

Q1.

Public consultation: Regulation of health practitioners who perform and who advertise non-surgical cosmetic procedures

Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards are reforming the regulation of registered health practitioners who work in the non-surgical cosmetic procedures sector in Australia to improve practice and standards, public safety, and provide opportunities for more informed consumer choice. Ahpra and the National Boards are consulting on three documents related to the regulation of registered health practitioners who provide and who advertise non-surgical cosmetic procedures:

1. Draft Guidelines for nurses who perform non-surgical cosmetic procedures (nurses practice guidelines - applies to nurses only)
2. Draft Guidelines for registered health practitioners who perform non-surgical cosmetic procedures (shared practice guidelines - excluding medical practitioners and nurses), and
3. Draft Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures (advertising guidelines - applies to all registered health practitioners).

The three proposed draft guidelines are intended to set out what National Boards expect of registered health practitioners working and advertising in this sector and provide clarity for consumers considering non-surgical cosmetic procedures about the standards expected of practitioners.

As the three proposed draft guidelines are all related to non-surgical cosmetic procedures, Ahpra and the National Boards are consulting on all three guidelines together. Feedback is welcome on any or all of the three draft guidelines.

We welcome feedback from organisations, registered health practitioners and the public.

There are some initial demographic questions and then questions on each of the guidelines we are consulting on. All questions are optional, and you are welcome to respond to any you find relevant, or that you have a view on.

The consultation questions are different in some sections as National Boards are intentionally consulting on the questions most relevant to the professions they regulate.

Your feedback will help us to understand your views and help National Boards set clear standards for registered health practitioners in the non-surgical cosmetic procedures sector, for the protection of the public. It will take approximately 15 minutes to complete this survey if you answer all questions.

The submission deadline is close of business 1 March 2024 (consultation has been extended by 4 weeks)

How do we use the information you provide?

The survey is voluntary. All survey information collected will be treated confidentially and anonymously. Data collected will only be used for the purposes described above.

We may publish data from this survey in all internal documentation and any published reports. When we do this, we ensure that any personal or identifiable information is removed.

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

The information you provide will be handled in accordance with [Ahpra's Privacy Policy](#).

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

Publication of submissions

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

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

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

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

Please click on the ARROW below to start the survey.

Q145.

Initial questions

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

Q146.

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

- ☐ Organisation
- ☒ Individual

Q147.

Please provide the name of the organisation.

This question was not displayed to the respondent.

Q148.

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

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

☐ Other - please describe below

☐ Prefer not to say

Q149.

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

☐ Aboriginal and Torres Strait Islander Health Practice

☐ Chinese Medicine

☐ Chiropractic

☐ Dental

☒ Medical

☐ Medical Radiation Practice

☐ Midwifery

☐ Nursing

☐ Occupational Therapy

☐ Optometry

☐ Osteopathy

☐ Paramedicine

☐ Pharmacy

☐ Physiotherapy

☐ Podiatry

☐ Psychology

Q101. Do you work in the cosmetic surgery/procedures sector?

☒ Yes

☐ No

☐ Prefer not to say

Q102. If yes, in what capacity do you work in the cosmetic surgery/procedures sector? *Please select all that apply*

☐ I perform cosmetic surgery

☒ I perform cosmetic procedures (e.g cosmetic injectables such as botulinum toxin and dermal fillers)

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

☐ Prefer not to say

☐ Other, please describe:

Q150.

Your details

Name:

Q151. Organisation name:

Q172. Email address:

Q152.

Publication of your submission

Do you give permission for your submission to be published?

- ☐ Yes - publish my submission **with** my name/organisation name
- ☐ Yes - publish my submission **without** my name
- ☐ Yes - publish my submission **without** my organisation name
- ☒ Yes - publish my submission **without** both my name and organisation name
- ☐ No - **do not** publish my submission

Q187.

Guidelines for nurses who perform non-surgical cosmetic procedures

The Nursing and Midwifery Board of Australia (the NMBA) is developing draft nurses practice guidelines (draft nurses practice guidelines) to enable the terminology in the guidelines to be nuanced for nurses, and to delineate the separate roles and scope of enrolled nurses, registered nurses and nurse practitioners in the non-surgical cosmetic procedures sector.

Q121.

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

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?

It needs to set the requirements RNs need to meet in order to perform non-surgical cosmetic procedures, specifically those involve schedule 4 medications, permanent/semipermanent fillers, and invasive procedures like thread lifting. I do not see the bachelor of nursing degree offers RNs enough knowledge in anatomy and pathophysiology to perform these procedures safely.

Q143.

Question 3 of 24

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

As for question 3.

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?

It is an important requirement. However, it is not clear how RNs can obtain 'complex anatomical and physiology knowledge as well as decision-making relating to pharmacodynamics and pharmacokinetics' without undergoing the same training as a medical practitioner.

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 who use schedule 4 medication or perform invasive procedures like thread-lifting or inject semi-permanent fillers should expect to have the same level of anatomy and procedural competence as a medical practitioner.

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?

The term "non-surgical cosmetic procedure" should be sub-divided to reflect those which are easy to do and have low complication rate (e.g. PRP skin injection) and those which require considerable knowledge in anatomy, pharmacology and procedure competency in order to ensure safety (e.g. Sculptra, Ellanse injection, thread lifting).

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?

NA

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. I think it will be too time consuming and have too much legal implications to do BDD screening for simple procedures like botulinum toxin injection.

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

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[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?

The term "non-surgical cosmetic procedure" should be sub-divided to reflect those which are easy to do and have low complication rate (e.g. PRP skin injection) and those which require considerable knowledge in anatomy, pharmacology and procedure competency in order to ensure safety (e.g. Sculptra, Ellanse injection, thread lifting).

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

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?

NA

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?

NA

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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☐ Other - please describe below

☐ Prefer not to say

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Which of the following health profession/s are you registered in, in Australia?
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☐ 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
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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?

1. These guidelines are not clear enough, it is too complicated, and will be almost impossible to police consistently across all states. We already have guidelines, but there is inconsistency across state laws, state health department guidelines, as well as different rules from the various AHPRA boards, with no clear lines nor a clear process in terms of enforcement or the penalties for non-compliance. For instance: The rules for nurses doing cosmetic injectables were changed over a year ago in Tasmania, yet very few practitioners in other states even knew about the change. Nurses in Tasmania must have a doctor on site in order to perform cosmetic injectables, or they must have the location approved as a day treatment centre and apply to the minister of health for a special license under section 25A of the poisons act. In other states doctors can provide telehealth 'standing orders' for injectables, but in some states they are only valid for 3 months, whilst in others they are valid 12 months. (it is really difficult to find the actual information) Inconsistency causes confusion, which leads to everyone interpreting the rules as they see fit. With profit and growth as the primary drivers for most business models, this often prioritizes financial gain over patients' best interests. It would make sense if AHPRA aligns its guidelines with the strictest state rules, as that way there will be consistency across Australia.

Q142.

Question 2 of 24

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

They do not understand the differences between ENs, RNs, or NPs; hence they do not know about supervision requirements for the various practitioners, and impossible for them to easily determine whether their practitioner is operating within the rules. - This means they do not have enough information to make safe decisions about who they see for treatments. - Patients assume a certain level of expertise when seeing a cosmetic practitioner, not realising that current guidelines allow very inexperienced nurses to perform complex medical procedures, as long as they have a doctor's prescription -which can currently easily be obtained online from a remotely located doctor after a very brief video conversation in all states except for Tasmania.

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

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?

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 All health care practitioner involved in patient care shall be responsible

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 is not sufficient enough to provide adequate training or skill to allow nurse to perform procedure safely there need a vigorous training provided accredited service provider nurse will need to provide injection either with doctor direct supervision or with doctor onsite

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?

The simplest way forward to remove confusion and ensure patient safety would be to follow the lead of countries who made these treatments doctor only, it draws a clear line and hand over responsibility to doctors to ensure that they are properly trained and practising within the scope of their training and indemnity. We have to move away from mass production lines and bring back relationship-based quality care. If only doctors perform filler procedures, it would solve many safety issues and clearly show consumers that these are medical procedures requiring careful consideration.

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

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?

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?

Cosmetic Injectables and threads should be made doctor only procedures, or at least require a doctor on site if nurses are to perform these procedures. Some people believe that it is either too late or too challenging to regulate who is permitted to administer cosmetic injectables in Australia, given that nurses have been allowed to perform these procedures for years. But when it comes to medical treatments and patient safety, we as doctors are not only obliged to assess our practices, but we are also obligated to do so as part of AHPRA CPD – we have to measure outcomes and change our practices as new information comes to light or better treatment options become available. The non-surgical landscape has changed significantly - regulators have to step in and draw a clear line so that everyone - the suppliers, the businesses, practitioners, and the general public - will recognise these procedures as medical procedures rather than beauty treatments.

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?

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?

- Because of the medical nature of these treatments, those seeking treatments should be viewed as patients, with best interests to protect, rather than clients, who can be targeted with marketing and upselling methods for Key performance indicators. (KPIs). - Filler procedures have higher short- and long-term risks, the most serious risks being skin necrosis, blindness, stroke, and death, whilst migration or displacement, eyelid puffiness, and nodules can occur months to years later – the patient might not even remember having the treatment. - Because it can last many years, patients should be educated about the possibility of future adverse events and should receive information about how to contact the doctor if problems occur. - Every clinic offering injectables should be required to have clear information about where and how to contact the doctor prescribing the treatment. - Every patient should be assessed and consented in person prior to receiving treatment.

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?

N/A to me

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?

N/A to me

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?

N/A to me

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?

N/A to me

Q173.

Question 5 of 24

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

N/A

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?

There needs to be a heirachy of care established and the ensuring of that supervision should be a the top of the heirachy, whether it be the RN/NP or Doctor etc.

Q146.

Question 7 of 24

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

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

Yes.

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.

N/A

Q150.

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

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

Q148.

Question 9 of 24

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

It is slightly too onerous. In particular- 2) Assessment of patient suitability- 2.2- formalizing an assessment for BDD is not within the remit of most health practitioners and requires diagnostic skills of an appropriately trained mental health practitioner. This requires psychological diagnosis and the onus of the treating practitioner, if this assessment is actually required, is to establish whether any psychological body dysmorphias are diagnosed, and to refer which is what 2.3 achieves. Therefore 2.2 should be removed. (9) complaints. There is already a complaints hierarchy in place for registered health practitioners and whilst the pretreatment information is important to protect the public, formally explaining this in addition to everything else is excessive to standard accepted consent requirements for procedures. This has the contrary effect as sometimes too much information is easily glanced over by those seeking treatment, and while skills and careful consenting processes can mitigate this risk, it is human nature and the process needs to be thorough but simplified to avoid inundation of the patient with unnecessary information which has the opposite effect of informed consent.

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, As above, it needs to be simplified for the public to avoid the opposite effect overinformation may cause confusion.

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?

Removing the example of teeth. This is confusing. Theoretically odontoplasty to smooth chipped incisal edges is then a non surgical cosmetic procedure and subjected to these guidelines which is not acceptable given the simplicity and conservatism of that and many other dental procedures which could be grouped into this example. Possibly it should be restricted to 'soft body tissue' given teeth are the only exposed hard tissues of the body. (I suspect nails are considered soft tissue given they are made of keratin), although most of the second part of the definition seeks to address this loophole it may be worth reviewing how it applies to dental practitioners.

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.

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, other practitioners are not qualified to do so, whereas Medical Practitioners are. Other practitioners are able to form reasonable suspicion, but that is it and that is why 2.3 is appropriate but 2.2 is 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.

General review with the view to trimming the content where possible.

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, Clause 7.6 for example is excessively restrictive in how procedures can be described, especially with minimising terms, there are sometimes no other way to describe an action. E.g. a fine needle injection can be described as either gentle or painful, in the end if it is gentle it is gentle. Perhaps there should be a restriction on the use of an adjective if anything.

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?

I believe most of the public who read this will think it is crazy but it is appropriate for guidelines to be set, however they do need to be set in a way that is not unduly difficult for practitioners to adhere to.

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?

As mentioned previously regarding 'teeth'

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?

Possibly.

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 may be prudent to consult with the pharmacy board/panel of pharmacists considering IV infusions differ in their absorption and distribution, and the rapidity of access of these products to the bloodstream/bioavailability provide certain nuances pertaining to the public risk, which may or may not benefit a separate guideline. They would be the best to ask.

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:

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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.

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We welcome feedback from organisations, registered health practitioners and the public.

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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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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?

Reform is needed without being over the top. As RNs we already uphold professional codes of practice. Of course medical consent should be obtained, a Dr to discuss, explain, prescribe is already common practice. Just ensure there are standard forms/ tools that ensure each patient signs for procedure, financial, photos, , get pre and post care info. Make it simple and clear by AHPRAH/ CNA providing the forms.

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. All cosmetic injectors know their scope of practice. We should all have to have insurance which checks we have been trained to do these 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?

I think the public are uneducated on who can do cosmetic procedures. Registered nurses and Doctors only. They don't know diff between a RN or EN.

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 agree no fir under 18yrs

Q173.

Question 5 of 24

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

Q145.

Question 6 of 24

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

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

Yes

Q146.

Question 7 of 24

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

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

Yes. New RNs should do a minimum 2 years clinical nursing before specialising in cosmetics.

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?

Remove micro needling, IPL, anything beauty therapists can do.

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 practitioners should have same guidelines. Otherwise confusing.

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?

Don't complicate it. We already assess patients for bDD. A patient will cheat the questionnaire so it's up to nurses clinical judgement. Overfilling s an epidemic but hard to stop. Personally I say no but how r u going to police this? Maybe ahprah does public campaigns to educate what overfilling is, looks like, the risks etc

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. AHPRAH needs to publish info for public to ensure its consistent. Give us pamphlets to give out to our patients instead of relying on each clinic to interpret for themselves what to tell patient.

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. This is a grey area. We need to advertise because we are running a business and it's out livelihood. Just as long as we are not enticing, misleading etc. we should be allowed to inform our patients of prices. We are also providing beauty treatments, so should be allowed to show prices, but not in a way that encourages patients to rush into injections to grab a bargain! It's the big chain clinics you should be monitoring. Small nurse owned clinics do the right thing.

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 think it's confusing. Yes we know injectable's are s4 meds needing script and can't be advertised but we need to advertise what our business does. It's different to being a RN in a hospital.

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 have no idea. Just focus on making guidelines easy for practitioners to follow, ensure patients are doing informed consent, including financial. Again it's the big money making clinics that do the wrong thing. AHPRAH need to inform public as I've suggested before- provide clinics with the info for us to give are patients do we are all doing the same

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?

Yes micro needling is not cosmetic. IV infusions should be allowed advertising. As long as given medical info, assessed by dr etc.

Q163.

Question 21 of 24

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

What changes do you propose?

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. Already mentioned. It's a valuable treatment and as long as Dr prescribes it should be allowed

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?

Focus on the big clinics not the small ones runn by nurses who are doing the right thing and trying to make a living. Ensure there's a minimum 2years post grad general nurse experience before completing an accredited cosmetic injection course. THIS IS A specialty. We should be able to do it as NPs!!!! Ensure cosmetic Drs are the ones doing the right thing- those doing soft surgery, they should be under the microscope not nurse injectors.

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.

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

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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

I am a [REDACTED]
and completing fellowship with [REDACTED]
to be a cosmetic physician

☐ 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?

Although it is an improvement from the current situation, it is by no means sufficient enough to protect the public

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 is not adequate. Not detailed enough and of suggestive nature, rather than an enforcement. Open to interpretation. Examples: ENs are required to have 75h supervision but this should be further specified per area of injection/type of treatment, etc. ENs lack the clinical knowledge/training or experience in decision making. They should always be under DIRECT supervision of a NP/cosmetic doctor/surgeon as they are risky procedures short and long term. Just as in other areas of medicine, their qualifications preclude them from certain procedures, etc, I think overall they should not be allowed to practise cosmetic procedures such as injectables, threads, laser. The base qualification is inadequate to transition into cosmetic injectables. RNs should have 'appropriate education, training and competence'. As determined by who? Who is the gatekeeper, and how will this be assessed, enforced, policed? Nurses as a whole (apart from NPs) are not trained in decision making, as even in their pre-cosmetic career, the decisions had always been made by doctors/NPs. They did not have sufficient training/education in complex anatomy/physiology, let alone pharmacodynamics or pharmacokinetics. How are they expected to fulfil the expectation of 'having knowledge' in these areas? And without a medical degree or credentialled qualification, how is this proven? There should be examination/assessment undertaken by an accredited body.

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. Patients have a very limited understanding of the risks of cosmetic procedures and the widely varying knowledge/skill/decision making/procedural experience base of different types of practitioners and even within the same field in the same type of practitioner. The guidelines falsely reassures that all nurses performing procedures are adequately qualified. Unless there is a fit for purpose qualification gained (involving study, assessments and supervision) AND adequate accreditation of the qualification, the public should NOT be reassured.

Q144.

Question 4 of 24

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

Is this information clear? If not, why not?

No, it is open to interpretation - as it is suggestive 'should not' rather than enforcing 'must not'. Vulnerable patients are better assessed by physicians who have more training/expertise in diagnosis (esp in mental health conditions), and have better understanding of nuances/other medical issues that are likely to be present when a pt under 18yo seeks treatment. Also nurses cannot 'refer' to psychologists/psychiatrists. The pt will need to be sent to the GP first.

Q173.

Question 5 of 24

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

As above. It would be more clear cut/simple/safe to allow only NPs and physicians/surgeons to be involved in care of a patient <18yo, for cosmetic procedures

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?

There should be a limit to how many others can be involved in a patient's care. The more delegation occurs, the more potential for error, miscommunication, poorer outcomes. Perhaps a specification needs to be made as to who, other than the nurse can be involved eg. dermal therapist with a specific qualification and only for certain types of treatment. Lots of business models involve delegation in order to increase profits.

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 too little a requirement. It should be at least 2-3 yrs and perhaps 1 year of which should include surgical terms. Very rarely are doctors performing unsupervised procedures/not under direct supervision, after only internship (which is 1 yr) - most often doctors will work a few more years as RMO to round out experience and skills, then enter into a formal training program for years for their specialty. The knowledge and experience base is vastly different from the get go for nurses and doctors. Such a rapid transition into nurse performed cosmetic procedures really encourages people to go into nursing with the main intent of working in the cosmetic industry, which can attract potentially the 'wrong' type of practitioner. They have not spent sufficient time as a patient's advocate and may more easily view patients as customers. It needs to be more difficult than this, as cosmetic procedures are a serious and potentially risky matter and deserves more respect by proceduralists, regulators and the public alike. In many countries, only doctors are allowed to perform cosmetic procedures and while some may disagree with this, Australian (lack of) regulations are on the opposite end. Australians expect adequate regulations for safety pertaining to food, environment, roads, vehicle safety and all aspects of society, yet in the cosmetic industry there is a serious inadequacy of quality assurance.

Q147.

Question 8 of 24

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

There needs to be an experience based pre-requisite, then entry into a formal, accredited academic study program coupled with mentorship and examinations/assessments and logbook to ensure an adequate level of knowledge and skills to practise safely. Overall I disagree with RNs performing filler injections, especially not under direct or in clinic supervision of a NP or physician/surgeon.

Q150.

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

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

Q148.

Question 9 of 24

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

It is an improvement from the current situation -at last there is now some attempt to regulate but it is really inadequate. However it is inappropriate as many of these groups simply should not be involved in cosmetic procedures. I was horrified and shocked by the current categories of health practitioners who are practising cosmetic procedures. Many of the categories of practitioners have qualifications too far removed to be able to transition into safe cosmetic practice when there are injectables and threads involved. Additionally, the draft guideline reads like a rehash of the draft nursing guidelines and needs to be re-written for the context of each specific health practitioner group.

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 falsely reassures the public. See previous responses. I find this very alarming actually.

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?

The 'definitions' in the strict sense are acceptable. But there should be a restricted list of these procedures that these groups are allowed to perform. Prescription injectables need to be in its own separate category. I think a safe rule here is restricting procedures to those who can prescribe for themselves, eg. dentists - they do have an understanding of anatomy and are accustomed to procedural work. However that does not mean they should forego cosmetic specific studies/gain appropriate qualifications if branching into cosmetics.

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 should definitely be 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/other practitioners 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 13 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 [REDACTED]. 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 [REDACTED], 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 needs to be addressed as a matter of urgency.

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. It 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?

Mostly appropriate, sometimes not detailed enough or open to interpretation

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.

Public should report misleading/persistent targeted or aggressive marketing to authorities but may need to be guided to where to report to

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?

Mostly. Prescription items should have their own category rather than being lumped with the rest of 'non surgical cosmetic 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?

As above, prescription items should have own category.

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. A lot of claims are far fetched and it is inappropriate to be administering anything IV without a doctor on site.

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?

Ban IV treatments without a doctor present. Cannot make false claims that are not evidence based. Specific exactly what each infusion will contain. Specify it must be taking in a clinic, not at home, in a van, etc.

Q170.

Additional feedback

Question 24 of 24

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

Yes. I think a relevant college for attaining qualifications in cosmetic procedures/injectables for doctors and a relevant college for nurses should be credentialled soon, so that the standards set out in the guidelines can actually be enforced. Of course, there will need to be a 'grandfather' process to recognise the experience/skills of highly experienced injectors (eg. >10 years) so they do not need to participate in a training program, however an examination/assessment to ensure standards should ideally be sought. Overall I think dermal fillers, which can cause dire complications of skin necrosis/permanent disfigurement, blindness and stroke, should be reserved for prescribers, such as NPs and physicians/surgeons. To have earned prescribing privileges, there would have already been an appropriate base qualification undertaken and experience with making decisions for patients in their best interests. These practitioners are trained to be the patient's advocate. Therefore these are the best practitioners who are most appropriate to perform fillers. I do not agree with nurses/practitioners who are not ultimately responsible for complications (due to responsibility being passed back to the prescriber) performing filler injections. If regulators insist they retain this privilege, at least their prescriber should be on-site, so that the 'prerequisite consultation' with the pt will be face to face and actually meaningful (and not a matter of 'meet and greet' via zoom). I think it will be too difficult to expect the general public to understand the qualifications of an injector and to be able to choose a 'safe' injector. Therefore public safety falls into the hands of the regulators.

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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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.

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How do we use the information you provide?

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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.

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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?

Overall yes. I feel that 2.3 is unreasonable. I don't think a BDD assessment should be done by a nurse and any tool used by a nurse would be ineffective for such a complex diagnosis.

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?

I agree and don't treat anyone under 18.

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?

Absolutely.

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 don't think ward nursing qualifies you more or less for cosmetics. I think the focus should be on staying within certain scopes per year of training. I.e year one only neurotoxin. Year 2 filler Year 3 bio stimulators and advanced filler Only extremely advanced should be doing nose, temple or glabella and in my opinion only with the use of ultrasound for guided safety.

Q147.

Question 8 of 24

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

Q150.

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

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

Q148.

Question 9 of 24

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

Q152.

Question 10 of 24

Does the guidance in the draft shared practice guidelines sufficiently inform **registered health practitioners** about National Boards' expectations when performing non-surgical cosmetic procedures in Australia? Yes/No. If no, what needs to be changed?

Yes

Q153.

Question 11 of 24

Is the guidance in the draft shared practice guidelines useful for the **public** to understand National Boards' expectations of registered health practitioners who perform non-surgical cosmetic procedures in Australia? Yes/No. If no, what would be more helpful?

He's

Q154.

Question 12 of 24

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

What changes do you propose and why?

Q155.

Question 13 of 24

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

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

What changes do you propose and why?

No I think same across the Board in cosmetics.

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. First nurses should not be diagnosis. Secondly a basic tool like that is not sufficient for someone suffering with BDD. They may need multiple appointments with a psychologist/specialists. I think that it's fairer and more reasonable to say if you would not treat/and or ask the patient to see a psych if you suspected psychological impairment in the form of BDD, OCD, self harm or anything else.

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 think it's extremely unclear and a lot of misinformation and confusion lays around this. Not using influencers is very clear. Using clinical images clear. Not allowed to use hyperbole or brand names is clear. No longer using emoji - is this in the caption or on the picture? No longer using music - is this on all pictures including just a team meeting for example or only in 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?

There is a lot to be cleared up.

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.

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?

I think if people are really patient focused and the aim is to protect them a focus on legislation regarding training is a much better use of time than a focus on social media.

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?

Yes the guidelines are appropriate. Why? Because they provide standards of care for persons seeking cosmetic procedures, it keeps health practitioners in line with what is best in the persons interest, it brings the cosmetic industry back in line with medical standards for results and safety instead of get rich quick schemes that focus on sales and upselling, it describes the scope of practice for health practitioners - what is acceptable or not acceptable practice, it brings back accountability and duty of care. What do I disagree with - I think that <18 years should only be treated by medical practitioners because of the complexity surrounding developmental anatomy/parental and peer pressures/for ease of referral to psychologists for body image disturbances. I think that 2 YEARS should be the minimum for any nurse entering the cosmetic sector as the first year of practice focuses mainly on time management and prioritising cares with mentorship, the second year is truly the year of consolidation of practice when nurses are expected to perform independently. the second year also allows greater exposure to intervening in emergency situations such as anaphylaxis and cardiac arrest, and caring for persons with multiple co-morbidities improving lateral and holistic assessments. I think that NPs working solely in cosmetics should not be permitted to be endorsed if the NP study pathway does not recognise cosmetics as advanced nursing practice. Their are nurses attaining this qualification in different fields of study that are not appropriate for changing practice to the cosmetic industry solely. I do not think that remote prescribing should be allowed. Telehealth with a MP or NP who is not local ie. in another city or state contravenes the expectation that the prescriber is able to respond in person to an adverse reaction from their prescription. This is not safe for the patient.

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. As per my answer above. In addition it details what a consultation should entail. It is not appropriate for a 15 minute free consultation to address all that is outlined. It also details what is appropriate in the role descriptions and titles used. I should include a link to the advertising standards. Who informs/audits the companies about nursing credentials to accept prior to opening accounts? This is also sales driven and if relying on honesty of information provided, this is not enough to protect patients from pop-up practitioners in the industry.

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. A checklist for consumers would be informative to help them choose practitioners based on the standards expected of the practitioner rather than price led decisions.

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 that <18 years should only be treated by medical practitioners because of the complexity surrounding developmental anatomy/parental and peer pressures/for ease of referral to psychologists for body image disturbances.

Q173.

Question 5 of 24

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

perhaps that a valid ID needs to be presented as proof of age. Not appropriate for developmental stages, not appropriate for parent's wishes to make decisions on behalf/pressuring the child to have treatment. And that injections for school formals are not appropriate. Maybe requires parent, prescriber and psychologist signature for consent.

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. Appropriate credentialing is for the safety of the client and safety of delegation.

Q146.

Question 7 of 24

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

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

This is reasonable, however I think that 2 YEARS should be the minimum for any nurse entering the cosmetic sector as the first year of practice focuses mainly on time management and prioritising cares with mentorship, the second year is truly the year of consolidation of practice when nurses are expected to perform independently. the second year also allows greater exposure to intervening in emergency situations such as anaphylaxis and cardiac arrest, and caring for persons with multiple co-morbidities improving lateral and holistic assessments. I do not believe that one year is enough nursing knowledge, including familiarising with health/medical laws. Given the current free HECS access to nursing study there are many people talking about getting the free education to start cosmetic businesses, without any interest in hospital or community health care provision.

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. As there is no approved cosmetic field for NP endorsement, NPs are finding a loop hole by attaining qualifications in other nursing areas such as peri-operative/cardiac/oncology fields that are not relevant to cosmetic practice, and then working solely in cosmetics. Who endorses? Who audits their practice? What are the penalties of breaching this endorsement? Without a cosmetic field of endorsement, NP practice is not safe despite the title they advertise.

Q150.

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

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

Q148.

Question 9 of 24

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

It should be solely for cosmetic industry practitioners. Eg. in the list of registered practitioners, it is not appropriate for Chinese Medicine Practitioners, chiropractors, occupational therapists, osteopaths etc. to be under the rulings of providing services such as botox/fillers. This is confusing to practitioners/public in thinking that they are permitted to perform botox/fillers as well.

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?

yes

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 needs to have specific clauses for each profession.

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, to protect vulnerable patients from commercially driven 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?

Yes - advertising is heavily regulated at the moment without enforcement/consequences. It needs to stop the popularity contests, commercial gain and sales driven tactics. Preferably ban social media platforms such as fb and instagram completely. This is the lowest rung in the hierarchy of evidence and should not be present on these platforms.

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. Include penalties with appropriate links. eg to TGA

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.

Include a link to report offenders of advertising standards. Advertising should mention whether the prescriber is remotely located or local and able to respond to complications, as per medical regulation. I do not think that remote prescribing should be allowed. Telehealth with a MP or NP who is not local ie. in another city or state contravenes the expectation that the prescriber is able to respond in person to an adverse reaction from their prescription. This is not safe for the patient.

Q161.

Definition of 'non-surgical cosmetic procedures'

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

Q162.

Question 20 of 24

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

It needs to be more specific about procedures, not just cosmetic injections. Include PDO threads.

Q163.

Question 21 of 24

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

What changes do you propose?

I would like to see social media banned for this industry. It is the lowest form of evidence based information. Patients should be directed to clinics for information by qualified health professionals. eg. you dont look for surgeons on social media. This would also address the issues of body image that provoke/prey on vulnerable patients.

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 should require a blood test to check FBC, UEs to substantiate IV supplement use. This should also be limited to hospitals or medical centres for patient monitoring. Risks could include phlebitis, fluid shift, excessive supplement levels.

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?

Pathology to determine need, who can administer and monitoring requirements.

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 would love a role in helping to enforce and audit cosmetic practices with AHPRA/NMBA

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 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?

The guidelines are not possible to enforce consistently across the country.

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?

No. The public are not concerned with NMBA guidelines.

Q144.

Question 4 of 24

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

Is this information clear? If not, why not?

No. First sentence implies it can be performed at the nurses discretion, and the second implies the NMBA is against it. Secondly, is the decision to treat not at the discretion of the prescribing doctor.

Q173.

Question 5 of 24

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

Make the position clear.

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. Most RNs are not adequately supervised.

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. 1 year of registered RN practice is grossly inadequate considering the standard of care advised by the boards, and the general lack of standards currently in existence. A nursing degree and 1 year of experience are not sufficient for a nurse to understand complex anatomical and physiology knowledge, nor deep knowledge about pharmacodynamics and pharmacokinetics, let alone the knowledge required to undertake detailed assessments, recognise and manage a complication.

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, there are large oversights in these guidelines. They show a lack of understanding of the way the cosmetic industry runs. [REDACTED] etc. are allowing nurses to work as faux-doctors, with telehealth consultations working as a box ticking exercise. These companies are also acting as pharmaceutical distributors, buying cosmetic injectables on behalf of nurses, and then receiving rebates/kick-backs from the pharmaceutical companies if certain volumes of sales are made to the nurses. The nurse is performing the consultation, assessment, history and then simply asking the doctor to sign off, which is typically done with a brief history of allergies and contraindications. Nurses are not performing treatments under the direction of the doctor, they are paying doctors a \$15-\$20 commission for authorising the treatment they want to do. Most cosmetic nurses entering the industry are extremely inexperienced, and took government grants intended to help the public health system to study nursing, with no intention of working in non-cosmetic healthcare. Finally, by law, a medical practice must be controlled by a medical practitioner (i.e. doctor). Many cosmetic medical clinics are owned and controlled by cosmetic nurses, with doctors signing off on permits for money, without having control of the clinic. Therefore such clinics are unlawful. The guidelines show a total lack of understanding of the problems with the way the industry runs. From supply of cosmetic injectables, minimum qualifications and training, and control of clinical standards and clinics. Money is the main driver of these issues. Scripting companies like fresh make huge money of pharmaceutical rebates and kick backs. Nurses make huge money performing injectables in unlawful clinics. Doctors that are scripting are typically junior doctors trying to get into the industry, and are unaware of the risks involved in what they are doing.

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?

Nurses should have far greater restrictions for safety and to retain good faith in the healthcare industry. There have been restrictions on what doctors can do compared to surgeons. Nurses must only perform cosmetic procedures when there is a doctor on site or in control of the clinic. There are thousands of independent nurses working in gyms, cafeterias, nail salons, clothing stores, and in people's homes. Medical procedures are being performed without medical standards because there is no direct doctor involvement.

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.

Tightening of standards by making it more difficult to enter the cosmetic profession by mandating doctor on site or in control of the clinic. This will immediately improve standards substantially. And is easily enforceable by stopping scripting companies exploiting loopholes and receiving pharmaceutical kick backs.

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?

Yes. You should do this for all supplements, IV and oral.

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 unsubstantiated claims about benefits. And they shouldn't be allowed to skirt the guidelines by saying 'MAY help with'

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?

Make sure this is done properly, as the horse is bolting and we don't want a repeat of what happened with cosmetic surgery (many new cases of blindness, necrosis, etc. and rapidly getting worse).

Q168.

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

Q1.

Public consultation: Regulation of health practitioners who perform and who advertise non-surgical cosmetic procedures

Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards are reforming the regulation of registered health practitioners who work in the non-surgical cosmetic procedures sector in Australia to improve practice and standards, public safety, and provide opportunities for more informed consumer choice. Ahpra and the National Boards are consulting on three documents related to the regulation of registered health practitioners who provide and who advertise non-surgical cosmetic procedures:

1. Draft Guidelines for nurses who perform non-surgical cosmetic procedures (nurses practice guidelines - applies to nurses only)
2. Draft Guidelines for registered health practitioners who perform non-surgical cosmetic procedures (shared practice guidelines - excluding medical practitioners and nurses), and
3. Draft Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures (advertising guidelines - applies to all registered health practitioners).

The three proposed draft guidelines are intended to set out what National Boards expect of registered health practitioners working and advertising in this sector and provide clarity for consumers considering non-surgical cosmetic procedures about the standards expected of practitioners.

As the three proposed draft guidelines are all related to non-surgical cosmetic procedures, Ahpra and the National Boards are consulting on all three guidelines together. Feedback is welcome on any or all of the three draft guidelines.

We welcome feedback from organisations, registered health practitioners and the public.

There are some initial demographic questions and then questions on each of the guidelines we are consulting on. All questions are optional, and you are welcome to respond to any you find relevant, or that you have a view on.

The consultation questions are different in some sections as National Boards are intentionally consulting on the questions most relevant to the professions they regulate.

Your feedback will help us to understand your views and help National Boards set clear standards for registered health practitioners in the non-surgical cosmetic procedures sector, for the protection of the public. It will take approximately 15 minutes to complete this survey if you answer all questions.

The submission deadline is close of business 1 March 2024 (consultation has been extended by 4 weeks)

How do we use the information you provide?

The survey is voluntary. All survey information collected will be treated confidentially and anonymously. Data collected will only be used for the purposes described above.

We may publish data from this survey in all internal documentation and any published reports. When we do this, we ensure that any personal or identifiable information is removed.

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

The information you provide will be handled in accordance with [Ahpra's Privacy Policy](#).

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

Publication of submissions

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

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

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

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

Please click on the ARROW below to start the survey.

Q145.

Initial questions

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

Q146.

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

- ☐ Organisation
- ☒ Individual

Q147.

Please provide the name of the organisation.

This question was not displayed to the respondent.

Q148.

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

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

☐ Other - please describe below

☐ Prefer not to say

Q149.

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

☐ Aboriginal and Torres Strait Islander Health Practice

☐ Chinese Medicine

☐ Chiropractic

☐ Dental

☒ Medical

☐ Medical Radiation Practice

☐ Midwifery

☐ Nursing

☐ Occupational Therapy

☐ Optometry

☐ Osteopathy

☐ Paramedicine

☐ Pharmacy

☐ Physiotherapy

☐ Podiatry

☐ Psychology

Q101. Do you work in the cosmetic surgery/procedures sector?

☒ Yes

☐ No

☐ Prefer not to say

Q102. If yes, in what capacity do you work in the cosmetic surgery/procedures sector? *Please select all that apply*

☐ I perform cosmetic surgery

☒ I perform cosmetic procedures (e.g cosmetic injectables such as botulinum toxin and dermal fillers)

- ☐ I work in the area but do not perform surgery or procedures (e.g. practice manager, non-clinical employee)
- ☐ Prefer not to say
- ☐ Other, please describe:

Q150.

Your details

Name:

Q151. Organisation name:

Q172. Email address:

Q152.

Publication of your submission

Do you give permission for your submission to be published?

- ☐ Yes - publish my submission **with** my name/organisation name
- ☐ Yes - publish my submission **without** my name
- ☐ Yes - publish my submission **without** my organisation name
- ☒ Yes - publish my submission **without** both my name and organisation name
- ☐ No - **do not** publish my submission

Q187.

Guidelines for nurses who perform non-surgical cosmetic procedures

The Nursing and Midwifery Board of Australia (the NMBA) is developing draft nurses practice guidelines (draft nurses practice guidelines) to enable the terminology in the guidelines to be nuanced for nurses, and to delineate the separate roles and scope of enrolled nurses, registered nurses and nurse practitioners in the non-surgical cosmetic procedures sector.

Q121.

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

I've read through the guidelines and it's really very unclear as to what is ok and what is not !! It is not consistent and varies significantly between states. Cosmetic non surgical procedures carry very significant risks and are currently being performed by a range of people who vary in qualifications and also in skills. It needs to be much more tightly regulated on all levels. Essentially these are medical procedures and should be treated as such. Performed by a medical practitioner or if by a nurse then he/she needs to be adequately trained by a medical practitioner who is adequately trained in the procedure and also how to handle complications. In the ideal this should be in the same premises.

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?

Again it's too vague. Need to have greater clarity.

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 public is totally confused at the moment as to what is even legal ! As a doctor I see patients who have been treated by someone working within what I would call a 'chain' clinic. Sometimes they don't know the name of the person who has done the treatment! They don't know the qualifications of that person ! They don't know what S4 has been used and they have had a 1 minute 'consultation' with the 'prescribing doctor' whose name they don't know !! This is not medicine! This model is purely based on profit and not patient care and is at risk often with at the least poor outcomes. At worst, major complications. The fact that 'prescribing doctors' can prescribe S4 medication without being trained in the appropriate use and without training in how to manage complications is irresponsible. The 'prescribing doctor' has never seen the patient except through the screen of an iPhone! The doctor has never met the nurse to assess her capabilities. The doctor has no experience with how to handle complications.

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 really inadequate to state the age as the defining factor. It's really important to state the appropriateness of the treatment!! It's missing the whole point. Just because a patient is over 18 does not mean that it's ok to treat ! The pressure on nurses who work in Mall clinics that upsell to patients means there is pressure to treat anyone and everyone as long as it's legal. Again , if clinics are based on a financial model you will not have medically based decisions but financially motivated decisions. This is not medicine! This is selling !

Q173.

Question 5 of 24

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

IHAD COMPLETED THIS IN A FAIR AMOUNT OF DETAIL BUT IT WAS LOST WHEN I RETURNED TO IT !!

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?

IHAD COMPLETED THIS IN A FAIR AMOUNT OF DETAIL BUT IT WAS LOST WHEN I RETURNED TO IT !!

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?

IHAD COMPLETED THIS IN A FAIR AMOUNT OF DETAIL BUT IT WAS LOST WHEN I RETURNED TO IT !!

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.

IHAD COMPLETED THIS IN A FAIR AMOUNT OF DETAIL BUT IT WAS LOST WHEN I RETURNED TO IT !!

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?

IHAD COMPLETED THIS IN A FAIR AMOUNT OF DETAIL BUT IT WAS LOST WHEN I RETURNED TO IT !!

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?

IHAD COMPLETED THIS IN A FAIR AMOUNT OF DETAIL BUT IT WAS LOST WHEN I RETURNED TO IT !!

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?

IHAD COMPLETED THIS IN A FAIR AMOUNT OF DETAIL BUT IT WAS LOST WHEN I RETURNED TO IT !!

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?

IHAD COMPLETED THIS IN A FAIR AMOUNT OF DETAIL BUT IT WAS LOST WHEN I RETURNED TO IT !!

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 that the whole area of cosmetic injections needs to more tightly regulated in tye interests of patient safety. *Doctors need to be involved in prescribing fillers after a face to face consultation with the patient. *The doctors doing the prescribing need to be familiar with facial fillers. They cannot prescribe if they are not familiar with the procedure *Doctors should have a clinical relationship with the nurse if supervising the nurse. *Doctors should be available in the case of an emergency or requiring post treatment of any complications THIS IS WHERE REMOTE PRESCRIBING TO MULTIPLE NURSES IS A VERY DANGEROUS PRACTICE THAT HAS NO CLINICAL SENSE. IT IS PURELY A BUSINESS MODEL BASED on \$\$\$\$ PROFIT!

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?

My notes were lost

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.

My notes were lost

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?

NOTES LOST !

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?

NOTES LOST !

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?

NOTES LOST !

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.

NOTES LOST !

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?

NOTES LOST !

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?

NOTES LOST !

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?

NOTES LOST !

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?

NOTES LOST !

Q170.

Additional feedback

Question 24 of 24

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

Q168.

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

Public consultation: Regulation of health practitioners who perform and who advertise non-surgical cosmetic procedures

The Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards are reforming the regulation of registered health practitioners who work in the non-surgical cosmetic procedures sector in Australia to improve practice and standards, public safety, and provide opportunities for more informed consumer choice. Ahpra and the National Boards are consulting on three documents related to the regulation of registered health practitioners who provide and who advertise non-surgical cosmetic procedures:

1. Guidelines for nurses who perform non-surgical cosmetic procedures (nurses practice guidelines—applies to nurses only)
2. Guidelines for registered health practitioners who perform non-surgical cosmetic procedures (shared practice guidelines – excluding medical practitioners and nurses), and
3. Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures (advertising guidelines – applies to all registered health practitioners).

The three proposed draft guidelines are intended to set out what National Boards expect of registered health practitioners working and advertising in this sector and provide clarity for consumers considering non-surgical cosmetic procedures about the standards expected of practitioners.

As the three proposed draft guidelines are all related to non-surgical cosmetic procedures, Ahpra and the National Boards are consulting on all three guidelines together. Feedback is welcome on any or all of the three draft guidelines.

We welcome feedback from organisations, registered health practitioners and the public.

There are some initial demographic questions and then questions on each of the guidelines we are consulting on. All questions are optional, and you are welcome to respond to any you find relevant, or that you have a view on.

The consultation questions are different in some sections as National Boards are intentionally consulting on the questions most relevant to the professions they regulate.

Your feedback will help us to understand your views and help National Boards set clear standards for registered health practitioners in the non-surgical cosmetic procedures sector, for the protection of the public.

Please email your submission to AhpraConsultation@ahpra.gov.au

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

How do we use the information you provide?

The survey is voluntary. All survey information collected will be treated confidentially and anonymously. Data collected will only be used for the purposes described above.

We may publish data from this survey in all internal documents and any published reports. When we do this, we ensure that any personal or identifiable information is removed.

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

Australian Health Practitioner Regulation Agency
National Boards

GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](https://www.ahpra.gov.au) 1300 419 495

Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

The information you provide will be handled in accordance with [Ahpra's privacy policy](#).

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

Publication of submissions

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

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

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

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

Initial questions:

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

Question A

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

☐ Organisation

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

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

☒ Individual

Name:

Name of organisation:

Contact email:

Question B

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

☒ A registered health practitioner?

Profession: [Medical Practitioner \(Doctor\)](#)

☐ A consumer / patient?

☐ Other – please describe: [Click or tap here to enter text.](#)

☐ Prefer not to say

Question C

Do you work in the cosmetic surgery/procedures sector?

- ☐ No
- ☐ Yes – I perform cosmetic surgery
- ☒ Yes – I perform cosmetic procedures (e.g. cosmetic injectable such as botulinum toxin and dermal fillers)
- ☐ Yes – I work in the area but do not perform surgery or procedures (e.g. practice manager, non-clinical employee)
- ☐ Prefer not to say

Question D

Do you give permission for your submission to be published?

- ☐ Yes, publish my submission **with** my name/organisation name
- ☐ Yes, publish my submission **without** my name
- ☐ Yes, publish my submission **without** organisation name
- ☒ Yes, publish my submission **without** both my name and organisation name
- ☐ No – **do not** publish my submission

Guidelines for nurses who perform non-surgical cosmetic procedures

Consultation questions:

The Nursing and Midwifery Board of Australia (the NMBA) is developing draft nurses practice guidelines at Attachment A of the consultation paper to enable the terminology in the guidelines to be nuanced for nurses, and to delineate the separate roles and scope of enrolled nurses, registered nurses and nurse practitioners in the non-surgical cosmetic procedures sector.

Question 1:

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

Your answer:

I cannot access the draft guidelines but as someone who has been in the industry a decade and as a HCP for > 20 years and who works as a trainer, it worries me that many of the nurses I see are fresh graduates who have entered nursing purely to inject, sometimes from a beauty background (eg dermal therapy, dermal clinician, hairdresser and beautician) and don't even want to do a year of postgraduate nursing in a medical setting before working in medical aesthetics. Many also set up solo within the first year of entering aesthetics which is immensely worrying and totally inappropriate in terms of patient safety.

Question 2:

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

Your answer:

I cannot answer as I have been unable to access the draft guidelines.

Question 3:

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

Your answer:

I assume no since I have been unable to find it to peruse myself.

Question 4:

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

Is this information clear? If not, why not?

Your answer:

Yes it is clear.

Question 5:

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

Your answer:

1. Minimum number of nursing experience in a multi-disciplinary team setting in hospital or a clinic prior to entering medical aesthetics etc 3-5 years minimum.
2. Comfort and ability to manage and RECOGNISE potential illness and complications within a multi disciplinary setting with adequate supervision and mentoring prior to entering medical aesthetics
3. Limitation of ability to work independently within the first few years in medical aesthetics, and requirement to work within another clinic with adequate supervision by a trainer/ mentor onsite eg an experienced nurse or NP, or a doctor for ongoing teaching like any other area of medicine.
4. Despite the changes to Zoom calls, I still witness cursory phone calls/ consults taking place with bare minimum information covered which does not safely nor adequately cover the prescribing doctor, the RN nor the patient.

Question 6:

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

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

Your answer:

Yes, the person doing the procedure and consent wears the responsibility not the prescribing doctor. Supervision is where it is all falling apart at the moment, especially if people from the beauty sector are entering nursing PURELY to inject bypassing basic ethics and standards of care needed for all HCPs.

Question 7:

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

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

Your answer:

A year is insufficient to consolidate all this information.

NPs who are not in aesthetics tell me a nursing degree does not cover anatomy except in passing, ditto pharmacodynamics and pharmacokinetics and extra training would be required as well as to recognise when this is not happening, none of which is possible in one year postgrad training.

I feel there should be a minimum of 3-5 years of formal supervision and training required in a hospital or clinic before venturing into aesthetics and further training with a bar for entry, standards and even exams.

Question 8:

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

Your answer:

See above.

The bar is very very low at present, and getting lower by the day, it is the biggest reason why people feel empowered to treat it like any other beauty procedure and not like medical procedures.

The solution is not to limit education, but to raise standards of those flooding the market looking to make a quick buck by feeding off vulnerable people with minimal training and inflated sense of skills.

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

Consultation questions:

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

Question 9:

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

Your answer:

As with the nursing guidelines, I believe a degree of non medical aesthetics experience is a bare minimum entry. Minimum 3-5 years post mandatory internship.

Non procedural fellowships eg RACP, RACGP without extensive additional procedural skills (eg years of surgical training, skin cancer training) is also something that should not immediately allow Drs to enter medical aesthetics and setup clinics independently without adequate supervision, much less to then "train" others as so many doctors post internship do, with deceptive terms in descriptors that patients are unaware of as well as taking out ads on daytime TV such as Studio 10 to advertise high risk treatments such as nose filler aka non surgical rhinoplasty.

Question 10:

Does the guidance in the draft shared practice guidelines sufficiently inform **registered health practitioners** about National Boards' expectations when performing non-surgical cosmetic procedures in Australia? Yes/No. If no, what needs to be changed?

Your answer:

Yes and I do not think it is sufficient as there are loopholes around all of them by those so inclined.

Question 11:

Is the guidance in the draft shared practice guidelines useful for the **public** to understand National Boards' expectations of registered health practitioners who perform non-surgical cosmetic procedures in Australia? Yes/No. If no, what would be more helpful?

Your answer:

This horse has long bolted with selling of medical aesthetics as being no different to beauty whereby patients regularly DM practitioners to ask "how much" and "priceless" as though shopping for a bargain and practitioners advertise packages, prices and more.

Not the same as those of us trying to educate amidst the quagmire of information including drug names from the USA and UK.

Question 12:

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

What changes do you propose and why?

Your answer:

1. Consider allowing use of drug names given this horse has long bolted to allow us to educate patients who ask about drug names ALL THE TIME based on pages overseas
2. Tighten rules to determine who can practice here and what standards those are required at minimum to meet eg min 5 years of post graduate experience in general nursing/ medicine prior to entering medical aesthetics and then on a competitive basis, with further formal training & supervision for a further minimum of 12 months before they can work independently.
3. Tie nurses who cannot prescribe to a doctor/NP who is directly supervising them or responsible for them inclg their training rather than what happens currently which is passively incentivising sales

Question 13:

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

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

What changes do you propose and why?

Your answer:

1. Minimum standards
2. Competitive entry as with all other areas of medicine
3. Mandatory period of mentoring/ supervision to reach proficiency with logbooks if needed
4. 1-2 prescribers rather than whoever happens to be rostered on for the companies buying products in bulk and selling them on to drs and nurses to promote, whom they also prescribe for.
5. Current proposed guidelines are nowhere near enough and will not work without control upstream of the flood entering each year.
6. In a saturated market people will race to the bottom by competing on price, especially if they come from a retail background.

Question 14:

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

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

Your answer:

1. Yes it is reasonable
2. In experienced hands this has been happening already
3. In inexperienced hands ie people jumping into this with 1-2 years postgrad experience, they'll fail to recognise this due to lack of training and working in a multi disciplinary/ apprenticeship model, endangering both themselves and patients

The reason cosmetic cowboys became such a big deal was because of lack of adequate supervision and training by a dermatologist who did not have any surgical training, taking on non surgical trainees to do the work for money. Failure to recognise what could go wrong, such that when it happened, none of them recognised it.

The safety feature of all surgical training is to recognise early signs of a problem to avert it, same applies in non surgical cosmetics and as someone with extensive years of experience this is why it failed - marketing, advertising and failure by the people selling this to recognise their own scope of practice.

Question 15:

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

Your answer:

See above.

I will say this again and again.

These are all punitive measures that will punish the good and rogue providers will simply see the fines as the price of doing business- they already do.

To haul over the system, there needs to be standards implemented at the TOP not at the bottom which is what is being proposed.

- minimum bar for entry, 3-5 years of postgrad nursing/ medical experience. MINIMUM
- Competitive process for entry
- Mandatory 12 months of supervision/ mentorship/ apprenticeship before they can work independently
- Tying non prescribers to a small number of prescribers
- Comprehensive consultation with the medical practitioner/prescriber not a token 30 second consult that is essentially meaningless to authorise a nurse to inject who does not know how to conduct a history, or do an assessment if it is her first 6 mths in a clinic working solo.

In NO other area of medicine would this setup be acceptable nor safe. So why do we accept it in medical aesthetics, whereby patients think it is no different to ordering nails or hair colour?

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

Consultation questions:

The proposed draft advertising guidelines (at Attachment C of the consultation paper) will apply to all registered health practitioners who advertise non-surgical cosmetic procedures.

Question 16:

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

Your answer:

Needs more than what is suggested but it is a start. 1 year postgrad is insufficient. Look at all the rogue doctors setting up post internship

Question 17:

Does the guidance in the draft advertising guidelines sufficiently inform **registered health practitioners** about National Boards' expectations when advertising non-surgical cosmetic procedures? Yes/No. If no, what needs to be changed?

Your answer:

Yes but whether rogue providers will listen remains to be seen.

Question 18:

Is the guidance in the draft advertising guidelines useful for the **public** to understand National Boards' expectations of registered health practitioners who advertise non-surgical cosmetic procedures in Australia? Yes/No. If no, what would be more helpful?

Your answer:

No. The public doesn't care beyond cost and convenience. They will see this as an impediment which is why safety by having standards is the way to go. None of this will mean much.

Allow education by providers whose sole function is NOT to sell since every other country advertises these products anyway and patients ask about it on social media all the time. Allowing us to educate allows better safety than current rules.

Question 19:

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

Your answer:

See above.

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

Question 20:

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

Your answer:

Yes it's appropriate but I remain alarmed at non registered HCWs providing some of them eg PRP, laser etc without much training at all given they are essentially practising without accountability in the event of a problem

Question 21:

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

What changes do you propose?

Your answer:

NA

About IV infusion treatments:

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

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

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

Question 22:

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

Your answer:

What is the point of different guidelines if they won't be followed since non regulated health providers won't be limited by them, only registered HCWs and patients will believe the spiel?

Question 23:

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

Your answer:

NA

Question 24:

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

Your answer:

See my repeated answers above.

These are all unlikely to do much especially for rogue operators.

We need standards. Medical aesthetics is a speciality in its own right that at present has NO standards, no mentioship and no supervision requirements. No recognised college to oversee training etc

It is a shame that those of us who have dedicated years or more to learning all this at cost to ourselves are watching this industry be diluted by rogue providers and people who have the barest minimum of medical training and risk not only patient safety but also the reputation of the industry.

In no other area of medicine would this practice be acceptable.

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.

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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.

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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.

This question was not displayed to the respondent.

Q101. Do you work in the cosmetic surgery/procedures sector?

☒ Yes

☐ No

☐ Prefer not to say

Q102. If yes, in what capacity do you work in the cosmetic surgery/procedures sector? *Please select all that apply*

☐ I perform cosmetic surgery

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

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

☐ Prefer not to say

☐ Other, please describe:

Q150.

Your details

Name:

Q151. Organisation name:

Q172. Email address:

Q152.

Publication of your submission

Do you give permission for your submission to be published?

- ☐ Yes - publish my submission **with** my name/organisation name
- ☐ Yes - publish my submission **without** my name
- ☐ Yes - publish my submission **without** my organisation name
- ☒ Yes - publish my submission **without** both my name and organisation name
- ☐ No - **do not** publish my submission

Q187.

Guidelines for nurses who perform non-surgical cosmetic procedures

The Nursing and Midwifery Board of Australia (the NMBA) is developing draft nurses practice guidelines (draft nurses practice guidelines) to enable the terminology in the guidelines to be nuanced for nurses, and to delineate the separate roles and scope of enrolled nurses, registered nurses and nurse practitioners in the non-surgical cosmetic procedures sector.

Q121.

Question 1 of 24

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

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?

The public should be able to research (i.e. social media accounts) to see photos of true accounts of previous work/clients so the consumer/patient feels comfortable when choosing a non-surgical clinic for treatment to assist them with choosing a clinic/therapist they feel comfortable with that aligns with their desired goals.

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 public should be able to research (i.e. social media accounts) to see photos of true accounts of previous work/clients so the consumer/patient feels comfortable when choosing a non-surgical clinic for treatment to assist them with choosing a clinic/therapist they feel comfortable with that aligns with their desired goals.

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 public should be able to research (i.e. social media accounts) to see photos of true accounts of previous work/clients so the consumer/patient feels comfortable when choosing a non-surgical clinic for treatment to assist them with choosing a clinic/therapist they feel comfortable with that aligns with their desired goals.

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 public should be able to research (i.e. social media accounts) to see photos of true accounts of previous work/clients so the consumer/patient feels comfortable when choosing a non-surgical clinic for treatment to assist them with choosing a clinic/therapist they feel comfortable with that aligns with their desired goals.

Q161.

Definition of 'non-surgical cosmetic procedures'

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

Q162.

Question 20 of 24

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

The public should be able to research (i.e. social media accounts) to see photos of true accounts of previous work/clients so the consumer/patient feels comfortable when choosing a non-surgical clinic for treatment to assist them with choosing a clinic/therapist they feel comfortable with that aligns with their desired goals.

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?

The public should be able to research (i.e. social media accounts) to see photos of true accounts of previous work/clients so the consumer/patient feels comfortable when choosing a non-surgical clinic for treatment to assist them with choosing a clinic/therapist they feel comfortable with that aligns with their desired goals.

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?

The public should be able to research (i.e. social media accounts) to see photos of true accounts of previous work/clients so the consumer/patient feels comfortable when choosing a non-surgical clinic for treatment to assist them with choosing a clinic/therapist they feel comfortable with that aligns with their desired goals.

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

Practice Manager of a medical practice

☐ Prefer not to say

Q149.

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

This question was not displayed to the respondent.

Q101. Do you work in the cosmetic surgery/procedures sector?

☒ Yes

☐ No

☐ Prefer not to say

Q102. If yes, in what capacity do you work in the cosmetic surgery/procedures sector? *Please select all that apply*

☐ I perform cosmetic surgery

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

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

☐ Prefer not to say

☐ Other, please describe:

Q150.

Your details

Name:

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. I feel even stricter guidelines should be introduced to better protect patient safety. Especially for nurses working independently of a doctor in a solo working arrangement with nil other staff available on site to assist in case of an adverse event / medical emergency.

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 wording however is quite vague in relation to "appropriate training" and "education".

Q143.

Question 3 of 24

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

No. The public needs to be better protected from clinicians - doctors and nurses whose main priority is to make money from patients rather than provide a high quality service while minimising risk to the patient. Cosmetic injectables is a medical procedure with potential for significant adverse events, some inconvenience, post procedure downtime, and usually a high financial cost compared to other medical procedures. I'm not aware of any other regulated health service in Australia, with this level of risk where the patient doesn't know the full name, qualifications of the health practitioner before they attend for their appointment. At GP clinics, specialist practices, the doctors full names and qualifications are listed on the door of the premises, on a website etc. By contrast, many of these aesthetic clinics, there are no full names given, no qualifications listed, no history of their clinical experience or training. Because of this, it is easy for non-qualified individuals to pretend they are qualified, or a EEN saying they are a nurse and implying they are a registered nurse, and working independently. Or an overseas qualified nurse without Australian registration, working as a cosmetic injector in their own clinic. I feel the only way to minimise this risk is that every method of communicating with potential patients should have to list the photo, full name, AHPRA registration number, year they received their qualification, and year they commenced 'cosmetic injectables'. I know of instances where non-registered nurses or de-registered nurses have used another nurse's registration number, as without a photo how does a patient know that is the correct person that is injecting them. Taxi drivers require this to be displayed upon access to a cab, how is this not mandatory in a far riskier interaction? Nurses who have recently completed a degree in nursing with minimal or nil high level nursing practice experience of dealing with more urgent medical situations or working in a higher level procedural setting have been able to enter the industry by finding a 'scripting service' who will provide their 'scripts' and allow them to purchase a S4 product without and hands-on assessment of their skills or knowledge in this specific area of nursing. This practice is not protecting patient safety. Of course there are also some very well run scripting services that we are aware of where high standard of injector assessment skills and training is completed prior to being able to purchase S4 medications. Additionally there is a substantial amount of S4's imported illegally into Australia or brought home from holidays in suitcases, due to the far higher cost of these products in Australia. Most patients will have no idea whether the product they are receiving has been purchased in Australia or not. And if purchased overseas, has it been assessed to the same degree of safety that the TGA has? We do not understand why are these products allowed to be issued to nurses directly prior to any patient prescription for the product? Perhaps a better alternative is to have the patient consultation which the patient pays for. A prescription is issued, the patient pays for it, the S4 is sent to the nurse clinic and then it is administered to the patient. What other area of medicine has allowed a huge financial incentive to over treat the patient? By contrast to other areas in medicine, Aesthetic doctors and nurses usually do not charge a consultation fee and simply charge a fee per unit or ml used in the procedure (cost + maybe 200%-300% markup). This means the more product they use, the greater the profit margin per procedure (per hour). This certainly has encouraged clinicians to deliver dermal filler treatments of up to 10ml per session, where the profit margin may be \$3000 for an hour-long procedure. By comparison, if the patient was simply paying for their skills and experience on a time rated payment, then the incentive to over-treat would be removed.

Q144.

Question 4 of 24

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

Is this information clear? If not, why not?

Yes

Q173.

Question 5 of 24

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

as an aside, perhaps encourage more experienced nurses to be representative of the group when providing commentary for news interviews etc. A typical scenario is whoever promotes themselves the most, is chosen to be interviewed and may not be the most appropriate interviewee to represent the high level of education and skills available for patients in the nurse-led injectable industry. For instance in a recent news article, <https://www.news.com.au/lifestyle/beauty/face-body/australias-cosmetic-injectables-industry-slapped-with-out-of-control-new-restrictions/news-story/e8d897a015b650e073c13ec40c8d41e0> "However, some played down the potential impact of the changes, like [REDACTED] from the [REDACTED] who said it will merely make practitioners "better at creating new ways to say things". "From a neutral standpoint, I believe everyone knows what you do if you advertise that you are either a cosmetic nurse injector or an aesthetic medical practitioner," [REDACTED] said. "I actually don't think it matters if you itemise what you do because your title and qualifications speak to the practices you do anyway." This interviewee is an EEN who received her registration with AHPRA in January 2023, after completing a Diploma of Nursing, TAFE NSW; (and a number of other non-nursing qualifications) and performs skin cancer assessments.

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 The supervision type and format needs to be more accurately described to remove ambiguity. The responsibility for patient care needs to be precisely detailed in the case of a complaint / adverse event escalation.

Q146.

Question 7 of 24

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

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

Yes I feel it should be 2 years post grad experience with at least 1 year spent in a nursing area such as hospital, day surgery or GP practice with a minimum of 2 other FT RN's for mentoring and supervision. RN's should have to keep a logbook of the work they have completed, in a similar way that other health professionals have to complete in their professional year. This should be signed off by their supervisor and available for future employers to assess. Similar to the way in which a learner driver's hours are logged, or a national skill passport etc is managed. Suggest there is a 'graduate' registration number and then a 'professional' registration number once these logbooks have been assessed and the nurse has passed the requirements for safe practice. My colleagues are aware of recently graduated nurses who entered cosmetic nursing immediately after graduation, and then were being given training in highly invasive 'threadlifts' within 6 months of commencement, by companies selling the threadlift consumables. These threadlift procedures did not have any medical oversight (as apparently this isn't needed) and have high risk of serious adverse events, even by experienced doctors. I feel these higher risk procedures should not be able to be performed by newly qualified nurses.

Q147.

Question 8 of 24

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

There are many scenarios of how cosmetic injectable nursing practice performed in Australia that are not ideal for patient safety, patient privacy, managing adverse events etc. There are also many that perform the highest quality of work and patient safety and the ones that do follow the rules are frustrated by the clinics that are allowed to continue to practice despite not practising safely. For instance, nurses who work from a room within a hairdressing salon, where there is no lockable door, or the walls do not fully extend to the ceiling. Nurses who are working solo, with no one nearby to provide assistance in the case of a medical emergency. This does not happen in other medical practices where higher risk procedures are performed. Why does a GP practice require accreditation and formal policies for many areas of practice, which involves significant labour investment and cost, when an aesthetic injecting clinic doesn't? By comparison a GP clinic usually has doctors on site when patients are present, usually multiple other health professionals and a collegiate approach to managing a difficult medical situation; and are performing lower risk procedures for far lower procedure cost. It doesn't make sense that GP practices are so regulated and aesthetic injecting practices aren't. To protect patients, prior to a nurse providing 'cosmetic injectables' or working independently of a doctor for any type of cosmetic procedure, there should be: -formal assessment of practical skills and safety, - complete a theory assessment managed by a tertiary education facility -inspection of the facility they are planning to work out of by a local health service that is funded by the applicant. - a minimum of one other person on site at all times during cosmetic injectable procedures, ideally another health professional -randomly conducted audits of clinic's drug books and patient records to check the product used was covered by a valid prescription, and the batch number matches an Australian issued product -formally conducted CPD events - not just supplier provided product training associated with dinner or social events -requirement to complete CPD activities and log points within the specific area of practice - as occurs for GPs and medical specialists -setup a specific 'qualification' or post grad certificate to recognise nurses who have completed additional education, and this could be recognised with a specific class of AHPRA registration - routine audits of websites and social media for improper advertising or lack of visibility to qualifications, as part of an annual AHPRA registration review and checking CPD.

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?

please refer to previous responses

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?

More communication needs to be initiated for Australian public. I know of many people who have received cosmetic injectable procedures of S4 medications by a nurse, and did not have a face-to-face or video call consultation with a doctor prior to the approval for the procedure. Currently there is no mechanism to check if the nurse who is holding the S4 medication in their clinic cupboard has gained authorisation to treat the patient with that medication. Patients often don't complain about adverse events as they are often embarrassed to admit they had a non-medically necessary procedure performed solely to improve their appearance, that they didn't do enough research, or were swayed by a 'cheap' deal or 'sale' event. Suggest a PR campaign that simply says - when you attend a clinic for an aesthetic injectable treatment, there must be a consultation with a doctor or a NP prior to the treatment commencing. And that they must also provide informed financial consent to the total cost of the procedure in writing before proceeding. There are many nurse-led clinics who follow the rules to perfection, and unfortunately the ones who don't, let the whole industry down in the public viewpoint; and from the perspective of the rest of the medical profession

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?

There should be an overarching philosophy to protect patient safety whether it is an EEN, RN, NP, doctor or dentists performing a non-surgical cosmetic procedure. However, there are different levels of education and training across these health professionals, and they require different levels of oversight and regulatory framework due to their differing education and skills. For instance an EEN who may have achieved their qualification via TAFE will likely have different skills and education level compared to a dermatologist performing the same procedure. Unfortunately in the current social media climate, if the EEN is adept at marketing and is a confident self-promoter, a patient may think the EEN is a better choice for the clinical assessment of their issue or to attend their clinic for procedure, than the dermatologist, purely based on their marketing and advertising of the service. Also if a NP gained their advanced registration due to their prior work in diabetes, it doesn't seem appropriate that they promote themselves as a 'specialist aesthetic' NP. Doctors have to complete an internship in a hospital for a year where they are being supervised and mentored by more experienced colleagues, This process is essential to assess individuals who may place patients at higher risk of adverse events without further training, or for those individuals who may not be suited for the profession. With nursing currently, there is no similar mandatory supervision or professional year requirements prior to being allowed to work solo in a suburban or rural clinic, performing complex procedures or injecting complex medications deep below the skin, which is very concerning. Of most concern, is the 'non-surgical facelift' threadlift procedure where implanted barbed threads with anchoring hooks are inserted into the fat pads of the face; and some deeper injection procedures like 'non-surgical butt lifts' and 'breast augmentation' using non-reversible collagen stimulating S4's. My colleagues feel these are not appropriate procedures for nurses without specific education in this area + substantial practice with supervised experience in a hospital or surgical setting. Same applies for doctors or dentists commencing this procedure after performing one procedure in a 2-hour training session conducted by the company selling the procedure kit.

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 and research suggests there is likely a higher than population average incidence of BDD among aesthetic doctors, dentists and nurses

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 It could go further. My colleagues and I are not sure that the restriction of words used are going to have any effect on the clinics who disregard the rules, as they will simply find a way to evade them. A far easier method to identify incorrect advertising practices is to scroll through social media searching for eg: #lipfiller and then assess if the advertising is OK or infringes the legislation. The Pharma companies also get around their Medicines Australia guidelines by holding expensive, glitzy events with lavish decorations in high-end venues; where their logos, product names., product boxes, KOL's feature heavily in the subsequent days by the attending guests in their social media feed, promoting the exclusive education event they were invited to. We don't see this in other areas of medicine and we are confused as to how this is allowed. Additionally, pricing should not be able to be advertised in any format. patients should have to attend the clinic, receive a consultation and then gain pricing information. Only pricing that should be advertised is a consultation fee, same as for other medical practitioners. We don't see orthopaedic surgeons advertising they are running a 'Black Friday Sale' on knee replacements or rheumatologists advertising 3 areas of steroid injections for the price of 2. It's got out-of-control. Clinics running constant sales on injectables as a 'call-to-action' should be ceased immediately.

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 More work needs to be done informing the public. And this communication to be done in the places where patients are going to be looking for a potential clinic - eg: social media

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 Provide a very clear message to the public of exactly what is and what isn't allowed. Some of the information from AHPRA and TGA seems to sit on the fence which causes ambiguity and leaves some topics open to interpretation. There are so many high quality clinics that follow the rules, so there should be a system where there are significant consequences if a clinician is in repeated breach of the guidelines. It seems nurses generally follow the advertising rules better than doctors / dentists

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 It would be helpful to provide a complete list of procedures, and which ones requires a prescription of treatment authority by a NP, doctor, dentist. -It could be done in a table -And suggested tips eg: nose filler - seek out an experienced injector who has many years of experience in this area, compared to anti-wrinkle injections of the forehead, which a less experienced injector can manage. Patients have very little understanding about the safety aspects and training knowledge of their injector. They often just look at how good their social media 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?

nil

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 These procedures have risks. My colleagues are aware of serious adverse events from these procedures performed in other clinics. Q to consider: - Are the doses being delivered of a therapeutic grade? -Are patients receiving the required observations during their infusion? -Is the dose being delivered over the recommended timeframe? Which may be several hours for safety.

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?

-Where the materials can be sourced from -What IV therapies are suitable for infusion in a suburban setting -Maximum permissible dose -Consent forms that advise patient the treatment is considered experimental and is not proven by research etc -Additional equipment/medication to have on site in case of a reaction / adverse event

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?

To ensure the health professionals who provide best practice patient care and quality procedures within the regulatory framework can continue to provide this important service, more needs to be done to identify the rogue operators. Suggest via random audits and increasing staffing for investigating complaints; + greater consequences. For instance if a health professional who performs cosmetic injectables is fined by the TGA for illegal importation of S4 medications, then they should have their registration suspended and then only work under supervision in an employed position – not in their own clinic. Their names should also be made public, otherwise how are the public being protected from future harm by these injectors? If they are still allowed to practice, will they not likely try this practice again, especially when the fine is a relatively small value compared to the amount of money they have saved by purchasing S4 injectables like HA filler overseas. Or similarly if an injector is de-registered, then this should be made public also, as it is easy for them to just change the clinic name, and continue on with an active social media presence. The AHPRA practitioner search should provide a 'red flag' type system if there is an open investigation on the practitioner, that has met the level of merit required to be taken seriously by AHPRA. Similarly for nurses who are found to not have gained a treatment authority prior to an S4 or a PRP injection, there should be a system of 2 warnings and then suspension. If health professionals are working in this space, running their own clinic, earning large sums of money for procedures, then they need to ensure they are aware of the regulatory requirements. Ignorance cannot be a reasonable defence. These changes will improve the industry, hopefully reduce the number of individuals who don't like to work within the rules, and ultimately improve safety for patients.

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?

No the guidelines are too vague

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 enough rigorous in the guidelines about clinical experience as a minimum requirement

Q143.

Question 3 of 24

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

no the guildlines are too broad and open to mis interpretation there are registered nurses already providing cosmetic procedures and they have no or too little experience in acute care, surgical nursing or compliance with accreditation standards

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 but needs to be externally reviewed in accreditation compliance

Q173.

Question 5 of 24

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

compliance which regulaton or legislation will underpin compliance in all states and territories to ensure consistency in practice and compliance

Q145.

Question 6 of 24

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

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

not enough detail about minimum and mandatory training as as ongoing education requirements

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?

on year is only basic experience and does not enable a nurse to manage complex situations

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.

eens should not be performing cosmetic procedures as nearly all procedures are beneath the skin including injectables and have very limited knowledge of pharmacology. Infection control, wound and pain managment

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?

Clearly define which registered health practices for this field are to be accredited

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?

NsW health legislation already has a set of procedure classifications

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?

Yes ech Rn should also be supported by a medical practitioner on site

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?

Do not assume that a registered nurse has adequate experience to assess a person's mental health status. Apart from guidelines there should be a requirement for training and not an online quiz.

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?

Too broad

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?

Basically but a public education program should also be conducted

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.

Expiation and understanding of all risks involved with each procedure and a signed consent

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 and be included in approved accreditation standards

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 and based on legitimate scientific evidence not performed by rns without direct medical supervision and in a state licenced clinic

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?

Legislative compliance

Q170.

Additional feedback

Question 24 of 24

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

Q168.

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

Q1.

Public consultation: Regulation of health practitioners who perform and who advertise non-surgical cosmetic procedures

Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards are reforming the regulation of registered health practitioners who work in the non-surgical cosmetic procedures sector in Australia to improve practice and standards, public safety, and provide opportunities for more informed consumer choice. Ahpra and the National Boards are consulting on three documents related to the regulation of registered health practitioners who provide and who advertise non-surgical cosmetic procedures:

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The three proposed draft guidelines are intended to set out what National Boards expect of registered health practitioners working and advertising in this sector and provide clarity for consumers considering non-surgical cosmetic procedures about the standards expected of practitioners.

As the three proposed draft guidelines are all related to non-surgical cosmetic procedures, Ahpra and the National Boards are consulting on all three guidelines together. Feedback is welcome on any or all of the three draft guidelines.

We welcome feedback from organisations, registered health practitioners and the public.

There are some initial demographic questions and then questions on each of the guidelines we are consulting on. All questions are optional, and you are welcome to respond to any you find relevant, or that you have a view on.

The consultation questions are different in some sections as National Boards are intentionally consulting on the questions most relevant to the professions they regulate.

Your feedback will help us to understand your views and help National Boards set clear standards for registered health practitioners in the non-surgical cosmetic procedures sector, for the protection of the public. It will take approximately 15 minutes to complete this survey if you answer all questions.

The submission deadline is close of business 1 March 2024 (consultation has been extended by 4 weeks)

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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?

It requires information on laser safety training. According to AS/NZS (<https://store.standards.org.au/product/as-nzs-4173-2018>) all users of lasers must do laser safety training. This should be mandatory and then a refresher done every three years as per the Australasian College of Aesthetic Medicine (ACAM) (<https://www.acam.org.au/cpd-policies/>). This must be mandatory for all nurses.

Q142.

Question 2 of 24

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

No, 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?

No, as above

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 have concerns that this is in conflict with the mature minor principle and would set a precedent for reproductive rights.

Q173.

Question 5 of 24

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

Add skin needling to list of treatments.

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. But EN should only be doing these injectables: Muscle relaxants upper face, dermal filler cheeks. EN are not qualified to teach clinical skills to RN, NP or doctors.

Q146.

Question 7 of 24

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

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

This should be two 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.

Laser safety 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. The board will need to take firm action and penalise practitioners and publicise it though to have any effect.

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?

Add skin tightening, skin needling.

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 practitioners should abide.

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 it must be understood that patients are now aware of this and are lying to their providers.

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.

Mandatory initial laser safety education and refresher at least per triennium.

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?

The public must see that those in breach are penalised.

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?

Add skin needling and skin tightening.

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 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?

IV infusions should not be administered unless medically indicated.

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?

I don't support them.

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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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.

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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.

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

Mostly.

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?

I am in agreeance with the NMBA that botulinum toxin and dermal fillers should not be prescribed for persons under 18 for cosmetic purposes.

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?

I do not believe 1 year full time equivalent post grad nursing is adequate to build and consolidate skills and knowledge as an RN in a general setting. I would like to see the practice guidelines modified to a MINIMUM 2 years full time post registration. How does AHPRA plan to identify whether these RN's have complex anatomical and physiological knowledge and sufficient 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.

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?

Mostly

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 clear.

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 is fine, as long as there is also a clear one page document. The majority of the public does not want to read a 55 page document.

Q154.

Question 12 of 24

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

What changes do you propose and why?

Q155.

Question 13 of 24

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

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

What changes do you propose and why?

Q156.

Question 14 of 24

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

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

Yes all health practitioners performing cosmetic procedures should be assessing for underlying psychological conditions.

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 do not agree with only BDD being named. Seems strange that the focus is only on BDD, when as Health practitioners we also need to be aware and able to screen for other psychological issues. I have had clients with other mental health disorders, including Bipolar Disorder, who I have had to politely decline treatment. BDD is not the only disorder that should be highlighted.

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.

Clear contact details on how the public can report individuals who breach these advertising guidelines. It is increasingly frustrating for the majority who are compliant, and watch as larger chain clinics, etc continually do the wrong thing.

Q161.

Definition of 'non-surgical cosmetic procedures'

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

Q162.

Question 20 of 24

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

yes

Q163.

Question 21 of 24

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

What changes do you propose?

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?

Unsure.

Q170.

Additional feedback

Question 24 of 24

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

Q168.

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

Public consultation: Regulation of health practitioners who perform and who advertise non-surgical cosmetic procedures

The Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards are reforming the regulation of registered health practitioners who work in the non-surgical cosmetic procedures sector in Australia to improve practice and standards, public safety, and provide opportunities for more informed consumer choice. Ahpra and the National Boards are consulting on three documents related to the regulation of registered health practitioners who provide and who advertise non-surgical cosmetic procedures:

1. Guidelines for nurses who perform non-surgical cosmetic procedures (nurses practice guidelines—applies to nurses only)
2. Guidelines for registered health practitioners who perform non-surgical cosmetic procedures (shared practice guidelines – excluding medical practitioners and nurses), and
3. Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures (advertising guidelines – applies to all registered health practitioners).

The three proposed draft guidelines are intended to set out what National Boards expect of registered health practitioners working and advertising in this sector and provide clarity for consumers considering non-surgical cosmetic procedures about the standards expected of practitioners.

As the three proposed draft guidelines are all related to non-surgical cosmetic procedures, Ahpra and the National Boards are consulting on all three guidelines together. Feedback is welcome on any or all of the three draft guidelines.

We welcome feedback from organisations, registered health practitioners and the public.

There are some initial demographic questions and then questions on each of the guidelines we are consulting on. All questions are optional, and you are welcome to respond to any you find relevant, or that you have a view on.

The consultation questions are different in some sections as National Boards are intentionally consulting on the questions most relevant to the professions they regulate.

Your feedback will help us to understand your views and help National Boards set clear standards for registered health practitioners in the non-surgical cosmetic procedures sector, for the protection of the public.

Please email your submission to AhpraConsultation@ahpra.gov.au

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

How do we use the information you provide?

The survey is voluntary. All survey information collected will be treated confidentially and anonymously. Data collected will only be used for the purposes described above.

We may publish data from this survey in all internal documents and any published reports. When we do this, we ensure that any personal or identifiable information is removed.

Australian Health Practitioner Regulation Agency
National Boards

GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](https://www.ahpra.gov.au) 1300 419 495

Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

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

The information you provide will be handled in accordance with [Ahpra's privacy policy](#).

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

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Question A

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

☐ Organisation

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

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

☒ Individual

Name:

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

Contact email:

Question B

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

☐ A registered health practitioner?

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

☐ A consumer / patient?

☒ Other – please describe: Soon to be Uni Student studying to be a registered nurse

☐ Prefer not to say

Question C

Do you work in the cosmetic surgery/procedures sector?

☒ No

☐ Yes – I perform cosmetic surgery

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

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

☐ Prefer not to say

Question D

Do you give permission for your submission to be published?

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

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

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

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

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

Guidelines for nurses who perform non-surgical cosmetic procedures

Consultation questions:

The Nursing and Midwifery Board of Australia (the NMBA) is developing draft nurses practice guidelines at Attachment A of the consultation paper to enable the terminology in the guidelines to be nuanced for nurses, and to delineate the separate roles and scope of enrolled nurses, registered nurses and nurse practitioners in the non-surgical cosmetic procedures sector.

Question 7:

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

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

Your answer:

No, I disagree. I do not believe that an RN who has just completed 900 hours of placement should have to work for 1 whole year minimum in a hospital to become an injector where there are no benefits. During these many weeks of placement & 900 hours, you are taught the basics and do many hours of practical work anyhow. Working in a hospital does not teach you the fundamentals of face anatomy and how to inject the face safely. You may learn how to inject a drip but this has nothing to do with face anatomy. Cosmetics is a completely different field of nursing so I do not believe that just because you have experience in a hospital, you should be qualified to become an injector, in fact, it would be more safe and beneficial to have a newly graduated RN spend more time with an experienced injector in a clinic shadowing them and learning from a professional in the field. However, we should be made to possibly complete a cosmetic injecting course during this time. Being hands on after shadowing a professional in this field will be most beneficial. No one should be injecting unless they are a registered nurse anyhow so I don't know why Enrolled nurses are even mentioned. I also don't believe it is fair that there are hundreds of cosmetic injectors that did not have this rule apply and now all of a sudden new nurses will need to work in hospitals or other clinics that they may not like to work in after spending 3 years of their life studying extremely hard only to be set back from achieving their dreams. You need to consider that working in a hospital WILL NOT teach anyone how to inject filler safely and avoid arteries within the facial region. You would think that it would be mandatory for an RN to work along side a professional in that industry over a hospital if you insist on extra training before injecting. I am very disappointed and am now completely gutted that my dreams, goal and future will now be pushed back even further for something that I do not believe will benefit me at all. Considering the amount of years you want nurses to train for, we probably don't get paid near as much as we would be worth.

Please consider my response.

Thank you.

Your answer:

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

Consultation questions:

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

Question 9:

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

Your answer:

Question 10:

Does the guidance in the draft shared practice guidelines sufficiently inform **registered health practitioners** about National Boards' expectations when performing non-surgical cosmetic procedures in Australia? Yes/No. If no, what needs to be changed?

Your answer:

Question 11:

Is the guidance in the draft shared practice guidelines useful for the **public** to understand National Boards' expectations of registered health practitioners who perform non-surgical cosmetic procedures in Australia? Yes/No. If no, what would be more helpful?

Your answer:

Question 12:

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

What changes do you propose and why?

Your answer:

Question 13:

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

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

What changes do you propose and why?

Your answer:

Question 14:

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

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

Your answer:

Question 15:

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

Your answer:

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

Consultation questions:

The proposed draft advertising guidelines (at Attachment C of the consultation paper) will apply to all registered health practitioners who advertise non-surgical cosmetic procedures.

Question 16:

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

Your answer:

Question 17:

Does the guidance in the draft advertising guidelines sufficiently inform **registered health practitioners** about National Boards' expectations when advertising non-surgical cosmetic procedures? Yes/No. If no, what needs to be changed?

Your answer:

Question 18:

Is the guidance in the draft advertising guidelines useful for the **public** to understand National Boards' expectations of registered health practitioners who advertise non-surgical cosmetic procedures in Australia? Yes/No. If no, what would be more helpful?

Your answer:

Question 19:

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

Your answer:

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

Question 20:

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

Your answer:

Question 21:

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

What changes do you propose?

Your answer:

About IV infusion treatments:

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

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

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

Question 22:

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

Your answer:

Question 23:

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

Your answer:

Question 24:

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

Your answer:

Public consultation: Regulation of health practitioners who perform and who advertise non-surgical cosmetic procedures

The Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards are reforming the regulation of registered health practitioners who work in the non-surgical cosmetic procedures sector in Australia to improve practice and standards, public safety, and provide opportunities for more informed consumer choice. Ahpra and the National Boards are consulting on three documents related to the regulation of registered health practitioners who provide and who advertise non-surgical cosmetic procedures:

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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.

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Australian Health Practitioner Regulation Agency
National Boards

GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](https://www.ahpra.gov.au) 1300 419 495

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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.

Question A

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

☐ Organisation

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

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

☒ Individual

Name:

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

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

Question B

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

☐ A registered health practitioner?

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

☒ A consumer / patient?

☐ Other – please describe: [Click or tap here to enter text.](#)

☐ Prefer not to say

Question C

Do you work in the cosmetic surgery/procedures sector?

☐ No

☐ Yes – I perform cosmetic surgery

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

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

☐ Prefer not to say

Question D

Do you give permission for your submission to be published?

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

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

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

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

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

Guidelines for nurses who perform non-surgical cosmetic procedures

Consultation questions:

The Nursing and Midwifery Board of Australia (the NMBA) is developing draft nurses practice guidelines at Attachment A of the consultation paper to enable the terminology in the guidelines to be nuanced for nurses, and to delineate the separate roles and scope of enrolled nurses, registered nurses and nurse practitioners in the non-surgical cosmetic procedures sector.

Question 1:

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

Your answer:

No. During the draft you are discussing beauty related treatments such as cosmetic tattooing and dermabrasion and chemical peels which is related to beauty therapy. These kinds of treatments have been put in the same sector as botulinum toxin and dermal fillers which beauty therapists cannot perform. If a nurse is to perform these treatments they need to have a diploma of beauty therapy and is not relevant to a nurse performing cosmetic treatments.

Question 2:

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

Your answer:

No. Enrolled nurses have been put under the same umbrella as registered nurses and this is what needs to be removed. Enrolled nurses should not be able to perform cosmetic treatments period.

Question 3:

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

Your answer:

Yes although the public has received enough information on the news and information is easily available online for them to access.

Question 4:

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

Is this information clear? If not, why not?

Your answer:
Yes this is clear

Question 5:

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

Your answer:

No.

Question 6:

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

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

Your answer:

No. There is no available resources or education available for a person assisting in the care other than being experienced or being educated by the RN/NP that you work with.

Question 7:

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

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

Your answer:

No. Being experienced in another specialist area will not be valuable education or information for an RN that will be working in the area of non-surgical cosmetic procedures. If a nurse was to practise in aged care or cardiovascular field the education they gain will not be applicable in non-surgical cosmetic procedures. It doesn't make sense for a new RN to work in another sector when many RNs only study and go through the education of university just to pursue their dream in non-surgical cosmetic procedures. Many RNs have been working in the beauty industry for many years and this should be considered for the RNs that want to work in non-surgical cosmetic industry.

Question 8:

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

Your answer:

No. information is always available online and is easily accessible the same way they had access to find a cosmetic nurse.

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

Consultation questions:

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

Question 9:

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

Your answer:

No. This is all about advertising when the main issue of education is not discussed. Adequate training is not clearly discussed.

Question 10:

Does the guidance in the draft shared practice guidelines sufficiently inform **registered health practitioners** about National Boards' expectations when performing non-surgical cosmetic procedures in Australia? Yes/No. If no, what needs to be changed?

Your answer:

No. There is still no information on education. There is no AHPRA controlled regulation on education for non-surgical cosmetic nurses. Many new and existing nurses are paying a lot of money to learn from experienced cosmetic nurses in a course that lasts a few days.

Question 11:

Is the guidance in the draft shared practice guidelines useful for the **public** to understand National Boards' expectations of registered health practitioners who perform non-surgical cosmetic procedures in Australia? Yes/No. If no, what would be more helpful?

Your answer:

No. information is easily available online the same way the public is finding a non-surgical cosmetic provider. Information is available on all platforms.

Question 12:

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

What changes do you propose and why?

Your answer:

Yes! Remove beauty treatments. They are not applicable to cosmetic nurses. Cosmetic nurses need to be educated in tafe or a beauty rto and receive a diploma of beauty therapy to perform these treatments. What does this leave for beauty therapists? They have been placed under the same umbrella.

Question 13:

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

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

What changes do you propose and why?

Your answer:

This should be only applicable to Doctors, Registered nurses and Nurse Practitioners. Enrolled nurses need to be removed from the non-surgical cosmetic industry.

Question 14:

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

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

Your answer:

Yes. But still you cannot assess for psychological conditions such as BDD because the public is now aware and can easily lie about it. As much as you assess when someone who is suffering from a disorder such as BDD they will do what they can to receive the treatment.

Question 15:

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

Your answer:

No. There is already a hotline and this hotline is easily accessible.

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

Consultation questions:

The proposed draft advertising guidelines (at Attachment C of the consultation paper) will apply to all registered health practitioners who advertise non-surgical cosmetic procedures.

Question 16:

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

Your answer:

No. Any person that wants to receive a treatment needs to have access to images. It is fair about the editing but the human mind needs to see the benefits. Females are influenced not by social media but by the world. An image is not going to convince someone to receive a treatment. This is an issue that is worldwide and it is easily seen by the amount of people travelling overseas to receive treatment rather than in their own country.

Question 17:

Does the guidance in the draft advertising guidelines sufficiently inform **registered health practitioners** about National Boards' expectations when advertising non-surgical cosmetic procedures? Yes/No. If no, what needs to be changed?

Your answer:

Yes, but it doesn't mean that these need to be the guidelines.

Question 18:

Is the guidance in the draft advertising guidelines useful for the **public** to understand National Boards' expectations of registered health practitioners who advertise non-surgical cosmetic procedures in Australia? Yes/No. If no, what would be more helpful?

Your answer:

Yes, but again the public is not influenced by Australian registered health practitioners.

Question 19:

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

Your answer:

Public safety means removing access to international social media account and celebrities. When this is still accessible to Australians they will always inquire and want to receive a treatment.

The definition of 'non-surgical cosmetic procedures' in the draft advertising guidelines includes examples of what are considered non-surgical cosmetic procedures and includes procedures that are restricted to the practice of registered health practitioners as well as procedures that may be performed

by people who are not registered health practitioners. This decision was made to promote consistency between the various guidelines which regulate both the practice and advertising of non-surgical cosmetic procedures and cosmetic surgery.

Question 20:

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

Your answer:

No. How can a beauty therapist advertise about a beauty treatment such as microdermabrasion but a registered nurse cannot. What if a registered nurse is also a beauty therapist. Beauty therapy is being put under the same umbrella.

Question 21:

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

What changes do you propose?

Your answer:

Non-surgical cosmetic procedures include: botulinum toxin, dermal fillers, threads, prp and fat dissolving.

About IV infusion treatments:

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

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

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

Question 22:

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

Your answer:

Yes because many people that are suffering from dehydration need to wait 8 hours in emergency to be seen by a doctor then another 1 hour for the doctor to chart the fluids for the patient then the nurse to

finally administer. If a patient wanted to see a nurse and pay for the service this should be allowed and accessible and a nurse should advertise it.

Question 23:

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

Your answer:

Iv infusions should be advertised by nurses so patients know they can have access when its clinically needed as they are consulted and its discussed with a doctor that is receiving payment for their consultation.

Question 24:

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

Your answer:

Everything should be left the same and advertising rules should be removed. AHPRA and the NMBA are trying to control Australians and when it is made more difficult the Australians are travelling overseas. When patients are travelling and are treated overseas they are having more complications and the Australian health care system is having to deal with the issues and complications. It is costing the government a lot more.