

COSMETIC HEALTH SERVICE COMPLAINTS IN NEW SOUTH WALES

Organisation: Australasian College of Aesthetic Medicine (ACAM)
Name: Dr Sharron Phillipson
Position: President
Date Received: 4 April 2018

Partially
Confidential



26th February 2018

Mr Adam Crouch MP
Committee Chair
Inquiry into Cosmetic Health Services
Parliament of New South Wales
Macquarie Street
Sydney NSW 2000

Dear Mr Crouch,

Thank you for the opportunity to provide a submission to the Inquiry into cosmetic health service complaints in New South Wales.

I write to you on behalf of The Australasian College of Aesthetic Medicine (ACAM), a professional organisation providing support, education and networking opportunities for Doctors and Allied Health Professionals working in aesthetic or cosmetic medicine throughout Australia and internationally (<http://www.acam.org.au>). At present, the College has 240 members, being 177 Full Members and 63 Fellows.

Quality Assurance and Continuing Professional Development is maintained through the Royal Australian College of General Practitioners (RACGP), for which the College is an accredited provider in the re-accreditation process for the Quality and Continuing Professional Development Programme.

ACAM is committed to establishing and maintaining the highest standard of practice through training opportunities and continued professional development. It is the most well recognised representative body for Aesthetic Medicine in Australia with a strong and ever growing presence internationally.

The specific objectives of the College are:

- To promote the education of members and other persons directly associated with laser and cosmetic medicine activities, and of the general public concerning endeavours particular to the profession of cosmetic medicine.
- To promote the advancement of cosmetic medicine by providing a forum for expression of professional opinion on cosmetic medicine activities.
- To promote technical advancement by providing for professional education through lectures, industry displays and presentations and by the exchange of information to assist the development of cosmetic medicine.

- To promote sound cosmetic medical practice and integrity.
- To broaden professional relationships among members and to maintain and increase the prestige, standing and influence of cosmetic medicine.

Activities that the Australasian College of Aesthetic Medicine has initiated or supported include:

- An annual Laser and Cosmetic Medicine Conference (LCMC). The upcoming 14th National Laser and Cosmetic Medicine Conference (LCMC) will be held in Brisbane 3-4 November 2018
<https://www.dccconferences.com.au/lcmc2018/>
- Diploma in Cosmetic Medicine. A 12-month online tutorial program with logbook, written examination and viva examination.
- Regular cosmetic medicine workshops every 6 months for medical practitioners.
- Subscription to the international journal, the Journal of Cosmetic and Laser Therapy, received by all our members quarterly.
- Regular educational state meetings on current cosmetic medicine topics.

In relation to the specific areas of reference of the inquiry:

a. The roles and responsibilities of the Health Care Complaints Commission relative to the roles and responsibilities of Commonwealth and other state regulatory agencies:

The 2 important issues requiring clarification of roles and responsibilities between the HCCC and other agencies are:

1. The adequacy of the facilities in which the services are provided
2. The qualifications of the person performing the procedures

We believe facilities providing cosmetic medicine procedures should be licensed and regulated. Currently the standards required are minimal. In a recent example in North Sydney, a hairdresser is planning to start up a "Botox Clinic", with a nurse attending and consultations being offered with a doctor via Skype. This is obviously unsatisfactory yet is happening more commonly due to minimal regulations, and the authorities not taking a more serious view of this industry. Government agencies need to be proactive in regulating the industry for safety and quality, not just respond to complaints after patients have already been harmed.

Patients must be seen in person, by a registered medical practitioner, and not via teleconferencing or Skyping. Telemedicine is unsatisfactory in the field of cosmetic medicine, and is fraught with incompleteness and error. Most importantly for patient safety, a doctor must be immediately available in person to deal with any complications, requirements for changes in treatment, or emergencies that may occur. Recent well publicised cases have proven that such complications may be severe and even fatal.

Nurses must only be permitted to administer restricted drugs under the direct supervision of the prescribing doctor. "Nurse prescriber" must be made a

qualification that can apply only to appropriately trained nurses working in rural or remote areas of medical need and must absolutely exclude cosmetic medical prescribing.

A recent expose on SBS news by an investigative journalist, Elise Potaka, documented people with no medical qualifications illegally importing and administering restricted drugs for use in cosmetic procedures, working “under the radar” in Melbourne. <https://www.sbs.com.au/news/the-feed/fake-doctors-banned-drugs-risky-procedures-inside-australia-s-backyard-beauty-clinics>

Patients are easily fooled by professional-looking premises and assume that cosmetic practitioners have the relevant qualifications. It is difficult for patients to know what qualifications are required, and whether purported qualifications are genuine as there is no standard. Non-English speaking patients are at a particular disadvantage in seeking such information, and are less likely to understand how, or be able to seek redress if complications arise. If the cosmetic practitioners are not qualified, their activities may be illegal and complaints may thus need to involve the police, which many vulnerable people may not be prepared to pursue.

b. The adequacy of the powers and functions of the Health Care Complaints Commission to improve outcomes for the public in the cosmetic health services sector;

One concern is that HCCC in NSW has no jurisdiction over people who are not doctors or nurses. It will be very difficult to improve outcomes for the public in cosmetic medicine until all practitioners providing cosmetic medicine procedures are appropriately qualified and registered with AHPRA, and patients have an easy and accurate method to confirm their practitioner’s qualifications and registration status. At present the HCCC takes a passive role and only investigates complaints. Patients who have been treated in a beauty salon and had an adverse outcome will often not be aware that they can complain to a body beyond the owner of the salon. If medical consultations have been provided via Skype or procedures performed by travelling nurse’s patients may not even have any details of the person who performed the procedure.

Regulatory authorities need to apply standards to the industry, publicise practitioner requirements and how patients can check them, and punish offenders. Significant monetary fines might be appropriate, along with criminal convictions. Currently investigations of unqualified practitioners may take years, and must be addressed in a much timelier fashion to prevent further harm to patients.

c. The opportunities for collaboration with other agencies, organisations and levels of Government to improve outcomes for the public in the cosmetic health services sector.

National standards for cosmetic practitioners and the facilities in which they practice must be agreed, publicised and applied. This should be addressed at a National Level and there must be consistency within states.

The HCCC needs to co-ordinate with the Department of Health and Human Services. Also, the Drugs and Poisons Regulation Branch needs to work with the

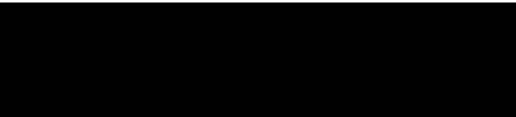
HCCC and AHPRA to investigate unlawful supply of scheduled drugs by both registered and unregistered practitioners.

Health practitioners, themselves, need to be better educated on their obligations surrounding supply and administration of cosmetic injectables. Organisations such as ACAM have a role to play here.

d. Other details

In general, safety and resuscitation equipment, a defibrillator, and a doctor who knows how to use them must be in place if any cosmetic injection is being administered.

Yours sincerely



Dr Sharron Phillipson
President
Australasian College of Aesthetic Medicine (ACAM)

Email: secretariat@acam.org.au

Telephone: + 612 9016 4183

Fax: + 612 9954 0666

Secretariat Contact: Suite 103, Level 1, 3-5 West Street, North Sydney, 2060

Mailing Address: PO Box 637 North Sydney NSW 2060

Attached is a number of previous submissions and documents relevant to this topic:

1. Submission by ACAM to AHPRA on Consultation Document – Cosmetic medical and surgical procedures provided by medical practitioners. May 2015

2. Medical Board of Australia. Public Consultation Paper and Regulation Impact Statement: Registered medical practitioners who provide cosmetic medical and surgical procedures. 17 March 2015

3. Cosmetic clinic raids uncover illegal imports including human placenta injections [Lily Mayers](http://www.abc.net.au/news/2017-09-29/human-placenta-find-in-dodgy-imports/9000396)
<http://www.abc.net.au/news/2017-09-29/human-placenta-find-in-dodgy-imports/9000396>

4. ACAM Press Release Australasian College of Aesthetic Medicine Condemns the Practice of Cosmetic Medicine being practised by unregistered Medical Practitioners. 4 September 2017

5. Requirements for cosmetic nurses to be accepted as Members of ACAM. ACAM, 2018

6. ACAM. Protocol for the use of S4 drugs for cosmetic procedures by Cosmetic Nurses and Nurse Practitioners. November 2016

7. Submission by ACAM to ARPANSA on the consultation document “**Regulatory Impact Statement Intense Pulsed Light sources (IPLs) and Lasers for Cosmetic or Beauty Therapy Consultation Draft – May 2015**”. July 2015

8. Report on Illegal Cosmetic Practice in Melbourne by Elise Potaka for SBS News. <https://www.sbs.com.au/news/the-feed/fake-doctors-banned-drugs-risky-procedures-inside-australia-s-backyard-beauty-clinics>. Video includes commentary by former NSW HCCC Commissioner, Merrilyn Walton.