

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

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

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

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

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

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

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

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

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

Please email your submission to [AhpraConsultation@ahpra.gov.au](mailto:AhpraConsultation@ahpra.gov.au)

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

### How do we use the information you provide?

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

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

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

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

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

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

If you have any questions, you can contact [AhpraConsultation@ahpra.gov.au](mailto:AhpraConsultation@ahpra.gov.au) or telephone us on 1300 419 495.

### Publication of submissions

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

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

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

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

#### Initial questions:

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

#### Question A

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

☒ Organisation

Name of organisation: **Australian Dental Association Inc.**

Contact email: [REDACTED]

#### Question C

**Do you work in the cosmetic surgery/procedures sector?**

☒ No

#### Question D

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

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

## 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:**

No. The guidance in the draft shared practice guidelines is not appropriate as it lacks clarity in defining when a dental procedure is considered cosmetic. Many dental procedures, such as orthodontic treatment for minor malocclusion, have both functional and cosmetic aspects. The guidelines need to address who defines the severity of conditions like malocclusion and where the line is drawn between necessary and cosmetic treatment.

We suggest inclusion of clearer definitions, specific examples, and enhanced practitioner guidance in the draft guidelines. We suggest that the draft shared practice guidelines further attempt to:

- Clarify definition of "cosmetic dental procedures" – particularly for procedures that may have both cosmetic and therapeutic benefits.<sup>1</sup>
- Define who determines the severity of conditions and the distinction between necessary and cosmetic treatment.
- Provide further clarification on acceptable clinical justification for aesthetic dental treatments.
- Offer examples of cosmetic treatments not requiring psychological assessments.
- Equip practitioners with tools to identify situations requiring psychological assessments based on the patient's cosmetic motivations.
- Provide clearer understanding of how dentists should interact with other registered professionals for non-surgical cosmetic procedures.
- Clarify whether these guidelines are sufficient to avoid additional training or qualification requirements for practitioners performing non-surgical cosmetic procedures.

#### **Question 10:**

Does the guidance in the draft shared practice guidelines sufficiently inform **registered health practitioners** about National Boards' expectations when performing non-surgical cosmetic procedures in Australia? Yes/No. If no, what needs to be changed?

#### **Your answer:**

No, the draft guidelines require further clarification.

<sup>1</sup> Examples of procedures that may have both cosmetic and potential therapeutic benefits (a concept referred to in several of our answers) include:

- Orthodontic treatments that address misaligned teeth or jaws.
- Fillings, crowns, bridges, and implants.
- Certain gum surgeries.
- Dental bonding.
- Dental veneers.

The guidelines fail to distinguish between purely cosmetic procedures and those with potential health benefits. This ambiguity could lead to confusion among practitioners regarding their regulatory obligations.

The guidelines lack clear differentiation between "screening" and "assessment" for non-surgical cosmetic procedures. Including examples and clarifying their nature and depth is important to avoid confusion in implementation.

The suggested use of validated psychological screening tools, typically administered by other professionals, raises concerns about the ability of many dentists to perform these assessments.

We are interested in whether any changes to relevant qualifications and training standards are envisaged.

#### **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 guidelines do not adequately explain to the public the nuances of dental treatments that are both functional and aesthetic in nature. Clearer guidance on what constitutes a cosmetic procedure in dentistry is needed for public understanding and informed decision-making.

We suggest the following would be helpful:

- Provide a clear explanation of how "cosmetic dental procedures" differ from solely functional ones.
- Include a comprehensive list of covered procedures, specifying who is qualified to perform them.
- Emphasise the patient's right to choose treatment after receiving enough information for them to make an informed decision about whether to have the procedure.
- Clarify instances where patient autonomy may be restricted due to procedures lacking health benefits, irreversible tissue alteration, or long-term risks.
- Inform the public that dentists may require a psychological assessment if they suspect cosmetic improvement as the primary motivation, and may even refuse treatment in such instances.

By way of background, we consider that patients should be informed about both short and long-term risks and benefits, especially where short-term improvements could mask significant long-term risks associated with altering natural tissues for cosmetic purposes.

#### **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:**

The proposed definition creates challenges in dentistry, specifically:



- Excluding procedures with both clinical and aesthetic benefits creates a grey area for dentistry (where many procedures fall under this category).
- Aesthetics often play a significant role in standard dental care.
- Including "teeth" as an example of alterable tissue blurs the line with surgical procedures in dentistry, as some tooth alterations involve permanence.
- Patients and dentists often have differing viewpoints regarding the distinction between functional and aesthetic aspects of dental procedures.

Changes we propose are:

- Include a general explanation differentiating between aesthetic and cosmetic changes. This framework should address the grey area in dentistry.
- Include specific examples of dental services considered cosmetic when deemed unnecessary by a dentist. This will enhance patient understanding and practical guidance for practitioners.
- Remove the reference to "teeth" in the definition to avoid ambiguity and potential confusion with surgical procedures.

### **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 draft guidelines propose consistent requirements for all practitioners performing non-surgical cosmetic procedures.

The ADA acknowledges the importance of consistent guidelines but emphasises the need for specificity and tailored considerations for the dental profession due to the unique overlap of function and aesthetics in many dental procedures.

Challenges with consistent requirements include:

- Many dental procedures address both functional and cosmetic concerns, creating a grey area where consistent requirements might not be entirely appropriate.
- The inclusion of "teeth" in the definition of alterable tissue could lead to unintended consequences as dental procedures which alter teeth can be integral to restoring functionality.

Our suggestions:

- Further clarify the scope or provide specific examples for dentists. This might involve a dedicated section within the guidelines to address the specificities of dentistry.
- Please see our responses to questions 9-12 for further details on proposed adjustments.

### **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:**

No. The proposed requirement for assessing patients for underlying psychological conditions, like body dysmorphic disorder (BDD) before non-surgical cosmetic procedures raise concerns for us.

We are confident that sound arguments can be made both for, and against, strengthening patient assessment processes before cosmetic procedures.

Focusing here on what is reasonable and practicable ... Most dentists lack the necessary training and qualifications to accurately diagnose psychological conditions like BDD. This falls outside their professional scope and might be compared to expecting a psychologist to diagnose dental issues.

Instead of conducting assessments themselves, dentists would probably be sensible to refer patients to other qualified health professionals if they suspect any psychological concerns – to ensure comprehensive care while avoiding an undue burden on dentists.

While supporting patient well-being through appropriate assessments, the guidelines should acknowledge dentists' limitations and avoid placing unrealistic expectations or potential liabilities on them.

The guidelines might benefit from specifying that all practitioners (including dentists) are required to address potential mental health concerns in a sensitive and professional manner – to minimise patient perceptions of invasiveness.

**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:**

We suggest consideration be given to refinements along the below lines to help enhance public safety and clarity, while acknowledging dentistry's unique characteristics:

- Include criteria for distinguishing cosmetic from functional dental procedures.
- Provide examples of purely cosmetic dental procedures.
- Define clear guidelines for "clinical justification":
- Clarify referral responsibilities for dentists.
- Emphasise offering referrals to other practitioners for alternative options.
- Acknowledge limitations in psychological assessment training for dentists, balancing with practicality for low-risk procedures.
- Clarify if *referral* alone is required, rather than *approval* by a psychologist/psychiatrist.
- Establish criteria for proceeding after a psychological evaluation.
- Explore providing standardised consent forms while considering potential over-burdening or dissatisfaction.

- Consider risk-proportionate reporting and consent requirements.

## 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:**

There appears to be a need for the draft advertising guidelines to better address the unique situation of dentistry, where many procedures have both aesthetic and functional aspects. It is necessary to distinguish between purely cosmetic procedures and those with a therapeutic component when establishing advertising rules.

#### 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:**

The draft advertising guidelines lack sufficient clarity in informing practitioners about National Boards' expectations for non-surgical cosmetic procedures, particularly in the context of dentistry.

The following approaches would likely assist to inform registered health practitioners:

- Acknowledge the overlap between cosmetic and therapeutic benefits in many dental procedures.
- Provide specific guidance on how to advertise procedures like veneers, crowns, and orthodontics, considering both their functional and aesthetic aspects.
- Include concrete examples of compliant and non-compliant advertising scenarios to illustrate expectations.
- Use clear and concise language to avoid ambiguity.

#### 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:**

While the current draft helps raise awareness about responsible advertising, it needs clearer communication for the public to fully understand National Boards' expectations regarding non-surgical cosmetic procedures in dentistry.

The following may be helpful:

- The guidelines should distinguish between purely cosmetic and therapeutic procedures using plain language and avoiding technical jargon.



- Including clear examples of how various dental procedures can be advertised responsibly, differentiating between highlighting aesthetic improvement, and emphasising any therapeutic aspects.
- Ensure the language and format are accessible and easy for the public to understand.

#### **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:**

Consider including detailed criteria for advertising dental procedures that have cosmetic outcomes but are partly or primarily therapeutic.

*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:**

The draft definition of non-surgical cosmetic procedures in the guidelines lacks a key distinction between purely cosmetic and therapeutic aspects of dental treatments, which can be expected to create challenges with advertising compliance.

#### **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:**

The definition of non-surgical cosmetic procedures in the guidelines needs refinement to ensure clear differentiation between purely cosmetic procedures and dental treatments with therapeutic benefits.

Removing "teeth" from the definition is also recommended to avoid ambiguity.

#### **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:**

Nil comment at this time.

**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:**

Nil comment at this time.

**Question 24:**

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

**Your answer:**

Nil further comment at this time.