

From: [REDACTED]
Sent: Thursday, 14 May 2015 12:58 PM
To: medboardconsultation
Cc: [REDACTED]
Subject: Consultation – Registered medical practitioners who provide cosmetic medical and surgical procedures

Dear Medical Board,

re: Consultation process regarding Nurse Injectors.

I am a Plastic Surgery Nurse with 20 years experience in the field, the past 15 of which has included learning about and using injectables such as botulinum type A and the different hyaluronic acid fillers. I worked in the rooms of Mr [REDACTED] plastic surgeon, for this time. We scrupulously paid attention to the law, and the administration of S4 drugs by nurses. [REDACTED] saw my patients yearly and wrote the orders, and if ever I had a problem with a treatment, our protocol was that the patient would always be seen by him at the next opportunity. This happened three times in 15 years. (Two eyelid ptosis, one unhappy client due to poor correction of acne scars).

The model of consultation was that the patient would be given written material, I would spend on average half an hour with the patient talking through pros and cons, complications, likely outcome and costs, all the while assessing the patient's expectations and their suitability for treatment. A medical history was taken. This consultation was free of charge, and there was never any obligation to go ahead with treatment. At this stage, Mr [REDACTED] would briefly attend, (average time less than one minute), scribble an order while I presented the patient to him. He never stopped for any assessment of the patient, or to discuss treatment modalities with me, trusting me to make the call within the order that he wrote. We had hundreds of happy customers who were safely treated and looked after.

I had always thought that nurses working via Skype with their supporting doctors were somehow providing an inferior service, but how wrong I was.

I note that the Australian Federal Government are onto this too. Telehealth is now Medicare funded and the aim is to make it part of mainstream healthcare. (ANF 2015 CPD lecture series on Telehealth). As Nurses, we are being actively encouraged to consider how we can incorporate on-line video consultation into our practice. (ibid)

For the past 6 months, I have been working with the team at Anti Aging Associates in Canterbury, as a nurse injector. This is a superb set-up for the following reasons:-

- My practice of thorough and caring clinical consultation and skilled treatment has not changed.
- The support from the medical staff is exponentially better than working with the sole busy plastic surgeon. Using realtime video Skype, consultations are thorough and collegiate. Patient suitability and safety is paramount. We all want the best for the patient.
- The back-up is available at all times, and I can always refer a patient back to physical rooms if required. (Has not happened yet thankfully).
- The education provided by the group is remarkable. Fortnightly compulsory half day teaching, including in depth anatomy, safe injecting, treatment of complications, identification of suitable treatments for patients, new products and their uses. One-on-one hands on training sessions are encouraged and freely available. All the team regularly see each other and discuss patients and treatments.
- In my former job at [REDACTED] I would have thought myself lucky to get a couple of training sessions with the products reps in a year.

Please consider the following when you are thinking about further regulating Nurse Injectors:-

- We all agree that patient safety is priority, and that only well-trained practitioners should be injecting.
- We all agree that S4 drugs must only be injected according to an order from a practitioner who has assessed the patient according to law.
- If real time video conferencing is desirable for regional, remote and rural areas for medical consultations, why is it so frowned-upon for consultation for cosmetic injection? The principle is identical, although in the latter case, there is no cost to the tax payer.
- Currently nurses injecting under the auspices of a plastic surgeon or GP are in no way audited. It is erroneous to suggest that this is a better or safer system than a well-supervised and supportive skypeing service.

(I can list, for example, plastic surgeons who employ nurses to inject for them in their rooms, but they never see the injectables patient - ever.

I also personally know doctors who collect income from practices where they employ nurses to inject the product they buy in the Dr's name but never see the patient, and just write in the notes in bulk lots every few weeks)

Thank you for considering my point of view and for putting time into these important issues. Out of respect for the many experienced and skilled Nurse Injectors who will be out of work if you implement a no-skype policy, I hope that you have an experienced nurse injector on the consultation panel. (Just call me!)

with kind regards

[REDACTED]
[REDACTED]