

May 19 2015

Robyn Barrett Roydhouse



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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 17 2015**

In response to the aforementioned Public Consultation Paper I wish to provide the following:

Background:

I have been working in this specialized cosmetic industry since 2003. The industry is one that I love and am passionate about. By 2004 I had become a clinical trainer for Inamed Aesthetics for collagen in Western Australia, South Australia and Tasmania. In 2007 I was on contract with Allergan Pty Ltd as a clinical facilitator for botox®; again, across a number of Australian states. More recently I was a clinical trainer for iNova Pharmaceutical for the biostimulator Sculptra in Victoria and Tasmania. I am a registered nurse, Division 1 with APHRA, an Affiliate member of ACCS and registered with the Royal College of Nursing.

Currently I work across three States: Victoria—regional and suburban clinics, Hobart—in two medical practices, and in Adelaide—in one medical practice. I only undertake botulinum and dermal filler treatments. My work in regional Victoria appears to be the main area by which I will be affected most, and in turn my long term regional clients will be marginalized and discriminated against as they will need to travel to receive current, modern treatments that are currently provided by face-to-face telecommunication consulting.

Prior to commencing in this industry, I was ostensibly a health marketing public relations specialist and I held senior positions at Monash IVF, Health Scope for four psychiatric hospitals as well as the Heart Foundation.

In my health marketing public relations roles I developed many modes of communication to reach specific target groups including, but not limited to, customers, doctors, referrers, counselors and patient support groups. In my current role as a nurse injector I am communicating directly with my patient. I include most other electronic modalities into my communication regime for patients and adhere to your telecommunication guidelines published January 16, 2012.

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*Medical Board Australia guidelines for Technology-based patient consultations:*

(<http://www.ahpra.gov.au/Search.aspx?q=Technology%20guidelines>)

These guidelines are relevant to medical practitioners, employees of medical practitioners, patients and the community. That is exactly how real time face-to-face consulting is used within not only AAA, but also other groups where I have worked more recently including *Skinovate* and *Southern Cosmetics*. Real-time telecommunications makes the most effective and efficient use of resources to benefit the patient.

My main work is in regional and suburban clinics in Victoria through *anti aging associates* (AAA). This group is quite remarkable as it has facilitated the development of a great degree of competency for all members: Doctors and nurses through their fervent use of resources provided via monthly trainings and additional access to international presenters brought to Australia by the leading drug companies. AAA enables their nurses and doctors to provide the most current and safe administration of botulinums and dermal fillers and for patients to receive excellent services and outstanding care.

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**Growth:** This industry is growing rapidly and there are an enormous number of skilled injectors in the community providing excellent care, all operating within the relevant codes of practice.

The International Society of Aesthetic Plastic Surgery 2015 reported that almost twelve million non-surgical procedures were performed in 2013. The Cosmetic Physicians Society of Australasia reports that spending on non and minimally invasive treatments has increased by 15% during the same period. More recently an international speaker invited to present to AAA members *Dr Raj Aquilla* stated that the industry in the United Kingdom was growing at a 15% to 20% per annum. And that these procedures were "using safe products, were patient focused, and that these in turn increased patient confidence and provided an emotional upgrade for patients." (April 24, 2015 Melbourne).

**Health Care Complaints Commission: reviewer 2012-2013. (HCCC):** I was invited to review a complaint for the HCCC 4 years ago over a nine month period due to the fact that I worked in three states under a range of medical protocols. In my conclusion to the HCCC I indicated that the industry was

growing rapidly and that there was a lack of national guidance for nurses to refer or belong to and, in turn, recommended a national education campaign to be undertaken for all nurses working and planning to enter this area.

At that time every state had differing rules in relation to the administration of S4s. APHRA was formed in 2010 and shortly after the Nursing and Midwifery Board was asked to develop guidelines for cosmetics nurses in 2011. Nothing was available on the website by January 2013 when I concluded my report. Accessing national guidelines for this industry has proved to be extremely difficult.

**The Australasian College of Cosmetic Surgery (ACCS)** released draft professional standards for recognising and enabling the implementation of the Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in Australia (April 2015).

It seems to be the only organization that has made any effort to recognize this specialty or mode-of-practice. This proposal, once developed, will provide a more cohesive approach nationally. It is a prototype to benchmark cosmetic practice in the Australian context. However membership to this group is voluntary.

**Signatures:** In support of my professional approach, I have enclosed petitions from my clinics in Gippsland: Sale and Morwell.

I am considered a skilled injector and I am able to bring my expertise to regional Victorian areas. My current patients are now feeling discriminated against should this "service " be withdrawn. The Morwell clinic is a registered laser clinic and is considered the most professional and up to date centre in Gippsland. Many patients travel hours to see me there and those that are aware of the proposed legislation changes feel they will be left behind and will be prevented from having equitable access to current, safe, standard treatments. They will be forced to travel long distances at increased costs for what is regarded as enhancement treatments. I have been working in Morwell for 5 years...undertaking a lot of driving and expending a lot of effort to ensure that excellent service is provided.

I work in metropolitan clinics as well and patients do not want to travel into the city for treatments. They want to have their treatments in an environment that is conducive to health and beauty. Patients in general, seeking these treatments are usually healthy and want a treatment to feel a little better and to gain more self-esteem. From my coalface experience I find that women want/need to work longer and want to at least look as good as they feel.

Subsequently I have provided 95 signatures from Gippsland and suburban clinics in support of my role as a provider of niche services. Patients have a right to have access of the latest in treatments in a safe environment.

All of my patients are informed, they have a thorough treatment plan, options are discussed and real time Skype consultations reinforce that they are being treated as part of an on going medical organization. No one leaves the clinic without my business card and contact details. Clients are always rebooked.

**Conclusion:** My work in regional Victoria appears to be the area by which I will be affected most and in-turn my long-term clients will be marginalized and discriminated against, as they will be forced to travel to receive a current safe treatment that is currently provided by accepted face-to-face telecommunication consulting

I am concerned that the Medical Board has not consulted thoroughly enough with the providers of these non invasive procedures and the end uses—the consumers whom the Medical Board is wanting to protect with service provision, have **not** been consulted.

I am also concerned that the Medical Board has combined invasive cosmetic surgery such as liposuction and breast augmentation together with these non-invasive treatments.

Should proposed legislation proceed with prohibiting Skype teleconferencing the Medical Board will be shunning accepted international modes of communication and ignoring their own guidelines published on January 16 2012. As a result many skilled RN's will find themselves out of work after years of effort and I will be **prevented** from earning an income at this stage of my life from something I love and am considered "skilled" at.

I would like to suggest that there needs to be some skill acknowledgement for those currently practicing as aesthetic nurses who have gained a broad spectrum of experience developed through the pursuit of specific knowledge and skills.

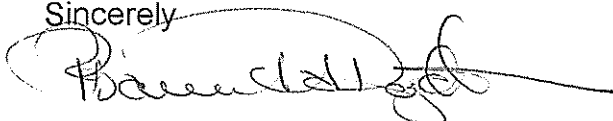
In turn support for provision of a professional practice framework should be endorsed in conjunction with a national educational program to assist and enable those working in this field, to adopt new measures and modes of practice. I feel the Medical Board should facilitate educational training in national protocols and standards together.

I liken the proposed legislation changes as hitting the industry with a *sledgehammer*, taking a punitive approach, rather than one of enabling us to continue to work in this exciting and rewarding area.

Finally I am concerned that the Medical Board has only give "us" eight weeks to respond to this discussion paper when it has taken me years of dedication to cultivate the skills required.

I am more than willing to discuss this further on behalf of my regional and suburban patients.

Sincerely

A handwritten signature in black ink, appearing to read 'Robyn Barrett Roydhouse', with a long horizontal flourish extending to the right.

Robyn Barrett Roydhouse

RN Div 1, ACCS, RCN



**anti-aging**

**Robyn Barrett-Roydhouse**  
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