

## **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](mailto: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](http://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](mailto: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: National Eating Disorders Collaboration

Contact email: [REDACTED]

☐ Individual

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

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

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

#### Question B

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

☐ A registered health practitioner?

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

☐ A consumer / patient?

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

☐ Prefer not to say

### Question C

Do you work in the cosmetic surgery/procedures sector?

☐ No

☐ Yes – I perform cosmetic surgery

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

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

☐ Prefer not to say

### Question D

Do you give permission for your submission to be published?

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

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

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

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

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

## 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:

In line with the [National Eating Disorders Strategy 2023-2033](#) (Early Identification, Standard 2) all health professionals should be able to recognise eating disorder warning signs and symptoms and provide and support access to an initial response. Section 2.3 of the Guideline specifies that practitioners should assess patients for body dysmorphic disorder. Body dysmorphic disorder is categorised under obsessive-compulsive and related disorders within the DSM-V, separate to eating disorders (although they can co-occur). Thus it is important for eating disorders to be specified along with body dysmorphic disorder in Section 2.3 of the Guideline.

In agreement with the clinical psychologist from the independent review (*Page 10 AHPRA Consultation Paper*), the National Eating Disorders Collaboration (NEDC) considers that the current form of the guideline does not provide sufficient guidance to safeguard the psychological well-being of clients seeking cosmetic procedures. In particular, specific information regarding screening for eating disorders is absent from the guideline, and should be included in Section 2 (Assessment of person suitability).

Over 1 million Australians are living with an eating disorder in any given year, that is, 4.5% of the population. Eating disorders are serious, complex and potentially life-threatening mental illnesses. They are characterised by disturbances in behaviours, thoughts and feelings towards body weight and shape, and/or food and eating. Eating disorders have detrimental impacts upon a person's life and result in serious medical, psychiatric and psychosocial consequences. Importantly, eating disorders do not discriminate and can occur in people of any age, weight, size, shape, gender identity, sexuality, cultural background or socioeconomic group.

While diagnostic criteria for body dysmorphic disorder include a preoccupation with appearance, diagnostic criteria for eating disorders can include:

- Intense fear of gaining weight or of becoming fat, or persistent behaviour that interferes with weight gain, even though at a significantly low weight;
- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight); and
- Self-evaluation is unduly influenced by body shape and weight.

These disturbances in weight and shape, intense fear of weight gain and undue influence of weight or shape on self-evaluation can occur across eating disorder diagnoses including binge eating disorder, bulimia nervosa, anorexia nervosa and other specified feeding or eating disorder (OSFED).

In a misguided attempt to alleviate the aforementioned burdensome symptoms, people experiencing eating disorders are more likely to undergo cosmetic procedures than the general population and non-surgical cosmetic procedures can present considerable risks. People experiencing eating disorders may have unrealistic expectations about the outcomes of the procedure, for example that it might alleviate their eating disorder symptoms, improve their mood and anxiety. Further, people experiencing eating disorders often experience nutritional deficiencies which may contribute to poor wound healing and other health complications. Nonsurgical cosmetic procedures, even if minimally invasive, can pose risks to those with compromised physical health and/or mental.



**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 comment

**Question 3:**

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

**Your answer:**

No comment

**Question 4:**

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

Is this information clear? If not, why not?

**Your answer:**

No comment

**Question 5:**

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

**Your answer:**

Adolescents and young people are at greatest risk of eating disorders (1) and body dysmorphic disorder (2). 1.9% of 15-19 years in Australia are estimated to be experiencing an eating disorder in any given year. (3)

In Section 4, it is important to specify that screening tools that are evidence-based for body dysmorphic disorder and eating disorders and suitable for use with young people. A range of screening tools are validated for adult populations and deemed suitable for use with young people aged 13 and above. Screening tools such as the ESP and EDE-A are suitable for use by health professionals, including those involved in the delivery of cosmetic procedures. All screening tools should be used in conjunction with an assessment of the young person's reasons and motivations for requesting the procedure.

1. Volpe, U., Tortorella, A., Manchia, M., Monteleone, A.M., Albert, U., & Monteleone, P. (2016). Eating disorders: What age at onset? Psychiatry Research. April. 225-227.
2. Veale D, Gledhill LJ, Christodoulou P, Hodsoll J. Body dysmorphic disorder in different settings: A systematic review and estimated weighted prevalence. Body Image. 2016 Sep 1;18:168-86.
3. Deloitte Access Economics (2024). Paying the Price, Second Edition: The economic and social impact of eating disorders in Australia. Deloitte Access Economics.

#### **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 comment

#### **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 comment

#### **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 comment

## 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 outlined in Question 1, in line with the [National Eating Disorders Strategy 2023-2033](#) (Identification, Standard 2) all health professionals should be able to recognise eating disorder warning signs and symptoms and provide and support access to an initial response. Thus it is important for eating disorders to be specified along with body dysmorphic disorder in Section 2.2 of the Guideline. This is in line with our response to Question 1 as it is important for this guidance to be applied consistently across all professions.

In agreement with the clinical psychologist from the independent review (*Page 10 AHPRA Consultation Paper*), the National Eating Disorders Collaboration (NEDC) believe that the current form of the guideline does not provide sufficient guidance to safeguard the psychological well-being of clients seeking cosmetic procedures. In particular, specific information regarding screening for eating disorders is absent from the guideline, and should be included in Section 2 (Assessment of person suitability).

Over 1 million Australians are living with an eating disorder in any given year, that is, 4.5% of the population. Eating disorders are serious, complex and potentially life-threatening mental illnesses. They are characterised by disturbances in behaviours, thoughts and feelings towards body weight and shape, and/or food and eating. Eating disorders have detrimental impacts upon a person's life and result in serious medical, psychiatric and psychosocial consequences. Importantly, eating disorders do not discriminate and can occur in people of any age, weight, size, shape, gender identity, sexuality, cultural background or socioeconomic group.

While diagnostic criteria for body dysmorphic disorder include a preoccupation with appearance, diagnostic criteria for eating disorders can include

- Intense fear of gaining weight or of becoming fat, or persistent behaviour that interferes with weight gain, even though at a significantly low weight.
- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight)
- Self-evaluation is unduly influenced by body shape and weight.

These disturbances in weight and shape, intense fear of weight gain and undue influence of weight or shape on self-evaluation can occur across eating disorder diagnoses including binge eating disorder, bulimia nervosa, anorexia nervosa and other specified feeding or eating disorder (OSFED).

In a misguided attempt to alleviate the aforementioned burdensome symptoms, people experiencing eating disorders are more likely to undergo cosmetic procedures than the general population and non-surgical cosmetic procedures can present considerable risks. People experiencing eating disorders may have unrealistic expectations about the outcomes of the procedure, for example that it might alleviate their eating disorder symptoms, improve their mood and anxiety. Further, people experiencing eating disorders often experience nutritional inefficiencies which may contribute to poor wound healing and other health complications. Nonsurgical cosmetic procedures, even if minimally invasive, can pose risks to those with compromised physical health.

**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 comment.

**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 comment.

**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:**

No comment.

**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:**

No comment.

**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:**

The National Eating Disorders Collaboration considers that this is a reasonable and important requirement for all health practitioners performing cosmetic procedures. The [National Eating Disorders Strategy 2023-2033](#) details that health practitioners must be able to recognise eating disorder warning signs and symptoms and provide or support access to an initial response (Identification -Standard 2).Further, the Strategy outlines that people who may be experiencing an eating disorder are proactively identified during interactions with the health system and in other settings (Identification – Standard 3).

As per Ahpra's shared code of conduct for health practitioners (1.2.d), all registered health practitioners must carefully consider the balance of potential benefit and harm in clinical management decisions. With over 4.5% of Australians experiencing an eating disorder in any given year and higher rates presenting for non-surgical cosmetic procedures, there is significant risk of harm of perpetuating mental illnesses with dangerous psychological and physiological consequences.

Moreover, with the high rate of people experiencing eating disorders presenting for non-surgical cosmetic procedures, having all health practitioners screen for eating disorders provides an important opportunity to be able identify eating disorders early, or identify early warning signs of eating disorders. The longer the duration of an eating disorder the more difficult the recovery for the person experiencing the eating disorder and on thus on mental health services. Health practitioners performing cosmetic procedures may be uniquely placed to detect a cohort of people who are not coming to the attention of other health professionals, such as through primary care.

**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 comment

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

### Consultation questions:

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

#### Question 16:

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

#### **Your answer:**

The proposed guidance is broadly appropriate noting the issues detailed below.

It should be reinforced that advertising to minor must be severely limited. There is a considerable body of research (such as 4,5) that demonstrates the positive association between media exposure, body dissatisfaction and disordered eating. That is, the more one is exposed to media (television, advertising and social media) the greater one's body dissatisfaction and disordered eating behaviours. The more one is exposed to media greater the likelihood that they will be interested in cosmetic procedures. Youth are particularly vulnerable to these effects.

4. Sharp, G., Tiggemann, M., & Matiske, J. (2014). The role of media and peer influences in Australian women's attitudes towards cosmetic surgery. *Body Image*, 11(4), 482-487.

4. Tang, L., Rifas-Shiman, S. L., Field, A. E., Austin, S. B., & Haines, J. (2022). Self-reported total screen time and viewing modes are associated with body dissatisfaction, disordered eating, and cosmetic surgery intentions among young adults. *Nutrients*, 14(10), 2027.

#### 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:**

Subsection 8.1 (Body Image and promotion for wellbeing and improved mental health) currently does not contain sufficient distinction or clarity between someone with low-self rated attractiveness and someone with body dysmorphic disorder (a mental health condition). The current wording is ambiguous and leaves room for the interpretation that non-surgical cosmetic procedures may be used to address mental health conditions.

Further, section 8.1 does not acknowledge or address the role of weight stigma and weight bias. For example, this section details that non-surgical cosmetic procedures may be unsuitable for people with unrealistic views of their body image, however implies that these procedures may be suitable if their perception is realistic. For example, this section implies that if a person with higher weight does have a realistic view of themselves and their body image, that non-surgical cosmetic procedures may be used to 'address' this. Weight bias refers to the negative attitudes towards and beliefs about people because of their weight and this section of the guideline currently perpetuates these biases and reinforces weight stigma.

#### 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:**

A plain summary would be an effective communication tool to assist the public to understand the National Boards' expectations of registered health practitioners who advertise non-surgical cosmetic procedures in Australia.

**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:**

Please see Question 16 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:**

No comment.

**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:**

No comment.

**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:**

No comment.

**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:**

No comment.

**Question 24:**

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

**Your answer:**

Noting the particular risk profile of people who seek cosmetic procedures, NEDC is keen to continue to work through the details of these guidelines and any supporting materials with AHPRA to ensure risk and harm to patients and the wider public are reduced as far as possible. NEDC's current and upcoming work can be applied to both the health professionals performing non-surgical cosmetic procedures, the guidelines for these health professionals, and advertising guidelines. NEDC is currently developing a set of "eating disorder safe" principles to be applied across policy, research and service contexts to help create a safer, more supportive, and inclusive environment which reduces eating disorder risk at a population level as well as minimising harm for people already struggling with eating disorders, their families and communities. NEDC is also supporting the development of a skilled clinical workforce through initiatives such as training, resource development and changes to the teaching curriculum.



