

## Public consultation:

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Regulation of health practitioners who perform and who advertise non-surgical cosmetic procedures

27 November 2023

Draft Guidelines for nurses who perform non-surgical cosmetic procedures

Draft Guidelines for registered health practitioners who perform non-surgical cosmetic procedures

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

## Summary

The 2022 [Independent review of the regulation of medical practitioners who perform cosmetic surgery](#), (independent review) commissioned by Ahpra and the Medical Board of Australia (the Medical Board), made 16 recommendations to improve patient safety in the cosmetic surgery sector. Many of the concerns raised in the independent review are also relevant for the non-surgical cosmetic sector.<sup>1</sup>

Building on the recent reforms to the regulation of cosmetic surgery, the Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards are now turning their focus to reforming the regulation of registered health practitioners who work in the non-surgical cosmetic procedures sector in Australia to improve practice and standards, improve public safety, and provide opportunities for more informed consumer choice.<sup>2</sup>

Ahpra and the National Boards are consulting on three documents related to the regulation of registered health practitioners who perform and who advertise non-surgical cosmetic procedures:

1. Draft *Guidelines for nurses who perform non-surgical cosmetic procedures* (nurses practice guidelines)
2. Draft *Guidelines for registered health practitioners who perform non-surgical cosmetic procedures* (shared practice guidelines)
3. Draft *Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures* (advertising guidelines).

The non-surgical cosmetic procedures sector has unique features that increase public risk, including:

- a lack of clear information about the qualifications and experience of practitioners in the sector
- advertising that minimises the risk and complexity of a procedure or implies unrealistic results
- high numbers of young and potentially vulnerable<sup>3</sup> people seeking the procedures
- generating demand and 'upselling' procedures and products
- financial gain competing with and sometimes outweighing patient wellbeing and safety
- ongoing cost and frequency of procedures required by patients to maintain outcomes.

The three draft guidelines are intended to set out what National Boards expect of registered health practitioners working and advertising in this sector and provide clarity for consumers considering non-surgical cosmetic procedures about the standards expected of practitioners:

- The Nursing and Midwifery Board of Australia (the NMBA) is consulting on draft nurses practice guidelines for nurses as part of this consultation
- Other National Boards are consulting on draft shared practice guidelines. These are a multi-profession document and will apply to all registered health practitioners who perform non-surgical cosmetic procedures (except registered medical practitioners and nurses who will have profession specific guidance)

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<sup>1</sup> The final report and more information about the independent review is available on the [Ahpra Cosmetic surgery hub](#).

<sup>2</sup> <https://www.ahpra.gov.au/Resources/Cosmetic-surgery-hub/Information-for-the-public/Injectables.aspx>.

<sup>3</sup> Information on consumer vulnerability is available in the Australian Competition and Consumer Commission's (ACCC) publication *Consumer vulnerability: A business guide to the Australian Consumer Law (2021)*, available at [www.accc.gov.au](http://www.accc.gov.au).

- The draft advertising guidelines will apply to all registered health practitioners who advertise non-surgical cosmetic procedures.

Both the draft nurses practice guidelines and the shared practice guidelines are based on the Medical Board of Australia’s updated *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures*, which were published in 2023, however the nursing guidelines have differences that reflect the separate roles and scope of practice of enrolled nurses, registered nurses and nurse practitioners in the non-surgical cosmetic procedures sector.

The following table illustrates the scope and applicability of each of the draft guidelines we are consulting on:

Which guideline?	What does the guideline do?	Who will the guideline apply to?
Draft <i>Guidelines for <b>nurses</b> who <b>perform</b> non-surgical cosmetic procedures</i>	Provides guidance to and sets standards for nurses who perform non-surgical cosmetic procedures	Registered nurses, enrolled nurses and nurse practitioners who perform non-surgical cosmetic procedures
Draft <i>Guidelines for registered health practitioners who <b>perform</b> non-surgical cosmetic procedures</i>	Provides guidance to and sets standards for registered health practitioners who perform non-surgical cosmetic procedures	All registered health practitioners who perform non-surgical cosmetic procedures except registered medical practitioners and registered nurses
Draft <i>Guidelines for registered health practitioners who <b>advertise</b> non-surgical cosmetic procedures</i>	Provides guidance to registered health practitioners who advertise non-surgical cosmetic procedures on the legal requirements and the Boards’ expectations of advertising	All registered health practitioners who advertise non-surgical cosmetic procedures

National Boards’ codes of conduct require all practitioners to recognise and work within the limits of their skills and competence. Therefore, it is recognised that not all registered health practitioners will be performing non-surgical cosmetic procedures.

However, in drafting these guidelines, National Boards considered what would be reasonable to expect of *any* registered health practitioner performing these procedures, regardless of their profession. As part of this consultation process, National Boards are keen to hear stakeholders’ views about whether it is appropriate that these guidelines should apply to any registered health practitioner performing or advertising non-surgical cosmetic procedures, provided they have the appropriate training, skills and competence.

### Consultation process

Health ministers expected urgent action to reform the regulation of cosmetic surgery. Ahpra and the National Boards consider that a similar approach is needed to the reform of the non-surgical cosmetic sector, and this has led to a different approach to consultation. This is a streamlined consultation process.

The approach takes into account the extensive public consultation undertaken as part of the independent review and the public consultation by the Medical Board on reforms to the cosmetic surgery sector. We heard during those public consultations that the non-surgical cosmetic sector had many of the same issues and risks as the cosmetic surgery sector (such as patient safety, advertising regulation and strengthening requirements for practitioners who perform cosmetic procedures) and that reform in this area was also required.

The development of the three draft guidelines are informed by the:

- final report and published submissions of the [independent review](#)

- the Medical Board's [Guidelines for registered medical practitioners who perform cosmetic surgery and procedures](#) and [Guidelines for registered medical practitioners who advertise cosmetic surgery](#) and the [published submissions](#) from the Medical Board's public consultation on those guidelines.

As the three proposed draft guidelines are all related to non-surgical cosmetic procedures, Ahpra and the National Boards are consulting on all three guidelines together. Feedback is welcome on any or all of the three draft guidelines.

### **Public consultation**

Public consultation will be open for 10 weeks. The National Boards welcome feedback from organisations, registered health practitioners who work in the cosmetic procedures sector and those who don't, people who have had or may be intending to have non-surgical cosmetic procedures, and other members of the public.

### **Making a submission**

Submissions can be made via an online survey or by email to [AhpraConsultation@ahpra.gov.au](mailto:AhpraConsultation@ahpra.gov.au) using the submissions template form provided. Both methods pose specific questions for feedback as well as an opportunity for additional comments.<sup>4</sup>

The same set of consultation questions are asked in the online survey and the submission template form, so you only need to provide feedback by one method.

The closing date for submissions is **2 February 2024**.

### **Publication of submissions**

National Boards publish submissions at their discretion.

National Boards generally publish submissions on their website to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them, and their publication does not imply any acceptance of, or agreement with, these views by the National Boards.

National Boards accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.

**Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is expressly requested.**

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<sup>4</sup> Note that the survey or template form are not avenues for making a complaint about a practitioner. Anyone wishing to make a complaint about a registered health practitioner providing non-surgical cosmetic procedures can call Ahpra's Cosmetic Surgery Hotline – 1300 361 041 or lodge a notification online via the [Ahpra website](#).

## Background

The Australian Health Practitioner Regulation Agency (Ahpra) works in partnership with each of the National Boards to implement the [National Registration and Accreditation Scheme](#) (the National Scheme) which has maintaining public safety at its heart. National Boards regularly review their standards, codes, and guidelines to make sure they remain relevant, contemporary and effective.

Ahpra and the National Boards are guided by the objectives and guiding principles of the National Law and the [Regulatory principles for the National Scheme](#). More information about our work can be found on the [Ahpra website](#).

In September 2022, Ahpra and the Medical Board of Australia (the Medical Board) published the final report from the [Independent review of the regulation of medical practitioners who perform cosmetic surgery](#) (the independent review). Following a six-month examination of the regulation of the sector, including a public consultation, the independent review made 16 recommendations to improve patient safety in the sector.

Ahpra and the Medical Board accepted all 16 recommendations. In July 2023, as part of addressing the recommendations made by the independent review, the Medical Board's *Guidelines for medical practitioners who perform cosmetic surgery and procedures* (the Medical Board's practice guidelines) and the *Guidelines for registered medical practitioners who advertise cosmetic surgery* (the Medical Board's cosmetic surgery advertising guidelines) came into effect.

With most of the independent review's recommendations implemented, Ahpra and the National Boards are now considering stronger regulation of registered health practitioners who perform and advertise non-surgical cosmetic procedures.

To provide consistency for both health practitioners and the public, these proposed guidelines will be informed by, and align as much as possible with, the Medical Board's practice guidelines and cosmetic surgery advertising guidelines.

Aligning requirements where possible across professions will provide consistency for the public and practitioners; therefore, the draft guidelines propose a set of consistent requirements. However, this consultation paper is seeking stakeholder views on any areas that may require variations, additions, or exclusions to address issues unique to a specific profession. The aim is to develop a minimum set of requirements, informed by stakeholder feedback, that all practitioners working in the sector must adhere to.

## Context

Through our work to [reform cosmetic surgery practice and advertising](#) we know that there is concern about non-surgical cosmetic procedures, such as cosmetic injectables like botulinum toxin products and dermal fillers, with similar issues for public safety as those found in the cosmetic surgery sector. There are an increasing number of clinics opening in local shopping centres and a growing number of practitioners moving into the industry.

Non-surgical cosmetic procedures, like cosmetic surgery, are discretionary. The comments by the independent review that the cosmetic surgery sector 'is unique and somewhat of a health market disrupter, largely sitting outside of the existing health system frameworks' are equally relevant to non-surgical cosmetic procedures.

Other regulators are also considering additional regulation of non-surgical cosmetic procedures. For example, the UK government is currently consulting on a proposed licensing scheme for non-surgical cosmetic procedures in England.<sup>5</sup>

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<sup>5</sup> <https://www.gov.uk/government/consultations/licensing-of-non-surgical-cosmetic-procedures/the-licensing-of-non-surgical-cosmetic-procedures-in-england>.

The draft guidelines propose requirements that largely align with the findings of the independent review. In order to protect the public, the draft guidelines intentionally set higher standards for practice and advertising than are required in other areas of health care.

## Definitions

To provide consistency for both health practitioners and the public, the Medical Board's definitions of cosmetic surgery and non-surgical cosmetic procedures have been adopted, with slight modifications, for these draft guidelines, however these guidelines do not apply to cosmetic surgery, reconstructive surgery or gender affirmation surgery.

The modifications include:

- adding the words 'altering other body tissue (for example, teeth) as a further example of non-surgical cosmetic procedures to ensure the definitions are relevant for dental practitioners
- replacing the term 'medically justified' with 'clinically justified'
- removing the definitions of reconstructive surgery and gender affirmation surgery
- adding a definition of 'prescribing'.

The definitions in the draft guidelines include:

**Cosmetic surgery and procedures** are operations and other procedures that revise or change the appearance, colour, texture, structure or position of normal bodily features with the dominant purpose of achieving what the patient perceives to be a more desirable appearance.<sup>6</sup>

**Cosmetic surgery** involves cutting beneath the skin. Examples include breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer.

**Non-surgical cosmetic procedures** do not involve cutting beneath the skin but may involve piercing the skin or altering other body tissue (for example, teeth). Examples include cosmetic injectables such as botulinum toxin<sup>7</sup> and dermal fillers (also known as soft tissue fillers), fat dissolving injections, thread lifts, sclerotherapy and microsclerotherapy, CO<sub>2</sub> laser skin resurfacing, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels and hair transplants.<sup>8</sup> Mole removal for the purposes of appearance is classified as non-surgical even though it may involve cutting beneath the skin.

Surgery and non-surgical cosmetic procedures may be clinically justified if they involve the restoration, correction or improvement in the shape and appearance of body structures that are defective or damaged at birth or by injury, disease, growth, or development for either functional or psychological reasons.<sup>9</sup> Surgery and procedures that have a clinical justification and that may also lead to improvement in appearance are excluded from the definition.

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<sup>6</sup> Definition originally adapted from the Medical Council of New Zealand's *Statement on cosmetic procedures* (2011) and the Australian Health Ministers' Conference *Cosmetic Medical and Surgical Procedures – A National Framework* (2011). Definition amended in 2022 following a recommendation of the *Independent review of the regulation of medical practitioners who perform cosmetic surgery* (2022) and adopted in the Medical Board of Australia's *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures*.

<sup>7</sup> The use of botulinum toxin to treat medical conditions is excluded from these guidelines, for uses of botulinum toxin for cosmetic treatments see [Better Health Channel cosmetic treatments – injectables](#).

<sup>8</sup> Definitions adapted from the Medical Council of New Zealand *Statement on cosmetic procedures* (2011).

<sup>9</sup> Definition from the Medical Council of New South Wales *Cosmetic surgery guidelines* (2008) and adopted in the Medical Board of Australia's *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures*.

## Relevant sections of the National Law

The relevant sections of the National Law are:

- section 39 – A National Board may develop and approve codes and guidelines to provide guidance to the health practitioners it registers
- section 40 – Consultation about registration standards, codes and guidelines
- section 133 – Advertising.

## Attachments

Attachment A: Draft *Guidelines for nurses who perform non-surgical cosmetic procedures*

Attachment B: Draft *Guidelines for registered health practitioners who perform non-surgical cosmetic procedures*

Attachment C: Draft *Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures*

Attachment D: The Boards' statement of assessment against Ahpra's *Procedures for the development of registration standards, codes and guidelines* and the Office of Impact Analysis' requirements

Attachment E: National Boards' *Patient and consumer health and safety impact statement*



## 1. Draft guidelines for nurses who perform non-surgical cosmetic procedures

The draft guidelines for nurses who perform non-surgical cosmetic procedures (draft nurses practice guidelines) have been developed by the Nursing and Midwifery Board of Australia (the NMBA) under section 39 of the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory. These draft nurses practice guidelines build on the NMBA's position statement *Nurses and cosmetic medical procedures* first published in July 2016 and most recently updated in April 2023.

The draft nurses practice guidelines aim to inform nurses and 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. They apply to all nurses who perform or are engaged in services that provide non-surgical cosmetic procedures. The draft nurses practice guidelines recognise that cosmetic procedures may take place in different practice arrangements and provide guidance and requirements for nurses depending on their role in the arrangement.

Registered nurses with a notation that states 'solely qualified in the area of mental health, paediatric or disability nursing' are unable to practise in the area of non-surgical cosmetic procedures. These draft nurses practice guidelines do not apply to midwives, as it is not within a midwife's therapeutic model of care to perform non-surgical cosmetic procedures.

The draft nurses practice guidelines are intended to improve public protection. Non-surgical cosmetic procedures are entirely discretionary procedures and sit outside existing health system frameworks which can offer safeguards to the public. For example, Medicare item numbers are not available for non-surgical cosmetic procedures, these procedures are not offered by the public health system and they are generally not covered by private health insurance. Non-surgical cosmetic procedures are not without risk and the draft guidelines intend to help patients make informed choices when choosing a procedure.

The draft nurses practice guidelines emphasise nurses' responsibilities around informed consent, including financial consent, and consideration of patient suitability. They take into account the potential vulnerability of patients in this area.

There is also a focus on the prescribing and administering of prescription-only cosmetic injectables and the necessity for adequate education, training and competence to perform these procedures due to the associated risks.

### Options

The NMBA have considered the following options in developing this proposal.

#### 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).

#### Option 2 – Proposed new guidelines

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

While Ahpra and the NMBA have drafted the draft nurses practice guidelines for consultation, they take all stakeholder feedback into consideration before a decision about the guidelines is made by the NMBA.

#### Preferred option

Ahpra and the NMBA prefer Option 2.

The NMBA want to ensure public safety and public protection through a regulatory framework that enables the public to make informed and safe choices when undergoing procedures that have the potential to cause serious injury or harm.

### Consultation questions – Guidelines for nurses who perform non-surgical cosmetic procedures.



The details of the proposed practice guidance are in the draft nurses practice guidelines at Attachment A. The following consultation questions are different in some areas to other sections of this consultation paper, as National Boards are intentionally consulting on the questions most relevant to the professions they regulate.

### Consultation questions

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

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

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?

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.

## 2. Draft guidelines for registered health practitioners who perform non-surgical cosmetic procedures

The draft guidelines for registered health practitioners who perform non-surgical cosmetic procedures (draft shared practice guidelines) will apply to all registered practitioners who perform non-surgical cosmetic procedures except for registered medical practitioners (who are subject to the Medical Board *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures*) and all nurses (who will be required to comply with the draft *Guidelines for nurses who perform non-surgical cosmetic procedures*, if approved. See section 1).

Throughout our work in cosmetic surgery reform, it became apparent that non-surgical cosmetic procedures are also an emerging area of risk. These draft shared practice guidelines are intended to improve public protection. Non-surgical cosmetic procedures are entirely discretionary procedures and sit outside existing health system frameworks which can offer safeguards to the public. For example, Medicare item numbers are not available for non-surgical cosmetic procedures, these procedures are not offered by the public health system and they are generally not covered by private health insurance. Non-surgical cosmetic procedures are not without risk and the draft shared practice guidelines intend to help patients make informed choices when choosing a procedure.

The draft shared practice guidelines recognise that cosmetic procedures may take place in different practice arrangements. They provide guidance and requirements for practitioners according to their role.

There is a focus on the prescribing and administering of prescription-only cosmetic injectables and the need for adequate training to perform these procedures due to the associated risks.

Much like the recent updates to the Medical Board's practice guidelines, the draft shared practice guidelines emphasise practitioners' responsibilities around informed consent, including financial consent, and consideration of patient suitability, including assessment for underlying psychological conditions such as body dysmorphic disorder (BDD). They take into account the potential vulnerability of patients in this area.

The independent review, and submissions to the review, highlighted some of the potential impacts of cosmetic procedures on people with BDD and the important role that psychological screening can play in providing support and referrals for these patients. As referenced in the final report of the independent review, BDD is a psychiatric disorder characterised by emotional distress and a preoccupation with a perceived defect in one's appearance.<sup>10</sup>

A clinical psychologist who works in body image concerns and who was a member of the independent review's Consumer Reference and Advisory Group<sup>11</sup>, submitted that the Medical Board's guidelines that were in place at that time of the review:

*do not provide sufficient guidance to safeguard the psychological wellbeing of clients seeking cosmetic procedures. For example, psychological factors such as body dysmorphic disorder (BDD), anxiety, depression, obsessive-compulsive disorder and personality disorders are known to increase the risk of poor cosmetic treatment outcomes and may potentially worsen psychological functioning for these patients.*

The Medical Board's updated practice guidelines now include a requirement that the medical practitioner who will perform the cosmetic procedure or prescribe the cosmetic injectable must assess the patient for underlying psychological conditions such as body dysmorphic disorder. If, there are indications that the

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<sup>10</sup> BDD has been defined by the American Psychiatric Association in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth edition, 2013; L Bowyer, G Krebs, D Mataix-Cols, D Veale, and B Monzani, 'A critical review of cosmetic treatment outcomes in body dysmorphic disorder', *Body Image*, 2016, 19, 1–8, [doi.org/10.1016/j.bodyim.2016.07.001](https://doi.org/10.1016/j.bodyim.2016.07.001); S Higgins and A Wysong, 'Cosmetic surgery and body dysmorphic disorder – an update', *International Journal of Women's Dermatology*, 2018, 4(1), 43–48, [doi.org/10.1016/j.ijwd.2017.09.007](https://doi.org/10.1016/j.ijwd.2017.09.007).

<sup>11</sup> Dr Toni Pikoos is a clinical psychologist, postdoctoral researcher and educator who specialises in Body Dysmorphic Disorder, eating disorders and body image concerns. Dr Pikoos' PhD examined the relationship between Body Dysmorphic Disorder and non-surgical cosmetic procedures.

patient may not be a suitable candidate for the cosmetic procedure, they must be referred to another specified practitioner for evaluation.

These draft shared practice guidelines align with the Medical Board's guidelines and propose that the registered health practitioner performing the procedure or prescribing the cosmetic injectable assess the patient for underlying psychological conditions such as BDD, and if indicated, refer the patient for further evaluation.

The Medical Board's guidelines specify that a validated psychological screening tool must be used to screen patients for BDD only when they are seeking cosmetic *surgery*. Like the Medical Board's guidelines, these draft guidelines do not require that a validated screening tool be used for patients seeking *non-surgical* cosmetic procedures. The requirement is that an assessment occur, and a referral for further evaluation, if indicated.

Just as for provision of any treatment or procedure, health practitioners must assess a patient for suitability for any procedure. It is acknowledged that many people who seek non-surgical cosmetic procedures do not have an underlying psychological condition such as BDD, however, National Boards believe it is important to assess for this, so that patients are not provided a procedure that is not suitable. This also ensures appropriate referrals can be offered where needed.

## Options

National Boards have considered the following options in developing this proposal.

### Option 1 – Retain the status quo

Option 1 is to continue with only the existing regulatory tools, which include National Boards' codes of conduct and other profession specific guidance, such as the fact sheet published by the Dental Board of Australia on the use of botulinum toxin and dermal fillers (for dental practitioners only).

### Option 2 – Proposed new guidelines

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

While Ahpra and the National Boards have drafted the draft shared practice guidelines for consultation, they take all stakeholder feedback into consideration before a decision about the guidelines is made by the National Boards.

### Preferred option

Ahpra and the National Boards prefer Option 2.

National Boards want to ensure public safety and public protection through a regulatory framework that enables consumers to make informed and safe choices when undergoing procedures that have the potential to cause serious injury or harm.

## Consultation questions – Guidelines for registered health practitioners who perform non-surgical cosmetic procedures.

The details of the proposed practice guidance are in the draft guidelines at Attachment B. The following consultation questions are different in some areas to other sections of this consultation paper, as National Boards are intentionally consulting on the questions most relevant to the professions they regulate.

### Consultation questions

1. Is the guidance in the draft shared practice guidelines appropriate? Why/why not?
2. Does the guidance in the draft shared practice guidelines sufficiently inform **registered health practitioners** about National Boards' expectations when performing non-surgical cosmetic procedures in Australia? Yes/No. If no, what needs to be changed?

3. Is the guidance in the draft shared practice guidelines useful for the **public** to understand National Boards' expectations of registered health practitioners who perform non-surgical cosmetic procedures in Australia? Yes/No. If no, what would be more helpful?
4. 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 shared practice guidelines? What changes do you propose and why?
5. The draft shared practice guidelines propose a set of consistent requirements for practitioners practising in this sector. Do you think it's appropriate for consistent requirements to apply to all practitioners practising in this sector regardless of their profession? Or do you think there are variations, additions or exclusions required for a particular profession or professions? What changes do you propose and why?
6. While it is acknowledged that many people who seek non-surgical cosmetic procedures do not have an underlying psychological condition such as body dysmorphic disorder (BDD), the Medical Board of Australia's practice guidelines and the Nursing and Midwifery Board of Australia's proposed guidelines require medical practitioners and nurses who perform the cosmetic procedure or prescribe the cosmetic injectable, to assess their patients for underlying psychological conditions, such as BDD. Is this a reasonable requirement of other registered health practitioners performing cosmetic procedures as well? If yes, why? If not, why not?
7. Is there any further detail that needs to be included in the draft shared practice guidelines to ensure public safety? If yes, please provide details.

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

As one of the main intentions of advertising non-surgical cosmetic procedures is to sell, rather than educate, there is potential for this type of advertising to mislead the public. The entirely discretionary nature of non-surgical cosmetic procedures means that advertising plays a significant role in creating a desire or demand for these services.

Despite the frequent marketing of these non-surgical cosmetic procedures as routine, non-surgical cosmetic procedures carry risks. Many are invasive and can cause complications or harm which may be irreversible.

[Submissions](#) to the public consultation on the Medical Board's cosmetic surgery advertising guidelines raised concerns that the tactics seen across cosmetic surgery advertising were also employed by advertisers of non-surgical cosmetic procedures. These include the use of images of models who are unlikely to have had the non-surgical cosmetic procedure, content that promotes an aesthetic result as socially accepted, and the use of influencers to promote non-surgical cosmetic procedures.

Submissions to the Medical Board's cosmetic surgery advertising guidelines also noted the psychological risks of advertising of non-surgical cosmetic procedures were similar to those of cosmetic surgery. Advertising of non-surgical cosmetic procedures has the potential to pathologise normal changes in appearance, exploit vulnerabilities or insecurities of individuals, contribute to poor body image and create unrealistic expectations.

The independent review found that the current regulatory tools for advertising do not sufficiently protect cosmetic surgery patients and that strengthened regulation and guidance was needed to improve patient safety. Considering the overlap between the advertising tactics described in the independent review and those seen in the advertising of non-surgical cosmetic procedures, it is considered that more specific guidance for the advertising of non-surgical cosmetic procedures is required to ensure public protection.

While the existing [Guidelines for advertising of regulated health services](#) provide some guidance and public protection, given the issues found in relation to cosmetic surgery and the submissions received as part of the consultation on the Medical Board's cosmetic surgery advertising guidelines, the National Boards and Ahpra are proposing standalone *Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures* (the draft advertising guidelines).

To protect the public, the draft advertising guidelines propose requirements for the advertising of non-surgical cosmetic procedures that intentionally set higher standards than those for advertising other areas of practice (except cosmetic surgery).

To promote consistency between the various guidelines regulating both the practice and the advertising of non-surgical cosmetic procedures and cosmetic surgery, the draft advertising guidelines use the Medical Board's definition of non-surgical cosmetic procedures, with some minor amendments. This definition includes examples of what are considered non-surgical cosmetic procedures and includes procedures that are restricted to the practice of registered health practitioners, largely through the substances used in the procedures, as well as procedures that may be performed by non-registered practitioners.

## About IV infusion treatments

Ahpra and the National Boards are aware of concerns about the advertising of IV infusion treatments and have previously issued [statements](#) in relation to this. IV infusions, like non-surgical cosmetic procedures, are invasive procedures with inherent health and safety risks for patients.

While IV infusion treatments are not strictly a non-surgical cosmetic procedure, many advertisers quote their patients as looking or feeling better after an infusion. Ahpra takes the view that there is little or no accepted evidence to support such generalised claims, and that claims about general improvements in health, wellness, anti-ageing or appearance are therefore misleading and in breach of the National Law. As with any regulated health service claims made about the benefits of IV infusions must be accurate and not misleading. This is because consumers are likely to rely on purported scientific claims and be significantly influenced by such claims, when making health care choices.

While these draft advertising guidelines are focused on the advertising of non-surgical cosmetic procedures, we welcome feedback on whether separate guidelines should be developed in relation to the advertising of IV infusion treatments.

## Options

National Boards have considered the following options in developing this proposal.

### 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*.

### Option 2 – Proposed new guidelines

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

While Ahpra and the National Boards have drafted the draft advertising guidelines for consultation, they will take all stakeholder feedback into consideration before a decision about the guidelines is made by the National Boards.

### Preferred option

National Boards and Ahpra prefer Option 2.

While the existing *Guidelines for advertising of regulated health services* provide some guidance and public protection, noting the issues found in relation to cosmetic surgery and the submissions received as part of the consultation on the Medical Board's cosmetic surgery advertising guidelines, Option 2 provides new guidance specifically about the advertising of non-surgical cosmetic procedures to ensure greater public protection. Registered health practitioners often use their status as health practitioners in advertising non-surgical cosmetic procedures and the public rightly expects that registered health practitioners will be advertising in a responsible manner that promotes public safety.

## Consultation questions – Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures

The details of the proposed new advertising guidance are in the draft advertising guidelines at Attachment C.

### Consultation questions

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

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?
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?
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.
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?

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



## Guidelines for nurses who perform non-surgical cosmetic procedures

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Date of effect:

### Introduction

These guidelines have been developed by the Nursing and Midwifery Board of Australia (NMBA) under section 39 of the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory. These guidelines build on the NMBA's developed **Position statement: Nurses and cosmetic medical procedures** first published in July 2016 and most recently updated April 2023.

These guidelines aim to inform nurses and the community about the NMBA's expectations of nurses (including enrolled nurses (ENs), registered nurses (RNs) and nurse practitioners (NPs)) who perform non-surgical cosmetic procedures in Australia. These guidelines complement and should be read in conjunction with the NMBA's **Code of conduct for nurses** and provide specific guidance for nurses who perform non-surgical cosmetic procedures. Nurses should also refer to other relevant National Board guidelines for example the Medical Board of Australia's (MBA) **Guidelines for registered medical practitioners who perform cosmetic surgery and procedures**.

### Who do these guidelines apply to?

These guidelines apply to all nurses who perform and/or are engaged in services that provide non-surgical cosmetic procedures.

RNs with a notation that states 'solely qualified in the area of mental health, paediatric or disability nursing' are unable to practice in the area of non-surgical cosmetic procedures (refer to point 18).

It is not within a midwife's therapeutic model of care to perform non-surgical cosmetic procedures.

### Definitions

To provide consistency for health practitioners and the public, the NMBA has adopted the MBA definitions of cosmetic surgery and non-surgical cosmetic procedures, with slight modifications for these guidelines. For completeness the definition of cosmetic surgery is included here, however these guidelines do not apply to cosmetic surgery, reconstructive surgery or gender affirmation surgery. They also do not apply to the prescribing and administration of injectables that are used for clinical conditions such as hyperhidrosis and migraine.

**Cosmetic injections** are serious procedures that involve injecting a substance under the skin to change an aspect of appearance. For example, reducing the appearance of wrinkles or lines on the face, or putting filler into the lips to make them fuller. If used incorrectly, the substances in these injections could cause skin damage, blindness or even death ([www.tga.gov.au/products/medical-devices/cosmetic-injections](http://www.tga.gov.au/products/medical-devices/cosmetic-injections)).

**Cosmetic surgery** involves cutting beneath the skin. Examples include breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer.

**Medical practitioner** means a medical practitioner registered by the Medical Board of Australia under the National Law who perform cosmetic surgery and non-surgical cosmetic procedures.

**Non-surgical cosmetic procedures** do not involve cutting beneath the skin but may involve piercing the skin or altering other body tissue (for example, teeth). Examples include cosmetic injectables such as Botulinum toxin and dermal fillers (also known as soft tissue fillers), fat dissolving injections, thread lifts, sclerotherapy and microsclerotherapy, CO2 laser skin resurfacing and other laser skin treatments, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels and hair transplants. Mole removal for the purposes of appearance is classified as non-surgical even though it may involve cutting beneath the skin.

Surgical and non-surgical cosmetic procedures may be clinically justified if it involves the restoration, correction or improvement in the shape and appearance of body structures that are defective or damaged at birth or by injury, disease, growth or development for either functional or psychological reasons. Surgery and procedures that have a clinical justification and that may also lead to improvement in appearance are excluded from the definition.

**Nurse practitioner (NP)** is a registered nurse endorsed as an NP by the NMBA. The NP practises at a clinical advanced practice level, meets and complies with the *Nurse practitioner standards for practice*, is able to practise independently and has direct clinical contact. NPs incorporate professional leadership, education, research and support of systems into their practice. Their practice includes relevant expertise, critical thinking, complex decision-making, autonomous practice and is effective and safe. They work within either a generalist or specialist context, and they are responsible and accountable in managing people who have complex healthcare requirements. NPs practise within their scope under the legislatively protected title 'nurse practitioner' under the National Law.

**Nurse/s** means an enrolled nurse (EN), registered nurse (RN) and nurse practitioner (NP), registered or endorsed (NP only) by the NMBA. For further information, see the NMBA's ***Fact sheet: Scope of practice and capabilities of nurses***.

**Person** refers to the individuals who have entered into a therapeutic and/or professional relationship with a nurse for the purpose of a non-surgical cosmetic procedure.

**Prescribing** means an iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine.

**Registered health practitioner** means any registered health practitioner who is performing a non-surgical cosmetic procedure or prescribing a cosmetic injectable, or assisting with either of these, except nurses or medical practitioners unless specifically stated.

### **How will the NMBA use these guidelines?**

Section 41 of the National Law states that a registration standard or a code or guideline approved by the NMBA is admissible in proceedings under this Law, or a law of a co-regulatory jurisdiction, against a practitioner registered by the NMBA, as evidence of what constitutes appropriate professional conduct or practice for the profession.

These guidelines can be used to assist the NMBA in its role of protecting the public, by setting and maintaining standards of practice. If a nurse's professional conduct varies significantly from these guidelines, the nurse should be prepared to explain and justify their decisions and actions.

Serious or repeated failure to meet these guidelines may have consequences for a nurse's registration.



## Guidelines

### 1. **Recognising potential conflicts of interest**

- 1.1 Nurses must recognise that conflicts of interest can arise when providing non-surgical cosmetic procedures particularly given the commercial nature of the industry and the role that advertising and business models play in creating a demand for services and must ensure that the care and wellbeing of the person they are providing care for is their primary consideration.

### 2. **Assessment of person suitability (by an RN or NP only)**

- 2.1 These guidelines recognise that non-surgical cosmetic procedures may be carried out in different practice arrangements and settings where nurses are working independently (RN or NP), or settings where nurses are working with a medical practitioner/s, NP and/or other registered health practitioners.
- 2.2 The RN or NP must discuss and assess the person's reasons and motivation for requesting the procedure including external reasons (for example, a perceived need to please others) and internal reasons (for example, strong feelings about appearance). The person's expectations of the procedure must be discussed to ensure they are realistic.
- 2.3 The RN or NP must assess the person using an evidenced based and validated assessment tool for underlying psychological conditions such as body dysmorphic disorder (BDD), which may make them an unsuitable candidate for the procedure.
- 2.4 If there are indications that the person has significant underlying psychological issues that may make them an unsuitable candidate for the cosmetic procedure or prescribed cosmetic injectable, they must be referred for evaluation to a psychologist, psychiatrist, nurse practitioner or medical practitioner, who works independently of the nurse performing the procedure or the NP prescribing the cosmetic injectable.
- 2.5 The RN or NP must discuss alternative options with the person, including other non-surgical cosmetic procedures or treatments as well as the option of not having the procedure.
- 2.6 The RN or NP should not recommend a cosmetic procedure proceeding if they believe that it is not in the best interests of the person.

### 3. **Consultation with the person receiving care**

- 3.1 Nurses must ensure that the medical practitioner or NP who has prescribed the cosmetic injectable has a consultation with the person, either in person or by video, each time they prescribe them a Schedule 4 (prescription only) cosmetic injectable or where otherwise required. Remote (bulk) asynchronous prescribing of cosmetic injections by phone or email (or equivalent) is not acceptable practice.

### 4. **Additional responsibilities when providing non-surgical cosmetic procedures for persons under the age of 18 years**

In addition to the other requirements in these guidelines for non-surgical cosmetic procedures, the following applies to persons under the age of 18 years and must be undertaken by and RN or NP

- 4.1 The RN or the NP must know and comply with relevant legislation of the jurisdiction in which they are practising in relation to restrictions on cosmetic procedures for persons under the age of 18.
- 4.2 The RN or NP must consider the clinical appropriateness of the cosmetic procedure for the person who is under the age of 18 years. The NMBA views that botulinum toxin and dermal fillers should not be prescribed for persons under 18 for cosmetic purposes.
- 4.3 The RN or NP who will perform the non-surgical cosmetic procedure or prescribe the cosmetic injectable (NP only) must assess whether, and be satisfied that, the person has the capacity to consent to the procedure. For more information refer to the Australian Commission on Safety and Quality in Health Care [Fact sheet for clinicians Informed consent in health care](#).

- 4.4 The RN or NP should, to the extent that it is practicable, have regard for the views of a parent or guardian of the person under 18 years, including whether the parent or guardian supports the procedure being performed.
- 4.5 For persons under the age of 18 years, there must be a cooling-off period of at least seven days between the informed consent and non-surgical cosmetic procedure being performed.
- 4.6 No money should be payable until after the cooling-off period (other than for initial consultations).
- 4.7 The person should be encouraged to talk to their general medical practitioner, nurse practitioner or other relevant registered health practitioner during the cooling-off period about why they want to have the cosmetic procedure.

**5. Informed consent including informed financial consent and consent for use of images**

- 5.1 Nurses who will perform the non-surgical cosmetic procedure or prescribe the cosmetic injectable (NPs only) must provide the person with enough information for them to make an informed decision about whether to have the procedure (see the ACSQHC Fact sheet for clinicians Informed consent in health care): Nurses must have a verbal consent discussion with the person as well as provide written information in plain language. Nurses should take all practical steps to provide information in a language understood by the person.

Information provided must not:

- glamorise non-surgical cosmetic procedures
- minimise the complexity of a procedure, or
- overstate results or imply persons can achieve outcomes that are not realistic.

It must have information about the risks and benefits associated with the cosmetic procedure and what alternatives may be available. This includes:

- a. Information about the cosmetic procedure:
  - what the procedure involves (including the type of anaesthesia and pain management, if applicable)
  - for injectables, which cosmetic injectable is being prescribed (type(s) and quantity)
  - whether the procedure is new or experimental
  - the range of possible outcomes of the procedure, in the short and long term ie the longevity of the treatment product and requirements to maintain the desired appearance
  - the risks and possible complications associated with the procedure, in the short and long term
  - the risks specific to the person including the possible impact of any comorbidities the person has
  - the possibility of the need for further treatment in the short term (such as treatment for anaphylaxis, Hyaluronidase to dissolve dermal filler, antibiotics (oral or topical)) or the long term (such as surgical removal of dermal filler)
  - recovery times and specific care requirements during the recovery period
  - alternative options to the cosmetic procedure such as topical products (face creams) and other non-invasive treatments.
- b. Information about the nurse providing the non-surgical cosmetic procedure or NP prescribing the cosmetic injectable:
  - the nurse's registration type, for example their education, training and experience (see section 10)
  - information about other practitioners who will be involved in the procedure (if applicable)
- c. Information about costs
  - total cost
  - costs of maintenance price range/potential variability of costs for future treatments
  - details of deposits and payments required and payment dates
  - refund of deposits
  - costs for follow-up care
  - possible further costs for revision or additional treatment

- advising that cosmetic procedures are not covered by Medicare.
- 5.2 Informed consent must be obtained by the nurse who will perform the cosmetic procedure or the NP prescribing the cosmetic injectable. The nurse must take reasonable steps to ensure the person understands the information provided.
  - 5.3 The consent form should reflect that in some circumstances, if a nurse is compelled by law to give evidence for example, information regarding the person may need to be provided which may progress without the person's consent.
  - 5.4 Consent must be documented appropriately, and a copy of the signed consent form must be given to the person.
  - 5.5 Consent must be requested for any photographs or videos the nurse, or any other practitioner, proposes to take of a person in a consultation or during the cosmetic procedure. The person must be given information about the proposed use of any such images, including:
    - the purpose (for example, for medical record only, for advertising)
    - how the images will be used (for example, stored in the medical record, shown to prospective persons in consultations, published on website and posted on social media), and
    - where they will be stored and who will have access
  - 5.6 Images of the person receiving care must be stored on a secure device. Nurses must not store images of person/s on a personal device.
  - 5.7 People must be given an opportunity to view images before consenting to their use in advertising. People have the right to refuse use of their images and a person cannot be required to agree to their images being used in advertising. Consent for the use of images in advertising must be separate from consent to the procedure
  - 5.8 People must be allowed to withdraw their consent to use of their images and the nurse must promptly stop using images (for example, not show use then others seeking services, delete them from advertising) if a person withdraws consent. A person's consent for the taking, using and storing images of them must be documented.
6. **Prescribing (NPs only) and administering Schedule 4 (prescription only) cosmetic injectables**
    - 6.1 Nurses must know and comply with the requirements of their state or territory drugs and poisons (or equivalent) legislation for Schedule 4 (prescription only) cosmetic injectables. For example, requirements relating to permits, prescribing, records, supply, storage and transport. See also Facilities requirements (section 13).
    - 6.2 The Therapeutic Goods Administration (TGA) regulates medicines and products that are marketed for therapeutic use. Nurses must comply with TGA requirements by ensuring that the products they administer are registered. Administering and/or advertising unapproved and/or unregistered products is unlawful.
    - 6.3 NPs are authorised to prescribe medicines in accordance with state and territory legislation and their context of practice, supported by their education, skills and knowledge.
    - 6.4 RNs and ENs cannot prescribe Schedule 4 cosmetic injectables.
7. **Management of the person**
    - 7.1 Nurses who will perform the non-surgical cosmetic procedure or prescribe the cosmetic injectable (NP only) are responsible for the management of the person, including ensuring the person receives appropriate post-procedure care.
    - 7.2 If the 'prescription only' cosmetic injectable is administered by another nurse (who is not an NP), the prescribing medical practitioner or nurse practitioner remains responsible for the management of the person, including ensuring the person receives appropriate post-procedure care. The nurse who

administers the injectables is responsible for informing the prescriber of any concerns relating to the administration.

- 7.3 If the nurse who performed the non-surgical cosmetic procedure or prescribed the injectable (NP only) is not personally available to provide post-procedure care, formal alternative arrangements must be in place including nominating a person who is a suitably qualified health practitioner. These arrangements must be made in advance, documented, and made known to the person and other treating practitioners.
- 7.4 There must be protocols in place for managing complications and emergencies that may arise during the procedure or in the immediate post-procedure phase.
- 7.5 In the event of complications requiring hospital admission, the medical practitioner or NP who performed the non-surgical cosmetic procedure or prescribed the injectable is responsible for coordinating care until the person is under the management of the nominated health practitioner or hospital.
- 7.6 Written instructions must be given to the person after the non-surgical cosmetic procedure including:
  - contact details for the:
    - medical practitioner or NP who performed the non-surgical cosmetic procedure or prescribed the cosmetic injectable
    - nurse who performed the procedure (if applicable), and
    - nominated delegate health practitioner in case the nurse who performed the cosmetic procedure or prescribed the injectable (NP only) is not available
  - details of the procedure(s) performed and any anaesthesia used
  - name and details of the product/s used
  - the usual range of post-procedure symptoms
  - instructions for the person if they experience unusual pain or symptoms (escalation points and who to contact and when)
  - instructions for medication, activity restrictions and self-care
  - dates and details of follow-up visits (if applicable).
- 7.7 Medical records must include the non-surgical cosmetic procedure performed, described in enough detail to enable another health practitioner to take over post-procedure care with an adequate understanding of what has been done. All relevant medical records need to be accessible and transferrable to another health practitioner.

## 8. **Provision of care/treatment**

- 8.1 The RN/NP is responsible for ensuring that any other person participating in the person's care/treatment have appropriate education, training and competence, and is adequately supervised as required.
- 8.2 When an RN/NP is assisted by another registered health practitioner or assigns an aspect of a non-surgical cosmetic procedure or care to another registered health practitioner, the nurse who performed the procedure or prescribed the cosmetic injectable (NP only) retains primary responsibility for the person's care. This does not apply when the nurse has formally referred the person supported by relevant therapeutic communications, to another registered health practitioner.

## 9. **Complaints**

- 9.1 People who are dissatisfied have the right to make a complaint. Before a procedure, the nurse must provide all people receiving care with information about the range of complaints mechanisms available including:
  - raising and resolving the complaint directly with the practitioner who provided the procedure
  - accessing the clinic or facility's complaint process
  - making a complaint to the health complaints entity in the state or territory where the procedure was performed



- making a complaint to Ahpra, the Health Care Complaints Commission or the Nursing and Midwifery Council of NSW (in NSW) or the Office of the Health Ombudsman (in Queensland).
- 9.2 Nurses must ensure any non-disclosure agreement (NDA) they use makes clear that a person, or someone on behalf of the person, can still make a complaint to Ahpra, the Health Care Complaints Commission or the Nursing and Midwifery Council of NSW (in NSW) or the Office of the Health Ombudsman (in Queensland).
- 10. Education and experience**
- 10.1 Non-surgical cosmetic procedures or prescribed cosmetic injectables (NP only), must only be provided by nurses with the appropriate education, training and competence in the specific cosmetic procedures being offered. These nurses must have the experience to perform the procedure and deal with all routine aspects of care and any likely complications.
- 10.2 A nurse who is changing their scope of practice to include non-surgical cosmetic procedures is expected to undertake the necessary education, training, and competence before providing cosmetic procedures or prescribing cosmetic injectables (NP only) (see 15-17)
- 10.3 All nurses must participate regularly in continuing professional development (CPD) that is relevant to their scope of practice. All nurses whose scope of practice includes cosmetic procedures, must undertake CPD that includes activities related to non-surgical cosmetic procedures, including planning their learning goals and activities, and reflecting on their learning.
- 11. Qualifications and titles**
- 11.1 Nurses must not make claims about their qualifications, experience or expertise that could mislead people by implying the practitioner is more skilled or more experienced than is the case. To do so is a breach of the National Law (sections 17–19).
- 11.2 Nurses must clearly inform people of their registration details including type, profession, for example, EN, RN or NP, and where relevant division or endorsement on their registration.
- 11.3 Nurses must not use a protected title unless they hold the related registration type.
- 12. Advertising and marketing**
- 12.1 Advertising material, including practice and practitioner websites and social media, must comply with National Boards' *Guidelines for advertising of regulated health services*, the current *Therapeutic Goods Advertising Code*, any TGA guidance on advertising non-surgical cosmetic procedures and the advertising requirements of section 133 of the National Law.
- 12.2 Advertising should not glamorise cosmetic procedures, minimise the complexity of a procedure, overstate results or imply outcomes that are not realistic.
- 12.3 Detailed guidance for advertising non-surgical cosmetic procedures is in the National Boards' *Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures*.
- 13. Facilities**
- 13.1 Nurses must know and comply with relevant (including local council, state, territory and Commonwealth) legislation, regulations and standards of the jurisdiction in which they are practising in relation to facilities where the non-surgical cosmetic procedure will be performed.
- 13.2 Nurses who provide or prescribe (NP only) cosmetic injectables or any non-surgical cosmetic procedures that include injecting, piercing the skin or incisions, are encouraged to provide procedures in a facility that is accredited by an Australian Commission on Safety and Quality in Health Care (ACSQHC) approved agency to the current addition of the ACSQHC's *National Safety and Quality Primary and Community Healthcare Standards*, or the ACSQHC's *National Safety and Quality Health Service (NSQHS) Standards*, whichever is most applicable.

13.3 Non-surgical cosmetic procedures must be performed in a facility that is appropriate for the level of risk involved in the procedure and the risk profile of the person. Facilities must be appropriately staffed and equipped to manage possible complications and emergencies.

#### 14. **Financial arrangements**

14.1 Nurses must not provide or offer to provide financial inducements (such as a commission) to agents for recruitment of people.

14.2 Nurses must not provide or offer to provide free or discounted procedures to prospective or existing people receiving care, including social media influencers or users, for promotion of cosmetic procedures or services.

14.3 Nurses must not offer, promote or recommend financing schemes to people, either directly or through a third party, such as loans or commercial payment plans, as part of the cosmetic procedure. This does not preclude a nurse from informing people of accepted payment methods such as credit cards (such as Visa, Mastercard), or buy now, pay later products (such as Afterpay, Openpay, Zip Pay) or from offering the option to pay for a procedure in instalments in a non-commercial payment arrangement between the nurse and the person receiving care

14.4 Nurses must not offer people additional products or services that could act as an incentive to cosmetic procedures.

14.5 Nurses must:

- ensure that they do not have a financial conflict of interest that influences the advice that they provide to the person.
- disclose any financial interests that could be perceived as influencing the advice that they provide to the person they are providing care to.

#### 15. **Nurse practitioners (NPs)**

15.1 NPs provide high levels of clinically focused nursing care. The NP role builds on, and expands upon, those required of an RN. This role is an advanced practice role and is autonomous and independent.

15.2 NPs use professional knowledge when prescribing indicated pharmaceutical interventions and demonstrates professional integrity and ethical conduct in relation to therapeutic product manufacturers and pharmaceutical organisations.

#### 16. **Registered nurses (RNs)**

16.1 The NMBA expects 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.

16.2 RNs are responsible and accountable for the supervision and delegation of nursing activities to ENs and other healthcare workers.

16.3 RNs who are intending to progress towards endorsement as a NP working solely in the area of non-surgical cosmetic procedures are unlikely to meet the requirements for endorsement as an NP, as the NMBA considers that practising in the area of non-surgical cosmetic procedures, such as cosmetic injecting, is not working at the advanced practice level (in line with the definition provided).

#### 17. **Enrolled nurses (ENs)**

17.1 The foundational education entry requirement for ENs is not at a level that adequately prepares an EN for the risk and complexities associated with non-surgical cosmetic procedures including the administration of cosmetic injectables.

#### **ENs currently working in the area of non-surgical cosmetic procedures**

17.2 The NMBA expects that an EN currently working in this context of practice:

- is directly, or has been directly, supervised and assessed by an RN for a minimum period of 75 hours for cosmetic injections, until competence is demonstrated and documented
- does not undertake the administration of dermal filler injectables to very high-risk areas<sup>3</sup>; that includes the glabella, nose and forehead
- only undertakes the administration of dermal filler injectables to high-risk areas, including temples, nasolabial folds, peri-orbital and medial cheek, in a clinical setting with immediate access to a medical practitioner, a nurse practitioner or an RN only performs laser skin resurfacing with direct supervision of an RN to check the laser settings before use

17.3 If an EN ceases employment in the area of non-surgical cosmetic procedures and later seeks to return to this area of practice, the EN must meet the requirements of the NMBA's *Registration standard: Recency of practice (RoP)*. That is, that they have practised in the area of non-surgical cosmetic procedures for a minimum of 450 hours in the past five years.

17.4 Where an EN has ceased practising in the area of non-surgical cosmetic procedures and does not meet the RoP requirements, they must then fulfill the entry to practice requirements outlined below.

#### **ENs planning to practise in the area of non-surgical cosmetic procedures in the future**

17.5 ENs intending to practise in the area of non-surgical cosmetic procedures in the future, in addition to the expectations above, are required to demonstrate the following experience and education requirements:

- practise for a minimum of one-year full-time equivalent post initial registration to consolidate the foundational skills and knowledge as an EN, plus
- two years' full-time equivalent experience in a related area of practice (for example dermatology, general surgery) prior to practising in the area of non-surgical cosmetic procedures, and
- completed formal education that is relevant to practise in the area of non-surgical cosmetic procedures.

#### **EN supervision requirements**

17.6 ENs must work under the direct or indirect supervision of an RN, as required in the NMBA's *Enrolled nurse standards for practice* and the *Fact sheet: Enrolled nurse standards for practice*. This is a fundamental requirement that applies to the practice of all ENs. Supervision by a health practitioner other than an RN – a GP or another medical practitioner for example – does not meet the NMBA's supervisory requirement.

17.7 Direct supervision is where the RN is physically present and personally observes, works with and directs the EN. This may be necessary for example, to determine an EN's competence against the standards for practice.

17.8 Indirect supervision is where the RN works in the same state or territory-based organisation, is readily available but does not constantly observe the EN's activities. It is generally expected that in the case of indirect supervision, that the RN and the EN have the same employer.

17.9 There may be situations where the RN and the EN may not have the same employer but work in the same facility or organisation. In these situations, clearly documented arrangements between the employers, supported by the RN/s and the EN, must be in place. These documented arrangements should include details of all aspects of the supervision arrangements (including insurance) and describe how the RN will be available for reasonable access to ensure effective timely direction and

supervision of the EN so that the delegated practice is safe and correct and public safety is ensured.<sup>4</sup>

**18. Registered nurses with a sole qualification in mental health nursing, paediatric nursing or disability nursing – seeking to practise in the area of non-surgical cosmetic procedures**

18.1 RNs with a notation that states ‘solely qualified in the area of mental health, paediatric or disability nursing’ are unable to practice in the area of non-surgical cosmetic procedures. If RNs with this notation want to change their context of practice to work in the area of non-surgical cosmetic procedures, they must complete an NMBA-approved entry to practice program of study leading to general registration in order to have the notation removed. Additional information can be found in the *Fact sheet: Nurses with a sole qualification*.

18.2 All sole qualified RNs, with or without a notation, need to ensure that they have the appropriate education and experience to work in a different context of practice.

### **Acknowledgements**

The NMBA acknowledge the Medical Board of Australia’s Guidelines for registered medical practitioners who perform cosmetic surgery and procedures (July 2023), which provided the basis for these guidelines.

### **Review**

Date of issue: <Date>

The NMBA will review these guidelines from time to time as required. This will generally be at least every five years.

## Guidelines for registered health practitioners who perform non-surgical cosmetic procedures

Date of effect:

### Introduction

These guidelines have been developed by National Boards<sup>12</sup> under section 39 of the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory.

These guidelines aim to inform registered health practitioners and the community about the Boards' expectations of registered health practitioners who perform non-surgical cosmetic procedures in Australia. These guidelines complement and should be read in conjunction with National Boards' codes of conduct and provide specific guidance for registered health practitioners who perform non-surgical cosmetic procedures. Registered health practitioners should also refer to other relevant National Board guidelines.

### Who do these guidelines apply to?

These guidelines apply to the following registered practitioners who perform non-surgical cosmetic procedures:

- Aboriginal and Torres Strait Islander Health Practitioners
- Chinese Medicine Practitioners
- chiropractors
- dental practitioners
- occupational therapists
- optometrists
- osteopaths
- paramedics
- pharmacists
- physiotherapists
- podiatrists
- psychologists

### Definitions

To provide consistency for both health practitioners and the public, the Medical Board's definitions of cosmetic surgery and non-surgical cosmetic procedures have been adopted, with slight modifications, for these draft guidelines, however, these guidelines do not apply to cosmetic surgery, reconstructive surgery or gender affirmation surgery.

**Cosmetic surgery and procedures** are operations and other procedures that revise or change the appearance, colour, texture, structure or position of normal bodily features with the dominant purpose of achieving what the patient perceives to be a more desirable appearance.<sup>13</sup>

<sup>12</sup> Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Dental, Occupational Therapy, Optometry, Osteopathy, Paramedicine, Pharmacy, Physiotherapy, Podiatry and Psychology Boards of Australia

<sup>13</sup> Definition originally adapted from the Medical Council of New Zealand's *Statement on cosmetic procedures* (2011) and the Australian Health Ministers' Conference *Cosmetic Medical and Surgical Procedures – A National Framework*

**Cosmetic surgery** involves cutting beneath the skin. Examples include breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer.

**Non-surgical cosmetic procedures** do not involve cutting beneath the skin but may involve piercing the skin or altering other body tissue (for example, teeth). Examples include cosmetic injectables such as botulinum toxin<sup>14</sup> and dermal fillers (also known as soft tissue fillers), fat dissolving injections, thread lifts, sclerotherapy and microsclerotherapy, CO<sub>2</sub> laser skin resurfacing, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels and hair transplants.<sup>15</sup> Mole removal for the purposes of appearance is classified as non-surgical even though it may involve cutting beneath the skin.

Surgical and non-surgical cosmetic procedures may be clinically justified if they involve the restoration, correction or improvement in the shape and appearance of body structures that are defective or damaged at birth or by injury, disease, growth or development for either functional or psychological reasons.<sup>16</sup> Surgery and procedures that have a clinical justification and that may also lead to improvement in appearance are excluded from the definition.

**Prescribing** means an iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine.<sup>17</sup>

### How will National Boards use these guidelines?

Section 41 of the National Law states that an approved registration standard or a code or guideline approved by a National Board is admissible in proceedings under this law or a law of a co-regulatory jurisdiction against a practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the profession.

These guidelines can be used to assist a National Board in its role of protecting the public, by setting and maintaining standards of practice. If a registered health practitioner's professional conduct varies significantly from these guidelines, the practitioner should be prepared to explain and justify their decisions and actions.

Serious or repeated failure to meet these guidelines may have consequences for a health practitioner's registration.

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(2011). Definition amended in 2022 following a recommendation of the *Independent review of the regulation of medical practitioners who perform cosmetic surgery* (2022).

<sup>14</sup> The use of botulinum toxin to treat medical conditions is excluded from these guidelines, for uses of botulinum toxin for cosmetic treatments see [Better Health Channel cosmetic treatments – injectables](#).

<sup>15</sup> Definitions adapted from the Medical Council of New Zealand *Statement on cosmetic procedures* (2011).

<sup>16</sup> Definition from the Medical Council of New South Wales *Cosmetic surgery guidelines* (2008).

<sup>17</sup> NPS MedicineWise, Prescribing Competencies Framework (April 2021), taken from Health Workforce Australia. Health Professionals Prescribing Pathway (HPPP) Project. Final Report. November 2013.

## Non-surgical cosmetic procedures

### 1. Recognising potential conflicts of interest

- 1.1 Registered health practitioners must recognise that conflicts of interest can arise when providing non-surgical cosmetic procedures, particularly given the commercial nature of the industry and the role that advertising and business models play in creating a demand for services, and practitioners must ensure that the care and wellbeing of their patient is their primary consideration.

### 2. Assessment of patient suitability

- 2.1 The registered health practitioner who will perform the cosmetic procedure or prescribe the cosmetic injectable (see section 6) must discuss and assess the patient's reasons and motivation for requesting the procedure including external reasons (for example, a perceived need to please others) and internal reasons (for example, strong feelings about appearance). The patient's expectations of the procedure must be discussed to ensure they are realistic.
- 2.2 The registered health practitioner who will perform the cosmetic procedure or prescribe the cosmetic injectable (see section 6) must undertake an evidence-based assessment of the patient, including for underlying psychological conditions such as body dysmorphic disorder (BDD), which may make them an unsuitable candidate for the procedure.
- 2.3 If there are indications that the patient has significant underlying psychological issues that may make them an unsuitable candidate for the cosmetic procedure, they must be referred for evaluation to a psychologist, psychiatrist or general practitioner<sup>18</sup>, who works independently of the registered health practitioner performing the procedure or prescribing the cosmetic injectable.
- 2.4 The registered health practitioner who will perform the cosmetic procedure or prescribe the cosmetic injectable must discuss other options with the patient, including cosmetic procedures or treatments offered by other health practitioners and the option of not having the procedure.
- 2.5 A registered health practitioner must decline to perform a cosmetic procedure or prescribe a cosmetic injectable if they believe that it is not in the best interests of the patient.

### 3. Patient consultation type

- 3.1 In addition to the requirement to assess the patient (see section 2), registered health practitioners must have a consultation with the patient, either in person or by video, each time they prescribe them Schedule 4 (prescription only) cosmetic injectables (see section 6). Remote (bulk) asynchronous<sup>19</sup> prescribing of cosmetic injectables by phone or email (or equivalent) is not an acceptable practice.

### 4. Additional responsibilities when providing non-surgical cosmetic procedures for patients under the age of 18 years

*In addition to the other requirements in these guidelines for non-surgical cosmetic procedures, the following applies to patients under the age of 18 years.*

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<sup>18</sup> Referral to a general practitioner excludes referral to general practitioners who provide cosmetic surgery or non-surgical cosmetic procedures.

<sup>19</sup> Asynchronous prescribing is prescribing that does not take place in the context of a real-time continuous consultation and is usually based on the patient completing a health questionnaire without speaking to the prescriber



- 4.1 Registered health practitioners must know and comply with relevant legislation of the jurisdiction in which they are practising in relation to restrictions on cosmetic procedures for patients under the age of 18 years.
- 4.2 The registered health practitioner must consider the appropriateness of the cosmetic procedure for a patient who is under the age of 18 years. National Boards consider that botulinum toxin and dermal fillers should not be prescribed for patients under 18 for cosmetic purposes.
- 4.3 The registered health practitioner who will perform the cosmetic procedure or prescribe the cosmetic injectable must assess whether and be satisfied that the patient has the capacity to consent to the procedure<sup>20</sup>.
- 4.4 The registered health practitioner should, to the extent that it is practicable, have regard for the views of a parent or guardian of the patient under 18 years, including whether the parent or guardian supports the procedure being performed.
- 4.5 For patients under the age of 18 years, there must be a cooling-off period of at least seven days between the informed consent and the cosmetic procedure being performed.
- 4.6 No money should be payable until after the cooling-off period (other than for initial consultations).
- 4.7 The patient should be encouraged to talk to their general practitioner or other registered health practitioner during the cooling-off period about why they want to have the cosmetic procedure.

## **5. Informed consent including informed financial consent and consent for use of images**

- 5.1 The registered health practitioner who will perform the cosmetic procedure or prescribe the cosmetic injectable must provide the patient with enough information for them to make an informed decision about whether to have the procedure. The practitioner must have a verbal consent discussion with the patient as well as provide written information in plain language. Practitioners should take all practical steps to provide information in a language understood by the patient.<sup>21</sup> Information provided must not glamorise cosmetic procedures, minimise the complexity of a procedure, overstate results or imply patients can achieve outcomes that are not realistic.

In addition to any National Board specific guidance, the information must include the risks and benefits associated with the cosmetic procedure and alternatives that may be available. This includes the following information about the cosmetic procedure, the registered health practitioner providing the cosmetic procedure or prescribing the cosmetic injectable and costs:

- a. Information about the cosmetic procedure
  - what the procedure involves (including the type of anaesthesia and pain management if applicable)
  - for injectables, which cosmetic injectable is being prescribed (type and quantity)
  - whether the procedure is new or experimental
  - the range of possible outcomes of the procedure, in the short and long term
  - the risks and possible complications associated with the procedure, in the short and long term, for example the longevity of the treatment product and requirements to maintain the desired appearance
  - the risks specific to the patient including the possible impact of any comorbidities the patient has

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<sup>20</sup> See for example the Australian Commission on Safety and Quality in Health care - [Informed consent - fact sheet for clinicians](#)

<sup>21</sup> Fee-for-service interpreter services are available for non-Medicare rebatable services in private practice <https://www.tisnational.gov.au/>.

- the possibility of the need for further treatment in the short term (such as treatment for anaphylaxis, Hyaluronidase to dissolve dermal filler, oral or topical antibiotics) or the long term (such as surgical removal of dermal filler)
  - recovery times and specific care requirements during the recovery period
  - alternative options to the cosmetic procedure such as topical products (face creams) and other non-invasive treatments.
- b. Information about the registered health practitioner providing the cosmetic procedure or prescribing the cosmetic injectable
- the practitioner's registration type
  - the practitioner's qualifications, education, training and experience (see section 10)
  - information about other practitioners who will be involved in the procedure (if applicable)
- c. Information about costs
- total cost
  - costs of maintenance requirements, including potential variability of future costs over time
  - details of deposits and payments required and payment dates
  - refund of deposits
  - costs for follow-up care
  - possible further costs for revision or additional treatment
  - advising that cosmetic procedures are not covered by Medicare.

5.2 Consent must be requested for any photographs or videos a practitioner proposes to take of a patient in a consultation or during a cosmetic procedure<sup>22</sup>. The patient must be given information about the proposed use of any such images, including:

- their purpose (for example, for patient record only, for advertising)
- how they will be used (for example, stored in patient record, shown to prospective patients in consultations, published on website, posted on social media)
- where they will be stored and who will have access. Patient images must be stored on a secure device. Registered health practitioners must not store patient images on a personal device.

Patients must be given an opportunity to view images before consenting to their use in advertising. Patients have the right to refuse use of their images and a patient cannot be required to agree to their images being used in advertising. Consent for the use of images in advertising must be separate from consent to the procedure. Patients must be allowed to withdraw their consent to use of their images. The practitioner must promptly stop using images (for example, not show them to prospective patients, delete them from advertising) if a patient withdraws consent. A patient's consent for the taking, using and storing images of them must be documented.

5.3 Informed consent must be obtained by the registered health practitioner who will perform the cosmetic procedure or prescribe the cosmetic injectable. The registered health practitioner must take reasonable steps to ensure the patient understands the information provided.

5.4 The consent form should reflect that in some circumstances, if a registered health practitioner is compelled by law to give evidence, information regarding the patient may need to be provided which may be done without the patient's consent.

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<sup>22</sup> Refer also to (draft) *Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures*.

5.5 Consent must be documented appropriately, and a copy of the signed consent form must be given to the patient.

## **6. Prescribing and administering Schedule 4 (prescription only) cosmetic injectables**

6.1 Registered health practitioners must know and comply with the requirements of their state or territory medicines and poisons (or equivalent) legislation for Schedule 4 (prescription only) cosmetic injectables. For example, requirements relating to permits, prescribing, records, supply, storage and transport. (see section 13).

6.2 The Therapeutic Goods Administration (TGA) regulates medicines and products that are marketed for therapeutic use. Registered health practitioners must comply with TGA requirements by ensuring that the products they administer are registered. Administering or advertising unapproved or unregistered products is unlawful, unless exempt under certain conditions, for example medicines that are dispensed or extemporaneously compounded by practitioners<sup>23</sup>.

## **7. Patient management**

7.1 The registered health practitioner who will perform the non-surgical cosmetic procedure or prescribe the cosmetic injectable is responsible for the management of the patient, including ensuring the patient receives appropriate post-procedure care.

7.2 If the 'prescription only' cosmetic injectable is administered by another registered health practitioner who is not an authorised prescriber, the prescribing practitioner remains responsible for the management of the patient, including ensuring the patient receives appropriate post-procedure care. The practitioner who administers the injectable is responsible for informing the prescriber of any concerns relating to the administration.

7.3 If the registered health practitioner who performed the non-surgical cosmetic procedure or prescribed the injectable is not personally available to provide post-procedure care, they must have formal alternative arrangements in place including nominating a person who is a suitably qualified, registered health practitioner. These arrangements must be made in advance, documented, and made known to the patient and other treating practitioners.

7.4 There must be protocols in place for managing complications and emergencies that may arise during the procedure or in the immediate post-procedure phase.

7.5 In the event of complications requiring hospital admission, the registered health practitioner who performed the non-surgical cosmetic procedure or prescribed the injectable is responsible for coordinating care until the patient is under the management of the alternative nominated health practitioner or hospital.

7.6 Written instructions must be given to the patient after the cosmetic procedure including:

- contact details for the:
  - registered health practitioner who performed the cosmetic procedure or prescribed the cosmetic injectable
  - nominated delegate (registered health practitioner) in case the registered health practitioner who performed the cosmetic procedure or prescribed the injectable is not available
- details of the procedure(s) performed and any anaesthesia used
- name and details of the product used

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<sup>23</sup> Refer to [TGA guidance on exemptions and exclusions](#).

- the usual range of post-procedure symptoms
- instructions for the patient if they experience unusual pain or symptoms (escalation points and who to contact and when)
- instructions for medication, activity restrictions and self-care
- dates and details of follow-up visits (if applicable).

7.7 Patient records must comply with National Boards' codes of conduct and include the non-surgical cosmetic procedure performed, described in enough detail to enable another practitioner to take over post-procedure care with an adequate understanding of what has been done. All relevant patient records need to be accessible and transferrable to another health practitioner.

## **8. Provision of patient care (including consultations) by other health practitioners**

8.1 The registered health practitioner is responsible for ensuring that any other person participating in the patient's care has appropriate education, training and competence, and is adequately supervised as required.

8.2 When a registered health practitioner is assisted by another registered health practitioner or assigns an aspect of a cosmetic procedure or patient care to another registered health practitioner, the practitioner who performed the procedure or prescribed the cosmetic injectable retains primary responsibility for the patient. This does not apply when the registered health practitioner has formally referred the patient, supported by relevant communications, to another registered health practitioner.

## **9. Complaints**

9.1 Patients who are dissatisfied have the right to make a complaint. Before the procedure the practitioner must provide all patients with information about the range of complaints mechanisms available including:

- raising and resolving the complaint directly with the practitioner who provided the procedure
- accessing the clinic or facility's complaint process
- making a complaint to the health complaints entity in the state or territory where the procedure was performed
- making a complaint to Ahpra, the Health Care Complaints Commission, the health professional councils (in NSW) or the Office of the Health Ombudsman (in Queensland).

9.2 Registered health practitioners must ensure any non-disclosure agreement (NDA) they use makes clear that a patient, or a person on behalf of the patient, can still make a complaint to Ahpra, the Health Care Complaints Commission, the health professional councils (in NSW) or the Office of the Health Ombudsman (in Queensland).

## **10. Education and experience**

10.1 Cosmetic procedures or cosmetic injectables must only be provided or prescribed, by registered health practitioners with the appropriate knowledge, training and competence in the specific cosmetic procedures being offered. These registered health practitioners must have the experience to perform the procedure and to deal with all routine aspects of care and any likely complications.

10.2 A registered health practitioner who is changing their scope of practice to include cosmetic procedures is expected to undertake the necessary training before providing cosmetic procedures or prescribing cosmetic injectables.

- 10.3 All registered health practitioners must participate regularly in continuing professional development (CPD) that is relevant to their scope of practice. All registered health practitioners whose scope of practice includes cosmetic procedures, must undertake CPD that includes activities related to non-surgical cosmetic procedures.

## **11. Qualifications and titles**

- 11.1 A registered health practitioner must not make claims about their qualifications, experience or expertise that could mislead patients by implying the practitioner is more skilled or more experienced than is the case. To do so is a breach of the National Law (sections 117–119).
- 11.2 Registered health practitioners must clearly inform their patient of their registration details, including their registration type, profession, and where relevant division or endorsement on registration.
- 11.3 Registered health practitioners must not use a protected title<sup>24</sup> unless they hold the related registration type.

## **12. Advertising and marketing**

- 12.1 Advertising material, including on practice and practitioner websites and social media, must comply with National Boards' *Guidelines for advertising of regulated health services*, the current *Therapeutic Goods Advertising Code*, any TGA guidance on advertising non-surgical cosmetic procedures and the advertising requirements of section 133 of the National Law.
- 12.2 Advertising should not glamorise cosmetic procedures, minimise the complexity of a procedure, overstate results or imply patients can achieve outcomes that are not realistic.
- 12.3 Detailed guidance for advertising non-surgical cosmetic procedures is in the National Boards' *Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures*.

## **13. Facilities**

- 13.1 Registered health practitioners must know and comply with relevant legislation, regulations and standards of the jurisdiction in which they are practising in relation to facilities where the cosmetic procedure will be performed.
- 13.2 Registered health practitioners who provide or prescribe cosmetic injectables or any non-surgical cosmetic procedures that include injecting, piercing the skin or incisions, are encouraged to provide procedures in a facility that is accredited by an Australian Commission on Safety and Quality in Health Care (ACSQHC) approved agency to the current edition of the ACSQHC's National Safety and Quality Primary and Community Healthcare Standards or the ACSQHC's National Safety and Quality Health Service (NSQHS) Standards, whichever is most applicable.
- 13.3 Non-surgical cosmetic procedures must be performed in a facility that is appropriate for the level of risk involved in the procedure and the risk profile of the patient. Facilities must be appropriately staffed and equipped to manage possible complications and emergencies.

## **14. Financial arrangements**

- 14.1 The registered health practitioner must not provide or offer to provide financial inducements (such as a commission) to agents for recruitment of patients.

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<sup>24</sup> Refer also to the Advertising Hub on the Ahpra website for further information, including use of the term 'specialist' in advertising, <https://www.ahpra.gov.au/Resources/Advertising-hub.aspx#>.

- 14.2 The registered health practitioner must not provide or offer to provide free or discounted procedures to prospective or existing patients, including social media influencers or users, for promotion of cosmetic procedures or services.
- 14.3 The registered health practitioner must not offer, promote or recommend financing schemes to patients, either directly or through a third party, such as loans or commercial payment plans, as part of the cosmetic procedure. This does not preclude a practitioner from informing patients of accepted payment methods such as credit cards (such as Visa, Mastercard), or buy now, pay later products (such as Afterpay, Openpay, Zip Pay) or from offering the option to pay for a procedure in instalments in a non-commercial payment arrangement between practitioner and patient.
- 14.4 Registered health practitioners must not offer patients additional products or services that could act as an incentive to seek cosmetic procedures.
- 14.5 Registered health practitioners must:
- ensure that they do not have a financial conflict of interest that influences the advice that they provide to their patients
  - disclose any financial interests that could be perceived as influencing the advice that they provide to their patients.

## Acknowledgements

National Boards acknowledge the Medical Board of Australia's *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures (July 2023)*, which provided the basis for these guidelines.

National Boards also acknowledge the following organisations' codes and guidelines, which informed the Medical Board's 2023 guidelines:

- Australian Health Ministers' Advisory Council's Clinical, Technical and Ethical Principal Committee Inter-jurisdictional Cosmetic Surgery Working Group (2011) *Supplementary guidelines for cosmetic medical and surgical procedures*
- Australian Society of Plastic Surgeons (2015 and 2021) *Code of practice*
- Medical Council of New South Wales (2008) *Cosmetic surgery guidelines*
- Medical Council of New Zealand (2011 and 2017) *Statement on cosmetic procedures*
- General Medical Council (United Kingdom) (2016) *Guidance for doctors who offer cosmetic interventions*.

## Review

Date of issue: <Date>

These guidelines will be reviewed from time to time as required. This will generally be at least every five years.

## Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures

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Date of effect:

### Introduction

These guidelines have been developed by National Boards<sup>25</sup> under section 39 of the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory.

These guidelines aim to inform registered health practitioners and the community about the Boards' expectations of health practitioners who advertise non-surgical cosmetic procedures in Australia. They also aim to support registered health practitioners who advertise non-surgical cosmetic procedures to do so responsibly.

These guidelines have been developed to address the unique features of non-surgical cosmetic procedures that are not found in other areas of health practice and the specific risks involved with non-surgical cosmetic procedures. Some non-surgical cosmetic procedures carry risks, are invasive and can cause potential complications or harm which may be irreversible. Non-surgical cosmetic procedures are often sought by potentially vulnerable people.<sup>26</sup> This area of practice can also be lucrative and financial gain can compete with and sometimes outweigh patient wellbeing and safety considerations.

These guidelines describe responsible practice when advertising non-surgical cosmetic procedures. Good practice advertising of non-surgical cosmetic procedures is honest, balanced, realistic, and informative. It protects the dignity of patients and does not exploit patients.

'Non-surgical cosmetic procedures' are defined in the 'Definitions' section.

### How do these guidelines interact with other guidance?

These guidelines provide specific guidance for registered health practitioners who advertise non-surgical cosmetic procedures and are in addition to National Boards' codes of conduct and the [Guidelines for advertising a regulated health service](#) (the broader advertising guidelines).

Registered health practitioners who advertise non-surgical cosmetic procedures are expected to comply with the following:

- [Relevant National Board code of conduct](#)
- [Guidelines for advertising a regulated health service](#)
- Guidelines for registered health practitioners who perform non-surgical cosmetic procedures (excluding nurses and medical practitioners)
- [Position statement on nurses and cosmetic medical procedures](#) (nurses only)

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<sup>25</sup> Aboriginal and Torres Strait Islander Health Practitioner, Chinese Medicine, Chiropractic, Dental, Medical, Nursing and Midwifery, Occupational Therapy, Optometry, Osteopathy, Paramedicine, Pharmacy, Physiotherapy, Podiatry and Psychology Boards of Australia.

<sup>26</sup> Information on consumer vulnerability is available in the Australian Competition and Consumer Commission's (ACCC) publication *Consumer vulnerability: A business guide to the Australian Consumer Law* (2021), available at [www.accc.gov.au](http://www.accc.gov.au).



- Guidelines for nurses who perform non-surgical cosmetic procedures (nurses only)
- [Guidelines for registered medical practitioners who advertise cosmetic surgery](#) (registered medical practitioners only)
- [Guidelines for registered medical practitioners who perform cosmetic surgery and procedures](#) (registered medical practitioners only), and
- [Social media: How to meet your obligations under the National Law.](#)

Registered health practitioners advertising non-surgical cosmetic procedures must also comply with therapeutic goods advertising and the Australian Consumer Law. More information about this is in [the broader advertising guidelines](#).

These guidelines reflect good practice when advertising non-surgical cosmetic procedures. They set out types of advertising of non-surgical cosmetic procedures the National Boards consider will contravene section 133 of the National Law. And they explain what constitutes appropriate professional conduct when advertising non-surgical cosmetic procedures.

In some areas these guidelines are intentionally more specific than [the broader advertising guidelines](#) as these guidelines provide the National Boards' position on particular issues that are specific to advertising non-surgical cosmetic procedures.

Where there is a difference between these guidelines, the broader advertising guidelines, and the relevant code of conduct, health practitioners should comply with the most specific guidance.

### Dealing with non-compliance

National Boards and Ahpra can deal with inappropriate advertising in a number of ways, including through:

- prosecuting those who breach the advertising provisions in the National Law, via the court system when prosecution guidelines are met
- Board disciplinary processes, if the Board believes a practitioner's conduct has been unsatisfactory.

### Who do these guidelines apply to?

National Boards consider this guidance to represent good practice in all advertising of non-surgical cosmetic procedures.

These guidelines apply to the advertising of non-surgical cosmetic procedures performed by the following registered health practitioners:

- Aboriginal and Torres Strait Islander Health Practitioners
- Chinese Medicine practitioners
- chiropractors
- dental practitioners
- medical practitioners
- nurses and midwives
- occupational therapists
- optometrists
- osteopaths
- paramedics
- pharmacists
- physiotherapists
- podiatrists
- psychologists

## Who is responsible for advertising?

The responsibility for advertising content rests with the person in ultimate control of the advertising.

Registered health practitioners need to check any content produced by others on their behalf and ensure it is compliant.

When someone other than a registered health practitioner controls the advertising of non-surgical cosmetic procedures (for example, where the practitioner is an employee of a multi-disciplinary business) the registered health practitioner is still obliged to ensure their own non-surgical cosmetic services are advertised lawfully and appropriately. 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.

## Definitions

To provide consistency for both health practitioners and the public, the Medical Board's definitions of cosmetic surgery and non-surgical cosmetic procedures have been adopted, with slight modifications, for these draft guidelines, however these guidelines do not apply to cosmetic surgery, reconstructive surgery or gender affirmation surgery.

**Cosmetic surgery and procedures** are operations and other procedures that revise or change the appearance, colour, texture, structure, or position of normal bodily features with the dominant purpose of achieving what the patient perceives to be a more desirable appearance.<sup>27</sup>

**Cosmetic surgery** involves cutting beneath the skin. Examples include breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer.

**Non-surgical cosmetic procedures** do not involve cutting beneath the skin but may involve piercing the skin or altering other body tissue (for example teeth). Examples include cosmetic injectables such as botulinum toxin<sup>28</sup> and dermal fillers, (also known as soft tissue fillers), fat dissolving injections, thread lifts, sclerotherapy and microsclerotherapy, CO<sub>2</sub> laser skin resurfacing, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels, and hair transplants.<sup>29</sup> Mole removal for the purposes of appearance is classified as non-surgical even though it may involve cutting beneath the skin.

Surgery and non-surgical cosmetic procedures may be clinically justified if they involve the restoration, correction, or improvement in the shape and appearance of body structures that are defective or damaged at birth or by injury, disease, growth, or development for either functional or psychological reasons.<sup>30</sup> Surgery and procedures that have a clinical justification and that may also lead to improvement in appearance are excluded from the definition.

## How will National Boards use these guidelines?

Section 41 of the National Law states that an approved registration standard or a code or guideline approved by a National Board is admissible in proceedings under this law or a law of a co-regulatory

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<sup>27</sup> Definition originally adapted from the Medical Council of New Zealand's *Statement on cosmetic procedures* (2011) and the Australian Health Ministers' Conference *Cosmetic Medical and Surgical Procedures – A National Framework* (2011). Definition amended in 2022 following a recommendation of the *Independent review of the regulation of medical practitioners who perform cosmetic surgery* (2022).

<sup>28</sup> The use of botulinum toxin to treat medical conditions is excluded from these guidelines, for uses of botulinum toxin for cosmetic treatments see [Better Health Channel cosmetic treatments – injectables](#).

<sup>29</sup> Definitions adapted from the Medical Council of New Zealand *Statement on cosmetic procedures* (2011).

<sup>30</sup> Definition from the Medical Council of New South Wales *Cosmetic surgery guidelines* (2008).

jurisdiction against a practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the profession.

These guidelines can be used to assist a National Board in its role of protecting the public, by setting and maintaining standards of practice. If a registered health practitioner's professional conduct varies significantly from these guidelines, the practitioner should be prepared to explain and justify their decisions and actions.

Serious or repeated failure to meet these guidelines may have consequences for a health practitioner's registration.

### **What is considered to be advertising?**

The [broader advertising guidelines](#) define advertising.

In the context of advertising a regulated health service, advertising includes, but is not limited to, all forms of verbal, printed and electronic communication that promotes and seeks to attract a person to a regulated health service provider and/or to attract a person to use the regulated health service. Social media is often used to advertise a regulated health service. Content on public and private social media profiles or groups may constitute advertising under the National Law if the content relates to a regulated health service. This includes comments by the practitioner or other content from the practitioner.

Advertising can also occur via:

- television or cinema
- radio
- newspapers
- flyers
- billboards
- books (if the book is promoting a particular provider of non-surgical cosmetic procedures provider)
- pictorial representations
- designs
- mobile communications or other displays
- all electronic media that promotes a particular cosmetic surgery provider
- business cards or announcement cards
- office signs and similar
- letterheads on public facing documents used to promote a particular provider of non-surgical cosmetic procedures
- public and professional directory listings or similar professional notice (such as patient recall notices)
- internet, including websites and social media.

### **The role of advertising in non-surgical cosmetic procedures**

Due to the discretionary nature of non-surgical cosmetic procedures, advertising plays a significant role in driving demand. Social media advertising and other commercial business practices, such as offering inducements are used extensively to reach and influence consumer choice. This is different from most other regulated health services which are driven by healthcare need.

Advertising that does not accurately represent the health service provided, the risks, or the nature and scope of the service is unacceptable and is not appropriate. It can mislead the public, create unrealistic expectations, lead patients to seek unnecessary or inappropriate procedures, downplay the risks of procedures, or recovery or the possible frequency of treatment required to maintain outcomes and lead to poor healthcare decisions.

## Good practice in advertising non-surgical cosmetic procedures

Advertising that is ethical, honest, and responsible helps to keep people safe by providing them with accurate and balanced information that can be used to make informed decisions. Following these guidelines when advertising non-surgical cosmetic procedures will ensure acceptable advertising that meets professional obligations and codes of conduct.

Good practice advertising of non-surgical cosmetic procedures:

- gives balanced and accurate information so that the overall impression created by the advertising is not misleading
- describes and/or shows realistic results
- accurately presents the risks and recovery process
- makes clear that outcomes will depend on the characteristics of the individual seeking the procedure
- presents body variation positively without pathologising normal appearance or encouraging cosmetic procedures to 'fix' normal variations.

The following guidelines set out what the Board considers is good practice when advertising non-surgical cosmetic procedures.

It is not possible to provide an exhaustive list of advertising that will or will not meet these guidelines. Where these guidelines provide examples, terms and phrases that are inappropriate in advertising these are practical examples to help understand the requirements and are not the only examples, terms and phrases that would be considered inappropriate.

## 1. Practitioner responsibility

See also *False, misleading or deceptive advertising* in the [broader advertising guidelines](#).

- 1.1 Non-surgical cosmetic procedures must not be advertised in a way that exploits the vulnerabilities or insecurities of individuals to increase demand for procedures. A health practitioner's duty of care to their patient is the paramount consideration in all practitioner-patient interactions, including through advertising.
- 1.2 Registered health practitioners must recognise that there is strong demand from people who may be experiencing psychological issues, such as body dysmorphic disorder (BDD) and must recognise the potential harm to such individuals from non-surgical cosmetic procedures. Non-surgical cosmetic procedures must not be advertised in a way that targets or drives demand from such individuals.
- 1.3 Registered health practitioners must recognise the potential for conflict between financial gain and their duty of care to patients. Registered health practitioners must recognise that non-surgical cosmetic procedures may have a negative physical, psychological, or financial impact on some patients, regardless of the skill of the practitioner. Health practitioners advertising non-surgical cosmetic procedures must put their patients first.
- 1.4 Advertising that includes information about costs or the availability of health insurance cover must be clear, easily understood, accurate, and honest.

## 2. Titles and claims about training, qualifications, registration, experience and competence

See also *False, misleading or deceptive advertising* in the [broader advertising guidelines](#).

- 2.1 Only a health practitioner who holds registration in a profession may use the relevant protected title in advertising.
- 2.2 Practitioner patient relationships and patient trust are affected by the accuracy, honesty, and clarity in the advertising of health practitioner training, qualifications, registration, experience and/or competence.
- 2.3 Claims that suggest a practitioner holds specialist registration, qualifications, or endorsement, such as statements that a practitioner 'specialises' in a particular area of practice when they do not hold specialist registration in that area can be misleading and should not be used.
- 2.4 All advertising for registered health practitioners providing non-surgical cosmetic procedures must include clear and unambiguous information about their qualifications and type of registration. Information must include the health practitioner's registration number.

For example:

- AB (NMW123456) Registered nurse (Division 1), general registration
  - BC (NMW234567) Enrolled nurse (Division 2), general registration
  - Dr C (DEN345678) Dentist, general registration
  - Dr D (MED456789) Registered medical practitioner, general registration
  - Dr E (MED567890) Registered medical practitioner, specialist plastic surgeon (specialist registration in Surgery – plastic surgery).
- 2.5 Professional memberships can also be included in advertising. However, acronyms must not be used alone without explanation as this may mislead patients.

- 2.6 Claims about a registered health practitioner's experience must be accurate and must not mislead the public as to the extent of a practitioner's experience or training.
- 2.7 Advertising of non-surgical cosmetic procedures must not use terms (including in taglines, hashtags and similar) that advertise the registered health practitioner or their abilities in a manner that may be misleading or create unrealistic expectations. Examples of inappropriate terms include, but are not limited to, 'doll-maker', 'magic hands', 'sculptor', 'god', 'king', 'queen', 'master', 'world's best', 'world renowned'.

### **3. Financial and other incentives**

See also *Encouraging indiscriminate or unnecessary use of regulated health services* in the [broader advertising guidelines](#).

- 3.1 Advertising of non-surgical cosmetic procedures must not offer incentives, gifts, discounts or inducements that would encourage people to have these procedures without also stating the terms and conditions of the offer.
- 3.2 Some incentives, gifts, discounts or inducements will be inappropriate due to the specific risks of non-surgical cosmetic procedures. These include, but are not limited to:
  - a. giving a discount if a patient undertakes a non-surgical cosmetic procedure before a certain date
  - b. offering benefits such as spa treatments as part of a non-surgical cosmetic procedure package
  - c. offering a gift or prize for promoting a particular registered health practitioner or practice.

### **4. Testimonials**

See also *Testimonials* in the [broader advertising guidelines](#).

- 4.1 The National Law specifically prohibits the use of testimonials or purported testimonials, such as patient stories and experiences, success stories or fake testimonials, in advertising. Advertising of non-surgical cosmetic procedures must not use testimonials due to their potential to create unrealistic expectations of beneficial treatment.
- 4.2 A testimonial is a positive statement about a person or thing. In the context of the National Law, testimonials are recommendations or positive statements about the clinical aspect of a regulated health service, that are used in advertising.
- 4.3 A clinical aspect in a testimonial about non-surgical cosmetic procedures would be any positive statement about the experience of, the reason for or the outcome of the procedure, or statements about the skills or experience of the registered health practitioner, either directly or via comparison. This can include linking to images showing outcomes of a procedure because revision or change to appearance is the dominant purpose of non-surgical cosmetic procedures.
- 4.4 Registered health practitioners are considered to have used a testimonial in advertising if they have published testimonials in their advertising, whether the advertising is in print, on a website or social media or displayed within a clinic. This includes where the testimonial is published in a time restricted way, such as through the use of social media platforms' 'stories' function.
- 4.5 Testimonials are also considered to have been used in advertising where a registered health practitioner:
  - a. links to testimonials on third-party advertising

- b. re-shares stories or posts from patients that are recommendations or positive statements about the non-surgical cosmetic procedure and/or the health practitioner who provided the procedure
  - c. interacts with a review, such as liking or otherwise responding to a patient's social media post.
- 4.6 While registered health practitioners are not responsible for testimonials or reviews that their patients may post to third-party websites, health practitioners must take steps to ensure that they do not interact with testimonials (i.e. positive reviews) on third-party websites. Registered health practitioners can minimise the risk of third parties posting testimonials and linking to the practitioner's advertising by disabling reviews, comments or 'tagging' functions on their social media pages.
- 4.7 The prohibition on using testimonials to advertise non-surgical cosmetic procedures does not affect:
- a. patients sharing information, expressing their views online or posting reviews on review platforms
  - b. how members of the public can interact with review sites or discussion forums
  - c. individuals or businesses that do not advertise a regulated health service.

## 5. Social media influencers and ambassadors

See also *Testimonials and Advertising that creates an unreasonable expectation of beneficial treatment* in the [broader advertising guidelines](#).

- 5.1 The use of social media 'influencers', 'ambassadors' or similar for advertising increases the risk that patients are not fully informed and that they may form unrealistic expectations of results. The content published by social media influencers or ambassadors is considered to pose a particular risk to younger people due to the nature of the audience for some social media platforms.
- 5.2 Registered health practitioners or other advertisers who enter into arrangements with social media 'influencers', 'ambassadors', content creators or similar individuals are responsible for the advertising content that is delivered by these individuals. The registered practitioners must ensure that any advertising produced complies with all guidelines for advertising, including the ban on testimonials in advertising under the National Law.

## 6. Use of images including 'before and after' images

See also *False, misleading or deceptive advertising and Advertising that creates an unreasonable expectation of beneficial treatment* in the [broader advertising guidelines](#).

- 6.1 Images must not be used in advertising non-surgical cosmetic procedures when the use of the image is likely to mislead the public because the image gives the impression that it represents the outcome of a non-surgical procedure where this is not the case. Examples of misleading images include airbrushed, soft-filter or modified images where these modifications remove wrinkles, smooth complexions or otherwise attempt to portray a 'perfect' outcome, and the use of models or celebrities where it is not established that the model or celebrity had undertaken the non-surgical cosmetic procedure.
- 6.2 Images of people aged under 18 years of age must not be used in advertising of non-surgical cosmetic procedures.
- 6.3 All images used in advertising that are intended to show the outcomes of non-surgical cosmetic procedures must include a prominent warning that the outcomes shown are only relevant for



this patient and do not necessarily reflect the results other patients may experience, as results may vary due to many factors including the individual's genetics, diet and exercise.

- 6.4 'Before and after' images in advertising may create unrealistic expectations and both the 'before' and 'after' images must be used responsibly to provide only realistic information about the outcome of the non-surgical cosmetic procedure. The [broader advertising guidelines](#) list the requirements for 'before and after' images in advertising. These requirements include that both the 'before and after' images are genuine. In the context of non-surgical cosmetic procedures this means the images used in advertising must be of actual patients who have had the procedure being advertised performed by that health practitioner.
- 6.5 'Before and after' images used in advertising must be presented so that the most prominent or first image seen is either a combined or composite of both the 'before' and 'after' images or the 'before' image. Advertising where the 'after' image is the most prominent image may create unrealistic expectations.
- 6.6 'Before and after' images must be as similar as possible in content, lighting, camera angle, background, framing and exposure, posture, clothing, and makeup. This is to ensure that the comparisons of 'before and after' images are genuine and are not influenced by factors such as the use of lighting, makeup, facial expression, clothing, or varied angles to improve the 'after' image.
- 6.7 'Before and after' images used in advertising of non-surgical cosmetic procedures must not be edited or enhanced, for example through the use of filters, retouching, grey-scaling and similar techniques, as this can be misleading about the results of procedures by enhancing results or minimising bruising. Registered health practitioners should also consider the timing of 'after' images. When using 'before and after' images in advertising non-surgical cosmetic procedures the 'after' image should specify how long after the procedure the image was taken.
- 6.8 Photographs, videos, or any other imagery used in advertising of non-surgical cosmetic procedures must be used responsibly, for the purposes of information and/or education about the non-surgical cosmetic procedures only. Some examples of features that are more likely to be considered to be focused on entertainment and to trivialise non-surgical cosmetic procedures include, but are not limited to:
  - a. imagery that includes music, dancing, singing, or comedic comments
  - b. editing that is not directed at presenting information (such as a montage of cosmetic procedures or outcomes, and/or bodies)
  - c. imagery with a voice-over where the voice-over is not educative or informative.
- 6.9 The use and descriptions of photographs, videos and images in non-surgical cosmetic procedures advertising must not:
  - a. idealise or sexualise non-surgical cosmetic procedures through the use of sexualised images, such as poses suggestive of sexual positions, parting of legs, hands placed near genitals or positions that imply sexual readiness, or gratuitous nudity. Other examples of inappropriately idealised and sexualised images include, but are not limited to, photographs, videos or images showing sexualised clothing, such as lingerie or sexual paraphernalia, simulated undressing, such as pulling down underpants or a bra strap, oiled bodies and similar
  - b. use icons, such as emojis, to indicate an emotional reaction to an image
  - c. use lifestyle shots, for example, images taken on a beach, poolside, on a bed, chair, in a bedroom or hotel room

- d. capture, or purport to capture, emotional reactions of patients, such as patients giving 'thumbs up' or crying with happiness after a non-surgical cosmetic procedure
  - e. be accompanied by captions or descriptions that idealise non-surgical cosmetic procedures or minimise the risk of procedures. Examples include, but are not limited to, 'more natural', 'ideal', 'perfect', 'instant', and similar
  - f. name patients or contain links to a patient's social media or other digital media account.
- 6.10 Registered health practitioners must prioritise patients' interests, dignity, and privacy ahead of marketing or advertising opportunities. Registered health practitioners must:
- a. have fully informed consent from patients, separate from the consent to the non- surgical cosmetic procedure, to use their image in any advertising
  - b. provide the patient with information about the proposed use of any images of them in advertising, including where the image will be used (for example, within the clinic, on social media, on billboards, etc), and for how long
  - c. make clear to patients that any image of them used in advertising, particularly on social media platforms, may be used by or commented on by a third party without the health practitioner's or patient's knowledge
  - d. provide patients with an opportunity to view their images before consenting to the use of their image in advertising
  - e. make clear to patients that they have a right to refuse use of their images and that they are not required to agree to the use of their images in advertising
  - f. provide the patient with information about where the original images will be stored and who will have access to them
  - g. store original images as specified by National Board guidelines for practitioners performing non-surgical cosmetic procedures
  - h. document the patient's consent for taking, using and storing any images
  - i. make clear to patients that they are free to withdraw their consent for the use of their images in advertising at any time and provide clear information and a process for them to do so
  - j. promptly remove patient images from their advertising whenever a patient withdraws consent to use their images.

## **7. Risk, recovery, and idealising non-surgical cosmetic procedures**

See also *False, misleading or deceptive advertising* and *Advertising that creates an unreasonable expectation of beneficial treatment* in the [broader advertising guidelines](#).

- 7.1 All non-surgical cosmetic procedures carry risks. Advertising must provide accurate, realistic and educative information about risks or potential risks. Failure to do so has the potential to mislead or deceive the public and to create an unreasonable expectation of beneficial treatment.
- 7.2 Registered health practitioners must ensure that full information about risks and potential risks can be easily found within advertising for non-surgical cosmetic procedures. The public should not be required to exhaustively search for information or to contact the health practitioner for information about risks and potential risks. It may not be possible in some advertising, such as social media, to provide full details about risks or potential risks of the non-surgical cosmetic

procedure. In this case the advertising should direct the public to the location of the information about risks or potential risks, such as through a link, or directions to the section of the health practitioner's website that contains the information.

- 7.3 Advertising of non-surgical cosmetic procedures must be clear that undergoing a procedure is a serious decision. For example, health practitioners must not offer non-surgical cosmetic procedures as a competition prize, as this is not reflective of the thought, careful consideration and planning that should go into a decision to have a procedure.
- 7.4 Advertising of non-surgical cosmetic procedures must be clear that patients may need time and appropriate aftercare to recover. It must include realistic information about recovery time and the recovery experience. This includes explaining any necessary or possible changes to lifestyle including absence from employment or temporary restrictions on activity.
- 7.5 Advertising must not downplay recovery or mislead patients in relation to the experience of pain, for example, describing non-surgical cosmetic procedures as 'painless' when different patients have different pain thresholds.
- 7.6 Advertising must not trivialise non-surgical cosmetic procedures. It must not:
  - a. use emojis on images, in response to images, or in the text of the advertising
  - b. use minimising terms such as 'gentle', 'simple', 'safe', 'quick', or 'easy'
  - c. idealise non-surgical cosmetic procedures through the use of images, words or other marketing techniques. For example, advertising must not use terms such as 'barbie', 'doll-maker', 'more masculine/feminine appearance', 'perfect' and similar
  - d. encourage interaction with images in a competitive way, such as promotional material that asks for votes on patients' outcomes or features such as 'guess the procedure' or 'guess how many mls of filler we used'.

## **8. Body image and promotion for wellbeing and improved mental health**

- 8.1 Registered health practitioners must recognise that not all patients have a realistic view of their body image. They may be unduly influenced by advertising of non-surgical cosmetic procedures because they are fixated on a normal physical variation or are suffering from body dysmorphia, low self-esteem, low life satisfaction, or low self-rated attractiveness. Registered health practitioners must be aware that interventions other than non-surgical cosmetic procedures may be better to address the concerns of such patients. Advertising of non-surgical cosmetic procedures must not suggest or give the impression that these procedures are the only option for individuals who are unhappy with their appearance.
- 8.2 Advertising of non-surgical cosmetic procedures must not use automated apps, websites, tools or programs that predict an individual's appearance post-procedure. The use of these tools in advertising can create unreasonable expectations of outcomes as advertising does not have the benefit of a consultation with a registered health practitioner, at which relevant information about the predicted outcome can be discussed.
- 8.3 Advertising of non-surgical cosmetic procedures must not:
  - a. use language or statements that are exploitative, disapproving or imply that a normal change (for example, the natural ageing process), body shape or facial or bodily feature is abnormal or undesirable or is not aesthetically pleasing
  - b. state or imply that it is normal to have non-surgical cosmetic procedures or that non-surgical cosmetic procedures should be used to 'fix' the normal ageing process or natural variations and changes in body appearance, shapes and features or to obtain an 'acceptable' or 'ideal' appearance. This includes phrases that imply there is a particular need for 'anti-wrinkle' injections, or that non-surgical cosmetic procedures can 'restore self-

esteem' or that an individual is or will be considered unattractive without undertaking a procedure

- c. focus on an individual's negative feelings about natural variation in their appearance, body, body image or body part
- d. promote unrealistic images of 'youthful', 'ideal' or 'perfect' bodies appearance or shapes
- e. use phrases that imply wellbeing will suffer without the non-surgical cosmetic procedure, such as 'happier you', 'best version of yourself' or similar.

## **9. Realistic expectations of outcomes**

See also *Advertising that creates an unreasonable expectation of beneficial treatment* in [the broader advertising guidelines](#).

- 9.1 Non-surgical cosmetic procedures must not be advertised in a way that creates unrealistic expectations of outcomes. Claims within advertising as to what can be achieved through these procedures must be objective, demonstrable, or provable in order for patients to have reasonable expectations of outcomes. Advertising must:
  - a. not use statements or marketing techniques that imply any desired outcomes can be obtained. For example, phrases such as 'perfect pout', 'glow from within', 'doll-like', 'the face you have dreamed of', 'bikini body' and similar are all unacceptable
  - b. be clear that individual responses and individual results vary as the outcomes experienced by one person do not necessarily reflect the outcomes that other people may experience, as results may vary due to many factors, including the individual's genetics, diet and exercise.
- 9.2 Advertising of non-surgical cosmetic procedures must not mislead patients in relation to:
  - a. how long it takes for the effect from a non-surgical cosmetic procedure to become evident
  - b. how long the effect of a non-surgical cosmetic procedure will last
  - c. the frequency at which non-surgical cosmetic procedures may be required to maintain a desired outcome.
- 9.3 Advertising of non-surgical cosmetic procedures must not make claims about psychological or social benefit or similar claims that cannot be supported by acceptable evidence. For example, advertising that claims a non-surgical cosmetic procedure will change the patient's life, boost confidence, improve body image or self-esteem, or similar claims is not acceptable unless these claims can be supported by evidence that meets the standard for [acceptable evidence](#) in health advertising.

## **10. Targeting people potentially at risk**

- 10.1 Registered health practitioners must recognise that children and young people, along with other specific patient groups, are particularly vulnerable to body image pressures and negative body image perceptions. Registered health practitioners should recognise the potential risk of exacerbated body image dissatisfaction among vulnerable groups when advertising implies that a patient's body image will be improved through non-surgical cosmetic procedures.
- 10.2 Advertising of non-surgical cosmetic procedures must not be targeted or directed at people under the age of 18 years and must limit the exposure of people under the age of 18 years by not advertising in publications or other media likely to appeal to, or have a significant audience of, people under the age of 18 years. Advertising of non-surgical cosmetic procedures in social media must be identified as 'adult content' in order to prevent people under the requisite age from accessing content about these procedures on the social media platform.
- 10.3 Advertising of non-surgical cosmetic procedures must not exploit or be targeted towards at risk groups. This includes not leveraging social media algorithms or similar to boost social media

posts towards vulnerable groups. Advertising of non-surgical cosmetic procedures must not use terminology in meta data, hashtags, or other fields within advertising in order to target a vulnerable patient demographic.

- 10.4 Registered health practitioners must consider the frequency of their advertising and social media posts and recognise that excessive posting (for example, daily or multiple times a day) may contribute to body image dissatisfaction by creating the perception that it is normal to have non-surgical cosmetic procedures.

## **Review**

Date of issue: <Date>

These guidelines will be reviewed from time to time as required. This will generally be at least every five years.

## Attachment D: National Boards' statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines

### Guidelines for registered health practitioners who perform and who advertise non-surgical cosmetic procedures

The Australian Health Practitioner Regulation Agency (Ahpra) has *Procedures for the development of registration standards, codes and guidelines* which are available at: [www.ahpra.gov.au](http://www.ahpra.gov.au)

Section 25 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), requires Ahpra to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

Relevant National Boards are consulting on three new documents related to the regulation of registered health practitioners who provide and who advertise non-surgical cosmetic procedures:

4. Draft *Guidelines for nurses who perform non-surgical cosmetic procedures* (nurses practice guidelines) – these guidelines will apply to enrolled nurses, registered nurses and nurse practitioners who perform non-surgical cosmetic procedures
5. Draft *Guidelines for registered health practitioners who perform non-surgical cosmetic procedures* (shared practice guidelines) – these guidelines will apply to all registered health practitioners (except registered medical practitioners, enrolled nurses, registered nurses and nurse practitioners) who perform non-surgical cosmetic procedures
6. Draft *Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures* (advertising guidelines) – these guidelines will apply to all registered health practitioners who advertise non-surgical cosmetic procedures.

The Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards are reforming the regulation of registered health practitioners who work in the non-surgical cosmetic procedures sector in Australia. The purpose of these proposed guidelines is to improve practice and standards, public safety, and provide opportunities for more informed consumer choice. The purpose of this consultation is to hear from stakeholders, including practitioners and the public, whether the proposed guidelines will achieve their objective to improve practice and public safety.

Below is the National Boards' assessment of their proposal for these three new documents relating to regulation of registered health practitioners who perform and who advertise non-surgical cosmetic procedures.

1. **The proposal takes into account the objectives and guiding principles in the National Law (sections 3 and 3A) and draws on available evidence, including regulatory approaches by health practitioner regulators in countries with comparable health system**

National Boards considers that the proposed guidelines meet the objectives and guiding principles of the National Law.

The proposed guidelines consider the National Scheme's key objective of protecting the public by setting out the ethical and professional standards of conduct expected of registered health practitioners against which they will be measured so only those who practise in a competent and ethical manner are registered.

The proposed guidelines support the National Scheme's guiding principle to operate in a transparent, accountable, efficient, effective and fair way by providing clear guidance on National Boards' expectations of registered health practitioners. There are protective actions that can be taken under the National Law if a practitioner does not fulfill these expectations.

The development of the three draft guidelines are informed by the:

- final report and published submissions of the independent review
- the Medical Board's Guidelines for registered medical practitioners who perform cosmetic surgery and procedures and Guidelines for registered medical practitioners who advertise cosmetic surgery and the published submissions from the Medical Board's public consultation on those guidelines.

**2. Steps have been taken to achieve greater consistency within the national scheme (for example, by adopting any available template, guidance or good practice approaches used by national scheme bodies), and consultation requirements of the National Law are met**

To provide consistency for both health practitioners and the public, the proposed guidelines have been informed by, and align as much as possible with, the Medical Board's practice guidelines and cosmetic surgery advertising guidelines.

Aligning requirements where possible across professions will provide consistency for the public and practitioners; therefore, the draft guidelines propose a set of consistent requirements. However, the consultation paper is seeking stakeholder views on any areas that may require variations, additions, or exclusions to address issues unique to a specific profession. The aim is to develop a minimum set of requirements, informed by stakeholder feedback, that all practitioners working in the sector must adhere to.

Therefore, both the draft nurses practice guidelines and the shared practice guidelines are based on the Medical Board of Australia's updated *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures*, which were published in 2023, however the nursing guidelines have differences that reflect the separate roles and scope of practice of enrolled nurses, registered nurses and nurse practitioners in the non-surgical cosmetic procedures sector.

A shorter, streamlined consultation process is being used for this consultation as these proposed guidelines are part of the work Ahpra and National Boards are undertaking to reform the regulation of registered health practitioners who work in the non-surgical cosmetic procedures sector in Australia. The guidelines build on existing guidelines for medical practitioners who perform non-surgical cosmetic procedures, as well as existing guidelines for medical practitioners who advertise cosmetic surgery.

A streamlined consultation process is proposed, which takes into account the extensive public consultation undertaken as part of the *Independent review of the regulation of medical practitioners who perform cosmetic surgery* (independent review), and the public consultation by the Medical Board of Australia on reforms to the cosmetic surgery sector.

Those public consultations identified that the non-surgical cosmetic sector has many of the same issues and risks as the cosmetic surgery sector (such as patient safety, advertising regulation and strengthening requirements for practitioners that perform cosmetic procedures) and that reform in this area was also required.

National Boards are ensuring that there is public exposure of their proposed guidelines and the opportunity for public comment by undertaking an extended public consultation process of approximately 8-10 weeks. The public process will include the publication of the consultation paper on



the National Board websites and informing practitioners via the Boards' electronic newsletter. An online survey is available for ease of submitting feedback.

National Boards will also invite key stakeholders to comment on the proposed guidelines including professional organisations, patient safety organisations, consumer groups and Aboriginal and Torres Strait Islander groups.

National Boards will take into account the feedback they receive when finalising the guidelines.

### 3. The proposal takes into account the principles set out in the Ahpra procedures

#### A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

The non-surgical cosmetic procedures sector has unique features that increase public risk, including:

- a lack of clear information about the qualifications and experience of practitioners in the sector
- advertising that minimises the risk and complexity of a procedure or implies unrealistic results
- high numbers of young and potentially vulnerable<sup>31</sup> people seeking the procedures
- generating demand and 'upselling' procedures and products
- financial gain competing with and sometimes outweighing patient wellbeing and safety
- ongoing cost and frequency of procedures required by patients to maintain outcomes.

Through our work to [reform cosmetic surgery practice and advertising](#) we know that there is concern about non-surgical cosmetic procedures, such as cosmetic injectables like botulinum toxin products and dermal fillers, with similar issues for public safety as those found in the cosmetic surgery sector. There are an increasing number of clinics opening in local shopping centres and a growing number of practitioners moving into the industry.

Non-surgical cosmetic procedures, like cosmetic surgery, are discretionary. The comments by the independent review that the cosmetic surgery sector 'is unique and somewhat of a health market disrupter, largely sitting outside of the existing health system frameworks' are equally relevant to non-surgical cosmetic procedures.

The draft guidelines propose requirements that largely align with the findings of the independent review. In order to protect the public, the draft guidelines intentionally set higher standards for practice and advertising than are required in other areas of health care.

National Boards are consulting on the following two options:

- Option 1 – retain the status quo
- Option 2 – proposed new guidelines

National Boards prefer Option 2 because they want to ensure public safety and public protection through a regulatory framework that enables consumers to make informed and safe choices when undergoing procedures that have the potential to cause serious injury or harm.

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<sup>31</sup> Information on consumer vulnerability is available in the Australian Competition and Consumer Commission's (ACCC) publication *Consumer vulnerability: A business guide to the Australian Consumer Law (2021)*, available at [www.accc.gov.au](http://www.accc.gov.au).

## **B. Whether the proposal results in an unnecessary restriction of competition among health practitioners**

The proposed guidelines will not restrict competition as they would apply to all registered health practitioners who wish to provide and advertise non-surgical cosmetic procedures.

## **C. Whether the proposal results in an unnecessary restriction of consumer choice**

The proposed guidelines are not expected to restrict consumer choice as they would apply to all registered health practitioners who wish to provide and advertise non-surgical cosmetic procedures and should not incur substantial additional costs that would be passed on to consumers.

The proposed guidelines support consumer choice by facilitating access to registered health practitioners who are qualified to provide safe non-surgical cosmetic procedures.

The proposed guidelines also have the potential to improve a consumer's confidence that all registered health practitioners are held to the same ethical and professional standards of conduct.

## **D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved**

National Boards have considered the overall costs of the proposed guidelines to members of the public, registered health practitioners and governments and concluded that there may be some costs in some circumstances but that these are minimal. Where practitioners already meet proposed new requirements, there would be no additional costs. In some situations, there may be some additional costs for patients, such as additional costs if referred for evaluation to a psychologist or other medical practitioner, although these costs are reasonable for patient safety and small compared with the existing total patient costs associated with these procedures.

Subject to stakeholder feedback on the proposed draft guidelines, the benefits of having clear guidelines for registered health practitioners on the principles that underpin good practice outweigh any minimal costs related to registered health practitioners and other stakeholders being required to become familiar with the guidelines, if approved.

## **E. Whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants**

National Boards have written the proposed guidelines in plain English to help practitioners and the public to understand the requirements.

## **F. Whether the National Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time**

National Boards have procedures for regularly reviewing standards, codes and guidelines. If approved, National Boards will review the guidelines at least every five years, including an assessment against the objectives and guiding principles in the National Law and the Ahpra procedures.

National Boards may review the guidelines earlier if needed, in response to any issues which arise or new evidence which emerges to ensure the documents' continued relevance, workability and maintenance of public safety standards.

## Attachment E: National Boards' Patient and Consumer Health and Safety Impact Statement

November 2023

### Statement purpose

The National Boards' Patient and Consumer Health and Safety Impact Statement (the statement) explains the potential impacts of a proposed registration standard, code or guideline on the health and safety of the public, vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples.<sup>32</sup>

The four key components considered in the statement are:

- The potential impact of the proposed revisions to the registration standard, code or guideline on the health and safety of patients, clients and consumers particularly vulnerable members of the community, including approaches to mitigate any potential negative or unintended effects.
- The potential impact of the proposed revisions to the registration standard, code or guideline on the health and safety of Aboriginal and Torres Strait Islander Peoples, including approaches to mitigate any potential negative or unintended effects.
- Engagement with patients, clients and consumers, particularly vulnerable members of the community about the proposal.
- Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The National Boards' Health and Safety Impact Statement aligns with the National Registration and Accreditation Scheme's [Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025](#), [National Scheme engagement strategy 2020-2025](#), [National Scheme Strategy 2020-2025](#) and reflect key aspects of the revised consultation process in the Ahpra Board's [Procedures for developing registration standards, codes and guidelines and accreditation standards](#).

**Below is our initial assessment of the potential impact of new guidelines on the health and safety of patients, clients and consumers, particularly vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples. This statement will be updated after consultation feedback is received.**

**1. How will this proposal impact on patient, client and consumer health and safety, particularly vulnerable members of the community? Will the impact be different for vulnerable members compared to the general public?**

National Boards have considered the impacts the proposed guidelines could have on patient and consumer health and safety, particularly vulnerable members of the community in order to put forward what the Boards think is the best option for consultation. The proposed options are based on alignment with the Medical Board of Australia's *Guidelines for registered medical practitioners who*

<sup>32</sup> This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). Section 25(c) requires Ahpra to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the COAG Health Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code, or guideline.

*perform cosmetic surgery and procedures, and Guidelines for registered medical practitioners who advertise cosmetic surgery, as well as the recommendations in the final report of the Independent review of the regulation of medical practitioners who perform cosmetic surgery (independent review).*

National Boards expect that the proposed guidelines will improve patient and consumer safety, particularly for vulnerable members of the community. The Boards do not expect that the proposed guidelines will have any adverse impacts on patient and consumer safety, noting that non-surgical cosmetic procedures are discretionary and not time critical.

In addition, the guidelines propose additional protections for people with psychological conditions, such as body dysmorphic disorder (BDD), as well as young people and other potentially vulnerable people.

However, the Boards will consult with peak bodies, patient safety bodies and other relevant organisations on the proposed guidelines to ensure there are no unidentified adverse impacts. Our engagement through consultation will help us to better understand possible outcomes and meet our responsibilities to protect patient safety and health care quality.

## **2. How will consultation engage with patients, clients and consumers, particularly vulnerable members of the community?**

In line with our **consultation processes** the National Boards are undertaking wide-ranging consultation on the proposed guidelines. The Boards will engage with patient and consumer groups, peak bodies, communities and other relevant organisations to get input and views from vulnerable members of the community.

This consultation builds on the extensive public consultation with organisations, practitioners, patients and consumers undertaken during the independent review and the Medical Board of Australia's existing guidelines.

## **3. What might be the unintended impacts for patients, clients and consumers particularly vulnerable members of the community? How will these be addressed?**

National Boards have carefully considered what the unintended impacts of the proposal might be, and consider these to be minimal, as the proposed guidelines are expected to support consumer choice by facilitating access to registered health practitioners who are qualified to provide safe non-surgical cosmetic procedures. In some situations, there may be some additional costs for patients, such as costs if referred for evaluation to a psychologist or other practitioner for assessment, although these costs are considered reasonable for patient safety, and small compared with the total patient costs for these procedures. Consulting with relevant organisations and vulnerable members of the community will help us to identify any other potential impacts. The Boards will fully consider and take actions to address any potential negative impacts for patients and consumers that may be raised during consultation particularly for vulnerable members of the community.

## **4. How will this proposal impact on Aboriginal and Torres Strait Islander Peoples? How will the impact be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?**

National Boards have carefully considered any potential impact of the proposed guidelines on Aboriginal and Torres Strait Islander Peoples and do not consider that Aboriginal and Torres Strait Islander Peoples will be impacted any differently from non-Aboriginal and Torres Strait Islander Peoples. However, the Boards engagement through consultation will help us to identify any other potential impacts and meet our responsibilities to protect safety and health care quality for Aboriginal and Torres Strait Islander Peoples.

## **5. How will consultation about this proposal engage with Aboriginal and Torres Strait Islander Peoples?**

National Boards are committed to the National Scheme's [Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025](#) which focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm, and the inextricably linked elements of clinical and **cultural safety**.

As part of our consultation process, the Boards will engage with relevant Aboriginal and Torres Strait Islander organisations and stakeholders to ensure there are no unintended consequences for Aboriginal and Torres Strait Islander Peoples. We have also invited the Aboriginal and Torres Strait Islander Health Strategy Group to comment on the proposed guidelines and the Aboriginal and Torres Strait Islander Health Practice Board is involved in the development of these shared guidelines.

**6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? How will these be addressed?**

National Boards have carefully considered what might be any unintended impacts for Aboriginal and Torres Strait Islander Peoples and do not consider that there will be any unintended impacts for Aboriginal and Torres Strait Islander Peoples. However, continuing to engage with relevant organisations and Aboriginal and Torres Strait Islander Peoples will help us to identify any other potential impacts. We will consider and take actions to address any other potential negative impacts for Aboriginal and Torres Strait Islander Peoples that may be raised during consultation.

**7. How will the impact of this proposal be actively monitored and evaluated?**

National Boards have procedures for regularly reviewing standards, codes and guidelines. If approved, the Boards will review the guidelines at least every five years.

However, the Boards may review the guidelines earlier, in response to any issues which arise or new evidence which emerges to ensure the guidelines' continued relevance, workability and maintenance of public safety standards. In particular, the Boards will review the guidelines earlier if unintended consequences on the health and safety of the public, vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples were to arise.