Nursing and Midwifery Board Ahpra

*Q1.*

## Introduction

The Nursing and Midwifery Board of Australia (NMBA) and Australian Health Practitioner Regulation Agency (Ahpra) are consulting on the proposed **Guidelines for privately practising nurses**. We welcome feedback from organisations, registered health practitioners and the public.

The questions in this consultation relate to the proposed proposed ***Guidelines for privately practising nurses***.

Please read the public consultation paper before responding. All questions are optional, and you are welcome to respond to any you find relevant, or that you have a view on. It will take approximately 15 minutes to complete this survey if you answer all questions. (upon completion of the survey there is an option to save a copy of your responses for your records) The consultation is open for 6 weeks. The submission deadline is close of business **12 April 2024**.

## How do we use the information you provide?

The consultation is voluntary. All data collected will be treated confidentially and anonymously. Data collected will only be used for the purposes described above. We may publish data from this consultation in internal documentation and any published reports. When we do this, we ensure that any personal or identifiable information is removed. We do not share your personal information associated with our consultations 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.

## Publication of submissions

We publish submissions at our discretion. We generally publish submissions on our website to encourage discussion and inform the community and stakeholders about consultation responses. Please let us know if you do not want your submission published. We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details. We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include published experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982 (Cth)*, which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or if you want us to treat all or

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

If you have any questions, please contact the Nursing and Midwifery Board of Australia.

Please click on the ARROW below to start the survey.

*The NMBA and Ahpra acknowledge the Traditional Owners of Country throughout Australia and their continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past and present.*

*Q46.* Are you completing this submission on behalf of an organisation or as an individual?

- (●) Organisation
- ( ) Individual

*Q47.* Your details

| | |
|---|---|
| Name | |
| Organisation | Aescend Aesthetics |
| Email | [redacted] |

## *Q49.* Publication of your submission

*Q48.* Do you give permission for your submission to be published?

- ( ) Yes - publish my submission **with** my name / organisation name
- (●) Yes - publish my submission **without** my name
- ( ) Yes  publish my submission **without** my organisation name
- ( ) Yes - publish my submission **without** both my name and organisation name
- ( ) No - **do not** publish my submission

## *Q34.* Guidelines for privately practising nurses

*Q32.* 1. Is the content of the proposed revised guidelines helpful, clear and relevant?

- ( ) Yes
- (●) No

*Q33.* Please explain why

Overall the guidelines to not add anything new to the practice of independent nurses, nor increase the safety around nurses practicing without direct oversight. While the guidelines are helpful in summarising the conditions that apply to independent practice, they do little to actually improve the safety of cosmetic nurses (at whom the document is obviously aimed) who enter the industry without prior supervised practice or experience in more acute settings. The guidelines as currently proposed reinforce what anyone in independent practice should already be doing if they are a practitioner that is truely concerned with avoiding legislative action and caring for patients.

## *Q35.* Guidelines for privately practising nurses

*Q36.* 2. Is there any content that needs to be changed, removed or added in the proposed guidelines?

- (●) Yes
- ( ) No

*Q37.* Please provide details

As previously submitted via the CNA by a representative of our organisation, we see one of the biggest concerns with this industry is the number of nurses who enter nursing purely with the aim of becoming an independently practicing cosmetic nurse. While this is an acceptable career choice, it is not as simple as graduating nursing school and doing a 2-3 day course on how to inject. Nurses working as independent clinicians in cosmetics need to have: - sufficient experience and clinical reasoning to be able to independently identify symptoms and signs of an adverse event e.g. have actually seen hypoxaemic flesh and delayed capillary refill in order to detect it; have been exposed to atypical presentations of anaphylaxis to know that it may present as gastrointestinal symptoms… or even what constitutes angiodoema versus expected post-procedural swelling; the ability to detect infection versus the erythema of skin trauma versus the early erythema of blood vessel compression… and the clinical reasoning to judge that even a superficial infection of cheek filler should be acted on immediately in order to avoid a periorbital/preseptal cellulitis - sufficient experience to competently and confidently manage adverse complications (which is not a skill learnt until you been supported through this in a supervised clinical setting) - sufficient experience to support the ability to make sound clinical judgements regarding contraindications to medications, allergies and medical conditions not expressly listed on the product information of injectable products - corporate and clinical governance experience significant enough to ensure the development of a business that is fitting to provide care to patients… including a knowledge of infection control standards, audit processes, policy development, WHS legislation, Human Resources management, training and education

## *Q40.* Guidelines for privately practising nurses

*Q38.* 3. Would the proposed guidelines result in any potential negative or unintended effects for people requiring healthcare, including vulnerable members of the community who may choose to access PPN services?

- (●) Yes
- ( ) No

*Q39.* Please explain why

They do not significantly outline the education and experience requirements for nurses entering independent practice. It is not acceptable for a new graduate nurse without any acute care experience, who has simply done a short course in injecting to offer unwitnessed treatment to a patient and does not occur in any other discipline of nursing. Furthermore, there is no system in place to ensure that those practitioners that may enter the industry in this way develop professionally as they are in a position of having no clinical oversight and being responsible for their own clinical governance and professional development. It is a disservice to patients and the industry to enable unexperienced health professionals to promote themselves as able to safely deliver treatment independently when their credentials and experience would suggest otherwise. Directing patients to research their practitioners via the health practitioner register is not enough, as many are fuelled by cheap treatments and are unaware that researching their health professional is something they should do.

## *Q41.* Guidelines for privately practising nurses

*Q42.* 4. Would the proposed guidelines result in any potential negative or unintended effects for Aboriginal and/or Torres Strait Islander Peoples?

- ○ Yes
- ◉ No

*Q43.* Please explain why

*This question was not displayed to the respondent.*

## *Q44.* Guidelines for privately practising nurses

*Q45.* 5. Would the proposed guidelines result in any potential negative or unintended effects for PPNs?

- ○ Yes
- ◉ No

*Q46.* Please explain why

*This question was not displayed to the respondent.*

## *Q48.* Guidelines for privately practising nurses

*Q55.* 6. Are there any other potential regulatory impacts that the NMBA should consider? (refer to the NMBA statement of assessment at Appendix B)

- ◉ Yes
- ○ No

*Q56.* Please explain why

The proposal fails to sufficiently protect the public from inexperienced practitioners as it fails to dictate a standard prior to entering independent practice relevant to the qualifications and experience of independently practicing nurses.

## *Q54.* Guidelines for privately practising nurses

*Q47.* 7. Do you have any other feedback on the proposed guidelines?

- (●) Yes
- ( ) No

*Q52.* Please provide details

An unambiguous statement is required regarding the years and areas of experience in addition to qualifications that are necessary prior to a nurse entering independent practice. In any other discipline nurses do not have the opportunity to independently practice and are therefore governed and overseen by an organisation of more experienced clinicians. In independent practice, the accountability falls to doctors who in the first instance may be unaware of the implied responsibility under these guidelines when they script for nurses, and secondly are often detached from the clinic by whom they are contracted and therefore have no direct oversight over clinical governance and standards or scope of practice undertaken.

*Q53.* Thank you for your submission to the Nursing and Midwifery Board of Australia (NMBA) regarding the proposed ***Guidelines for nurse practitioners privately practising nurses***. The NMBA will review and consider all feedback received before finalising the guidelines. (upon completion of the survey there is an option to save a copy of your responses for your records)

Should you have any questions please contact nmbafeedback@ahpra.gov.au. Once again we thank you for taking time to provide feedback.