

From: Steve Wassall

Sent: Sunday, 5 April 2015 10:30 AM

To: medboardconsultation

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

I applaud the the Medical Board of Australia's decision to provide some clarity over the standards required for Cosmetic Medical and Surgical procedures. I am a Medical Practitioner with over 20 years of experience in private practice. I have worked as a General Practitioner, Skin Cancer Doctor and Cosmetic Medical Practitioner.

I have been practising Cosmetic Medicine since 2002 and currently I spend approximately half my working week providing non-surgical Cosmetic Medical Procedures ie. Botulinum toxin injections and dermal fillers. During this time I have witnessed a dramatic increase in the provision of these procedures and have personally provided these services in a variety of settings. I do not perform Cosmetic Surgery and the rest of my submission will be based on my observation and experiences with Cosmetic Medicine.

The overriding principle in the delivery of Cosmetic Medical services is that the public should expect the same level of professionalism and standards that they would with any other aspect of Medical Practice. Cosmetic Medicine has some unique characteristics in that it is entirely elective and consumer driven. However, the actual model of consultation and service delivery is no different to any medical interaction. A history from the patient is taken, the practitioner discusses the potential risks and benefits of the procedure, consent is provided, the procedure is performed in an appropriate setting and aftercare or follow up arrangements are made.

It is my observation that the availability of Nurse Injectors has increased dramatically. These Nurses are operating with various levels of supervision from the "prescribing doctor". However, it is generally perceived within the industry that the "prescribing doctor" is usually just a conduit for the Nurse to obtain prescription medication. "Consultations" often occur via email, telephone or videoconferencing, if at all. The doctor often has little or no supervisory roll in the provision of the procedure, is unavailable to manage immediate or delayed complications and has no intention or expectation of interacting with the patient at all in the future.

The public would not tolerate this process in any traditional form of medicine except an emergency or a remote setting. The "prescribing doctor" needs to be front and centre in the patients care. They must be available to manage potential emergencies, complications and for patient follow up. Paragraphs 6.2, 7.2 and 7.3 deal with these issues. However, I believe these standards should be strengthened and clarified to include the following:

- First consultation *and procedure* to be performed with a medical practitioner. If a patient that had previously had botulinum toxin injections requested dermal fillers then this initial consultation and procedure is also to be performed by a medical practitioner
- The prescribing doctor must be contactable and available to *physically* respond in a timely manner if required. Being available to give phone advice only is inadequate. If a medical practitioner is on leave then it is reasonable to allow them to formally delegate this responsibility to another medical practitioner.
- Procedures that have been delegated only to be performed in locations that prescribing doctor physically attends and practises from.
- Procedures only to be performed when either the prescribing doctor or another medical practitioner is present or immediately available.
- Clarification required over the definition of *course of injections* in paragraph 7.2.

I also have concerns about the suitability of some of the locations in which Cosmetic Medical procedures are being performed. The injecting environment must conform to the standards of a medical facility and address issues of hygiene, sterility, confidentiality, handling and storage of products and ability to deal with emergencies and complications.

There are many injectors, including medical practitioners, operating from beauty and hairdressing salons. In most instances these practitioners will travel to numerous locations. The public would not tolerate this in any other aspect of medicine. It effectively equates to a GP working from a beauty or hairdressing salon. In the past I have operated from such locations but ceased to do so as I concluded that it was not an appropriate standard of care. Travelling to multiple locations reduces the ability to manage complications and follow up patients.

There is a perception within the community and medical community that these procedures are trivial. However, there are some potentially very serious and potentially life threatening risks to these procedures. This includes anaphylaxis to either lignocaine (present in most dermal fillers) or hyaluronidase (used to "dissolve" dermal filler); necrosis due to ischaemia from inadvertent intra-arterial dermal filler injection; irreversible blindness from inadvertent intra-arterial filler injection embolising to the retinal artery. These complications are rare but all injectors must be prepared and able to deal with the potential complications from the procedures they perform. Vasovagal reactions to injections are common and some of these locations are unable to cope with this simple complication effectively.

Paragraph 11.2 deals with facilities but I believe it needs to be more specific and include the following:

- Procedures to be performed in a predominantly medical environment and a medical practitioner must be present the majority of the time.
- Resuscitation equipment including oxygen, I.V cannulas, intravenous fluids, bag and mask, stethoscope, sphygmomanometer, pulse oximeter present on premises. Defibrillator should also be present or immediately available. This should be mandatory for all procedures where anaphylaxis is a possibility, not just procedures requiring sedation or analgesia as outlined in Paragraph 5.3.
- Medical practitioners must be available to attend all locations they practise from in a timely manner to offer follow up and manage complications.

I trust the Medical Board will consider my submission and act as it deems appropriate.

Regards
Dr Stephen Wassall