

## Your details

**Name:**

**Organisation (if applicable):** Cosmetic Nurses Association

**Are you making a submission as?**

- An organisation

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

- Yes – we provide minor cosmetic procedures (e.g. Botox, fillers, etc.)
- Yes – we work in the area but do not provide surgery or procedures (e.g. practice manager, non-clinical employee)

**For medical practitioners, what type of medical registration do you have?**

- Not applicable

**Do you give permission to publish your submission?**

- Yes, with my name

# Feedback on draft Registration standard

This section asks for feedback on the *Draft Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners*.

The details of the requirements for endorsement are in the [draft registration standard](#).

1. Are the requirements for endorsement appropriate?

2. Are the requirements for endorsement clear?

3. Is anything missing?

# Feedback on draft revised Cosmetic Guidelines

This section asks for feedback on the Board's proposed changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*.

The details of the revised guidance are in the [draft revised Cosmetic Guidelines](#).

## 4. Are the proposed changes to the Cosmetic Guidelines appropriate?

The Cosmetic Nurses Association (CNA) represents nurses who provide nonsurgical cosmetic services within the cosmetic industry in Australia. The CNA strives to be the custodian and voice for all nurses working in the area of cosmetic nursing representing them as professionals, collaborating with stakeholders to achieve objectives and standards, prioritising safe consultations. The CNA is committed to maintaining the highest level of patient safety and transparent care.

The CNA believes that a number of the changes to the Guidelines are not appropriate for the reasons set out below.

### **Requirement for General Practitioner referral for all patients seeking major cosmetic surgery**

Currently, nurse practitioners (**NPs**) have the authority to make the referrals for patients seeking major cosmetic surgery as defined in the Guidelines.

The proposed changes would mean that medical practitioners who provide major cosmetic surgery could not provide the surgery without a GP referral.

Australian nurse practitioners have extensive post graduate clinical experience and complete education at a Master's level. They practice at a level that exceeds that of a registered nurse. It is within their scope of practice to:

- a) diagnose health problems;
- b) order and interpret diagnostic investigations;
- c) formulate and assess response to treatment plans;
- d) prescribe medicines and refer to other health professionals within their individual areas of competence;
- e) in some cases admit and discharge consumers from health services including hospital settings

(see: Australian College Nurse Practitioners fact sheet *Nurse Practitioners Scope of Practice*).

The *Nursing and Midwifery Board of Australia – Nurse Practitioner Standards for Practice* (Standards for Practice) provide:

*NPs can practice manage and there are accountable for, complete episodes of care including illness and focus care, as the primary provider of care or as a part of a care team. NPs collaborate and consult with health consumers, their families and community, and other professionals, including health personal, to plan, implement and evaluate integrated care that optimises outcomes for recipients, their progression through the health system and access to relevant systems of care.*

Statement 2.4 of the Standards for Practice provides that the nurse practitioner '*collaborates with other health professionals to make and accept referrals where appropriate*' and '*consults with and/or refers to other health services, disability services, maternity services, aged- care providers and community agencies at any point in the care continuum.*'

The recommendation appears to have overlooked the capacity within the multi-disciplinary health care system for NPs, in addition to medical practitioners, to make these referrals.

The objectives of the recommendation are to '*further improve patient safety relating to issues raised in the review as areas of risk or where patient protections are missing*' (page 6 of Medical Board/

AHPRA Public Consultation Paper) would be met by expanding the guidelines to include NPs as a referral source for major cosmetic surgery. Conversely, requiring patients to seek referrals from GPs who may have no knowledge or experience in cosmetic procedures seems antithetical to the objects of the proposed endorsement and guidelines; that is, having appropriately trained and qualified practitioners involved in cosmetic surgery and medicine processes.

The consequence of the recommendation as it stands would be to limit NPs scope of practice without any sound rationale.

In the CNA's view there will also be an unnecessary burden placed on GPs by the requirement for only GPs to provide these referrals.

**Section 10.1 of Providing minor (non- surgical) cosmetic medical procedures guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures**

The CNA largely supports the requirement for training and experience outlined in section 10 of the draft guidelines however notes that section 10.1 is somewhat unclear.

Section 10.1 provides:

*Cosmetic medical procedures must only be provided or cosmetic injectables prescribed, by medical practitioners with the appropriate knowledge and training in the specific cosmetic procedures being offered, and experience to perform the procedure and deal with all routine aspects of care and any likely complications.*

(emphasis added).

It is unclear what 'experience' would be required by the proposed Guidelines and this could cause confusion for all health practitioners in the industry. For instance, would it be a requirement that the practitioner had recently performed the procedure prior to performing the procedure?

Minor cosmetic procedures such as injection of dermal fillers that are performed through clinics that employ nurses are usually performed by nurses under the supervision of a medical practitioner. Consequently, the medical practitioner involved usually do not usually have recent experience of performing the procedure themselves.

In the CNA's view there is no risk to patient safety by continuing this model of care.

The CNA is otherwise supportive of the requirements of section 10.

**Patient consultation type**

Section 3.1 of the proposed Guideline changes the requirements for prescribing Schedule 4 cosmetic injectables so that there would be a requirement for the medical practitioner to consult the patient each time they prescribed instead of, as is the case now, that they can prescribe at any interval provided they have consulted the patient at least once.

The CNA is concerned that the intention of the change is to require a prescription, and therefore a consultation, for each occasion of injection.

In the CNA's view the current arrangements where the patient does not require a new prescription unless there has been any change to the patient's health or circumstances, is appropriate.

**Additional responsibilities when providing cosmetic medical procedures for patients under the age of 18 for minor cosmetic procedures**

In the CNA's view this requirement is excessive for some minor procedures such as laser hair removal, dermabrasion and chemical peels.

**Informed consent including informed financial consent for minor cosmetic procedures**

The proposed Guidelines provide at 5.4:

*Consent must be documented appropriately, and a copy of the signed consent form **must** be provided to the patient.*

Given the large number of minor procedures performed daily in cosmetic practices this would cause a very large administrative burden. In the CNA's view the Guidelines should be reworded to say:

*Consent must be documented appropriately, and a copy of the signed consent form must be provided if requested by the patient (emphasis added).*

**5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?**

**6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?**

**7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?**

See above.

**8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?**

**9. Is anything missing?**

# Feedback on draft Advertising Guidelines

This section asks for feedback on guidelines for advertising cosmetic surgery.

The Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) include a section on 'Advertising and marketing'.

The Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery* because of the influential role of advertising in the cosmetic surgery sector.

The details of the advertising guidance are in the [draft Advertising Guidelines](#).

**10. Is the guidance in the draft Advertising Guidelines appropriate?**

**11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?**

**12. Is anything missing?**

## Additional comments

13. Do you have any other comments about cosmetic surgery regulation?