

Australian Nursing and Midwifery Federation submission

# National Safety and Quality Cosmetic Surgery Standards – Public Consultation

26 May 2023



Australian  
Nursing &  
Midwifery  
Federation



Australian Nursing and Midwifery Federation submission

**Annie Butler**  
**Federal Secretary**

**Lori-Anne Sharp**  
**Federal Assistant Secretary**

**Australian Nursing and Midwifery Federation**  
**Level 1, 365 Queen Street, Melbourne VIC 3000**  
**E: [anmffederal@anmf.org.au](mailto:anmffederal@anmf.org.au)**  
**W: [www.anmf.org.au](http://www.anmf.org.au)**



## 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.

The ANMF welcomes the opportunity to provide feedback to the Australian Commission on Safety and Quality in Health Care (ACSQHC) on the *National Safety and Quality Cosmetic Surgery Standards*. The ANMF has been pleased to be represented on the ACSQHC Cosmetic Surgery Project Advisory Committee to provide subject matter expertise and advice on safety and quality issues relating to cosmetic surgery on behalf of our members over recent months to inform the development of the draft Standards. We understand that, as part of the reforms announced by Australian Health Ministers in September 2022 to ensure doctors providing cosmetic surgeries are appropriately qualified and work to the highest health and safety standards, the Commission is also developing a national licensing framework. Importantly, this framework will link licensing requirements with accreditation to appropriate national safety and quality standards developed by the Commission.

It is estimated that each year people in Australia spend over \$1 billion on cosmetic procedures. According to the Cosmetic Physicians College of Australia, people in Australia spend more on cosmetic procedures per capita than any other country, and demand continues to grow<sup>1</sup>. 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 procedure setting as they perform the majority of the non-surgical cosmetic procedures<sup>2</sup>. Registered and enrolled nurses work alongside our medical practitioner colleagues in the assessment and planning for, provision of and recovery following cosmetic surgery.



The ANMF offers the following feedback in response to the consultation questions:

## Consultation Questions

---

### **1. Introduction: Is there any further information required to support your understanding of the context of the Cosmetic Surgery Standards and how they are to be applied?**

The introduction to the Standards should include a definition of cosmetic surgery detailing all cosmetic surgical procedures. The section titled 'Where will the Cosmetic Surgery Standards apply?' should include further details about the types of facilities where cosmetic surgery is performed. It would also be helpful to provide an outline of the accreditation and audit processes, including the frequency and responsible entities, in this section. The Standards should detail and reference the Ahpra and National Boards registration requirements and guidance for clinicians performing cosmetic surgery under the National Law<sup>34</sup>.

An overview of the work the Commission is undertaking with the jurisdictions to develop a National Licensing Framework to ensure that all cosmetic surgical procedures are conducted in appropriately licensed facilities should be included in this section.

The introduction should refer to the relevant Standards and detail the process for accreditation that applies to service providers performing non-surgical cosmetic procedures, for instance injectables, thread lifts and laser treatments which also have the potential to cause significant harm.

### **2. Language: How could the language and terminology used be improved to make it easier to understand and more appropriate and applicable to cosmetic surgery service providers?**

The language used in the draft Standards should align with that used by Ahpra and the National Boards in their guidance for registered health practitioners involved in the care of people undergoing cosmetic surgery and procedures to ensure nationally consistent nomenclature. In addition, to be contemporary and for accuracy, some of the terminology used in the draft Standards should be amended.

#### **Terminology**

##### **'Cosmetic surgery'**

The ANMF recommends removal of the word 'normal' to be replaced with 'current' or 'existing' in the definition of cosmetic surgery. Clarification is sought about the terminology of medical justification of surgery. What are the parameters for this and how is it assessed, even where this leads to improvements in appearance?

##### **'Patient' or 'consumer'**

In the interests of person-centred care, the ANMF supports the use of the term 'person' or 'people' rather than 'patient' or 'consumer' throughout the draft Standards. These terms can be used to refer to both a person receiving healthcare services and a person who has used or may use a healthcare service.



The term patient infers a passive, 'sick' role and 'consumer' one who is purchasing a service. In all contexts of practice, a person-centred approach and language is essential. Person-centred language puts people first and respects the dignity, worth, qualities and strengths of every individual<sup>5</sup>. This term should be used for all of the Commission's Safety and Quality Standards and guidance.

#### 'Clinician'

The ANMF supports the definition of 'clinician' as a registered health practitioner. This includes all health practitioners who are regulated under the National Law (16 professions). The inclusion in the definition of health professionals who are not regulated under the National Law but hold recognised tertiary qualifications (including dietitians, social workers and speech pathologists) is also supported. However, the term healthcare provider is often used interchangeably with a healthcare service or service provider but rarely if ever to describe 'clinicians' or 'registered health practitioners who are involved in the provision of cosmetic surgery'. The definition of 'clinician' should not indicate that clinicians may also be referred to as healthcare providers.

#### 'Service provider'

This definition refers to 'single owner-operator day-only services, where a single clinician is also responsible for administrative and management of the operation of the organisation...'. If there are surgical procedures undertaken, there should not be single clinician facilities.

### **3. Appropriateness: Do the actions cover the key safety and quality issues for cosmetic surgery service providers? If no, please provide details.**

Yes, the actions cover the key safety and quality issues for cosmetic surgery service providers and workforce. The subheadings within each proposed Standard is a helpful guide to direct the reader to their obligations under the relevant section of the Standard. These headings provide useful guidance for the reader and outline the specific criteria that each service provider must strive for and achieve when partnering with the person receiving care.

### **4. Clarification: Does the content require any further clarification or rewording? If yes, please provide suggestions for these changes.**

#### **Clinical Governance Standard**

##### **Governance, leadership and culture**

1.04a. This point should state that the service provider has processes to assure itself that clinicians conducting cosmetic surgery comply with Ahpra and the National Boards, not just the Medical Board of Australia, along with other jurisdictional requirements for the assessment of the person for suitability for the planned surgery.



## **Clinical performance and effectiveness**

### **Credentialing and scope of clinical practice**

1.20a. The service provider doesn't define the scope of clinical practice for clinicians. Scope of practice is that in which the registered health practitioner is educated, competent and permitted by law to do. Service providers should however, as outlined in 1.20b, monitor performance to ensure that clinician's function within their designated scope of work.

## **Partnering with Consumers Standard**

### **Health literacy**

#### **Advertising**

2.12 Advertising should comply with the advertising requirements of the National Law as detailed by Ahpra and the National Boards.

## **Medication Safety Standard**

### **Clinical governance and quality improvement to support medication management**

#### **Medicines scope of clinical practice**

4.03 The service provider doesn't define the scope of clinical practice for clinicians. Scope of practice is that in which the registered health practitioner is educated, competent and permitted by law to do. The service provider should verify the relevant clinician's scope of work in relation to prescribing, dispensing and administering medicines.

### **Documentation of patient information**

The clinician, not the service provider, records and makes available the best possible medication history, including information relating to medicine allergies and adverse events involving medicines when commencing an episode of care. The service provider is responsible for ensuring there is a documentation system and clear process for clinicians to use in relation to the relevant patient information.

#### **Adverse events involving medicines**

4.08a. Should refer to the person's referring primary care practitioner, which may be a general practitioner (GP) or a nurse practitioner (NP).

### **Continuity of medication information**

The clinician, not the service provider, reviews a person's medicines, and provides them with information about their medicine needs and risks. The service provider is responsible for ensuring there is a documentation system and process for clinicians to use in relation to medicines management.



### Provision of a medicines list

The service provider should have processes in place to:

- 4.10a. Support clinicians to generate a current medicines list and the reasons for any changes.
- 4.10b. Support clinicians to distribute the current medicines list to receiving clinicians at transitions of care.
- 4.10c. Support clinicians to provide the person on discharge with a current medicines list and the reasons for any changes.

### Medication management processes

#### Safe and secure storage and distribution of medicines

- 4.12 Should state: The service provider has an obligation to provide resources and support to clinicians to ensure they are able to comply with manufacturers' directions, legislation and jurisdictional requirements for the:
  - a. Safe and secure storage and distribution of medicines
  - b. Storage of temperature-sensitive medicines and cold chain management
  - c. Disposal of unused, unwanted or expired medicines.

### Comprehensive Care Standard

#### Clinical governance and quality improvement to support comprehensive care

##### Collaboration and teamwork

- 5.06 Should state: The service provider facilitates reporting to the person's relevant clinicians and primary care providers.

#### Planning and delivering comprehensive care

##### Suitability for cosmetic surgery

- 5.07b. Should state: Where available, information from the person's referring clinician (which may be a medical practitioner or may be a nurse practitioner).

### Recognising and Responding to Acute Deterioration Standard

#### Clinical governance and quality improvement to support recognition and response systems

The 'consumer outcome' is not correct as it is the clinician, not the service provider, that is able to recognise and respond in a timely way if the person's health deteriorates. The service provider has an obligation to provide resources, including policy, processes and education to ensure the environment is optimised so clinicians are able to recognise and respond to acute deterioration. This should include providing the appropriate staffing and skill mix.



**5. Gaps and duplication: Are there any gaps or unnecessary duplication in the document? If yes, please provide details.**

As previously stated, the Standards should detail the relevant Standards and process for accreditation that applies to service providers performing non-surgical cosmetic procedures, for instance injectables, thread lifts and laser treatments, which also have the potential to cause significant harm.

**6. Other feedback: Please provide any other feedback.**

The ANMF is concerned that the Standards do not capture a significant portion of the sector that is undertaking activities that do not fit within cosmetic surgery, as defined. This includes, but is not limited to, thread lifts, injectables, and laser treatments. The scope of this document is for cosmetic surgery service providers only, and the abovementioned examples often occur in settings where cosmetic surgery is not being performed. Efforts to prescribe minimum standards in the cosmetic industry, for the safety of the community and to inform health practitioners, would be better served by standards that also apply to the abovementioned procedures which will not be captured by these Standards. The ANMF recommend that standards for service providers offering non-surgical cosmetic procedures be developed.

## Conclusion

Thank you for this opportunity to provide feedback on the Australian Commission on Safety and Quality in Health Care's *National Safety and Quality Cosmetic Surgery Standards*. The ANMF supports the provision of high-quality, safe cosmetic surgery care, recognising the need for robust Standards across the identified seven domains and the importance of educated and skilled registered health practitioners working to their scope of practice and designated scope of work. This submission has identified issues that, if addressed, will provide clarity and strengthen the Standards and support both those receiving and delivering care.

## References

- <sup>1</sup> O'Keefe, Elissa J, and Robin Curran. "Nursing and People with Cosmetic and Related Concerns." In *Nursing in Australia*, 213-20: Routledge, 2020.
- <sup>2</sup> O'Keefe, Elissa J, and Robin Curran. "Nursing and People with Cosmetic and Related Concerns." Chapter 21 In *Nursing in Australia*, edited by N Wilson, P Lewis, L Hunt and L Whitehead, 213-20: Routledge, 2020. P. 215.
- <sup>3</sup> Medical Board of Australia. (2023). Guidelines for registered medical practitioners who perform cosmetic surgery and procedures. Available at: <https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Cosmetic-medical-and-surgical-procedures-guidelines.aspx>
- <sup>4</sup> Nursing and Midwifery Board of Australia. (2023). Nurses and cosmetic medical procedures position statement. Available at: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Position-Statements/nurses-and-cosmetic-procedures.aspx>
- <sup>5</sup> Hyams, K, Prater, N., Rohovit, J., Meyer-Kalos, P.S. (2018). Person-centered language. Clinical Tip No.8 (April, 2018): Center for Practice Transformation, University of Minnesota. Available at: <https://practicetransformation.umn.edu/practice-tools/person-centered-language/>