

15 November 2013

Executive Officer  
Nursing and Midwifery Board of Australia  
AHPRA  
By email: [nmbafeedback@ahpra.gov.au](mailto:nmbafeedback@ahpra.gov.au)

Dear Sir/Madam

**Re: Public Consultation on Proposed Expanded Endorsement for Scheduled Medicines**

The Australian Society of Plastic Surgeons and the Australasian Society of Aesthetic Plastic Surgery is pleased to make a joint submission in relation to the public consultation for the proposed expanded endorsement for scheduled medicines. Thank you for allowing a late submission.

We are concerned about inadequacies in patient safety arrangements for cosmetic surgery in particular, but more recently have also become increasingly concerned about the safety of other cosmetic procedures.

We are very supportive of efforts to ensure equity and access to services for those living in rural and isolated areas however, in relation to scheduled medicines, we do not support the automatic extension to the broader community of those special provisions designed to address access.

We understand that the consultation paper is not intended to be proscriptive and is based on the premise that all practitioners will behave well and that providing guidance is enough; however, we are of the view that where boundaries are not clearly defined there is a danger that any grey area will provide an opportunity for the unscrupulous to exploit any loophole.

Regulation is an important tool in our efforts to embed the values of quality and safety for the patient or consumer. Equally, regulation is only as strong as its weakest enforcement link. Tackling the issue of effective enforcement of regulations starts with unambiguous clarity such that practitioners have very clear direction on what they must do, and what is not acceptable in terms of quality standards and transparency. The penalty for any breach must also be very clear and enforceable.

For the purposes of this submission we will confine our comments to the administration of Botulinum Toxin by nurses.

**About ASPS and ASAPS**

The Australian Society of Plastic Surgeons (ASPS) is the peak body for Specialist Plastic Surgeons in Australia. The Australasian Society of Aesthetic Plastic Surgery (ASAPS) is a sub-specialty group with a focus on aesthetic procedures, surgical and non-surgical. Both are membership organisations with a shared membership and, together, represent more 349 Specialist Plastic Surgeons in Australia engaged in reconstructive and aesthetic plastic surgery and non surgical procedures. All members hold a Fellowship of the Royal Australasian College of Surgeons (FRACS). RACS' surgical training program is accredited by the Australian Medical Council.

On average, about twenty per cent of members' work is undertaken in public hospitals, forty per cent in private hospitals and day procedure centres and forty per cent in private rooms. About 40% of surgeon time is spent on cosmetic procedures. On average, members who provide supervision commit about six hours each week of their time to educating plastic surgery trainees. This supervision is provided in multiple settings including public hospitals, private hospitals and private rooms.

### **ASPS/ASAPS Policy on the administration of Botulinum Toxin by nurses**

The following points are key to policy formulation:

1. The Role of Nurse Injectors
2. Regulatory Requirements for Schedule 4 Substances
3. Premises for Injection
4. Initial Consultation
5. Written Instruction for Administration
6. Review of Treatment Plan by Doctor

Botulinum Toxin is a Schedule 4 substance. It is commonly prescribed by doctors for the purpose of cosmetic treatments. It may be lawfully administered by either the doctor, or a nurse acting under the supervision and instruction of a doctor, and in accordance with a written order provided by the doctor.

Adequately qualified and properly supervised nurse injectors can provide a valuable and appropriate service to patients undergoing cosmetic treatments, provided proper procedures are in place to ensure the required standard of care is met. Supervising doctors must be satisfied that the nurse has adequate qualifications, training and expertise for the duties performed.

Whilst it may be the nurse who administers the Botulinum Toxin, we continue to firmly advocate for the doctor to remain responsible to ensure the treatment is provided safely and appropriately. The doctor should be immediately contactable in order to respond to a nurse or patient's concern in a timely manner.

The precise legal requirements for the possession, use, storage and disposal of Schedule 4 substances vary between States and Territories. It is the responsibility of the prescribing doctors to be aware of the legal requirements in their jurisdiction and ensure they are complied with.

Botulinum Toxin should only be administered in an appropriate setting with adequate equipment and protocols in place. The premises must be properly equipped to deal with anaesthetic toxicity effects and potentially life threatening anaphylactic reactions. The premises must provide facilities and procedures for all healthcare workers to adhere to infection control principles, including safe injection practices and aseptic technique for the preparation and administration of all injectable medications.

The doctor's initial consultation with a patient considering Botulinum Toxin treatment should include a proper clinical history and examination, as well as a complete discussion of the realistic potential benefits, side effects and possible complications. The treating doctor should always be satisfied of the indication for the proposed treatment; the patient's medical suitability for Botulinum Toxin and that full and informed consent has been obtained.

Remote consultations (i.e. via telephone or 'Skype') are not recommended, and may, in the opinion of ASPS and ASAPS, unnecessarily hamper the doctor's ability to undertake a proper patient assessment.

The doctor must provide written instructions for the administration of Botulinum Toxin for the patient including directions on the dose, treatment frequency and area. These instructions may remain valid for a period of up to 12 months for a single treatment area however a new consultation and prescription is required if the scope of treatment or dose changes. It is our view that a nurse must never administer Botulinum Toxin without a valid order from a doctor.

The patient and/or administration instructions should be reviewed by the doctor as necessary, including if:

- There is a material change in the patient's general medical condition; or
- The patient wishes to see the doctor for any reason whatsoever; or
- The nurse is concerned or unclear about the written instructions for any reason; or
- An unexpected side effect, complication or result of treatment has occurred.
- In such cases, the doctor should personally review the patient to determine whether the treatment plan remains appropriate, and no further treatment should be given until this review has taken place.

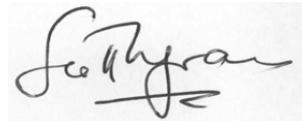
Thank you for inviting comment on the Public Consultation Paper. We seek to ensure that the implementation of any recommendations arising from the consultation will provide much greater protection to persons seeking cosmetic medical and surgical services and improve the overall quality of this care.

We look forward to discussing the proposal further. Please do not hesitate to contact us if we can be of any assistance.

Yours sincerely



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President



Scott Ingram MBBS FRACS  
President



Australian Society  
of Plastic Surgeons



Australasian Society  
of Aesthetic Plastic Surgery