

**From:** Julia Booth  
**Sent:** Tuesday, 26 May 2015 4:42 PM  
**To:** medboardconsultation  
**Subject:** Public Consultation Paper: Registered Medical Practitioners who provide cosmetic medical and surgical procedures

Executive Officer, Medical  
AHPRA  
GPO Box 9958  
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To Whom It May Concern,

**RE: PUBLIC CONSULTATION PAPER: Registered Medical Practitioners who provide cosmetic medical and surgical procedures**

I have been nursing as a Division 1 Registered Nurse for over 20 years and have enjoyed working in a variety of settings during my experience. Prior to completion of my registration I worked for 2 years part time as a pathology collection nurse, taking blood and various other specimens such as swabs, Pap smears and ECGs. The initial 13 years of my career were spent in the peri operative setting as a scout/scrub nurse for 7 years and PACU nurse for 6 years. I then moved to practice nursing in a dermatology practice where I assisted with minor surgical and cosmetic procedures and began working as a cosmetic nurse injector. For the past 2 years I divide my practice between working 2 days as a cosmetic nurse injector and 2 days in PACU. I feel this gives me a balance in my work life.

I pride myself on my work and my dedication to ongoing education and training to stay at the forefront of safe practice. After my graduate year and upon deciding to make a career in peri operative nursing, I went on to complete the first year of my masters to achieve a Certificate in Critical Care Nursing Perioperative. I also attended regular internal and external training to remain up to date. I then underwent further training when I began working as a Cosmetic Nurse Injector. I attend regular education and training days as both a PACU nurse and a Cosmetic Nurse Injector and far exceed the minimal requirement for hours of training for AHPRA.

In my role as a Division 1 Registered Nurse, I am required to administer a variety of medications by a variety of routes in various settings. Such medications range from narcotics, S4's, S11's, S12's and so on. I frequently administer blood and blood products and local anaesthetic. It has never been a requirement of my registration to have a doctor present whilst administering these medications or products, but part of my registration and training as a Div 1 Registered Nurse to perform these medications and products safely. Taking blood and IV cannulation, insertion of nasogastric tubes and IDC are all duties performed as nursing responsibilities.

Nursing care and caring for the medical and surgical patient is an area in which onset of symptoms, deterioration and improvement can be sudden and unexpected. These are situations which nurses are trained for and there are known procedures follow. In support of these procedures, there have been countless times in my experience in which I have been required to take phone orders from a doctor to administer drugs, including S11 and S12 drugs without the doctor sighting the patient. The phone orders are given without "face to face"

consultation between the patient and doctor. Such orders are given and performed routinely and regularly in many areas of nursing practice and is seen by doctors and nursing as a job requirement in maintaining patient safety and providing safe outcomes. It is common for the doctor to not see the patient at all and no "face to face" occur between the prescribing doctor and patient in these situations.

Since beginning my career in private practice, my experiences have been different. Attending further education in the hospital setting is very much self directed and on line training. Since working as a cosmetic nurse I attend regular work shops with a team of doctors and nurses. These are both informative, personable and educative. I walk in to my clinic days feeling and knowing that I am giving my patients the best care with safe and realistic outcomes. What I have learnt in private practice as a cosmetic nurse is the value in educating my patient. I get a sense of reward in working in PACU from helping a patient safely awake from anaesthetic and surgery. I get a different reward from educating clients in cosmetic nursing. I enjoy informing my patients of their options, explaining the different product choices they have, suggesting alternatives, and discussing how to best achieve their realistic goals. I provide a professional service which I pride myself on by giving this thorough consultation in real time video with a doctor or nurse practitioner. This gives the patient a second opinion, and opportunity to discuss treatment concerns and alternatives with another medical professional in real time. My patients often comment how safe they feel and how much they appreciate the thoroughness of the consultation. My patients return for treatment no sooner than a 2 week cooling off period, during which they are encouraged to call, email or come and see me if they have more questions or concerns.

I have a high percentage of return patients who comment on the consultation process they receive with myself and another face to face medical professional. Many comment that they have never received anything as thorough at previous places. Some have never been required to fill in a consent form at their previous place of treatment.

While I worked in a dermatology practice, the use of real time video was often used by the dermatologists for skin consultations. This is something I found unusual, since with dermatology and skin lesions specialised equipment is usually required for accurate diagnosis. However, whilst working in this practice, it was not uncommon to see the nurse who was training me 'click' on the treatment order from the doctor template with out the doctor ever seeing the patient requiring cosmetic treatment from the cosmetic nurse. This is one of the reasons I left this practice, as I didn't feel they practiced safely and within the requirements of our registration. However, working remote to my consenting doctor, offering my patient real time consultation, rebooking treatment so that patients have a cooling off period offer the best practice the patient can receive safely.

Nursing is a profession which is traditional in its origins but is progressing faster than we realise. In offering my patients real time face to face consultation with a doctor or nurse practitioner, I am offering my clients far more in my role as a cosmetic nurse injector than what they receive as my role as a PACU nurse. Nurses are trusted in their education and training to perform these and other similar duties, most of which require no face to face consultation, no real time, no cooling off period. In the area of vaccination you see many nurses going out in public offering vaccines to people in the workplace and even at railway stations. In these situations there is no consenting doctor, no face to face or real time consultation with a doctor, no screening, just a consent form to be signed, an injection administered by the nurse and the patient is on their way. So as you can see, there is

inconsistency in the medical profession as to when and where face to face, real time consultation and cooling off periods and treatment options are used. I feel strongly that I offer patients a high standard of care in each of the roles I work as a Division 1 Registered Nurse. In fact, it is in my role as a cosmetic nurse injector that is the most thorough, maybe other areas of the medical profession need to catch up with this industry instead of making this industry change.

Thank you for your time to read my letter. I am passionate about my work, and love what I do. I have worked and studied hard to get to where I am and do not take risks in patient treatment and care which would jeopardise my registration. I maintain high standards in practice and on going education and wish to continue working in my current role for many happy years.

Kind Regards  
Julia Booth  
Division 1 Registered Nurse