

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

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

Please email your submission to AhpraConsultation@ahpra.gov.au

Consultation is open for 10 weeks. The submission deadline is close of business **2 February 2024**.

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 documents and any published reports. When we do this, we ensure that any personal or identifiable information is removed.

Australian Health Practitioner Regulation Agency
National Boards

GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](https://www.ahpra.gov.au) 1300 419 495

Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

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 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 publish 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 personal 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.

Initial questions:

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

Question A

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

☒ Organisation

Name of organisation: Juvae Pty Ltd

Contact email: [REDACTED]

☐ Individual

Name: [Click or tap here to enter text.](#)

Name of organisation: [Click or tap here to enter text.](#)

Contact email: [Click or tap here to enter text.](#)

Question B

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

☐ A registered health practitioner?

Profession: [Click or tap here to enter text.](#)

☐ A consumer / patient?

☒ Other – please describe: Collective team of 280 healthcare professionals including Medical Practitioners, Nurses Practitioners, Registered Nurses and Enrolled Nurses across Australia

☐ Prefer not to say

Question C

Do you work in the cosmetic surgery/procedures sector?

☐ No

☐ Yes – I perform cosmetic surgery

☒ Yes – I perform cosmetic procedures (e.g. cosmetic injectable such as botulinum toxin and dermal fillers)

☒ Yes – I work in the area but do not perform surgery or procedures (e.g. practice manager, non-clinical employee)

☐ Prefer not to say

Question D

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** organisation name

☐ Yes, publish my submission **without** both my name and organisation name

☐ No – **do not** publish my submission

Guidelines for nurses who perform non-surgical cosmetic procedures

Consultation questions:

The Nursing and Midwifery Board of Australia (the NMBA) is developing draft nurses practice guidelines at Attachment A of the consultation paper 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.

Question 1:

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

Your answer:

There are aspects of the proposed guideline upon which Juvae wishes to comment, as detailed below.

Section 2 Assessment of person suitability (by an RN or NP only)

It is Juvae's position that proposed clause 2.3 should be removed in its entirety.

The proposed clause 2.3 is not a reasonable or appropriate inclusion (given the training and expertise of nurses) and it is submitted that the concerns which it is designed to ameliorate are adequately addressed by the balance of section 2. This is particularly in circumstances where there is no or inadequate guidance on the appropriate evidence based and validated assessment tool that nurses should implement in practice. There is no consensus among even psychologists and psychiatrists (with specific training and expertise in mental health) regarding an assessment tool for Body Dysmorphic Disorder for example.

Clause 2.3 is too onerous an obligation, will be impossible for nurses to comply with in practice and will lead to significant shortcomings and potential issues and injustice in the investigation and enforcement of compliance and conduct issues.

Non-surgical cosmetic procedures are lower risk (in comparison to cosmetic surgical procedures) and involve significantly smaller/minor treatments that are non-permanent. Therefore, a validated screening tool for BDD is excessive.

Section 5 Informed consent including informed financial consent and consent for use of images

Clause 5.1 b. states:

"... the nurse's registration type, for example their education, training and experience (see section 10)"

Juvae observes that the examples given go far beyond disclosure of the nurse's registration type. Disclosure to every patient (unless requested) of a nurse's education, training and experience is an excessive requirement to mandate in the absence of a patient request for same.

Section 13 Facilities

Juvae submits that proposed clause 13.2 should be omitted in its entirety. Not only does the use of the word "encouraged" create uncertainty with respect to regulation, non-surgical cosmetic procedures can be safely performed (and routinely are) in beauty clinics provided certain conditions are met, such as appropriate medication storage and adequate staffing to manage complications and complaints. These matters are adequately addressed in the balance of section 13.

Further, if this was enforced it would place too onerous a demand on the limited number of ACSQHC accredited agencies, as well as increasing to burdensome levels the demand for accreditation.

Non surgical procedures are minimally invasive and do not involve cutting beneath the skin. If this proposal was to be enforced then Juvae queries why other minimally invasive procedures such as vaccinations can be administered in non-accredited locations.

Section 14 Financial arrangements

Juvae notes that the word “agents” used in proposed clause 14.1 is not defined. Agency has a legal meaning and it is unclear what NMBA is intending to prohibit. Is it a commercial relationship where a third party is engaged by the nurse to source people or is any gratuity for a referral to be prohibited? The latter would be an onerous position for the NMBA to adopt. Further the proposed clause refers to the recruitment of “people”. Who is intended to be captured by the word “people”? Is it staff, clients or both etc? Juvae submits that the language used in this section is ambiguous and seeks the deletion of clause 14.1.

Juvae submits that proposed clause 14.4 should be deleted in its entirety.

The proposed clause is inconsistent with the realities of practice in the cosmetic industry. There are often instances where nurses may need to offer additional products or services to achieve the optimal or desired result. Nurses are conscious of the financial investment in treatment options and may wish to mitigate the expense by discounting any supplementary products or services related to cosmetic procedures.

There are other clauses in the draft guideline which adequately address the concerns to be ameliorated by proposed clause 14.4.

Proposed clause 14.5 should be deleted in its entirety. The risk is already ameliorated by proposed clause 1.1. Clause 14.5 risks placing nurses in the industry, which is acknowledged to be a commercial for profit one, in constant and inevitable breach of the guideline.

Proposed clause 17.1 should be deleted in its entirety. There are already restrictions and limitations in place preventing an EN from undertaking certain procedures and performing others with supervision. The clause is not reflective of this position and indeed is inconsistent with it. The clause otherwise serves no purpose and is almost inflammatory in nature given the inconsistency referred to above.

Question 2:

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?

Your answer:

Juvae refers to the comments included in answer to Question 1 above.

Question 3:

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?

Your answer:

Juvae refers to the comments included in answer to Question 1 above.

Question 4:

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?

Your answer:

Yes

Question 5:

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

Your answer:

Juvae refers to the comments included in answer to Question 1 above.

Question 6:

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?

Your answer:

This depends on whether the obligation to “ensure” is limited to the person/s participating in the relevant care or treatment within the same clinic as the nurse upon whom the obligation is imposed. Also, the obligation should be reframed to “take all reasonable steps to ensure”. It is Juvae’s submission that the language used in this clause should be amended to clarify and confirm the extent of the intended obligation.

Question 7:

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?

Your answer:

Juvae supports this proposal but queries what the arrangements will be for nurses currently working in the cosmetic industry that do not meet this requirement. Will the provision be grandfathered? What is proposed for an enrolled nurse with many years of clinical experience who trains to become a

registered nurse? Is there a proposal for exclusions or concessions if this practise requirement is introduced?

Question 8:

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.

Your answer:

See Juva's comments in response to the other questions above.

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

Consultation questions:

The proposed draft advertising guidelines (at Attachment C of the consultation paper) will apply to all registered health practitioners who advertise non-surgical cosmetic procedures.

Question 16:

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

Your answer:

There are aspects of the proposed guideline upon which Juvae wishes to comment, as detailed below.

Section 3 Financial and other incentives

With respect to proposed clause 3.2, Juvae submits that the restriction is inappropriate. The extent of the intended restriction is also ambiguous, noting the inclusion of the word “*some*” with a non-exhaustive list of examples.

There may be instances where healthcare practitioners need to offer patients additional products or services, particularly in cases where medication or other procedures require adjustments or additional dosage to achieve optimal or desired results. Practitioners may need to explore various options to provide patients with the best possible outcomes.

In Juvae's experience, overwhelmingly practitioners are genuinely conscious of an individual's financial investment in treatment and may wish to mitigate the expense by discounting any supplementary products or services related to cosmetic procedures. This does not need to be prohibited to ensure patient safety and well-being given the content of the guideline generally.

The restriction also ignores that the industry is an inherently commercial one. Juvae submits that the guideline already provides a sufficient balance between the commercial nature of the industry and patient well-being without the restriction contemplated by proposed clause 3.2.

Section 4 Testimonials

Juvae submits while it is understandable that regulations exist to prevent misleading information in advertising, there is value in allowing patients to share their authentic experiences through testimonials. Patient testimonials can serve as a valuable tool to demonstrate the professionalism and quality of care provided by healthcare practitioners.

Testimonials assist in ensuring transparency and informed decision-making. For example, allowing patients to share their experiences provides transparency and helps potential patients make informed decisions about their healthcare provider. Real-life testimonials can offer insights into the actual experiences of individuals who have undergone non-surgical cosmetic procedures, aiding others in understanding what to expect.

Testimonials also assist in building trust and credibility. Genuine stories from satisfied patients can highlight the practitioner's competence, empathy and dedication to patient well-being, which is essential for establishing trust in the healthcare profession.

Testimonials assist in humanising healthcare practices. For example, patient testimonials humanise healthcare practices. They showcase the human side of healthcare professionals, emphasising their ability to form meaningful connections with patients. This human element is crucial in fostering a sense of care and compassion, which is especially important in fields such as non-surgical cosmetic procedures. It is also vital this occurs in Australia, where patients have access via social media and

other platforms to advertising and content from countries where cosmetic non-surgical procedures can be advertised without limitation.

Testimonials have educational value. For example, testimonials can offer insights into the recovery process, potential side effects, and the overall patient journey. This information can help prospective patients set realistic expectations and better understand the nuances of the procedures they are considering.

While it is appropriate for there to be guidelines with respect to the content of testimonials (for example to prevent the publication of false or misleading information, the use of fake testimonials or product endorsed or funded testimonials) Juvae does not consider that there should be a blanket prohibition on testimonials published by health care practitioners.

Striking a balance between preventing misinformation and allowing the publication of authentic patient experiences can contribute to a more transparent and patient-centred healthcare advertising landscape, with testimonials playing a positive role in showcasing the professionalism, care, and positive outcomes associated with particular healthcare practitioners.

The blanket restriction on the use of testimonials by healthcare practitioners will not improve patient safety or well being, particularly in circumstances where the public generally is not limited in what it can post and share on social media platforms about cosmetic procedures.

Juvae also observes that as currently framed the Testimonials section would have a significant restriction on the advertising of non-surgical cosmetic procedures generally by healthcare practitioners and is inconsistent with other sections of the guideline which are seemingly permissive in nature. For example, proposed clause 4.3 prohibits even linking to images showing an outcome of a procedure. Other sections of the guideline appear to allow the use of patient images provided certain conditions are met but that 'use' will likely be non-compliant with section 4 (as currently framed). Such a restrictive approach to advertising will not, in Juvae's respectful submission, enhance public safety and as noted above may ultimately compromise it in addition to creating compliance confusion for practitioners.

Section 6 Use of images including 'before and after' images

With respect to proposed clause 6.8, Juvae considers that incorporating comedy into advertisements can be a valuable and effective approach to patient education. Comedy has the power to engage and capture the audience's attention, making the information more memorable and relatable. It can be a useful tool to break down barriers and alleviate potential anxiety or apprehension that individuals may have about cosmetic procedures. By infusing humour into the content, advertisers can create a more approachable and friendly atmosphere, fostering a positive connection with the audience.

With respect to proposed clause 6.9 b, Juvae considers that the use of icons, such as emojis, can be an effective way to convey emotional reactions to an image. Emojis are widely recognised and can enhance communication by succinctly expressing sentiments that may be challenging to convey through text alone.

Similarly, with respect to clause 6.9 c, the proposed prohibition on lifestyle shots in specific settings is overly restrictive. Lifestyle shots can provide a relatable context for potential patients, allowing them to envision the impact of non-surgical cosmetic procedures on their everyday lives. Limiting the settings to a narrow scope may impede the ability to present a diverse and inclusive range of scenarios where these procedures can be relevant. Juvae advocates for a balanced approach that allows for creative expression and the use of diverse settings while maintaining ethical standards in non-surgical cosmetic procedures advertising.

Juvae also disagrees with sub-paragraphs e. and f. regarding the use of captions and patient-related information in non-surgical cosmetic procedures advertising. Sub-paragraph e restricts the use of captions or descriptions that idealise non-surgical cosmetic procedures or downplay the associated risks, including terms like 'more natural', 'ideal', 'perfect' and 'instant'. While Juvae recognises the importance of providing accurate and transparent information, the blanket prohibition on positive descriptors may hinder the ability to convey the potential benefits of these procedures. Striking a

balance between enthusiasm and factual information is crucial to ensure a comprehensive understanding of the potential benefits and risks of non-surgical cosmetic procedures.

Sub-paragraph f prohibits the naming of patients or including links to a patient's social media or other digital media accounts. While patient confidentiality is paramount, sharing success stories responsibly and with fully informed consent can foster trust and transparency. The blanket restriction on patient identification (notwithstanding fully informed consent) will stifle the ability to showcase authentic testimonials and experiences. Juvae advocates for a nuanced approach that safeguards patient privacy while allowing for responsible and beneficial communication about non-surgical cosmetic procedures.

Section 7 Risk, recovery, and idealising non-surgical cosmetic procedures

Proposed clause 7.2 underscores the critical responsibility of registered health practitioners to ensure the accessibility of comprehensive information regarding risks and potential risks associated with non-surgical cosmetic procedures in their advertisements. The imperative is that the public should not bear the burden of extensively searching for this information or having to contact the health practitioner directly or not knowing who to contact, given the extent of the proposed restrictions.

Juvae observes, generally, that the over-regulation of the industry may ultimately compromise public interest and safety. By placing onerous restrictions on advertising may limit the public's access to crucial information with respect to risk.

With respect to proposed clause 7.6, the guidelines caution against the use of terms like 'barbie' and 'dollmaker' in advertising non-surgical cosmetic procedures to prevent trivialisation and idealisation. Juvae agrees that these terms are inappropriate as they may oversimplify the gravity of such procedures, potentially influencing individuals to perceive them as casual or without potentially serious implications. By discouraging these minimizing terms, the guidelines aim to promote a more responsible and realistic portrayal of cosmetic interventions, discouraging the notion that these procedures are akin to mere aesthetic enhancements.

Juvae observes that the TGA has proposed its own restrictions on advertising S4 Medication. Juvae notes the significance of timely and comprehensive communication between the TGA and the NMWB to ensure mutual awareness of the competing requirements.

Section 10 Targeting people potentially at risk

With respect to proposed clause 10.3, while the clause emphasises the need to protect vulnerable groups from the exploitation of advertising non-surgical cosmetic procedures, it may inadvertently limit the flow of valuable information to diverse audiences. Restricting the use of metadata, hashtags, and social media algorithms could hinder practitioners from responsibly reaching a wider audience, potentially depriving vulnerable groups of important information.

A more balanced approach would involve promoting ethical advertising practices, ensuring transparency, and emphasising patient education. By focusing on comprehensive public awareness campaigns and educational initiatives, all individuals can make informed decisions about non-surgical cosmetic procedures, addressing both the need for patient protection and the importance of accessible information dissemination.

Further "vulnerable groups" is not defined and its use in section 10 is ambiguous. The language used in this section needs to be further considered to ensure certainty around the intended restrictions for the regulator and the profession alike.

With respect to proposed clause 10.4, while the clause highlights concerns about the potential negative impact of excessive advertising and social media posts by registered health practitioners on body image dissatisfaction, it is essential to emphasise the importance of providing accurate and informative content to patients.

In a society increasingly influenced by digital platforms, patients rely on these sources for health-related information and guidance. Therefore, health practitioners have a responsibility to engage with their audience and disseminate reliable information to help patients make informed decisions about cosmetic

procedures. Striking a balance between informative content and avoiding excessive promotion is crucial. By sharing accurate information about the benefits, risks, and realistic outcomes of non-surgical cosmetic procedures, health practitioners can empower patients to make educated choices while fostering a culture of transparency and trust in the healthcare industry.

Juvae considers that an arbitrary restriction on daily posts, as opposed to every second day, will be of little utility in the context of improving public safety. If the posts, in form and content, otherwise meet the guideline Juvae considers that the additional regulatory overlay of frequency of posting is unnecessary.

Further, the concern over the frequency of advertising and social media posts by registered health practitioners in Australia gains significance when considering the global landscape. With many overseas countries having more relaxed rules regarding cosmetic procedures, there is a risk of Australian patients being bombarded with misleading information from international sources. This influx of content may not adhere to the same ethical and regulatory standards maintained in Australia, potentially leading patients to seek treatments abroad that may have different safety and quality standards. This scenario not only poses a risk to the health and well-being of Australian patients but also threatens the integrity of the country's healthcare system. Patients who opt for treatments overseas may return with complications, challenging local healthcare providers to address issues arising from procedures performed under varying standards. Therefore, regulating the information flow from overseas jurisdictions becomes crucial to protect patients and maintain the standards of healthcare in Australia.

Question 17:

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?

Your answer:

Please refer to comments noted in response to other questions.

Question 18:

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?

Your answer:

Please refer to comments noted in response to other questions.

Question 19:

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

Your answer:

Please refer to comments noted in response to other questions.

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.

Question 20:

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?

Your answer:

The definition of *Non-surgical cosmetic procedures* includes treatment that a beauty therapist can lawfully perform without registration or nursing qualifications. For example "... *laser skin resurfacing, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels, CO2 resurfacing and hair transplants*".

The adapted definition should exclude such treatments. Regulating beauty therapy treatments only if they are performed by a registered health practitioner is nonsensical. Not only does it unnecessarily add to the regulation burden, but it will contribute to consumer confusion and will not assist in the improving of public safety. It also creates an inequity between professionally qualified registered health practitioners and beauty therapists, with registered health practitioners holding superior training and qualifications subjected to onerous regulation in the performance of treatments also carried out lawfully, but unregulated, by trade qualified beauty therapists.

Question 21:

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?

Your answer:

Treatments that can be lawfully performed by trade qualified beauty therapists should be removed from the definition of 'non-surgical cosmetic procedures' and should not fall within the scope of the guideline.

For example, the treatments which should be removed are CO2 laser skin resurfacing and other laser skin treatments, cryolipolysis, laser hair removal, dermabrasion, chemical peels and hair transplants.

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.

Question 22:

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

Your answer:

No comment

Question 23:

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?

Your answer:

No comment

Question 24:

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

Your answer:

See comments included in answer to other questions above.