

Q1.

## Public consultation: Regulation of health practitioners who perform and who advertise non-surgical cosmetic procedures

### Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards are reforming the regulation of registered health practitioners who work in the non-surgical cosmetic procedures sector in Australia to improve practice and standards, public safety, and provide opportunities for more informed consumer choice. Ahpra and the National Boards are consulting on three documents related to the regulation of registered health practitioners who provide and who advertise non-surgical cosmetic procedures:

1. Draft Guidelines for nurses who perform non-surgical cosmetic procedures (nurses practice guidelines - applies to nurses only)
2. Draft Guidelines for registered health practitioners who perform non-surgical cosmetic procedures (shared practice guidelines - excluding medical practitioners and nurses), and
3. Draft Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures (advertising guidelines - applies to all registered health practitioners).

The three proposed draft guidelines are intended to set out what National Boards expect of registered health practitioners working and advertising in this sector and provide clarity for consumers considering non-surgical cosmetic procedures about the standards expected of practitioners.

As the three proposed draft guidelines are all related to non-surgical cosmetic procedures, Ahpra and the National Boards are consulting on all three guidelines together. Feedback is welcome on any or all of the three draft guidelines.

We welcome feedback from organisations, registered health practitioners and the public.

There are some initial demographic questions and then questions on each of the guidelines we are consulting on. All questions are optional, and you are welcome to respond to any you find relevant, or that you have a view on.

The consultation questions are different in some sections as National Boards are intentionally consulting on the questions most relevant to the professions they regulate.

Your feedback will help us to understand your views and help National Boards set clear standards for registered health practitioners in the non-surgical cosmetic procedures sector, for the protection of the public. It will take approximately 15 minutes to complete this survey if you answer all questions.

The submission deadline is close of business 1 March 2024 (consultation has been extended by 4 weeks)

### How do we use the information you provide?

The survey is voluntary. All survey information collected will be treated confidentially and anonymously. Data collected will only be used for the purposes described above.

We may publish data from this survey in all internal documentation and any published reports. When we do this, we ensure that any personal or identifiable information is removed.

We do not share your personal information associated with our surveys with any party outside of Ahpra except as required by law.

The information you provide will be handled in accordance with [Ahpra's Privacy Policy](#).

If you have any questions, you can contact [AhpraConsultation@ahpra.gov.au](mailto:AhpraConsultation@ahpra.gov.au) or telephone us on 1300 419 495.

## Publication of submissions

We publish submissions at our discretion. We generally [publish submissions on our website](#) to encourage discussion and inform the community and stakeholders about consultation responses. Please let us know if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include published experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982 (Cth)*, which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or if you want us to treat all or part of it as confidential.

**Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is expressly requested.**

Please click on the ARROW below to start the survey.

Q145.

### Initial questions

To help us better understand your situation and the context of your feedback please provide us with some details about you.

Q146.

**Are you completing this submission on behalf of an organisation or as an individual?**

☒ Organisation

☐ Individual

Q147.

Please provide the name of the organisation.

The Australian Society of Dermal Clinicians

Q148.

If you are completing this submission as an individual, are you:

*This question was not displayed to the respondent.*

Q149.

Which of the following health profession/s are you registered in, in Australia?

You may select more than one answer.

*This question was not displayed to the respondent.*

**Q101.** Do you work in the cosmetic surgery/procedures sector?

- ☒ Yes
- ☐ No
- ☐ Prefer not to say

**Q102.** If yes, in what capacity do you work in the cosmetic surgery/procedures sector? *Please select all that apply*

- ☐ I perform cosmetic surgery
- ☐ I perform cosmetic procedures (e.g cosmetic injectables such as botulinum toxin and dermal fillers)
- ☐ I work in the area but do not perform surgery or procedures (e.g. practice manager, non-clinical employee)
- ☐ Prefer not to say

- ☒ Other, please describe: 

Our members provide non-surgical cosmetic procedures that are listed in the definition of non surgical cosmetic procedures other than injecting such as LASER and skin treatments (chemical peels and dermabrasion) for example

**Q150.**

## Your details

Name:

Jennifer Byrne

**Q151.** Organisation name:

The Australian Society of Dermal Clinicians

**Q172.** Email address:

[REDACTED]

**Q152.**

## Publication of your submission

Do you give permission for your submission to be published?

- ☒ Yes - publish my submission **with** my name/organisation name
- ☐ Yes - publish my submission **without** my name
- ☐ Yes - publish my submission **without** my organisation name
- ☐ Yes - publish my submission **without** both my name and organisation name
- ☐ No - **do not** publish my submission

Q187.

## Guidelines for nurses who perform non-surgical cosmetic procedures

The Nursing and Midwifery Board of Australia (the NMBA) is developing draft nurses practice guidelines (draft nurses practice guidelines) to enable the terminology in the guidelines to be nuanced for nurses, and to delineate the separate roles and scope of enrolled nurses, registered nurses and nurse practitioners in the non-surgical cosmetic procedures sector.

Q121.

[Question 1 of 24](#)

Is the guidance in the draft nurses practice guidelines appropriate? Why/Why not?

As a representative of dermal clinicians as a profession we have not comment on the appropriateness of the guideline for nurses.

Q142.

[Question 2 of 24](#)

Does the guidance in the draft nurses practice guidelines sufficiently inform **nurses** about the NMBA's expectations of nurses (including enrolled nurses (EN), registered nurses (RN) and nurse practitioners (NP)) who perform non-surgical cosmetic procedures in Australia? If yes, how? If no, what needs to be changed?

Q143.

**Question 3 of 24**

Does the guidance in the draft nurses practice guidelines sufficiently inform the **public** about the NMBA's expectations of nurses (including enrolled nurses (ENs), registered nurses (RNs) and nurse practitioners (NPs)) who perform non-surgical cosmetic procedures in Australia?

Q144.

**Question 4 of 24**

In **section 4.2**, the draft nurses practice guidelines propose that *'the registered nurse and/or the nurse practitioner must consider the clinical appropriateness of the cosmetic procedure for a person who is under the age of 18 years. The NMBA considers that botulinum toxin and dermal fillers should not be prescribed for persons under the age of 18 for cosmetic purposes.'*

Is this information clear? If not, why not?

Q173.

**Question 5 of 24**

Is there anything further you believe should be included in section 4?

Q145.

**Question 6 of 24**

In **section 8.1**, the draft nurses practice guidelines propose *'the RN/NP is responsible for ensuring that any other person/s participating in the person's care or treatment have appropriate education, training and*

competence, and is adequately supervised as required.'

Is this a reasonable requirement? If yes, why? If not, why not?

Q146.

[Question 7 of 24](#)

In **section 16.1**, the draft nurses practice guidelines propose *'that RNs first practise for a minimum of one-year full-time equivalent post initial registration, to consolidate the foundational skills and knowledge as an RN in a general or specialist area of nursing practice (not in the area of non-surgical cosmetic procedures). RNs who perform non-surgical cosmetic procedures are required to undertake detailed assessment and planning of care, have complex anatomical and physiology knowledge as well as decision-making relating to pharmacodynamics and pharmacokinetics.'*

Is the guidance proposed a reasonable requirement? If not, why not?

Q147.

[Question 8 of 24](#)

Is there any further detail that needs to be included in the draft nurses practice guidelines to ensure public safety? If yes, please provide details.

Q150.

# Guidelines for registered health practitioners who perform non-surgical cosmetic procedures

The proposed draft shared practice guidelines will apply to all registered health practitioners, except for medical practitioners (who are already subject to the Medical Board of Australia's (the MBA) *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures*) and nurses (who will be required to comply with the draft *Guidelines for nurses who perform non-surgical cosmetic procedures*, if approved).

Q148.

Question 9 of 24

Is the guidance in the draft shared practice guidelines appropriate? Why/why not?

Dermal Clinicians are not a regulated health profession. They do work as independent non registered health professionals and work in integrated clinical setting with registered health professionals. Dermal Clinicians have completed a 3-4 year Bachelor Degree (AQF 7) and cover a broad number of indications and interventions to assist with improving skin health, address common skin conditions and disorders and by doing this also assist with concerns with appearance. As an emerging allied health profession that is an affiliate of Allied Health Professions Australia (AHPA) and working towards self-regulation meeting the standards of the National Alliance of Self-Regulating Health Professions (NASRHP) we present our comments and questions on the draft guidelines. The guidance in this document seems to have greater ambiguity than that of the medical and nursing practitioners. We advise that non-surgical cosmetic procedures are provided within the beauty and dermal therapy domain with providers with AQF 5 advanced certificate through to AQF 7 Bachelor degree. To have some practitioners with very strict regulation and some with none ultimately may not improve the safety of these procedures for the public. We recommend further consideration of the definitions, and educational requirements as well as how best practice could be modelled considering the broader implications and unintended consequences of these guidelines with the public safety in mind. Other professions within the cosmetic medical sectors that are not AHPRA-regulated should be consulted directly to have a cohesive approach. The ASDC appreciate the inclusion of registered health professionals may be due to these professions expanding their practice into this area due to the popularity of these procedures however there should be stringent requirements on education and competency assessment to expand practice into non-surgical cosmetic procedures. These professions listed work independently as allied health professions in most cases and there is a risk to the public if there is not adequate training and competency development. Areas we would like to see further developed 1. Formalised education and training requirements 2. How are competencies bench-marked and evaluated across professions offering non-surgical cosmetic procedures 3. What is the relationship between registered health professions and medical professions. Interprofessional practice is something that could be greater emphasised. 4. How is the scope of practice managed for registered health professionals that are expanding out from their primary domains for practice? e.g. will there be an advisory board that will cross over different health professions to assist in this capacity as it's not within the primary functions of the professions in providing health services.

Q152.

Question 10 of 24

Does the guidance in the draft shared practice guidelines sufficiently inform **registered health practitioners** about National Boards' expectations when performing non-surgical cosmetic procedures in Australia? Yes/No. If no, what needs to be changed?

We would query how appropriate education is determined, how competencies in this area are assessed, how often and by whom when registered health professionals may be expanding their scope to perform non-surgical cosmetic treatments. As an example, Dermal Clinicians have completed a 3-4 year Bachelor Degree (AQF 7) and cover a broad number of indications and interventions to assist with improving skin health, address common skin conditions and disorders and by doing this also assist with concerns with appearance. Understanding how to provide these procedures safely (and effectively) requires at a minimum considerable study of skin and wound biology as well as sciences to understand the mechanism of action of chemicals, and applied energy sources to identify optimal parameters, appropriate endpoints and side effects or complications that need to be managed. Product and equipment training or short courses are simply not an appropriate level of education to ensure public safety. We would like to see education expanded to require formalised and rigorous training with supervised practice to determine competency before providing procedures to the public.

Q153.

Question 11 of 24

Is the guidance in the draft shared practice guidelines useful for the **public** to understand National Boards' expectations of registered health practitioners who perform non-surgical cosmetic procedures in Australia? Yes/No. If no, what would be more helpful?



The development and recognition of providing non surgical cosmetic procedures as an area of expertise with rigorous training and education requirements is definitely needed. The consumer is generally very confused about where to go and who to see for these procedures, particularly when regulation and requirements for practice differs nationally and across sectors in the industry. The blurring between health service and beauty service is definitely a confounding factor. Without specific guidance of what qualifications they should be looking for and how expertise is disclosed in a standardised way its unlikely the public will understand most of what is in these guidelines. We understand that it is beyond the scope of this review and consultation however dermal clinicians are a highly educated and skilled workforce also providing non-surgical and cosmetic procedures. They work in integrated practices with medical and non medical registered health professions and are highly valued for their skills and knowledge providing safe non-surgical cosmetic procedures. While these guidelines don't directly regulate them, they will consequences that impact their practice and businesses. Many within our profession express frustration that they have undertaken a 3-4 year Bachelor Degree to ensure public safety when providing many procedures listed in the definition of non-surgical cosmetic procedures covered by these documents and yet they have less recognition and protections than a regulated health professional who has picked up a laser, or other energy device for the first time and goes off and treats patients. As a peak body representing highly skilled and educated professionals in this area, we would like to see bench-marking of minimum education requirements to perform procedures separately and acknowledging the expertise that is required. For example to perform cosmetic injecting is an area of expertise in itself and providing LASER procedures is a separate area of expertise. Both requiring considerable education and training. These are not transferable skills. Yet this guideline puts all services together stating that they only need to complete 'appropriate' training. The public could find some-one who is a provider of non-surgical cosmetic procedures and they may think they can provide any therapies under the banner of the definition provided.

Q154.  
Question 12 of 24

Is there anything you believe should be added to or removed from the definition of non-surgical cosmetic procedures as it currently appears in the draft shared practice guidelines?

What changes do you propose and why?

Dermal Clinicians, are providers with significant education and expertise in providing non surgical cosmetic treatments other than injecting services which are only performed by registered health professionals (wrinkle relaxants and dermal fillers). As a peak professional body we would like to highlight that the list of services does not clearly and effectively communicate or categorise non-surgical cosmetic procedures. These guidelines have the potential to have ramifications across the beauty and cosmetic sector more broadly than registered health professionals. For ethical providers in the beauty and dermal professions the definition appears to have a cherry picked and odd assortment of services that are not necessarily based on their risk. This may be hard to interpret what is included, what isn't and why they have been included or not included? We would suggest further consultation to include services based on their potential to alter form and function of tissues as well as their risk of harm. For example, only two laser procedures being Co2 resurfacing and Laser hair removal have been included. This seems limited when there are also procedures that can alter the skin that can cause harm using the same technologies for pigment, vascular lesions among others which are also associated with similar risk. 'A non surgical cosmetic procedure is defined as a procedure that can uses a variety of techniques and technologies with the aim to improve appearance by altering superficial tissues such as the skin and underlying muscle or adipose (fat). These procedures have the potential to alter anatomy and physiology of these tissues with results that may be semi-permanent (3-6 months) or in some cases result in permanent change. 'Techniques and technologies used to provide non-surgical cosmetic treatments include those that pierce the skin such as cosmetic injectables as well as chemical, mechanical or energy devices or procedures with the capacity to impact on skin integrity as well as alter cellular structure or function exerting tissue effects within the skin and adnexal structures'.

Q155.  
Question 13 of 24

The draft shared practice guidelines propose a set of consistent requirements for practitioners practising in this sector.

Do you think it's appropriate for consistent requirements to apply to all practitioners practising in this sector regardless of their profession? Or do you think there are variations, additions or exclusions required for a particular profession or professions?

What changes do you propose and why?

Q156.



**Question 14 of 24**

While it is acknowledged that many people who seek non-surgical cosmetic procedures do not have an underlying psychological condition such as body dysmorphic disorder (BDD), the Medical Board of Australia's practice guidelines and the Nursing and Midwifery Board of Australia's proposed guidelines require medical practitioners and nurses who perform the cosmetic procedure or prescribe the cosmetic injectable, to assess their patients for underlying psychological conditions, such as BDD.

Is this a reasonable requirement of other registered health practitioners performing cosmetic procedures as well? If yes, why? If not, why not?

If there are validated screening tools that are designed to identify some-one that may have the condition with clear referral pathways for how a client is managed who is identified at high risk this is a reasonable. This is an area where multi-disciplinary or interprofessional practice should be highlighted.

Q157.

**Question 15 of 24**

Is there any further detail that needs to be included in the draft shared practice guidelines to ensure public safety? If yes, please provide details.

Q151.

## **Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures**

The proposed draft advertising guidelines will apply to all registered health practitioners who advertise non-surgical cosmetic procedures.

Q149.

**Question 16 of 24**

Is the guidance in the draft advertising guidelines appropriate? Why/why not?

The aim of standardising and promoting balanced, educational, and ethical sources of information and communication for the public is important.

Q158.

Question 17 of 24

Does the guidance in the draft advertising guidelines sufficiently inform **registered health practitioners** about National Boards' expectations when advertising non-surgical cosmetic procedures? Yes/No. If no, what needs to be changed?

The focus on the guideline is very much around what you can't do and what is wrong with advertising. From the perspective of ensuring that providers of these services are not exploiting vulnerable people this is very important. However the psychology of appearance is not as simple as that. Most people do want to feel comfortable in their own skin or want their skin to be healthy and to age well and healthily. They may seek what are defined as non surgical cosmetic services as defined in this document to feel and look that way for many reasons beyond pure vanity, or being impacted by psychological disorders. While these guidelines should protect the most vulnerable within our population we feel that care needs to be taken not to go too far in the other direction and alienate those that are seeking some of these services to achieve skin health over their lifetime. A focus on inclusivity and diversity of body types, sizes, ages, skin colours, skin conditions rather than the ideal of 'perfect' is a one way to combat this aside from using realistic images, with educational, balanced, clear information that allows the public to make informed choices. We would suggest a guide or fact sheet that accompanies these guidelines that show examples of good advertising practices or alternatives could be very useful as well to ensure good compliance.

Q159.

Question 18 of 24

Is the guidance in the draft advertising guidelines useful for the **public** to understand National Boards' expectations of registered health practitioners who advertise non-surgical cosmetic procedures in Australia? Yes/No. If no, what would be more helpful?

Generally the public want to know about what is involved with procedures so removing these entirely may make them look elsewhere for this information. For example non educated lay people on social media documenting their own procedures or healing trajectory with commentary. Or looking to other places internationally where this information is accessible but perhaps less relevant to Australia. Therefore again we feel its important to ensure that practitioners feel confident with how to present information that allows consumers to make informed decisions about what is right for them is vital.

Q160.

Question 19 of 24

Is there any further detail that needs to be included in the draft advertising guidelines to ensure public safety? If yes, please provide details.

Q161.

### Definition of 'non-surgical cosmetic procedures'

The definition of 'non-surgical cosmetic procedures' in the draft advertising guidelines includes examples of what are considered non-surgical cosmetic procedures and includes procedures that are restricted to the practice of registered health practitioners as well as procedures that may be performed by people who are not registered health practitioners. This decision was made to promote consistency between the various guidelines which regulate both the practice and advertising of non-surgical cosmetic procedures and cosmetic surgery.

Q162.

#### Question 20 of 24

Is the definition of 'non-surgical cosmetic procedures' in the draft advertising guidelines appropriate when setting standards for the advertising of non-surgical cosmetic procedures by regulated health practitioners? Why/why not?

This definition is appropriate and accurate, there are registered and non registered health professions that provide non-surgical cosmetic procedures.

Q163.

#### Question 21 of 24

Is there anything you believe should be added to or removed from the definition of 'non-surgical cosmetic procedures' as it currently appears in the draft advertising guidelines?

What changes do you propose?

Q164.

### About IV infusion treatments

Ahpra and the National Boards are aware of concerns about the advertising of IV infusion treatments and have issued previous statements in relation to this. IV infusions, like non-surgical cosmetic procedures, are invasive procedures with inherent health and safety risks for patients.

While IV infusion treatments are not strictly a non-surgical cosmetic procedure, many advertisers quote their patients as looking or feeling better after an infusion. Ahpra takes the view that there is little or no accepted evidence to support such generalised claims, and that claims about general improvements in health, wellness, anti-ageing or appearance are therefore misleading and in breach of the National Law. As with any regulated health service claims made about the benefits of IV infusions must be accurate and not misleading. This is because consumers are likely to rely on purported scientific claims and be significantly influenced by such claims, when making health care choices.

While these draft guidelines are focused on the advertising of non-surgical cosmetic procedures, we welcome feedback on whether separate guidelines should be developed in relation to the advertising of IV infusion treatments.

Q165.

#### Question 22 of 24

Do you support the development of separate guidelines in relation to the advertising of IV infusion treatments? Why/why not?

Q166.

#### Question 23 of 24

If you support the development of separate guidelines in relation to the advertising of IV infusion treatments, what do you believe should be contained within these guidelines?

Q170.

## Additional feedback

Question 24 of 24

Do you have any other feedback about the draft practice guidelines and draft advertising guidelines for non-surgical cosmetic procedures?

Q168.

**Please press 'submit' for your feedback to be considered by Ahpra and the National Boards.**