

HEALTH REVIEW

Prescribing Providers

We will be embarking on a new project this year which will assist in collecting complaint information and broadening our scope of reporting.

Currently we provide information and statistics in our Annual Reports about the complaints we receive regarding public hospitals, prisons and other organisations. This information is published as a matter of public interest, as it allows comparisons and conclusions to be made about the kind of complaints we receive.

Under our legislation, we can ‘prescribe’ and request information from public and private health and disability service providers about the complaints they have dealt with internally. Many providers, particularly the larger public and private organisations, have dedicated resources and systems set up to manage complaints. For example, a number of hospitals employ liaison staff to manage consumer complaints. Having these people and resources in place means most issues can be resolved within the organisation.

Accessing and sharing information about complaints handled internally by service providers will provide an opportunity for our stakeholders to gain an insight into how those complaints are managed and what kind of issues are brought to providers by their clients.

The type of information we plan to request includes:

- the number of complaints received
- what the complaints are about
- the actions taken by the provider
- the outcome of each complaint
- the time taken to resolve complaints

While we will be nominating which providers the complaints are about, all other information will be de-identified.

To implement this project we plan to prescribe providers in stages. We will be focusing initially on larger providers that have existing systems in place for recording complaint data. We will then be able to use the first lots of data to test our own collection and analysis capabilities and review our practices before inviting other providers to join the project.

We have met with a number of private and public health services to talk about how this process and the project will be managed.

As well as consulting with individuals from Health and Disability Commissions in other states, we have met with representatives from a number of Western Australian

organisations. The feedback from these sessions was positive and future sessions with the project participants is planned.

For any further information regarding this project, please contact Sandra McKnight at OHR on 9323 0600.

Beauty and Cosmetic Procedures

There are a range of practitioners involved in providing services, treatments and therapies related to improving the appearance of men and women. At the OHR we receive many calls from people who have concerns about a wide range of cosmetic procedures.

OHR can’t deal with complaints related to most cosmetic procedures. However, the wide range of therapies available, the varying qualifications of practitioners and who is allowed to carry out what procedure can be confusing for many consumers. In this article we will look at some of the different services and who performs them.

Beauticians

Beauticians or beauty therapists are people who provide services such as hair waxing, dermabrasion, manicures, pedicures, facial treatments, ‘peels’, tanning, tinting and ‘spa’ services such as mud wraps and skin scrubs.

Anyone can operate a ‘beauty’ business and call themselves a beautician or beauty therapist. Despite this being the case, diploma-level training in beauty therapy is available at established institutions throughout Australia. There are also professional associations, such as the Association of Professional Aestheticians of Australia, that are chartered with improving the standard of education for beauty therapists and raising the profile of the industry. *(cont. next page)*

Welcome to the eighth edition of our newsletter, **The Health Review**. Any feedback or suggestions are welcome and can be sent to: mail@healthreview.wa.gov.au

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Proposed Legislative Changes

OHR currently has a number of amendments to its guiding legislation, the *Health Services (Conciliation and Review) Act 1995* before State Parliament.

The Bill that introduced the changes was read in the Lower House by the Minister for Health, Hon. Dr Kim Hames MLA in August last year. The proposed amendments include a number of changes to the Act which we hope will increase the visibility of the Office with benefits to consumers and providers in relation to the way we manage health and disability service complaints.

One of the most significant is a change of name to the 'Health and Disability Services Complaints Office'. We believe that the name change will increase our visibility to the community and stakeholders.

Some of the other proposed changes will enable us to:

- Collaborate with groups of providers and users when reviewing and identifying the causes of complaints,

suggesting ways of removing and minimising those causes and bringing them to the notice of the public.

- Increase the time limit in which a complaint can be made following an event from 12 months to 24 months.
- Accept complaints from private as well as public providers who have acted unreasonably by not providing a health service to a user.
- Accept complaints (in certain circumstances) where a complainant has not attempted (in the first instance) to resolve the matter with the provider themselves.
- Increase our influence at the completion of an investigation when requiring service providers to undertake remedial action.
- Resolve complaints more quickly through the introduction of negotiated settlement.

If you have any questions about the proposed changes and how they might affect you, please call the Office of Health Review on 9323 0600. You can also check our website www.healthreview.wa.gov.au for updates.

(cont. from page 1) Beauty therapists are only able to administer non-invasive techniques in the course of their work. Some exceptions such as ear or body piercing, cosmetic tattooing and waxing are classified by the WA Health Department as penetrative and must comply with Health Regulations and the Code of Practice for Skin Penetration Procedures.

Some therapy businesses employ registered nurses to provide 'injectable' treatments such as botulinum toxin or dermal fillers. These services must be provided following a consultation with and under the supervision of a medical doctor who has developed a treatment plan.

Cosmetic Physicians

Cosmetic physician is a title increasingly used by doctors who perform cosmetic procedures. Cosmetic physicians perform treatments such as mole removal, 'liposculpture', hair restoration, wrinkle treatment, chemical peels, IPL and the use of dermal fillers.

Practitioners who use the title cosmetic physician are medical doctors but they are generally not surgeons. While post-graduate study is not required to use the title cosmetic physician, this does not mean that cosmetic physicians lack the skills required to perform the procedures that they offer. However, they tend to perform less invasive procedures than those practised by plastic surgeons.

There are two professional associations in Australia that represent doctors who work in this field, the Australasian Society of Cosmetic Medicine and the Cosmetic Physicians Society of Australasia. There is also a college that was formed in 1999, the Australasian College of Cosmetic Surgery. The college was formed by a range of practitioners including dermatologists, general surgeons and ear, nose and throat surgeons who

specialise in cosmetic procedures. The college has made an application to the Australian Medical Council to have cosmetic medicine recognised as a medical specialty.

Plastic Surgeons

Plastic surgery involves aesthetic procedures such as breast augmentation, 'tummy tucks' and face lifts, but these medical specialists also perform reconstructive surgery treating injuries such as burns and correcting congenital defects. Some other cosmetic surgical treatments that plastic surgeons provide include liposuction, chemical peels, facial implants, 'body contouring', dermabrasion and hair replacement.

To be a plastic surgeon, practitioners must first qualify and train in surgery, specialising and training in plastic and reconstructive surgery, which makes them eligible for a fellowship to the Royal Australasian College of Surgeons (FRACS). This specialisation involves at least five years of training following medical school.

The Australian Society of Plastic Surgeons represents the practice of plastic surgery in Australia. Its charter includes maintaining standards and ethics in surgical practice. Members must be a Fellow of the RACS.

Where to for Consumers?

Cosmetic procedures include a wide range of treatments, both invasive and non-invasive, performed by people with possibly no formal qualifications through to people with more than ten years of rigorous training. As with any procedure, consumers should seek as much information as possible about any treatment, and ensure that the practitioner is qualified to perform it. Documented informed and financial consent can be very helpful as it can provide a written joint agreement prior to the beginning of treatment.

OHR Case Studies

In each edition of *The Health Review*, we like to bring our readers case studies of issues we have dealt with that show the results we have achieved through conciliating complaints. In this issue we will look at some cases that relate to cosmetic or 'beauty' treatments.

We cannot usually deal with complaints related to cosmetic treatments as they do not fall within the category of a health service. This applies even if the service is provided by a doctor such as a medical specialist. However, complaints regarding a registered practitioner can be referred to the Medical Board.

There are some cases where a complaint may relate to treatment that may be seen to be cosmetic but can be accepted as a health complaint. An example is where someone being treated for skin burns is undergoing procedures to restore the skin to its original appearance.

In any event, OHR will look at issues that come in to the Office on a case-by-case basis and refer clients to the appropriate body if we are not able to help.

Case Study - Botulinum Toxin Treatment

A complainant brought an issue to us regarding botulinum toxin treatments she had performed by a registered general practitioner who works as a cosmetic physician. The complainant visited the physician to discuss procedures for removing wrinkles on her face. The woman was particularly concerned about lines or 'furrows' between her eyebrows.

The doctor suggested the use of botulinum toxin to temporarily alleviate the furrows that had developed between the woman's eyebrows. At the time the doctor apparently also suggested the additional treatment of a dermal filler to help remove frown lines around the woman's mouth.

Following the treatment the woman was concerned about the effect the botulinum had on her eyebrows, which she claimed now appeared to 'droop', creating an asymmetrical appearance. She returned to the clinic and it appeared that the doctor tried to compensate for the change in the woman's appearance through the use of other treatments.

The complainant was not happy with the result of the further treatment and eventually cancelled her future bookings.

When the complainant came to us some months had passed following her treatment. We contacted the practitioner to discuss the complainant's issues and also spoke to the complainant. During the assessment phase, it was determined that the treatment the doctor had performed was not a health service, but had been undertaken for purely cosmetic reasons. As the service was outside our jurisdiction, we were not able to proceed with the complaint. Both of the parties were notified and the complaint was closed.

Case Study - IPL Treatment

A man came to us with a complaint regarding Intense Pulse Laser (IPL) treatment that he had undergone to reduce acne scarring on his face. While IPL treatment may at first appear to be a cosmetic or 'beauty' treatment, as it was being performed to treat an actual condition or disorder we were able to accept the complaint into our conciliation process.

The man initially visited a business that offers IPL treatment as well as a range of other skin care and therapy services. He was advised that IPL could be used to treat his acne scarring.

In an initial consultation, the man was apparently advised to have a 'test patch' of skin treated using IPL to check the skin's reaction and appearance after the test therapy. However, a test patch was not performed and the man went ahead with the treatment. The next day the man felt a burning pain in the area and he visited the emergency department of a public hospital. He was informed by a triage nurse that his skin was burnt and to take some pain medication.

The man's skin eventually developed a striped appearance on part of his face, due to what was later classified as alternating high and low pigmentation areas. The man consulted a dermatologist who claimed that IPL treatment was not advisable for the man's skin type, and that the unsatisfactory result was what he would have expected to occur.

The dermatologist did note that the man appeared to be recovering well, and while a full recovery was difficult to predict, the prognosis was generally positive at the time. The dermatologist suggested a treatment involving resurfacing to reduce the striping effect, but suggested that the man's still-active acne should be dealt with first.

In a conciliation meeting involving the complainant, the owners of the therapy centre and OHR staff members, the parties discussed the man's complaint and what he was seeking as reparation. The man noted that after returning to the clinic with concerns about the therapy, he was offered facial treatments which he did not take. The therapists were concerned that they were not given the chance to try to rectify the scarring from the treatment, and that the man may not have followed the treatment with the appropriate care, which could have exacerbated the pigmentation problem.

The man asked that the therapy centre pay for the costs involved in treating the alternating pigmentation that had developed. The therapists suggested that they would provisionally consider contributing to these treatments, but they would have to see the dermatologist's report and a quotation for further treatment before making any commitment. The conciliation meeting ended with the complainant agreeing to provide a report from his dermatologist which the therapy centre would consider before making an offer.

Complaints Report, October-December 2009

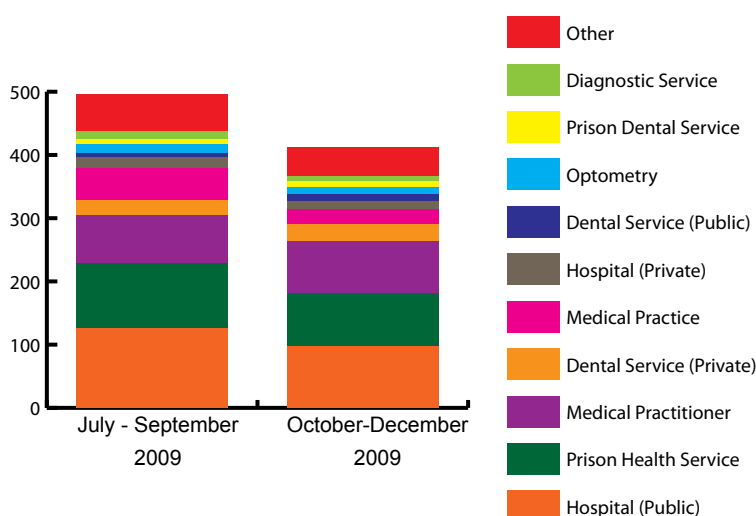
We received 412 new complaints in the final quarter for 2009, somewhat lower than the 496 we received during the 3rd quarter of the year.

While the final quarter of the year is traditionally the quietest, in 2009 we found that the complaints that came in during the period tended to be more complex in nature and have taken our staff more time to assess and/or begin the conciliation process.

The relatively high proportion of Prison Health Service complaints that we received during the period partly accounted for the increased amount of time spent on incoming calls. Some of the mental health service complaints that we received also required considerable time and attention.

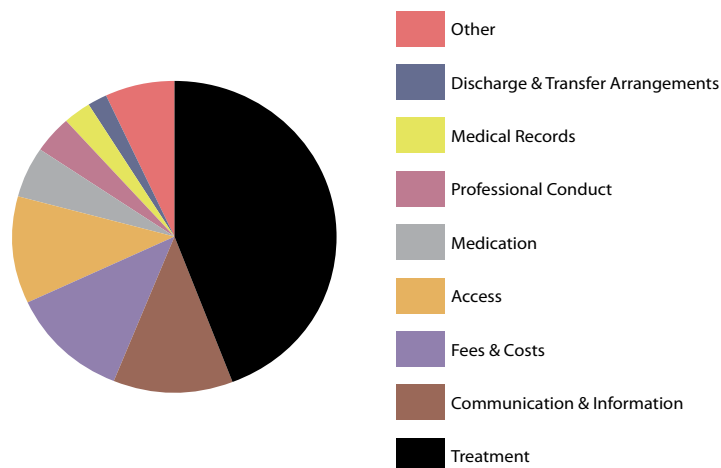
Provider Types

During the quarter the type of provider complained about the most was public hospitals, which accounted for 23.5 per cent of total complaints made. Prison Health Services followed with 20.6 per cent of complaints, Medical Practitioners with 19.7 per cent and Medical Practices with 6.1%. Only small numbers of complaints were made in relation to other provider groups during the quarter.



Complaints by Provider, Second half 2009

While public hospitals had the greatest share of complaints made during this period, they actually received 28 fewer complaints than during the previous



Complaint Issues, October - December 2009

quarter. Public dental services increased almost 90 per cent from the previous quarter, while complaints against medical practices nearly halved.

Complaint Issues

During the quarter we found that issues regarding treatment were by far the most common complaint category (nearly half in total), which reflects the historical data that we have gathered over the past. Communication and information, fees and costs and access issues each represented approximately 12 per cent of complaints respectively.

Provider Specialties

In our statistical reporting, we categorise providers by type as well as by specialty. This is done in order to identify systemic issues that may exist within a larger provider. For example, data analysis may show that we have received a large number of complaints against a certain hospital, but we also need to break these down into what kind of service was provided, for example, emergency surgery or psychiatric services.

The most common provider 'specialty' complained about for the quarter was the Prison Health Service, which accounted for 19 per cent of all complaints made. This is significant considering the relatively small prison population compared to the general population, and reflects the high number of Prison Health Service complaints we received over the quarter.

The only other statistically significant specialty category represented was General Practitioners (12 per cent of complaints), though this is to be expected considering the high proportion of services provided by G.P's.



Government of **Western Australia**
Office of Health Review

The **Office of Health Review** is an independent State Government agency established to deal with complaints about health and disability services.

Our mission: Creating strategic partnerships to facilitate safety and quality in the health and disability sectors through complaints resolution.

For more information about the office, please visit our web site at: www.healthreview.wa.gov.au

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