

# Feedback on draft Registration standard

## Public consultation - Submission

Regulation of medical practitioners who provide cosmetic medical and surgical procedures

Your details
<b>Name:</b> [REDACTED]
<b>Organisation (if applicable): Fresh Clinics</b> Fresh Clinics supplies a wide range of supports to independent nurse injector clinics providing cosmetic injectables and like products and services.
<b>Are you making a submission as?</b> <ul style="list-style-type: none"><li>• <b>An organisation</b></li><li>• An individual medical practitioner</li><li>• An individual nurse</li><li>• Other registered health practitioner, please specify:</li><li>• Consumer/patient</li><li>• Other, please specify:</li><li>• Prefer not to say</li></ul>
<b>Do you work in the cosmetic surgery/procedures sector?</b> <ul style="list-style-type: none"><li>• Yes – I perform cosmetic surgery</li><li>• Yes – I provide minor cosmetic procedures (e.g. Botox, fillers, etc.)</li><li>• <b>Yes – I work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee)</b></li><li>• No</li><li>• Prefer not to say</li></ul>
<b>For medical practitioners, what type of medical registration do you have?</b> <ul style="list-style-type: none"><li>• General and specialist registration – Specialty (optional):</li><li>• General registration only</li><li>• Specialist registration only – Specialty (optional):</li><li>• Provisional registration</li><li>• Limited registration</li><li>• Non-practising registration</li><li>• Prefer not to say</li></ul>
<b>Do you give permission to publish your submission?</b> <ul style="list-style-type: none"><li>• <b>Yes, with my name</b></li><li>• Yes, without my name</li><li>• No, do not publish my submission</li></ul>

This section asks for feedback on the *Draft Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners*.

The details of the requirements for endorsement are in the [draft registration standard](#).

**1. Are the requirements for endorsement appropriate?**

No comment

**2. Are the requirements for endorsement clear?**

No comment

**3. Is anything missing?**

No comment

# Feedback on draft revised Cosmetic Guidelines

This section asks for feedback on the Board's proposed changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*.

The details of the revised guidance are in the [draft revised Cosmetic Guidelines](#).

## 4. Are the proposed changes to the Cosmetic Guidelines appropriate?

### Specific comments on the draft guidelines for providing minor (non-surgical) cosmetic medical procedures

1. Fresh Clinics notes that the guidelines are now more proscriptive making certain requirements mandatory whereas the existing guidelines make recommendations about what 'should' be done. This introduction of mandatory requirements assists in clarifying the expectations of medical practitioners working in cosmetic medicine and surgery.

#### *Prescribing cosmetic injectables*

2. The guidelines repeatedly refer to medical practitioners prescribing cosmetic injectables. In many (if not most) settings, medical practitioners do not issue a prescription in the form required under poisons and therapeutic goods legislation, which would typically lead to the patient (or their representative) providing the prescription to a pharmacist for the pharmacist to dispense the product to the patient (or their representative). Rather, medical practitioners issue a direction (or instruction) for a cosmetic injectable to be administered, often by a registered nurse whom they are supervising. We consider the use of the term "prescription" to be incorrect, and likely to cause confusion in an area in which there is already a lot of confusion and misunderstanding. We strongly urge you to amend the guidelines to change the terminology in this regard.
3. If the terms "prescription" and/or "prescribed" are retained in the guidelines, there should also be a reference to medical practitioners issuing instructions or directions. This is a more accurate reflection of what occurs in medical practice involving minor cosmetic procedures.
4. On another point of terminology, it is the case, in New South Wales and we assume in other jurisdictions, that not only medical practitioners, but also nurse practitioners, are authorised to issue a direction to treat (as well as to issue a prescription for cosmetic injectable substances). We assume that the Medical Board of Australia's remit only extends to medical practitioners but nevertheless we think that it would contextualise, and add to the value of, the guidelines if they were to acknowledge this authority that exists in nurse practitioners as well as medical practitioners.

#### *Section 2 - Assessing patient suitability*

5. We note that certain aspects of patient assessment are now mandatory under the guidelines, including a requirement to assess patients for underlying psychological conditions. While we support the principle, the extent and nature of the assessment required is not clear. Some mental health conditions (such as body dysmorphic disorder)

may be difficult to diagnose, particularly in the context of a single consultation with a patient seeking a cosmetic injectable.

6. The guidelines plainly recognise that minor procedures may not require that same level of psychological assessment as cosmetic surgery as they do not mandate the use of a validated psychological screening tool. Given the relatively low risks associated with cosmetic injectable treatment and the temporary nature of the outcome, we do not think a lengthy and comprehensive psychological assessment is warranted in this context.
7. We provide training to our nurses and doctors on BDD, but find the reference to BDD in this context unhelpful, especially given how difficult BDD is to detect.
8. More detailed BDD screening is appropriate prior to any surgical procedure, but perhaps not so appropriate in our field. We would propose a graded approach that is calibrated to the volume of treatment that is proposed. For instance (numbers not fixed);
  - a. Anti-wrinkle only, no BDD screen (doesn't really apply)
  - b. Less than 4ml of filler in one year, no BDD screen.
  - c. More than 4ml of filler in a year, standardised BDD questionnaire to be submitted
  - d. More than say 10ml per year, need a psychologist clearance.
9. We suggest that paragraph 2.2 contain a statement as follows:

*The medical practitioner must determine the appropriate nature and extent of the psychological assessment, taking into account the type of cosmetic procedure, including the degree of risk involved in the procedure and whether the expected outcome of the procedure will be permanent or temporary, as well as the observed characteristics and conduct of the patient.*

### *Section 3 - Patient consultation type*

10. Fresh Clinics supports the guidelines' confirmation that video consultations with patients can be appropriate for minor cosmetic procedures.
11. It would be helpful to clarify that consultations are only required at the time a course of treatment is authorised by a medical practitioner, not on each occasion treatment is provided. As discussed above, it is incorrect to apply the term "prescription" to a medical practitioner's (or nurse practitioner's) direction to treat. One potential consequence of the use of the term "prescription" (whether in the guidelines or within the industry) is that, based on the fact that prescriptions typically expire after one year, it is common for people in the industry to assume that it is not necessary for the patient to have a consultation with the medical practitioner until one year has elapsed since the last consultation.
12. In New South Wales, regulation 68D(4)(a) of the *Poisons and Therapeutic Goods Regulation 2008* (NSW) provides that a direction to treat from a medical practitioner or nurse practitioner expires 6 months from when the medical practitioner or nurse practitioner personally reviewed the patient. Even if the Medical Board does not wish to be prescriptive about the maximum amount of time that may elapse before a patient has another consultation with a medical practitioner, it may improve clinical standards to specify the kinds of factors which might make a subsequent consultation indicated, such as a relevant change to the patient's condition, for treatment to be provided to a new part of the patient's

body, as well as enough time passing to make it desirable to have medical practitioner input again.

#### *Section 4 - Patients under 18 years of age*

13. Fresh Clinics does not authorise cosmetic injectable treatment on minors. It strongly supports the introduction of specific guidelines relating to cosmetic procedures on patients under 18 years of age. WE would certainly be open to requiring ID.

#### *Section 5 – Informed Consent*

14. Fresh Clinics does not involve itself in financial consent. That is a matter for the independent clinics which Fresh Clinics supports. The doctor will verbally consent the patient to the risks of the procedure in plain language, in addition to the standardised plain-language written consent that we compel the nurses to use. The nurse at the independent clinic will also consent the patient around the procedure, the outcomes, the risks and the recovery time.
15. Clinical images are a critical part of the electronic medical record in these treatments. Consent must be reached for the taking and storage of those photos for clinical purposes (as separate to social media/marketing and/or research). Treatment should not go ahead without clinical photography, as it is required for an objective assessment of outcome to be made. We prefer that all clinical photos are taken and stored on our app, which is secure, cloud based and not on the nurse's phone. The clinical photos are specifically not for social media use. We have separate consent for social media use, and a separate consent for de-identified research use.

#### *Section 9 - Complaints*

16. Fresh Clinics supports the requirement that non-disclosure agreements must not prevent patients from making a complaint to a regulatory body. This is an important safeguard to ensure practitioners and practices of concern can be brought to the attention of appropriate bodies. This can only enhance the safety and quality of care offered to patients.

#### *Section 10 - Training*

17. Fresh Clinics supports guidelines to ensure practitioners are appropriately qualified and experienced. We provide online and in-person training to our doctors.
18. There are two types of online training that we provide. One is created by us that we compel our doctors to go through. The other is provided by the pharmaceutical companies. We provide log-ins for the pharmaceutical company training but do not monitor whether or not the doctors complete it.
19. The hands-on training is run by the pharmaceutical companies. We arrange it with them on the doctors' behalf.
20. The doctors should have an understanding of the technique, risks and contraindications of any procedure that they authorise. Provided authorising doctors are only supervising low low-risk non-surgical interventions, and there are appropriate systems in place for the referral, escalation and management of adverse events, we think that the level of practical experience required should be general only, not expert. General knowledge provides a sufficient level of patient protection while not unnecessarily restricting patient access.

*Section 13 - Facilities*

21. The proposed guidelines provide that prescribing medical practitioners 'must know and comply with relevant legislation, regulations and standards of the jurisdiction in relation to facilities where the procedure will be performed.' We support this. We perform an inspection of the clinics that we support every month, which is conducted by a qualified and trained registered nurse under the supervision of suitably experienced medical director(s). We are comfortable that doctors should know and comply with relevant legislation etc., but would want to ensure that it was sufficient for the medical practitioner to be able to have a suitably qualified proxy conduct the auditing of clinics, under their supervision.

*Section 14 – Financial arrangements*

22. We agree with the guidelines and do not support inducements such as the ones described. We are aware of other AHPRA guidelines around advertising which are to a similar effect.

**5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?**

Yes, this is most welcome. They are very different types of procedures, often performed by totally different providers

**6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?**

Yes, the documents are well drafted and clearly expressed

**7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?**

No comment

**8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?**

No comment

**9. Is anything missing?**

No comment



## Additional comments

This section asks for feedback on guidelines for advertising cosmetic surgery.

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section on 'Advertising and marketing'.

The Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery* because of the influential role of advertising in the cosmetic surgery sector.

The details of the advertising guidance are in the [draft Advertising Guidelines](#).

### 10. Is the guidance in the draft Advertising Guidelines appropriate?

We provide regular education to nurses, doctors and clinics in our network around advertising regulations, and would not support a clinic that was acting outside of them.

### 11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?

No comment

### 12. Is anything missing?

No comment