



PRESS RELEASE

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CPCA APPLAUDS NSW HCCC HEARING RESULTS

The NSW Parliamentary Committee on the Health Care Complaints Commission (HCCC) has released the results of its recent hearings and The Cosmetic Physicians College of Australasia (CPCA) applauds the positive steps being taken following the involvement of CPCA President Dr Michael Molton and Past President Dr Douglas Grose.

An area of grave concern to the Committee involved the illegal importation of Schedule 4 medications anti-wrinkle injections and dermal fillers, which can only be obtained legally via prescription and administered by a doctor or trained nurse under doctor supervision. The CPCA welcomes the direct action being taken by the Australian Department of Health, which is working with Australian Border Force to intercept illegally imported products and thus increase patient safety.

CPCA also commends NSW Health's suggestion for stronger regulation of medicines used in cosmetic procedures, in terms of overseeing receipt, storage, access, use and administration of these medicines at cosmetic clinics. Proposed regulations may also include the requirements that: the medical practitioner who prescribes anti-wrinkle injections and dermal fillers must directly consult with the patient; and these products can only be accessed at premises where a medical practitioner is present during operating hours.

Dr Molton emphasised to the Committee the importance of face-to-face consultation as opposed to videoconference consultation to ensure best practice for the patient. He noted: "Patient safety does not just involve performing a procedure; patient safety involves the appropriate evaluation and assessment and candidacy of a particular patient. . . . because a number of patients that I see are vulnerable. They are not informed. Many of them are young; they bow to peer pressure. None of those things can be fleshed out by a teleconference consultation. As a medical practitioner, what you are trained in is to identify a number of features about the patient, silently, from the moment that the patient walks through the door of your medical practice. There is a process that goes on in the medical examination that involves integration into that consultation process before you even shake hands with the patient. You cannot do that in a teleconference. You cannot get that feel about someone's psychological presentation via Skype."

The hearing also addressed the potential risk to patients when a procedure is performed by someone lacking adequate experience, such as cases of blindness following injection of fillers into the face. Dr Grose explained the risks and was quoted in the Report: "The anxiety is that depending on what part of the face you are treating, there is a possibility of intra-arterial injection of the substance, which can then move up into the retinal artery and affect the circulation to the eye".

During the hearings, Dr Molton and Dr Grose also highlighted the coercion that happens in cases where cosmetic health service providers are incentivised to 'upsell' products and procedures - blurring the lines between medicine and commerce.

Dr Grose explained: "One of the most important characteristics that we seek in doctors working in this area is their ability to understand when a treatment is not advised and they should advise the patient not to be treated. Anybody who receives remuneration based on commission is under immediate financial pressure to perform treatments, which may or may not be of benefit to the patient. It is very important to understand that cosmetic medicine is medicine . . . and that it must be based on the medical model not on the commerce model, which is currently what is happening."

Dr Molton added: "There is a big difference between someone who is a client and someone who is a patient. A client . . . you are going to sell that person everything you possibly can whether they need it or not, regardless of any other circumstances. A patient, under the medical model, as Dr Grose outlines, describes a person to whom the medical practitioner owes a duty of care. That is the fundamental difference between the commercial model and the medical model."

About the CPCA:

The CPCA is the leading representative body for medical practitioners practicing non- or minimally-invasive cosmetic medical treatments in Australasia. The College, which evolved from the Cosmetic Physicians Society of Australasia, provides education, training and ethical practice standards for its Fellows and Members who are required to have relevant training and experience as prerequisites for admission to the College. Members are also required to keep abreast of the most up-to-date, relevant information and latest medical and scientific advances

Overall, the key role of the CPCA is to develop and maintain the highest standards in cosmetic medicine, which helps safeguard the public.

<http://www.cPCA.net.au/>

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