

May 28 2015

Jessica Maggs

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To whom it may concern,

Re: Public Consultation Paper and Regulation Impact Statement: Registered medical practitioners who provide cosmetic medical and surgical procedures, March 2015

My response as sought regarding the published Public consultation paper.

I have been engaged as a full time member of the cosmetic injecting work force since 2009 driving my skill base forward from beginner under supervision to practicing at an advanced level in an autonomous capacity as a Cosmetic Nurse Practitioner (CNP). One of my reasons for pursuing my ambition to become a CNP was to formally provide a high level credential; of note this process required validating 5000 hours of advanced practice in my speciality field my skill amongst other requirements as part of the endorsement process. I am an affiliate nurse of the Australian College of Cosmetic Surgery (ACCS) and member of the Australian College of Nurse Practitioners (ACNP). Part of my role as an associate of Anti-Aging is to provide clinical support and mentoring to our cosmetic nurse injectors. Real time video conferencing has proven to be an appropriate and valuable tool for connecting the patient, the nurse and myself or cosmetic physician in real time consultations regarding the patient's treatment and ongoing plan. This is a patient centric bi partisan model where each patient is considered unique and the formulated treatment plan is adapted to meet these individual needs whilst attaining reasonable outcome expectations. The patient is communicated directly with as part of this partnership and respected to make their own decisions within a safe, evidence based clinical framework.

The telecommunications guidelines as published and approved by AHPRA, (2012) are adhered to throughout these consultations. Real time telecommunications facilitates the most effective and efficient use of resources to heighten patient safety and quality of care.

As an organization we train collaboratively on a regular monthly basis with numerous additional training seminars accustomed to our growing expertise in this relatively new and growing domain of practice. Dr Raj Aquilla a Cosmetic physician and global opinion leader recently noted during his visit to Australia that this industry is growing at a rate of 15% to 20% per annum in the United Kingdom and that these procedures were using registered, safe products, were patient focused and in turn enhanced patient confidence and sense of wellbeing (April 24, 2015, Anti-Aging seminar, Melbourne). In Australia the ACCS echoed these growth figures. I would surmise that there are many

highly skilled cosmetic nurse injectors promoting a safe treatment environment, and operating within the relevant codes of practice. These include those standards as governed by the department of health and local councils regarding the physical facility in addition those standards pertaining to code of conduct in accordance with the Nursing and Midwifery Board of Australia (NMBA).

Recently May 2015 the ACCS released a draft of professional standards recognizing and enabling the implementation of the Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in Australia. This framework once ratified will provide a unifying approach to clinical standards and safety. It appears to me that this is a vital requirement for the cosmetic domain of practice. As a CNP I have attained a level to denote good prescribing practices and by bringing together fragmented training and seminars attended, letters of endorsement and published research within our organization have been able to demonstrate advanced practice capabilities. A unified platform to denote practice capability would be a great benefit to noting my credentials to my peers and patients.

In support of my professional approach and the organization that I am an associate of I have attached letters from my patients who have been treated by me as a Cosmetic Nurse Specialist and now as a CNP. These people feel safe, they note the physical environment is more than suitable and clean for these consultations and possible treatments and they are satisfied with the formulated treatment plan they have decided on and outcome. These people whilst they have identified themselves wish to have their privacy maintained.

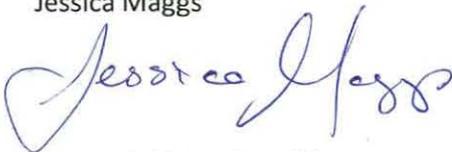
In summary consultations using real time video communication provide reinforcement and discussion regarding the formulated treatment plan whilst offering the patient closer connection to a wider professional organization that is supporting the patients decisions and the nurse injectors clinical skill, knowledge and expertise.

Of concern is the Medical Board's lack of consultation with the industry including end users of these services, the patients. The focus to exclude real time video communication goes against best practice standards that are accepted in medicine today. This focus would appear to be more about removing nurse injectors from the wider community where many of these procedures take place and rendering this form of medicine less accessible for many.

I would support the Medical Board to endorse a professional practice framework and independent tertiary education platform for all cosmetic injectors to validate the necessary knowledge, evidence based practice approach and skill that is a necessity to perform these non-invasive procedures.

Yours Sincerely

Jessica Maggs



Cosmetic Nurse Practitioner