

Executive Medical Officer
AHPRA
GPO Box 9958
Melbourne Vic 3001

To Who it May Concern:

RE: Public Consultation Paper; Registered Medical practitioners who provide who provide cosmetic and surgical procedures.

I am writing to express my full support for the nurse injectors and our right to continue our current practises. As cosmetic nurse injector myself, I believe my clients will be unfairly disadvantaged by the proposed restrictions. Their basic rights to choose who preforms their non-invasive treatments, and where they get their treatments done will be significantly affected. I question the rationale for this motion and wonder is it really a safety concern or more about the money?

I am a highly trained Division 1 Registered Nurse, with over 24 years of clinical experience within the nursing industry. I have devoted the past 7 years to gain the knowledge and skills to work safely within the medical/aesthetic industry. Becoming a cosmetic nurse injector allowed me to truly turn my passion into my profession. I utilise all of my nursing skills, from assessment, intervention, best outcomes, evaluating efficacy of treatments and best practise in every aspect of my work.

My nursing training and skill allows me to work autonomously with the hospital situation- in emergency and non-emergency situations to administer medications without doctors actually seeing the patients. Their orders are based purely on my clinical evaluation of the patients needs. It s ok to administer morphine to a child based on my assessment of the patients needs without the doctor seeing the patient. However, this motion suggests it is not safe to administer a dermal filler (non S4) for lip enhancement, or botulinum tox A(S4), to treat a patients frown lines, despite having utilised a real time, face to face dual consultation with a doctor or nurse practitioner and the patient.! With the emphasis being the patient has the choice to go ahead with treatment or not.

I have been so fortunate to work with some of the most respected surgeons and doctors in the industry. Whether it is within a medial/surgical clinic or in a beauty salon, the common denominator is the best interests for the patients. Interesting, working within the beauty salon situation, utilising the real time, dual consultation with the doctor and the client, has been the most professionally satisfying and rewarding of my 24 year nursing career.

I'm asking that when you make your decision about this issue, you please consider that the patients of these minimally invasive cosmetic treatments are now very well informed and have a right to choose who, when and where they have these treatments.

Sincerely, Cosmetic Nurse Injector