



## **DRAFT WITHOUT PREJUDICE**

Australian Cosmetic Nurses Alliance  
20 May 2015

Executive Officer, Medical,  
AHPRA, GPO Box 9958,  
Melbourne VIC 3001

### **RE: Public Consultation Paper and Regulation Impact Statement: Registered medical practitioners who provide cosmetic medical and surgical procedures**

We welcome the public consultation paper to provide an opportunity for stakeholder discussions on the issues relating to medical practitioners who provide cosmetic procedures, to ensure the quality and safety of cosmetic interventions and to provide adequate protection for consumers. We are pleased that cosmetic/aesthetic surgery and medicine is being recognised as a unique clinical area by the Medical Board of Australia. We are a collaboration of 121 aesthetic/cosmetic nurses in Australia called 'The Australian Cosmetic Nurses Alliance' (the Alliance). We wish to comment in the context of non-surgical cosmetic medical procedures.

Cosmetic/aesthetic medical procedures are primarily performed by medical practitioners and nurses. The most common procedures are the administration of muscle relaxants into the face and/or dermal filler for volume loss of the face; reduction of unwanted hair, non-invasive facial rejuvenation, chemical peels and skin resurfacing (International Society of Aesthetic Plastic Surgery, 2015). There are currently *DRAFT Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in Australia (2015)*<sup>1</sup> available in the public domain which describe the comprehensive nature of the clinical practice of nurses in this area. A copy has been included for your reference. These have been initiated by the Australasian College of Cosmetic Surgery and developed by a working party of nurse affiliate members of the College. Aesthetic nurses access post graduate qualifications in this context of practice and courses include but are not limited to the Diploma of Cosmetic Nursing delivered by the Australasian College of Cosmetic Surgery and the Australasian Academy of Dermal Science/Gray Clay Academy's Graduate Diploma in Cosmetic Nursing. Such education for nurses in this area are in congruence with the Australian Health Ministers' Advisory Council's *Clinical, Technical and Ethical Principal Committee Final Report* (Australian Health Ministers' Advisory Committee, 2011):

1. Where nurses are administering scheduled drugs or undertaking other high risk procedures in relation to cosmetic medical and surgical procedures, some as independent practitioners, that this should be done in accordance with applicable laws, protocols and best practice standards
2. In relation to nurses, treatment should only be provided if the nurse has appropriate training, expertise and experience in the procedure.



Nurses are well placed to comment on the role of registered medical practitioners who provide cosmetic medical and surgical procedures and the industry in general.

Consultation questions addressed by the Alliance:

3. Is there other evidence that consumers cannot access reliable information or are relying on inaccurate information when making decisions about these procedures?

The Alliance's preference for excellence in clinical practice is for neutral and evidence based information to be provided for patients that not driven by practitioners or product providers.

17. The Board seeks feedback on elements for potential inclusion in guidelines:

17.1 Should there be a mandatory cooling off period for adults considering a cosmetic medical or surgical procedure (other than for minor procedures)?

The Australian Cosmetic Nurses Alliance agrees with the proposal for a 7 day cooling off period before surgical procedures only but not for minor procedures such as cosmetic medical/non-surgical procedures including but not limited to dermal filler, muscle relaxants, light treatments, radiofrequency treatments or chemical peels. Examples of similar clinical presentations where a seven day cooling period would not be expected in the health industry would be the extraction of a tooth, removal of a skin lesion or the application of cryotherapy.

The Alliance believes that as part of the usual consent process clients are able to make an informed decision about these minor procedures. In this process they are able to understand the risks, benefits, possible side effects and financial commitment and are given the choice to opt out or delay treatment if they choose to do so. Explicit guidance on informed patient consent is one of the core competency standards of the registered nurse (AHPRA 2006). A nurse also has to fulfil a duty of care and practice within the nursing professions *Codes of Ethics* and professional conduct.

If so, is seven days reasonable?

Yes, for surgical procedures.

17.7 Should a medical practitioner be expected to have a face-to-face consultation (in person, not by video conference or similar) with a patient before prescribing schedule 4 prescription only cosmetic injectables?

No

If not, why?



Mandatory face-to-face consultations before prescribing Schedule 4 medication may set a dangerous precedent for the delivery of other prescription medicine in other settings. The Cosmetic Nurses Alliance does not support the removal of any currently used tool that limits patient's access to quality care. Telehealth consultations are recognised as a valid tool to provide health care services <http://www.health.gov.au/internet/main/publishing.nsf/Content/e-health-telehealth>

- Other – please specify.

The Australian Cosmetic Nurses Alliance absolutely supports the provision of safe and effective health care and the legal administration of Schedule 4 drugs. However we do not support any move to restrict a patient's choice in where their care is delivered or by which clinician providing it is within safe and legal parameters. Health care initiatives including the administration of Schedule 4 medicine is routinely delivered in a variety of non-medical settings including vaccination in schools and pharmacies, administration of palliative care in people's homes and the administration of public health initiatives in the community. As such any venues providing health care are regulated by National and State/Territory Legislation and regulations and operate in accordance with key National Safety and Quality Health Standards.

Cosmetic/aesthetic nursing is a discrete area of nursing practice that is rooted in core nursing principles with a commitment to a set of professional standards and competencies. Nurses are an important and integral part of the cosmetic/aesthetic surgery and medicine area of practice and work collaboratively with cosmetic physicians, surgeons, dermatologists and health care professionals to ensure patient safety and reduce risk.

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c.c. Dr Lynette Cusack Chair Nursing & Midwifery Board of Australia

#### **REFERENCES:**

DRAFT Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in Australia (2015)  
[http://www.accs.org.au/pdf/DRAFT\\_FOR\\_CONSULTATION\\_Professional\\_Practice\\_Standards\\_Scope\\_Practice\\_Aesthetic\\_Nursing\\_Practice\\_in\\_Australia\\_20150501.pdf](http://www.accs.org.au/pdf/DRAFT_FOR_CONSULTATION_Professional_Practice_Standards_Scope_Practice_Aesthetic_Nursing_Practice_in_Australia_20150501.pdf) Accessed 22 May 2015.

# PROFESSIONAL PRACTICE STANDARDS AND SCOPE OF PRACTICE FOR AESTHETIC NURSING PRACTICE IN AUSTRALIA



***Raising Standards, Protecting Patients***

## Invitation from the President of the Australasian College of Cosmetic Surgery

The Australasian College of Cosmetic Surgery is pleased to invite you to consider the *Draft Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in Australia* (2015). This document is the first of its kind in the cosmetic context and the Advisory Group is to be commended on the quality of their work. We trust that you consider it, comment as you see appropriate and consider implementing it into your practice in its final form.

Yours Faithfully,

Dr Soo-Keat Lim FFMACCS

May 2015

*Raising Standards, Protecting Patients*

**To submit comments on this document please direct them to:**

**[admin@accs.org.au](mailto:admin@accs.org.au)**

**Submissions close 10<sup>th</sup> June 2015**

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## Acknowledgments

We would like to acknowledge the Council of the Australasian College of Cosmetic Surgery for recognising and enabling the implementation of the *Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in Australia (2015)*. The Australasian College of Cosmetic Surgery is committed to professional excellence in aesthetic nursing and has recently upgraded their nurse membership opportunities by establishing a Faculty of Nursing to support high standards of nursing practice, education and research.

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## The evolution of aesthetic nursing practice

Cosmetic medical and surgical procedures are defined as "operations and other procedures that revise or change the appearance, colour, texture, structure or position of normal bodily features with the sole intention of achieving what the patient perceives to be a more desirable appearance or boosting the patient's self-esteem." (Australian Health Ministers' Advisory Committee, 2011) For the purpose of this document the term "aesthetics" is used to encompass this definition but excludes surgical procedures. Cosmetic medical procedures are primarily performed by medical practitioners and nurses. The most common procedures are the administration of muscle relaxants into the face and/or dermal filler for volume loss of the face, reduction of unwanted hair, non-invasive facial rejuvenation, chemical peels and skin resurfacing (International Society of Aesthetic Plastic Surgery, 2015).

In 2015 the International Association for Physicians in Aesthetic Medicine (IAPAM) reported a consistent nine year growth in cosmetic medical procedures with the number of non-surgical procedures in 2014 compared to the previous year higher by 13.1% (IAPAM, 2015). The International Society of Aesthetic Plastic Surgery report that worldwide in 2013 almost twelve million nonsurgical procedures were performed (International Society of Aesthetic Plastic Surgery, 2015). These trends are evident in Australia and in 2011 the Cosmetic Physicians Society of Australasia reported that consumer spending on non- and minimally-invasive treatments had increased by 15% from the previous year and that there was a total estimated annual spend of \$644.7 million (Cosmetic Physicians Society of Australia, 2012). This increased utilisation will undoubtedly be accompanied by an increasing incidence of adverse event reports and/or patient harm. A key purpose of this document is to minimise the incidence of these by providing a professional practice framework.

The recognition and professional support for aesthetic nurses in Australia is in an evolutionary phase. Neither the Australian Institute of Health and Welfare nor the Nursing and Midwifery Board of Australia maintain statistics on the number of nurses working in aesthetics but conservative estimates are in the many hundreds with a proportional increase over time predicted as consumer demand for these services increase.

The context of care for aesthetic nurses is variable. They can practice in collaboration with medical colleagues such as with cosmetic physicians, cosmetic or plastic surgeons or dermatologists in private or public healthcare settings. They can also work in nurse-led clinics or independently in private practice. Common domains within which they work include but are not limited to the provision of skin care advice and referral, skin cancer checks, management of common skin disorders, prescription of medical grade skin care products, laser and other light based therapies, skin resurfacing, removal of benign lesions, dermal fillers, administration of muscle relaxants, skin tightening and mesotherapy. It is implicit that a genuine clinical relationship will be fostered with other members of the health care team.

The *Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in Australia (Standards and scope for aesthetic nursing)* represents the first description of standards of professional practice for aesthetic nurses in the Australian context and the knowledge and skills required to confidently and proficiently deliver client care. It is acknowledged that the extent of a nurse's scope of practice is determined by the individual's education, training and competence and that the extent of it is then authorised in the practice setting by the employer's organisational policies and requirements (Nursing and Midwifery Board of Australia, 2015).

Cosmetic, skin rejuvenation and aesthetic nursing was first described as a specialty in 2013 with the publication of a nursing model of practice in this context in the Australian Nursing Journal (O'Keefe

and Hoitink, 2013). In this article the authors provide some of the following information on the principles, post-graduate education and scope of practice.

Table 1: Principles of cosmetic, skin rejuvenation and aesthetic nursing

- Nurses are registered with the Australian Health Practitioner Regulation Agency (AHPRA)
- Nurses should work within their scope of practice based on each nurse's education, knowledge, competency, extent of experience and lawful authority
- Clinical care is governed by evidence-based standard operating policy and procedures/ clinical practice guidelines or similar
- Clients/patient presentations that fall outside the scope of practice of the nurse are referred to an appropriate, competent person.

Table 2: Examples of postgraduate study undertaken by cosmetic, skin rejuvenation and aesthetic nursing

- Accredited Laser Safety Officer's Certificate
- Diploma in Cosmetic Nursing
- Vocational Graduate Certificate in Cosmetic Nursing
- Master of Clinical Nursing
- Master of Nurse Practitioner

Table 3: Activities of cosmetic, skin rejuvenation and aesthetic nurses

**Care of the client for:**

- Wound care
- Acne management
- Scarring
- Rosacea
- Anti-ageing/skin fitness
- Skin Sensitivity
- Sun damage
- Pigmentation
- Leg and facial capillaries
- Removal of unwanted hair
- Removal of benign skin lesions
- Skin tightening
- Referral to a specialist.

**Administration of:**

- Dermal fillers
- Muscle/wrinkle relaxants
- Other scheduled medicines as required.

#### Treatments:

- Intense pulsed light
- Laser (including but not limited to Thulium/Erbium, Nd:YAG, Ruby, Alexandrite)
- Microdermabrasion
- Chemical peels (AHA, BHA, Jessner, TCA, Retinoid)
- Light Emitting Diode (LED) therapy
- Radiofrequency therapy
- Dermal rolling/needling
- Platelet rich plasma
- Photodynamic therapy
- Cosmetic tattooing
- Tattoo removal
- Sclerotherapy
- Lipodissolve
- Prescribing medicines

The United Kingdom (UK) (British Association of Cosmetic Nurses, 2013) and the United States of America (USA) (American Nurses Association, 2013) (American Society of Plastic Surgical Nurses Inc, 2015) recognise that nurses working in a cosmetic medicine or aesthetic context are a specific cohort of the profession. In the UK they are referred to as 'nurses in aesthetic medicine' while in the USA 'non-surgical aesthetic nursing' is recognised as being part of plastic surgical nursing. In the UK the British Association of Cosmetic Nurses (BACN) has been established since 2010. BACN have in excess of 600 members and have developed educational frameworks, competencies and training. Their *Integrated Career and Competency Framework for Nurses in Aesthetic Medicine* builds on a previous 2007 RCN document and continues to be accredited by RCN (British Association of Cosmetic Nurses, 2013). The American Society of Plastic Surgery Nurses (ASPSN) has been established since 1975 and has in excess of one thousand members. The mission of ASPSN is to employ education and research to promote practice excellence, nursing leadership, optimal patient safety, and outcomes by using evidence-based practice as a foundation of care. They hosted their first aesthetic symposium in 2004 and aesthetic nursing was affirmed as a significant part in their strategic direction at their 2014 conference and board meeting. (American Society of Plastic Surgical Nurses Inc, 2015)

#### Development of the Standards and scope for aesthetic nursing

The *Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in Australia (Standards and scope for aesthetic nursing)* was developed after a professional cohort of nurse affiliate members from the Australasian College of Cosmetic Surgery (ACCS) recognised a need to develop an academic program. In the Nursing and Midwifery Board of Australia's *Specialist recognition and the nursing profession project* they identified that "specialist organisations representing speciality nursing groups in Australia have developed sound governance processes for speciality practice. This provides an effective means of acknowledging advanced practice, and may be recognised by employers and the health industry at large." (Nursing and Midwifery Board of Australia, 2015) The development of a set of best practice standards such as these that will also

inform education are in congruence with recommendations from the Australian Health Ministers' Advisory Council's *Clinical, Technical and Ethical Principal Committee* Final Report (Australian Health Ministers' Advisory Committee, 2011):

1. Where nurses are administering scheduled drugs or undertaking other high risk procedures in relation to cosmetic medical and surgical procedures, some as independent practitioners, that this should be done in accordance with applicable laws, protocols and best practice standards
2. In relation to nurses, treatment should only be provided if the nurse has appropriate training, expertise and experience in the procedure.

The standards *Advisory group* and the *Critical review panel* were selected for their skills and expertise in clinical practice, professionalism, educational background and their collaborative, 'forward thinking' attitude. The framework is intended as a guide for practitioners and acknowledges that aesthetic nursing practice requires specific, unique knowledge and skills across a spectrum of experience levels. It is not presented as an exhaustive nor prescriptive document but as a prototype to benchmark practice in the Australian context. The framework promotes the need to research, establish and review appropriate standards of education and training to enable safe and effective practice. It is intended as a voluntary and self-regulatory document.

How to use the Standards and scope for aesthetic nursing

This framework has multiple uses:

1. It sets the standard for what would be expected of nurses in an aesthetic context
2. It enables career pathway development
3. It can be used as an audit tool for both individual clinicians and supervisors and /or employers to identify strengths, areas for development and to plan professional development
4. Where it has been used as an audit tool it can be used as evidence of continuing professional development
5. It can be used as a basis for role development, job descriptions and performance evaluation.

Principles of continuing professional development

The Nursing and Midwifery Board of Australia (Nursing and Midwifery Board of Australia, 2015) assert that continuing professional development (CPD) is the means by which members of the professions maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives

For evidence to be accepted by the Nursing and Midwifery Board of Australia as quality CPD a nurse will have to show evidence that they have:

- Identified and prioritised their learning needs, based on an evaluation of their practice against the relevant competency or professional practice standards
- Developed a learning plan based on identified learning needs
- Participated in effective learning activities relevant to their learning needs
- Reflected on the value of the learning activities or the effect that participation will have on their practice.

The documentation that is required to have been collected in order to demonstrate the CPD activities include:

- Date
- Source or provider details
- Identified learning needs
- Action plan
- Type of activity
- Description of topic/s covered during activity and outcome
- Reflection on activity and specification to practice
- No./Title /Description of evidence provided
- CPD hours.

Appendix A, the '*Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in Australia* Audit Tool' has been developed to be used as a self-assessment tool against the standards and to inform the CPD process.

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## PROFESSIONAL PRACTICE STANDARDS

### 1. Adhere to health practitioner regulation

Nurses are required to adhere to health national and state/territory health practitioner regulatory requirements.

#### Queensland

Health Practitioner Regulation National Law Act 2009 (Queensland Government, 2009). (All States and Territories have enacted the National Law.)

Health Ombudsman Act 2013 (Queensland Government, 2013)

#### New South Wales

Health Practitioner Regulation National Law (NSW) No 86a (NSW Government, 2014)

#### Victoria

Health Practitioner Regulation National Law (Victoria) Act 2009 (State Government Victoria, 2009)

#### Australian Capital Territory

Health Practitioner Regulation National Law (ACT) Act 2010 (ACT Government, 2012)

#### Northern Territory

Health Practitioner Regulation (National Uniform Legislation) Act 2010 (Northern Territory Government, 2010)

#### Tasmania

Health Practitioner Regulation National Law (Tasmania) Act 2010 (Tasmanian Government, 2010)

#### South Australia

Health Practitioner Regulation National Law (South Australia) Act 2010 (Government of South Australia, 2010)

#### Western Australia

Health Practitioner Regulation National Law (WA) Act 2010 (Government of Western Australia, 2010)

## Unregistered practitioners

Aesthetic nurses work with a variety of registered and unregistered health professionals and should understand the Codes of Conduct related to unregistered practitioners in their relevant State or Territory. New South Wales (NSW Government, 2012) and South Australia (Government of South Australia SA Health, 2013) have a Code of Conduct for unregistered health practitioners and there is currently a consultation regarding national harmonisation of such Codes (Council of Australian Governments Health Council, 2015).

## Nursing and Midwifery Board of Australia

Nurses are supported in their professional practice with regard to both clinical and professional governance through the Nursing and Midwifery Board of Australia whose responsibility it is for regulating Australia's nurses and midwives. Overarching governance documents can be found in the following:

### Codes

- Codes of ethics
- Codes of professional conduct

It can be noted here that the Australian Health Ministers' Advisory Council's Clinical, Technical and Ethical Principal Committee recommend that the Nursing and Midwifery Board of Australia consider the need for the development of supplementary guidelines to its *Code of professional conduct*, specifically dealing with cosmetic medical and surgical procedures but these have not been developed as yet. (Australian Health Ministers' Advisory Committee, 2011)

### Guidelines

- Competency standards
- Decision making framework
- Guidelines for registration standards
- Professional indemnity insurance arrangements
- Professional practice guidelines
- Professional boundaries
- Guidelines for advertising regulated health services
- Guidelines for mandatory notification

Again it can be noted that the Australian Health Ministers' Advisory Council's Clinical, Technical and Ethical Principal Committee recommended that the Nursing and Midwifery Board of Australia monitor compliance with the *Guidelines for advertising regulated health services* particularly in relation to nurses practising independently and offering cosmetic medical procedures. (Australian Health Ministers' Advisory Committee, 2011)

## Policies

- Social media

## Position statements

- Position statement on scope of practice of nurse practitioners - November 2013
- Position statement on concurrent registration as an enrolled nurse and registered nurse - May 2011. (Nursing and Midwifery Board of Australia, 2015)

2. Work with safety and quality as a paramount principle in the delivery of clinical services

In the *Cosmetic Medical and Surgical Procedures a National Framework: Final Report* (Australian Health Ministers' Advisory Committee, 2011) it is clear that cosmetic medical and surgical procedures “wherever they occur in Australia, must be in accordance with key national safety and quality health service standards (e.g. infection control)”. (ACSQHC, 2013) Nurses should be updating their CPR annually with consideration of advanced resuscitation training depending on the context of care.

3. Maintain client/patient confidentiality and privacy

Nurses are legally and ethically required to maintain confidentiality which protects against disclosure to an outside person of any information revealed in a professional relationship, e.g. nurse-patient. (Australian Government ComLaw, 1988). In some jurisdictions breach of confidentiality may be a criminal offence. Local policy and procedures may also influence the management of confidential information. Nurses are required to adhere to the Privacy Act, Privacy Amendment and Privacy Regulations (Australian Government ComLaw, 2012) (Australian Government ComLaw, 1988) (Australian Government ComLaw, 2013)

4. Obtain informed consent

Informed consent is a person’s voluntary decision about medical care that is made with knowledge and understanding of the benefits and risks involved (Medical Board of Australia, 2014). To obtain informed consent nurses disclose the nature of the procedure, alternatives, and risks in any discussion and consider the following elements (1) the patient's role in decision making, (2) the nature of the decision, (3) alternatives, (4) pros (benefits) and cons (risks) of the alternatives, (5) uncertainties associated with the decision, (6) an assessment of the patient's understanding of the decision, and (7) an exploration of the patient's preferences (Braddock, et al., 1999). They are aware of the special considerations associated with children and young people and clients who may have additional needs. Nurses also consider that clients need time to reflect before and after they have made a decision (General Medical Council, 2015).



## 5. Maintain health records, considering information privacy and access

Health records, information privacy and access is determined by State and Territory based legislation and also local guidelines within which nurses are required to operate.

## 6. Administer medicines safely and effectively

Medicines are controlled across Australian States and Territories by specific Poisons Acts with accompanying regulations that specify the legal obligations with regard to the administration of medicines for nurses and other health professionals (ACT Government; Parliamentary Counsel, 2013) (State Government Victoria, 1981) (NSW Government, 2014) (Government of Western Australia, 2014) (Northern Territory of Australia, 2014) (Queensland Government, 2014) (Government of South Australia, 2011) (Tasmanian Government, 2012). The national medicines framework the *National Medicines Policy* (Australian Government Department of Health, 2000) strives for “better health outcomes for all Australians, focusing especially on people’s access to, and wise use of, medicines. The term “medicine” includes prescription and non-prescription medicines, including complementary healthcare products.” It has at its core the following principles important for nurses to consider when administering medicines whether prescription or non-prescription: timely access to the medicines that Australians need, at a cost individuals and the community can afford; medicines meeting appropriate standards of quality, safety and efficacy; quality use of medicines; and maintaining a responsible and viable medicines industry.

Nurses are required to fulfil their responsibilities with regard to managing adverse events related to medication through well-established regulatory mechanisms (Australian Government Department of Health TGA, Reporting medicine and vaccine adverse events, 2014). Local standard policy and procedure in the prescription, supply, storage, administration, recording and disposal of medicines is essential in supporting good clinical practice.

## 7. Utilise medical devices safely and effectively

A minimum qualification of a ‘Laser Safety Officer’s Certificate’ endorsed by State/Territory Radiation Health Departments is recommended as a minimum requirement for operating lasers, intense pulsed light and other light based therapies.

Nurses are required to identify their responsibilities with regard to managing adverse events related to devices (Australian Government Department of Health TGA, Report a medical device adverse event (medical device user), 2014)

There are Australian and New Zealand Standards that apply to the use of lasers some of which are referred to in legislation or codes. (SAI Global, 2001) (SAI Global, 2009) (SAI Global, 2004) (SAI Global, 2004) (SAI Global, 2003) (SAI Global, 2011) (SAI Global, 2004)

## 8. Maintain a safe and healthy work place

Aesthetic nurses have health and safety duties and rights at work. The *Australian Work Health and Safety Strategy 2012-2022* “provides a framework to drive improvements in work health and safety in Australia. It promotes a collaborative approach between the Commonwealth, state and territory governments, industry and unions and other organisations to achieve the vision of healthy, safe and

productive working lives.” (Safe Work Australia, 2012) Safe Work Australia coordinates and develops national policy and strategies, assists with the implementation of model work health and safety legislation and reform the legislative framework, undertakes research and collects, analyses and reports data.

#### 9. Maintain the principles of infection control

Understanding the transmission of infectious organisms and knowing how and when to apply the basic principles of infection prevention and control is critical to infection control in any health care setting and this responsibility applies to nurses in aesthetics. (Australian Government NHMRC, 2010)

#### 10. Obtain informed financial consent

Nurses in aesthetic nursing are required to obtain informed financial consent from their clients. According to the Australian Government Department of Health “Informed financial consent is the provision of cost information to patients, including notification of likely out-of-pocket expenses (gaps), by all relevant service providers, preferably in writing, prior to admission to hospital or treatment (Australian Government Department of Health, 2008).”

#### 11. Utilise technology-based patient consultations safely and effectively

Nurses are required to understand the principles of technology-based patient consultations and how they apply to their context of practice. Technology-based patient consultations are patient consultations that “use any form of technology, including, but not restricted to videoconferencing, internet and telephone, as an alternative to face-to-face consultations”. (Medical Board of Australia, 2012)

#### 12. Provide objective advice and dispense cosmeceuticals/medical grade skin care

Cosmeceuticals and medical grade skin care are functional not regulatory terms and manufacturers cannot claim drug-like ingredients or benefits for their products (Draelos, 2009). The Therapeutic Goods Administration only assesses cosmetics that make a therapeutic claim such as sunscreens (Therapeutic Goods Administration, 2015) while ingredients in cosmetic preparations are regulated as industrial chemicals by the National Industrial Chemicals Notification and Assessment Scheme (NICNAS, 2015).

When dispensing cosmetic preparations, the following principles are upheld: not placing own financial interests above the wellbeing of client’s, no excessive mark up, no coercive selling, not selling products with unsupported claims, not promoting ‘special formulations’ not available elsewhere if this is not the case, listing all ingredients and advising of alternative purchase options (Draelos, 2009).

## SCOPE OF PRACTICE

It is acknowledged that the extent of a nurse's scope of practice is determined by the individual's education, training and competence and that the extent of it is then authorised in the practice setting by the employer's organisational policies and requirements (Nursing and Midwifery Board of Australia, 2015).

Domain 1: Assess client, plan and deliver appropriate care

The Aesthetic Nurse uses knowledge skills and abilities in their professional practice to:

1. Understand the anatomy and physiology of the skin and barrier function
2. Understand the anatomy and physiology of the face
3. Identify the intrinsic and extrinsic factors of skin and facial ageing
4. Discuss the principles of cutaneous oxidative stress
5. Undertake an appraisal of skin ageing
6. Undertake an appraisal of facial ageing
7. Demonstrates ability to undertake a skin analysis and assessment, identifying healthy skin, benign presentations and abnormal findings
8. Develop referral pathways for abnormal findings or those that fall outside scope of practice
9. Demonstrates ability to undertake an aesthetic consultation and assessment
10. Performs skin checks
11. Develop referral pathways for aesthetic presentations that fall outside scope of practice
12. Apply validated skin and facial grading scales (e.g. Baumann, Fitzpatrick, Glogau)
13. Identify and discuss lifestyle and health factors that impact upon skin health
14. Discuss the rationale for medical grade skin care/cosmeceuticals and their role in skin health based on critical analysis of current evidence.
15. Identify and select appropriate medical grade skin care/cosmeceuticals for the client/patient
16. Identify common skin reactions and differentiate between adverse skin reactions/outcomes from those that are temporary physiological events
17. Undertake informed consent and photography
18. Choose appropriate interventions for the skin condition presentation and client expectation including but not limited to microdermabrasion, chemical peel, laser, intense pulsed light, light emitting diode therapy, photodynamic therapy, radiofrequency therapy, dermal fillers, muscle/wrinkle relaxants, platelet rich plasma and dermal rolling/needling.
19. Utilise current research to inform best practice
20. Critically review information on novel/future aesthetic solutions.

## Domain 2: Administers botulinum toxin A safely and effectively

It is acknowledged that the extent of a nurse's scope of practice is determined by the individual's education, training and competence and that the extent of it is then authorised in the practice setting by the employer's organisational policies and requirements (Nursing and Midwifery Board of Australia, 2015).

The Aesthetic Nurse uses knowledge skills and abilities in their professional practice to:

1. Be familiar with the anatomy of the muscles of facial expression
2. Assess facial and rhytide characteristics using objective tools such as the Glogau Wrinkle Scale and deliver treatment appropriate to the client/patient
3. Recognises the indications for aesthetic treatment including glabellar lines (corrugator/procerus muscles), crow's feet (lateral fibres of orbicularis oculi muscle), and forehead lines (frontalis muscle) and also hyperhidrosis.
4. Refers client for indications that are outside of scope of practice
5. Recognise indications, contraindications for use of botulinum toxin A
6. Devise a treatment plan in collaboration with the prescriber and including client/patient expectations, achievable results and financial consent
7. Compare and contrast different products in the marketplace (onabotulinumtoxin A, abobotulinumtoxin A, incobotulinumtoxin A)
8. Utilises current research to inform best practice
9. Undertake informed consent and photography
10. Ascertain appropriate equipment, product, dose range, method of reconstitution, needle placement and injection depth and technique for a variety of applications
11. Minimise common side effects (erythema, swelling, bruising, discomfort, short term localised skin reactions)
12. Provide post treatment care and follow up
13. Identify manufacturer's instructions on storage, administration and disposal of medicines
14. Maintain records of administration as legislated
15. Respond to emergency adverse events (allergy, anaphylaxis, arterial puncture)
16. Identify undesirable outcomes (asymmetry, brow heaviness, diplopia, ptosis, dry eyes, malar oedema, ectropion, scleral show) and understand what remedial treatment is warranted
17. Report and refer undesirable outcomes as appropriate
18. Undertake a rigorous programme of practical training in the administration of botulinum toxin, which is impartial, evidence based, linked to professional practice standards, has been led by an expert practitioner in the specialty and provides evidence of supervised practice
19. Utilise current research to inform best practice.

### Domain 3: Administers filler and related products safely and effectively

It is acknowledged that the extent of a nurse's scope of practice is determined by the individual's education, training and competence and that the extent of it is then authorised in the practice setting by the employer's organisational policies and requirements (Nursing and Midwifery Board of Australia, 2015).

The Aesthetic Nurse uses knowledge skills and abilities in their professional practice to:

1. Be familiar with the anatomy of the face and volume loss and use objective tools for assessing beauty, gender and ethnic differences
2. Assess facial characteristics and deliver treatment appropriate to the client/patient that is in line with reasonable outcomes
3. Recognise the indications for treatment of facial volume loss, lip enhancement, nasolabial folds, peri-oral rhytides, oral commissures, scar improvement, face lifting, nasal remodelling, tear troughs, temples, hands and body
4. Recognise indications, contraindications for use of fillers and related products (e.g. autologous fat, Platelet Rich Plasma, Poly-L lactic acid (Sculptra) and Calcium hydroxylapatite (Radiesse).
5. Devise a treatment plan in collaboration with the prescriber and including client/patient expectations, achievable results and financial consent
6. Compare and contrast different products in the marketplace
7. Describe the biochemistry of different products and their interaction with the body
8. Understand the indications and contraindications for local anaesthesia
9. Undertake informed consent and photography
10. Ascertain appropriate equipment, product, volume, needle/cannula placement and injection depth for a variety of applications
11. Uses dermal filling techniques including but not limited to serial puncture, linear threading (retrograde), tracking (anterograde/forward), fanning and cross-hatching
12. Minimise common side effects (erythema, swelling, bruising, discomfort, short term localised skin reactions)
13. Provide post treatment care and follow up
14. Identify manufacturer's instructions on storage, administration and disposal of medicines
15. Maintain records of administration as legislated
16. Respond to emergency adverse events (vascular occlusion, necrosis, allergy, anaphylaxis, arterial puncture)
17. Identify common side effects
18. Identify undesirable outcomes (asymmetry, necrosis, granuloma, sterile abscess, infection, allergy, Tyndall effect), understand what immediate/short term remedial treatment is warranted
19. Report and refer undesirable outcomes as appropriate
20. Undertake a rigorous programme of practical training in the administration of dermal fillers and related products, which is impartial, evidence based, linked to professional practice standards, has been led by an expert practitioner in the specialty and provides evidence of supervised practice
21. Utilise current research to inform best practice.

#### Domain 4: Delivers laser, intense pulsed light and related therapies safely and effectively

It is acknowledged that the extent of a nurse's scope of practice is determined by the individual's education, training and competence and that the extent of it is then authorised in the practice setting by the employer's organisational policies and requirements (Nursing and Midwifery Board of Australia, 2015).

The Aesthetic Nurse uses knowledge skills and abilities in their professional practice to:

1. Explain the scientific underpinning of how and why lasers, intense pulsed light (IPL) and related therapies operate in an aesthetic context
2. Identify the tissue interactions when using lasers, IPL and related therapies
3. Identify and interpret the legal considerations for the use of laser and IPL technologies in Australian states/territories
4. Have an understanding of the safety precautions required when using lasers and IPL and related therapies in clinical practice
5. Identify potential risks and identify resources to develop safety plans for the use of lasers and IPL and related therapies in a clinical setting
6. Classify, explain and select appropriate lasers, IPL and related therapies for a variety of aesthetic applications
7. Apply knowledge of the anatomy and physiology of the skin with a focus on common vascular conditions, pigmentary conditions, skin rejuvenation and the hair growth cycle
8. Identify, classify, manage and/or refer common skin conditions treated with lasers, intense pulsed light (IPL) and related therapies
9. Recognise indications, contraindications for use of lasers, IPL and related therapies
10. Ensure that skin cancer has been excluded
11. Devise a treatment plan in consultation with the client/patient expectations that includes achievable results and financial consent
12. Compare and contrast different technologies in the marketplace
13. Understand the indications and contraindications for local anaesthesia
14. Undertake informed consent and photography
15. Ascertain appropriate client selection, clinical presentation, equipment and therapeutic parameters
16. Minimise common side effects (erythema, swelling, bruising, purpura, discomfort, short term localised skin reactions)
17. Provide post treatment care and follow up
18. Identify manufacturer's instructions
19. Maintain records as legislated
20. Respond to emergency adverse events (eye injury, burn, electrocution)
21. Identify common side effects
22. Identify undesirable outcomes (blistering, hyper/hypopigmentation), understand what immediate/short term remedial treatment is warranted
23. Report and refer undesirable outcomes as appropriate
24. Undertake a rigorous programme of practical training in the administration of lasers, IPL and related therapies which is impartial, evidence based, linked to professional practice standards, has been led by an expert practitioner in the specialty and provides evidence of supervised practice
25. Utilise current research to inform best practice.

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## APPENDIX A: Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in Australia Audit Tool

Name:

Date:

Identified learning needs	Action plan	Type of activity and description of topic(s)	Expected outcome(s)	Provider	Reflection on activity and specification to practice	CPD hours
Discuss the principles of cutaneous oxidative stress	Research the causes, prevention and treatment	a. Read about free radicals and anti-oxidants  b. Read <i>Oxidative stress in the pathogenesis of skin disease</i>	Be able to discuss the principles of cutaneous oxidative stress with a client and teach it to peers	a. Cosmetic Dermatology, Baumann, 2009  b. Bickers, 2006 Journal of Investigative Dermatology	Able to succinctly explain the causes of, prevention and treatment for cutaneous oxidative stress at a layman and clinician level.	2 hours



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