

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 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 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.

This question was not displayed to the respondent.

Q148.

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

- ☒ A registered health practitioner
- ☐ A consumer / patient
- ☐

Other - please describe below

☐ Prefer not to say

Q149.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

- ☐ 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
- ☐ Psychology

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?

Mostly yes. 12mths minimum practice is great but then needs to specify supervised practice once entering field. It's highly inappropriate and unsafe to allow anyone - nurses or drs to complete a 2 days course then open a practice solo with no supervision no support. This is what puts patients at risk - not advertising!!

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?

Yes but most nurses do not read them or know how to find them. When they seek clarification from AHPRA they aren't helped to actually understand the guidelines. So many ENs practicing solo or with Drs as they do not understand they need to be supervised by an RN

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. The public do not understand these guidelines at all.

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?

Very few practices provide treatment to those under 18. This section is misdirected as this is not a big issue with the industry.

Q173.

Question 5 of 24

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

All nurses new to the aesthetic industry must practice for 12mths within a larger clinic or with supervision prior to working solo.

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?

What is the appropriate training?? This must be defined first then we can assess if people have the appropriate training. Also who is qualified to deliver it? Some nurses are trainers after 12mths of injecting. What is competence and how is this assessed? AHPRA must be able to define this if it is to be in a guideline.

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?

Yes this is essential. But how do we assess knowledge of anatomy, physiology and pharmacology? This must apply to Drs as they do not know complex facial anatomy either.

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.

There must be a guideline for Drs as well. They are causing as much issues in this industry as nurses. Prescribing services that supports nurses to open a business and practice solo must be focused on. They provide a 30sec Telehealth script that is wholly inadequate- many do not even confirm the or identification verbally. The consult is hi, any questions, good to go. Dangerous. And it's Drs doing this to take advantage financially of nurses and they do not provide pt safety.

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?

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?

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?

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?

Q155.

Question 13 of 24

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

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

What changes do you propose and why?

Q156.

Question 14 of 24

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

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

Q157.

Question 15 of 24

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

Q151.

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

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

Q149.

Question 16 of 24

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

Somewhat. The guideline presumes all practitioners are ripping off pts Cosmetic patients are the most informed patients in all of health. They research and are fully aware of what the drugs are, how it works, what treatment involves and after affects adverse effects and cost. Meanwhile no other health conditions are patients as informed. The knee replacement turns up on the day wholly uninformed!!

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 is not clear. AHPRA has failed to clarify the meaning of the wording when phoned about previous versions of the guidelines. It is very unclear and many practitioners do not understand it

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. The public do not understand it

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.

AHPRA is misguided in this guideline. It is presumed that all practitioners in cosmetic industry are money hungry, ripping patients off and misleading them when in truth few are. Those that do the wrong thing should be targeted not everyone who is doing the right thing.

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?

Yes

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?

No

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?

Yes. I believe iv infusions are too frequently performed where patients medical health - their nutritional and electrolytes levels are not assessed prior. I believe these treatments have capacity to cause significant cardiac overload when performed by inexperienced clinicians

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?

Educational levels clearly defined by AHPRA. Mandatory observations Possibly pathology testing pre treatment

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?

Yes. I believe some of the guidelines around advertising are inappropriate as stated earlier. I think there must be guidelines for Drs. They are entering this field in numbers similar to nurses are practice completely out of their scope. I am seeing this weekly as someone who trains these Drs. I think mandatory 12mths experience before entering aesthetics is essential plus a further 6-12mths supervised/supportec practice is essential. AHPRA must set clear and concise well defined level of training - specific accepted course providers. Otherwise what is appropriate training???

Q168.

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

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Introduction

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- ☐ Paramedicine
- ☐ Pharmacy
- ☐ Physiotherapy
- ☐ Podiatry
- ☐ Psychology

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:

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Your details

Name:

Q151. Organisation name:

Q172. Email address:

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Q121.

[Question 1 of 24](#)

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

No. I believe that Nurse practitioners should not be allowed to prescribe cosmetic injectables for their own patients or for other registered nurses and their patients. Nurse practitioner privileges should be limited to areas of need in the general medical sector. Cosmetic medicine is not an area of need. Adequately trained and qualified Doctors should be solely responsible for prescribing cosmetic treatments for patients in Australia.

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. Nurse practitioners should have their prescribing limited to areas of need in general medicine. Cosmetic medicine is not an area of need. Adequately trained and qualified Doctors should be solely responsible for prescribing cosmetic treatments for patients in Australia.

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?

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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?

No. Nurse practitioners should have their prescribing limited to areas of need in general medicine. Cosmetic medicine is not an area of need. Adequately trained and qualified Doctors should be solely responsible for prescribing cosmetic treatments for patients in Australia.

Q173.

Question 5 of 24

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

Nurse practitioners should have their prescribing limited to areas of need in general medicine. Cosmetic medicine is not an area of need. Adequately trained and qualified Doctors should be solely responsible for prescribing cosmetic treatments for patients in Australia.

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. I believe it should be longer, at least 3 years. 1 year is not enough to consolidate foundational skill and knowledge. 3 years will afford RN's the opportunity to experience different sectors of medicine and surgery- skills across a wide range of disciplines , which will better prepare them for practising in the private cosmetic sector.

Q147.

Question 8 of 24

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

Q150.

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

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

Q148.

Question 9 of 24

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

Cosmetic medicine is not an area of need. Adequately trained and qualified Doctors should be solely responsible for prescribing cosmetic treatments for patients in Australia.

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?

yes

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?

yes

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?

no

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?

I believe that Nurse practitioners and Dentists should not be allowed to prescribe cosmetic injectables for their own patients or for other registered nurses and their patients. Nurse practitioner privileges should be limited to areas of need in the general medical sector. Cosmetic medicine is not an area of need. Adequately trained and qualified Doctors should be solely responsible for prescribing cosmetic treatments for patients in Australia. Dentists should continue to only practise in their field of expertise and training, and that is dentistry. Boundaries in professions should not be dangerously blurred.

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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

Q157.

Question 15 of 24

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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. Too restrictive. Patients are likely now to be influenced by overseas content not relatable to Australian perspective

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?

yes

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?

yes

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Question 19 of 24

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Definition of 'non-surgical cosmetic procedures'

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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?

yes

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?

no

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?

yes, absolutely

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?

they should not be advertised

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?

I believe that Nurse practitioners and Dentists should not be allowed to prescribe cosmetic injectables for their own patients or for other registered nurses and their patients. Nurse practitioner privileges should be limited to areas of need in the general medical sector. Cosmetic medicine is not an area of need. Adequately trained and qualified Doctors should be solely responsible for prescribing cosmetic treatments for patients in Australia. Dentists should continue to only practise in their field of expertise and training, and that is dentistry. Boundaries in professions should not be dangerously blurred. The advertising of IV infusions should be banned

Q168.

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

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 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 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.

This question was not displayed to the respondent.

Q148.

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

- ☐ A registered health practitioner
- ☐ A consumer / patient
- ☐

Other - please describe below

☒ Prefer not to say

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:

Anon

Q151. Organisation name:

Anon

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?

Q142.

Question 2 of 24

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

Q143.

Question 3 of 24

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

Q144.

Question 4 of 24

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

Is this information clear? If not, why not?

Q173.

Question 5 of 24

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

Q145.

Question 6 of 24

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

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

Q146.

Question 7 of 24

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

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

Dear AHPRA, I appreciate the opportunity to provide input on the proposed requirement outlined in section 16.1 of the draft nurses' practice guidelines. The recommendation suggests that Registered Nurses (RNs) engaging in non-surgical cosmetic procedures should have a prerequisite year of full-time equivalent post-initial registration experience in a general or specialist area of nursing practice, excluding the non-surgical cosmetic domain. While I find the proposal generally reasonable, I would like to highlight the importance of a grandfather clause to safeguard the interests of experienced nurse injectors already active in the non-surgical sector. Abruptly requiring them to step away from their roles for a year, despite their extensive industry tenure, could result in a significant loss of skilled professionals and create unnecessary disruptions in healthcare services. The current landscape comprises numerous seasoned nurses dedicated to non-surgical cosmetic procedures, possessing proven competence and expertise developed over years or even decades. An immediate displacement of these practitioners would not only be detrimental to their careers but could also lead to an influx of experienced professionals seeking alternative roles in other nursing sectors, potentially displacing those who aspire to contribute to the non-surgical field. Moreover, it is essential to acknowledge that nurses with substantial experience in non-surgical cosmetic procedures often assume educational roles, imparting their knowledge to new entrants in the field. Their wealth of practical insights and industry-specific expertise makes them invaluable contributors to the education and training of fellow professionals, including those transitioning from long-standing roles within the hospital system. In light of these considerations, I recommend the incorporation of a carefully structured grandfather clause, allowing for the continued engagement of current nurse injectors in the non-surgical sector. This approach ensures a seamless transition, preserving the wealth of knowledge and skills these professionals bring to the field while also addressing the proposed guideline's intent to reinforce foundational skills and knowledge. Thank you for considering these perspectives as part of the ongoing discourse on this matter.

Q147.

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

Q150.

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

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

Q148.

Question 9 of 24

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

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?

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?

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?

Q155.

Question 13 of 24

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

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

What changes do you propose and why?

Q156.

Question 14 of 24

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

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

Q157.

Question 15 of 24

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

Q151.

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

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

Q149.

Question 16 of 24

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

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?

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?

Q160.

Question 19 of 24

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

Q161.

Definition of 'non-surgical cosmetic procedures'

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

Q162.

Question 20 of 24

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

Q163.

Question 21 of 24

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

What changes do you propose?

Q164.

About IV infusion treatments

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

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

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

Q165.

Question 22 of 24

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

Q166.

Question 23 of 24

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

Q170.

Additional feedback

Question 24 of 24

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

Q168.

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

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:

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

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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.

This question was not displayed to the respondent.

Q148.

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

- ☐ A registered health practitioner
- ☐ A consumer / patient
- ☐

Other - please describe below

☒ Prefer not to say

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*

This question was not displayed to the respondent.

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?

Yes - however, more attention needs to be placed on nurses performing dermal filler. I do not believe any nurse should be allowed to perform a non-surgical rhinoplasty. This area is too dangerous and needs to be removed.

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?

You need to provide clear guidelines on what they can post on social media.

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?

Yes

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?

You also need to add that anyone who looks under the age of 21 needs to provide a photo ID to have treatment. This will safeguard nurses working with clinic owners who do not do these checks.

Q173.

Question 5 of 24

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

I do not believe registered nurses should be allowed to perform the following: - non-surgical rhinoplasty: this is very dangerous and no nurse has the skill or ability to perform this treatment and ensure there is no risk for blindness. - thread lifts: this is a doctor-only treatment and no nurse should be allowed to perform this treatment. They are not doctors. - semi-permanent fillers that can't be dissolved: this is very dangerous. I also believe that pharmaceutical companies should not be allowed to glamourise conferences. They shouldn't be promoting alcohol on social media. These conferences are a place to learn not to consume alcohol and take selfies.

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 - there are not enough graduate programs in the hospital. So what happens, if a nurse is trying to do the right thing but doesn't have the opportunity to gain employment in the hospital/GP clinics. There are too many nurses and not enough jobs. If a nurse wants to work in the field of cosmetics they must work in a clinic with one or more nurses who can mentor them in the first year. I don't think preventing a nurse from gaining a wage is fair. Please reconsider this. A lot of nurses who have asked for this requirement are older nurses who were trained in the hospital. Times are harder.

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.

Do not allow any nurse to perform the non-surgical rhinoplasty!

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?

Yes

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?

Yes

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?

Yes

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?

if a nurse can't get the opportunity to work in the hospital etc they need to work in a clinic that has one or more nurses to mentor them for a year. Take away the non surgical rhinoplasty!!!!

Q155.

Question 13 of 24

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

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

What changes do you propose and why?

Q156.

Question 14 of 24

While it is acknowledged that many people who seek non-surgical cosmetic procedures do not have an underlying psychological condition such as body dysmorphic disorder (BDD), the Medical Board of Australia's

practice guidelines and the Nursing and Midwifery Board of Australia's proposed guidelines require medical practitioners and nurses who perform the cosmetic procedure or prescribe the cosmetic injectable, to assess their patients for underlying psychological conditions, such as BDD.

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

Out of the scope of practice.

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.

Do not allow any nurse to perform the non-surgical rhinoplasty and thread lifts. I really hope you consider this.

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?

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?

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?

Q160.

Question 19 of 24

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

Q161.

Definition of 'non-surgical cosmetic procedures'

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

Q162.

Question 20 of 24

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

Q163.

Question 21 of 24

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

What changes do you propose?

Q164.

About IV infusion treatments

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

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

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

Q165.

Question 22 of 24

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

Q166.

Question 23 of 24

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

Q170.

Additional feedback

Question 24 of 24

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

Q168.

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

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 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 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.

This question was not displayed to the respondent.

Q148.

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

- ☐ A registered health practitioner
- ☐ A consumer / patient
- ☒

Other - please describe below

Practice manager in a practice that employs medical practitioners, cosmetic nurses and dentists

☐ Prefer not to say

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:

Prefer to remain anonymous

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?

Absolutely not. It is completely nonsensical for the Nursing Board to have separate guidelines for sections 1-14 in the proposed guidelines. The requirements in all of those sections is not profession specific as it is contained in the new guidelines for practitioners other than nurses or doctors, and is already in the MBA guidelines which are in action already. The proposed guidelines for nurses are completely unclear in 1-14 as to who is responsible for the actions, for example how do requirements apply when a medical practitioner - who prescribes injectables and complies with all the requirements of the Medical Board - and a nurse performs the cosmetic injections - if that nurse complies with the nursing guidelines the poor patient will receive twice the amount of assessment and information. It's ridiculous duplication and will make a practice with multiple registered professions so complicated to run to have to comply with three guidelines.

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, I am completely confused as to who (doctor, dentist or nurse) is responsible for the patient, provision of information etc. My suggestion would be that the NMBA only needs to publish sections 15-18 as an addendum to the proposed guidelines for other registered health practitioners (not doctors) and reduce the triplication of information; particularly given how often nurses and doctors and dentists work together.

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?

As a registered nurse and a practice manager I am completely confused as to who should be doing what, so I can't imagine the public will be any more informed. It's not so much that the NBMA's expectations aren't clear, it is that they appear to not consider how nurses and other professionals typically interact and give no thought to the most common circumstance, of doctors prescribing and nurses performing cosmetic injections. Despite what your proposed guidelines state at 2.1, these do not consider the circumstances in which nurses practice.

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 it's clear.

Q173.

Question 5 of 24

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

Nothing needs to be included, section 4 isn't needed for most nurses. Section 4 is not required by anyone other than individual nurse practitioners who are practising in the absence of a prescribing medical practitioner/dentist. All of the requirements in Section 4 already appear in the Medical Board guidelines and in the proposed new guidelines for other professions.

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?

No, that is ridiculous. How would a nurse establish whether a prescriber is adequately supervised, it's ridiculous.

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?

Yes, it's reasonable. But it's very broad. It would help if more specifics were given about whether the Board considers the under graduate education RN's receive is sufficient to establish 'complex anatomical and physiology knowledge' to the Board's expectations?

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.

No, most of it needs to be removed - we don't need a separate guideline for nurses that covers sections 1-14 - these are already in the proposed guideline for ALL registered health practitioners. The only bits of these proposed guidelines that are relevant only to nurses is section 15-18. Further: 2.3 - If a medical practitioner has prescribed an injectable, then an assessment of psychological fitness will already have been undertaken. If this injectable is then given to a nurse to perform the cosmetic injection, then they are not also required to undertake a psychological assessment, this time with an assessment tool. That seems excessive and makes no sense. 2.4 - Unlike the Medical Board guidelines and the proposed guidelines for other health professionals, the proposed guidelines for nurses don't include a requirement that the GP a patient is referred to has no interest in cosmetic procedures - isn't that less protection for patients of nurses? 2.5 - Again, in a circumstance where a doctor/dentist prescribes and a nurse performs, this section requires nurses to repeat what the prescribing practitioner has already done. 3.1 - This is ridiculous. It is requiring a registered nurse to ensure that another health practitioner has done something in accordance with the guidelines of their profession! Do these other professions have to ensure nurses perform in accordance with their guidelines? 4.2-4.5 Are all already required by the Medical Board guidelines where a doctor prescribes and a nurse performs (and will be required of other professions in the new proposed guidelines) 5.1 - This is already required by Medical Board guidelines - but the nurses guidelines require a nurse performing the procedure where a doctor has prescribed to replicate what a doctor has already done. It's crazy! 5.1(b) - first dot point - what has education got to do with informing people about a nurses registration? This section is also missing the direction in the guidelines for other professions and for doctors about interpreter services. 5.3-5.8 are all the same for medical practitioners or dentists under proposed, so if the nurse performs and these practitioners prescribe, the nurse must replicate what is already required elsewhere. 6.3 - Isn't this unnecessary given that 6.1 already says comply with the relevant legislation. All of section 7 - who the hell is responsible for the patient if another practitioner prescribes and a nurse performs? I have tried to do a flow chart, but I cannot make sense of this. I suggest the Nurses, Medical and other Boards get together and work this one out. Section 8 - again, where another profession prescribes and nurses perform, replicates requirements. Section 9, 10, 11, 12, 13, 14 - Nurses performing procedures where other practitioners have prescribed are required to duplicate what should have already been done by these other practitioners in line with their guidelines.

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?

It is if nurses fall under sections 1-14 of these guidelines. It is unclear to me how these guidelines should be appropriate for psychologists or physiotherapists who do not perform cosmetic procedures.

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, it's all too complex. The separate, but largely similar requirements for nurses will make practices with a range of health professions overly complicated.

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?

See above.

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?

See comments on nurses guidelines - they need to blend with these guidelines and only the sections 15-18 that are actually for nurses need to be separate.

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?

See comments on nurses guidelines - they need to blend with these guidelines and only the sections 15-18 that are actually for nurses need to be separate.

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, it is appropriate people are assessed. but watch duplication of requirements where doctors are prescribing and other professionals are performing the procedures.

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.

I would think you need to make it clear how the psychologists and other professions that don't do cosmetic work are supposed to be included in these guidelines I would also plead that they are melded with the nursing guidelines, so practice managers who are already trying to juggle multiple professions have one less guideline to follow!

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?

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?

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?

Q160.

Question 19 of 24

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

Q161.

Definition of 'non-surgical cosmetic procedures'

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

Q162.

Question 20 of 24

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

Q163.

Question 21 of 24

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

What changes do you propose?

Q164.

About IV infusion treatments

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

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

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

Q165.

Question 22 of 24

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

No, should be covered in advertising and code of conduct. there is no evidence for iV therapy and it's dangerous.

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?

Please look at how the duplication will work and provide more clarity on who is responsible for a patient when one profession prescribes and another performs.

Q168.

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

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:

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- ☐ Organisation
- ☒ Individual

Q147.

Please provide the name of the organisation.

This question was not displayed to the respondent.

Q148.

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

- ☒ A registered health practitioner
- ☐ A consumer / patient
- ☐

Other - please describe below

☐ Prefer not to say

Q149.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

- ☐ 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
- ☐ Psychology

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:

Anonymous please

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?

Not the first section, which just repeats the guidance for other professions. Why do we need three sets of guidelines all saying the same thing? Why aren't nurses considered part of the guidance for other health practitioners? You could just release the back section for nurses.

Q142.

Question 2 of 24

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

The last section does, yes. The first section repeats what the other professions are required to do and is confusing. What do we do if there's a clash in requirements? Like as the person doing the nurses guide makes me responsible for the patient; but the other profession as a prescriber is also responsible for the patient. How they all work together needs to be better explained.

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 I don't think the public will be able to follow this at all. I'm a registered nurse and I can't figure it out!

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, no one should be treating under 18's

Q173.

Question 5 of 24

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

Q145.

Question 6 of 24

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

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

No - why are you making nurses responsible for someone else's compliance with their own guidance? As an RN I am already responsible for any EN or staff I'm supervising. But this reads as if I'm responsible for the dentists or doctors who I work with - that's not reasonable. They're professionals in their own space and I should be able to rely on them to do the right thing in line with their own Board guidance. This is why having three sets of guidance for the same area is dumb.

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?

Not reasonable until you clarify what you mean by 'required to undertaking detailed assessment etc'. Where is that education? Is it suggested you get that in your first full time year out of uni? Because you don't. I don't understand what is meant by that last sentence.

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.

Less detail is needed. Just make the bits relevant to nurses all that's in it. Why cant you combine all the other guidelines for all the professions?

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?

Why aren't they applicable to nurses? The nurses stuff just repeats all this? Why are these applying to professions that don't even do cosmetic procedures?

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. Too many guidelines all saying the same thing. Where professions are working together how are they all supposed to work out which guideline to follow?

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?

Definitely not - there's too much of the same information in different places. If it's confusing to me as an RN who works in the area managing a practice the general public are going to have no clue.

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?

Why it exists for professions that don't do cosmetic procedures? Are you saying physiotherapists can do fillers now?

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?

This plus the medical plus the nursing one is a nightmare for blended practices. How do we sort out whose guideline applies when?

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

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.

How a mixed practice with dentists, doctors and nurses would work with three guidelines?

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?

Yes but it will still go on. Some professionals don't care and are all about money.

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?

Yes but see above.

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?

Unlikely the public will know it exists

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.

No

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?

The multiple guidelines are already confusing

Q163.

Question 21 of 24

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

What changes do you propose?

Q164.

About IV infusion treatments

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

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

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

Q165.

Question 22 of 24

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

These aren't cosmetic and don't need to be included here. If evidence is required for advertising claims already in advertising guidelines then why make another one just for this?

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?

These are just money making by unscrupulous professionals and should not be permitted.

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?

There are too many guidelines already

Q168.

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

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 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 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.

This question was not displayed to the respondent.

Q148.

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

- ☒ A registered health practitioner
- ☐ A consumer / patient
- ☐

Other - please describe below

☐ Prefer not to say

Q149.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

- ☐ 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
- ☐ Psychology

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?

Yes Clearly states roles and responsibilities for all nurses

Q142.

Question 2 of 24

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

Q143.

Question 3 of 24

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

Q144.

Question 4 of 24

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

Is this information clear? If not, why not?

Yes, totally agree

Q173.

Question 5 of 24

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

Q145.

Question 6 of 24

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

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

Yes, agree

Q146.

Question 7 of 24

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

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

Q147.

Question 8 of 24

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

Continuing professional development- increase number of hours by at least double to current requirement

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?

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?

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?

Yes

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?

Q155.

Question 13 of 24

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

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

What changes do you propose and why?

Q156.

Question 14 of 24

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

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

Yes, all registered health professional should screen for BDD

Q157.

Question 15 of 24

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

Q151.

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

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

Q149.

Question 16 of 24

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

Yes

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?

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?

Q160.

Question 19 of 24

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

Q161.

Definition of 'non-surgical cosmetic procedures'

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

Q162.

Question 20 of 24

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

Q163.

Question 21 of 24

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

What changes do you propose?

Q164.

About IV infusion treatments

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

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

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

Q165.

Question 22 of 24

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

Yes. Should be strictly regulated. Not evidenced based, and unnecessary cannulation, could propose problems with cannulation in the future if required for medical reasons

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.

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:

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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.

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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.

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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.

This question was not displayed to the respondent.

Q148.

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

☒ A registered health practitioner

☐ A consumer / patient

☐ Other - please describe below

☐ Prefer not to say

Q149.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

☐ 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

☐ Psychology

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*

This question was not displayed to the respondent.

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?

It's important that people receiving these medical treatments are identified as patients so that those administering and those receiving are more aware that they are going through a treatment procedure rather than a simple beauty 'upgrade'. This also leads to the discussion of whether the guidelines are really enough for nurses or whether there are more limitations that should be put on people who can practice this considering the high advertisement rate for cosmetic procedures, often with misleading information about the ease and risks they have.

Q142.

Question 2 of 24

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

Q143.

Question 3 of 24

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

It is unlikely that the public will thoroughly read and understand the guidelines so them must be as clear and concise as possible.

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?

It is important to be clear about what cosmetic procedure are being labelled as potentially clinically appropriate and whether the training nurses/nurse practitioners are given will be enough for them to consider the clinical reasoning for this including what other aspects of the patient's social, physical and mental health need to be taken into consideration.

Q173.

Question 5 of 24

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

Q145.

Question 6 of 24

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

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

Further detail on what adequate supervision entails would be beneficial.

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?

This is a good addition to current guidelines. It would be beneficial to have a readily doctor available for assistance if it is required, preferably in person rather than over the phone/video.

Q147.

Question 8 of 24

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

Q150.

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

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

Q148.

Question 9 of 24

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

It should be made clear who is and who is not qualified to perform cosmetic surgery and procedures. The guidelines are not applicable to all registered health practitioners and the existence of guidelines addressed to them may confuse this.

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?

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?

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?

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?

No, there can not be consistent requirement applied to all practitioners because every practitioner's scope of practice is different. The guidelines should be written in light of that.

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?

This is a MINIMUM requirement. People without BDD are still vulnerable to making poor decisions due to societal pressures, particularly with the increased use of social media. Issues such as self esteem, comparison and unrealistic expectations should be considered proper to performing procedures. This is harder to asses but incredible important particularly for younger patients, who may be classed as adults.

Q157.

Question 15 of 24

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

Q151.

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

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

Q149.

Question 16 of 24

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

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?

Stricter and more clear guidelines are required.

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?

Advertisements must make risks of procedures available to the public for consideration before they even continue to look into the procedures. It should be clear that these are medical procedures and treatments that can potentially be negatively life altering.

Q160.

Question 19 of 24

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

Q161.

Definition of 'non-surgical cosmetic procedures'

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

Q162.

Question 20 of 24

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

It should be highlighted that some 'non-surgical cosmetic procedures' are in fact medical treatments for people to understand the seriousness of the treatment what they are receiving and consider whether it is a necessity or a simply an attempt to meet unrealistic beauty standards perpetuated by social media.

Q163.

Question 21 of 24

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

What changes do you propose?

Q164.

About IV infusion treatments

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

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

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

Q165.

Question 22 of 24

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

Q166.

Question 23 of 24

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

Statistics on success rates and incidents/adverse effects. It is important to be aware that the reluctance for people to include this information in advertisements can be evidence of a desire for profit over the physical and mental safety of the public. In speaking to people who have received these procedures, often without looking further into the risks than scrolling quickly through a brochure, they see the risks as being negligible and do not consider their wellbeing and other risk factors as they are focussed on becoming more 'beautiful' no matter what. These people will not be identified as having BDD as current screening does not allow for their issues to be detected.

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.

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.

This question was not displayed to the respondent.

Q148.

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

☒ A registered health practitioner

☐ A consumer / patient

☐ Other - please describe below

☐ Prefer not to say

Q149.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

☐ 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

☐ Psychology

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*

This question was not displayed to the respondent.

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?

Yes

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?

Yes

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?

Yes

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

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?

Yes. Because you are an RN. You need to have the basics first. It's speciality practice, and like any area of specialty practice, you need foundational skills first. Also, for public safety, the RN needs to work in an environment where they can be sort of deemed competent, before they leave team based work, and go and practice potentially independantly.

Q147.

Question 8 of 24

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

Q150.

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

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

Q148.

Question 9 of 24

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

Yes

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?

Yes

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?

I think for the public it would be helpful to have some sort of information about the types of qualifications and experience clinicians are required to have achieved prior to performing the work they are doing, and which clinician does what.

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?

No

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?

Definitely need to be variations. All HCP don't have the same set of skills, don't have the same way of viewing or 'coming at' patient care. We all work as a clinician with a bias towards our own area of expertise. Some clinicians are more holistically trained, others much more focussed.

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. But I was interested to see that there was no information about how to do this, how can nurses upskill to be able to do this, and what the recommendations are if / when they come across patients who they think should not have non cosmetic procedures and who have BDD.

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.

Training for nurses in psychological assessment for BDD and ED type patients, where interventions they are offering either wont be helpful or may be harmful.

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?

Absolutely Yes

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?

Yes

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?

Yes although I would say that the practitioners I see online on social media, sharing new updates about change of practice around advertising, are not giving full information about this new guideline. Practitioners are basically scaremongering

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.

More simplified but detailed information for the public

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?

yes

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?

no

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?

no

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.

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 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](#).

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

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

☒ Individual

Name:

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

Contact email:

Question B

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

☒ A registered health practitioner?

Profession: Cosmetic Physician

☐ 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:

No – it is not clear enough and will not do enough to bring about change to protect patients.

Unless the guidelines draw a **clear line between** who can and who can't perform these treatments so that practitioners cannot bend the rules; with clear consequences for non-compliance – these guidelines will just be 'open to interpretation' and will not raise standards nor improve patient safety.

The non-surgical cosmetic sector needs a complete overhaul, as it is in many ways more dangerous to patients than cosmetic surgery, because of easy access to treatments, cheaper pricing, lower perceived and disclosed risks, and aggressive marketing campaigns – consumers don't understand that these treatments are medical procedures, not beauty treatments, and hence they underestimate the risks.

Cosmetic Injectables should be listed in a separate category to the other 'non-surgical' cosmetic procedures. As S4 medications under the poisons act there are regulations in terms of supply, storage and handling, and these procedures also pose the biggest risk to patient safety in terms of the severity of adverse events.

Even the AHPRA consumer factsheet on cosmetic injectables has very limited information about treatments, it only briefly describes muscle relaxants for the use of wrinkles and lines, when it is now often administered to younger patients yet to develop lines and wrinkles, as well as used in large amounts for "off label" areas - including fads like "Barbie Botox" where injecting the trapezius muscles could have implications for neck stability and potentially risk neck injuries.

Filler procedures, on the other hand, have the same, if not higher risks compared with surgery – and more ‘unknown’ long term risks – as they are not ‘stable’ facial implants – they change over time as they break down, with risk of migration, lymphatic injury, infection, immune reactions - even mimicking neoplasms – all these events can occur years after the procedure when the patient might not even remember the treatment. We are only now recognizing some of the long-term risks of these products that last much longer than first reported.

The misleading use of the archaic term ‘dermal filler’ to “fill lines or parts of the face” (in the AHPRA consumer factsheet), refers back to a time where we had one or two filler options to fill lines, when in fact fillers are now used as **medical injectable IMPLANTS** administered with several different techniques into ALL of the facial layers to almost all areas of the face, neck and other areas, often lasting years, not months.

Some Risks associated with cosmetic injectables (an ever-expanding list)

- Cerebral embolism/death – Paper by Wang et al, 2022: Filler induced cerebral embolism; 43 cases in 35 articles, 37 female, 6 male, 29 fat injections, 12 hyaluronic acid fillers. Five patients died¹, other papers discussing cerebral embolism post injectables^{2,3,4,5}.
- Cerebral embolism in 25% of blindness presentations⁶ (Goodman et al)
- Blindness: 13 cases already reported to the TGA, most irreversible. Risk estimated as 1:100 000, probably higher if only looking at high-risk areas (forehead, glabella and nose).⁶ Have been reported post HA fillers, bio remodelling agents, steroid injections, as well as platelet rich plasma injections.^{7,8,9,10,11,12,13,14,15,16} There are currently limited treatment options for blindness caused by vascular occlusion, and majority of cases are permanent blindness⁶. Every injector needs to be prepared¹⁴.
- Peri-ocular Injuries other than blindness also reported, ^{17,18}, including post septal HA filler causing problems years after initial injection¹⁹, with MRI evidence that filler can last for years, so potentially cause long term problems²⁰.
- Vascular occlusion: Estimated to be 1:6600 Reference Leonie Schelke 2020. – probably under reported. Can cause permanent scarring/disfigurement.²¹
- Infection/ Nodules – incidence of 0.6-0.8% Often difficult to treat. ^{22,23}
- Risk of **developing** Body Dysmorphic Disorder in vulnerable young patients - Risk of those using social media -high rate of body dissatisfaction, potentially predisposes to BDD ²⁴

- Other risks: nerve injury²⁵, bone pressure necrosis (chin)²⁶, tongue necrosis²⁷, formation of lymphangioma in lips²⁸, Alopecia²⁹, facial overfilled syndrome³⁰, Alienization³¹, mimicking neoplasia³²

There is also no mention of pdo/mono threads in the factsheet- these threads are inserted using hundreds of needles, with frequent bruising, haematomas and risking nerve damage, and the potential for permanent subdermal scarring.

More dangerous than these are the thicker lifting threads, placed with big cannulas into deeper layers of the face after making small incisions, then pulled up and tied to aim and lift the tissues. Threads can currently be administered by nurses without a doctor's involvement, as they are not governed by S4 regulations. This needs to change.

Any procedure that involves injecting or inserting a facial implant (filler/thread) beneath the skin to change someone's appearance presents higher patient risks and should have more safeguards in place – making it Doctor only will send a clear message that these are medical procedures, not beauty treatments.

An easy way to fix the current risk to patient safety is to re-classify fillers as “special category S4 – injectable facial implants”, and to upgrade threads to facial implants, so that procedures can only be performed **by doctors trained to perform these procedures.**

Doctors have stricter guidelines when it comes to working within their scope, and they have more to lose if they break those rules. They also must ensure indemnity cover and indemnity companies will set limits and fees based on the level of procedural risk. This is not the case for nurses, who often have little to no indemnity even though they are allowed to provide the same procedures as doctors in the cosmetic injectable industry.

Historically in medicine, nurses have always worked with doctors, not independently – which is unfortunately now the norm in the cosmetic industry in Australia.

How did this happen?

The cosmetic injectable industry has grown exponentially- unfortunately with the rapid growth there came an influx of business entrepreneurs eager to establish big businesses, pushing the legal limits with little to no regard of what's in the best interests of patients. The best financial model requires that they employ nurses rather than doctors, but the law requires the nurse to obtain a script prior to injecting S4 drugs, so they use cheap, bulk prescribing services to 'legalise' the cosmetic treatments.

What was once a profession dominated by doctors in medical clinics, became an industry dominated by nurses working for big chain clinics, but many also now working independently in their own clinics, as made possible by a new type of corporation - who not only provide them with cheap S4 products, but also with a cheap scripting service: using facetime or skype with a doctor 'on call'. It is usually a 2 minute 'consultation' at most, with some doctors not even turning their cameras on (feedback from nurse colleagues). Up until recently many doctors were young hospital doctors or GPs with little – if any - training in cosmetic injectables.

BUT Telehealth consultations were never intended to enable a doctor to remotely prescribe an S4 drug in order to **enable a remotely located nurse to perform a cosmetic medical procedure** using S4 drugs for a remotely located patient.

These online doctors – who mostly do not know the nurse, nor the patient in question - often have very little insight into what they are prescribing, they are merely ticking boxes - without ever physically assessing the patient. **This creates the illusion to patients and society that these procedures are risk free – we must ensure they understand that this is not the case, the best way to do this would be to restrict “facial implant” procedures to doctors only.**

In an industry where there is a huge financial conflict of interest for businesses providing risky medical procedures that are discretionary, we need more - rather than less- regulations to ensure that patient safety and best interests are protected.

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:

No, it is ambiguous and unclear as to what it means in clinical practice.

Reading these guidelines, I was surprised to learn that currently an EN diploma can be obtained in as little as 18 months, and with no clinical experience an EN can start doing injectables including facial implants (filler) procedures as long as they have an RN in the business to 'supervise' (what does this mean practically? On site? Watching? It is left open to interpretation), and a doctor willing to prescribe – which unfortunately is currently easy to find with big telehealth groups offering online 'easy' or 'instant' scripts.

As mentioned previously, it would be much clearer if the rules were simplified:

The best way to protect patients from unnecessary filler (and thread) treatments is to re-classify both fillers and threads as Facial implants – more complex and invasive procedures only to be performed by cosmetically trained doctors.

- This will immediately grab the attention of the whole country – with a very clear message that **these procedures are medical**, with very real short- and long-term adverse events – they are NOT and should not be promoted as beauty treatments.
- It will immediately cut down on the number of excessive and unnecessary filler procedures.
- It should increase the price of filler treatments, which will better reflect the complexity and risk of these treatments and provide protection for younger patients often attracted by bargain basement pricing.
- It will make it easier for the regulators to oversee: Responsibility will lie with doctors who want to work in this area to ensure that they had the appropriate advanced training, and to show an ongoing commitment to gaining experience in cosmetic medicine – it would be inappropriate for GP/dentists or NPs to just provide these treatments as a hobby 'on the side', as that would imply that they are underestimating the complexity and risk of these procedures. There are several medical aesthetic/cosmetic societies in Australia that can be joined to show ongoing commitment to training.

- Indemnity companies will also have requirements for doctors/dentists to work within their scope (I am not sure who indemnifies cosmetic NPs), which should help protect patients from practitioners who think they can offer these treatments without proper training.
- The same rules should govern dentists interested in this area – there should be the same minimum requirement for everyone, and those committed to improving patient safety will be happy to adhere to more regulations.
- Cosmetically trained NPs can be included here, but should then have the same requirements for training and CPD hours than doctors, as currently nurses are only required to do 20 hours, whilst doctors are required to show 50 hours of CPD. They should also have appropriate indemnity.
- CPD hours should reflect ongoing commitment to training in cosmetic medicine, as it is a rapidly growing and changing industry.

Patients are only as safe as the weakest link in the chain, and we must raise standards to ensure everyone who offers these higher risk procedures has an in depth understanding of facial anatomy, risks associated with treatments, and how to minimize, recognize and manage them.

This **would not** mean that RNs could no longer practice in this field – it would just mean that they **could not** perform ‘facial implant’ procedures (fillers/threads).

Botulinum toxin procedures are less complex, with less serious - and no permanent - adverse events. Being S4, patients still need a doctor consultation prior to treatment, and in my opinion, a facetime consultation in this case would not compromise patient care if the doctor:

1. Is an experienced cosmetic doctor themselves, to be able to assess patient suitability and understand the best dose, and hence be able to check the intended dose,
2. Knows the nurse well, i.e. must have a working relationship, which means the doctor will know the nurse’s experience and capabilities. It cannot be an ‘on call’ online doctor.
3. Is within a reasonable distance in case of adverse events, or in case the patient requires an in-person review. (for practicality less than an hour’s drive away).

ENs should not be allowed to perform any of these injectable procedures - the absolute minimum requirement should be an RN qualification at least, as patients/community won’t know the difference between an EN and RN, and hearing ‘nurse’ they will assume a higher level of training than what’s required of an EN.

New graduate ENs are often very young and inexperienced, and most of them will end up in businesses where they can be easily pressured into performing procedures that they do not fully understand. If they are committed to better patient outcomes, then they will show commitment to become better qualified to improve patient safety.

We can learn from other countries where these treatments are doctor only. These countries include South Africa, the Netherlands, Belgium, France, Spain, Singapore, and Switzerland to name a few. In most of these countries the laws are strict to ensure no confusion – Rules were “designed to protect patients”.

Speaking to colleagues in South Africa, the general population there do see these treatments as medical rather than beauty treatments, and having higher prices for procedures offer some protection against pursuing unnecessary treatments.

If filler/threads are not to be made Doctor only in Australia – then the next best option would be to only allow these facial implant procedures to be performed by RNs - only if there is a cosmetically trained doctor on site, working in the same premises as the nurse. This will mean:

- the doctor can see the patient **in person** prior to treatments and can be contacted straight away if there are any adverse events.
- better for continuity of care: the patient can meet the doctor in person, with the opportunity to discuss the risks, benefits and ask questions before signing the consent form, and in the case of an adverse event, the patient knows who to contact, as there is a pre-existing relationship.
- In any business offering injectables the patient should be able to contact the doctor responsible for prescribing the treatment, so this should be made clear to the patient. I have had several complaints from patients who had poor experiences at chain clinics when they had to deal with the business manager when they had concerns. They were never offered an opportunity to talk to a doctor- because these clinics were using telehealth prescribers, they did not have a dedicated doctor who could be contacted with concerns.

All non-medical business owners should be made aware that consumers should be seen as patients, not clients – it is not ethical to set KPI's based on the quantity of product injected, nor should there be incentives to 'upsell'- it should always be about patient safety and being as conservative as possible, as it is always easier to add later, rather than having to remove/dissolve filler.

I have a patient who I met after she had one of these 'upsell' experience with a chain clinic in a mall. She went in for a repeat Crows feet treatment, to "look good" for her son's wedding. She thought she was getting the same treatment she had previously but was told about a special promotion, and ended up with 2 mls of filler in her cheek and tear trough.

She had lumps and puffy eyes immediately post the treatment and was told it would settle. She attended the wedding with what she called "sausages" under her eyes – visible on all the photos. 2 months later, still struggling with puffiness she returned for advice, and was told by the manager that the swelling could no longer be due to the filler, but if she wanted it removed, she could pay to have it dissolved at her own cost, and it would most likely ruin her face. She was pointed towards the line in the consent form that read: "medicine is not an exact science", and never offered a chance to talk to a doctor. She had to live with puffiness for over a year before it eventually settled. She was made to feel like she was a 'difficult' person, and she felt taken advantaged off, but she didn't know who she could contact for help.

Unfortunately, she is not the only one who has spoken to me about the aggressive nature of upselling at some of these businesses, and I have spoken to several patients who couldn't remember having a doctors consult prior to receiving their treatments.

Patients deserve better treatment than this. **We have to move away from mass production lines and bring back relationship-based quality care.**

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, it is too complicated – If I, as a doctor, cannot see how the board will govern the EN/RN/NP rules, how can we expect the public to recognise different qualifications and experience, and the required supervision? How will this allow them to make informed choices when it comes to identifying good vs poor clinical care?

How can they tell the difference between an EN and RN or NP for that matter?

Currently if you google: “who can inject fillers in Australia” – the first answer is from the AHPRA fact sheet for cosmetic injectables: “Usually this is a medical practitioner, dentists or nurse practitioner”. This is incorrect as over 80% of injectors are nurses, and I know of only a handful qualified as nurse practitioners. In fact – it would be interesting to know how many of these nurses are EN vs RNs, the reality is patients don't know the difference.

From a patient perspective they see ‘nurse’, and expect a certain level of education, and I think most people would be surprised to learn how little training is required before an EN can start performing complex medical procedures. And for a RN it's only a year or two longer, which means these nurses are often very young, with little to no insight into the risks of these procedures, and vulnerable to pressure from profit driven businesses keen to push injectables.

Making filler doctor only will make it very easy for patients to understand filler is more serious and need more medical expertise compared with other treatments.

If the decision is made to continue to allow nurses to perform fillers/implant procedures, then there should be minimum requirements that should be met:

1. Anyone offering filler treatments should have a declaration on their website with clear information about any nurses who will be doing treatments, their qualifications, **as well as the cosmetic doctor who is taking responsibility for patients at that specific location** – as mentioned before, there should be a doctor on site to ensure patient safety, and appropriate assessment and treatment planning.

2. **Patients should be seen in person by the prescribing (cosmetically trained) doctor**, and ideally the doctor should be on site if filler is to be performed by a nurse, or in close proximity of the clinic.
3. The nurse should work with a specific doctor, **not a group**, and there must be a working relationship. Prior to prescribing procedures, the doctor must have observed the nurse perform all of the procedures that will be prescribed, to ensure competence, as the doctor is taking responsibility for patient outcomes.
4. All clinics/businesses offering injectables should have an adverse event plan in place before they can offer cosmetic injectables. Just like compulsory CPR training, there should be compulsory training in minimizing, recognizing, and managing adverse events associated with injectables. (Prof Goodman runs an excellent course)
5. Nurses who want to perform fillers/implants must have the same CPD requirements as for doctors, it does not make sense that nurses – who have less training than doctors- are expected to do less CPD hours if they are performing the same procedures as doctors.
6. Given the close expected relationship between nurse and doctor with this proposal, a doctor could not effectively prescribe or oversee more than 5 nurses, as this would diminish quality of patient care. **We have to move away from mass production lines and bring back relationship-based quality care.**
7. We have to ensure proper reporting of adverse events, and ensure it is reported both to the company and the TGA.
8. We should report overfilling as an adverse event in order to identify the injectors guilty of over treating patients. I have seen several patients over the years who complained about being overfilled after being 'upsold' a package deal.

How to police the above?

Put some of the responsibility in the hands the product providers/suppliers.

- Tighten up regulation to ensure they cannot just open accounts to anyone, there must be **a doctor to take responsibility for filler at each location.**
- DONT allow mass bulk buying of fillers, as it leads to excessive pushing of packages to patients. There are clinics with **no doctors on site** that buy hundreds of boxes in one setting to access the cheapest possible price, they then have to push sales of packages to move the product before expiry.
- **Don't allow group prescribing of fillers**, as this leads to no one taking responsibility. **Every syringe of filler sold must be linked with a doctor taking responsibility for what it is to be used for.**

A few years ago, I agreed to prescribe for a new clinic setting up, the nurse injector was well known to myself, and it was her friend establishing a beauty and injectable clinic. After a few months they had a falling out, and the nurse decided to leave - which left S4 products at the clinic, now without a nurse. I contacted them and informed them that I could not legally leave the S4 products there, so I had to buy it back from them. Not all doctors seem to be concerned about this.

On another occasion I was approached by a non-medical clinic owner who was left with a cupboard full of filler when a nurse left. She was hoping to sell the filler to someone, but I explained that there were rules for S4 medications, and that she should contact the prescribing doctor. It turned out to be a doctor in a different state who did not seem to care. I'm not sure what happened with the fillers, but there is clearly an issue when S4 products are being left behind when nurses come and go, when the doctors who 'prescribed' them are either unaware, or uninterested.

- They should be required to visualise the adverse event plan for every clinic wanting to offer injectables, prior to supplying filler, and they must ensure that the overseeing or treating doctor received acceptable cosmetic training before supplying product.
- They should also see the premises before opening the account, to ensure patient safety.
- They should stop providing fillers to businesses notorious for poor results, overfilling and poor ethics.

In this way they can help clinics/businesses to raise standards, rather than reward the businesses purely based on the number of products they are buying. Rewards should be based not on the quantity of filler injected, instead it should be based on patient outcomes and quality of care.

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, it is unclear. In point 4.2 it mentions that the NMBA view is that these procedures should not be prescribed for persons under 18, but then continues in point 4.4 that it should be discussed with the parent or guardian for their input. In point 4.5 it says there should be a cooling off period for persons under 18, this contradicts the statement that it should NOT be prescribed.

Further to this point - why not also protect young persons who are 19, 20 or 21 – anyone under 25 for that matter? These individuals have not experienced ageing yet, which means they are not only at higher risk for undergoing unnecessary treatments. They are also a group known for high social media use, which has a proven link to body image disorders and therefore they are also at higher risk for developing body dysmorphic disorder.

(Jiotsa et al, Social media and body image disorders. Int J Environ Res Public health. 2021 Mar 11;18(6):2280; Raquel Silva, Social media and body dissatisfaction in young adults. Sec. Media Psychology 2023 March 8 Volume 14;), Youtube link: Dr Gavin Chan: Why the overfilled don't see it. <https://www.youtube.com/watch?v=Rab1Q8h7rqk>

It's a good start that the 2022 guidelines suggested we use body dysmorphic screening tools to identify those with BDD, but isn't that too late? Shouldn't we be proactive and identify those **at risk of developing** BDD - so that we don't funnel them towards it with repeat treatments? With a higher degree of BDD amongst injectors compared with the normal public (Harris, S. and Johnson, N., 2017. Dysmorphic practitioners. *Aesthetic Med*, 11, pp.68-70), I do wonder how good we are at recognising risk factors for BDD.

Younger patients face an increased likelihood of losing touch with what is deemed 'normal' anatomy due to the prevalence of filtered images on social media. The danger is that they rely on an inexperienced equally young injector to 'guide' them on a beautification journey – unfortunately this often turns into a never-ending pursuit – as where is the endpoint for beauty?

The current "industry" answer? You can always do more.

Sadly, I have been to more than one conference where presenters will demonstrate on stage how we can “upgrade/beautify/masculinise/feminise” - even the young and beautiful. Just last year I saw another presenter at a conference inject 7 syringes of filler into an already handsome young male model (an actual model)– with the aim of ‘masculinization’.

I personally didn’t feel the young model needed any filler. The danger of setting beautification, or masculinization as an endpoint is that there is no objective endpoint. When will you ever feel beautiful enough?

What this means is that no one is safe – not even the young and the beautiful – there will always be someone willing to do more or inject more. And currently they can do so legally.

I have a teenage daughter, and she told me about a girl who came to school with lip and chin filler the day after turning 18 – I saw the before photos and she was already beautiful, she did not need filler. I can’t help but wonder if someone really spoke to her about chin necrosis, tongue necrosis, bone necrosis, filler slipping/migrating.. and the risk of wanting more and more. The clinic who treated her is notorious for doing ‘transformation’ filler packages for young people – as with so many other clinics it’s a business model that does not treat filler procedures as medical procedures, you can pick your “package” from a menu.

By implementing new rules around fillers (as mentioned at question 3 and 5) we can protect young patients from these profit driven business models.

Question 5:

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

Your answer:

How to protect young patients – defined as patients with no signs of ageing; not just those under 18.

1. Once again making fillers doctor only will immediately send the message that these treatments need to be taken seriously and limit easy access leading to unnecessary treatments.
2. Bring in a cooling off period similar to cosmetic surgery:
 - Some of these procedures have the same, if not higher risks compared with surgery – and more ‘unknown’ long term risks – as they are not ‘stable’ facial implants, but change over time as it breaks down, with risk of migration, lymphatic injury, infection, immune reactions and inflammation even years after the procedure – they can even mimic neoplasms, we are only now beginning to understand the long term risks of these products that last much longer than first reported.
 - Some of these procedures – like fillers and threads -often cost more than \$1000 – often packages can be over \$4000 in one session, and there is currently no need for more than one consultation, a GP letter, or a cooling off period. This needs to change at least in terms of a cooling off period for higher risk or more costly procedures, regardless of the age of the patient.
3. Stop quantity based KPIs for injectables.
 - Most injectors in Australia are currently nurses, and the majority of these nurses are young, inexperienced nurses working for businesses with mostly non-medical ownership. It is unfortunately the norm rather than the exception that these clinics have KPIs in place, based on sales figures rather than patient outcomes.

I met a young nurse at training session I was overseeing 2 years ago, she only had 3 months of experience and was expected to be treating tear troughs. There is a growing number of doctors who feel that, due to long term risk profile, filler is not the best treatment option for this area - and whenever experts disagree, we should approach treatments with more caution. (Dr Gavin Chan: Why I stopped filling tear troughs. YouTube Link: <https://www.youtube.com/watch?v=VV-VbyNhZUM>)

Unfortunately, non-medical ownership of cosmetic clinics means owners/managers have little to no understanding of patient risk nor safety, it is about profit, and filler is big money.

This nurses' boss expected her to be doing tear trough filler treatments in 30 minutes. She told me she had an adverse event the first time she treated a patient – where a blood vessel 'blew up'. She mentioned that it was 'so scary' as she had to dissolve the filler and the patient was left with a black eye for weeks, which left her feeling scared about doing the procedure again. And that's why she was there – together with 4 other young nurses from the same business - the manager sent them for more training, so that they will be more confident and faster.

The focus is certainly not patient safety for these business owners, instead they see patients as **clients** who can increase profit margins, and they see inexperienced young nurses as the means to more profit – by pushing filler procedures. The prescribing doctor was someone she had never met in person, and he would sometimes not even switch his camera on.

4. **If not doctor only, then Legislating that there should be an appropriately trained (see earlier points) cosmetic doctor onsite, seeing each patient prior to filler- in every location offering filler- will ensure patient safety as the number 1 priority, rather than profit.**
5. Young people need better protection against aggressive marketing, Filler should NOT be allowed to be advertised with before/after as no two patients will get the same result and the result on the day is not the final result. Terms like "cheeky" or "top model" cheeks, "Hollywood" or "L.A." lips make light of the fact that these are medical procedures and should be banned.

The longer it takes to regulate the use of fillers, the more patients will be harmed. We cannot expect patients to see these procedures as complex medical procedures if we as regulators and practitioners don't treat them accordingly.

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:

How would they practically do this? Who decides what "appropriate" training means, and what is the meaning of "adequate" supervision? It is all just abstract concepts open to interpretation, and impossible to police. Patients have no way of easily knowing if they are seeing an EN or RN, and no way of telling whether the appropriate oversight is in place.

Draw the line, make filler procedures doctor only, or require a doctor present on site to assess the patient in person prior to filler treatment – it is easy to communicate these changes to patients, and easy for patients to report non-compliance.

This immediately provides better patient safety in the short and long term, as it allows for a patient relationship with the doctor who is taking responsibility for the outcome of the procedure.

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:

I was unaware that this wasn't already a requirement – I think patients would be shocked to know how vastly different training and experience can be between various cosmetic injectable practitioners.

This means that there is now a whole generation of nurses who have skipped through an important step without proper consolidation of nursing practical experience – they fast tracked through nursing in order to open businesses in cosmetic injectables - No wonder we suddenly have a nurse on every corner advertising injectables as if it's fast food.

This provides even more of an incentive to ensure patient safety by making filler treatments doctor only, see points made earlier.

For nurses interested in providing muscle relaxants, the compulsory post graduate year should still be a minimum requirement, as doing a practical year will be an important reminder of the role nurses should play in working alongside doctors to be advocates for good patient care.

The same should be true for cosmetic medical procedures; we need nurses and doctors to work together towards raising standards and ensuring patient safety as the number one priority.

Ensuring longer training and requiring practical training will decrease the influx of business entrepreneurs into a medical field, solely for the purpose of financial gain.

We require a significant overhaul in the field of training as well..

There are several organisations making lots of money offering various unaccredited cosmetic injectable courses. Those doing the training might wrongfully believe that these courses enable them to deliver cosmetic injectable treatments in Australia.

There is an organisation based in the UK, who has been operating within Australia since 2019 offering training in cosmetic injectables including – on their website - that they can train paramedics and even pharmacists to perform these medical procedures. They are paying Australian doctors, RNs and ENs to deliver these courses, but they have a very poor understanding of the Australian regulations.

In order to provide training in cosmetic medical procedures:

- Course instructors must possess a comprehensive understanding of regulations and must train only those allowed to perform injectables in Australia.
- Training accreditation should be limited to companies prioritizing patient safety over business expansion.
- When patients are treated, the same regulations must apply: a cosmetically trained doctor on site to assess, discuss the treatment plan and consent patients, oversee training, and be accessible for adverse events.
- The patients must be given the contact details of the doctor who oversaw the training, so they can contact them in case of concerns or adverse events.
- The patient must be given a follow up appointment with the doctor overseeing training, as it is easy for patients to fall through the cracks if they attend training sessions as models, where no one takes responsibility for their ongoing care.

There should be a way for those who want to offer cosmetic procedural courses to apply for accreditation or approval from AHPRA, to ensure compliance with current regulations, and to ensure patient safety is not compromised – as these training providers also advertise for models – without clearly listing the risks of the procedures they are signing up for.

I have a patient who fell victim to the lure of training 'deals'. She came to me requesting botulinum toxin in her upper facial lines in June 2021, but on examination she had marked puffiness around her eyes. On questioning, she described developing swelling and redness around both eyes in March, was hospitalised for investigations in April, and diagnosed with peri- orbital cellulitis with unknown origin. She had to remain on antibiotics, as it would flare up every time she stopped, the GP was doing further auto immune screening, and she was awaiting scan results.

She had a history of depression and sarcoidosis, and on questioning about past cosmetic treatments, she mentioned that she had fillers at a training session earlier in the year, which turned out to be in February - a month before her peri orbital symptoms.

I immediately suspected that her diagnosis was likely delayed hypersensitivity to the fillers, I requested her notes, and it showed she was treated with 3 mls of a thick filler (croma volume) in one session, 1 ml under each eye in the anterior cheek (!! A high-risk area), and the other ml in her marionette lines. She was also treated with botulinum toxin injections in her forehead, frown and crows feet in the same session. Contra indications was ticked as 'none' and medical history recorded as 'nil'.

Because it looked okay on the day, and since she wasn't aware that filler could cause problems **after** being injected, she never made the connection... and neither did the GP. I emailed him information on the management of filler induced delayed hypersensitivity. I discussed dissolving the filler as an option, but after reading about hyalase online she was too scared to try it.

She still sees me for botulinum toxin, and we discuss the pros and cons of hyalase every time, but she is scared that a procedure in the area could worsen her symptoms. She still struggles with peri-orbital oedema, now also with severe depression and anxiety. She 'only' paid \$950 for her treatment but is now paying a much higher price having to live with the consequences of filler that NEVER should have been injected.

Honestly, it should be 'injectables 101' to work out that this lady was not a good candidate for fillers: she had an auto-immune history which made her a higher risk patient, had a history of depression and anxiety, history of puffiness, and the anterior cheek is a higher risk area. Looking at her before photo, you could see her being at risk of oedema. I would NEVER have treated her with fillers near her eyes, and she wasn't just treated in this high-risk area, she was treated without being given proper information about the possible short and LONG term risks of fillers.

She was failed, not just by the 'training' person who injected her, but also the person who facilitated the treatment, the doctor who 'prescribed' it, and the loose regulations that allowed them all to do so 'legally'... all the while making her believe that she was getting a 'great deal'.

We cannot let this happen again, the time to act is now.

Once again: regulating filler procedures to being exclusively performed by doctors would address most of our current challenges related to patient safety for cosmetic injectable procedures. Moreover, it would distinctly convey to consumers the medical nature of 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:

In summary:

Cosmetic Injectables are complex medical procedures, not beauty treatments, and based on the nature of these procedures, consumers should be treated as patients - not clients.

Low barrier to entry in Australia has flooded the industry with very young, very inexperienced nurses attracted by the 'glamour' of the industry, and we now have the very young and inexperienced treating the very young and vulnerable –often working for non-medical owned corporates focussed on potential profits, naïve to the long-term risks of these procedures.

We need clear rules around who can inject or perform these various cosmetic medical procedures, so that regulators, practitioners, suppliers, and consumers can clearly identify practitioners operating within the rules. There are several countries where these procedures are regulated to be doctor only for patient safety, and it is much easier to enforce rules and maintain standards when a clear line has been drawn.

Re- classifying fillers (and threads) in Australia into a special “implant” category will send a clear message to suppliers, practitioners, and consumers that these procedures are more advanced medical procedures that should be taken seriously, and only performed by those with advanced training, preferably doctors - as the doctor is ultimately responsible for patient outcome, and these procedures carry several short- and long-term risks that will need to be managed by an experienced doctor.

We cannot allow them to be treated as beauty treatments – too many patients have been harmed by this view already.

Doctor only procedures would limit ease of access to these procedures and is a protective factor against excessive and unnecessary treatments. Telehealth prescribing is a good business model for profit driven clinics, but it does not constitute good patient care.

Note Botulin toxin is still a medical treatment, but it does not involve facial implants, and short-term side effects with muscle relaxants are not permanent, whilst the long-term risk of non-response to botulinum toxin is rare and not life altering, so it is safer than filler to be administered by nurses - but it should also only be offered only when in the patients best interest - which also requires a relationship with the prescribing doctor and proper medical assessment and oversight – as discussed earlier.

We require a significant overhaul in the field of training as well.

Providing injectable training is a lucrative business model. There is a growing number of companies offering a variety of cosmetic injectable training options, most of them unaccredited, some even based overseas with branches around the world, including Australia. We need to ensure that they too adhere to regulations to ensure patient safety as the main priority.

Learning from other industries:

A few years ago, after scandals that cost many clients a lot of money, the financial industry had to face a Royal Commission (2018) that facilitated key changes that ultimately led to a vast improvement in adviser behaviour and client outcomes.

There are many parallels that could be drawn to the problems they faced as a financial industry then, and the challenges we currently face in the cosmetic industry. Some of the steps they had to take to move from an industry to profession could be helpful for us as well. A key change was increasing the barriers to entry - requiring higher education levels for new entrants **as well as** requiring longstanding advisers **to complete further training** if they did not have the appropriate qualifications. This saw a drastic reduction in the number of advisers - thought to be from around 25 000 to 15 000 over the last few years. This was painful in many respects but led to more qualified advisers, better quality advice and better client outcomes. Ultimately this meant a change **from selling a product to providing advice** that was in the best interests of the clients.

We too have to take steps to move cosmetic medicine from being a profit driven industry to a patient focussed profession. These steps will be painful in the short term, but it will lead to better patient outcomes in the long run.

If doctors take responsibility for injecting facial fillers, we should see an immediate decrease in the number of these procedures being performed, we will see better quality of care and better patient outcomes as the doctor-patient relationship offers more protection than a client-business relationship. Providing personalised care with the patient's best interest in mind will improve patient safety now, and in the future.

If AHPRA and the various boards decide not to limit filler procedures to doctors only, then the only other acceptable option to ensure patient safety would be to require a cosmetically trained doctor on site to assess the patient in person prior to the procedure, and to be available to manage adverse events.

We all have to ask ourselves what we want this industry to look like in 5 to 10 years' time. I personally hope that we can change this 'industry' back into a profession – where customers are seen as patients rather than clients, based on the fact that treatments are medical procedures with future health implications; where practitioners are professionals who dedicated significant time to become experts in understanding how to select the right treatment, for the right patient, for the right reasons – with the patients safety and best interest as the main priorities, not business growth or profit.

Unless AHPRA makes SIGNIFICANT changes limiting **who** can perform filler procedures, we can expect to see an explosion of cosmetic injectable related adverse events over the next few years.

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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:

I am confused – These guidelines apply to the following registered practitioners who “**perform non-surgical cosmetic procedures**”:

: • Aboriginal and Torres Strait Islander Health Practitioners • Chinese Medicine Practitioners • chiropractors • dental practitioners • occupational therapists • optometrists • osteopaths • paramedics • pharmacists • physiotherapists • podiatrists • psychologists

I was unaware that these groups were performing non-surgical cosmetic procedures... because of the way treatments are grouped together, This document makes it sounds as if all these groups will be able to provide cosmetic injectables... This document will confuse everyone.

As mentioned in the guidelines for nurses' feedback: cosmetic injectables need to be in a separate category. As S4 medications - surely the only subgroup in the list who could claim injectables to be within their scope of practice would be the dental practitioners?

Several countries have limited cosmetic injectable procedures to doctor only – as they found this was the best way to ensure patient safety. As mentioned previously, we should have very clear rules around who can inject botulinum toxin, and who can inject filler in Australia, so that when patients google this, it gives them a clear answer.

I have stated my case previously as to why fillers should be treated differently to botulinum toxin, and I have mentioned dentists pursuing cosmetic injectables in my previous statements as well.

Cosmetic injectables are medical procedures, and fillers are essentially facial implants, they are definitely not beauty treatments, and should only be performed by medical doctors or dentists with special training in cosmetic injectables.

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:

No, I think they will be confused as well, and some of these groups might think this means they can now offer injectables.

If dentists want to perform cosmetic medical procedures, they should have the exact same requirements as doctors wanting to do so.

As noted before, those interested in this field can't just treat it as a side hobby. It requires an ongoing commitment to keeping up with the complexities to ensure the safest procedures in this ever-changing field of medicine.

They must have an in depth understanding of facial anatomy, as well as having a clear understanding of minimizing, diagnosing and treating risks associated with these treatments. Also See previous comments.

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, I don't think the public would have a clue as to what this document is trying to achieve. I am not sure I understand it either.

It sounds as if AHPRA is inviting more groups to jump on the cosmetic medical train, rather than to tighten the rules around these procedures.

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:

Absolutely.

The treatments that involve injecting or placing **products under** the skin should be separated from treatments performed **on the skin**.

The use of S4 injectables is governed under the poisons act, and as previously mentioned – fillers and threads are facial implants that should be in a special category based on the complexity of performing these procedures, and the potential side effects.

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:

I think it overly complicates things, and makes it less clear to the public - to try and have one set of requirements that covers several groups with different scopes of practice.

The last thing we need is to create public confusion about who can offer cosmetic **injectable** treatments.

Please see my previous comments in questions 1-8.

My understanding is that on the given list – only the dental practitioners could potentially train to provide injectable treatments? I cannot see how cosmetic injectables could be provided by any of the other groups, given these are prescription products that require a medical procedure.

In terms of the non-prescription treatments mentioned on the list – I once again struggle to see how it fits within the scope of practice for the listed health practitioners, but reality is that anyone – including those with no qualification in health – can open cosmetic clinics and offer some of the listed treatments. I once worked in a clinic where the receptionists left, completed an IPL course over a weekend, and opened a business as an IPL specialist.

We must educate the public to know what questions to ask to ensure they can make informed decisions when seeking out treatment, and there must be more consequences for people who call themselves specialists without qualifications.

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:

As per previous answer: it is not only our duty to identify those with BDD, we have to be able to identify those at higher risk of developing BDD – and this should change the way we communicate in order to educate and inform in a way that could give patients insight into the danger of becoming 'addicted' to cosmetic procedures.

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:

Honestly – for public safety it would be best to keep things as clear and concise as possible, and this draft will only add to confusion around who can do these procedures.

The BIG change that I feel will have the most impact on patient safety for Australian patients would be to follow the example of countries who made cosmetic injectables doctor only treatments.

It would be easier to police, control and yes- it will be a big change, but it will mean reclaiming injectable treatments as medical procedures requiring advanced training and experience.

Regarding other non-injectable treatments – perhaps there should be a national license to obtain to ensure businesses are registered to provide treatments, as no qualifications are currently needed to open a clinic.

I do not offer laser treatments in my clinic, so when advising patients, I will tell them to choose a practice where the procedure is either performed or overseen by a doctor, as doctors are required to use TGA approved machines in order to access indemnity, whilst beauty therapist often use cheaper machines not always TGA approved.

This also means that there is a doctor overseeing training of those responsible for delivering treatments - ensuring that nurses or laser technicians are properly trained to deliver safe treatments, and if ever there was an adverse event, there would be medical input.

There should be agreement across all states - in terms of the need to obtain a license to operate a laser machine, as this is not currently the case.

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:

I think these guidelines are fantastic! My only concerns are:

1. They should be for EVERYONE who offer these treatments, not just the listed health professionals. I understand that AHPRA doesn't have authority over those who aren't health professionals – but I am assuming that the TGA would have? There are ruthless non-medical owned Australian businesses notorious for breaking advertising rules, and they seem to be getting away with it.
2. Another concern is the overseas companies advertising on social media – I have seen a recent increase in the number of ads for cosmetic surgery in Turkey and Thailand – if we regulate Australian doctors we should also ensure these companies aren't advertising, or patients will be funnelled towards these overseas practitioners -with a higher risk to patient safety as there is no way to check the credentials for these practitioners. Social media companies should play their part in keeping Australians safe.
3. There should be a clear and nationally consistent protocol for complaints, and how non-compliance will be dealt with should be better outlined. Understanding the complaints process and how non-compliance will be penalised is important, as I have heard several remarks in the past that if you breach guidelines, you will only get a warning or a 'slap on the wrist'. There are currently already guidelines in place, with several clinics breaching these guidelines daily. I have sent several examples of inappropriate ads to the AHPRA cosmetic complaints email address over the last few months, and only received an automated email back in response.

There are no financial incentives for practitioners or clinics to comply with the advertising guidelines, especially clinics run by non-medical owners; so unless these rules are enforced - it will only be the more ethical practices following these guidelines; which will mean that patients will be funnelled towards less ethical practitioners with ruthless advertising campaigns. This would be a lose-lose situation for patients, ethical practitioners and AHPRA – whose main aim is to protect patients.

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:

Yes, I feel it is a comprehensive document with good information, but how many health practitioners would actually take the time to reading, understanding and following these guidelines remain to be seen. Unless it is enforced, it holds no power.

In regard to the recent communication about the TGA restriction on terms such as 'dermal filler', 'anti wrinkle injections' and 'wrinkle reducing injections' – I applaud the TGA's actions to try and raise advertising standards, but I have some concerns:

1. I am not sure how not allowing these terms would raise standards of advertising in the cosmetic industry? I think banning terms such as 'cheeky' or 'top model' cheeks, and 'L.A lips' is more important as these terms make light of the fact that these are medical procedures.
2. I am not sure if these terms are to be banned specifically, or 'in general'- and is it just in advertising – not on websites where we have patient educational sections? And is it just the actual term 'dermal filler' to be avoided, or any words that imply filler – HA gel, filler, plumping gel, hyaluronic acid injections (or is all reference to injections banned?) bio remodelling agent, collagen stimulators? Before making changes to our websites we would need more details.
3. It would be good to understand the reasoning behind this change, what are they hoping to achieve? We want patients to access good information about these procedures, to ensure it is seen as medical procedures, and we want them to understand the difference between muscle relaxants and fillers, because the risk profile is vastly different. It will send a clear message if filler (it really is a facial implant) was made to be a doctor only procedure, as it would set it apart from less dangerous botulinum toxin procedures.

4. Unfortunately, unless there is transparency in how this will be enforced, with actual consequences for non-compliance, it will not achieve anything. Currently there are guidelines that are being ignored, and we end up in a situation where everyone is looking around at what others are doing – and getting away with – then adjusting their practices accordingly.

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:

Yes, but once again, the public needs to know where and how to report inappropriate or unethical advertising.

Some businesses might choose to send mass email campaigns, or blogs with non-compliant advertising content - given that it would be less visible to those monitoring advertising.

Patients should be able to report these as well.

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:

Yes, a contact number or email address to report non-compliance or concerns.

Potentially have a patient information sheet on Body dissatisfaction/ Body dysmorphic disorder. The link between body dissatisfaction and social media use, the distortion of faces on selfies, and the risk factors for developing BDD. There is a very comprehensive paper (by Heydenrych et al) that covers all facets of filler treatments, and it has a good section on unrealistic expectations, body distortion, and also a good section on BDD and a more comprehensive questionnaire – it would be great for creating a patient educational fact sheet.

Heydenrych I, De Boulle K, Kapoor KM, Bertossi D. The 10-Point Plan 2021: Updated Concepts for Improved Procedural Safety During Facial Filler Treatments. Clin Cosmet Investig Dermatol. 2021 Jul 6;14:779-814.

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:

I think it is okay for advertising purposes to have the same rules across the board, although I feel that **when it comes to filler** procedures, there should be a complete ban on using before and afters, rather than 'guidelines' for lighting, positioning etc. - firstly - how can it be policed? How could the regulators check all the filler before/afters for compliance in terms of patient position, lighting, and background? And how can they check if the patient gave permission for the photos to be used?

Secondly - With fillers - the result on the day is NOT the final result, and it creates unrealistic expectations for those pursuing these treatments.

A classic example is the Russian lip before and after – the after result on the day showcase very crisp and defined borders, with strongly defined cupid's bows. But once the filler settles most of the filler ends up around the lip, as the border has been breached, so there is nothing stopping filler migration. With filler spilling into the white roll, it looks nothing like the before/after photo. Sadly, these patients then return to the injector to have more – thinking the filler is gone, not realising the filler is spilling into the surrounding tissues.

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:

As mentioned before – cosmetic injectables need a special category – especially fillers (and threads) because it involves long lasting facial implants.

Patients should understand that these are complex medical procedures with long term health implications.

We wouldn't expect to see a gynaecologist advertise "Black Friday sale: 20% off pap smears!", and it would be ridiculous to see an orthopaedic surgeon advertising "hippy hips - buy one get one free hip replacements" - so we shouldn't see advertising with "cheeky cheeks" packages, or discounts on any cosmetic injectable procedures.

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, because once again there has been an explosion in clinics now offering IV infusions, often unaware that there are already guidelines to follow in terms of how it can be advertised.

My indemnity provider will only provide cover for TGA approved, medically indicated IV infusion treatments, so I do not know who are providing indemnity cover for the multitude of nurse operated IV infusion clinics using compounding pharmacies.

I know a nurse working for a "drip-at home" company, she is able to visit patients at their homes and administer treatments without a doctor's prescription, she said she herself was surprised that this was even possible when she started working with them. She told me she had to call an ambulance once when a patient became agitated during an infusion of NAD, and on taking his blood pressure it was so high it could not be read by her monitor. She admitted that she was terrified, as English was not the patients first language, and she could

not communicate with him to explain that he needed to lie still while waiting for the ambulance to arrive. It turned out he was also taking recreational drugs.

I am also aware of a doctor that is scripting for over 80 nurses across the country who provide IV infusions - apparently, he only asks to see blood tests if the patient has some sort of medical history, but even then, he doesn't see or speak to the patients himself. Once again, I am not sure who is providing his indemnity.

The problem is that we see that colleagues are doing it, they claim that it is working for their patients and that it is safe, and suddenly FOMO (fear of missing out) kicks in, and we base our decisions on what others are reporting, rather than good evidence-based medicine.

I know because I too experienced this – after seeing others offer these treatments, We also started offering IV infusions in my clinic, but after looking for clear evidence, we now only prescribe them after a consultation to establish that there is an indication, and only if their normal GP is happy for them to do so.

We originally advertised NAD infusions, thinking that they were proven to be safe, but we never ended up doing any of these treatments for patients, as we could not find long term safety data when looking deeper into the data, in fact, I found more than one paper that discussed safety concerns around NAD – including that even though NAD could slow down the aging part, it might actually be fuelling cancer cells.

<https://www.scientificamerican.com/article/cancer-research-points-to-key-unknowns-about-popular-antiaging-supplements/> There are several companies offering these infusions, without knowing the risks, which means patients are NOT being told about these risks either.

I was surprised that the compounding pharmacies had very little information in terms of indications, potential adverse events, and recommended dosing for the various compounds.

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:

There should be restrictions in regard to who can perform, as well as the appropriate location for where these treatments can be delivered. These procedures involve placing a needle or cannula through the skin into a patient's vein, delivering substances directly into the blood stream. Risks like anaphylaxis or air embolism is rare but can be life threatening. These substances are often compounded by pharmacies, not regulated by the TGA, so dosing might be variable. So in terms of guidelines:

- Has to be administered in a clinic setting with access to an emergency plan. I don't feel it is appropriate for these treatments to be administered in homes or offices.
- Must be administered by a trained RN at least, under supervision of a doctor who consulted with the patient.
- Must be TGA approved substances – Compounding pharmacies should be accredited, and have clear information about the indications, dosing, risks, and benefits of the treatments they enable
- Must have all possible risks listed, including risk of unknown long-term safety concerns.
- Should have an indication recorded on the treatment sheet, not just cute terms like 'summer glow', or 'holy grail'.
- There should be different consent forms for each of the different ingredients – as most people won't even know what exactly is going into their veins.
- There should be limitations on peptide infusions, as that is the latest fad taking off, but I am yet to see good evidence in terms of long-term safety. See note about NAD above.
- I believe it would be in the patients' best interest for their usual GP to be aware that they are having these treatments, so require a letter to be sent to the GP post treatment, or to gain GP approval.
- Cost should be made clear to patients, as well as alternative costs for using oral supplements instead.

Question 24:

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

Your answer:

Guidelines are generally developed by those thinking that most practitioners are going to want to do what's right.

Unfortunately, what is "right" is often a moving target when boundaries are being pushed without any visible consequences for those who do so. The practitioners who were following the rules then feel that they are being disadvantaged, and they too start pushing the boundaries... and suddenly no one knows what's 'right' anymore.

I think ALL of us who chose this area of medicine for the right reasons would want to see this industry transformed into a profession with higher barriers to entry, higher standards, and clear consequences for those who do not follow the guidelines.

It's time we draw a new line - and make sure we enforce it.

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.

This question was not displayed to the respondent.

Q148.

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

- ☒ A registered health practitioner
- ☐ A consumer / patient
- ☐

Other - please describe below

☐ Prefer not to say

Q149.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

- ☐ 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
- ☐ Psychology

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?

I believe it is in an EN scope of practise if trained and assessed by their supervising RN . There is more than one tool for assessing BDD. It would be better if this was standard and the same in all states. Also it would be great if it was clear how often this had to take place .

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?

Yes it does.It describes the role of each HCP.

Q143.

Question 3 of 24

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

Q144.

Question 4 of 24

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

Is this information clear? If not, why not?

My understanding is that it has never been appropriate/ or legal to inject people under 18. Yes it is clear.

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?

If the clinic is owned by an owner how is it fair that the RN is responsible for the dermal therapist ? If I treat someone for Botox and refer them to a therapist for IPL it should not be my problem if they get an adverse event. Unless it is an enrolled nurse reporting to me and then it is a reasonable requirement.

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?

I think it should be 2 years

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.

I think it possible that we should consider not allowing noses and and glabella to be injected with a filler. This applies to nurses and drs. The risk remains the same in my opinion.

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?

Not sure how dentists are allowed to treat patients with filler as it is not a dental condition, maybe some clarification from the dental board would be good.

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?

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?

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?

There seems to be no mention of collagen stimulating products such as radiesse and sculptra. Also bio modulators such as profHilo. These should be added.

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?

I feel that a lot of answers here will be financially and politically motivated. Drs do not like nurses competing against them, RN's do not like EN's injecting. And so it goes on in a competitive industry. Drs have long fought for nurses to be stopped and all that will happen if nurses are stopped is the price of injectables will go up and thousands of patients will be without service. In answer to the question no there should be no difference.

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?

This is a very tough requirement and not really reasonable. Most people I know recognise 'red flags' very quickly and strongly encourage those people to seek help. Having said that I am not a clinical psychologist and do not feel confident that I could diagnose a BDD patient. There is more than one assessment tool and not really standardised, I think an APHRA approved one would be good. In theory there is only 2% of the population with BDD so it is perhaps not as common as APHRA thinks. Most people ask for less rather than more, and most nurses err on the side of caution and work on the principle you can always put more in but you can not take it out.

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.

See above in answer 14.

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?

I do not do any advertising it is all word of mouth. But where do we stop the line ? Tattoo parlours may advertise, skin treatments may advertise , piercing places may advertise. I am not sure I really see the difference

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?

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?

As I understand it we are not allowed to advertise . Having said that we are a democratic society and trying to make small business work. The backbone of the economy. I feel it be a bit restrictive not to be allowed to advertise at all especially with products like Botox which wear off very quickly. Where is the harm.

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.

I believe the longevity of both Botox and fillers would be helpful for the public to understand.

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?

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?

I have not read any studies to prove the efficacy of IV therapy. Not sure if we should do them, I do not do them.

Q164.

About IV infusion treatments

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

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

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

Q165.

Question 22 of 24

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

Q166.

Question 23 of 24

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

Q170.

Additional feedback

Question 24 of 24

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

I think in point 13 there was talk that it is not appropriate to do Botox and filler in a beauty clinic. I think if the room meets the standards ie sink hard floor and safe disposal of sharps and sharps licence, good quality bed and all necessary equipment ,it is a Beauty treatment and is appropriate to do in a clinic . Can aphra provide ant instances where a patient has been harmed by doing this in a beauty clinic. What I think we need is a qualification, a test, an exam written and practical to prove to the public that we are competent. Only a few years ago the NSW Health Department looked at nurses and doctors who were injecting Botox and fillers and found no proof that nurses had any less adverse effects than did doctors. I see no reason why APHRA would want to change the current status unless there is clear proof that this is not the case.

Q168.

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

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.

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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.

This question was not displayed to the respondent.

Q148.

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

☒ A registered health practitioner

☐ A consumer / patient

☐ Other - please describe below

☐ Prefer not to say

Q149.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

☐ 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

☐ Psychology

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?

I understand that there needs to be a "clean up" within the industry to avoid rogue practitioners. However, the proposed guidelines have made it more difficult to complete due to questionnaires such as BDD questionnaires which do not provide as accurate information as what a holistic and thorough consultation provides. Restrictions on advertising has made providing information and education to the public increasingly difficult, resulting in a lot of mistrust from consumers

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?

a lot of information provided for all of the categories of practitioners. However many still unclear. So much additional documentation has lead to messy processes for practitioners which can lead to questioning of competency of practitioners who are so worried about ensuring correct documentation and compliance, that there can be poor patient journeys as a direct result

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?

not clear enough. feedback from many consumers of the public still don't understand why this is all happening. Unsure whether they need referrals for injectables, unsure why there is "extra questioning" during consultations. Previously, I was able to gain more information regarding the patients mental state, why they were receiving treatment and the expectations of treatment. The additional "guidelines" have left my patients questioning why I am asking other questions now. They are also unsure or unhappy with not being able to be provided with any information regarding treatment, even generalised, without a consultation. As many request simple information such as FAQ's and price ranges before booking in for a consultation so that their time is not wasted

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?

section 4.2 is not clear. As there are many medical treatments for botulinum toxin that can be considered cosmetic. eg. atomisation for lining of the nasal mucosa for hayfever. Or administration to the masseter or temporalis muscle for migraine relief. Or administration to areas such as the axilla for hyperhydrosis. These should be listed as acceptable or not acceptable for practice in under 18. Including the a signed consent form from their parent or registered guardian

Q173.

Question 5 of 24

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

please see the response in question 4 where I have outlined what should be included

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?

not clear. is this just in practice during treatment? such as supervising a training nurse? or does this include aftercare and instructing the patient, parent or guardian how to apply aftercare emulsions etc?

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?

yes, I fully agree with this to ensure that nurses are gaining an understanding of conditions, anatomy, medications etc. This requirement should be extended to 3 years. As gaining a thorough understanding of acute care knowledge takes a long time. 12 months training in acute care is still very junior

Q147.

Question 8 of 24

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

Q150.

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

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

Q148.

Question 9 of 24

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

many of the proposed guidelines are not practical for practitioners, especially solo practitioners.

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?

confusing terminology, many sections, many variables leaving practitioners unsure

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. many members of the public are confused regarding the changes, do not understand them, are unsure why we are unable to provide them with information, why we are not able to display images, the use of anatomical terms confuses patients as they are not laymans terminology, which leaves them uneducated and unsure. Creates a level of mistrust

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?

in terms of the "clean up" of the industry, in order to regulate practitioners and improve their standards; proposing a minimum standard of education or providing a national course to ensure that everyone has the highest level of knowledge, understanding and practical skill would ensure that practitioners are working to the highest level. The lack of a standardised education system in the industry is a major cause for "cowboys" and noncompliant practitioners who do not meet industry standards. Effectively "silencing" practitioners from being able to appropriately educate and inform consumers, does not have the desired result that AHPRA and associated boards are looking for

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?

standards should be in place for all practitioners providing treatments. cannot think of variations that would need to be made for various professions

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?

assessment of BDD is appropriate. This can be done more effectively through a thorough consultation and discussion with the patient. More information regarding their reasoning for treatment, expectations etc can be extracted via conversation. The requirement of a BDD questionnaire and results from patients is not only unrealistic and inaccurate but can be fabricated by the patients who know how to answer the questions in order to "get what they want". However through consultation, a patient might reveal that they have been to 7 other practitioners and none have been successful in achieving their results, and the lines are only present in harsh downlighting etc. This kind of information provides more of a red flag to not proceed with treatment than a questionnaire where the patient can "tick and flick"

Q157.

Question 15 of 24

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

Q151.

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

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

Q149.

Question 16 of 24

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

not appropriate as many consumers request information online prior to treatment. They do not want to book in a consultation or appointment until they have a base of knowledge prior. The increased restrictions of advertising provides a restriction to consumers as well. I believe it will result in them searching for overseas content which is not regulated within australia and could be factually incorrect. I also do not agree that mental state and aesthetic outcomes are mutually exclusive. I have had many patients who have had insecurities for multiple years, and being able to correct, reduce or resolve these insecurities via cosmetic treatments, has improved their confidence and self esteem. This should be allowed to be advertised, as in these scenarios, an individuals mental health has been improved as a direct result of the treatment or procedure.

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?

please see my above response

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?

please see my above response. many members of the public are unsure of the change in advertising guidelines and feel that there is a level of mistrust or that we are "hiding something"

Q160.

Question 19 of 24

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

Q161.

Definition of 'non-surgical cosmetic procedures'

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

Q162.

Question 20 of 24

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

would help to include a list of "included but not limited to: anti-wrinkle, dermal filler, platelet-rich plasma" etc.

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?

not allowing practitioners to advertise what procedure was completed or prices should be eliminated. As previously mentioned, many consumers want to know this information prior to booking in for a consultation. This ensures that they can be accurately prepared for the cost of the procedure and what could be used. Obviously all final details regarding cost and product will be discussed in the consultation prior to treatment. However many want to know the FAQ's prior

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?

yes. information such as vitamin infusions should be treated like an iron infusion. it is a medical procedure and claims should include information such as "iron infusions have been shown to improve lethargy and fatigue, increased iron levels" etc. and include risks of treatment i also believe that vitamin IV infusions should have a requirement to do a blood test prior, whether this a formal serology or a chem20 instant test, to ensure that the levels of vitamins arent already high. For example high levels of magnesium prior to administration of an infusion containing magnesium

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?

blood levels should be assessed first understanding of the effects on the body and side effects who is not an appropriate candidate risks associated should be appropriately informed

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?

discussion should be held with the TGA in addition, to ensure all governing bodies are agreeable to the changes

Q168.

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

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](#).

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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.

This question was not displayed to the respondent.

Q148.

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

☒ A registered health practitioner

☐ A consumer / patient

☐ Other - please describe below

☐ Prefer not to say

Q149.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

☐ 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

☐ Psychology

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?

Yes. Cosmetic nursing has witnessed substantial growth in recent years, with an increasing number of individuals seeking non-surgical cosmetic procedures. As the demand for these services continues to rise, it becomes imperative to establish comprehensive and specific guidelines to ensure the safety, competence, and ethical conduct of cosmetic nurses.

Q142.

Question 2 of 24

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

No the current guidelines are not sufficient. 1. Scope of Practice Clarification: The current guidelines may not adequately define the scope of practice for cosmetic nurses. Clear and specific guidelines will help in outlining the procedures that fall within their purview, reducing the risk of overstepping professional boundaries. 2. Training and Education Standards: The cosmetic industry is dynamic, with constant technological advancements and evolving techniques. New guidelines should outline updated training and education standards to ensure that cosmetic nurses are equipped with the latest knowledge and skills necessary for safe and effective practice. 3. Patient Safety and Informed Consent: Establishing stringent guidelines will emphasize the importance of patient safety and informed consent. This includes ensuring that patients receive comprehensive information about potential risks, benefits, and alternatives before undergoing any cosmetic procedure. 4. Professional Development Requirements: Implementing guidelines for ongoing professional development will help cosmetic nurses stay abreast of industry developments, maintain their competence, and enhance the quality of care provided to patients. 5. Adherence to Ethical Standards: Clearly defined ethical standards within the guidelines will reinforce the importance of professionalism, integrity, and confidentiality in the practice of cosmetic nursing. 6. Collaboration and Supervision by experienced Cosmetic Doctors: New guidelines should include supervision of cosmetic nurses by experienced cosmetic doctors, fostering a holistic and safe approach to patient care and ensuring that individuals with complex medical conditions receive appropriate attention. 7. Complaints Handling and Disciplinary Procedures: Establishing effective mechanisms for handling complaints and disciplinary actions will contribute to maintaining public trust and holding cosmetic nurses accountable for their actions.

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, Here are several strategies to enhance public awareness: Website and Online Resources: Create a dedicated section on AHPRA's website that provides comprehensive information about the new guidelines. Develop downloadable brochures, fact sheets, and other informative materials that can be easily accessible online. Social Media Campaigns: Utilize social media platforms such as Facebook, Twitter, and Instagram to share key information about the guidelines. Create engaging posts, infographics, and short videos to convey important messages in a visually appealing and easy-to-understand format. Public Service Announcements (PSAs): Collaborate with broadcasting channels and digital platforms to air PSAs explaining the significance of the new guidelines. Feature real-life stories, testimonials, and expert opinions to make the information relatable to the general public. Community Workshops and Seminars: Organize community workshops or seminars in different regions, inviting healthcare professionals to explain the guidelines and answer questions. Partner with community centers, libraries, and local organizations to host these events. Collaboration with Healthcare Providers: Collaborate with general practitioners, dermatologists, and other healthcare providers to disseminate information about the guidelines during routine patient visits. Provide healthcare professionals with informational materials to distribute to their patients. Media Engagement: Reach out to journalists and health reporters to cover stories related to the new guidelines in newspapers, magazines, and online publications. Encourage interviews with key stakeholders, including regulatory authorities and healthcare professionals. Email Newsletters: Develop and distribute regular email newsletters to subscribers, including healthcare professionals, industry stakeholders, and the general public. Use newsletters to highlight key points, address common misconceptions, and provide updates on the implementation of the guidelines. Incorporate Visual Aids: Use visual aids such as before-and-after images (with proper consent) to demonstrate the positive impact of adhering to the new guidelines. Ensure that visuals are accompanied by clear explanations and disclaimers to avoid misunderstandings. Multilingual Communication: Recognize the diversity of the Australian population and provide information in multiple languages to reach a broader audience. Translate key materials and utilize multilingual resources to ensure inclusivity. Interactive Website Features: Develop interactive features on the AHPRA website, such as quizzes or FAQs, to engage the public and test their understanding of the guidelines. Include a user-friendly interface that allows individuals to easily navigate and find relevant information.

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.

Q173.

[Question 5 of 24](#)

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

As nurses are administering Schedule 4 medications prescribed by doctors, Supervision by experienced Cosmetic Doctors either on site or within a 5km radius should be mandatory. This is to foster a holistic and safe approach to patient care and ensuring that individuals with complex medical conditions receive appropriate attention. And considering the doctor who prescribes the cosmetic Schedule 4 medication is responsible for the effects and complications of that drug, the prescribing doctor should not be more than 10 minutes drive away (5km radius) from the injecting cosmetic nurse.

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?

As nurses are administering Schedule 4 medications prescribed by doctors, Supervision by experienced Cosmetic Doctors either on site or within a 5km radius should be mandatory. This is to foster a holistic and safe approach to patient care and ensuring that individuals with complex medical conditions receive appropriate attention. And considering the doctor who prescribes the cosmetic Schedule 4 medication is responsible for the effects and complications of that drug, the prescribing doctor should not be more than 10 minutes drive away (5km radius) from the injecting cosmetic nurse.

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?

Yes.

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.

As nurses are administering Schedule 4 medications prescribed by doctors, Supervision by experienced Cosmetic Doctors either on site or within a 5km radius should be mandatory. This is to foster a holistic and safe approach to patient care and ensuring that individuals with complex medical conditions receive appropriate attention. And considering the doctor who prescribes the cosmetic Schedule 4 medication is responsible for the effects and complications of that drug, the prescribing doctor should not be more than 10 minutes drive away (5km radius) from the injecting cosmetic nurse.

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?

Yes

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 should be a direct email and letter to all health practitioners.

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. Here are several potential strategies to enhance public awareness: Website and Online Resources: Create a dedicated section on AHPRA's website that provides comprehensive information about the new guidelines. Develop downloadable brochures, fact sheets, and other informative materials that can be easily accessible online. Social Media Campaigns: Utilize social media platforms such as Facebook, Twitter, and Instagram to share key information about the guidelines. Create engaging posts, infographics, and short videos to convey important messages in a visually appealing and easy-to-understand format. Public Service Announcements (PSAs): Collaborate with broadcasting channels and digital platforms to air PSAs explaining the significance of the new guidelines. Feature real-life stories, testimonials, and expert opinions to make the information relatable to the general public. Community Workshops and Seminars: Organize community workshops or seminars in different regions, inviting healthcare professionals to explain the guidelines and answer questions. Partner with community centers, libraries, and local organizations to host these events. Collaboration with Healthcare Providers: Collaborate with general practitioners, dermatologists, and other healthcare providers to disseminate information about the guidelines during routine patient visits. Provide healthcare professionals with informational materials to distribute to their patients. Media Engagement: Reach out to journalists and health reporters to cover stories related to the new guidelines in newspapers, magazines, and online publications. Encourage interviews with key stakeholders, including regulatory authorities and healthcare professionals. Email Newsletters: Develop and distribute regular email newsletters to subscribers, including healthcare professionals, industry stakeholders, and the general public. Use newsletters to highlight key points, address common misconceptions, and provide updates on the implementation of the guidelines. Incorporate Visual Aids: Use visual aids such as before-and-after images (with proper consent) to demonstrate the positive impact of adhering to the new guidelines. Ensure that visuals are accompanied by clear explanations and disclaimers to avoid misunderstandings. Multilingual Communication: Recognize the diversity of the Australian population and provide information in multiple languages to reach a broader audience. Translate key materials and utilize multilingual resources to ensure inclusivity. Interactive Website Features: Develop interactive features on the AHPRA website, such as quizzes or FAQs, to engage the public and test their understanding of the guidelines. Include a user-friendly interface that allows individuals to easily navigate and find relevant information.

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?

No

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?

Due to their limited training, some of the procedures that can be performed by Cosmetic nurses should not be the same as the cosmetic procedures that are performed by cosmetic doctors who has had 4 more years of medical training. For example, cosmetic "thread lifting" should not be done by cosmetic nurses as these require more knowledge and skill and experience.

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

Q157.

Question 15 of 24

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

Q151.

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

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

Q149.

Question 16 of 24

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

Yes

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?

Yes

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?

Yes

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.

No

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

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Q163.

Question 21 of 24

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What changes do you propose?

Q164.

About IV infusion treatments

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

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

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

Q165.

Question 22 of 24

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

Yes I do. There could be severe complications that may arise from this. A medical doctor should be onsite for the supervision of cosmetic nurses who perform IV infusions.

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?

A medical doctor should be onsite for the supervision of cosmetic nurses who perform IV infusions.

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.

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:

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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.

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Initial questions

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

Q146.

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- ☐ Organisation
- ☒ Individual

Q147.

Please provide the name of the organisation.

This question was not displayed to the respondent.

Q148.

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

- ☒ A registered health practitioner
- ☐ A consumer / patient
- ☐

Other - please describe below

☐ Prefer not to say

Q149.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

- ☐ 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
- ☐ Psychology

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?

Appropriate such that influencers cannot be used to promote non-surgical procedures. BDD screening should be done with every consult regardless, however, the question is very broad. For example, in the consent form 'are you concerned with your appearance' puts them at a risk of BDD assessment, however, if they were not concerned with their appearance, they would not be in clinic, even if it was just for dry skin. Would be much better if BDD screening is more specific and more targeted to true BDD patients

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?

Yes, for those who follow the rules, the guidelines are sufficient

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?

yes

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 and no, it 'considers' that it should not be prescribed for those under 18, however, i believe that it should be a clear cut statement that cosmetic injectables should not be administered to those under 18. I would recommend a more clear-cut statement instead of letting the public/providers 'consider' appropriateness

Q173.

Question 5 of 24

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

I believe that there should be no considerations for treating those under 18 even with parental consent as some may still be in high school, and some may be out of high school, however, for those in high school, it presents more pressure and exposure to those in the younger years who 'look up' to their seniors. In my opinion, it should be no treatments for those under 18 regardless of parental consent, cooling off period, etc or not

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, everyone involved in performing procedures should be adequately trained and supervised until competent. Ongoing CPD relevant to procedures is necessary

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?

yes, very reasonable. I believe this filters out those who study nursing just to be a cosmetic nurse, and are very eager to start instead of starting in hospital for at least 1 year. Student nursing placements are not sufficient as student nurses most likely have not been given enough opportunities to perform clinical tasks, and are left just to be an assistant for time-poor registered nurses (doing showers, changing dirty linen, changing soiled sheets, feeding patients - instead of wound dressing, patient planning, medication management and administration, etc). Hospital nurses also sometimes take advantage of student nurses during their placement and do not allow the students to learn and be more exposed to clinical skills. Because of this, student nurses going straight to cosmetic nursing after graduation may not have enough clinical skills. For those who are truly dedicated to cosmetic nursing, they will do what is needed, and this leaves the industry with more dedicated nurses who worked hard to perform non-surgical procedures instead of those who are 'lazy' and not as passionate to gain clinical skills first as a requirement.

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.

This is for information that should be available for general public: I believe there should be a summarised dot point on what products/brands are TGA approved for patients to be aware that what is used on them is safe. there should be also dot point summaries of what clinics are not allowed/allowed to do so they can differentiate between what different clinics do to be able to choose who they are comfortable with.

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?

yes. It clearly states that they should state registration type, and is appropriate in terms of consent and information given to patients before, during, and after treatment

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, i believe no procedures should be performed on those under 18 as it presents too much pressure on those in the younger years if that person was to attend school with the cosmetic procedure done.

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?

yes

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?

no

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?

I believe that there should be extra training for those not in the clinical profession performing wound management etc, such as chiropractors or physiotherapists. If they would like to perform cosmetic procedures, they should undergo clinical skills training such as wound assessment, wound management, complications management, etc. These professions do not deal with many sharps, and should undergo training to be able to handle and dispose of sharps correctly. I believe that anyone starting non-surgical treatments, despite for example, being a GP for 10 years, should undergo training. During one of my training sessions, I was training a GP, who drew up more toxin with a used needle after using it on a patient. Another GP also had no idea how to use a syringe. I believe anyone starting procedures should be properly assessed before starting on their own.

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, everyone should be assessed for BDD, however, i believe that it should be more specific and questions to be less generalised. For example, we were required to ask them if they were concerned about their appearance. Everyone is concerned about their appearance, otherwise, they would not be seeking procedures to improve it, even if it is just dry skin. However, I agree that from this question, leads to other questions such as 'does this affect your daily life?' - then i agree, this question is appropriate in regards to BDD

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.

For patients: a summary of TGA approved brands and products to know what is being used on them (in case practitioners buy product from overseas).
Summary of what practitioners can and cannot do to compare clinics and see which one they are comfortable with.

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?

yes. It limits people on creating false impressions and reinforces realistic expectations as a standard for everyone to follow.

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?

yes

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?

yes, but would be more helpful for a dot point summary for general public to know what is and what is not allowed with advertising for them to see who is doing the right thing and who isnt

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.

no

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?

i believe that there is a grey area, for example, skint treatments such as co2 laser and chemical peels can be performed by dermal therapists who are not regulated by AHPRA. Meaning that they do not need to follow the advertising rules when it comes to these procedures. It would be more consistent if this also applied to their regulatory board or their guidelines so there is more consistency.

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?

no

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?

yes, i feel that there is very little evidence and regulation around IV infusions, and should not be administered unless in a health setting instead of a cosmetic procedure setting. advertising of IV infusions should be same as non-surgical procedures, as patients will not treat the procedure lightly.

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?

IV infusions should only be administered in a health setting where their bloods are assessed to see what infusion they should be receiving. Advertising should be more health-focussed instead of glamorised so general public does not take it lightly.

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?

I believe that before and afters should definitely still be allowed as it will help showcase work for patients to see who to trust and who they feel comfortable with. If no before and afters are allowed, the general public may go to someone who is not properly trained as they were unable to see their work, and this may cause further harm. Single use images should be allowed as long as a before and after of the same image is used at the same time. Cosmetic injectables should not be performed on those under 18, however, skin treatments should be acceptable as it is less invasive. Graduate diploma in cosmetic nursing should be considered to ensure further training has been properly attained by dedicated and passionate practitioners instead of those who are doing nursing degree as fast as they can to be able to start injecting straight away.

Q168.

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

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 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 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.

This question was not displayed to the respondent.

Q148.

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

- ☒ A registered health practitioner
- ☐ A consumer / patient
- ☐

Other - please describe below

☐ Prefer not to say

Q149.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

- ☐ 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
- ☐ Psychology

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?

Yes.As long as they are supervised by a trained Medical professional. There are too many newly qualified nurses without any hospital or emergency experience going straight into injectables.This is placing a strain on hospitals and increasing the risk to patients receiving cosmetic procedures.A nurse should only be able to join a cosmetics practice and perform procedures after working for a hospital and providing medical care for minimum 5 years.

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?

See above note .

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.Nurses need to work in a hospital setting first to gain experience in dealing with emergencies.

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?

There are certain cases where administration will be required earlier for medical benefit. Not cosmetic benefit. 18 is a good age. But there is no hard and fast rule regarding at what age to do what.

Q173.

Question 5 of 24

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

Q145.

Question 6 of 24

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

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

Supervision is always required

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?

Yes, but they should at least practice 3-5 years in a hospital setting providing care to patients and understand medical complications and how to treat them.

Q147.

Question 8 of 24

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

Q150.

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

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

Q148.

Question 9 of 24

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

As long as the guidance is fair and does not hinder proper care.

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?

Only time will tell. As long as the board is aware that once you had training you are qualified to perform the procedures. Training should always be kept up to date as PART of your CPD. But practitioners should not be subjected to or forced to acquire a minimum amount of cosmetics CPD per year. There are limits as to where and when you can get training in Australia. As long as the AHPRA accepts training provided by all fields to all practitioners then we can progress. Eg medical courses in training cosmetics procedures should be open to ALL health professionals and AHPRA should start to inform us of CPD courses. AHPRA should start to audit and inform us of proper CPD courses and take responsibility from their side also and not just blame practitioners. These CPD courses audits should be free as we are paying substantial fees already. CPD courses should also be scrutinised for the fees we are charged to attend as some providers are just out to make a quick buck.

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?

As long as the public are aware that the onus are on them as well and not just the practitioner.

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?

No enforced CPD per year. Practitioners should be able to take responsibility for their own training. If you enforce Cosmetics CPD you will start to see providers of these courses charging huge fees for stuff we already know and do. This will again increase our insurance fees.

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 are dentist who are better qualified in providing injectables than some medical or RN. There should be no restrictions placed on who can do what, As long as you have received proper training to do so. I have many patients who trust me (a dentist) in providing injectables to there faces than some medical or skin clinic down the road. So please do not limit dentists in doing injectables.

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?

No. For example some patients only wants to improve their frown or smile. Simple procedures with wrinkle relaxers. To scrutinise every single patient for BDD is ridiculous. If a patient do come with over the top requests then they should be evaluated and sent to a psychologist. But to screen every patient is another layer of over the top Australian overregulation for the benefit on none. Please reconsider this because simple procedures that is not invasive do not require over the top examinations.

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.

Public should be able to take responsibility for procedures also. Due diligence goes both ways.

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?

Advertising on all social media platforms for before and after should be banned. Any influencers promoting any cosmetic procedure should be banned from doing so on their platforms as they are causing more harm than the medical profession itself. If any patients do get cosmetic procedures done it should be paid for by themselves and not be part of any promotion. Any influencers promoting cosmetic procedures are immediately liable for legal action against them. All promotions should be banned. The only information to be advertised are details as per procedure with photos (non promotional) and the providers details.

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?

We should be provided with the final draft copy and still be able to provide comment before final implementation.

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?

Again the public should be made aware that due diligence goes both ways.

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.

Please provide a copy of the final draft and time to respond for amendments.

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?

As long as beauticians do not provide relaxers or fillers and stick to facials. Laser treatment should also be taken more serious as some patients are receiving permanent issues from unqualified people providing these treatments. Again there is a blurry line between surgical and non surgical procedures. There are some non-surgical procedures (lasers) that can cause more damage than some surgical procedures. The training is key to everything.

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?

I would like to view the final draft after all our input are taken into consideration and still be able to ammended.

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?

IV infusions are more detrimental ,than beneficial for normal healthy individuals.There should be stricter regulations on these treatments provided in the everyday setting.You will get more benefit from eating healthier.!!

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?

Provided in a medical setting by a qualified health professional with adequate training!!!

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?

Please provide a copy of the updated guide lines.

Q168.

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

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.

This question was not displayed to the respondent.

Q148.

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

☒ A registered health practitioner

☐ A consumer / patient

☐ Other - please describe below

☐ Prefer not to say

Q149.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

☐ 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

☐ Psychology

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.

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

Not appropriate. Guidelines already exist and are already quite exhaustive. In the overriding interest of patient safety, the fundamental imperative is that nurses and medical practitioners must physically work together in clinics. This the case for in every field of elective medicine. Only then can nursing guidelines be workable and effective. Nurses physically working independent of on-site doctors diminishes patient safety no matter how "nuanced" guidelines may serve to be.

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?

As per question 1. No, it's too complicated & inappropriate. Adequate supervision of nurses can only occur when doctors are physically on-site team leaders. Off-site/remotely located doctors as team leaders simply compromises patient safety. Remotely located doctors "supervising" nurses is sub-optimal for patient safety. It is indeed a business construct contrived to serve and maximise profits for entrepreneurs at the expense of patient safety.

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! The public is entitled to nothing less than optimal patient safety. Such guidelines utterly fail to inform the public that cosmetic procedures treatments are medical procedures that may be able to be performed by sufficiently trained and qualified nurses BUT only in the physical presence of suitably qualified medical practitioners.

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?

No! Both confusing and contradictory. One one hand it is prosecuted that should not be performed in those under 18, but then promotes discussion with parents and a "cooling off" period. Current social media culture norms expose young people to predatory business arrangements that have proliferated in our society with only principle being profit and zero to do with patient safety

Q173.

Question 5 of 24

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

Aggressively marketed cosmetic clinics are promoting a culture of premature interventions for young people. This type of business culture is irresponsible and profit driven, unnecessarily exposing young patients to procedural risks and longer term morbidity.

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?

No! Unreasonable and leaves entrepreneurial business constructs in an inappropriate position to continue a culture of profits over patient safety. Doctors supervising nursing colleagues on-site in every clinic is an immutable necessity for patient safety. Only then can the nursing hierarchy of responsibility function with optimal patient safety.

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?

Absolutely agree that this is not only a reasonable requirement but should be a mandatory requirement. This has been an unconscionable omission with innumerable nurses who studied nursing with the sole intention to work in or open cosmetic businesses. Really a scandal that has resulted in nursing shortfalls in the tradition nursing vocations.

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.

Injectable injectable filler procedures are tissue "implants" in the same way as breast augmentations and joint replacements are "implants". The can cause very serious acute morbidity including facial necrosis and blindness and longer term morbidities such as serious infections and facial deformities. In Australia there are currently at least 12 cases of filler induced blindness reported to the TGA: <https://www.abc.net.au/news/2023-05-08/popular-cosmetic-injection-linked-to-12-reports-of-blindness/102317120> Public safety demands as an imperative that doctors must be physically present on-site for such procedures.

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, it's confusing and misinforms, implying that all these groups can appropriately and safely perform injectables. Again public and patient safety is being compromised to enable inappropriate persons to practice medical grade procedures. It brings into question why the MBA would even contemplate imposing unsafely performed medical procedures on the Australian public. Surely, he MBA's purview does not go to compromising and diminishing public-patient safety in order to satisfy corporate business interests!

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! Again, non-surgical procedures are medical procedures (as is indeed the case in all other fields of non-acute-elective medicine) must be performed in the physical presence of a suitable qualified medical practitioner. It is absurd to contemplate any other paradigm. Overriding all other considerations, this in the interest of optimal patient safety. We are not in a 3rd world country!

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! Overriding all other considerations and business arrangements, doctors physically present in clinics are necessary in the interest of optimal patient safety. Again, we are not in a 3rd world country where compromise of optimal patient safety may operate!

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 should be more restrictions on filler procedures. Cosmetic injectables should be in a distinct category. They involve the injection of medical S4 prescription products with inherently serious risks and hazards to patients (as already outlined in previous answers). Accordingly, an appropriately qualified medical practitioner must be physically present when such procedures are undertaken.

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?

No. This is entirely inappropriate and places patients at risk! These groups have vastly different training and vocational scope of practice. It is absurd for them to be considered together as if they could prescribe or perform injectable procedures with equal facility and training. Overriding all other considerations and business arrangements, doctors physically present in clinics are necessary in the interest of optimal patient safety.

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!

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.

The in-person presence of a suitably qualified medical practitioner must be mandated in every cosmetic clinic construct. This is in the interest of patient safety and indeed a standard that the MBA should prosecute without any prevarication. The MBA must not have a purview to compromise patient safety in order to satisfy corporate business interests.

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?

Cosmetic procedures are serious and onerous medical procedures that have the propensity to burn, disfigure and blind patients. The MBA has thus far permitted frivolous advertising fueled via the conduit of social media. This has particularly benefited unscrupulous business interests who have manipulated cosmetic medical practice to generate profits over patient safety. Accordingly, the MBA & associated health regulators have failed to ensure the expectations of the Australian public that the medical & health regulators have acted in their fundamental obligation to quarantine and protect their health and safety.

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. All inappropriately frivolous, galmourised and deceptive advertising must be outlawed Any advertising must respect S4 prescription limitations. Advertising should be restricted to only genuine information delivered in a respectful and appropriate manner.

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! Injectable procedures are S4 prescription medication demanding the implementation of clear guidelines as to appropriateness and lawfulness. Clinical photography for fillers and other cosmetic procedures must not create unrealistic expectations.

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.

Currently the processes for reporting inappropriate or aggressive marketing are cumbersome and protracted. The process of reporting breaches must be expedient and not as they currently operate as veritably an impediment to reporting genuine concerns.

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?

Yes. However, procedures that are potentially hazardous (many energy based devices) and those that particularly involve S4 prescription medications should be in a separate category.

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?

S4 prescription treatments should be strictly constrained so as to be under the in-person control and supervision of suitably qualified medical practitioners. Transgressions including advertising and inappropriate promotions-inducements should be strictly outlawed and appropriately severe and deterrent penalties imposed.

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?

So called "health" related IV infusions should be prohibited. IV infusions marketed for non-therapeutic medical purposes are a sham and place unsuspecting patients at risk for infections and other morbidities. They are designed only to profit IV businesses and impart nothing of value to patients. Basically a big con! <https://www.cedars-sinai.org/blog/iv-vitamin-therapy.html>

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?

A big sham to con the public and conspicuously profiteer with no benefit and indeed risk to the patients. The MBA and allied health regulators need to act in their purview to prohibit such nonsense and protect the public.

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?

Regrettably, AHPRA, the National Boards and allied health regulators have thus far failed in their remit to adequately protect the public from inappropriate practices and advertising in cosmetic medicine. Permitting corporate and other businesses to exploit loopholes that facilitate their profiteering in the cosmetic medicine space has been an unconscionable outcome. Surely it is not in the purview of AHPRA, the National Boards and allied health regulators to facilitate health practitioners and their businesses to compromise the health and safety of the Australian public? It is germane that no paradigm exists in all other elective medical practice endeavours where a medical practitioner is not physically present, on-site, to prescribe and perform (or at least supervise) medical procedures or operations. Regulatory loopholes have been inappropriately manipulated by unscrupulous business operators in cosmetic procedural medical practice to maximise profits over any serious notion or intent to secure patient safety (which should be mandated through the obligatory presence of in-person-in clinic medical supervision. It is as simple as that. In concert with such appallingly lax practices, cosmetic medical advertising has become a tawdry, unprofessional blight imposed on an unsuspecting public who are entitled to have formed a view that the health regulators have somehow endorsed these terrible advertising practices.

Q168.

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

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.

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If you have any questions, you can contact AhpraConsultation@ahpra.gov.au or telephone us on 1300 419 495.

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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.

This question was not displayed to the respondent.

Q148.

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

☒ A registered health practitioner

☐ A consumer / patient

☐ Other - please describe below

☐ Prefer not to say

Q149.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

☐ 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

☐ Psychology

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.

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

No, misleading

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?

Yes

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?

Yes

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

Q173.

Question 5 of 24

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

Q145.

Question 6 of 24

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

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

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?

Yes

Q147.

[Question 8 of 24](#)

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

Q150.

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

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

Q148.

[Question 9 of 24](#)

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

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?

Yes

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?

Yes

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?

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 should be a transparency when posting before and afters on social media like we shouldn't be restricted from saying/using dermal fillers/ anti wrinkle injections with appropriate disclaimer. Otherwise, it would be quite misleading for the public.

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

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.

The clinics should be in medical centres or at appropriate workplace as it is considered as a medical profession and not combined with beauty or private salons.

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, lack of transparency and education.. very misleading for the public.

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?

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

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.

Disclaimers should be must but we shouldn't be restricted from using dermal fillers/ anti wrinkles injections words.

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?

Q163.

Question 21 of 24

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

What changes do you propose?

Q164.

About IV infusion treatments

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

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

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

Q165.

Question 22 of 24

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

Q166.

Question 23 of 24

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

Q170.

Additional feedback

Question 24 of 24

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

Q168.

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