

From: Robert Goldman
Sent: Thursday, 28 May 2015 6:14 PM
To: medboardconsultation
Subject: 'Consultation – Cosmetic medical and surgical procedures

To AHPRA,

Regarding the Public Consultation Paper and Regulation Impact Statement concerning Registered medical practitioners who provide cosmetic medical and surgical procedures, I recommend:

Option 4

Strengthen current guidance for medical practitioners providing cosmetic medical and surgical procedures through new, practice-specific guidelines as per option three but which provide less explicit guidance to medical practitioners.

Having advised this, I would like to add the following:

Whilst I do understand the need for regulation in the cosmetic medicine and surgery industry as a whole, what is totally lacking is any form of regulation to protect the thousands of Australians who undergo many of these procedures overseas (see data from the health insurer NIB). Cross jurisdiction mechanisms must be considered to regulate the predatory "cosmetic medical and surgical tourism industry". Any proposed regulations that do not include this subset of the industry will result in only a partial protection of the Australian public, hence, I would question any further regulatory steps that do not address this issue.

As I am sure the Board is aware, the primary medical degree is a Bachelor of medicine and Bachelor of surgery and as such, care needs to be exercised in "over regulating" medical practitioners who perform surgery. As a FRACS in general surgery, I would like to acknowledge that this specialty includes breast and abdominal surgery among other areas of specialty. Further, the College of Surgeons has adopted a competency based programme of training of its specialists and as such, I believe this needs to be taken into consideration with respect to any proposed new regulation that is contemplated.

The areas of most concern are the non-specialist (non-FRACS) clinics in Australia that are conducting cosmetic surgical procedures in peripheral clinics with minimal or no patient monitoring where the "cosmetic GP/physician/Dr" also administers the local anaesthetic and more hazardous, intravenous sedation. The combination of a surgical procedure under local anaesthetic with or without intravenous sedation by the operating Dr in such environments must be stopped. This is placing Australian lives at risk. I draw your attention to the case in a NSW Clinic in January 2015 where a "routine" procedure resulted in a cardiac arrest - due presumably to a toxic level of local anaesthetic. This case was widely reported in the Sydney Morning Herald on January 27th 2015.

I believe certain surgical procedures are quite safe to be performed in these clinics but the scope of practice must be defined. I believe it is totally inappropriate for operations such as breast augmentation and liposuction to be performed by non specialist surgeons out of a licensed hospital environment.

Finally, the role and status of the Australian College of Cosmetic Surgeons must be clarified. This organisation is not recognised by federal legislation as a training organisation for specialist surgeons.

The other area of the industry for which revised regulation is long overdue is the role of registered nurses practicing as cosmetic nurse injectors. This area of the industry is brought with examples and incidents where registered nurses are totally overstepping their scope of practice. Such examples include but are not limited to:

1. No medical consultation (as defined by standard medical practice), no formal prescription written by the medical practitioner for these schedule 4 drug. Often, a brief phone call between the Doctor and nurse is the only form of consultation, on occasion, A video-call (for example Skype) between the

Dr, nurse and maybe the patient may be conducted, often, no communication between the nurse and medical practitioner at all occurs.

2. Registered nurses are transporting these schedule 4 drugs (cosmetic injectables) between practices without any medical input to be injected by the nurses at a remote practice, often not even a medical practice without any form of supervision at all.

3. Nurse injectors are cross substitution different Trademarked products for another without any proper medical discussion with the patient(examples here include Botox/Dysport/Xeomin) with differing efficacies and even as different products.

I am prepared to provide any further information that is required.

Yours sincerely,

Dr Robert Goldman, MB,ChB, F.R.A.C.S.