

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 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.

Australasian Academy of Dento-Facial Aesthetics (AADFA)

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:

Q150.

Your details

Name:

Q151. Organisation name:

Q172. Email address:

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?

No, it does not go far enough to rein in the nursing sector taking advantage of loopholes to move out of a vital healthcare role and into the cosmetic industry purely because it is more lucrative

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?

No, the guidelines do NOT go far enough to address the considerable and widespread abuses associated with nurses obtaining quick, meaningless virtual and phone remote prescribing from medical practitioners. It ought to be mandatory for consultations with prescribers to be in person and those medical practitioner prescribers ought to be the ones responsible for obtaining informed consent, signing the consent forms and assessing patients and developing treatment plans, which are not traditional roles or a part of a nurses training or education.

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?

No, there ought to be more succinct guidance documents developed in lay terms for patient populations addressing the key problem areas that are well know with nurses delivering these procedures, that is, issues around the requirements for medical practitioner or prescriber consultation and that remote prescribing is far from ideal.

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?

Yes, however nurses ought not be permitted to inject these medications for therapeutic purposes for which they are untrained, for example, Bruxism, TMD, migraines and other non-cosmetic purposes.

Q173.
[Question 5 of 24](#)

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

No

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?

Yes

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?

No, the delivery of these procedures, the assessment, consultation, diagnosis and treatment plan required, is not part of nursing training or traditional scope of practice. It is so far removed that Nurses ought to have to undertake a prescribed training program and achieve endorsement to be able to move into this field or, failing that, only after a minimum of 2-3 years of traditional nursing practice.

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.

That "en masse" live injecting events, such as those run by product manufacturers at large conferences across Australia, such as the Non-Surgical Symposium; Cosmedicon etc, are not appropriate or safe in terms of facilities or complying with the intention of these guidelines more broadly.

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?

No, there are areas that remain vague and that do not go far enough to ensure patient safety

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?

No. There is a need for greater clarity around exactly which procedures to "teeth" are to be categorised as non-surgical cosmetic procedures. Providing examples of such procedures, which would presumably be procedures such as teeth whitening, veneers and orthodontics for purely cosmetic purposes, would assist practitioners greatly in understanding that their obligations are not solely in relation to cosmetic injectable procedures. The provision of veneers and orthodontic treatment, especially short-term orthodontics using aligner systems, pose a far more substantial and long-term risk to patient safety and wellbeing than cosmetic injectable procedures, and share many of the same risks and widespread abuses seen in the broader cosmetic arena, especially relating to advertising and consent processes. So, while it is assumed that these guidelines are naturally meant to include such key cosmetic procedures, it remains unclear. Failing to clearly elucidate this point would mean that practitioners would not be given the necessary information to ensure their practise remains compliant and would be read as AHPRA and the Boards indicating that they do not intend to include such potentially destructive cosmetic dental procedures in these guidelines, despite mentioning "teeth".

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?

No, they are far too long-winded and shorter patient guidance documents ought to be developed, in lay terms, to highlight the areas most commonly recognised as being problematic, such as the requirements for informed consent, post-operative instructions etc.

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?

Yes. There is a need for greater clarity around exactly which procedures to "teeth" are to be categorised as non-surgical cosmetic procedures. Providing examples of such procedures, which would presumably be procedures such as teeth whitening, veneers and orthodontics for purely cosmetic purposes, would assist practitioners greatly in understanding that their obligations are not solely in relation to cosmetic injectable procedures.

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?

There ought to be consistent requirements across all professions, including nurses and medical practitioners, after all, that's one of the major reasons the country moved to a National Regulatory system in the first place. Consistent guidelines would also make things clearer for patients with a single source of information and guidance on what to expect from their health practitioner.

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?

Yes, absolutely. If AHPRA and the Board's are serious about protecting vulnerable patients that may have underlying psychological conditions, as they claim, then the use of a validated BDD screening tool in assessment of every patient should be mandatory for all practitioners. This not only provides a consistent approach for all health practitioners but gives consistent messaging and guidance to patients from a single source. Requiring practitioners to assess patients for these concerns but not making a specific assessment mandatory is unnecessarily half-baked. All practitioners performing elective cosmetic procedures ought to have the same requirements for informed consent and psychological assessment, this includes practitioners performing cosmetic procedures on "teeth" like teeth whitening, veneers and orthodontics for cosmetic purposes.

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.

That "en masse" live cosmetic injecting events, such as those run by product manufacturers at large conferences across Australia, such as the Non-Surgical Symposium; Cosmedicon etc, are not appropriate or safe in terms of facilities or complying with the intention of these guidelines more broadly.

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?

No, it does not go far enough in some key areas that are recognised as posing a substantial risk of misleading patients, such as the issues of misleading title and descriptor use by practitioners.

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?

No, it does not go far enough in some key areas that are recognised as posing a substantial risk of misleading patients, such as the issues of misleading title and descriptor use by practitioners.

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?

No, far to long-winded. Patient focused documents ought to be developed in lay terms.

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.

Yes. It is well recognised that the abuse and manipulation of title and descriptors used when referring to qualifications, role and experience is widespread among practitioners in the cosmetic arena. While the guidelines do vaguely address this topic, they do not go far enough. Some examples of phrases used to mislead and that are inappropriate have been given, but the most common misleading practices and terms have been ignored. The guidelines should make it clear that descriptors and titles such as "cosmetic Dentist", "cosmetic nurse", "cosmetic injector" and the like, mislead patients into thinking that these practitioners are somehow more highly qualified or practice in a different registration category to other practitioners, that simply does not exist. Practitioners use these terms widely and deliberately to imply that they are some how more highly trained, educated or experienced than "regular" dentists, nurses or doctors, in exactly the same way that medical practitioners used to use the term "cosmetic surgeon", which has now been outlawed. The simplest approach to addressing these issues (recognising that practitioners will likely try and skirt around the guidelines by developing more and more creative descriptors), would be to mandate that practitioners may only refer to themselves and advertise titles and descriptors that are in line with the accepted category of AHPRA registration they belong to, for example, Dentist, Registered Nurse, General Practitioner etc

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?

No, it does not go far enough in relation to dental procedures of a cosmetic nature by simply mentioning "teeth". Clear guidance and examples ought to be provided to make it clear that these guidelines would (presumably) apply equally to elective cosmetic procedures such as teeth whitening, veneers and cosmetic orthodontics.

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?

Clear guidance and examples ought to be provided to make it clear that these guidelines would (presumably) apply equally to elective cosmetic procedures such as teeth whitening, veneers and cosmetic orthodontics.

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?

This would not be necessary, so long as the guidelines make it clear that they include these treatments.

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.

