concern. The Drugs and Poisons Regulations specify that a medical practitioner may only prescribe a Schedule 4 drug to a patient under his/her care. Further it is my understanding that in Victoria it is an indictable offence to provide Schedule 4 drugs for a patient not under your care and that it can carry a penalty of imprisonment.

- (5) The concept that a brief Skype interaction constitutes a medical consultation in the context of an elective cosmetic procedure being performed in a suburban beauty salon by a nurse on a person who has booked in for treatment on the advice of a salon owner and has never seen that medical practitioner before and probably doesn't even know the medical practitioners name is absurd. The Drugs and Poisons Regulations 2006 undoubtedly didn't factor in Skype consultations as a method of routinely authorising Schedule 4 drugs. The regulations do allow for a nurse to administer a Schedule 4 drug on the oral instructions of a medical practitioner but only if an emergency exists ( Division 6,r47.3), and clearly that is not the case with elective cosmetic injections.
- (6) Standing orders is a grey area. The Drugs and Poisons Regulations (Division 6, r46.4 ) state that a Schedule 4 drug must not be administered by a nurse if the instruction is more than 12 months old. The Regulations do not identify how specific the instructions should be before they need review. In the Beauty salon scenario 'standing orders' are often very nonspecific eg 'Botulinum toxin up to 100 units and Hyaluronic Acid fillers up to 5 ml' without reference to area to be treated, exact product to be used, maximum number of procedures and frequency of retreatment. With cosmetic injections it is usual that patients have multiple attendances within a 12 month period and the quantity of Schedule 4 drugs being administered at each visit often varies as well as the areas being treated, and any changes to the administration of the Schedule 4 cosmetic injections is being left to the discretion of the nurse. After 12 months the medical practitioner typically reissues written standing orders to the nurse for another 12 months, usually with no further interaction between the medical practitioner and the patient.
- (7) There is no specific 'Cosmetic Nurse' or 'Nurse Injector' qualification and whilst in the past nurses who injected Schedule 4 cosmetic injections were Registered Nurses, often with experience in Plastic Surgery or Dermatology, this is no longer necessarily the case. Enrolled Nurses with medication endorsement are also now working in the beauty salon/spa industry and injecting Schedule 4 drugs. Dermal therapists are now being encouraged to add units to their course to achieve the Enrolled Nurse medication endorsement so that they can run their own beauty clinic and administer Schedule 4 cosmetic injections within their salons presumably with supply of Schedule 4 drugs from a medical practitioner.
- (8) Another development is the number of Registered Nurses who are now undertaking the Nurse Practitioner degree in the area of Perioperative Care. In Victoria this category of Nurse Practitioner pursuant to section 14(1) of the DPCS Act has included amongst the Schedule 4 medications the Nurse Practitioner can prescribe the common Schedule 4 cosmetic injections (ie Botulinum Toxin and Dermal Fillers). Whilst Nurse Practitioners have been a valuable addition to the health network working in collaboration with medical practitioners within an employer's clinical governance framework the unintended consequence is that nurses are now seeking the Nurse Practitioner (Perioperative Care) qualification, not to work in the Perioperative area at all, but rather so they can set up a business as solo practitioners in the cosmetic industry. The scenario of Nurse Practitioners working in isolation as solo practitioners prescribing and administering Schedule 4 cosmetic injections in Beauty salons/spas will become prevalent and presumably these Nurse Practitioners will also be able to supply Schedule 4 cosmetic injections to other nurses and 'consult' via Skype in the same way some medical practitioners are currently doing.

Kind Regards

Dr Garth Dicker