### Your details

Name:

Organisation (if applicable): InstantCosmetics (an InstantScripts company)

Are you making a submission as?

An organisation

Do you work in the cosmetic surgery/procedures sector?

 Yes – I work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee)

For medical practitioners, what type of medical registration do you have?

Non-practising registration

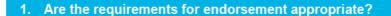
Do you give permission to publish your submission?

· Yes, with my name

## Feedback on draft Registration standard

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 <u>draft registration standard</u>.



Yes. Cosmetic surgery carries risks and should only be performed by appropriately trained and qualified medical practitioners.

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

Yes, and the proposed accompanying public education campaign is a prudent and necessary measure to increase awareness.

3.	Is anything missing?
No.	

## 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?

Yes.

With specific reference to 'Providing minor (non-surgical) cosmetic medical procedures, Assessment of patient suitability', sections 2.1-2.5:

InstantCosmetics strongly supports the requirement that a medical practitioner who will perform a procedure or prescribe a cosmetic injectable must discuss and assess the patient's reasons and motivation for requesting the procedure before it is deemed suitable. Cosmetic medical procedures in this category include botulinum toxin (Botox), dermal fillers and platelet rich plasma (PRP).

The current system allows for a 6-12 month standing order or repeat prescription for patients, before reassessment by a medical practitioner is required. This fails to provide adequate protection for patients who may have experienced physical or psychological changes in the intervening period that should trigger a reassessment. Examples of these changes include the commencement of new medications, extended periods of illness, or significant changes in personal (e.g., engagement; divorce; loss of a family member; milestone birthday; etc.) and / or employment circumstances (e.g., new job; promotion; redundancy / loss of job; etc.)

A practitioner must be provided with the ability to assess a patient each time they have a minor (non-surgical) cosmetic medical procedure to ensure they can comply with the requirement to decline to perform a cosmetic procedure or prescribe a cosmetic injectable if they believe it is not in the best interests of the patient. Removing 6-12 month scripting will greatly assist in providing appropriate and comprehensive care for patients.

#### With specific reference to 'Patient consultation type', section 3.1:

InstantCosmetics strongly supports the requirement that medical practitioners must have a consultation with the patient, either in person or by video, each time they prescribe schedule 4 (prescription only) cosmetic injectables.

As referenced above, current legislation allows a schedule 4 drug to be administered multiple times in a 6-12 month period, and in some cases beyond this, without a requirement for a patient to be consulted or monitored.

It is vitally important that a patient is reassessed each time they have a minor (non-surgical) cosmetic medical procedure for physical or psychological changes (see above), before consent for further treatment is provided.

With specific reference to 'Informed consent including informed financial consent', section 5.1:

We strongly support the requirement that a medial practitioner who will perform a medical procedure or prescribe a cosmetic injectable must provide a patient with enough information for them to make an informed decision about whether to have the procedure.

Patients should be provided with the opportunity at each appointment to discuss their treatment with the medical practitioner performing the treatment, and the prescriber, in order to make an informed and considered decision. Verbal and written consent is imperative for every treatment to ensure patient safety compliance with scope of practice requirements for practitioners.

5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?
Yes, however there are areas of overlap where minimum standards apply to all levels of cosmetic procedures.
6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?
Yes.
7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?
Yes.
8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?
Yes.
9. Is anything missing?
No.

## Feedback on draft Advertising Guidelines

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?
11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?
12. Is anything missing?

# **Additional comments**

13. Do you have any other comments about cosmetic surgery regulation?	