Submission template

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.

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

The information you provide will be handled in accordance with Ahpra's privacy policy.

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

Publication of submissions

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

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

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 These submissions will not be published on the website or elsewhere.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

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

Initial questions:

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

Question A

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

☒ Organisation

Name of organisation: The Australasian College of Dermatologists

Contact email: [redacted]

☐ Individual

Name: Click or tap here to enter text.

Name of organisation: Click or tap here to enter text.

Contact email: Click or tap here to enter text.

Question B

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

☐ A registered health practitioner?

Profession: Click or tap here to enter text.

☐ A consumer / patient?

☐ Other – please describe: Click or tap here to enter text.

☐ Prefer not to say

Question C

Do you work in the cosmetic surgery/procedures sector?

☐ No

☐ Yes – I perform cosmetic surgery

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

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

☐ Prefer not to say

Question D

Do you give permission for your submission to be published?

☐ Yes, publish my submission **with** my name/organisation name

☒ Yes, publish my submission **without** my name

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

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

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

Australasian College of Dermatologists response

The Australasian College of Dermatologists (ACD) welcomes the opportunity to provide feedback on the Guidelines for nurses who perform non-surgical cosmetic procedures; Guidelines for registered health practitioners who perform non-surgical cosmetic procedures; and Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures.

ACD is Australia's accredited training body and peak professional and membership organisation for medical specialists in dermatology. We are the Australian authority in skin, hair and nail health, education, information and advocacy.

Dermatologists specialise in the diagnosis, treatment and management of all skin diseases and conditions, including skin cancer. Dermatologists' skills span medical, surgical, procedural and cosmetic techniques and they are the pre-eminent specialists in the field of non-surgical cosmetic procedures. High quality training and demonstrating competency in this field forms a key part of the specialist dermatologist training program and dermatologists' scope of practice, with dermatologists performing non-surgical cosmetic procedures for both medical and cosmetic reasons.

ACD has long held concerns regarding the lack of national consistency, standards and guidelines in relation to non-surgical cosmetic procedures. We welcome and strongly support the intent of the three sets of guidelines to ensure the public are better informed and can make safer choices in relation to non-surgical cosmetic procedures. The guidelines themselves are comprehensive and well-written.

Our *detailed feedback is provided in the template below* however we would like to highlight the following key points:

- **Unintended inference of endorsement poses a risk to public safety:** We have significant concerns about the inclusion of the extensive list of registered health practitioners in the *Guidelines for registered health practitioners who perform non-surgical cosmetic procedures*; and *Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures*. With the exception of dental practitioners, we find it challenging to see what relevant training prepares the health practitioners listed to be cosmetic practitioners. We accept that there may be outliers from these professions providing some limited cosmetic services, but the inclusion of this list without clear caveats or exclusions serves to imply/explicitly endorse all these practitioners as legitimate providers of non-surgical cosmetic procedures. This has the potential to significantly mislead the public and drive an increase in unsuitable providers thus undermining the intent of the proposed suite of guidelines which is to improve public understanding and safety. In our response to Question 9 we have provided several suggestions for how this can be addressed.
- **Supervisory arrangements:** We believe the guidelines are overly restrictive in excluding suitably qualified medical practitioners for being able to supervise Enrolled Nurses within the context of non-surgical cosmetic practice.
- **Requirements should apply to all providers:** It is critical that any practice and advertising requirements are applied to *all* practitioners who provide and advertise these services including dermal therapists who are not currently covered by the proposed guidelines. There is a need for medical and non-medical providers to be held to the same standards, and greater national consistency in how they are audited and how issues and complaints about non-medical and non-health practitioner providers are managed.

Thank you again for consideration of ACD's feedback and we look forward to providing further input.

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:

Yes, the guidance is generally appropriate in its coverage of Enrolled Nurses (ENs), Registered Nurses (RNs) and Nurse Practitioners (NPs) with the exception of the following:

- We do not agree with the requirement in 17.2 that EN supervision for non-surgical cosmetic procedures be restricted to RNs only. An EN that is already in a non-surgical cosmetic procedure practice should also be able to be supervised and assessed by suitably qualified non-RN medical practitioner such as a dermatologist, plastic surgeon or cosmetic physician. In many cases these medical practitioners will have trained and continue to supervise and mentor the RN. Restricting the supervision to RNs only in this scenario is not appropriate. With regard to 17.6, we agree however that general EN supervision for *non-cosmetic* tasks/role should be supervised by an RN only, noting this is a requirement of the NMBA's Enrolled nurse standards of practice.

We also note there appears to be text or a dot point missing in the third dot point of 17.2.

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: Yes, other than the concerns regarding supervision noted in response to Question 1.

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: Yes

Question 4:

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

Is this information clear? If not, why not?

Your answer: Yes, however, arguably any decision to perform treatment based on clinical appropriateness, and once 4.2 to 4.7 have been complied with, should have a supervising medical practitioner's involvement.

Question 5:

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

Your answer: In cases under 18 that are primarily medical in nature such as scarring, treatment should be under the primary management and supervision of appropriately trained and experienced medical practitioners and ideally carried out in a hospital setting with access to appropriately supervised pain relief, sedation or general anaesthesia.

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: Yes, this will ensure that when more junior co-workers (RN/EN) become involved in the same patient's treatment/care for example in a group practice of networked corporates, there is greater accountability which we welcome. This is particularly relevant in those scenarios where the NP or RN is practicing without onsite medical supervision.

It is also important to note that in private practice, ultimately direction and accountability rests with the Medical Practitioner who initiated treatment or runs the practice. In this scenario, how treatments are carried out by an RN or EN should be in alignment with protocols that the Medical Practitioner has instituted, and in that scenario, the Medical Practitioner is ultimately responsible for ensuring appropriate education, training and supervision.

Question 7:

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

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

Your answer: Yes, we strongly support the requirement for RNs to have completed a minimum of one-year full time equivalent practice post initial registration including areas of experience proposed. From the perspective of public safety, hospital experience is beneficial in building skills to function effectively in an emergency situation for example.

However, for non-surgical cosmetic procedures there is an issue in terms of where nurses go to get this additional body of knowledge and skill sets which may be outside of the formal nursing sphere. This raises the issue of the range and variability of the different non-surgical cosmetic procedure training available and how this is credentialled.

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:

Supervision
As outlined in our response to Question 1, qualified medical practitioners should also be able to supervise ENs in relation to non-surgical cosmetic procedures. This should not be limited to RNs.

Facilities
While we understand the intent of 13.2 in encouraging nurses to provide procedures in an ACSQHC-accredited facility, there is a question of relevance as to whether this reflects the vast majority of practice locations that nurses performing non-surgical cosmetic procedures work in. We would consider 13.3 a more reasonable statement and more commensurate with the risk profile of non-surgical cosmetic procedures. We therefore recommend modifying or deleting 13.2.

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: We have significant concerns about the inclusion of the extensive list of registered health practitioners in the guidelines as this serves to imply/explicitly endorse these practitioners as legitimate providers of non-surgical cosmetic procedures. With the exception of dental practitioners, we find it challenging to see what relevant training prepares the health practitioners listed to be cosmetic practitioners.

We accept that there may be outliers from these professions providing some limited cosmetic services, but we consider it unhelpful and misleading to the public to broadcast this list. To do so undermines the intent of the proposed suite of guidelines which is to improve public understanding and safety.

There is a significant risk that publishing this list without caveats or exclusions, as this implied endorsement may also serve to encourage inappropriately qualified health practitioners, driven by the perceived financial reward to consider and take up cosmetic practice, with broader implications both for safety and in distorting health workforce distribution.

As an absolute minimum, there needs to be a clear statement at the *beginning* of the guidelines that it is not the norm for members of these professional bodies to do non-surgical cosmetic procedures and that anyone choosing to undertake these procedures would need to undertake significant appropriate upskilling.

In addition, we would recommend a number of ways in which to address this risk:

1. By applying suitable and appropriate exclusions as has been done in the nursing guidelines which state that "RNs with a notation that states 'solely qualified in the area of mental health, paediatric or disability nursing are unable to practice in the area of non-surgical cosmetic procedures". Indeed, in our view all the practitioners listed, other than dental practitioners, should be excluded.
2. By removing the full list and giving 1-2 examples such as "These guidelines apply to registered health practitioners who perform non-surgical cosmetic procedures e.g. dental practitioners".
3. By including the scope of cosmetic practice for any groups listed, for example, a podiatrist doing laser work to treat toenails; a dental practitioner injecting masseters with botulinum toxin.

We note that requirements to undertake the necessary training are mentioned later in the guidelines (10.1 and 10.2) but it is difficult for the public to understand how significant that training gap may be for the majority of those practitioners listed. An upfront statement as outlined above is therefore critical for public understanding and safety.

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: Yes.

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: Yes, but not with the inclusion of the full list of practitioners without exclusions or caveats as discussed in our response to Question 9.

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: We support the definition of non-surgical cosmetic procedures. However, it is important to note that there are significant differences between some of these procedures and the associated risks. Indeed, a procedure like botulinum toxin is very safe except in rare instances and is much safer than the other procedures listed in terms of patient issues.

We very much welcome the teasing out of clinically justified procedures while accepting that there will be grey areas and that the understanding of this may be a matter of complex interpretation (for example, a dilated blood vessel is an abnormality of body structures that can be argued is a clinically justified lesion, as with development of melasma or a pigmented or solar keratoses) and that any abnormality of anatomy could be considered a reasonable reason for treatment as a clinically justified lesion.

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:
We agree that there should be a standard benchmark and consistent set of requirements for all those providing non-surgical cosmetic procedures. However,

- We refer to the significant concerns (see Question 9 response) regarding the implied endorsement of the health practitioners listed and their suitability to perform non-surgical cosmetic procedures. With the exception of dental practitioners, those professions listed would need to significantly justify their training adequacy to perform any of the non-surgical cosmetic procedures outlined.
- It is important to note that training needs will vary significantly for different procedures (see also our response to Question 12 regarding the different risk profiles of the procedures listed).
- A key gap in the proposed suite of guidelines to improve understanding and safety is that these guidelines do not currently apply to groups such as dermal therapists. How is it proposed that they be brought into line with these requirements so that there is consistency across all providers?

Question 14:

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

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

Your answer: Yes, the guidelines for registered health practitioners performing cosmetic procedures should be consistent with those for medical practitioners and proposed for nurses. Acknowledgement of mental health disorders, such as BDD, is essential for all practitioners alike in this field.

The proposal for practitioners to assess patients for underlying psychological conditions is reasonable for first consultations but not for return patients for the same procedure unless there is a behaviour change.

We would caution against adopting a one size fits all approach to the assessment of patients, rather than requiring the use of a prescriptive and it can be argued inadequately researched assessment tool as clinical judgement and common sense are required. Indeed, there needs to be encouragement of clinical judgement and not just box ticking as it will not take long for severe BDD patients for example to learn how to game the system. Equally, there may also be times when a cosmetic treatment may be appropriate for a patient with BDD in the same way as non-BDD patients and clinical judgement is needed here, for example, treatment of an inadequately protruding chin with filler enhancement.

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: As outlined in our response to Q9, we have significant concerns about the implications of the list of health practitioners included in the guidelines on public understanding and uptake of cosmetic practice by unsuited and unqualified practitioners and urge that our recommendations for addressing this be considered.

While we strongly support the requirements in paragraph 10.1 and 10.2 for practitioners to undertake 'the necessary training', we would note that nationally agreed standards for training and credentialling in non-surgical cosmetic procedures do not currently exist and are needed.

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: The guidance in the draft advertising guidelines and the intent behind them are appropriate as they emphasise ethical practice and reasonableness in medical advertising and put the focus back on patients and medicine instead of the co-modification of medicine and all the by-product issues such as self-image distortion and other emotional problems.

However, we would recommend consideration be given to the following:

- We would suggest 1.4 of the guidelines ("Advertising that includes information about costs or the availability of health insurance cover must be clear, easily understood, accurate, and honest.") be removed or reworded as health insurance cover is not relevant for non-surgical cosmetic procedures.
- We are supportive of 3.1 which requires the terms and conditions of the offer to be stated when offering incentives, gifts, discounts or inducements. However, we can see that 3.2a may be unnecessarily restrictive and negatively impact patients as in clinical practice, discounts are often provided to allow patients to take advantage of a series of treatments at a lower cost, and normally there is an end-date and terms and conditions as suggested in 3.1. It is important that these terms and conditions are understandable.
- Clause 3.2b should be removed as often as part of a surgical treatment or as part of another treatment, the use of spa treatments such as Healite or HydraFacials are used to improve healing.
- Important in terms of advertising is the accurate representation of the cost of initial treatment and maintenance therapies required to sustain the results. Costs related to therapy of adverse outcomes should also be disclosed upfront.

We also refer to our previous concerns about the list of health practitioners to whom the guidelines apply – see our response to Question 9 above.

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:
The guidance is sufficient subject to the following:

- Section 5, Social media influencers and ambassadors. We would strongly recommend that to have a meaningful impact, consideration be given to banning the use of influencers altogether.
- Section 6, Use of images -
  - In 6.3, diet, exercise, and genetics, have little relevance as alternatives to *non-surgical* cosmetic procedures and should be omitted.

- Before and after photos for wrinkling and scars invariably use shadowed photos for the before and full flash for the after that make it impossible to assess skin texture. While lighting is mentioned in paragraph 6.6, this particular practice needs to be specifically and explicitly highlighted in the guidelines as it is the most common corruption and just as misleading as the application of digital filters. It is also easily detectable so easy to monitor for from a compliance perspective.
- It is important that photographic evidence of results is annotated with the timeframe from treatment to outcome. Too often patients are shown photographs that are not taken at the appropriate post-treatment interval and do not show realistic, long-term effects.
- In 6.6, practitioners cannot control what clothing people are wearing in before and after shots and their posture will always vary between shots so we recommend this be omitted.
- While we support the intent of 6.10(i) and (j) regarding the opportunity for patients to withdraw their consent for use of the photographs at any time after the event, we have concerns that this may not be practicable as it would be extremely problematic to find and/or remove their images from, for example published magazines and articles. Equally, if images have been cropped to make them unrecognisable, it may be impossible for practitioners to locate these within the advertising environment. It is also worth noting that, while not advertising per se, this would not be possible in the event of e.g. medical publications where the copyright is transferred to the journal who usually have their own method of establishing consent. The critical requirement on practitioners should be that the limitations in terms of how feasible or not it may be to later remove images is clearly communicated at the time of consent being taken.

- Section 9, Realistic expectations of outcomes. As previously stated, an individual's genetics, diet and exercise are not relevant factors influencing the outcomes of *non-surgical* cosmetic procedures and we recommend this be omitted from 9.1(b).

  An interesting question that pervades this area is that published studies use some measure to decide whether a procedure works or not, this measure in many cases does not correlate with an improvement that is clinically and socially obvious as opposed to "micro measurable". Difficult conditions to treat such as stretch marks should include a statement regarding the average degree of clinically perceptible improvement achievable.

- Section 10, Targeting people potentially at risk. It is important that statements made in the guidelines are evidence-based. We are not aware of any evidence that frequent posting would influence people's body image satisfaction and recommend this statement therefore be removed.

As a general comment, in implementing the guidelines, there needs to be careful monitoring for any unintended consequences.

There is a risk that if there are overly stringent requirements for advertising in Australia, that this could drive prospective patients who may not necessarily understand medical terminology to non-compliant or overseas websites where more simple language is able to be used. To keep patients at the centre, it is paramount that an appropriate balance is achieved, and that practitioners are not held back from providing correct advice in language that can be readily understood by the general public. The TGA's recent advice of January 2024 regarding changes to its previously published guidance on advertising of Schedule 4 substances - namely the removal of previously permitted terms such as 'dermal fillers' - raises concerns for this reason. We note it may also create inconsistencies with the terminology used in these new Ahpra guidelines.

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, we believe the guidelines articulate well to the public the pitfalls of aspirational advertising and provide a valuable reality check.

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: Any infringement of the advertising code should take into account the wider context of the organisation's social media footprint (followers, hits and other markers of pervasiveness) which translates into greater reach and impact and the need for more care, responsibility and accountability.

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

Question 20:

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

Your answer: Yes, the definition is easily understood.

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:
We would recommend replacing 'CO2 laser skin resurfacing' with 'ablative laser skin resurfacing'.

If a comprehensive list is to be provided then we would suggest the addition of Mesotherapy and laser/non-laser assisted drug delivery, (the injection or application of vitamins and other agents of non-proven benefit), LED and IPL treatment Photodynamic Therapy (PDT), skin needling both RF and non-RF, fractional resurfacing, ultrasound skin tightening, and electromagnetic muscle tightening/fat loss systems.

That said, to future-proof the guidelines, a clear statement needs to be included that these are examples and that the guidelines will also apply to any other non-surgical cosmetic procedures not listed.

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: We do not support the development of separate guidelines in relation to the advertising of IV infusion treatments as we are not aware that there is yet robust evidence of safety and efficacy. These treatments should be prohibited/subject to stringent controls until there is robust evidence that is supported by the Therapeutic Goods Administration. The development of guidelines would risk simply providing a veneer of approval.

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: As stated, we do *not* support the development of separate guidelines in relation to advertising of IV infusion treatments. However, in the event of any decision to proceed with guideline development, these should outline the potential risks including potentially serious infection, contamination with blood-borne disease (HIV/Hep etc) and, to curb unsupported claims, that claims need to be evidence-based.

Question 24:

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

Your answer:
The guidelines are comprehensive and well-written. There may be value in reviewing for any duplication as keeping them as simple and concise as feasible will aid comprehension and increase the likelihood of their being readily translated into practice.