

From: Ken Gudmundsen
Sent: Thursday, 30 April 2015 10:29 PM
To: medboardconsultation
Subject: Cosmetic Surgery Guidelines

Dear Sir / Madam,

The Medical Board of Australia is seeking consultation to help set specific guidelines for cosmetic procedures.

The proposed guidelines have a number of key points, regarding prescribing and use of schedule 4 (prescription only) cosmetic injectables, some of which I would like some clarity to arise:

The statement; < mandatory face-to-face consultations > before prescribing schedule 4 (prescription only) cosmetic injectables.

This is too vague. It won't help tighten up the process at all.

At present many entrepreneurial Nurses and Doctors are conspiring in a fashion that is not within the letter of the law, but they seem to be able to get away with it.

This relates to Nurses travelling around from town to town, from clinic to clinic, administering Botox and Dermal fillers in Beauty clinics and other rooms.

The doctor allegedly has discussed the case with the nurse or a few times communicates with the client via Skype. There are also < standing orders > given by doctors < allowing > 12 months of ongoing injections.

The practice has the pretence of being legal because the guidelines are vague.

The guidelines need to make very clear what each part of the guidelines mean;

The expression 'face-to-face' these days has no specific meaning.

It used to mean people were in the same place physically.

It can now mean Skype, facetime etc. It can mean a teleconference.

Medicare has encouraged teleconferences because it can help people with serious conditions in remote areas get access to medical practitioners.

It is unfortunate that electronic < face to face > use of Skype could be accepted as a consult for the use of Botox and Dermal fillers.

It allows one doctor or one organization to send out an army of Nurses to earn lots of money with the use of S4 medications with no real consult having occurred.

In my opinion, face-to-face needs to be an actual physical consult between doctor and patient.

* limits on where cosmetic procedures can be performed, to manage risk to patients.

Currently cosmetic procedures such as the use of Botox and Dermal fillers;

are performed in a variety of locations;

These include Beauty salons, medispas, mediclinics & purpose built clinics with no doctor on site. This is unacceptable.

Is it OK that nurses seem able to inject cosmetic injectables S4 remotely in any site whatsoever away from the doctor's rooms post consultation with a 12 month plan?

I would like to see some clear, concrete, legally binding guidelines so we are all clear on what is required.

I would like to see a practical easy system where doctors and nurses not following the rules can be reported and investigated.

Regards

Ken G

Dr Ken Gudmundsen

Dermatologist,
Lismore Skin Clinic,
"Molesworth House",
186 Molesworth St,
Lismore, 2480, NSW
Phone; 02 - 6621 3500
Fax; 02 - 6622 0417

