

**From:** Mark Magnusson  
**Sent:** Friday, 29 May 2015 4:05 PM  
**To:** medboardconsultation  
**Cc:** [REDACTED]  
**Subject:** Written submission regarding Public Consultation Paper and Regulation Impact Statement

Dear Sir/Madam,

I am a member of two specialist Societies contributing to the consultation process. I am a plastic surgeon, perform a substantial volume of cosmetic/aesthetic medical and surgical procedures. I am a member, Vice-President and Chairman of Education for the Australasian Society of Aesthetic Plastic Surgery (ASAPS) and a member of the Australian Society of Plastic Surgeons (ASPS).

I support their submissions in general however I feel that I have a unique perspective in one sense that I wished to make clear in a separate submission.

**I wish to make a separate submission in relation to question 17.**

**I work in a rural setting where at least 40% of my patients travel further than 100 km each way to see me in person and many live 800 km away.** With rationalising state health budgets, Telemedicine is encouraged to reduce patient expense, travel time and associated costs such as time off work. It seems odd that this discussion paper excludes telemedicine as a component of the appropriate management of these patients.

**I agree that a face to face consultation is required prior to treatment.** I think this is mandatory if a new cosmetic medical treatment or surgical procedure is being undertaken. **I agree that in principle a “cooling off period” is reasonable however I think that the initial contact COULD be digital eg Skype.** The vast majority of my patients considering cosmetic surgical procedures have researched it over a lengthy period and have been in touch with our clinic for many weeks prior to surgery.

For **MY** practice where so many have to travel large distances for a face-to-face meeting, I believe an initial digital contact and information transfer is appropriate to “start the clock” on the cooling off period.

I believe we run a very safe practice with well informed patients. We follow up an initial digital contact with a face-to-face consultation 2 - 5 days prior to surgery so that it can be managed in a single trip for these remote patients. We are in digital contact with the patients for many weeks usually utilising **IN HOUSE STAFF** (rather than an external agency). Comprehensive information is provided to the patients and this includes a full and frank discussion regarding risks, benefits and the process of surgery/treatment and recovery.

**Although this only represents a small group of patients in our practice (<5%),** if a remote patient is required to make an initial face-to-face consultation at least 2 weeks prior to surgery, travel up to 8 hours each way, at best a day or two off work or even an additional series of flights then I believe the regulation being considered although well intentioned, is prejudicial against this group of patients.

**I believe the quality of care still comes down to the quality of information provided and the skill, qualification, training and ethics of the individual surgeon/practitioner. A mandatory face-to-face consultation 2 weeks prior to the surgery doesn't address this.**

Thank you for considering my submission.

Sincerely

**Mark Magnusson | Plastic Surgeon**

**Vice President & Chairman of Education  
The Australasian Society of Aesthetic Plastic Surgery (ASAPS)**

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