

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

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

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

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

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

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

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

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

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

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

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

How do we use the information you provide?

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

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

Australian Health Practitioner Regulation Agency
National Boards
GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](https://www.ahpra.gov.au) 1300 419 495

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

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

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

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

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: Nursing and Midwifery Council of NSW

Contact email: HPCA-nursingandmidwiferycouncil@health.nsw.gov.au

☐ 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:

Yes

The guidelines provide clarity and consistency for practitioners and the public.

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

Nursing scope of practice in the Cosmetic Industry

In cosmetic nursing practice, the clinical scope of practice for nurses falls into a few primary domains: assessing the client, ensuring appropriate information is provided to clients, obtaining informed consent, and planning and delivering appropriate care. This may include infection prevention and control, and administering medication such as muscle relaxants and dermal fillers only when an authorised person appropriately prescribes these. Nurses may also assist medical practitioners during minor or more complex cosmetic surgery. They are required to document treatment in a timely fashion and monitor, follow-up and evaluate outcomes. Increasingly nurses are operating their own clinics with cooperative arrangements with medical practitioners.

Nurses may perform laser, IPL, and other related therapies, as well as recommend and apply cosmeceuticals. A registered nurse may also assist a medical practitioner / surgeon / anaesthetist when necessary, during surgical procedures. They may be required to appropriately store any drugs or poisons used in their procedures and ensure that relevant infection control mechanisms² are in place for the protection of clients and themselves.

Nurse will also need to have in place and/or be able to respond immediately to emergency procedures, including patient hypersensitivity and or anaphylaxis to drugs injected.

The activities undertaken by a nurse and the level of autonomy and supervision required by the nurse will depend on registration status; the division of nursing in which a nurse is registered; whether they have endorsement as a nurse practitioner and scope of practice.

The NMBA has developed principles for decision making about scope of practice and level of supervision. This includes.

- Ensuring that the practitioner has lawful authority and professional consensus and evidence to support their practice
- Risk management and risk minimisation procedures are in place

- Organisational support developing policy and planning to support the activity
- Preparation and experience i.e. the practitioner has the knowledge, skills, and confidence to undertake the activity
- Readiness to accept delegation and accountability only when that is appropriate
- Appropriate level of supervision and oversight
- Evaluation of outcomes

These principles apply to RNs, ENs and Nurse Practitioners.

All registered nurses, enrolled nurses and nurse practitioners must know and comply with the requirements of their state or territory drugs and poisons (or equivalent) legislation for schedule 4 (prescription only) cosmetic injectables. For example, requirements relating to permits, supply, storage, and transport.

Relevant Laws and professional guidance documents for nurses working in the cosmetic industry:

Relevant NSW laws include but are not limited to:

- Health Practitioner Regulation National Law 2009 (NSW)
- Health Practitioner Regulation (New South Wales) Regulation 2016
- Poisons and Therapeutic Goods Act 1966 and its regulations
- Poisons and Therapeutic Goods Amendment (Cosmetic Use) Regulation 2021

Nurses working in the area of cosmetic procedures are required to know and comply with relevant state / territory drugs and poisons legislation and ensure they are compliant with local policies and protocols that are consistent with the law.

NMBA documents

The Nursing and Midwifery Board of Australia Positions statement acknowledges that nurses obtain and develop qualifications and expertise throughout the course of their careers.

It is expected that nurses practise within scope of practice i.e. they are educated and competent in the specific area of practice in which they have chosen to work and comply with the NMBA standards.

These standards include but are not limited to:

- Relevant Registration Standards
- Registered Nurse Standards of Practice
- Enrolled Nurse Standards for Practice
- Nurse Practitioner Standards for Practice
- Code of Conduct for Nurses
- Guidelines for advertising regulated health services, and
- National framework for the development of decision making tools in nursing and midwifery practice
- Safety and Quality framework for Nurse Practitioner (when relevant)

Other documents

NSW Nurse Practitioner Formulary approved by the Director General Ministry of Health. It should be noted that Privately Practising Nurse Practitioners and those working in non- government or private facilities are required to get approval for their formulary from the Director General or their delegate (Chief Nursing and Midwifery Officer of NSW).

The NMBA also specifies that nurses working within the cosmetic industry should be aware of Medical Board of Australia's (MBA) Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures.

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

Type of registered nurses in the cosmetic industry:

There are many unregulated individuals who work and conduct business within the cosmetic industry. There is a high likelihood that clients may be unaware of the qualifications and experience of the person providing a service to them or whether the person is regulated.

They may also not be aware of their rights should a service which is provided to them causes harm. This process may differ depending on the person who is providing them with the service.

The Council is unable to comment on the practice of unregulated workers in the cosmetic industry. It is a concern that unregulated workers in the cosmetic industry may be conducting invasive procedures without adequate qualifications or skills or maybe using the title of nurse in communications with the general public.

A description of the three different types of nurses who are registered or endorsed under the Australian National Regulation and Accreditation Scheme their level of education, supervision and authority is provided below: i.e.

- enrolled nurses – division 2 (EN)
- registered nurses – division 2 (RN)
- nurse practitioner (NP)

Enrolled Nurse – Division 2

Enrolled nurses – division 2 (EN) undertake 12-18 months training, including 120 clinical placement hours to achieve a Diploma of Nursing. ENs can administer appropriately prescribed medications under the supervision of a registered nurse if they have the knowledge and skills to do so. The exceptions to this is if there is a notation or condition on the register not to administer medications on the Health Professional Register held by AHPRA and available on its website.

Registered nurse - Division 1

Registered Nurses (division 1) may also be employed within the cosmetic industry. Programs of study leading to registration as a nurse (division 1) in Australia must be at bachelor's or master's degree level and include a minimum of 800 hours workplace experience.

Specific training in relation to cosmetic nursing is not specified in the Accreditation standards approved by the NMBA, however all ENs, RNs and NPs are expected to have relevant training to practise in the area of nursing in which they are working.

Like ENs, RNs in cosmetic practice in NSW may administer medication such as topical anaesthetics, dermal fillers and muscle relaxants if prescribed by an authorized person as specified in the Poisons and Therapeutic Goods Act 1966. In all states and territories, they are able to independently operate all classes of laser with the exception Queensland where when using a Class 4 laser must do so under the supervision of a doctor or in Western Australia where Class 4 is restricted to a medical practitioner or a nurse practitioner.

Nurse practitioner

A nurse practitioner is a registered nurse who meets the following criteria and is so endorsed by the National Board

- Current registration as a registered nurse with no restrictions
- Equivalent of three years' full-time experience (5,000 hours) at the clinical advanced nursing practice level, within the past six years

- Successful completion of an NMBA-approved program of study leading to endorsement as a nurse practitioner, usually at a postgraduate master's level practitioner, or substantially similar program as determined by the NMBA.
- Compliance with the NMBA's *Nurse practitioner standards for practice*.
- Meets the standards for registration including recency and ongoing Continuing professional development

Scope of practice for the nurse practitioner:

While the area of practice is not notated on a NP endorsement on the register, it is nevertheless an expectation that the NP will only practice in that specific area in which they have the training and experience, and in accordance with the Safety and Quality Framework (SQF) included in the *Guidelines on endorsement as a nurse practitioner*. The scope of practice for an NP may change over time. If an NP decides to expand or change their scope of practice to meet the needs of their client group, then the NP is expected to complete further postgraduate education and skill development to meet those needs.

Endorsement allows the NP to assess using diagnostic capability, initiate diagnostic investigations, prescribe medications, and make referrals. NPs work at an advanced practice level and are educated and authorised to function autonomously and collaboratively in an extended clinical role.

The NMBA Safety & Quality Framework outlines the professional standards (registration and practice), codes, legislative requirements and collaborative arrangements within which NPs must practice, ensuring ongoing competence and safe practice.

NPs are authorised by law to prescribe independently. This authority is based on educational preparation that develops an in-depth knowledge of pharmacology and pharmacokinetics related to the relevant practice specialty. As independent prescribers, NPs are responsible and accountable for the assessment of patients with both undiagnosed and diagnosed conditions and for decisions regarding appropriate clinical management including prescribing.

Prescribing decisions for NPs in NSW are no longer required by law to be tied to 'approved clinical practice guidelines' of NPs working in public hospital facilities. The Scope of Practice defines the 'practice of nursing' for which a NP is authorised to possess, use, supply or prescribe a poison, restricted substance, or drug of addiction under the Poisons and Therapeutics Goods Act 1966.

Approved formulary in NSW

The Director-General, in accordance with s17a of the Poisons and Therapeutic Goods Act 1966, has approved a list of poisons, restricted substances and drugs of addiction as the NSW Nurse Practitioner Formulary. This list reflects the national formulary approved for Nurse Practitioner prescribing listed on the Pharmaceutical Benefits Schedule (PBS) but does not infer the ability to prescribe these as PBS subsidised items.

Nurse Practitioners (under s 94 of the Health Practitioner Regulation National law) are qualified to administer, obtain, possess, prescribe, supply, medications when endorsed by the NMBA and authorised to do so under the Poisons and Therapeutics Goods Act 1966 (NSW) and in accordance with section s17A.

Question 4:

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

Is this information clear? If not, why not?

Your answer:

Yes

It is important for those individuals and their parents or guardians undertaking non-surgical cosmetic procedures to consult with qualified medical professionals and thoroughly research the laws and regulations in their specific area before pursuing any cosmetic procedures for minors. Additionally, ethical considerations and the potential long-term effects on physical and psychological well-being should be carefully considered before undergoing any cosmetic surgery, particularly for individuals who are not yet legally adults.

As a health practitioner providing non-surgical cosmetic procedures it is essential to ensure that these individuals are well informed.

Common drugs injected during cosmetic procedures

Many medical products used in cosmetic procedures, such as botulinum toxin (Botox), collagen, hyaluronic acid (Hylaform, Restylane), other non-permanent fillers and lignocaine, are classified in the Poisons Schedule as S4 drugs. Their use is controlled in NSW by the Poisons and Therapeutic Goods Act (1966) to protect the health and welfare of the community.

The drugs used in the cosmetic industry are, generally, not found on the NSW Nurse Practitioner Formulary approved by the Director-General. Lignocaine appears to be the only drug currently specified for use by the NSW Nurse Practitioner Formulary. NPs working in both public and facilities and in private organizations are unable to prescribe these drugs unless they apply to the Director-General or delegate to approve the addition of these drugs to their approved formulary.

NPs, as well as RNs and ENs, can also administer these medications on receipt of a valid prescription from a medical practitioner or dentist if they have the knowledge and skills to do so.

Question 5:

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

Your answer:

No

Question 6:

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

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

Your answer:

Yes

In keeping with the Professional Practice Framework (PPF) of which the Decision Making Framework (DMF) health practitioners are responsible for ensuring adequate supervision is provided.

The purpose of the DMF is to guide decision-making relating to scope of practice and delegation and to promote decision-making which is:

- consistent
- safe
- person-centred/woman-centred, and
- evidence-based

The PPF determines the requirements and expectations which guide the professional practice of

nurses and midwives in Australia. In July 2016, the Nursing & Midwifery Board of Australia (NMBA) released the first position statement on nurses and cosmetic medical procedures and in March 2023, the seventh iteration was released.

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:

Yes

Postgraduate Minimum Year:

Consider establishing a minimum duration for postgraduate studies in nursing and midwifery to ensure that students have sufficient time to deepen their knowledge and skills in their chosen specialty areas. This minimum year requirement may vary depending on the specific postgraduate program and its objectives.

Further consideration in the context of accreditation courses for non-surgical Cosmetic Nursing with the Nursing and Midwifery Board of Australia (NMBA) and the Australian Health Practitioner Regulation Agency (Ahpra).

Accreditation Courses with NMBA - Ahpra Standards:

Ensure that the accreditation courses comply with the standards set by the NMBA and Ahpra. This involves aligning the curriculum, teaching methodologies, and assessment criteria with the regulatory requirements to maintain quality in nursing and cosmetic nursing practice.

Variety of Course Preparation, Training, Competency:

Evaluate the diversity and comprehensiveness of the course curriculum to ensure it adequately prepares students in terms of knowledge, skills, and competencies required for nursing and midwifery practice. This could involve assessing the range of subjects covered, clinical training opportunities, and practical skills development.

Isolated Practice:

Address the challenges and considerations associated with isolated practice, particularly in rural or remote areas where healthcare resources may be limited. This could involve developing specialized training or support programs for nurses and midwives practicing in isolated settings to ensure they are equipped to handle the unique challenges they may encounter.

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:

Yes

In summary, the list below addresses critical aspects of medication management, infection prevention, evidence-based practice, and private Indemnity Insurance within healthcare settings, emphasising the importance of standardised practices, evidence-based decision-making, and continuous quality improvement efforts.

Storage or control of medication:

Ensuring practice settings understand and adhere to proper storage and control of medications. It is essential for them to consider and have systems in place to track medication inventory, monitor expiration dates, prevent theft, or misuse, and maintain appropriate environmental conditions (such as temperature and humidity) to preserve medication effectiveness.

The Council is aware of instances where for cosmetic medical procedures, medications administered are stored and controlled in clinic rooms, practitioner's homes and cars, and/or dispensed in patient's/client's homes.

Infection prevention and control and standard precautions:

Provide standards for infection prevention and control, and the necessity of implementing standardised protocols and practices to prevent and control infections in healthcare settings. This and not limited to measures such as hand hygiene, proper use of personal protective equipment (PPE), environmental cleaning, sterilisation and disinfection of equipment, and adherence to isolation precautions when dealing with contagious patients.

Several complaints reported to the Council alleged that the practitioner was providing services from their own home or from unlicensed premises which lack cleanliness and where infection prevention and control procedures and universal standard precaution may not have been met. The Council has conducted one inspection and identified that standards for infection control and record keeping were not being met. One patient reported needing hospitalisation for several days and antibiotics following a procedure.

Evidence-based:

The importance of healthcare practices and decisions being informed by the best available evidence from scientific research. Healthcare professionals should refer to evidence-based guidelines, protocols, and interventions that have been rigorously evaluated through research studies and clinical trials to ensure optimal patient outcomes.

Private Indemnity Insurance:

Insurance coverage to protect individuals from financial losses due to liabilities arising from legal claims, damages, or losses in the private sector.

Risk Assessment

Council supports the formalisation of a risk assessment to assess the patient's level of body dysmorphism disability (BDD)/suitability for the procedure. The risk assessment also acknowledges the vulnerable nature of this population. The complexity and frequency of cosmetic medical procedures without an evidence base, and how/if procedures improve patient outcomes, and "do no harm" are concerning.

Documentation

Council supports the requirements for individual patient documentation – specific medical record file using contemporaneous notes and patient authorised/consent for digital images, besides logged short message service (sms) ensuring and maintaining patient confidentiality and privacy, in compliance with legal requirements for medical records.

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:

Yes

The draft guidelines ensure clarity and consistency across registered health professions

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

Question 11:

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

Your answer:

No

The Council notes that policies related to consent should clearly demonstrate a client focussed approach and be:

- Voluntary /freely given
- By a person with capacity
- Informed by the specific nature of any proposed procedure, (including the risk and consequences that may arise) and
- Include information related to other treatment options

This is consistent with existing policy directives (such as the NSW Health *Consent to Medical and Healthcare Treatment Manual* and the Australian Commission on Safety and Quality in Healthcare (NSQHS Standards) *Informed Consent in Health Care*

NSW Health - *Consent to Medical and Healthcare Treatment Manual* (Section 4) states the requirements in the following terms:

4.3.2. Freely given. Consent must be freely given. The patient must not be pressured, coerced or intimidated into giving consent by Health Service staff, a Health Practitioner, a carer or a family member. If a Health Practitioner has concerns about whether a patient is being coerced into giving consent, the Health Practitioner should consider asking to speak to the patient alone without the presence of other family members to explore the patient's view.

4.3.3. Sufficiently specific. The consent must be specific and is valid only for the condition being treated and the specified treatment or procedure about which the patient has been informed and agreed to ...

4.3.4. Informed. The patient must be informed in broad terms of the nature and purpose of the healthcare in a way the patient can understand. Health Practitioners have a duty to provide the patient with enough information to enable them to gain a genuine understanding of the nature and effects of the operation, procedure or treatment, the risks associated with it and any alternatives to the proposed treatment. The information provided to the patient as part of the consent process should take into account the patient's Health Literacy to ensure that it is understandable. This obligation includes the use of different communication tools as necessary, including shared decision making.

Further guidance •

**4.8 – How do I properly inform a patient about a procedure and warn of material risks? •
NSW Health Clinical Excellence Commission Health Literacy Framework**

It is also noted that the High Court in *Rogers v Whitaker* (1992) 175 CLR 479 held that it is part of the doctor's duty of care (and arguably the duty of care of any health care practitioner) to disclose "material" risks. A risk is material, if: "...in the circumstances of the particular case, a reasonable person in the patient's position, if warned of the risk, would be likely to attach significance to it or if the medical practitioner is, or should reasonable be aware that the particular patient, if warned of the risk, would be likely to attach significance to it."

The Council is of the view that the information currently required in the draft guideline to be provided by the registered health practitioner is insufficient to ensure informed consent. In particular, the Council believes that:

1. in section 5.1b reference should be made to specific information about qualifications, education, training and experience as they relate to non-surgical cosmetic procedures
2. the registered health practitioner should be required to provide (in section 5.1a) where relevant details of alternative registered health professions who may be qualified to perform the cosmetic procedure

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

Mole removal

The Council recommends that:

- 'mole removal' should be limited to those registered health practitioners who have, by way of their scope of practice, access to / capacity to refer to pathology service where relevant
- This change in the definition should apply across all three (3) draft guidelines being consulted

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:

Yes

Consistent requirements are appropriate. They provide for variations in each profession's scope of practice across time.

Question 14:

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

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

Your answer:

Yes

Consistent assessment and consideration of risk ensures greater public safety.

Additionally, the Council recommends that Ahpra / Boards consider supporting or collaborating in research to develop an evidence-based client assessment / risk assessment tool for use across registered health professions in the context of non-surgical cosmetic procedures.

Question 15:

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

Your answer:

No

The Council encourages Ahpra and the Boards to consider a public campaign to provide information about non-surgical cosmetic procedures and note the following publication has been helpful in their considerations in the consultation process:

Craddock, N. Spotswood, F., Rumsey, N., and Diedrichs, P. (2022), "We should educate the public that cosmetic procedures are as safe as normal medicine": Understanding corporate social responsibility from the perspective of the cosmetic procedures industry. *Body Image*, Elsevier, 43, pp75 - 86.

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 guidelines provide clarity and consistency for all with an appropriately ethical basis for offering non-surgical services in these areas

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

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 Council recommend that Ahpra and the relevant National Boards invest in a significant education campaign to ensure that the general public is well informed about the guidelines and the information they can expect to be provided by registered health practitioners performing non-surgical cosmetic procedures.

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:

No

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

Mole removal

The Council recommends that:

- 'mole removal' should be limited to those registered health practitioners who have, by way of their scope of practice, access to / capacity to refer to pathology service where relevant
- This change in the definition should apply across all three (3) draft guidelines being consulted

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:

Yes

Mole removal

The Council recommends that:

- 'mole removal' should be limited to those registered health practitioners who have, by way of their scope of practice, access to / capacity to refer to pathology service where relevant
- This change in the definition should apply across all three (3) draft guidelines being consulted

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

Ensuring clarity and consistency with professions involved, public safety information

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:

Lack of evidence base and risks associated with 'well-being' / 'health' related IV infusion services

Question 24:

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

Your answer:

No