

The major concerns of the Health Departments are justifiable in some cases and, in other cases, very reactive to a minority of nurses who are not following best practice.

MAJOR CONCERNS

The issues we are facing are as follow:

1. PHARMACEUTICAL COMPANIES ARE CONDUCTING TRAINING WITH REGISTERED NURSES, WHICH DOES NOT COMPLY WITH THE NURSING MIDWIFERY BOARD OF AUSTRALIA'S FRAMEWORK ON NURSING PRACTICE DECISION FLOWCHART

The Flowchart states that education should be undertaken by a more experienced Registered Nurse and not a pharmaceutical company representative. The experienced registered Nurse undertaking training should be able to supervise, support and evaluate the learning outcomes of the Nurse. This training model aligns with Juv'ae and is our biggest strength as all our trainers are all experienced Senior Nurses. Juv'ae Cosmetic Nurses are provided with Personalised Development Plans that documents all of their training and is expanded on continuously. If we were to stand in front of APHRA, we are confident of being compliant with the Nursing Practice Decision Flowchart.

[Nursing-and-Midwifery-Board---Codes-and-Guidelines---Nursing-practice-decision-flowchart-2013 \(3\).PDF.](#)

2. POSSESSION OF THE MEDICATION

A doctor must always control the usage of the medication. This means the doctor must always have access to the S4 Drug book, patient notes, and follow-up care. The doctor also remains involved if the patient is dissatisfied with his or her treatment or experiences an adverse reaction.

3. NO NURSE WORKS INDEPENDENTLY

All nurses work under the direction of a doctor, and all patients belong to the Medical Practitioner. The Nurse is only following the doctor's direction.

4. SUITABLE CLINIC ENVIRONMENT

It is not deemed appropriate for a nurse to work at home without the council's relevant approvals and adhere to regulations associated with practice requirements. It is not recommended to work from a home setting. For those in this situation, we recommend having a plan B for the future. It is doubtful that home visits or home clinics will be sustainable.

5. TGA GUIDELINES

With the increase of Health Practitioners using social media to promote S4 Medications regulators are extremely concerned and considering an overhaul of the entire directive:

- a. Nurses' social media posts have misleading patient before and after photos. Some injectors are posting using another practitioner's work, trying to pass it off as their own or editing images with filters to deceive the public.
- b. Nurses are injecting themselves.
- c. S4 Medication brands being used.
- d. Discounts being offered to entice patients.
- e. Medical care of patients occurring via messenger rather than face to face consultation and review.

ITEM		ACTION THUS FAR
NSW Health changes to Poisons Act to sub-class S4 Medication so that incremental changes can occur.	→	Letter drafted by a lawyer to be sent to NSW health within the next seven days challenging the need to only subclass Cosmetic S4 Medication.
TAS Health - Fact sheet for a Medical Practitioner to be onsite	→	Letter sent by CNA
Letter sent by Juv'ae	→	CNA & Juv'ae Attended Forum discussing nurses' position and requirement for standards to help give the government more insight into the cosmetic medicine industry. Clarification of definition of 'Supervision' and 'Clinic Environment'.
Nursing Midwifery Board of Australia - Definition of Direct Supervision	→	Letter sent by CNA awaiting a response.
COVID - a classification that cosmetic medical industry falls under beauty and not Medical procedure.	→	Letter sent by CNA, response pending.