

Asserting credibility and capability: professional practice standards in Australia

Developed in consultation with key stakeholders by the Australasian College of Cosmetic Surgery (ACCS), *Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in Australia* (O'Keefe et al, 2015) is an evidence-based document that represents the first description of standards of professional practice for aesthetic nurses in the Australian context. It has emerged during a time in which there has been a growing national agenda in the regulation of medical practice, most clearly illustrated by the formation of the Australian Health Practitioner Regulation Agency (AHPRA) in 2010 to oversee registration and accreditation. The formation of the document also signals the maturation of aesthetic nursing practice, and details the knowledge and skills required to confidently and proficiently provide care.

Establishing aesthetic nursing as a speciality in Australia

Aesthetic nursing was first described as a specialty in 2013, with the publication of a nursing model of practice in this field in the *Australian Nursing Journal* (O'Keefe and Hoitink, 2013). *Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in Australia* was developed over the course of 7 months in the years 2014–2015 after six nurse affiliate members of the ACCS recognised a need to further develop an academic programme, and communicated that a relevant and contemporary benchmark for assessment was not yet available. With the support of ACCS' executive council, the ACCS general manager and a nurse consultant, *Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in Australia* was developed through the use of telephone and email communication, as the nurses were in geographically diverse locations and represented five of the seven Australian states and territories.

The Nursing and Midwifery Board of Australia's (NMBA's) position statement on specialist recognition and the nursing profession identified (NMBA, 2015a):

» *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.* «

Abstract

The *Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in Australia* represents the first description of standards of professional practice for aesthetic nurses in this context. It asserts aesthetic nursing as a credible career pathway, and comes with a set of capabilities that has similarities with nursing in general, as well as some unique features that set it apart as a speciality area with regard to context of practice. The framework is a voluntary and self-regulatory document that promotes the need to research, establish and review appropriate standards of education and training in this area of practice. Implementation of such a document has the ability to improve the safety and quality of patient care; increase job satisfaction for aesthetic nurses; and enable employers to develop employment opportunities and systems, plan continuing professional development and manage staff performance, if required. It is a pioneering document in so much as it is the most comprehensive description of the aesthetic nurse's role in Australia to date, and will be a foundational document in the genesis of this context of practice in Australian nursing.

Key words

► Clinical competence ► Professional practice ► Scope of practice

This position affirms that the development of a document detailing the specific requirements of aesthetic nursing practice is well within the remit of this group of ACCS nurses.

Consultation period

Before implementation, comments and feedback on the *Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in Australia* were sought



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from key stakeholders. This consultation period lasted 1 month and all stakeholder feedback was collected electronically.

Twelve professional practice standards Adhere to health practitioner regulation

Nurses are supported in their professional practice with regard to both clinical and professional governance through the NMBA, an affiliate of the AHPRA, whose responsibility is to regulate the registration and accreditation of Australia's nurses and midwives. Nurses, like other registered health professionals, must have professional indemnity insurance, continuing professional development (CPD) plans, and other supportive arrangements that comply with the relevant registration standard, for all aspects of their practice. Guidance on these is given by the NMBA (2013).

It can be noted here that the Australian Health Ministers' Advisory Council's (AHMAC's) clinical, technical and ethical principal committee recommends that the NMBA considers the need for the development of supplementary guidelines to its code of professional conduct, that specifically deal with cosmetic medical and surgical procedures (AHMAC, 2011). AHMAC's clinical, technical and ethical principal committee also recommended that the NMBA monitors compliance with the guidelines for advertising regulated health services, particularly in relation to nurses practising independently and offering cosmetic medical procedures (AHMAC, 2011). This newly developed document is in alignment with these recommendations, and to date relevant work in this area has not been commenced elsewhere, as far as the authors are aware.

Aesthetic nurses work with a variety of registered and unregistered health professionals and should therefore understand the codes of conduct related to unregistered practitioners in their relevant state or territory. Two Australian states have a code of conduct for unregistered health practitioners (New South Wales Government, 2012; Government of South Australia, 2013), and there is a consultation taking place regarding national harmonisation of such codes (Council of Australian Governments Health Council, 2015).

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

Cosmetic Medical and Surgical Procedures: a National Framework (AHMAC, 2011) states 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)'* «

In line with this, aesthetic nurses should be updating their CPD annually with consideration of resuscitation

training, manual handling, laser safety, and other key clinical competencies.

Maintain patient confidentiality and privacy

Nurses are legally and ethically required to maintain confidentiality, which protects against disclosure to an outside person any information revealed in a professional relationship (e.g. nurse-patient). In some jurisdictions, breach of confidentiality can be a criminal offence.

Obtain informed consent

Informed consent refers to a person's voluntary decision about undertaking medical care that is made with knowledge and understanding of the benefits and risks involved (Medical Board of Australia, 2014). Aesthetic nurses need to be aware of the special considerations associated with children and young people, as well as clients who may have additional needs. Nurses should also consider that clients need time to reflect before and after they have made a decision regarding their treatment (General Medical Council, 2015).

Maintain health records, considering information privacy and access

Health records, information privacy and access is determined by the legislation of each state and territory, as well as local guidelines within which nurses are required to operate.

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 (e.g. Medicines, Poisons and Therapeutic Goods Act 2008, Health Practitioner Regulation National Law Act 2009).

Australia's national medicines framework—the National Medicines Policy (Australian Government Department of Health and Ageing, 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 health-care products. It has at its core the following principles, which are important for nurses to consider when administering prescription or non-prescription medicines:

- ▶ Providing timely access to required medicines, at a cost individuals and the community can afford
- ▶ Meeting standards of quality, safety and efficacy
- ▶ Ensuring quality use of medicines
- ▶ Maintaining a medicines industry that is responsible and viable.

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 Therapeutic Goods Administration, 2016). Having a local standard policy and procedure in the prescription, supply, storage, administration, recording and disposal of medicines is essential in supporting good clinical practice.

Use medical devices safely and effectively

There are Australian and New Zealand standards that apply to the use of lasers, some of which are referred to in legislation or codes (e.g. Standards Australia International and Standards New Zealand, 2003). A 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 also required to identify their responsibilities with regard to managing adverse events related to devices (Australian Government Department of Health Therapeutic Goods Administration, 2016).

Maintain a safe and healthy workplace

Aesthetic nurses have health and safety duties and rights at work. The Australian Work Health and Safety Strategy 2012–2022 states (Safe Work Australia, 2012):

» *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.* «

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. This responsibility applies to nurses in aesthetics (Australian Government National Health and Medical Research Council and Australian Commission on Safety and Quality in Health Care, 2010).

Obtain informed financial consent

Nurses specialising in aesthetic practice are required to obtain informed financial consent from their patients. According to the Australian Government Department of Health (2008):

» *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.* «

Use technology-based patient consultations safely and effectively

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). Telehealth consultations are recognised as a valid tool to provide health-care services (Australian Government Department of Health, 2015). Aesthetic nurses are required to understand the principles of these consultations and how they apply to their practice.

Provide objective advice and dispense cosmeceuticals/medical-grade skincare

Cosmeceuticals and medical-grade skincare products are functional rather than regulatory terms, and manufacturers cannot claim drug-like ingredients or benefits for their products (Draelos et al, 2009). In Australia, the Therapeutic Goods Administration only assesses cosmetic products that make a therapeutic claim, such as sunscreens, while ingredients in cosmetic preparations are regulated as industrial chemicals by the National Industrial Chemicals Notification and Assessment Scheme. When dispensing cosmetic preparations, the following principles need to be upheld (Draelos et al, 2009):

- ▶ Not placing personal financial interests above the wellbeing of patients
- ▶ No excessive mark-up
- ▶ No coercive selling
- ▶ Not selling products with unsupported claims
- ▶ Not promoting 'special formulations' which are not available elsewhere and, if this is not the case, listing all ingredients and advising of alternative options.

Scope of practice

It is acknowledged that the extent of a nurse's scope of practice is determined by their education, training and competence, and that the extent of it is then authorised in the nurse's practice setting by the employer's organisational policies and requirements (NMBA, 2015b). There are four domains identified in the scope of practice for aesthetic nurses in Australia. The criteria for two of these domains are listed in *Boxes 1 and 2*.

Conclusion

Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in Australia is intended as a guide 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

Box 1. Assess client, plan and deliver appropriate care

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

- ▶ Understand the anatomy and physiology of the skin and barrier function
- ▶ Understand the anatomy and physiology of the face
- ▶ Identify the intrinsic and extrinsic factors of skin and facial ageing
- ▶ Discuss the principles of cutaneous oxidative stress
- ▶ Undertake an appraisal of skin and facial ageing
- ▶ Demonstrate ability to undertake a skin analysis and assessment, identifying healthy skin, benign presentations and abnormal findings
- ▶ Develop referral pathways for abnormal findings or those that fall outside scope of practice
- ▶ Demonstrates ability to undertake an aesthetic consultation and assessment
- ▶ Perform skin checks
- ▶ Develop referral pathways for presentations that fall outside scope of practice
- ▶ Apply validated skin and facial grading scales (e.g. Baumann, Fitzpatrick, Glogau)
- ▶ Identify and discuss lifestyle and health factors that impact on skin health
- ▶ Discuss the rationale for medical-grade skincare/ cosmeceuticals and their role in skin health, based on critical analysis of current evidence
- ▶ Identify and select appropriate medical-grade skin care/cosmeceuticals for the client/patient
- ▶ Identify common skin reactions and differentiate between adverse skin reactions/outcomes from those that are temporary physiological events
- ▶ Undertake informed consent and photography
- ▶ 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 relaxants, platelet-rich plasma and dermal needling
- ▶ Use current research to inform best practice
- ▶ Critically review information on novel/future aesthetic solutions.

O'Keefe et al (2015)

and training to enable safe and effective practice. It is a voluntary and self-regulatory document.

The framework has multiple uses:

- ▶ It enables career pathway development
- ▶ It can be used as an audit tool for both individual clinicians and supervisors and/or employers to identify strengths and plan areas for development

Box 2. Administers botulinum toxin safely and effectively

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

- ▶ Be familiar with the anatomy of the muscles of facial expression
- ▶ Assess facial and rhytide characteristics using objective tools such as the Glogau Wrinkle Scale and deliver appropriate treatment
- ▶ Recognise the indications for treatment, including glabellar lines (corrugator/procerus muscles), crow's feet (lateral fibres of orbicularis oculi muscle), and forehead lines (frontalis muscle). Also hyperhidrosis
- ▶ Refer client for indications outside of scope
- ▶ Recognise indications, contraindications for use of botulinum toxin A
- ▶ Devise a treatment plan in collaboration with the prescriber and including client/patient expectations, achievable results and financial consent
- ▶ Compare and contrast different products, including, but not limited to, onabotulinumtoxin A, abobotulinumtoxin A and incobotulinumtoxin A
- ▶ Use current research to inform best practice
- ▶ Undertake informed consent and photography
- ▶ Ascertain equipment, product, dose range, method of reconstitution, needle placement and injection depth and technique for a variety of applications
- ▶ Minimise side effects (erythema, swelling, bruising, discomfort, short-term localised skin reactions)
- ▶ Provide post-treatment and follow-up care
- ▶ Identify manufacturer's instructions on storage, administration and disposal of medicines
- ▶ Maintain records of administration as legislated
- ▶ Respond to emergency adverse events
- ▶ Identify undesirable outcomes (asymmetry, brow heaviness, diplopia, ptosis, dry eyes, malar oedema, ectropion, scleral show) and understand what remedial treatment is warranted
- ▶ Report and refer undesirable outcomes
- ▶ Undertake a rigorous programme of education and practical training in the administration of botulinum toxin, which is impartial, evidence-based, linked to professional practice standards and that has been supervised by a senior practitioner in the speciality.

O'Keefe et al (2015)

- ▶ Where it is used as an audit tool, it can be used as evidence of CPD
 - ▶ It can be used as a basis for role development, job descriptions and any performance evaluations that occur in the workplace.
- Implementation of such a document in the workplace has the ability to improve the safety and quality of

care, increase job satisfaction for nurses, and enable employers to develop employment opportunities and plan CPD. It is a pioneering document in so much as it is the most comprehensive description of the aesthetic nurses' role in Australia to date. ◀JAN

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