

## Your details

Name: [REDACTED]

**Organisation (if applicable): Silk Laser Clinics**

Founded in South Australia in 2009 SILK has enjoyed rapid growth and in 2020 was listed on the Australian Stock Exchange (ASX SLA). SILK Laser Clinics is one of Australia's leading Laser, Skin, Injectables and Body clinic businesses, with over 117 clinics across our growing Australian and New Zealand network.

**Are you making a submission as?**

- **An organisation**
- An individual medical practitioner
- An individual nurse
- Other registered health practitioner, please specify:
- Consumer/patient
- Other, please specify:
- Prefer not to say

**Do you work in the cosmetic surgery/procedures sector?**

- Yes – I perform cosmetic surgery
- Yes – I provide minor cosmetic procedures (e.g. Botox, fillers, etc.)
- **Yes – I work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee)**
- No
- Prefer not to say

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

- General and specialist registration – Specialty (optional):
- General registration only
- Specialist registration only – Specialty (optional):
- Provisional registration
- Limited registration
- Non-practising registration
- Prefer not to say

**Do you give permission to publish your submission?**

- **Yes, with my name**
- Yes, without my name
- No, do not publish my submission

# 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 [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. Silk Laser 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 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*

8. Silk Laser supports the guidelines' confirmation that video consultations with patients can be appropriate for minor cosmetic procedures.
9. 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.
10. 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 face, as well as enough time passing to make it desirable to have medical practitioner input again.

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

11. Silk Laser does not perform cosmetic injectable treatment on minors. It strongly supports the introduction of specific guidelines relating to cosmetic procedures on patients under 18 years of age.

### *Section 9 - Complaints*

12. Silk Laser 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*

13. Silk Laser supports guidelines to ensure practitioners are appropriately qualified and experienced.

**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

# 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?

No comment

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

No comment

## 12. Is anything missing?

No comment

## Additional comments

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