

Submission by the Australian Nursing and Midwifery Federation

**Nursing and Midwifery Board of
Australia's public consultation on the
Draft Guidelines for nurses who
perform non-surgical cosmetic
procedures and Draft Guidelines for
registered health practitioners who
advertise non-surgical cosmetic
procedures**

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Australian
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Australian Nursing and Midwifery Federation submission

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Introduction

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 320,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

It is estimated that each year people in Australia spend over \$1 billion on cosmetic procedures. According to the Cosmetic Physicians College of Australasia, people in Australia spend more on cosmetic procedures per capita than any other country, and demand continues to grow.¹ Whilst there is no formal data to indicate how many nurses are working in the cosmetic area, O'Keefe et al suggest that throughout Australia, nurses are the cornerstone of many practices within the private hospital and community cosmetic medicine setting as they perform the majority of the non-surgical cosmetic procedures.² ANMF Branches report that they are receiving increasing inquiries from nurses about setting up their own non-surgical cosmetic procedures businesses. The ANMF supports our members in the areas and contexts where they work. Through this support and ensuring work environments and employers are safe, nurses can deliver safe, person-centred care. By assisting nurses to practice safely and to their scope of practice, the ANMF is helping to ensure the safety of the public. The ANMF welcomes the opportunity to provide feedback on the proposed guidelines for nurses providing non-surgical cosmetic procedures.



Draft guidelines for nurses who perform non-surgical cosmetic procedures

Option 1 – Retain the status quo.

Option 1 is to continue with only the existing regulatory tools, which include the NMBA's Code of conduct for nurses and other profession-specific guidance, such as the position statement issued by the NMBA on cosmetic medical procedures (nurses only).

OR

Option 2 – Proposed new guidelines.

Option 2 is to publish a form of the draft nurses practice guidelines.

What is the preferred option? Why?

The ANMF support option 1.

The draft guidelines contain significant and unnecessary replication of the professional obligations required of all nurses. As stated in the *Nurses and cosmetic medical procedures position statement*¹, 'the *Professional Practice Framework (PPF) determines the requirements and expectations which guide the professional practice of nurses and midwives in Australia*' (p1). All nurses, regardless of the context in which they are practising must adhere to the PPF.

The draft guidelines go beyond the PPF seeking to burden nurses with, and take responsibility for, the shortcomings of a poorly regulated industry. Professional regulation must support and clearly define the nurses' practise within the non-surgical cosmetic industry rather than stipulate and require them to be responsible for clinical governance activities as identified in the draft guidelines. For example, 'There must be protocols in place for managing complications and emergencies that may arise during the procedure or in the immediate post-procedure phase' (7.4, p.22). Nurses should not be responsible for the overarching clinical governance activities in their practise where they perform non-surgical cosmetic procedures. Risks associated with non-surgical cosmetic procedures that can be attributed to a lack of regulation of the industry and commercial interests should not sit with the nurses providing these services; nurses should not be the pseudo regulators for the industry. There must be a clear delineation between nurses' responsibilities as required under the PPF and clinical governance activities that support safe clinical practice.

¹ Nursing and Midwifery Board Australia. 2023. Position statement on nurses and cosmetic medical procedures. Accessed 24 January 2024 at <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Position-Statements/nurses-and-cosmetic-procedures.aspx>



Furthermore, the inclusion of specific, prescriptive care with limited evidence is outside of the scope of the NMBA. Guidance from the NMBA may assist nurses to understand clinical governance and an employers' responsibilities that support safe clinical practice, but it should not be detailing how care must be provided.

Consultation questions

1. Is the guidance in the draft nurses practice guidelines appropriate? Why/why not?

The ANMF considers the draft practice guidelines to be inappropriate as a guideline and recommends that the value of their inclusion in PPF for nurses be re-examined.

The consultation paper states '*Non-surgical cosmetic procedures are entirely discretionary procedures and sit outside existing health system frameworks which can offer safeguards to the public*'. Imposing guidelines on nurses to control the lack of clinical governance in services existing outside traditional health system frameworks will not mitigate the risks that exist due to inconsistent regulatory oversight into non-government care environments and this sector specifically. As has been seen in other privately operated health care sectors, such as aged care, where there are significant commercial interests involved, there is often an absence of, or lack of clear protocols that support safe clinical care due to insufficient clinical governance and government-led regulation. With increased regulation of the industry, the oversight, safety and quality of aged care has improved. The non-surgical cosmetic industry is in need of such State and Territory Government regulation. For example, through the inclusion of the non-surgical cosmetic industry in private health service regulation such as the *Health Services (Health Service Establishments) Regulation 2013* that exists in Victoria.

The draft guidelines state '*if a nurse's professional conduct varies significantly from these guidelines, the nurse should be prepared to explain and justify their decisions and actions*'. Therefore, nurses who perform non-surgical cosmetic procedures will be held to account against the guidelines should practise issues arise. As described above the draft guidelines do not only describe responsibilities of nurses under the PPF but identify elements of clinical governance involved with operating a health service as the responsibility of the nurse. It is not appropriate for nurses to be held to account for failures in regulatory oversight of health service operators in the non-surgical cosmetic industry. The ANMF have significant concerns that these guidelines will be unreasonably utilised pursuant to s41 of the National Law, *Use of registration standards, codes or guidelines in disciplinary proceedings*.



The ANMF acknowledge that non-surgical cosmetic procedures are a rapidly growing industry and poor jurisdictional oversight presents a risk to the public. Some guidance to support nurses working to their scope of practice and the requirements and responsibilities for supervision and delegation to enrolled nurses (EN) would offer clarity to nurses, medical practitioners and service operators. Identification of clinical governance considerations would also provide nurses with clarity and understanding of broader safeguards required for safer practice environments.

The ANMF note that in December 2023, The Australian Commission on Safety and Quality in Health Care (ACSQHC) released the *National Safety and Quality Cosmetic Surgery Standards*.² There must be similar national oversight of the non-surgical cosmetic industry where much of the proposed guideline could be incorporated for a multidisciplinary approach, increasing the safety of the public electing to undergo non-surgical cosmetic procedures and providing guidance to the health practitioners employed by the industry. The ANMF recommend a national safety and quality standard be developed by the ACSQHC to underpin the non-surgical cosmetic sector.

The ANMF support the development of additional educative resources to provide nurses and other stakeholders (for example, medical practitioners, service operators/businesses) with information and clarification of how the PPF applies to nurses performing non-surgical cosmetic procedures. The aim of these resources would be to assist nurses to understand their professional obligations in a growing and unique clinical environment. They would also provide supporting evidence for nurses to help reduce the risk that they will be coerced by employers to work outside their scope of practice and, to inform the development of clinical governance, such as policies, procedures and safety considerations within services providing non-surgical cosmetic procedures.

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?

No, the guidance does not sufficiently inform those nurses who perform non-surgical cosmetic procedures in Australia about their professional obligations. As identified previously, the guideline is overly specific and prescriptive, and identifies clinical governance activities intertwined with professional obligations, all as the responsibility of nurses working in the industry.

² Australian Commission on Safety and Quality in Health Care. 2023. National Safety and Quality Cosmetic Surgery Standards. Accessed January 24, 2024, at https://www.safetyandquality.gov.au/sites/default/files/2023-12/national_safety_and_quality_cosmetic_surgery_standards.pdf



The ANMF suggest any further guidance released by the NMBA provides a clear delineation between nurses PPF responsibilities and clinical governance activities and that specific clinical care directives are considered for broader national regulation relating to safety and quality of the non-surgical cosmetic procedures industry as a whole.

To this end, if the NMBA continues to move forward with the guidance for nurses in this context, the ANMF recommends the draft guidelines are amended by:

- Removing prescriptive care directives;
- Removing guidance that places the responsibility of clinical governance activities as a component of nurses' PPF;
- Providing information on overarching health service policies and procedures that should exist in a safer health care service. For example, a procedure for screening, management and referral of conditions that may influence a person's decision to undergo non-surgical cosmetic procedures;
- Reference to the Australian Safety and Quality Framework for Health Care;³
- Standardising language between the guideline and other PPF documents;
- Referencing and aligning PPF documents;
- Removing specific guidance for EN's relating to the requirement of completing '*450 practise hours in the specific area of practice*' (17.3 p.25. This requirement is not reflected in the National Law. Further information, supporting evidence and consultation must be provided before this requirement is included in the guideline and subsequently the PPF of EN practise in non-cosmetic procedures;
- Providing clarity of the requirement for 'appropriate' education. The draft states nurses must have '*appropriate education, training and competence*' (10.1, p.23) and '*necessary education*' (10.2, p.23) to perform non-surgical cosmetic procedures. Terms such as appropriate and necessary are vague and provide no clarification on minimum education requirements. Additionally, nurses are required to maintain their knowledge and skills to be competent in their context and scope of practice under the PPF. Therefore, section 10 is repetitious and unnecessary; and,
- Removing indirect supervision definitions that differ to other NMBA documents. For example, 17.8, "*indirect supervision is where the RN works in the same state or territory-based organisation*" is not consistent with the *NMBA Decision-making framework for nursing and midwifery*⁴

³ Australian Commission on Safety and Quality in Health Care. 2010. Australian Safety and Quality Framework for Health Care. Accessed 24 January 2024 at <https://www.safetyandquality.gov.au/sites/default/files/migrated/32296-Australian-SandQ-Framework.pdf>

⁴ Nursing and Midwifery Board. 2022. Decision-making framework for nursing and midwifery. Accessed 20 February 2024, at <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx#>



3. Does the guidance in the draft nurses practice guidelines sufficiently inform the public 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)?

The guidance in the draft does not clearly delineate what is the responsibility of the nurse, as opposed to the organisation for whom they work. It is the view of the ANMF that the draft guidelines do not sufficiently inform the public about the NMBA's expectations of nurses who perform non-surgical cosmetic procedures in Australia.

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?

The ANMF have several concerns regarding section 4.2.

As discussed in previous questions, sections such as 4.2 are overly specific and prescriptive. This is not consistent with regulatory oversight as per the PPF by the NMBA. As previously noted, the Australian Commission on Safety and Quality in Health Care (ACSQHC) have released the *National Safety and Quality Cosmetic Surgery Standards*⁵. Similar national oversight of the non-surgical cosmetic industry is needed to address all health care practitioners working in the non-surgical cosmetic context. This would reduce risk to and increase safety of those who elect to undergo non-surgical cosmetic procedures.

In addition to this:

- it is unclear how the NMBA arrived at this guidance with no references included. It would be useful to provide supporting research and/or legislation to provide an evidence-base for the application of this guidance as a professional obligation;
- the language is contradictory in parts, for example, 'must consider the appropriateness' and 'should not be prescribed';
- despite being overly prescriptive in setting out care directives, vague terms within those directives and incomplete care pathways do not support nurses to determine the extent of their responsibilities. If Section 4 is to remain in the guidelines, further evidence-based guidance is required to support nurses to make and uphold the decisions they are required to make. This should include reporting obligations for nurses who conclude through assessment that a person under 18 is either being

⁵ Australian Commission on Safety and Quality in Health Care. 2023. National Safety and Quality Cosmetic Surgery Standards. Accessed January 24, 2024 at https://www.safetyandquality.gov.au/sites/default/files/2023-12/national_safety_and_quality_cosmetic_surgery_standards.pdf



pressured to undergo non-surgical cosmetic procedures or has undergone a procedure by another provider that would be deemed inappropriate.

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

The ANMF strongly urge the NMBA to reconsider setting out prescriptive care practices in the guidelines for inclusion in the PPF for nurses performing non-surgical cosmetic procedures. Section 4 should exist within an industry regulated policy. Nurses have a responsibility to provide care that is in line with the PPF and where the safety and care of the person is placed before profit making potential. If guidelines are required, the ANMF recommend this responsibility fall to the ACSQHC to develop clinical care standards that apply to the whole industry, with states and territories taking responsibility for regulating the industry.

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?

As regulated health practitioners, ENs, RNs and NPs are responsible for ensuring their practice meets the requirements of the PPF. According to the Code of Conduct for nurses (2.2), nurses must ‘... take reasonable steps to ensure any person to whom a nurse delegates, refers, or hands over care has the qualifications, experience, knowledge, skills and scope of practice to provide the care needed’. Section 8.1 is repetitious of current regulatory obligations required of all nurses and unnecessary.

Again, the ANMF raise concern that inclusion of such guidance may result in nurses being held to higher account than nurses in other contexts of practice to make provisions for failings in clinical governance in the non-surgical cosmetic industry resulting from a lack of regulation. Guidelines to support nurses may refer to current PPF obligations and discuss concerns specific to the non-surgical cosmetic industry. However, nurses should not have responsibility for the robust governance and local instruction and policy that should exist to support this element of safer practice environments.

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?



The ANMF does not support minimum practise requirements as described in section 16.1.

According to the NMBA Scope of Practice and capabilities of nurse's fact sheet⁶, '*While the foundational education of RNs, ENs and NPs in Australia captures the full breadth of the scope of the profession at the graduate entry level, the scope of practice of individual practitioners is influenced by the settings in which they practice*'. There is no requirement for nurses to first practise for a minimum period or number of hours post initial registration to work in any context of practise or demonstrate competency when moving between two very different contexts of practice. It is unreasonable to request this of nurses performing non-surgical cosmetic procedures.

As with any nurse commencing in a new context of practice, nurses performing non-surgical cosmetic procedures must assess their skills, knowledge, and expertise against those required by the needs and requirements of the health service and discuss this with potential employers. As per the NMBA *Registered Nurse Standards for practice*, nurses must maintain their capability for practice and undertake continuing professional development consistent with their context and scope of practice. Where nurses choose to step into a new area of practice, they must consider their learning needs and attain additional skills, knowledge, and experience accordingly. The minimum practise requirement as set out in section 16.1 is repetitious and inconsistent with the PPF which mandates nurses make an individual assessment of their scope and context of practise regardless of years' experience.

The ANMF suggest information on broad considerations regarding the expertise, skills and education that may be required to perform non-surgical cosmetic procedures aligning them with the PPF may be more relevant rather than an arbitrary minimum practise requirement.

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.

There needs to be clear information available to people accessing non-surgical cosmetic services on how and where to escalate their concerns with a health practitioner or service should any concerns arise. Information about professional indemnity insurance requirements for registered health practitioners who perform non-surgical cosmetic procedures should be incorporated into the guideline or more appropriately into a factsheet. Nurses working in this area of practice should be advised to ensure they have the appropriate cover to perform any of the non-surgical cosmetic procedures by contacting their provider. The ANMF recommends using the term person or client rather than 'patient', especially in this context.

⁶ Nursing and Midwifery Board Australia. 2023. Fact sheet: Scope of practice and capabilities of nurses. Accessed 24 January 2024 at <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Fact-sheet-scope-of-practice-and-capabilities-of-nurses.aspx>



Draft guidelines for registered health practitioners who advertise non-surgical cosmetic procedures

Option 1 – Retain the status quo

Option 1 is to continue with only the existing regulatory tools, such as the National Boards' codes of conduct, and the *Guidelines for advertising a regulated health service*.

OR

Option 2 – Proposed new guidelines

Option 2 is to publish new guidelines for registered health practitioners who advertise non-surgical cosmetic procedures.

What is the preferred option? Why?

The ANMF supports option 1 of retaining the status quo.

It is important health practitioners seek legal advice rather than relying on prescriptive information from the regulator if they are unsure about what and how they can and cannot advertise.

Introducing a specific guideline for registered health practitioners who advertise non-surgical cosmetic procedures potentially deflects the accountability of advertising responsibly from health service operators to individual practitioners. The current *Guidelines for advertising a regulated health service* identify the role business operators play in advertising health practitioner services and holds them to account for breaches of the National Law in this regard. It is imperative nurses and other health practitioners practising in the non-surgical cosmetic industry as well as those within their organisations understand and comply with the National Law.

The ANMF recommend stronger industry regulation through development of broad, multidisciplinary clinical care standards and other clinical governance activities rather than targeting individuals to be responsible for the governance or actions of the provider to increase public safety in relation to non-surgical cosmetic procedures.

Consultation questions

1. Is the guidance in the draft advertising guidelines appropriate? Why/why not?

The ANMF does not support the guidance in the draft guideline as an effective tool to promote public safety.



The consultation preamble identifies that additional guidelines have been developed with the *objective to “improve practice and public safety”* of the non-surgical cosmetic industry and cosmetic industry overall. It is the ANMFs position that developing additional guidelines targeting individual health practitioners will not improve practice and public safety whilst poor industry regulation and oversight by the Australian Commission on Safety and Quality in Health Care exists.

Whilst the discretionary nature of non-surgical procedures relies on advertising to create desire and demand for these services, the existing regulatory tools are clear that any advertising of a health service is honest, balanced, realistic and informative. The current advertising guidelines are consistent with the National Law and are not only applicable to all health practitioners registered with the Australian Health Practitioner Regulation Agency (Ahpra) but also health service and health business operators. It is imperative that breaches of the National Law in relation to advertising health services are not targeting individual health practitioners where business operators are implicated. This is particularly important where there is no national, state or territory oversight of the industry and individual health practitioner guidelines create an opportunity for businesses to step back from their responsibilities.

The *Guidelines for advertising a regulated health service* use extensive legal terminology that can seem contradictory and unclear to our members. The proposed draft guideline for registered health practitioners who advertise non-surgical cosmetic procedures does not improve the practical application of the current guidelines. For example, ‘*Registered health practitioners... are expected to comply with...Guidelines for advertising a regulated health service*’ and ‘*where there is a difference between these guidelines, the broader advertising guidelines...health practitioners should comply with the most specific guidance*’. This statement is open to interpretation of which guidance is most specific.

The ANMF supports plain language guidance for nurses to understand how the elements of running a business, including advertising and clinical governance, align with professional obligations. A factsheet articulating how the PPF and *Guidelines for advertising a regulated health service* may be applied in advertising non-surgical cosmetic procedures should be considered.

2. 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?

No, the guidance in the draft advertising guidelines does not sufficiently inform registered health practitioners about National Boards’ expectations when advertising non-surgical cosmetic procedures. As noted previously, the draft guidelines are at times contradictory, vague, and incomplete resulting in them being difficult to read and in some areas confusing. Additionally, the draft guidelines frequently refer



practitioners back to the current broader advertising guidelines whilst also advising practitioners to *'comply with the most specific guidance'* where there are inconsistencies between PPF and advertising guidelines. This advice is convoluted and increases the complexity for health practitioners to understand and apply guidelines regarding the advertising of non-surgical cosmetic procedures.

To this end, the ANMF does not support the publication of an additional guideline for health practitioners advertising non-surgical cosmetic procedures. Should a guideline be adopted, the ANMF recommends the draft guideline be amended as follows:

- The use of the term 'person' or 'people' rather than 'patient' throughout the guideline;
- Improved consistency and clarification of the guidance. For example, point 4.1 explains that testimonials are prohibited, yet 'influencers' and 'ambassadors', who's promotions are almost always 'testimonial' by nature (on their social media accounts) can be engaged if they comply with all the guidelines. This requires further clarification as it presents a risk for health practitioners (and therefore people using the service) who advertise non-surgical cosmetic procedures. Currently the 'influencer' world is littered with the use of testimonial promotion, including before and after images. This is a very grey area that needs clearer explanation; and,
- Removal of vague terms. For example, *'Registered health practitioners must use their best endeavours to ensure that anyone who advertises the health practitioner's services complies with section 133 of the National Law and all other aspects of these guidelines'*. What does 'best endeavours' mean and how does a registered health practitioner demonstrate they have met this requirement?

3. 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?

The purpose of a guideline for health practitioners should not be to assist the public to understand the National Boards' expectations of registered health practitioners who advertise non-surgical cosmetic procedures in Australia. A guideline is used as a regulatory tool to detail what constitutes appropriate professional conduct or practice for the profession. The guideline is only useful to the public if they can understand it and is therefore not accessible to all members of the public even if it is freely available. The guideline utilises extensive legal language and structure. A plain language statement outlining the National Boards' expectations of registered health practitioners who advertise non-surgical procedures in Australia might be more appropriate for educating the public. Such a statement must include the responsibilities of health service operators under the National Law as set out in the *Guidelines for*



advertising a regulated health service.

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

As previously discussed, it is the ANMF's position that the draft guidelines are flawed and an unnecessary duplication of existing regulatory guidelines.

If the draft advertising guidelines are to be pursued by Ahpra, the ANMF suggest:

- The guidelines must offer a more easily understood version of the current advertising guidelines with specific examples of how those guidelines apply to advertising non-surgical cosmetic procedures;
- More logical and easy to understand language;
- Additional advice be included relating to public safety where the guidelines are open to interpretation and that guidance be complete for example in relation to 'influencers';
- Specific examples of acceptable advertising be included to demonstrate to health practitioners how to apply the current advertising guidelines in their context of practice;
- The development of a document outlining the key concerns regarding advertisement of non-surgical cosmetic procedures;
- Clarification and clear distinction between the responsibilities of registered health practitioners delivering clinical treatments and owners/business operators; and,
- Inclusion of information on how the public can escalate issues or concerns if a health practitioner providing non-surgical cosmetic procedures is non-compliant with the advertising guidelines.

5. 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. 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?

The ANMF supports the definition of non-surgical cosmetic procedures overall.



6. 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?

The ANMF recommend including:

- clear delineation between procedures that require a registered health practitioner and those procedures that do not require a registered health practitioner. This clarification will assist the public to be able to identify potential issues with service providers and make informed choices; and
- some examples of *‘procedures that may have a clinical justification’*.

7. Do you support the development of separate guidelines about the advertising of IV infusion treatments? Why/why not?

No, the ANMF does not support the development of a separate guideline about the advertising of IV infusion treatments. Consistent with the ANMF position on a separate guideline for advertising non-surgical cosmetic procedures, developing additional guidelines targeting individual health practitioners will not improve practice and public safety whilst poor industry regulation, monitoring and oversight by State and Territory governments and the Australian Commission on Safety and Quality in Health Care fails to exist.

Developing safety for the public in poorly regulated industries must start with regulation of the growing industry not with individual regulated practitioners who already have professional practice frameworks outlining responsibilities and accountabilities for safe, quality care. Where there are systemic failings, inconsistencies, and lack of industry accountability, upholding and meeting PPFs is a significant challenge. Clinical governance is required to create an umbrella of safety and quality activities for services that exist outside of established health care service delivery. Without this, risks to the public will continue where service operators remain out of sight of monitoring and reporting activities that flag existing and potential trends that result from poor outcomes and unsafe practices.

8. 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?

As the earlier discussion identifies, the PPF must be used to guide regulated health practitioners in the IV infusion treatments industry. Whilst they may be working in an emerging industry, they are health practitioners who are accountable through the application of the PPF first and foremost to ensure practice that maintains the safety of the public. Additional guidelines for health practitioners target the most



controlled aspect of that growing industry where resources must instead be directed to developing robust, industrywide clinical governance and oversight to minimise the risk to the public.

Conclusion

Thank you for this opportunity to provide feedback to the NMBA for the public consultation for the *Draft Guidelines for nurses who perform non-surgical cosmetic procedures* and the *Draft Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures*. The ANMF does not support the *draft guidelines for nurses who perform non-surgical cosmetic procedures* or the *draft guidelines for registered health practitioners who advertise non-surgical cosmetic procedures* in their current forms. The appropriateness of these guidelines' inclusion in the professional practice framework for nurses must be reconsidered.
