

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: Australasian College of Cosmetic Surgery & Medicine

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

☐ 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 is a multijurisdictional overlap between National Law, AHPRA, Nursing Board, MBA and the various State Poisons Acts, Regulations leading to some confusion.

The Guidelines provide a definition of non-surgical cosmetic procedures at the outset and yet some of the sections refer only to Botulinum Toxin and injectable filler implants.

In this regard it should be appreciated that injectable filler implants have the potential to inflict profound injury including tissue necrosis, blindness and brain infarction.

The Guidelines should be consistent throughout and apply to all procedures covered by the Definition. As an example, the use of the various types of "Threads" involves the piercing of the skin with needles or canulae which can be as much as 10 cm in length. The propensity for injury and tissue damage with such a procedure is significant. These instruments may be intended for superficial sub dermal use but can easily be placed in much more dangerous areas with significant scope for permanent nerve and muscle injury. "Threads" are governed by TGA Regulation and as such they are a regulated product even though "prescription" is not required. CO2 lasers if used inadvisably, can result in severe burns and significant ocular injury. So, the potential for patient injury is present beyond the scope of just Fillers and toxins.

Accordingly, the guidelines must include the mandatory onsite presence & supervision of an appropriately trained medical practitioner during nurse performed procedures, particularly when injectable implants (fillers) and surgical threads are performed. This is best practice and maximises optimal patient safety which should never be compromised.

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:

The Guidelines provide good guidance to nurses on the varying roles and responsibilities in this discipline. Nevertheless, the situation is open to interpretation and hence confusion. This is especially so when addressing the issue of supervision whether it be direct or indirect and what this means explicitly. The term "adequate supervision" or "appropriate training" are open to exploitation.

The guidelines must include the mandatory in-person presence & supervision of an appropriately trained medical practitioner during nurse performed procedures, particularly when injectable implants (fillers) and surgical threads are performed. This is best practice and maximises optimal patient safety which should never be compromised

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:

No. The public will never understand the differences between the various levels of nurses nor will they be aware of the expected supervision requirements and if they are in breach.

It is widely perceived by the public that these "non-surgical" procedures are more a "beauty" procedure and do not understand the risks associated.

This "Trivialisation" of the scope of cosmetic practice has occurred over a period of time and is regrettable. To ensure the "Guidelines" properly inform the Public they need to be published clearly, made available to the public to understand and need to be in lay parlance.

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:

No. There is inherent contradiction in this section. If the NMBA considers that botulinum toxin and dermal fillers should not be prescribed for persons under the age of 18 for cosmetic purposes, then that should be the end of the matter. To then "allow" discussions with parents and a cooling-off period and considering of appropriateness of the cosmetic procedure directly conflicts with the final sentence of 4.2. Young patients are already subjected to and are vulnerable to enormous image pressure via social media need to be protected from business models who often use these same social media posts to attract the young and vulnerable patient.

Question 5:

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

Your answer:

Yes. The Guidelines in section 4 and indeed throughout the Guidelines should encompass not just Botulinum toxin and Dermal Fillers but all of the procedures as defined in the "Definitions" contained within the Guidelines

Non-surgical cosmetic procedures do not involve cutting beneath the skin but may involve piercing the skin or altering other body tissue (for example, teeth). Examples include cosmetic injectables such as Botulinum toxin and dermal fillers (also known as soft tissue fillers), fat dissolving injections, thread lifts, sclerotherapy and microsclerotherapy, CO2 laser skin resurfacing and other laser skin treatments, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels and hair transplants. Mole removal for the purposes of appearance is classified as non-surgical even though it may involve cutting beneath the skin.

Please see the response to Q 1.

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:

Such a requirement is reasonable, but it is open to interpretation as to appropriate education training and competence. It would be difficult to police this requirement of "appropriateness" unless such training and education options are assessed themselves.
See earlier comments about "adequate supervision". How is this assessed?

See responses to Q1. With reference that the guidelines must include the mandatory onsite presence & supervision of an appropriately trained medical practitioner during nurse performed procedures, particularly when injectable implants (fillers) and surgical threads are performed. This is best practice and maximises optimal patient safety which should never be compromised

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:

Yes, all people who would like to pursue a career in nursing should be willing to complete an additional year to gain experience. Unfortunately, there are many people now eager to undertake a nursing degree with the specific intent to proceed immediately into the provision of "non-surgical" 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'.

This acknowledgement and requirement for particular skills is evidenced in the high standard of nurse training in Australia. But that training does not include the scope of non-surgical cosmetic procedures and so prior to commencement in this new scope of practice it should be mandatory for an RN to complete an accredited training programme and be supervised for a period before undertaking a leadership role in the provision of these new cosmetic procedures and the provision of supervision for others undertaking these procedures.

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:

This area of healthcare delivery has rapidly evolved over the last 20 years from small independent medical clinics with trained cosmetic physicians and often, nurse injectors under direct medical supervision, into chain clinics where a few medical practitioners supervise many nurses, often remotely. This magnifies the risks to the patient and has been accompanied by a significant rise in complications, such as incidence of vascular occlusions, tissue necrosis, granulomas and implant migration. In addition 13 cases of Blindness have been reported to the TGA within the past 4 years with only three able to be reversed.

So, as a result the provision of non-surgical cosmetic procedures has been removed from once well supervised "medical" environments into often poorly supervised and certainly under regulated environments with a paucity of "medicalness" and a surfeit of "commercialism" and into the beauty therapy realm.

In section 13 providers are "encouraged" to conduct their practice in accredited facilities. There should be an accepted level of facility accreditation which is mandatory for the conduct of non-surgical cosmetic procedures. As stated in Q1., guidelines must include the mandatory onsite presence & supervision of an appropriately trained medical practitioner during nurse performed procedures, particularly when injectable implants (fillers) and surgical threads are performed. This is best practice and maximises optimal patient safety which should never be compromised

In addition, there should be adequate formal and written arrangements in place to manage complications with an absolute limit on the number of nurses a doctor can be responsible for and adequate support in the case of such complications.

The ACCSM is concerned that the widely expanding Cosmetic Medicine Online Prescribing Platform model poses a great risk to the Australian public. These risks are manifested in the significantly elevated incidence of serious complications such as blindness.

The ACCSM believes that nurse injectors play a fundamental role in the cosmetic medical industry and many experienced nurses have a high skill set in this area of practice. However, the ACCSM believes that this area of practice needs strict regulation.

The utilisation of Telehealth has been misused for commercial purposes to circumvent optimal patient safety in cosmetic procedures. It is difficult to conceive a surgeon or medical practitioner presiding over or taking responsibility for an operation or procedure via Telehealth... It cannot be argued that this is in any way optimal for cosmetic procedures.

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

Consultation questions:

The proposed draft shared practice guidelines (at Attachment B of the consultation paper) 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).

Question 9:

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

Your answer:

No. It may lead to the belief that all of these groups can offer “non-surgical” cosmetic procedures.

Question 10:

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?

Your answer:

The Guidelines *question* above refers to “shared practice guidelines” but the published Guidelines in Attachment B do not make reference to any “shared practice”. The implication is that these health practitioners listed are in a form of association with a medical practitioner to provide oversight and emergency care, but this is by no means made explicit.

The Guidelines in Attachment B appear to condone a lesser standard than that required by the Guidelines applied to Nurses.

The ACCSM does not support the provision of non-surgical cosmetic procedures by health practitioners listed in Attachment B. The provision of such procedures should not be permitted without a high level of specific training and education in non-surgical cosmetic procedures.

Question 11:

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?

Your answer:

No. Qualifications and training should be a mandatory requirement for anyone offering “non-surgical” cosmetic procedures. As per Q1., the guidelines must include the mandatory onsite presence & supervision of an appropriately trained medical practitioner during nurse performed procedures, particularly when injectable implants (fillers) and surgical threads are performed. This is best practice and maximises optimal patient safety which should never be compromised

The public will find it difficult to understand the differences between the various levels of practitioners nor will they be aware of the expected supervision requirements and whether they are in breach. It is widely perceived by the public that these “non-surgical” procedures are more a “beauty” procedure and do not understand the risks associated.

“Trivialisation” of the scope of cosmetic practice has occurred over a period of time and is regrettable. To ensure the “Guidelines” properly inform the Public they need to be published clearly, made available to the public to understand and need to be in lay parlance.

The name, qualifications and specific non-surgical cosmetic training undertaken by the Practitioner performing the procedure should be disclosed. Channels of communication for patients to access should adverse events arise must be made known to patients prior to the procedure being performed.

Question 12:

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?

Your answer:

There has been an alarming increase in adverse outcomes due to the increasing use of injections into the deep facial tissues, and around facial bones, thus putting vital structures at risk. Therefore, a greater emphasis on the level of experience, training and support should be mandatory. Threads are TGA approved devices but do not carry any schedule classification with no regulation on the prescription, distribution and supply of these devices in place.

The Guidelines provide a definition of non-surgical cosmetic procedures at the outset and yet some of the sections refer only to Botulinum Toxin and Dermal Fillers. The Guidelines should be consistent throughout and apply to all procedures covered by the Definition.

As an example, the use of the various types of “Threads” involves the piercing of the skin with needles or canulae which can be as much as 10 cm in length. The propensity for injury and tissue damage with such a procedure is significant. These instruments may be intended for superficial sub dermal use but can easily be placed in much more dangerous areas with significant scope for permanent nerve and muscle injury. “Threads” are governed by TGA Regulation and as such they are a regulated product even though “prescription” is not required. CO2 lasers if used inadvisedly, can result in severe burns and significant ocular injury. So, the potential for patient injury is present beyond the scope of just Fillers and toxins.

Question 13:

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?

Your answer:

There can be a vastly different training background across this sphere of medicine. They should not be grouped together as it infers that all could prescribe or perform “non-surgical” procedures when they do not have the training to safely do so.

Question 14:

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?

Your answer:

Yes, all health practitioners offering “non surgical” procedures should be able to identify those patients with BDD, but also those at risk of developing BDD.

Question 15:

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.

Your answer:

All marketing should be required to clearly state that there is a direct clinical relationship with the medical practitioner and nurse with the medical practitioner aware of the training and capabilities of the person administering the “non-surgical” procedure.
ACCSM does not support the Practitioners listed in Attachment B to be administering non-surgical cosmetic procedures.

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:

Yes, there should be consistency across the board when considering regulations applicable to advertising. The Advertising Guidelines apply to Registered Health Practitioners but should also be imposed on the multitude of companies advertising such products and procedures in Australia. Injectable procedures are prescription medications and should not be advertised as or suggested as being beauty treatments.

“Trivialisation” of the scope of cosmetic practice has occurred over a period of time and is regrettable. To ensure the “Guidelines” properly inform the Public they need to be published clearly, made available to the public to understand and need to be in lay parlance.

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:

Clarity on specifics is required to ensure the public is able to distinguish appropriate from inappropriate advertising. There have been numerous changes to the concept of approved, or permitted advertising especially in regard to terminology and this needs to be made consistent. The current circumstance appears to be due in some part to a lack of consultation with the relevant professions and more from a non-medical contribution. An example of our concerns is the lack of consultation with professional organisations and educational bodies such as ACCSM. However free access appears to be given to representatives of commercial franchise chains by the Nursing & Midwifery Board of Australia which can distort the decision making process.

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:

Greater clarity is required for the public to adequately understand what to look for when considering non-surgical cosmetic procedures. Advertising guidelines need to be published and accessible to the public. Perhaps this could be facilitated by the practice providing a link for the public to assess the Guidelines.

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:

Clearly identify where inappropriate or aggressive marketing should be reported including a listing of penalties and how this is to be enacted.

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:

Yes. However, procedures that include prescription medications should be identified in their own category, given the regulations surrounding the inappropriate promotion of these products.

Different States have varying degrees of legislation covering parts of the provision of non-surgical cosmetic procedures and a particular example is the Regulations relating to the use of Lasers in this scope of practice. It would be significantly better if such situations once identified are covered by National Law and thus consistent across the country.

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:**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:

Yes, as these are now offered widely it seems questionable that a patient can have an IV infusion in their home without the involvement of a doctor, from a pharmacy that compounds a non-TGA approved solution for administration directly into the bloodstream.

There is a paucity of evidence for the benefit to be derived from many IV infusion cocktails and with the paucity of controls the potential for harm is significant. Any IV administration of product or fluid creates potential for harm if conducted in anything other than medical facilities and without medical supervision.

In essence IV infusions purposed for any indication other than treating genuine medical conditions should be made unlawful due to unnecessary risk to patients.

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:

Clear information detailing risks and benefits of various ingredients. These treatments should be administered in a clinic setting only for treating genuine medical conditions relating to medical certified illness and not for dubious “feel good” claims.

Question 24:

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

Your answer:

In the interests of patient safety it is important that the practice and advertising guidelines are effective and policed to ensure the safe practice and provision of “non surgical” cosmetic procedures.

Business constructs and schemes that profiteer through circumventing the time honoured & optimally safe paradigm of medical practitioners and nurses performing procedures under together onsite are completely unacceptable.

Doctors working on-site with and supervising nurses in a cosmetic procedural clinic setting is an uncompromising requirement for patient safety in the same way that it is in a hospital setting.

The Australian public must be assured that any guidelines respect such arrangements in cosmetic medical procedural practice.