

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*

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?

No; some wording in this seems as though these guidelines are very prejudice towards this group of health professionals. Why do nurses in this area require laser certification, however nurses in theatre do not?? Why the commentary regarding nurses levels of practice not meeting NP contain information about remuneration level and owning of a practice. This is irrelevant. Moreover there are medical professionals only working in this area yet they are able to practice solely in this field.

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 above

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

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

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?

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?

This isn't equal for all. Doctors are allowed to practice solely however NPS can't meet registration standards.

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 there is no process in place for referrals and no practitioners accepting patients

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.

As above

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

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 it is irrelevant

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?

No

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?

Suggest more information to follow regarding becoming an accredited health service

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 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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☒ 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?

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- ☐ Yes - publish my submission **without** my organisation name
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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, I believe it's important in any area of healthcare to have a set of guidelines to follow, as it's important to have as a standard of practice to follow and uphold to be able to provide quality care. However, I feel the practice guidelines put forward are not clear enough for nurses performing non-surgical cosmetic procedures.

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. Yet the new TGA advertising regulations I believe are confusing and can cause misunderstanding about treatments offered due to the new wording regulations.

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, this information in section 4.2 is clear. I also believe that 18 year old's shouldn't be getting treated for botulinum toxin and dermal fillers for cosmetic purposes. As this age is not appropriate and if treated could potentially encourage the young person to develop body dysmorphia and other potential mental health conditons.

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. I believe this is a appropriate to be able to provide the best possible care to that person/patient.

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 1 year is not enough time to be able to soundly develop those foundational nursing skills that you gain from experience in a hospital setting. I believe it would be best practice for new grad nurses to have 2-3 years full time equivalent nursing experience in a variety of hospital setting. As this is a more realistic timeframe to competently develop the range of skills require to go into cosmetic nursing.

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. However, needs to be more detail for nurses working in the cosmetic industry.

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 needs to be more specific of who (RN, NP, EEN) can perform the non surgical cosmetic procedure.

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 EEN should not be performing cosmetic injectables as EEN education is not at the same standard as one receives from university.

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, I believe this is a reasonable requirement of any healthcare providers in the cosmetic industry space.

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.

There needs to be clear guidelines set out for cosmetic nurses as to what wording they can and can't say in the advertising space. So that the public doesn't get confused and mislead when it comes to treatment plans and outcomes.

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 - confusing for patients. Nurses in the cosmetic industry need a list of TGA approved words they can use in the advertising space so that there is no confusion of information on social media etc

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. As 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?

The guidelines for the public are useful, however they could be more specific to help people make an informed decision.

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 pharmaceutical company's providing the medication used in the cosmetic industry eg botulinum toxin and dermal fillers need to have better educational resources/learning and development profiles when it comes to providing education and certificates, of qualifications, to nurses using these products, this will in turn provide better public safety.

Q161.

Definition of 'non-surgical cosmetic procedures'

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

Q162.

Question 20 of 24

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

No, it needs to clearly state 'who' the regulated health practitioner is performing the procedure. Eg: RN or NP. As people have the right to know if a procedure is performed by people who are not registered health practitioners or are registered.

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 I believe they fall under the same guidelines as they are invasive procedures with inherent health and safety risks for patients.

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.

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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?

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 noncompliance – 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. Submission template - Public consultation: Regulation of health practitioners who perform and who advertise nonsurgical cosmetic procedures 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 Submission template - Public consultation: Regulation of health practitioners who perform and who advertise nonsurgical cosmetic procedures • Other risks: nerve injury²⁵, bone pressure necrosis (chin)²⁶, tongue necrosis ²⁷, formation of lymphangioma in lips²⁸, Alopecia²⁹, facial overfilled syndrome³⁰, Alienization ³¹, mimicking neoplasia ³² 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. Submission template - Public consultation: Regulation of health practitioners who perform and who advertise nonsurgical cosmetic procedures 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.

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?

Not at all, it is very general and confusing and it leaves plenty of opportunities for big cosmetic corporates to bend the rules. Reading this draft it was very disappointing to learn that currently an EN with not much clinical experience 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 or 'fresh clinic'. 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. Submission template - Public consultation: Regulation of health practitioners who perform and who advertise nonsurgical cosmetic procedures - 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. Submission template - Public consultation: Regulation of health practitioners who perform and who advertise nonsurgical cosmetic procedures 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. Submission template - Public consultation: Regulation of health practitioners who perform and who advertise nonsurgical cosmetic procedures 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.

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, again it is very ambiguous and confusing, – 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 and 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 unexperienced, with little to no insight into the risks of these procedures, and vulnerable to pressure from profit driven businesses keen to push injectables. It is expected AHPRA to be as clear as was about differentiating the surgical from non surgical procedures and practitioners who were allowed to do them. 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. Submission template - Public consultation: Regulation of health practitioners who perform and who advertise nonsurgical cosmetic procedures 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. Submission template - Public consultation: Regulation of health practitioners who perform and who advertise nonsurgical cosmetic procedures 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.

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?

In my opinion treating people under age 18 and preferably under 25 should only performed by cosmetically trained doctors. We should protect these young adults against big corporates which are mostly focused on sales rather than patient care.

Q173.

Question 5 of 24

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

Yes, the cosmetic injectables for people younger than 25 should only be done by doctors. There should be cooling off periods. For patients under age 18 parents should get involved too.

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 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.

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?

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.

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?

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.

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 needs to be specific in which qualifications (including from which accredited body) that need to be gained, and also set some sort of experience base (eg. years post graduation) to qualify for the transition into the cosmetic industry, just like for nurses. In addition I think it needs to be even stricter, as some of these groups have a very narrow range of health knowledge. Apart from dentists, almost all the remaining categories of practitioners' base qualifications are too far removed to be considered to be able to perform cosmetic procedures.

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 it is in fact falsely reassuring and it is too complicated and ambiguous. It should be more clear and simplified with more restrictions for clinics that are operating unsupervised without presence of the well trained doctor in clinic. It is question to people if cosmetic injectable clinics could function like this why not letting nurses only clinics for public health (general practice).

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?

A cosmetically trained doctor must be at the clinic all the time. Use of S4 classified medications specifically implants(fillers, Sculptra and threads) should be only done by well trained doctors.

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?

Requirements are definitely required for ALL practitioners, meaning cosmetic specific qualifications (involving academic study, practical/hands on mentorship, logbooks and examinations/assessments and supervised practice) should be gained by all. However privileges/areas of greater risk should be accorded/excluded based on: (high risk areas are either ALL dermal fillers or at least fillers in specific areas eg. glabella, nose, forehead, temples, periorbital, buttock) 1. Ability to fully take personal responsibility if complications arise. Even if using a prescriber, the performer should be of sufficient experience/proficiency, that they can independently manage/treat the patient. 2. Whether a prescriber is on-site to assist in management of a complication. Eg. dermal fillers should ideally only be performed if a prescriber (assuming appropriate qualifications) is on-site. 3. Full privileges/unrestricted practice only for prescribers/legally liable practitioners. We like to assume all practitioners are concerned about patient safety and feel clinically/ethically responsible, however the highest level of caution/diligence is additionally assured by a practitioner who is legally liable for litigation. Eg. nurses using prescribers may not always exercise the same level of absolute caution due to legal responsibility being passed onto their prescriber. I also think certain professions should not be practising at all due to base qualifications being too far removed to be fit for purpose. Such as psychologists, chinese medicine practitioners, podiatrists, physiotherapists, pharmacists, ATSI health practitioners, OTs, chiropractors, optometrists, osteopaths. Doctors, nurses and dentists are the more obvious groups who are appropriate to be upskilled to cosmetic procedures. Despite close to 20 years of being a doctor and 14 years as GP, I was quite surprised and confronted by the depth and breadth of knowledge and skills required to be a safe injector, when I started training with ACCSM. The more I learned and trained, the more aware and nervous I became of complications. They say you don't know what you don't know and I think this is absolutely true. It is an easy trap to fall into to feel falsely confident (and blissfully ignorant), if one is not adequately trained and mentored. As a rough estimate, by the time I have gained fellowship with ACCSM, I would have engaged in more than 600 hours of academic study, 416 hours of in-clinic mentorship, numerous hands-on workshops and 3 examinations consisting of a written component, viva component and osce (demonstrating patient consultation, assessment/consent process, actual injectable treatment and aftercare advising). Doctors are no strangers to accruing a large number of hours in training to increase their scope of practice. Please compare that to the 75 hours of supervision suggested to ENs and not even specified for RNs and other practitioners. About 10 years ago, I attended 2 x day long workshops instructing in dermal fillers. It was mostly attended by nurses. Anatomy was not discussed. Complications were gleaned over. The feeling at the end of each workshop was one of enthusiasm and buoyancy and the expectation was that one could start injecting patients immediately. It is alarming that this is precisely what is happening in the field currently and in the past and needs to be addressed immediately.

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 not all practitioners have adequate skills and knowledge to diagnose not just BDD, but other conditions which deem a patient unsuitable for treatment. Medical practitioners (doctors, specific NPs) are well placed to make this assessment. I will be difficult to apply this to other health practitioners as their qualifications are too far removed to expect them to be capable of an accurate assessment (apart from psychologists).

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, the same advertising guidelines should apply to everyone and need to include overseas entities who advertise in Australia. I agree that as usual, prescription items should not be advertised

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?

No, the public is unlikely to read guidelines or understand when guidelines are breached

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?

Cosmetic medicine should be an specialty and nurses should work under direct supervision of these doctors. As is done in other fields of medicine. However as cosmetic injectables have become focus of rich corporates it seems like everyone is refusing to do the right thing.

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 infusion for cosmetic reason should be band until we see proper studies coming out. Currently I am finding them all inappropriate, unethical and unnecessary sometimes with quite concerning side effects.

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?

It should be illegal until further assessment by an independent academic body about them being effective.

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?

Thanks to AHPRA trying to provide better care to public.

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.

Question 1 of 24

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

I feel the 12 months of hospital experience for a Registered Nurse to be able to do injectables is not practical or fair as a lot of RN's who have gone into cosmetic injectables have had many years experience in general practice or medical centres and have gained valuable skills in these areas. They still maintain their nursing skills and also have skills in emergency situations and in fact they probably make more of an effort to keep their training current due to not being in the hospital system. Therefore I do not believe it to be relevant or imperative to be a responsible and competent injector.

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?

It is confusing in terms of what is appropriate language to use in advertising and what we can call dermal filler and anti wrinkle which creates confusion for patients.

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?

The advertising section needs more clarification and the restriction on terms used will be a detriment to patients as they won't be fully aware in what they are booking in for. Most patients look for "Anti-wrinkle" or "Dermal Filler" terms when placing a booking and with the use of other terms that could be confusing to the patient. I think there should be full disclosure and transparency on advertising on social media platforms so patients are fully aware of what treatment they are booking in for.

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?

No as what is deemed a specialist area? is General Practice?

Q147.

[Question 8 of 24](#)

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

We need to give the power to patients and be able to have full transparency on websites and advertising so they are aware of what treatments they are booking in for. Also they like to see before and after photos to help choose an experienced injector by viewing results.

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?

Yes I do believe this a reasonable requirement to ensure the safety of the patient.

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?

No i believe there should be full transparency of services provided to the public when patients are booking treatments and to remove the terms anti wrinkle and dermal filler is confusing to patients. It also creates a perception of secrecy and that is not what we should be conveying to patients. They want to know exactly what they are booking in for, cost and what products are being used.

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 its confusing and does not outline clearly what language we are able to use in advertising only what we can't use.

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 i believe there should be full transparency of services provided to the public when patients are booking treatments and to remove the terms anti wrinkle and dermal filler is confusing to patients. It also creates a perception of secrecy and that is not what we should be conveying to patients. They want to know exactly what they are booking in for, cost and what products are being used.

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 its not necessary.

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 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.

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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 it is entirely appropriate. In order to ensure our industry is safe and ethical these guidelines need to be available to there are no reason for nurses to practice outside of their scope and of the guidelines. They are here to refer to.

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 however it would be better if there was explanation of how to provide evidence of experience and qualifications. I believe in order to ensure the safety of this industry there should be a minimal level of experience and qualification that nurses must provide to the board to ensure compliance and therefore safe practice.

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 it is. The RN/NP are responsible for the care of the patient and therefore should be responsible for the competence of any other people participating in the care of the patient.

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 1 year minimum! This is so important and I believe that not only should nurses have a minimum of 1 year FTE nursing, but 3 months of that should be in an acute area. Many nurses performing cosmetic procedures do so on their own and so should be absolutely 100% competent in managing adverse events including vasovagal, anaphylaxis etc. It's also very important to have a solid knowledge of pharmacology, physiology and disease processes so you understand how they can interact with certain procedures. I also think that 1 or 2 days training is not enough for the most experienced nurse to start providing cosmetic procedures if they have not done so before. Nurses should be required to complete a proper course to ensure adequate knowledge. Learning even basic facial anatomy can not be achieved in a matter of days.

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.

Yes I think nurses should have to prove adequate experience and qualifications both in general nursing and non surgical aesthetic treatments to the board in order to provide non surgical procedures. There are many comprehensive courses available now so there is no excuse.

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?

Yes it states clear guidelines to ensure the safe and appropriate advertising of non surgical procedures.

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.

Q161.

Definition of 'non-surgical cosmetic procedures'

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

Q162.

Question 20 of 24

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

No it's too broad. Absolutely any treatment involving, cutting or injecting a medication should have very strict guidelines. But if you prevent medical professionals from advertising treatments such as chemical peels, laser treatments etc. then patients will go and have these treatments with lesser qualified people such as beauty therapists who are allowed to advertise chemical peels, laser treatments, skin needling, plasma pen. This is not protecting patients its reducing their ability to find a health practitioner to do these treatments for them and will end up going to someone who is not a qualified health practitioner. This does not protect patients.

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?

See above

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

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?

That anything that will actually make any sort of difference to your health should actually be prescribed by a doctor after looking at a thorough blood profile.

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?

Its' a shame that these guidelines don't extend to all the non medical practitioners who are operating lasers and needle devices with absolutely no medical training. In NSW a beauty therapist can purchase and operate a laser, how is this safe?!

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. The Standards of Nursing practice remain high in Australia for every nursing specialty. Codes of Conduct have not been changed since 2018 and Nursing in Australia has always had high standards and strict adherence within this industry.

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, the draft does provide clear guidelines relating to who can perform treatment, informs the level of training/ supervision/ experience that is required in order to practice within the non-surgical area of cosmetics.

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. Although there is no clear guide of how this area will be policed.

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 this is clear. I agree with the NMBA in that botulinum toxin and dermal fillers should not be prescribed for persons under 18 for cosmetic purposes

Q173.

Question 5 of 24

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

No

Q145.

Question 6 of 24

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

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

Yes this is a reasonable requirement and is already under the Registered Nursing Standard 6, this has been a long standing requirement for practicing nurses.

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, upon graduating your Nursing Degree, you have built foundational skills and knowledge to go and work as a registered nurse. Newly registered nurses in any area of nursing should be provided with the support and supervision of a more senior clinician to consolidate skills and gain experience before being deemed competent in the clinical setting. In any area, you are required to achieve professional development for this specialised area you are in, so whether you are a newly graduated nurse or a nurse with one year experience on a completely generalised clinical area, you will still require to achieve the same learning and skills to perform safely in the non-surgical clinical area. As long as the Registered has the available support, and practices in accordance to the Standards of Nursing Practice/ Codes of conduct – then there is no reason why they should not be able to practice.

Q147.

Question 8 of 24

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

No. Nursing Standards of Practice have always been extremely strict in ALL areas of Nursing and there is nothing further that this draft provides that hasn't already been implemented by all nurses in their practice.

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?

No. These guidelines aren't clear and don't give clear guidance as to what is appropriate terms when captioning and explaining advertising photos.

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?

The guidelines are not sufficient, there is no mention at all where we are unable to use the terms 'wrinkle relaxers' or 'dermal fillers' which has been given to us in other TGA documentation but it is not mentioned in this draft, so it is unclear as to what expectations we are meant to meet in terms of having informative information for the public

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, whilst there is plenty of guidelines to follow when advertising before and after photos, it is un clear with what precise information that is allowed to be given. If we cannot explain what someone has had done, in terms of muscle relaxant or dermal filler, how can a person of the public be able to make an informed decision themselves. As consultation happens before any procedure is undertaken, the public should be able to access to information in terms of product type and procedure.

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 that the public need to have access to prices of products, if there are no prices and clients come to a clinic, there is no black and white as to how much their treatment will cost leaving the public vulnerable to being over charged, under treated and misinformed of cost of treatment. These non-surgical treatments have been around for 20+ years, there is information on products from all around the world, it is un safe for the public to now be blind sighted as to what product can help with particular 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, I feel that non-surgical cosmetic procedures is an appropriate term used as the guidelines specifically stat what cosmetic surgery is and what non-surgical is.

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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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.

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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.

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?

It is mostly appropriate. The only main area of concern is the screening for BDD. I do not believe that this can be regulated appropriately. My first issue is with the "endorsed screening tool" yet no recommendations were made on what screening tools could be used. The medical board has also offered no guidance for which tools would be accepted. This makes it incredibly difficult to know what tool would be appropriate. It caused a significant amount of confusion in the industry, with people "winging it" which then results in a sub par tool being used, defeating the purpose of it being done in the first place. I am an RN who has worked in mental health for the last 6 years, I assess every single patient for BDD to the best of my ability without using a tool and have found that my own assessment skills are far superior than any official tool as the assessment questions within the tool are incredibly obvious to the patient as to what is being assessed, so they often change their answers so that they can "pass" the tool. When we were initially told to do an official screen for non surgical, I had more patients than I can count, tell me how obvious it was with what the questions were trying to assess. However, when I do the assessment myself following no set questions, I get far more honest answers from my patients, that have resulted in a few of them being turned away. I have never received feedback from my informal assessment style that patients have any idea what I am actually assessing. I think it is absolutely crucial that ALL nurses assess their patients for BDD, that isn't my issue here, its with the mandated assessment tool that feels like it is just a reflex reaction to align with the surgical guidelines, rather than because it is clinically appropriate. When all the new changes came into place Jul 1st 2023, we initially were directed to complete the BDD screening tool for non surgical as well. However, a few days later this got retracted and clarified that its only necessary that an official BDD screening tool is used for surgical procedures, and is not necessary for non surgical but that they encourage us to assess for this informally anyway. I would prefer that this remain the same, that we are encouraged to assess for BDD informally for all patients, but that an official BDD screening tool is used for surgical only. If you still decide to enforce this guideline, it would incredibly beneficial for both the HCP and patient, if the guidelines or even on the AHPRA website, there were examples of endorsed BDD tools otherwise this then opens up for legal issues if we are trying to do the right thing by using a BDD screening tool but choose the wrong one and then a patient sues the HCP for treating them when they shouldn't have (even if the BDD tool did not indicate an issue) and its found the tool used wasn't appropriate, potentially making us liable for psychological damages.

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. Please specify what specific BDD tools would be accepted.

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?

No. One year full time is not long enough to gain the appropriate clinical skills for performing non-surgical cosmetic procedures using medications that require a script, such as toxin, dermal filler, PRP, or topical 30% anaesthetic. For the other non-surgical cosmetic procedures such as hair removal, chemical peels etc that do not involve the administration of a scripted substance, then yes 1 year full time would be appropriate. I have worked in forensic mental health for 6 years and it does not come close to the complexity of cosmetic nursing. I am aware that cosmetic nursing can be seen as "not real nursing" or a type of nursing that is "easy", but this could not be further from the truth. Only individuals who have never worked in cosmetics would have this opinion. The amount of critical thinking that I utilise and rely on in cosmetic nursing is significantly more than my mental health nursing. When I give injections in cosmetic nursing, this is going into someone's face, which is full of arteries, veins, nerves, muscles and everything in between, all of which I must be aware of in order to reduce the risk of an adverse outcome, such as vascular occlusion that could lead to skin necrosis, blindness and even stroke that could lead to death. When I give an injection in mental health, this is typically given in the same location, same muscle and same depth and in an area that is less likely to have an adverse compared to someone's face. Almost every injection in cosmetics is in a different area with different danger zones therefore my anatomical knowledge needs to be extensive and always based on most recent evidence, that is frequently changing due to this area of medicine being relatively new. The other aspects of the job that are more challenging in a cosmetic setting, as we are often working as the sole HCP in a location, include the management of adverse outcomes. In a hospital setting you are surrounded and supported by a multidisciplinary team during a medical emergency, however, when you are working as the sole HCP in a clinic, you do not have the same support. It is crucial that cosmetic nurses have enough experience managing emergency situations in a hospital with a full team of support, before they transition to working by themselves (I am aware some nurses work with other nurses or with doctors but this is less common practice). One of the adverse outcomes that can occur is an anaphylactic response due to hyaluronidase, which can cause a persons airway to swell and close off. An individual who has only completed 1 year of nursing, which was most likely just a graduate year, is unlikely to have the appropriate skills to be able to manage this situation, I definitely would not have. Its also just the basic skills of nursing that are crucial in this job, such as infection control. I have worked with hundreds of nurses who have only just completed their graduate year and definitely do not have the basis skills of nursing down pat. This puts patients at higher risk of having an adverse because their nurse hasn't consolidated their basic nursing skills. Coming from my own experience of working with fresh nurses in a hospital setting and also observing nurses fresh out of uni working in cosmetics, 1 year is not enough. I believe, if the patients are truly the absolute priority, that nurses should complete a minimum of 3 years full time equivalent of hospital nursing before they are able to transition into cosmetic nursing. This will also help with the overall culture of the cosmetic industry, as you will likely end up with nurses who are dedicated to this role for the right reason, due to having to dedicate 6+ years (bachelor of nursing + hospital experience for 3 years) before being able to become a cosmetic nurse, rather than nurses who inherently minimise the risk of these procedures by thinking they can just come straight out of uni and pick up a needle, or that they only need to do 1 year of hospital experience and then they can transition to cosmetic nursing. I believe if the guideline only states 1 year as the requirement, the guideline itself is contributing to the minimisation of risk for these procedures. I was a hospital nurse for 3 years before I started working casually as a cosmetic nurse and when I started I still felt incredibly out of my depth and sometimes still feel like that 6 years into nursing and 3 years into cosmetics. The foundation of these guidelines is patient safety, it is the foundation of AHPRA, yet it has always astounded me that one of the easiest ways to significantly improve patient safety in cosmetics is always neglected... nursing experience/training. Regulating the amount of time we must spend consolidating our knowledge and building our clinical skills is the easiest way to improve safety for patients. Please do not regulate it for just a year, it is not enough. 3 years minimum would be more appropriate if you truly do not want to minimise the risk of these treatments. I frequently have patients surprised that nurses can start injecting straight out of uni. This significantly contributes to a patients impression that these procedures aren't that serious. Please lead by example that you truly do understand how dangerous these treatments can be by increasing the time from 1 year to 3 years. If not that, then please even state that if a nurse does transition to cosmetic nursing before 3 years hospital experience has been reached, then they must work with another nurse so that they have support/guidance.

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.

Nurses entering the cosmetic industry should not be allowed to complete certain high risk and really high risk dermal filler areas. Nurses should only be able to use anti wrinkle in the first 6 months of their career in cosmetics and then they can transition to the lowest risk dermal filler areas, such as cheeks, for the next 6 months. An injector should not be allowed to inject dermal filler into the NLF, chin, temples or tear trough for the first 12 months. The common practice right now in cosmetics is to rush through as many treatments as possible so that you can inject more patients and make more money. The need to rush through treatments is most commonly not driven by the desire to learn, but rather to make more money. This does not put the patient at the forefront of decision making because if it did, nurses would significantly slow down the pace of their training. There is also a massive drive from chain clinics to rush their nurses through as much training as possible so that they don't lose clients (money). This contributes to the minimisation of risk and adverse outcomes, as the nurse has learnt 3 or 4 different treatments within a few weeks, so their understanding of anatomy/danger zones is limited. It would be safer for patients if nurses concentrated on each treatment for a longer period of time, only moving on to the next treatment when appropriate knowledge has been reached.

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. I do not think it is appropriate to regulate HCP that cannot even perform non surgical cosmetic procedures that require scripting. They can only perform the procedures that do not require a script. The guideline is actually very confusing and unclear. I think if you did want to do a separate guideline for other HCP besides nurses, doctors and dentist, then this needs to be a lot more specific that it does NOT include procedures that require a script as they can't even perform those anyway so the guidelines are mostly redundant.

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 quite confusing what you are trying to regulate with these guidelines.

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, it actually causes more confusion than not. I showed the guideline to a few of my family and friends, who all said that they didn't realise other HCPs (chiro, physio etc) could inject Botox and filler...

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?

It needs to be WAY more specific that it is NOT referring to non surgical procedures that require a script.

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 do not think there needs to be specific requirements for all practitioners, not just nurses/Drs/dentists. However, if these guidelines do go ahead, I have stated my thoughts about about what should change

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. Where do we draw the line with this? Should we start making hairdressers assess their clients for BDD if they want to cut all their hair off because they have BDD or they are having a manic bipolar episode? I do not believe that a formal BDD tool needs to be used for non surgical in general. I believe it should still be encouraged that all HCPs use their clinical judgement to informally assess BDD, but that it should not be made formal as this will actually make it easier for a client to slip through the cracks as the questions are blatantly obvious with what they are assessing.

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.

To not be allowed to package scripted medications to encourage patients to buy more cosmetic procedures than they are clinically indicated for just so they can get a cheaper price.

Q161.

Definition of 'non-surgical cosmetic procedures'

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

Q162.

Question 20 of 24

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

No. It's confusing. I think the guidelines that cover specifically the nurse/doctors/dentists that are performing the cosmetic procedures to be sufficient. It doesn't make sense that all other HCPs are getting regulated when they don't even perform those procedures.

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. Everyday I hear and see more people offering IV infusions, claiming all of these benefits that are not based on evidence.

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?

Strict guidelines for the usage/administration of these treatments, such as: - Who can perform them - What experience do you need - What qualifications do you need, if any - What specific substances can be infused through an IV

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

☐ 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

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. In section 13.2 you "encourage" nurses to work in a facility that is accredited. This is too ambiguous and also pointless. If you only "encourage" it and not mandate it, no one is going to do it. If you want us to be accredited (which I 100% think is a good idea for safety and to improve the reputation of this industry) then make it a requirement, not just encouraged. I also know that you guys know the difference between "encouraging" something and mandating so I'm curious why you've even put it in there if only "encouraged"

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. Why would you only "encourage" nurses to work in an accredited facility? Mandating it makes a lot more sense and shows how important safety is in this industry that we have to go through accreditation.

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?

Yep it's too reasonable. 1 year is not enough. It should be 3 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.

Yes, you should mandate that we need to work in an accredited facility, not encourage it. Saying "encourage" is just a waste as no one will follow it unless it's a 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?

No. It's extremely confusing why these guidelines were even made

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 way too confusing. Why write a guideline for a group of HCPs who don't perform non surgical cosmetic procedures

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, too confusing. They might think there local physio can start doing their botox

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?

Remove the whole guideline

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

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

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.

No

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'

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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

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?

N/a

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?

No

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.

Question 1 of 24

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

I believe the majority of nurses working in this field are risk adverse and follow necessary guide lines already. We have the same training as drs working in this field.

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 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?

Yes clear

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 reasonable

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?

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 think drs should be held to the same guidelines

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?

I think any patient with BDD would know how to answer the assesment in a way that makes them look like they don't have it anyway.

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?

No, it lessens information available to patients

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?

Confusing

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?

I think confusing and ambiguous

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 think being able to use more terms allows more patient education

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?

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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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.

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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?

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?

No, they should not have to be responsible for others actions or claims

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?

1 year is not long enough

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.

Courses for this area should be nationally recognised and approved for nurses..a 2 hour workshop is not sufficient

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?

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?

Those with recognised qualifications in the specialty should have more authority and autonomy otherwise what is the incentive to get formal qualifications

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 on a very basic level but this is a complex condition that is hard to identify in most cases . These patients know what to say to get around these screening questions. A certain responsibility should be on the patient themselves

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.

They should know what qualifications the practitioner has

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?

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?

Q160.

Question 19 of 24

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Q161.

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?

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.

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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

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?

Standards around technique, supply of products, qualifications of who is performing this, knowledge of practitioner, emergency procedures

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

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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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Please click on the ARROW below to start the survey.

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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.

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?

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?

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?

On face value, the guidelines identify the need for much more robust scrutiny, regulation and auditing of outcomes in this area. I raise concerns whether these Guidelines include Dental Practitioners. They often advertise and perform procedures that are "cosmetic" in nature. Some are within the rigor of a credentialed vocational training or postgraduate qualification (e.g specialist orthodontics). There is no regulation of general dentists who are performing implant surgery, complex cosmetic surgery, non-surgical cosmetics including teeth alignment or veneers. Anecdotally this has resulted in significant patient harm that would be considered sentinel events had they occurred outside of the private dental rooms.

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?

See above. It is uncertain whether registered health practitioners include dental practitioners. The vocations they apply to need to be outlined explicitly.

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?

I advocate that AHPRA should take the opportunity to expand its scope into the cosmetic procedures performed by General Dentists who do not hold formal postgraduate qualifications or accredited training in the area.

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?

Health professionals are not trained to identify for BDD and I question the validity of this in real life 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.

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](#).

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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

3rd year student Nursing Science	Bachelor of [redacted]
[redacted]	

☐ 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:

[redacted]

Q151. Organisation name:

Q172. Email address:

[redacted]

Q152.

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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?

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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.

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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, this is not a reasonable requirement to enforce, particularly for student nurses that have already started the degree. It is not reasonable to now add on another compulsory year to be completed after a three-year degree when it was started on the basis a career in the non-surgical cosmetic procedures industry was achievable after the three-year degree. I am just about to enter my third and final year of my registered nursing degree (Bachelor of Nursing Science). I am currently 33 years old, making me a mature aged student, with a mortgage and I specifically enrolled in this degree only to work in the cosmetic injectables industry. I have had to pay over \$18,000 for the three-year degree, I would have completed a total of 22 weeks of unpaid placement and 6 weeks of residential school by the time I have finished the degree in October 2024. I have had to significantly reduce my work hours and income to complete this degree and I have made several other life sacrifices to pursue a career only in the area of non-surgical cosmetic procedures. The three-year degree on its own sufficiently covers how to undertake detailed assessments and planning of care and teaches anatomical and physiology knowledge in depth which enables sufficient decision-making relating to pharmacodynamics and pharmacokinetics. Making RN's complete a compulsory one-year full-time equivalent post initial registration as an RN in a general or specialist area of nursing practice will not consolidate the foundational skills and knowledge as an RN any further than if they were allowed to work immediately in the area of non-surgical cosmetic procedures. If anything, being able to work immediately in the non-surgical cosmetic procedures will deepen the RN's knowledge as it is in an industry of choice, interest and passion.

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?

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

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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?

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Q162.

Question 20 of 24

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Q163.

Question 21 of 24

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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?

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Question 23 of 24

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Question 24 of 24

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Q148.

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

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☐ 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:

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Q152.

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- ☐ 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 don't believe it is, I believe its going to confuse the general public even more. I think its important that patients should be well educated and I think removing the use of words just as Dermal Fillers and Anti-wrinkle injectors will cause more confusion.

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. The use of correct terminology should be able to be used. Such as, Dermal Filler and Muscle relaxants / Muscle relaxant injections. As this is what they are. This gives the general public MORE knowledge

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?

this is reasonable

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. However, if you have been practicing within the field of cosmetic medicine (non-surgical cosmetic procedures) for over a 1 year, I don't believe this should apply. However, I do believe it should be a new rule moving forward for RN's completing their degree

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.

RN & NP should only be able to practice in the area of non-surgical cosmetic 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?

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?

No. I believe we need to be able to openly talk about the procedures that we perform, such as Dermal Fillers, Volume restoration, Muscle relaxants. I agree brand names shouldn't be used and the correct muscles need to be named eg. orbicularis oculi not crows feet.

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?

as above

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?

Yes. It should be applied to all. I agree with RN's needing to have 1 year full time experience before commencing into the field of cosmetic medicine (if not already in the field) I don't agree that EN's can practice in the field

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.

As previously stated

Q151.

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

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

Q149.

Question 16 of 24

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

No. It doesn't give patients sound knowledge about treatments being performed. I think it confuses them even more. I believe to keep the public safe, we need to flood them with knowledge with correct anatomical terms and correct product use.

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?

as 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?

No. it makes sense to people in the industry, but just further confuses the general public

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.

as stated previously

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?

as stated previously

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?

Separate guidelines. I dont agree that you cant explain the health benefits of an IV infusion, because other health supplements can advertise and make claims as to improvement in health when taking supplements such as zinc, vit c, vit b etc orally when bought from the chemist for example. what is the difference when used with 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?

as stated above

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

☐ 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?

I think the guidelines are appropriate because they are also practitioners and with many nurses coming from overseas it's important that none of them slip through the cracks and aren't fully covered when it comes to expertise critical thinking, complex decision making and are effective and safe.

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?

I think they do, speaking as an outsider of healthcare looking in it seems to me that the fact sheet and information is very informative and goes into great detail and depth I like how there is questions and you click on them for the answers. I think that the terms that are used are simple and easy to understand.

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?

In the same way that they explain very well to nurses the expectations and guidelines the same can be said for informing the public I think the main thing to do for that is to keep it simple and easy I'm sure if there was any doubt they could question the nurse practitioner also.

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?

I think it is clear because if it was wanted for other reasons than cosmetic for example a twitch a doctor would and should refer them. Don't think anything else should be included as 4.4 covers evaluation of by a psychiatrist, psychologist

Q173.

Question 5 of 24

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

I personally can't think of any but there may be something I am missing as I am not experienced in this.

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?

I think this is reasonable requirement there are probably lots of jobs that can be a waste of an RN/NP time and the person is an assistant but it is also important that they get it right and that is down to the RN as in most jobs.

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's reasonable the RN will then have had experience of practicing as well as complex knowledge and decision making skills.

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 they are pretty comprehensive as I say as an outsider looking in.

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?

I think they could be a little clearer more for someone trying to inform themselves than 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?

I think they do.

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 I say they could be a little clearer with some more potential questions to click on for answers.

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?

I think after the initial non- surgical cosmetic procedures there could be a such as and a list of practices.

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 think it's good to keep consistent requirements for all practitioners as there is no room for doubt or excuses.

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?

I think it's a reasonable requirement as it's better to be safe than sorry.

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.

No I think it covers everything

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 think they are appropriate as everything seems to be required for everyone's 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?

They seem to to me as I said before I am an outsider looking in.

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?

I think they are useful I think in a situation like that information and guidelines are key.

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 don't think so.

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 think it does I like the use of "cutting" it brings the reality of what is going to happen so that the non surgical can still be piercing of the skin it's good that people go into it with their eyes open.

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?

Maybe an explanation of sclerotherapy and microscleropathy.

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?

I do as they are new but have become very popular and people should know it's limits.

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?

Just what the bonuses are from just taking vitamins.

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 don't but I will be interested to see if someone involved in the cosmetic industry has come up with something I can't see.

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. Long overdue.

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?

Very clear & I completely agree.

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 because after are is important in ALL aspects of healthcare.

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 not. One year is excessive & doesn't reflect what non-nursing practitioners training requirements are.

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.

Public safety should be the overarching clinics' primary responsibility.

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?

Yea

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?

Nil

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?

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?

ALL

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?

Most definitely.

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?

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?

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?

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. This unregulated 'fantasy' service has gone on too long.

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?

That it's false advertising & shouldn't be done! Oral supplements are more than adequate, less invasive & don't align with infection & phlebitis risk for a totally unnecessary procedure.

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?

No thank you.

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)

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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?

There are various issues of confusion. If a medical practitioner has already assessed the suitability of a patient and deemed them fit and appropriate for the treatment, it seems inappropriate and condescending for the nurse to have to reassess the patient with a formal tool. Regarding cooling-off periods for under 18s. I have no issue with the 7 days, however, it would seem better to have a cooling-off period after the initial consultation without signing the consent form and then to sign it prior to the procedure itself, as some may feel committed after the signing of a form, regardless of the cooling-off period. Appropriate training is not defined and, indeed, it is remarkable that NPs, whose training is in unrelated fields entirely, are able to prescribe for themselves and run stables of other nurses in the cosmetic arena. I am glad that advertising is mentioned, as for too long, nurses have been glamorising their advertising so that nurse practices have seemed more prominent than medically-run practices. It will, however, have the long term effect of making beauty therapy clinics, who may compete for other-than-injection treatments, more attractive to the less-discerning patient. Certainly, advertising and other restrictions and requirements have had the effect of making laser hair removal non-viable for medical practices, to the detriment of patients who require this following various flap surgeries eg intra-oral flaps and transgender patients. I am glad financial arrangements have been mentioned as this has been an area of concern, however I feel, especially for cosmetic injectables, where another party is supposedly taking responsibility for the treatment, that nurses will still encourage patients to have more than is necessary as the nurse will then be paid more for the treatment.

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?

In the cosmetic arena, other than with injecting, nurses may have the opt-out of claiming that, in any area of contention, that they were not working as a nurse at that point in time. This will confuse the public. They may be able to claim that various promotions and advertising and in-clinic work is non-nursing and therefore outside of the guidelines but then opt in when it suits them to claim some higher status than a beauty therapist doing the same work.

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?

I doubt that the public knows the difference among the various categories of nurse.

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?

The line between cosmetic and medical reasons for any treatment may be fine. There will be many nurses unable to define where that line is, especially if the responsibility for the treatment is not theirs and they are being paid more to perform more treatments or use more products. If there is a doctor to make that decision and decide how appropriate a treatment is, as happens in medical practices, then that decision becomes more clear. Where nurses work, as was traditional, in medical practices, this is a more stable arrangement.

Q173.

Question 5 of 24

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

Re cooling of periods - I believe this is better if it occurs between the initial consultation and the signing of the consent form so that patients don't feel committed once they've signed something. Re acne treatments - Acne is not just a cosmetic concern, although some may regard it as such. I don't believe this should be subject to a cooling off period as a delay may increase chances of permanent skin damage, with subsequent issues relating to physical and mental trauma.

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?

"Appropriate" and "adequate" are not defined. Certainly, it is highly inappropriate for NPs (or doctors) to be running stables of nurse injectors for whom they are acting as remote rubber-stamp prescribers. They often do not know the nurses, their training, capabilities or ethics. I am more in favour of in-house operations where there is a prescriber on site who physically sees the patients, so they know this doctor/NP and he/she knows the nurse performing the treatment, his/her training and capabilities, the nature of the treatment, and is on hand to treat complications and ensure that treatments are actually provided as prescribed.

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?

It is a long time since I observed what nurses do in their first post-registration year and I'm sure things will have changed, so I am unaware of whether one year is sufficient to gain sufficient knowledge and skills. Certainly, the knowledge and skills required for cosmetic medicine will not be gained during general nursing training or working in other fields and must be learned from scratch. Cosmetic injecting is also a skill that not everyone, doctor or nurse, will master successfully. Use of energy-based devices requires knowledge of physics and tissue interactions that also must be learned.

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 would recommend a notation about self-reflection of some sort. Many nurses who practise in cosmetic medicine over-indulge in procedures themselves so that they have over-inflated lips and distorted faces. As they look at themselves every day, and see their colleagues who are also distorted, this becomes their new normal. This is perception creep. As they then view this as normal, they will start to distort their patients more, as well.

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?

The way this is presented makes it seem as if all the categories of practitioner are able to perform cosmetic medical 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?

As above

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 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?

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?

It becomes very confusing when one thinks of practitioners practising outside of their scope such as dentists or any other practitioner working on the skin, when this is not part of their training. To my mind, this is just like any lay person practising in the field. In particular, there are increased infection risks associated with performing fillers in temporal proximity to dental procedures and this should be recognised by these practitioners. Consultations and assessments for cosmetic procedures are not part of the training of many other health practitioners. Indeed, I don't think I've ever signed a consent form at a dental practice in my life! So this will require a huge shift in the way that such other health practitioners practise.

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?

I believe it is an essential assessment that is easily done by those who are used to talking to patients in this field, however it is not something that is on the radar for many other practitioners. Many of these practitioners do not, in fact, perform consultations in the way we are used to thinking of them. Using a formal assessment tool can be useful, however, many patients who have BDD issues have learned what is required to "pass" these tests and are more-easily picked up by a savvy practitioner getting a feel for their motivations during a consultation.

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 think it should be made clear, far earlier in the guidelines, who may perform cosmetic injections.

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?

Issues of responsibility - see Q19. When combined with recent TGA changes, it becomes very difficult to educate patients about procedures. One needs to be very vague especially when considering injectables.

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?

I would suggest removing any before and after pictures as it is too difficult to specify what is showing normal variations and showing balanced results. It is difficult to give sufficient information to patients when the TGA does not allow reference to medications such as "local anaesthetic", as well as describing treatments in very vague terms following its recent change of heart about toxin and filler treatments.

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?

Most patients cannot believe the restrictions when informed about them, especially when they see that they are not followed by so many places in shopping centres etc. I doubt that many members of the public would know of the guidelines nor where to find them. They are always surprised we don't advertise more!

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.

The issue of responsibility is not clear, especially when many practices will argue that there are medical and non-medical things being performed. I believe that everything within the practice is subject to these guidelines - others will not, and will advertise outside of the guidelines to "get people in" and then upsell other procedures which would be subject to the guidelines. Also, it is not then clear who is responsible for this advertising if there is a non-medical person who is doing the advertising or a dermal clinician performing a treatment (even if a nurse or doctor may perform this treatment at another time).

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. It is rife in certain areas, especially for the young and partying crowd. These patients are often more vulnerable and may be making decisions when not in the best of health or clearest of minds. IV infusions, if not performed under strict medical supervision in appropriate facilities could lead to devastating infections, death from anaphylaxis or poor outcomes due to incorrect/inadequate diagnoses.

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?

It should only be done under strict medical supervision in appropriate facilities.

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?

Being in a position where I often have to review websites etc after receiving applications for membership of a college, I am aware that many health practitioners do not read the guidelines. Also there are wide cultural differences in the way that practitioners feel it is appropriate to describe procedures and outcomes. Some cultures feel it is far more appropriate to exaggerate or bargain to gain public interest and this is often a point of contention when the guidelines are pointed out. For those who do follow guidelines, it is often a sore point when others clearly do not follow them, are never stopped and gain as a result. Non-medical practitioners often feel that guidelines do not apply to them in the cosmetic field as they feel they are not really practising as health practitioners, except when it helps to promote them in the public eye.

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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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.

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?

The guidelines must clearly specify who can and cannot perform treatments to ensure patient safety. Without a distinct line and consequences for non-compliance, the guidelines may be open to interpretation, failing to elevate standards or enhance patient safety. The non-surgical cosmetic sector is riskier than cosmetic surgery due to easy access, lower prices, underestimated risks, and aggressive marketing. It requires a thorough overhaul to safeguard patients who often perceive these treatments as beauty rather than medical procedures.

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?

It's unclear in practical terms. Currently, an EN can obtain an injectables diploma in just 18 months, and without clinical experience, they can perform facial implant procedures if an RN is present for 'supervision' (undefined), and a doctor prescribes (often easily obtained online). To ensure clarity and patient safety, a better approach is to reclassify fillers and threads as facial implants, restricting them to cosmetically trained doctors for more complex and invasive procedures.

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's too complicated. I struggle to understand how the board will govern EN/RN/NP rules, how can the public distinguish qualifications and supervision requirements? This lack of clarity makes it challenging to make informed choices in identifying good vs poor clinical care. Searching "who can inject fillers in Australia" on Google yields incorrect information, stating it's usually a medical practitioner, dentists, or nurse practitioners. In reality, over 80% of injectors are nurses, and patients can't easily differentiate between ENs and RNs, creating confusion.

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's unclear. In section 4.2, it says procedures shouldn't be prescribed for those under 18, but in 4.4, it suggests discussing it with parents. Also, 4.5 mentions a cooling-off period for those under 18, contradicting the earlier statement. Additionally, why not protect individuals under 25, as they haven't experienced aging and are at a higher risk of unnecessary treatments? This age group, especially those aged 19 to 21, is known for high social media use, linked to body image issues and a higher risk of developing body dysmorphic disorder.

Q173.

Question 5 of 24

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

How to protect young patients without signs of aging: 1. Restrict fillers to doctors only to emphasize the seriousness and limit easy access, preventing unnecessary treatments. 2. Introduce a cooling-off period, similar to cosmetic surgery, especially for higher-risk and costly procedures like fillers and threads. These treatments pose long-term risks not fully understood, with potential complications even years later. 3. Eliminate quantity-based performance indicators for injectables. Many injectors in Australia, mostly young and inexperienced nurses, work under non-medical ownership that prioritizes sales figures over patient outcomes. 4. Mandate the presence of a properly trained cosmetic doctor at every filler location, assessing each patient before treatment, ensuring safe practices. 5. Enhance protection for young people by prohibiting filler advertisements featuring before/after photos, as individual results vary, and the immediate outcome may not be the final result. Ban terms like "cheeky" or "top model" cheeks, as they trivialize the medical nature of these procedures. 6. Swift regulation of fillers is crucial to prevent harm to patients. Treating these procedures as complex medical interventions is essential for patients to perceive them accordingly.

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?

How can this be done and ensure patient safety? What is meant by 'appropriate'? This is a very wide term! To practically implement better oversight and patient safety: Clearly define and communicate that filler procedures are exclusive to doctors, or alternatively, mandate a doctor's on-site presence for in-person patient assessments before filler treatment. Specify and communicate these changes directly to patients for easy understanding. This ensures transparency, allowing patients to identify and report non-compliance easily. Establish clear regulations that leave no room for interpretation. This approach provides patients with assurance and fosters a direct patient-doctor relationship, enhancing responsibility for procedure outcomes. By drawing a clear line and communicating changes directly to patients, these measures not only enhance immediate safety but also contribute to long-term patient well-being.

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?

The lack of a unified requirement for cosmetic injectable practitioners' training and experience is surprising. Patients may not be aware of the significant differences in practitioners' backgrounds. The current situation has led to a generation of nurses bypassing crucial practical nursing experience to quickly enter the cosmetic injectables business. This has resulted in a saturation of injectable services, akin to fast-food establishments, with nurses on every corner advertising these procedures. The urgency to ensure patient safety is even more apparent, emphasizing the need to restrict filler treatments to doctors, as mentioned earlier.

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.

In summary, cosmetic injectables are complex medical procedures, not beauty treatments. The industry in Australia is flooded with young, inexperienced nurses attracted by the allure of glamour. Clear rules are needed to identify practitioners working within regulations. Many countries regulate these procedures as doctor-only for patient safety. Reclassifying fillers and threads into a special "implant" category emphasizes their advanced nature and signals that they should be performed by those with advanced training, preferably doctors. This ensures responsible patient outcomes and manages the associated short- and long-term risks. Treating these procedures as beauty treatments has harmed many patients; doctor-only procedures limit access and protect against excessive and unnecessary treatments. While telehealth prescribing may be profitable, it does not constitute good patient care.

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 appears that the guidelines apply to a broad range of registered practitioners, including those in various healthcare fields like chiropractors, dental practitioners, pharmacists, and more. The way the treatments are grouped together in the document might give the impression that all these groups can provide cosmetic injectables, causing confusion. It's essential to clarify and specify which practitioners within these groups are qualified and allowed to perform non-surgical cosmetic procedures to avoid misunderstandings.

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 think they will be confused as well, and some of these groups might think this means they can now offer injectables.

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?

It seems that the document is unclear in its intention and may give the impression that AHPRA is opening the door for more groups to enter the cosmetic medical field, rather than tightening the rules around these procedures. The lack of clarity in the document may lead to confusion for both the public and practitioners, making it important for AHPRA to provide clear and transparent guidelines on the qualifications and regulations for those performing cosmetic procedures.

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?

it would be beneficial to separate treatments that involve injecting or placing products under the skin from those performed on the skin. Given that S4 injectables are governed under the poisons act, and considering the complexity and potential side effects of fillers and threads, it makes sense to classify them as facial implants in a special category. This would help in recognizing the distinct nature of these procedures and applying appropriate regulations for patient safety.

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 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.

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?

Absolutely, identifying individuals at a higher risk of developing Body Dysmorphic Disorder (BDD) is crucial. It shifts the responsibility from merely recognizing those with BDD to proactively assessing and educating patients about the potential risks. This necessitates a change in communication strategies, focusing on providing insight into the dangers of developing an 'addiction' to cosmetic procedures. Such education is vital for fostering a responsible and ethical approach within the cosmetic industry.

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.

Your concern about clarity and public safety is valid. Simplifying regulations and following the example of countries that restrict cosmetic injectables to doctors only could indeed have a significant impact on patient safety. Clear and concise guidelines make it easier for both practitioners and the public to understand and adhere to the rules, reducing the risk of confusion and ensuring a higher standard of care in the cosmetic industry.

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?

Your concerns are well-considered, and addressing these issues is crucial for the effectiveness of the guidelines but do consider the following: Extend guidelines to all practitioners: You suggest extending the guidelines to cover all practitioners offering these treatments, not just the listed health professionals. While AHPRA may not have authority over non-health professionals, exploring if the Therapeutic Goods Administration (TGA) could regulate in this area is a valid consideration. Overseas advertising: Express concern about the increase in advertising from overseas cosmetic surgery companies on social media. Propose regulating not just Australian doctors but also overseas practitioners advertising to Australians. Suggest that social media companies play a role in ensuring patient safety. Consistent protocol for complaints: Emphasize the need for a clear and nationally consistent protocol for handling complaints, with better outlining of consequences for non-compliance. Point out the importance of practitioners understanding the complaints process and the penalties for breaches. Enforcement of advertising guidelines: Highlight the lack of financial incentives for practitioners or clinics to comply with advertising guidelines, especially those run by non-medical owners. Stress the need for enforcement to prevent unethical practices from gaining an advantage through ruthless advertising campaigns. Your submission template succinctly addresses these concerns and underscores the importance of enforcing guidelines to protect patients and maintain ethical standards within the cosmetic industry.

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?

This is a crucial point. While the guidelines may contain valuable information, their impact largely depends on the extent to which health practitioners read, understand, and adhere to them. Enforcement is indeed key to ensuring that these guidelines have real power and influence in shaping ethical practices within the industry. Clear consequences for non-compliance and a robust system for monitoring and addressing breaches are vital components for the effectiveness of such guidelines.

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, the public needs to know where and how to report inappropriate or unethical advertising.

Q160.

Question 19 of 24

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

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

OK for advertising but consider the following: Ban on before and after photos for fillers: Suggest a complete ban on using before and after photos for filler procedures, instead of having guidelines for lighting, positioning, etc. This is because policing compliance with these guidelines, such as patient position, lighting, background, and permission for photo use, would be challenging. Unrealistic expectations with before and after photos: Highlight the issue that the result on the day with fillers is not the final result. Using before and after photos can create unrealistic expectations, especially when showcasing immediate results that may change as the filler settles. This can lead to patients seeking additional treatments, unaware that the initial result may differ over time. Your recommendations emphasize the need for a more cautious approach in advertising for filler procedures, considering the dynamic nature of filler outcomes and the potential for unrealistic expectations. A complete ban on before and after photos for fillers could help address these concerns.

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?

As previously mentioned – 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.

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

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?

Yes, restrictions on who can perform cosmetic procedures and the appropriate locations for delivering these treatments is crucial. Given that these procedures involve invasive actions such as placing a needle or cannula through the skin into a patient's vein, it's important to consider potential risks like anaphylaxis or air embolism, which, though rare, can be life-threatening. Establishing clear guidelines and regulations on the qualifications and settings for such procedures helps mitigate risks and ensures patient safety. This includes defining the scope of practice for practitioners and identifying appropriate locations with the necessary facilities to manage any potential complications that may arise during or after the procedure.

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?

Greater protection of the public is necessary, too many gullible and naive people are and will suffer in the future - the industry needs higher barriers to entry, higher standards, and clear consequences for those who do not follow the guidelines.

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

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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*

☐ 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?

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?

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?

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?

I believe that most of what has been included in the advertising guidelines is appropriate and will work towards the goals of greater public protection. These rules on advertising in this industry have been lacking for some time and it has meant that there has been a lot of unethical practices, particularly on social media. There are however some details that are missing from the guidelines that I have detailed below.

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, there is a level of detail missing from the guidelines that outlines the appropriate terms that can be used when referring to non-surgical treatments (such as dermal filler or anti-wrinkle injections). On 16/01/24 a letter from Kate Kaylock, Assistant Director from the Therapeutic Goods Administration (TGA) circulated. In summary, the letter advised: "For the cosmetic industry this means that while the advertising of the service provided remains outside of the jurisdiction of the Act, if such an advertisement refers to a schedule 4 substance or a product containing that substance (even in general terms such as 'wrinkle reducing injections') the advertisement will in almost all cases be considered an unlawful advertisement for therapeutic goods" When referring to published guidance of acceptable terms being removed from the TGA website: "These terms include 'anti-wrinkle injections' and 'dermal fillers'. This is because these terms refer to prescription only products. Alternatives to these references to support advertising of services remain available, for example: 'our clinic can provide consultations on reducing the appearance of wrinkles'. This position stated by the TGA is in contrast to what has been outlined in the guidelines, Attachment C, particularly: "Advertising that does not accurately represent the health service provided, the risks, or the nature and scope of the service is unacceptable and is not appropriate. It can mislead the public, create unrealistic expectations, lead patients to seek unnecessary or inappropriate procedures, downplay the risks of procedures, or recovery or the possible frequency of treatment required to maintain outcomes and lead to poor healthcare decisions." Without the use of terms that help to describe the non-surgical treatments offered by registered health practitioners, we would be unable to "accurately represent the health service provided" and appropriately "educate that nature and scope of the service". As a Registered Nurse and Business Owner, I believe that it is extremely important to provide accurate and informative information in our advertising, particularly websites, so that prospective patients are able to conduct their own research on treatments (prior to an appointment) that may be suitable to them. This is particularly important with the growth of various internet platforms. Social media platforms (such as TikTok and Instagram) do not acknowledge country borders and consumers more and more are going to platforms for information about non-surgical cosmetic procedures, that is just a fact and it is not something that we have control over. When we do have control over is allowing Australian registered health practitioners to provide ethical and accurate information about these treatments so that Australian consumers are not just consuming content on these platforms from overseas. The UK and USA do not have the advertising regulations that we do here in Australia and there is a lot of information being shared on social medical platforms that is misleading, inaccurate, unethical, not in the interest of patient safety, and sometimes shared by those who are not registered health practitioners. By restricting our ability to educate the public on these treatments, we are opening up the consumers to educate themselves with overseas content that does not have the same advertising rules that we have here in Australia. This is not in alignment with the goal of ensuring greater public protection. We need to be able to educate patients and prospective patients about the services that we offer using terms that are industry standardised and that help the consumers. We already have to help confused consumers when they present at our clinic after they have tried to do their own research online and are confused about the terms that they see on overseas websites that we are not able to use in Australia. It is a normal part of consumer behaviour to do their own research online before committing to a consultation, this is just a fact. While a thorough consultation with a registered health practitioner is imperative in ultimately deciding if a treatment is right for an individual, we cannot ignore the fact that this research is happening online and we must be able to help consumers in this research phase.

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, as detailed in question/answer 17 there is a significant level of detail missing from the guidelines on the appropriate terms to be used on advertising. There needs to be more collaboration with the TGA on the use of these terms.

Q160.

Question 19 of 24

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

Q161.

Definition of 'non-surgical cosmetic procedures'

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

Q162.

Question 20 of 24

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

No. It is not appropriate to include treatments (such as laser hair removal, chemical peels, dermabrasion) that do not have to be performed by a registered health practitioner in these guidelines. I do not see how this sits in the remit of AHPRA or the National Boards. Many of these treatments are performed by clinicians who are not registered by the National Boards. Imposing rules and restrictions for advertising just for those who are registered health practitioners would mean an unfair competitive landscape.

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?

Removing from the definition: CO2 laser skin resurfacing and other laser skin treatments Cryolipolysis Laser hair removal Dermabrasion Chemical peels

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?

I do not have an opinion on 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?

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

☐ 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 -to ascertain who has appropriate training to deliver non surgical cosmetic procedures

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?

I'm not sure as I haven't seen it

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?

I'm not sure as I haven't seen it but it should clearly inform the public who is qualified to administer these procedures

Q144.

Question 4 of 24

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

Is this information clear? If not, why not?

Yes however I believe the age should be higher. I see too many young people who have too much filler. Many have body dysmorphia likely due to the pressures of social media

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 anyone administering these drugs should have adequate training. No only to administer but also some psychological training to better assess the patients reasons for seeking treatment

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.

Psychological training

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?

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?

Dental professionals who are doing this treatment should have further education!

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. Because it is true that many young people are experiencing body dysmorphia. I see it in my workplace with all the very young woman having procedures done as they are unhappy with their looks

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 there needs to be more regulation

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.

I am unsure

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. I don't think they should be under the same guidelines as non surgical cosmetic treatments

Q166.

Question 23 of 24

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

Q170.

Additional feedback

Question 24 of 24

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

Q168.
Please press 'submit' for your feedback to be considered by Ahpra and the National Boards.

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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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.

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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.

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?

Some points are appropriate, some require further clarification

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. It does not specify what is appropriate training and education. Which courses? how long should the course be? Current practice is 2 day course then set up your own clinic. This is not enough. AHPRA must specify what is appropriate training and education by specifying courses, hours undertaken and core competencies. Mentorship arrangement etc. The guidelines are hard for novice nurses to interpret.

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 - they are not overly relevant to the public. Most young people engaging in cosmetic treatments - as is their right to - are led by glamourised social media and high amount of followers. These individuals and clinics are not being fined or reprimanded for breaches of social media policies by AHPRA or the TGA hence they will continue to breach guidelines - misleading the public and therefore the public will continue to be misled around particularly clinician experience

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 is rare for anyone to perform these treatments under 18.

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?

AHPRA must specify what this actual means You cannot have a guideline without a thorough explanation of what is entails. Who is able to deem someone competent? What is competence? I this more must be explained and explicit in hours of supervised practice, being signed off competent after X amounts of treatments, not practicing independantly after a 2 days course. 2yrs working within a larger clinic would be ideal before solo practice. This NEEDS to be monitored. This is where the danger to the public is coming from - solo practice with no one overseeing them, no on to mentor them and non to help when things go wrong. YOU DONT KNOW WHAT YOU DONT KNOW PLUS this biggest concern that is not being addressed is scripting companies allowing this solo practice by remote prescribing - a 3 min photo call where the Dr does not know the nurse or their scope and gives them cart blanch to treat patients with no local support when things go wrong as the prescribers are all over the country. Even local Drs who privately prescribe do no help these nurses when things go wrong. As a NP and trainer I am frequently asked to help these poor nurses - more the pts - as their prescribing Dr will take their money for a script then not help when adverse events occur. Time to look at prescribing groups AHPRA

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?

Again - this must be clarified - how do we prove this - how is it assessed and by who? which courses are approved and appropriate? You cannot set a guideline without a clear explanation of how it is implemented.

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.

These guidelines and existing ones need to be enforced on those doing the wrong thing. Not tar everyone with the same brush. There are hundreds of extremely good clinicians out there - doing all the right things, in a moral and ethical way. They just want to make a living outside of the hospital and help people. The ones doing the wrong thing do not get addressed. AHPRA appears to have taken a stance that all cosmetic clinicians are money hungry unethical people which is wrong. This is a highly specialised area with most clinicians investing heavily in their educations and knowledge. They provide high level care in a moral way. There are a number that are unethical and have poor practice as they have been allowed to complete a degree with the sole purpose of practicing solo immediately and hence lack the knowledge consolidation of working within a clinical environment such as hospital where they can fully understand correct policy and procedure and infection control principles. FINALLY - AHPRA must address Medics in this field. There are as many Drs with poor practice out there as Nurses and not putting a guideline out for them is poor. As a trainer I see them every week with poor infection control standards, poor practice and breaching social media policies everyday Thank You

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 - as answered previously

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 are many straight from UNI early 20s individuals who do not have any hospital experience and hence do not understand these guidelines as they have never had to work within guidelines or policies. They are ill informed, rely on others to tell them what to do yet open their own clinic after a 2 day course and practice solo - doing whatever they want with little support or guidance. They do not read these guidelines or understand them in my experience

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 Its not relevant to the public in most people opinion. They do not read these guidelines

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?

Yes they should apply to all professions All new clinicians should have a set timeframe - hours of clinical practice in a larger health care setting - ie hospital before entering the field. They should then be required to work in supervised practice for a set time frame - hours of clinical practice Then have ongoing mentors with local support teams in event of adverse events (not telehealth Dr in another state)

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?

How should they do this? Which Screening tool should be use?? What training is required to assess patients? AHPRA must specify which tools should be used and what training is required to administer them. Otherwise whats the point on a arbitrary check box that no one can accurately interpret unless you are a Psychiatrist? I think its not a bad idea to do it - and i do in practice but am I qualified to interpret the results? No im not a psychiatrist. Should we all need to use the paid screen tool developed by the AHPRA advisor? Seems like a conflict of interest that someone has advised AHPRA screen tools are required then charges people to use one she has made? BDD is rare - I think this is overstated by someone with a bias towards this conditions. Numbers and data does not reflect a increase in this condition. Clinicians are generally excellent at picking up on these conditions and not treating them.

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 think this is a trick area - its easy to say people have BDD or psych issues because they have huge overblown features, but often they dont. They just like that look and that is their right. Not for anyone else to say how they should look. That being said - many dont realise they look bad due to perception drift and poor injection technique NOT BDD.

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 think it is but its not being adhered to because there is no consequence. I hear people say they don't care because no one gets fined. Well its time to fine people because that is the only way to enforce it. Big accounts breach guidelines all the time as they can afford the odd fine - which is small compared to big business they get from advertising.

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 its a little hard to interpret. It needs to be clearer and with more explicit explanations. PLUS now with TGA guidelines- there is a mismatch with what TGA say and AHPRA say. Very confusing

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.

Yes, explain what each point means. Enforce it

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 somewhat

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 - I dont believe IV infusions are appropriate. I think they are not clinically proven and prey on peoples desire for health and feeling good. I also believe most clinicians are poorly trained for significant adverse events of IV medications.

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?

Yes

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 - Please be transparent about your ADVISORS Who are they? What is their experience? What are their conflicts of interest? Are their any medical/nursing bodies specific to cosmetic treatments included in the advisory committee? I think AHPRA needs to acknowledge that not every clinician is doing the wrong thing and those that are a few and far between. The big issues are around training and education, solo practice and prescribing groups enabling solo practice through short and poor telehealth consults with little to no local support offered.

Q168.

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