

Dr May Marr:

Consultation – Registered medical practitioners who provide cosmetic medical and surgical procedures

From Dr May Marr, 35 Pacific Parade, Lennox Head, NSW 2478

Dear Sir /Madam,

Thank you for the opportunity to contribute to the public consultation process regarding the provision of cosmetic medical and surgical procedures in Australia. As a full time cosmetic Physician with a physician background and training in dermatology I strongly support the Medical Board's initiative outlined in "Option 3".

I feel this is a comprehensive series of recommendations, which if enacted will significantly benefit patients in terms of safety and clinical standards and ensure the clinical and educational standards of the practitioner are appropriate. It will in short prevent the "cowboy" practitioners who plague our discipline taking advantage of a particularly vulnerable patient population.

The only issue I have concerns the failure of option 3 to differentiate between a Video Consultation and a Video Conference.

There is a real danger that by missing the opportunity to do so, this guideline 7.2 will dramatically disadvantage patients in regional and remote Australia. It risks majorly decreasing the availability of experienced, trained practitioners such as myself to regional, rural and remote patients by removing a well recognized and established patient consultation tool.

Video Consultation is approved and indeed reimbursed by Medicare in many medical and surgical disciplines. AHPRA itself has provided guidelines to ensure standards. The Royal Australasian College Of Physicians; Royal Australasian College of Surgeons; The Royal Australian College of General Practitioners; The Royal Australian and New Zealand College of Psychiatrists; The Royal Australian and New Zealand college of Obstetricians and Gynaecologists and The Australian College of Rural and Remote Medicine all support Video Consultation and provide specific guidelines to ensure their members can provide this service as a safe standard. A video consultation is a medico legal grade clinical interview and the expected supporting documentation of assessment, clinical advice and outcomes are admissible in court.

Video conferencing has no such standard and is little more than a glorified teleconference which is clearly inappropriate for the required clinical standard. There is a very real danger that by failing to differentiate this, (point 7.2 outlined below)

"7.2 Medical practitioners must not prescribe schedule 4 (prescription only) cosmetic injectables unless they have had a face-to-face consultation with the patient. A face-to-face

consultation is required for each course of injections. Remote prescribing (for example, by phone, email, or video conferencing) of cosmetic injectables is not appropriate. “

it will decrease the availability of well trained, qualified and ethical cosmetic physicians to regional , rural and remote Australia .This is obviously not the intended goal of Option 3 . Whilst this maybe practice in the United Kingdom, the UK is considerably smaller in terms of size, considerably larger in terms of medical and public population and has a functional integrated national public transport system. This tends to make Video Consultation less important than it is in regional, rural and remote Australia.

With this in mind I would ask the Medical council to consider changing this part of the guidelines to ensure that Video Medical Consultation is allowed to continue providing it adheres to standards and guidelines set out by AHPRA and the various Royal Colleges outlined above. Video conferencing however should not be allowed for assessment and prescribing.

With that change I would strongly support the implementation of option 3 and commend the Medical board for this work.

Yours sincerely

Dr May Marr
Marr Clinic