

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

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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.

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: Osteopathy Australia

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 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:

While the draft shared practice guidelines provide a good start, we are concerned that they do not address how extensive the non-surgical cosmetic sector is and the range of registered professions that may part take in it.

One key concern revolves around the absence of specific and comprehensive guidance tailored to practitioners, for example in the context of Board MSK (Musculoskeletal) or profession-specific guidelines. For instance, the guidelines do not adequately address crucial aspects such as the application of dry needling for facial rejuvenation, which is a specific and nuanced practice within certain professional domains.

To ensure the efficacy and safety of non-surgical cosmetic procedures, practitioners require the essential information and guidance on what specific training and qualifications are required.

It is necessary to ensure that practitioners have access to comprehensive, relevant, and up-to-date guidance reflective of the diverse practices within their respective fields.

Partly this concern lays in the breadth of the descriptor for non-surgical cosmetic procedure, exclusions and how an individual practitioner can differential the consumers reasoning around seeking treatment. For example the guidelines states "Surgical and non-surgical cosmetic procedures may be clinically justified if they involve the restoration, correction or improvement in the shape and appearance of body structures that are defective or damaged at birth or by injury, disease, growth or development for either functional or psychological reasons.¹⁶ Surgery and procedures that have a clinical justification and that may also lead to improvement in appearance are excluded from the definition"

This effectively encompasses everything a physical therapy such as osteopathy may offer on the musculoskeletal system; but is it altered if the consumer is seeking it for aesthetic or cosmetic, over therapeutic reasons? I.e. if the patient is seeking TMJ treatment, not due to headaches or jaw pain, but due to changes in facial appearance or musculature of the jawline? Often a consumer may not disclose such reasons and the practitioner may be unaware they are being consulted for a cosmetic reason. The Guidelines could benefit from further discussion to assist practitioners in understanding this contradiction or requirements in clinical records etc

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:

While the Draft guidelines provide detailed guidance on the minimum professional standards that registered practitioners should follow, to enhance the clarity, comprehensiveness, and relevance of the guidelines we suggest the following:

1. The provision of specific requirements for training and experience:

The Draft Guidelines emphasise the necessity of "appropriate training and experience" for individuals performing non-surgical cosmetic procedures. However, the guidelines lack clarity regarding where to access this crucial information. To enhance guidance for practitioners, it is essential to establish specific criteria for the required level of training and experience. This information should be readily available through the Ahpa website or an appendix, offering comprehensive details on expectations, training requirements, and best practices for non-surgical cosmetic procedures. To ensure relevance, this platform must be consistently updated to reflect the latest advancements and standards in the field. Additionally, specifying the required training programs and courses for practitioners to meet National Boards' standards will provide a clear educational pathway, enabling them to perform non-surgical cosmetic procedures safely and competently.

2. Clarity for Practitioners and the Public in what minimum standards for qualifications are:

The guidelines need to be written in a manner that is clear and easily understandable for both practitioners and the general public. Transparency in expectations and procedures is essential for maintaining trust and understanding within the community.

Profession/Procedure Specific Information:

National Boards may need to produce profession specific FAQ or guides to focus on profession specific practices or areas of practice that may overlap with this Guideline. This profession and procedure-specific information should cater to the diverse practices within the field of non-surgical cosmetic procedures or may be misinterpreted as cosmetic procedures. Different procedures may require unique considerations and guidelines to ensure safety and efficacy.

3. Keeping Up to Date with Emerging Procedures:

Implement mechanisms to ensure that the guidelines remain current and reflective of emerging procedures. As the field of non-surgical cosmetic procedures evolves, the guidelines should be regularly reviewed and updated to address new technologies and practices, such as Platelet-Rich Plasma (PRP) treatments.

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:

To enhance public understanding and safety, the following recommendations are suggested:

1. Clear List of Qualifications are required for each procedure:

Clearly outline the specific qualifications, training, and experience required for health practitioners to be eligible to perform particular non-surgical cosmetic procedures. This information should be readily available to the public, allowing them to make informed decisions about choosing qualified professionals for their cosmetic treatments.

As noted above, National Boards may need to produce profession specific FAQ or guides to focus on profession specific practices or areas of practice that may overlap with this Guideline, and the expectation of training or qualification required, for example facial dry needling for aesthetic reasons.

2. Accessible Information for Consumers:

Make the guidelines and information easily accessible to the general public through online platforms, informational brochures, or dedicated websites. The content should be presented in a user-friendly manner, ensuring that consumers can easily understand the qualifications and expectations set by the National Boards.

3. Educational Campaigns:

Education campaigns need to focus on informing practitioners, as much as consumers; best practice regulation understands their significant role in engaging, educating and informing those they regulate. Releasing a guideline is not education.

Implement educational campaigns to raise awareness among the public about the importance of choosing qualified and registered health practitioners for non-surgical cosmetic procedures. This could include public service announcements, online resources, and collaborations with relevant organisations to disseminate accurate information.

4. Monitoring and Reporting Mechanisms:

Establish a system for monitoring and reporting any misleading or false advertising of non-surgical cosmetic procedures by practitioners without appropriate qualifications. Encourage the public to report such instances and implement measures to address non-compliance swiftly.

Ahpra should focus on better collations and reporting of case studies and narratives of lessons learned or clinical failing that result in action. Such case studies are an invaluable tool for educators, professions, and risk managers to prevent similar or future such complaints. This is an important strategy used by many best practice regulators to engage and educate registrants, resulting in reducing the risk to the public.

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, we propose the inclusion of a glossary of procedures that are covered by the draft guidelines. We also present the following emerging non-surgical cosmetic procedures for consideration and inclusion:

1. Dry Needling:
 - Dry needling is a widely used technique for addressing musculoskeletal pain and dysfunction, however it may also be used for facial rejuvenation as a non-surgical cosmetic procedure. Including guidelines for dry needling ensures clarity for practitioners and establishes standards for its safe and effective application within the realm of non-surgical cosmetic procedures. As this practice crosses the confusing contradiction of both therapeutic and potentially cosmetic practice, such clarity is important.
2. PRP (Platelet-Rich Plasma) Injections:
 - PRP injections have gained popularity in therapeutic and cosmetic medicine for their potential in muscle repair, joint pain, skin rejuvenation and hair restoration. Providing specific guidelines for PRP injections ensures that practitioners adhere to standardised practices, promoting safety and efficacy in these cosmetic procedures. Plus clarity around scope of practice limitations. As this practice crosses the confusing contradiction of both therapeutic and potentially cosmetic practice, such clarity is important.
3. Prolotherapy:
 - Prolotherapy, commonly used for joint and musculoskeletal issues, should be explicitly addressed in the guidelines. This inclusion ensures that practitioners follow established protocols when utilising prolotherapy as a non-surgical cosmetic procedure, emphasising patient safety and procedural effectiveness. Plus clarity around scope of practice limitations. As this practice crosses the confusing contradiction of both therapeutic and potentially cosmetic practice, such clarity is important.
4. Light Therapy:
 - Light therapy, including technologies such as LED or laser light for skin treatments is a widely used in therapeutic and non-surgical cosmetic procedure, and should be incorporated into the guidelines. Clear standards will guide practitioners in the safe and ethical use of light therapy for cosmetic purposes, addressing potential risks and promoting positive outcomes. As this practice crosses the confusing contradiction of both therapeutic and potentially cosmetic practice, such clarity is important.
5. Laser Treatment:
 - Laser treatment is a prevalent in therapeutic and non-surgical cosmetic procedure for various skin conditions and pain therapies. Including specific guidelines for laser treatments ensures that practitioners are informed about best practices, safety measures, and potential complications associated with these procedures. As this practice crosses the confusing contradiction of both therapeutic and potentially cosmetic practice, such clarity is important.

The addition of these procedural guidelines is essential for several reasons:

- Ensuring Safety and Efficacy:
 - Clearly defined guidelines help ensure that practitioners adhere to standardised protocols, minimising the risk of adverse events and promoting positive outcomes for patients undergoing non-surgical cosmetic procedures.
- Enhancing Clarity for Practitioners:
 - Inclusion of these procedures in the guidelines provides practitioners with a comprehensive reference, fostering clarity on the accepted standards and expectations when performing non-surgical cosmetic interventions.
- Keeping Pace with Advancements:
 - The field of non-surgical cosmetic procedures continually evolves, and new techniques emerge. Incorporating these specific procedures reflects a commitment to staying abreast of advancements and ensuring that the guidelines remain relevant and current.
 - As noted above, this may be the benefit of more frequently updated and current National Boards profession specific FAQ or guides to focus on profession specific practices or areas of practice that may overlap with this Guideline, and the expectation of training or qualification required.

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:

While an overarching, consistent, general guideline is useful we also propose the additional development of procedure-specific practice guidelines rather than applying the same set of deliberately generic guidelines uniformly to all practitioners in the non-surgical cosmetic procedures sector.

The non-surgical cosmetic procedures sector encompasses a wide spectrum of interventions, ranging from minimally invasive treatments to more complex procedures. Different professions specialise in various aspects of this field, and applying a one-size-fits-all approach may not adequately address the unique requirements of each practice.

Practitioners within the sector may vary significantly in their levels of experience, expertise, and the complexity of procedures they routinely perform. Profession-specific or procedure specific guidelines allow for tailored standards that consider the nuances of each profession's scope of practice, ensuring that practitioners are held to appropriate standards based on their specific expertise.

Different procedures carry varying levels of risk, and patient populations may have distinct needs and expectations. Tailoring guidelines to specific professions or procedures enables a more nuanced approach to risk management and patient safety, ensuring that guidelines are appropriate for the specific context in which practitioners operate.

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:

There are two perspectives to consider regarding the requirement for registered health practitioners, beyond medical practitioners and nurses, to assess patients for underlying psychological conditions when performing non-surgical cosmetic procedures:

A) Reasonable Requirement for All Practitioners:

- It is reasonable for all patients seeking non-surgical cosmetic procedures to undergo a psychological evaluation; particularly considering the current workforce shortages in psychology and extended waiting lists. Mental health considerations can be integral to a patient's overall well-being, and assessing for underlying psychological conditions, such as body dysmorphic disorder (BDD), ensures a holistic approach to cosmetic interventions. This approach aligns with a commitment to patient safety and ethical care.

B) Skill and Training Disparities Among Practitioners:

- Not all practitioners who conduct potential non-surgical cosmetic procedures are necessarily skilled in psychological evaluation. Requiring untrained practitioners to assess patients for psychological conditions would be inappropriate and may fall outside their scope of practice. This could lead to potential risks, misinterpretations, inadequate evaluations and poor outcomes for the patient and practitioner.

Proposed Solutions:

1. Centralised System of Psychological Evaluation:

- Consider implementing a centralised system wherein an external third party, specialised in psychological evaluations, conducts assessments prior to procedural commencement or booking, this could be via telehealth, similar to the telehealth consultations with a doctor prior to receiving cosmetic injectables administered by a nurse in a skin clinic for example. This would remove the possibility of inappropriate and unskilled evaluations, placing the responsibility on trained professionals in mental health.

2. Ahpra Approved Psychological Examination Training Module:

- Develop an Australian Health Practitioner Regulation Agency (Ahpra) approved, consistent psychological examination training module. This module could be mandatory for all registered health practitioners performing non-surgical cosmetic procedures, ensuring that they acquire the necessary skills to conduct appropriate psychological assessments.

The rationale behind these proposed solutions is to strike a balance between the legitimate need for psychological assessments in the context of non-surgical cosmetic procedures and the recognition that not all practitioners may possess the required skills for such evaluations. As such it may be more effective to ensure the implementation of standardised training or involving external specialists (for certain procedures) aims to ensure a consistent and high standard of psychological assessment across the board, prioritising patient safety and well-being.

In summary, while it may be reasonable for patients to undergo psychological evaluation before some non-surgical cosmetic procedures, the emphasis should be on ensuring that practitioners are adequately trained to conduct such assessments. Introducing centralised evaluation systems or standardised training modules can contribute to a more uniform and safe practice within the non-surgical cosmetic procedures sector; but considering current workforce shortages and the frequency of cosmetic procedures in Australia it appears unrealistic and unaffordable.

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:

The guidelines cover such a broad range of practitioners and procedures, to enhance public safety the following should be considered:

- A standardised informed consent process outlining risks and benefits of procedures
- Emergency response protocols
- Include in patient management the requirement for practitioners to provide clear verbal and written pre and post procedure care guidelines
- Reporting mechanisms for adverse events
- Ongoing professional development to maintain currency of procedures (might merge into the CPD section)

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:

Yes, the draft advertising guidelines are appropriate as they consistently stress practitioner duty of care, transparency, and ethical considerations. However, the guidelines lack specificity for procedure-specific contexts, making it challenging to assess their appropriateness for particular practices. We recommend incorporating details relevant to specific procedures to enhance the guidelines' applicability and provide clearer guidance while maintaining key principles of duty of care, transparency, and ethics. As noted above, National Boards may need to produce profession specific FAQ or guides to focus on profession specific practices or areas of practice that may overlap with this Guideline.

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, the guidance in the draft advertising guidelines sufficiently informs registered health practitioners about National Boards' expectations when advertising non-surgical cosmetic procedures. The guidelines provide detailed and comprehensive information, addressing crucial aspects such as practitioner responsibility, qualifications, financial incentives, testimonials, use of images, risk communication, and considerations related to body image and well-being. These elements contribute to a robust framework that guides practitioners in ethical and responsible advertising practices within the non-surgical cosmetic procedures sector. As noted above, National Boards may need to produce profession specific FAQ or guides to focus on profession specific practices or areas of practice that may overlap with this Guideline

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, the guidance in the draft advertising guidelines is useful for the public to understand National Boards' expectations of registered health practitioners who advertise non-surgical cosmetic procedures in Australia. The guidelines are thorough and detailed, providing valuable information. However, to enhance accessibility for the public, a summarised, plain English document may be more appropriate. A simplified version could effectively convey key expectations and information to a broader audience, ensuring that the guidelines are easily understandable and accessible to all.

Question 19:

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

Your answer:

Yes, there is a need to include additional details in the draft advertising guidelines to further ensure public safety. Specifically, the guidelines should incorporate explicit examples of misleading advertising practices to provide clarity and guidance to practitioners. Additionally, it is crucial to emphasise the importance of transparent and easily understandable cost information in advertising. Clear guidelines on cost disclosure will contribute to informed decision-making by the public, preventing misunderstandings and promoting transparency within the non-surgical cosmetic procedures sector. As noted above, National Boards may need to produce profession specific FAQ or guides to focus on profession specific practices or areas of practice that may overlap with this Guideline

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:

It should be more specific, focusing on procedures within the purview of registered health practitioners to ensure clearer and more relevant advertising standards. This could be added as a glossary or appendix or as noted above, National Boards may need to produce profession specific glossary, FAQ or guides to focus on profession specific practices or areas of practice that may overlap with this Guideline.

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:

In the current definition of 'non-surgical cosmetic procedures' in the draft advertising guidelines, we recommend including specific procedures including but not limited to: dry needling, PRP (Platelet-Rich Plasma) injections, prolotherapy, and light therapy to ensure a more comprehensive and accurate representation. These additions will provide clarity for practitioners and align the guidelines with the evolving landscape of non-surgical cosmetic procedures.

About IV infusion treatments:

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

While IV infusion treatments are not strictly a non-surgical cosmetic procedure, many advertisers quote their patients as looking or feeling better after an infusion. Ahpra takes the view that there is little or no

accepted evidence to support such generalised claims, and that claims about general improvements in health, wellness, anti-ageing or appearance are therefore misleading and in breach of the National Law. As with any regulated health service claims made about the benefits of IV infusions must be accurate and not misleading. This is because consumers are likely to rely on purported scientific claims and be significantly influenced by such claims, when making health care choices.

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

Question 22:

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

Your answer:

Yes, we support the development of separate guidelines for the advertising of IV infusion treatments. IV infusion treatments constitute a specific procedure and prescription that is not universally applicable across most professions, with the exception of nursing and medical professionals. Distinguishing these guidelines acknowledges the unique nature of IV infusions and allows for tailored standards that consider the specialised expertise required for their administration. This approach ensures clarity, accuracy, and patient safety in the advertising of IV infusion treatments, aligning with the distinct regulatory considerations associated with this specific healthcare service.

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:

The guidelines for the advertising of IV infusion treatments should be tailored specifically for the professions administering these treatments. As professionals in other domains, it is not within our purview to provide detailed recommendations on the specific content of these guidelines. It is essential that the guidelines encompass the expertise, qualifications, and ethical considerations relevant to the administration of IV infusions, ensuring accuracy and transparency in the advertising of this specific healthcare service.

Question 24:

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

Your answer:

The advertising guidelines exhibit a higher level of nuance and specificity compared to the non-surgical cosmetic procedure guidelines. It is recommended to bring the procedural guidelines to the same level of detail and precision as the advertising guidelines. This alignment would ensure consistency and comprehensive guidance across both sets of guidelines, promoting clarity, transparency, and adherence to ethical standards in the practice and advertising of non-surgical cosmetic procedures.