

Executive Officer – Medical,

AHPRA

Dear Sir/Madam,

It is with respect to the current proposals by the medical board at AHRPA that I am writing this letter.

My name is Mary-Ann Sharpe and I am a Registered Nurse, Division 1, registered for 35 years.

Although I have previously worked in Ophthalmology, and as a Night Duty Charge in Aged Care, I found myself drawn into the cosmetic industry through my father Dr Dean Richards. Dean was a pioneer in the industry, having treated his first patients with Autologous Fat Transfers and Collagen in 1982, before moving to Hyaluronic Acid and Botulinum Toxin in 1998.

Under the supervision of my father, Dr Richards, and after completing training with 3 different doctors and industry representatives, I commenced injecting patients in 1999.

During the last 16 years, I have never worked outside of my level of training or expertise, taken unnecessary risks or placed the patient in an unsafe situation. My protocols when dealing with the consultation phase are strict, with me usually advising clients not to have the treatment that day should they feel at all unsure. All potential side effects are discussed, medical history is taken, including any allergies noted, and in the rare instance whereby I feel a second opinion should be sought, I always consult with the doctor.

Dr Dean Richards retired in 2012 at the age of 82, after a successful & safe career spanning over 60 years. It was at this time I joined the team at Anti -Aging Associates, after being recommended to Dr's Dennis McCurdy and Juan Romero by other professionals within the industry.

I was immediately stunned by the level of support, training & education, and strict protocols in place for both the nursing and medical staff. I had never before used Skype as a form of consultation. For me as a Nurse injector, Skype took the doctor, nurse & patient consultation process to a whole new level. I have approached most of my current patients to ask them how they have felt about the Skype consultation process, and have been overwhelmed by the opinions offered.

The written responses accompany this letter as part of the AHPRA public consultation process, and are in addition to over 60 responses already received from my clients in an on-line petition.

When my father retired, I began treating his patients at the Collagen Face Centre Clinic, Fullarton, South Australia. I have also been a travelling Nurse Injector for the past 14 years, travelling to Mt Gambier, Pt. Lincoln and Gawler.

The standard of facilities I have found at these salons to be at least equal to, if not better than many doctors' surgeries where injectable treatments are performed. Both the original owner of Lincoln Beauty Therapy, and the current owner of Camille's in Mt Gambier are nurses who understand the importance of maintaining strict hygiene standards and adhering to basic infection control principles'.

The way these recommendations from AHPRA have been approached does give rise to serious concerns about what is perceived to be best for the patient.

Having treated patients in this field of work for 16 years now, I have observed certain consistencies in behaviour and expectations. Most patients state that they feel comfortable discussing their options and having treatments in a dedicated salon, or clinic, where it is private, and convenient. I am also surprised at the amount of times I have been told they find my treatments more comfortable than a doctor, that I spend more time listening to their concerns and analysing their needs, and they feel totally safe in my care.

Given the amount of patients being treated by nurses, and the indisputable success of their on-going repeat business, I would ask the board at AHPRA to seriously reconsider these proposed changes as the biggest losers will be the patients. I believe AHPRA should instead provide a framework or guidelines for acceptable practice in this area. If there is any cause for concern with individuals working in this area, then I strongly suggest that one on one counselling would be the most professional course of action for the board to take.

If the board is serious about what is in the patient's best interest they would listen to their comments about the current process, and work collaboratively with nurses who have been practising for considerable time and very successfully alongside those medical practitioners who value their professionalism and expertise in this industry.

Sincerely

Mary-Ann Sharpe RN

25<sup>th</sup> May 2015