

29 February 2024

By email: [AhpraConsultation@ahpra.gov.au](mailto:AhpraConsultation@ahpra.gov.au)

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


Thank you for the opportunity to provide a response to the consultation on the regulation of health practitioners who perform and who advertise non-surgical cosmetic procedures.

Our submission is attached.


Please contact Ruanne Brell on the details below if you require any further information or clarification of the matters raised in the submission.

Yours sincerely



Georgie Haysom  
General Manager, Advocacy, Education and Research  
Email: 



Ruanne Brell  
Senior legal advisor, Advocacy, Education and Research  
Email: 

## Avant Submission to the consultation on health practitioners who perform and who advertise non-surgical cosmetic procedures

### 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: Avant Mutual

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

## **General comments**

Avant welcomes the opportunity to provide input into the consultation on the regulation of health practitioners who perform and who advertise non-surgical cosmetic procedures.

Avant is a member-owned doctors' organisation and Australia's largest medical indemnity insurer, committed to supporting a sustainable health system that provides quality care to the Australian community. Avant provides professional indemnity insurance and legal advice and assistance to more than 86,000 healthcare practitioners and students around Australia (more than half of Australia's doctors). Our members are from all medical specialities and career stages and from every state and territory in Australia.

We assist members in civil litigation, professional conduct matters, coronial matters and a range of other matters. Our Medico-legal Advisory Service provides support and advice to members and insured medical practices when they encounter medico-legal issues. We aim to promote quality, safety and professionalism in medical practice through advocacy, research and medico-legal education.

Avant has welcomed regulatory change in relation to cosmetic surgery and non-surgical procedures as well as the system-wide approach that has been taken to improving the industry. It is key that such regulation is effective and consistent across all regulatory mechanisms, and that it provides greater clarity for practitioners.

While Avant does not provide insurance for the provision of cosmetic services by nurses to patients, Avant members can be involved in working with nurses in this area. It is important to ensure consistency of guidelines across all registered health professions.

We support option two, namely the publication of guidelines, as this promotes clarity and consistency for all the regulated health professions. Our response addresses areas where we consider changes or further clarification are needed to the proposed guidelines. We agree with the benefits of promoting consistency between these draft guidelines for nurses and other registered health practitioners and the existing guidelines for medical practitioners who perform and advertise cosmetic surgery and non-surgical cosmetic procedures introduced from 1 July 2023.

## 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:**

Avant supports the development of these guidelines as they provide clarity and are consistent with the “Guidelines for registered medical practitioners who perform cosmetic surgery and procedures” that came into effect on 1 July 2023. It is helpful to articulate the respective responsibilities of the various registered health practitioners involved in provided non-surgical cosmetic procedures.

#### 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:**

Broadly, yes.

Under the heading ‘Who do these guidelines apply to?’, we recommend that the third sentence regarding midwives be amended. We suggest the sentence ‘It is not within a midwife’s therapeutic model of care to perform non-surgical cosmetic procedures’ be reworded to clarify that midwives without nursing registration should not perform cosmetic procedures. The proposed wording in the draft document has the potential to cause confusion or misinterpretation that midwives without nursing registration could provide cosmetic services without needing to abide by the guidelines. Alternatively, a clear statement could be made that for midwives who are not registered nurses, the other proposed guidelines still apply to them as they do for all other registered health practitioners.

In relation to the definition of ‘nurse/s’, we recommend the words ‘as such’ be added so that the definition would read ‘Nurse/s means an enrolled nurse (EN), registered nurse (RN) and nurse practitioner (NP), registered or endorsed (NP only) **as such** by the NMBA. For further information, see the NMBA’s Fact sheet: Scope of practice and capabilities of nurses.’ This would ensure that there was no doubt that anyone else registered with the NMBA is not included in any of the listed categories (for example, midwives without nursing registration).

#### Definition of prescribing

We have concerns regarding the appropriateness or adequacy of the definition of prescribing. We note that ‘prescribing’ is not defined in the *Guidelines for medical practitioners who perform cosmetic surgery and procedures*, but those Guidelines do address prescribing and the role of the medical practitioner.

The inclusion of a definition of prescribing in these separate draft Guidelines may lead to confusion, particularly given the proposed wording of the definition being ‘Prescribing means an iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine’. We note the separate draft *Guidelines for registered health practitioners who perform non-surgical cosmetic procedures* provide a reference for this

definition as being from the NPS MedicineWise Prescribing Competencies Framework (April 2021). The proposed definition is arguably broader than the act of providing a written (by hand or otherwise) legal prescription.

We are unsure of the purpose or reasons behind including a definition along these lines and we do not consider that the definition is appropriate for the obligations as outlined in section 6. If it is thought that 'prescribing' needs to be defined, we consider that it should be more appropriate in relation to the information contained in section 6 of the draft Guidelines, including reference to laws and regulations that would apply in their relevant jurisdiction.

#### Definition of registered health practitioner

We are concerned about the potential for confusion to be caused by the definition of 'registered health practitioner' in that it could be misinterpreted as meaning that any registered health practitioner is permitted to perform non-surgical cosmetic procedures. We consider that it would be beneficial for the proposed guidelines to clarify the view of the National Boards as to whether it would be appropriate for their respective practitioners to perform non-surgical cosmetic procedures. We acknowledge that the general consultation document states that:

National Boards' codes of conduct require all practitioners to recognise and work within the limits of their skills and competence. Therefore, it is recognised that not all registered health practitioners will be performing non-surgical cosmetic procedures.

However, this is not necessarily clear from the definition itself and we recommend that this be included in the definition or elsewhere in the draft Guidelines. These comments also apply to the separate draft *Guidelines for registered health practitioners who perform non-surgical cosmetic procedures*.

#### Additional suggestions

Sections 2.3 and 2.4: the equivalent sections in the *Guidelines for medical practitioners who perform cosmetic surgery and procedures* have been the source of some confusion for medical practitioners when those guidelines were implemented. We therefore recommend that further clarification or supporting information be provided regarding these sections. For example, information should be provided regarding what the National Boards mean by 'an evidenced based and validated screening tool' and whether there are different tools that are best used by registered nurses and nurse practitioners respectively. There may be varying degrees of skills and experience of the registered nurse or nurse practitioner in this situation, and differences in familiarity with such assessments. Also, given some non-surgical cosmetic procedures involve a course of treatment over a number of appointments, it should be made clear when and how the suitability assessment is to be performed in that context (for example, at the first appointment where the procedure is recommended, at the first appointment and each subsequent appointment, at certain time-based intervals or otherwise).

Section 4.7: we suggest this section be further clarified to make it clear whether or not it is intended that this is a separate nurse practitioner or other registered health practitioner from the practitioner performing the cosmetic procedure. It is also unclear if it is recommended that the separate nurse practitioner or other registered health practitioner is a practitioner who the patient consults in a primary care capacity, such as a regular general practitioner. We note that the equivalent section in the *Guidelines for medical practitioners who perform cosmetic surgery and procedures* refers only to the discussion taking place with 'their general practitioner' (section 4.7 of those guidelines).

Section 5.2 would benefit from further clarification regarding the respective responsibilities of the nurse performing the procedure and the nurse practitioner prescribing the cosmetic injectable (for example, where the NP prescribes and then a registered nurse administers the injectable).

Section 5.3 is potentially confusing and the context and purpose of including the information suggested in the consent form is unclear. There are other situations permitted by law where information may need to or be able to be provided without the person's consent. Given this, we recommend that this proposed section be removed.

Sections 7.2 and 7.3 would also benefit from further clarification, as per our comments in relation to section 5.2.

In relation to section 14.3, we note OpenPay is one of the example platforms listed however it is no longer operational and is in voluntary liquidation and therefore should be removed from this (see [openpay.com.au](https://openpay.com.au)).

**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:**

While the primary purpose of the guidelines is to inform practitioners of what their relevant Board expects of them, we acknowledge they also have a dual purpose to inform the public and healthcare consumers about these expectations. For that purpose, we recommend that their implementation be accompanied by a thorough education campaign specifically aimed at increasing public awareness as well as a targeted education campaign for practitioners about the content of the guidelines.

**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, although we recommend that the second sentence be amended to read 'The NMBA considers that substances such as botulinum toxin and dermal fillers should not be prescribed for persons under the age of 18 for cosmetic purposes'.

**Question 5:**

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

**Your answer:**

N/A.

**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:**

N/A

**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:**

N/A

**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:**

N/A



## 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:**

In general, Avant supports the development of these guidelines as they provide clarity and are consistent with the "Guidelines for registered medical practitioners who perform cosmetic surgery and procedures" that came into effect on 1 July 2023. It is helpful to articulate the respective responsibilities of the various registered health practitioners involved in provided non-surgical cosmetic procedures.

As a preliminary issue, we note that there is potential confusion caused by the statement that the shared practice guidelines apply to all registered health practitioners as listed under the heading 'Who do these guidelines apply to?'. We acknowledge that the general consultation document states that:

National Boards' codes of conduct require all practitioners to recognise and work within the limits of their skills and competence. Therefore, it is recognised that not all registered health practitioners will be performing non-surgical cosmetic procedures.

However, this is not clearly reflected in the draft guidelines themselves. It would be beneficial for the proposed guidelines to clarify the view of the National Boards as to whether it would be appropriate for their respective registered practitioners to be performing non-surgical cosmetic procedures. This may include some National Boards issuing statements that they consider that it would be inappropriate for the members of the respective registered health profession to be performing cosmetic procedures, and outside the scope of their skills and expertise.

#### 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:**

We refer to our comment in relation to question 9 above regarding the need for the respective National boards to clarify general expectations that certain registered health practitioners should not be involved in providing non-surgical cosmetic procedures.

The above general comment applies specifically to the reference to prescribing in section 3.1. It is unclear which, if any, of the registered health practitioners would be considered appropriately skilled and qualified to be prescribing cosmetic injectables.

Sections 2.2 and 2.3: the equivalent sections in the *Guidelines for medical practitioners who perform cosmetic surgery and procedures* have been the source of some confusion for medical practitioners when those guidelines were implemented. We therefore recommend that further clarification or supporting information be provided regarding these sections. For example, information should be provided regarding what the National Boards mean by 'an evidenced based assessment' and whether there are different tools that are best used by the different registered health practitioners these guidelines are proposed to apply to. There will be varying degrees of skills and experience amongst the relevant registered health practitioners, some of whom may not have had training or experience conducting this type of assessment. Also, given some non-surgical cosmetic procedures involve a course of treatment over a number of appointments, it



should be made clear when and how the suitability assessment is to be performed in that context (for example, at the first appointment where the procedure is recommended, at the first appointment and each subsequent appointment, at certain intervals or otherwise).

Section 4.7 would benefit from further clarification to clarify whether or not it is intended that this is a separate independent registered health practitioner from the practitioner performing the cosmetic procedure. We note that the equivalent section in the *Guidelines for medical practitioners who perform cosmetic surgery and procedures* refers only to the discussion taking place with 'their general practitioner' (section 4.7 of those guidelines).

In relation to section 14.3, we note OpenPay is one of the example platforms listed however it is no longer operational and is in voluntary liquidation and therefore should be removed from this (see [openpay.com.au](https://openpay.com.au)).

#### **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:**

As for the proposed draft guidelines for nurses, we note that while the primary purpose of such guidelines is to inform practitioners of what their relevant Board expects of them, we acknowledge they also have a dual purpose to inform the public and healthcare consumers regarding these expectations. For that purpose, we recommend that their implementation be accompanied by a thorough education campaign specifically aimed at increasing the awareness of the public, as well as a targeted education campaign for practitioners regarding the content of the guidelines.

#### **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:**

No. We consider that it is important that there is consistency across the definitions in all relevant guidelines for registered health practitioners in this area. We understand the reasoning behind including the words 'or altering other body tissue (for example, teeth)' in this definition which is not in the definition of non-surgical cosmetic procedures in the *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures*. In any future review of those guidelines, we recommend the definition be updated to achieve consistency across all practice guidelines.

While we support the inclusion of examples in the definitions, we recommend that the definition is amended to include a sentence along the lines of "The list of examples is not exhaustive".

#### **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:**

As referred to above, we consider that there are some registered health practitioners in the list provided in these guidelines that, on its face, would not have the appropriate skills and qualifications to perform non-surgical cosmetic procedures and therefore further guidance from the respective National Boards would be beneficial.

**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:**

It is important that there is consistency of expectations and practice guidelines for health practitioners providing non-surgical cosmetic procedures. If it is determined that other registered health practitioners (other than medical practitioners and nurses) should be required to assess patients for underlying psychological conditions, then this should also apply to all those involved in performing cosmetic procedures. Any such requirements should be accompanied by additional information regarding how it is expected that this requirement be carried out, informed by the confusion caused and questions raised by medical practitioners in relation to this requirement when introduced in July 2023. See our specific comments in relation to sections 2.2 and 2.3 above.

**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:**

N/A

**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:**

We support Ahpra and the National Boards continuing to work together on enhancing the guidance and education for registered health practitioners and others, including non-registered health practitioners and others working in cosmetic practices, about their obligations when advertising a regulated health service.

In our experience, additional guidelines for all those advertising non-surgical cosmetic procedures are likely to help advertisers to understand their professional obligations and application of the legal prohibitions regarding advertising contained in the National Law. We therefore support there being additional guidance for advertising non-surgical cosmetic procedures.

**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:**

We support the consistency between these proposed guidelines and the existing general Advertising Guidelines and the *Guidelines for medical practitioners who advertise cosmetic surgery* where relevant. Avant supports Ahpra's current regulatory approach to advertising, particularly the 'check and correct' focus to encourage advertisers to be aware of their obligations and educate themselves and ensure compliance. However, monitoring and regulating advertising, in this industry where advertising has a significant influence on patients, requires substantial resources.

We consider it would be useful for the guidelines to be supplemented by further information, such as FAQs, to address common queries as the guidelines are released and implemented.

If the new draft Guidelines are introduced, there would need to be a widespread and thorough education campaign for all registered health practitioners and for consumers.

In addition to the existing and proposed new Advertising Guidelines from the National Boards and Ahpra in this area, there are opportunities for greater cooperation with the ACCC to raise awareness of the broader obligations on practitioners and practices under the *Competition and Consumer Act 2010* and Australian Consumer Law, as well as with Therapeutic Goods Administration (TGA) advertising requirements. We note that the TGA announced some changes to its approach to the advertising of therapeutic goods for cosmetic practice but the detail of this is yet to be published (as at the time of writing).

If the draft Advertising Guidelines are introduced, we recommend that there be a substantial education campaign for registered health practitioners to inform them of the new requirements. There should also be a period of at least three months after the requirements are announced and before they come into effect, to enable practitioners to check and correct their advertising to ensure compliance.

We acknowledge that Ahpra has established a specific unit for monitoring cosmetic surgery advertising, including proactive audits. It would be beneficial for Ahpra to publish additional information regarding whether or not the enforcement unit will have any role in relation to oversight of non-surgical cosmetic

procedures advertising. In either situation, there is an ongoing need for this area to be adequately resourced to properly monitor and regulate advertising.

In the section headed “Who is responsible for advertising”, we suggest that all registered health practitioners would benefit from some additional information regarding how the concept of “ultimate control” may be determined. Examples may be useful in this regard.

**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:**

See above in relation to our recommendation that any new guidance is accompanied by a thorough education campaign for practitioners as well as the public.

**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:**

We support the use of examples, such as listed in section 3.2, and encourage further use of examples in the Guidelines and in the education and resources to support the Guidelines.

*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:**

Yes. Avant supports the use of a consistent definition of ‘non-surgical cosmetic procedures’ in these guidelines and the existing guidelines, as this promotes clarity and consistency for all regulated health practitioners and others practising in this area.

We understand the reasoning behind including the words ‘or altering other body tissue (for example, teeth)’ in this definition which is not in the definition of non-surgical cosmetic procedures in the *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures* or the *Guidelines for registered medical practitioners who advertise cosmetic surgery*. In any future review of both of those guidelines, we recommend the definition be updated to achieve consistency across all practice guidelines.

While we support the inclusion of examples in the definitions, we recommend that the definition is amended to include a sentence along the lines of “The list of examples is not exhaustive”.

**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:**

N/A

**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:**

We agree there should be clear guidance for practitioners and patients about the regulatory position on IV infusions. This could either be in separate guidelines or in updated general information, along the lines of the information published in November 2022 at [Australian Health Practitioner Regulation Agency - Regulator issues warnings over unproven IV treatments \(ahpra.gov.au\)](https://www.ahpra.gov.au/Regulator-issues-warnings-over-unproven-IV-treatments).

Any new or revised guidance or information on this topic should make it clear that it excludes evidence-based and medically peer-accepted treatment with IV infusions, for example in hospital and specialist hematology/oncology/immunology settings. We would welcome the opportunity to be involved in the consultation on any such information or guidelines for practitioners.

**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:**

N/A

**Question 24:**

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

**Your answer:**

For all three draft documents, we note that the proposed review period is every five years. Given the pace of relevant developments to date in this area and that these are new guidelines, we recommend that this review period be no longer than every three years.

Avant Mutual  
29 February 2024