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

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

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

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

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

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

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

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

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

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

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

How do we use the information you provide?

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

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

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

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

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

Publication of submissions

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

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

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

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

Initial questions:

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

Question A

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

☒ Organisation

Name of organisation: **The Aesthetic & Beauty Industry Council PL**

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:

- **DEFINITIONS – NO NOT APPROPRIATE - must be changed.**
Under the definitions of non-surgical cosmetic procedures; treatments that do not penetrate the skin **MUST** be removed, being CO2 laser skin resurfacing and other laser skin treatments, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels etc. These procedures do not require a therapist/practitioner to be an RN, EN or Medical Professional and they fall into the well-established Beauty Dermal Sector of the Beauty and Aesthetic Industry with its own guidelines and educational requirements.

Categorising these non-invasive treatments alongside proposed non-surgical enhancement guidelines that have stemmed from the results of an independent review that was intended for the invasive **SURGICAL** sector is incongruent and harmfully excessive as non-invasive skin treatments do not pose the same risks as surgical intervention.

As long as the EN's, RN's or Practitioners have the required education stipulated by the Beauty Dermal sector, they must be able to perform these treatments without Ahpra restriction being placed, as they do not fall under Ahpra or medical jurisdiction. Again, for clarification they not medical procedures, they are well established beauty/dermal procedures that also happen to be performed by some medical professionals as ancillary treatments.

Adding medical restrictions to this category of on medical treatments will cause significant repercussions and confusion to consumers, and the already well-established beauty/dermal sector, and undermine the validity and reasonableness of the proposed guidelines for the non-surgical medical sector - being penetrative treatments such as injectables that require Schedule 4 + medications.

INDEPENDENT REVIEW FOR NON-SURGICAL – The premise and start point for these guidelines is not appropriate. The guidelines for non-surgical should be based on an extensive independent enquiry into non-surgical, not based on surgical guidelines, as they vastly differ in the risks that the two sectors carry. Australian guidelines are already among the strictest in the world, this imbalance is notable and speaks more to the conservative government environment than it does to the associated risks and public need. The enquiry that was undertaken for surgical had a very small number of participants, in the low hundreds. There are hundreds of thousands of satisfied and happy patients of the non - surgical sector in Australia. Some of these guidelines are not representative of the real landscape of the industry and of modern patient needs. An independent enquiry should take into account and include extensive consultation with peak industry bodies and include an extensive list of diverse *real current patients* of the non-surgical sector.

NECESSITY – Judgment regarding the necessity of cosmetic treatment should not be made by government bodies, it is up to the individual person to judge whether they feel they need or want cosmetic treatments. To assume that cosmetic treatments have no impact on the wellbeing of a person is purely misinformed. Judgment of necessity should not play into the guidelines.

- 1. Recognising potential conflicts of interest – YES Appropriate
- 2. Assessment of patient suitability 2.3 – NO Not Appropriate. The use of an approved screening tool to assess the risk for BDD is not something that should be required for the non-surgical sector, however the remainder of section 2 is appropriate. Education, awareness and consideration of the patient's mental health should be incorporated into training and referrals should be made if through consultation the nurse deems necessary. The use of a BDD screening tool is excessive for non-surgical sector.
- 3. Consultation with the person receiving care - YES Appropriate
- 4. Additional responsibilities when providing non-surgical cosmetic procedures for persons under the age of 18 years - YES Appropriate
- 5. Informed consent including informed financial consent and consent for use of images- YES Appropriate
- 6. Prescribing (NPs only) and administering Schedule 4 (prescription only) cosmetic injectables – YES Appropriate
- 7. Management of the person- YES Appropriate
- 8. Provision of care/treatment - YES Appropriate
- 9. Complaints- YES Appropriate
- 10. Education and experience - YES Appropriate
- 11. Qualifications and titles - YES Appropriate
- 12.1 Advertising and marketing – NO NOT Appropriate as the condition is not ready to pass as it stands. More consideration must be taken not to cause confusion for patients by removing their ability to properly research information on treatments and procedures. By eliminating the use of understandable, commonly used, describing language and terms associated with treatments, we are actually making it harder for the patients to make an informed decision or do their due diligence and research what is right for them. We have had numerous clients of the industry contacting us concerned that their right for transparency and choice will be affected. Patients may have a harder time finding accurate information about specific cosmetic procedures, making it challenging to understand what each treatment entails. The restrictions may lead to confusion among patients about the terminology used by practitioners, potentially resulting in misunderstandings about the treatments they are receiving. Limited Choice - Patients may feel that their choices are restricted, as certain terms that were commonly used to describe treatments are no longer allowed, such as dermal fillers and anti-wrinkle injections potentially limiting their options and right to clear understandable information. Risk of Seeking Unregulated Providers - Frustration with the restrictions will drive some patients to seek out unregulated providers or unlicensed practitioners, putting their safety at risk. Already we are seeing a significant amount of Australians going overseas for both surgical and non-surgical treatments where there is more freedom of choice and due to the overseas markets ability to advertise to Australians in an unrestricted manner on social media and via search engines such as google. The over-restriction and regulation of ethical, well trained and educated Australian Nurses and Practitioners will result in patients obtaining less safe and accurate information from less regulated sources. Our free society should have the freedom to gather information and make decisions for themselves without judgement and harsh, unproductive restrictions. Informed Consent Challenges: It may become more difficult for patients to give informed consent if they are not fully informed about the procedures they are undergoing due to the limitations on terminology during their research phase. Patients of this industry are very informed and with that comes power of choice. Barriers to Access - Patients who rely on specific terminology to find information online or to communicate with practitioners may face barriers to accessing safe and effective treatments. Impact on Vulnerable Populations - Vulnerable patient groups, such as those with medical conditions or limited health literacy, may be disproportionately affected by the restrictions. Potential for Misleading Marketing - The guidelines may inadvertently lead to more creative marketing tactics by clinics, potentially leading to misleading or inaccurate claims about what services they do offer. Strain on Doctor-Patient Relationships - The restrictions could strain the doctor-patient relationship if patients feel that they are not receiving clear information or that their choices are being limited. Patients might lose trust in the regulatory system if they perceive these guidelines as limiting their autonomy and making informed choices about their appearance is being eroded.

- **12.2 - YES Appropriate** - The advertising should not glamorise but it should seek to clearly inform, it should show examples of treatments through accurate before and after photos and clear descriptive terminology and education describing the benefits of the treatments should be permitted. Using confusing, indirect, or “coded” language to describe a dermal filler or anti-wrinkle injection is not helpful in the least to a patient, this will only lead to confusion.
- **13. Facilities – NOT Appropriate** - it needs much more consultation as these procedures do not carry the same risks as surgical treatments. Facilities should have appropriate guidelines, but they do not require the same level of control as surgical.
- **14. Financial arrangements – YES Appropriate** except for
- **14.4 NOT Appropriate** - Nurses must not offer people additional products or services that could act as an incentive to cosmetic procedures. This is a misinformed guideline. Other treatments are often required as part of a complete treatment plan to achieve the patients desired effect. More often than not a patient will have an overarching concerns such as wrinkles but in order to treat that you will need a combination of treatments such as laser, skin needling and cosmetic injectables. One treatment alone rarely addresses the patients issue completely, therefore a package of combination therapy is required and in the best interest of the patient. It is not an incentive but rather a duty of care to give a complete and thorough service.
- **15. Nurse practitioners (NPs) YES Appropriate**
- **16.1 Registered nurses (RNs) – NOT Appropriate** one year of bedside nursing will not assist in non-surgical cosmetic sector. One year in the direct field of specialisation is more appropriate.
- **16.3 - NOT Appropriate** – more consideration and consultation must be given to this guideline. There should be a specialisation for cosmetic sector.
- **17. Enrolled nurses (ENs) NOT Appropriate** – **17.5 NOT Appropriate** is overly restrictive and not necessary based on what the requirement is for an RN who only will study an extra 1 to 1.5 years. However, the requirement of having a supervising RN and 75 hours of treatment experience is reasonable.
- **18. Registered nurses with a sole qualification in mental health nursing, paediatric nursing or disability nursing – seeking to practise in the area of non-surgical cosmetic procedures – NO NOT APPROPRIATE** – mental health nurses are actually in a more appropriate position to work within the cosmetic sector due to extensive experience in human behaviour and the benefits of treatments for overall wellbeing. They are more experienced in nursing than RN's.

Question 2:

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

Your answer:

Yes it sufficiently informs nurses as to what is being proposed, but it is not all appropriate as per above question 1.

Question 3:

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

Your answer:

Yes it sufficiently informs the public as to what is being proposed, but it is not all appropriate as per above question 1.

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:

The information is clear and is appropriate for persons under 18 years.

Question 5:

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

Your answer:

No, it is clear and thorough.

Question 6:

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

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

Your answer:

Yes this is reasonable and responsible requirement.

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:

One year full time practice in general nursing is not required to enter into the cosmetic specialisation. The first year of nursing is usually bedside nursing for which there is minimal transferable skills to cosmetic nursing. Cosmetic nursing is a specialisation and one year experience in the cosmetic field is more appropriate.

Furthermore, if a dermal therapist is working in the area of cosmetic and becomes an RN they should be able to practise cosmetic nursing immediately as they will have many transferable skills. More work needs to be done to create better education pathways for this sector. More consultation is required in this area before changes are made.

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 question 1

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:

- **DEFINITIONS – NO NOT APPROPRIATE - must be changed.**
Under the definitions of non-surgical cosmetic procedures; treatments that do not penetrate the skin **MUST** be removed, being CO2 laser skin resurfacing and other laser skin treatments, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels etc. These procedures do not require a therapist/practitioner to be an RN, EN or Medical Professional and they fall into the well-established Beauty Dermal Sector of the Beauty and Aesthetic Industry with its own guidelines and educational requirements.

Categorising these non-invasive treatments alongside proposed non-surgical enhancement guidelines that have stemmed from the results of an independent review that was intended for the invasive **SURGICAL** sector is incongruent and harmfully excessive as non-invasive skin treatments do not pose the same risks as surgical intervention.

As long as the EN's, RN's or Practitioners have the required education stipulated by the Beauty Dermal sector, they must be able to perform these treatments without Ahpra restriction being placed, as they do not fall under Ahpra or medical jurisdiction. Again, for clarification they not medical procedures, they are well established beauty/dermal procedures that also happen to be performed by some medical professionals as ancillary treatments.

Adding medical restrictions to this category of on medical treatments will cause significant repercussions and confusion to consumers, and the already well-established beauty/dermal sector, and undermine the validity and reasonableness of the proposed guidelines for the non-surgical medical sector - being penetrative treatments such as injectables that require Schedule 4 + medications.

INDEPENDENT REVIEW FOR NON-SURGICAL – The premise and start point for these guidelines is not appropriate. The guidelines for non-surgical should be based on an extensive independent enquiry into non-surgical, not based on surgical guidelines, as they vastly differ in the risks that the two sectors carry. Australian guidelines are already among the strictest in the world, this imbalance is notable and speaks more to the conservative government environment than it does to the associated risks and public need. The enquiry that was undertaken for surgical had a very small number of participants, in the low hundreds. There are hundreds of thousands of satisfied and happy patients of the non - surgical sector in Australia. Some of these guidelines are not representative of the real landscape of the industry and of modern patient needs. An independent enquiry should take into account and include extensive consultation with peak industry bodies and include an extensive list of diverse *real current patients* of the non-surgical sector.

NECESSITY – Judgment regarding the necessity of cosmetic treatment should not be made by government bodies, it is up to the individual person to judge whether they feel they need or want cosmetic treatments. To assume that cosmetic treatments have no impact on the wellbeing of a person is purely misinformed. Judgment of necessity should play into the guidelines.

- 1. Recognising potential conflicts of interest – YES Appropriate
- 2. Assessment of patient suitability 2.2 – NO Not Appropriate. The use of an approved screening tool to assess the risk for BDD is not something that should be required for the non-surgical sector, however the remainder of section 2 is appropriate. Education, awareness and consideration of the patient's mental health should be incorporated into training and referrals should be made if through consultation the nurse deems necessary. The use of a BDD screening tool is excessive for non-surgical sector.
- 3. Patient consultation type– YES Appropriate
- 4. Additional responsibilities when providing non-surgical cosmetic procedures for patients under the age of 18 years - YES Appropriate
- 5. Informed consent including informed financial consent and consent for use of images - YES Appropriate
- 6. Prescribing and administering Schedule 4 (prescription only) cosmetic injectables YES Appropriate
- 7. Patient management – YES Appropriate
- 8. Provision of patient care (including consultations) by other health practitioners – YES Appropriate
- 9. Complaints– YES Appropriate
- 10. Education and experience - YES Appropriate
- 11. Qualifications and titles - YES Appropriate
- 12. Advertising and marketing – NO NOT Appropriate as the condition is not ready to pass as it stands. More consideration must be taken not to cause confusion for patients by removing their ability to properly research information on treatments and procedures. By eliminating the use of understandable, commonly used, describing language and terms associated with treatments, we are actually making it harder for the patients to make an informed decision or do their due diligence and research what is right for them. We have had numerous clients of the industry contacting us concerned that their right for transparency and choice will be affected. Patients may have a harder time finding accurate information about specific cosmetic procedures, making it challenging to understand what each treatment entails. The restrictions may lead to confusion among patients about the terminology used by practitioners, potentially resulting in misunderstandings about the treatments they are receiving. Limited Choice - Patients may feel that their choices are restricted, as certain terms that were commonly used to describe treatments are no longer allowed, such as dermal fillers and anti-wrinkle injections potentially limiting their options and right to clear understandable information. Risk of Seeking Unregulated Providers - Frustration with the restrictions will drive some patients to seek out unregulated providers or unlicensed practitioners, putting their safety at risk. Already we are seeing a significant amount of Australians going overseas for both surgical and non-surgical treatments where there is more freedom of choice and due to the overseas markets ability to advertise to Australians in an unrestricted manner on social media and via search engines such as google. The over-restriction and regulation of ethical, well trained and educated Australian Nurses and Practitioners will result in patients obtaining less safe and accurate information from less regulated sources. Our free society should have the freedom to gather information and make decisions for themselves without judgement and harsh, unproductive restrictions. Informed Consent Challenges: It may become more difficult for patients to give informed consent if they are not fully informed about the procedures they are undergoing due to the limitations on terminology during their research phase. Patients of this industry are very informed and with that comes power of choice. Barriers to Access - Patients who rely on specific terminology to find information online or to communicate with practitioners may face barriers to accessing safe and effective treatments. Impact on Vulnerable Populations - Vulnerable patient groups, such as those with medical conditions or limited health literacy, may be disproportionately affected by the restrictions. Potential for Misleading Marketing - The guidelines may inadvertently lead to more creative marketing tactics by clinics, potentially leading to misleading or inaccurate claims about what services they do offer. Strain on Doctor-Patient Relationships - The restrictions could strain the doctor-patient relationship if patients feel that they are not receiving clear information or that their choices are being limited. Patients might lose trust in the regulatory system if they perceive these guidelines as limiting their autonomy and making informed choices about their appearance is being eroded.

- **12.2 - YES Appropriate** - The advertising should not glamorise but it should seek to clearly inform, it should show examples of treatments through accurate before and after photos and clear descriptive terminology and education describing the benefits of the treatments should be permitted. Using confusing, indirect, or “coded” language to describe a dermal filler or anti-wrinkle injection is not helpful in the least to a patient, this will only lead to confusion.
- **13. Facilities – NOT Appropriate** - it needs much more consultation as these procedures do not carry the same risks as surgical treatments. Facilities should have appropriate guidelines, but they do not require the same level of control as surgical.
- **14. Financial arrangements – YES Appropriate except for 14.4**
- **14.4 NOT Appropriate** - Nurses must not offer people additional products or services that could act as an incentive to cosmetic procedures. This is a misinformed guideline. Other treatments are often required as part of a complete treatment plan to achieve the patients desired effect. More often than not a patient will have an overarching concerns such as wrinkles but in order to treat that you will need a combination of treatments such as laser, skin needling and cosmetic injectables. One treatment alone rarely addresses the patients issue completely, therefore a package of combination therapy is required and in the best interest of the patient. It is not an incentive but rather a duty of care to give a complete and thorough service.

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 it sufficiently informs registered health practitioners as to what is being proposed, but it is not all appropriate as per above question 1.

We also need clearer information about what language and terms can be used in advertising rather than what cannot be used.

Question 11:

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

Your answer:

Yes it sufficiently informs the public as to what is being proposed, but it is not all appropriate as per above question 1.

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:

Under the definitions of non-surgical cosmetic procedures; treatments that do not penetrate the skin **MUST** be removed, being CO2 laser skin resurfacing and other laser skin treatments, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels etc. These procedures do not require a therapist/practitioner to be an RN, EN or Medical Professional and they fall into the well-established Beauty Dermal Sector of the Beauty and Aesthetic Industry with its own guidelines and educational requirements.

Categorising these non-invasive treatments alongside proposed non-surgical enhancement guidelines that have stemmed from the results of an independent review that was intended for the invasive **SURGICAL** sector is incongruent and harmfully excessive as non-invasive skin treatments do not pose the same risks as surgical intervention.

As long as the EN's, RN's or Practitioners have the required education stipulated by the Beauty Dermal sector, they must be able to perform these treatments without Ahpra restriction being placed, as they do not fall under Ahpra or medical jurisdiction. Again, for clarification they not medical procedures, they are well established beauty/dermal procedures that also happen to be performed by some medical professionals as ancillary treatments.

Adding medical restrictions to this category of on medical treatments will cause significant repercussions and confusion to consumers, and the already well-established beauty/dermal sector, and undermine the validity and reasonableness of the proposed guidelines for the non-surgical medical sector - being penetrative treatments such as injectables that require Schedule 4 + medications.

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:

The beauty and dermal sector perform CO2 laser skin resurfacing and other laser skin treatments, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels and other similar procedures. They hold their own qualifications for these and their own standards, these should be excluded completely from these guidelines. The Aesthetic and Beauty Industry Council (ABIC) are leaders in this space and the peak body for all sectors of the aesthetic and beauty industry from beauty to Dermal and Medical Aesthetic we represent 25,000 professionals and we have extensive knowledge of this and are available for consultation.

EN's and RN's - if they have had the same amount of training and education in the specific field of cosmetic non-surgical enhancements (such as Cosmetic Nursing Qual) should have the same standards and rights to perform the treatments.

Extra restrictions seem to be unjustly placed on the cosmetic sector as opposed to other medical sectors, cosmetic procedures are being targeted due to the pure nature of the treatments being cosmetic, and a bias against these types of procedures by other branches of

the medical sector, rather than a unbiased, objective view of the risks, which are in fact, demonstrably minimal in comparison to some commonly utilized medical treatments.

The same standards should apply to all sectors of medical.

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:

At this stage it is not a reasonable request. More consultation and review is required. We are asking Nurses and practitioners to make judgments about a persons mental health and to screen all patients for BDD disorder when only a minority of patients present with this. It is excessive and required more thought and discussion.

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:

Ideally the framework should be similar to what is being proposed however with more consultation, an independent review for non-surgical, and more reasonableness.

- 1. Give patients more information not less. Make their research more transparent buy allowing more descriptive terminology, or at the very least not restricting commonly used terms such as dermal filler, anti-wrinkle, and allow transparency in stating the benefits such as relaxed appearance of fine lines, refreshed or rested appearance, improvement in dark circles, without glamorisation. Just factual information so as not to cause confusion.**
- 2. Allow real patient results, verified patient experiences and unpaid testimonials in advertising on practitioner websites. Patients need to see and know what to expect in Australia by Australian Practitioners and nurses, not from other less credible sources.**
- 3. Provide enough information by Australian practitioners and nurses so that patients are not having to find information from overseas sources.**

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:

- **DEFINITIONS – NO NOT APPROPRIATE - must be changed.**
Under the definitions of non-surgical cosmetic procedures; treatments that do not penetrate the skin **MUST** be removed, being CO2 laser skin resurfacing and other laser skin treatments, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels etc. These procedures do not require a therapist/practitioner to be an RN, EN or Medical Professional and they fall into the well-established Beauty Dermal Sector of the Beauty and Aesthetic Industry with its own guidelines and educational requirements.

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As long as the EN's, RN's or Practitioners have the required education stipulated by the Beauty Dermal sector, they must be able to perform these treatments without Ahpra restriction being placed, as they do not fall under Ahpra or medical jurisdiction. Again, for clarification they not medical procedures, they are well established beauty/dermal procedures that also happen to be performed by some medical professionals as ancillary treatments.

Adding medical restrictions to this category of on medical treatments will cause significant repercussions and confusion to consumers, and the already well-established beauty/dermal sector, and undermine the validity and reasonableness of the proposed guidelines for the non-surgical medical sector - being penetrative treatments such as injectables that require Schedule 4 + medications.

- 1. Practitioner responsibility – **YES APPROPRIATE**
- 2. Titles and claims about training, qualifications, registration, experience and competence – **YES APPROPRIATE**
- 3. Financial and other incentives – **YES APPROPRIATE**
- ***EXCLUDING 3.2 b offering benefits such as spa treatments as part of a non-surgical cosmetic procedure package NOT APPROPRIATE – to be effective treatments often need to be combined, this is not an incentive but rather a holistic treatment plan and should be part of a treatment package for the patient.***
- 4. Testimonials – **NOT APPROPRIATE** – This is overly restrictive in some cases. More consultation should be done here, it is not ready to be passed as guidelines. Real patient experiences can be helpful if done ethically.
- 5. Social media influencers and ambassadors – **YES APPROPRIATE**
- 6. Use of images including 'before and after' images – **YES APPROPRIATE**
- 7. Risk, recovery, and idealising non-surgical cosmetic procedures – **YES APPROPRIATE** however more clarification is required as to what language and terminology can be used. Sentences such as 'dermal fillers can assist in reducing the appearance of dark circles and wrinkles' or "Anti-wrinkle injections can assist in promoting a refreshed and rested appearance" should be permitted. This is for transparency and clarity of what benefits the patient can expect.

- 8. Body image and promotion for wellbeing and improved mental health – whilst some of this guideline is fair and appropriate, some key elements are NOT APPROPRIATE as it must also be stated that non-surgical cosmetic enhancements are part of every person's right to improve their physical appearance. This right or want should not be judged or demonised. Human beings have always cared about their appearance and have shown this through grooming, exercise, the wearing of makeup, and through cosmetic enhancements, which date back hundreds of years. We have come a long way with regards to celebrating and not judging basic human rights, so to imply that cosmetic enhancements are less important to a person's wellbeing than for example exercise or grooming is misinformed and prejudice. Speaking on behalf of thousands of clients and professionals in this industry, the positive impact that is created by the utilisation of cosmetic procedures far outweighs the minority of people that have brought forward complaints. Every person that has experienced good results is more content and satisfied overall. Moderation should be considered here and more consultation is required.
- 9. Realistic expectations of outcomes - whilst some of this guideline is fair and appropriate, some key elements are NOT APPROPRIATE. Softer descriptive phrases that don't refer to the person such as "more plump skin" "more hydrated skin" "more refreshed complexion" should be able to be used as a description of benefits, as these are accurate expected results.
- 10. Targeting people potentially at risk – 10.1 and 10.2 YES Appropriate
- 10.3 and 10.4 NOT APPROPRIATE – we cannot censor how many times a day a Nurse or Practitioner can speak with their community, clients or followers, this is complete undermining of the basic right to freedom of speech. This particular guideline shows a lack of consideration, consultation and reasonableness and can be taken as clear bias against the cosmetic industry. No such restriction applies to any other industry bar smoking and drugs. To classify cosmetic treatments as harmful in the same way is a complete misunderstanding of the benefits of these treatments and can undermine the legitimacy of these guidelines.
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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:

It informs but changes need to be made to certain areas which are not appropriate.

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:

Having guidelines is useful, they are written in a clear manner, however some are not appropriate as per above indications.

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:

NA

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 it is not appropriate to combine beauty / dermal treatments with non-surgical and surgical treatments. Under the definitions of non-surgical cosmetic procedures; treatments that do not penetrate the skin **MUST** be removed, being CO2 laser skin resurfacing and other laser skin treatments, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels etc. These procedures do not require a therapist/practitioner to be an RN, EN or Medical Professional and they fall into the well-established Beauty Dermal Sector of the Beauty and Aesthetic Industry with its own guidelines and educational requirements.

Categorising these non-invasive treatments alongside proposed non-surgical enhancement guidelines that have stemmed from the results of an independent review that was intended for the invasive **SURGICAL** sector is incongruent and harmfully excessive as non-invasive skin treatments do not pose the same risks as surgical intervention.

As long as the EN's, RN's or Practitioners have the required education stipulated by the Beauty Dermal sector, they must be able to perform these treatments without Ahpra restriction being placed, as they do not fall under Ahpra or medical jurisdiction. Again, for clarification they not medical procedures, they are well established beauty/dermal procedures that also happen to be performed by some medical professionals as ancillary treatments.

Adding medical restrictions to this category of on medical treatments will cause significant repercussions and confusion to consumers, and the already well-established beauty/dermal sector, and undermine the validity and reasonableness of the proposed guidelines for the non-surgical medical sector - being penetrative treatments such as injectables that require Schedule 4 + medications.

FURTHERMORE –

The guidelines for medical surgical and medical non-surgical injectables or S4 + treatments should have their own independent reviews, as they carry different risks and implications.

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:

Under the definitions of non-surgical cosmetic procedures; treatments that do not penetrate the skin MUST be removed, being CO2 laser skin resurfacing and other laser skin treatments, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels etc. These procedures do not require a therapist/practitioner to be an RN, EN or Medical Professional and they fall into the well-established Beauty Dermal Sector of the Beauty and Aesthetic Industry with its own guidelines and educational requirements.

Categorising these non-invasive treatments alongside proposed non-surgical enhancement guidelines that have stemmed from the results of an independent review that was intended for the invasive SURGICAL sector is incongruent and harmfully excessive as non-invasive skin treatments do not pose the same risks as surgical intervention.

As long as the EN's, RN's or Practitioners have the required education stipulated by the Beauty Dermal sector, they must be able to perform these treatments without Ahpra restriction being placed, as they do not fall under Ahpra or medical jurisdiction. Again, for clarification they not medical procedures, they are well established beauty/dermal procedures that also happen to be performed by some medical professionals as ancillary treatments.

Adding medical restrictions to this category of on medical treatments will cause significant repercussions and confusion to consumers, and the already well-established beauty/dermal sector, and undermine the validity and reasonableness of the proposed guidelines for the non-surgical medical sector - being penetrative treatments such as injectables that require Schedule 4 + medications.

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:

IV can be included in the same guidelines as it is medical non-surgical and is more frequently used in cosmetic enhancements.

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:

Just to reiterate that these guidelines are a good start, some good safety considerations but the general feedback that we have received is that they require more consultation, more review and refinement. Fair and appropriate regulation is required, over-regulation hinders patient choice and safety.