

May 21st 2015

Danielle Edwards

To whom it may concern,

In response to the Medical Board of Australia Public Consultation Paper and Regulation Impact Statement dated 17 March 2015, I would like to state the following:

1. I am a Registered Division 1 Nurse with 20 years experience in Operating Theatres and 7 years in the aesthetic industry. I own a skin and laser clinic in an inner city suburb and perform Class 4 Laser treatments, acne treatments, skin treatments and administer Schedule 4 cosmetic injectables under the supervision of 'Anti-aging Associates.' I also attend two clinics in Regional Victoria monthly.
2. I feel safe and confident with the level of support that I receive from 'Anti-aging' Doctors in the form of monthly training at 'Anti-aging' and training sessions I am able to attend held by drug companies and professional conferences due to my affiliation with 'Anti-aging'. In fact, in my experience and in talking to other nurses in the field, I have better access to advice, consultation and supervision than I would get if working in a Plastic Surgeon or Dermatologist's office as their surgical and consultation responsibilities makes them unavailable for long periods of time.
3. Being self employed allows me the freedom and flexibility to attend as many training and educational forums as I desire as I am not restricted by an Employer's financial limits to my desire to attend all the training programs I am invited to attend.
4. I am able to provide my patients with real time, live video consultations that allow and encourage my patient to take an active role in the planning of a safe, comprehensive and documented treatment plan covering all aspects of their physical and emotional wellbeing. All patients have a prescription and treatment plan in place before any treatments are carried out.
5. All patients are provided with a post treatment care sheet with my name and mobile number on it and they are able to contact me at any time if they require. I have 24 hours access to the Doctors at 'Anti-aging Associates' if the need to contact them should arise.
6. Given that Nurses have been delegated the task of performing cosmetic injectable procedures in the absence of a Doctor for many years this therefore implies that they are more than capable of doing so as the Doctor must exercise a large element of trust in allowing and taking ultimate responsibility for them.
7. There should be provision for a mandatory, standardized Post-Graduate Course for both Nurses and Doctors and a 'grandfather period' that allows existing cosmetic injectors a fair and reasonable time frame to

achieve that qualification in order to standardize injector skills for the benefit of the patient.

8. The development of a framework for standards, policies and procedures that all injectors must adhere to.
9. Real time video consultation is the way of the future and improves patient access to treatment options and allows patients to be treated by a cosmetic nurse if that is their choice.
10. That AHPRA create a working group that is not exclusive of and is a true representation of the different levels of clinical experience, educational and professional background of all existing cosmetic injectors in order to improve existing standards of delivery of care.
11. Inconsistencies exist in the prescribing and administration of Schedule 4 drugs in acute care settings such as Hospitals, remote rural areas and childhood vaccination programs which are not being addressed.

I would like to raise the following concerns.

1. Recognition that remote prescribing via real time live video consultation is acceptable in other areas of medical practice but not for the prescription of cosmetic injectable Schedule 4 drugs and is indeed discriminatory.

2. The exclusion of real time live video consultation for the prescribing of cosmetic Schedule 4 drugs means that my regional patients will be marginalized and discriminated against as I will no longer be able to offer treatments for them and they will be forced to travel long distances into the city for treatment. There are a limited number of injectors willing and able to travel to regional Victoria and this further reduces that number.

3. I fear that a 'turf war' exists and that there is very real potential for an "axe like" approach to addressing the problems that currently exist in the delivery of non-invasive cosmetic procedures. This is short sighted in that it will significantly reduce the number of injectors able to provide treatments for this very fast growing industry. If we are concerned about patient safety and accessibility to these treatments then we need to create a framework and guidelines that allows existing injectors to continue to treat clients who chose them over any other in a safe and consultative environment.

I submit this response for your consideration.

Sincerely,

Danielle Edwards
Registered Nurse (Div.1 Ba.Health Sc.)