

Consultation report

Guidelines for registered health practitioners
(including nurses) who perform non-surgical
cosmetic procedures

June 2025

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Background

About us

The Australian Health Practitioner Regulation Agency (Ahpra) works with the [15 National Boards](#) to help protect the public by regulating Australia's registered health practitioners. We work in partnership to ensure the community has access to a safe, capable and respectful health workforce across all professions registered under the National Registration and Accreditation Scheme.

Context

Public safety is our number one priority. We believe there are unique features to the non-surgical cosmetic procedure (cosmetic procedures) industry that may increase public risk, including financial gain competing with and sometimes outweighing patient wellbeing and safety, and high numbers of young and potentially vulnerable people seeking cosmetic procedures. 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

While focussed on cosmetic surgery, Ahpra's Cosmetic Surgery Enforcement Unit has received complaints about non-surgical cosmetic procedures. We know from these complaints, together with feedback from both the 2022 consultation on the Medical Board of Australia's *Guidelines for registered medical practitioners who perform cosmetic surgery and cosmetic procedures* and from feedback received during this 2023/2024 consultation on draft *Guidelines for registered health practitioners who perform non-surgical cosmetic procedures* (the shared practice guidelines) and draft *Guidelines for nurses who perform non-surgical cosmetic procedures* (the nursing guidelines) that there are certain sub-standard practices in the non-surgical cosmetic procedure industry which pose a risk to the public. These include:

- Inadequate patient consultation and consent
- Inadequate information for patients including information about the risk and nature of procedures, the practitioners involved in their care, the requirements for maintenance (after-care) and who to contact if complications occur
- Inadequate record keeping
- Inadequate handover following adverse events
- Inappropriate facilities for cosmetic procedures

Purpose of the report on public consultation

This report describes the consultation process for the development of the guidelines, summarises the responses received to the shared practice guidelines and the nursing guidelines and how these responses were considered in the development of the revised draft guideline.

Development of the guidelines

As part of the development of the guidelines the National Boards considered the [objectives of the National Scheme](#), the guiding principles set out in the National Law and the [Regulatory principles for the National Scheme](#) (regulatory principles). In developing the guidelines, the National Boards aimed to:

- protect the public by ensuring their expectations when advertising non-surgical cosmetic procedures are clearly communicated
- consider the potential risks to the public including vulnerable members of the community and to Aboriginal and Torres Strait Islander Peoples
- strengthen the risk-based approach to guidelines, and
- work with practitioners, consumers and other stakeholders to develop clear, contemporary and user-friendly guidelines.

How we consulted

Public consultation on the proposed guidelines was open from 27 November to 1 March to ensure ample time for wide-ranging feedback. The public consultation was announced in a media release, news items on Ahpra and each participating National Board's webpages, promoted on social media and via email to National Board and Ahpra stakeholders. National Boards and Ahpra invited feedback from practitioners, stakeholders, and the community.

The announcements about the public consultation explained how stakeholders could participate and included a link to the [Ahpra public consultations webpage](#). The Ahpra webpage included a link to the public consultation paper and an online questionnaire. The option to give written feedback via email using a template was also available.

Three guidelines were consulted on simultaneously:

- *Guidelines for nurses who perform non-surgical cosmetic procedures*
- *Guidelines for registered health practitioners who perform non-surgical cosmetic procedures*
- *Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures*

Due to the different focus and audience for each of the guidelines separate sets of consultation questions were asked about each guideline.

We accepted submissions via an online form and via email, and anyone wishing to was invited to get in touch with us to provide their submission in another way.

The potential impacts of the proposed guidelines on the health and safety of the public, vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples were also considered in the Patient and Consumer Health and Safety Impact Assessment and [published on the Past consultations page](#).

National Boards and Ahpra sincerely thank the members of the public, practitioners and stakeholders for their feedback on the guidelines.

Overview of public consultation responses

Who we heard from

We received a total of 157 submissions on all three guidelines. As many of the requirements of the shared practice guidelines and nursing guidelines were identical, all feedback on this content was considered together, regardless of which guideline the response related to.

Not all questions were answered directly by all respondents. For example, many submissions provided overarching feedback that did not necessarily align with a specific consultation question. Where possible feedback was aligned with a question to which the response had the most relevance.

Type and number of stakeholders

Stakeholder	Number of submissions
Individual registered health practitioners	83
Profession specific professional associations	17
Other organisations	16
Not identified/Anonymous	10
Government	9
Consumer/patients	8

Stakeholder	Number of submissions
Other regulators	7
Specialist medical colleges	5
Complaints entities	2

Analysis of responses

As the consultation questions across the shared practice and nursing guidelines were similar, the collective responses have been summarised and reflected in each section below.

Are the guidelines appropriate?

What we heard	What we've done
<p>Most stakeholders considered the guidelines were appropriate or thought the guidelines were appropriate but were confused by the list of professions to whom the guidelines were to apply. Some respondents thought there was a need for more 'active' language.</p> <p>Where stakeholders considered the guidelines were not appropriate, several made suggestions as to how they could be improved, with the majority finding the definition of 'non-surgical cosmetic procedures' was confusing.</p> <p>A small number of respondents thought it was not at all appropriate to draft guidelines for non-surgical cosmetic procedures either because they considered non-surgical cosmetic procedures were out of scope of practice for some professions or they believed the guidelines were overly restrictive and were not required for public safety in the cosmetic industry. There were some suggestions that the content already exists across other regulatory publications and was an unnecessary addition.</p>	<p>We have substantially revised the guideline from the original version to include more information to emphasise that practitioners should only undertake practice in areas where they are adequately educated, trained, experienced and competent.</p> <p>We've redrafted the definition of non-surgical cosmetic procedures to make it clear that where the dominant purpose of a procedure is an aesthetic outcome, this is a cosmetic procedure.</p> <p>We've improved the language across the guideline to clarify the practice requirements of health practitioners.</p>

Is there sufficient information in the guidelines to inform practitioners of the Boards expectations?

What we heard	What we've done
<p>Most stakeholders agreed that the guidance sufficiently informed registered health practitioners.</p> <p>Some responses however, indicated that the guidelines should be changed. Stakeholders questioned whether education or guidance would be given to endorse or otherwise grant permission for some practitioners to undertake non-surgical cosmetic procedures. There were suggestions to generally strengthen the language around the minimum level of experience, education and training requirements and to strengthen the content on infection prevention and control. Finally, a number of stakeholders suggested drafting a separate document, providing a high-level overview of the guidance would assist practitioners to understand the guidelines.</p>	<p>We have included more information in the guideline about the type and focus of education required and included a section on infection prevention and expectations of the facilities where procedures are being performed. We've made it clear that not all practitioners can undertake cosmetic procedures, and we have drafted a separate 'quick reference' document highlighting the main requirements of practitioners in the guidelines.</p>

Do the guidelines support the public's understanding of the Boards expectations of practitioners?

What we heard	What we've done
<p>Overall people thought the guidance would be useful for the public. We received several submissions on what could be improved to assist the public, including a 'one page' summary of the guidance and using simpler language. Other suggestions were to use social media to promote the guidelines to the public and to develop case studies or a visual aid to assist the public.</p> <p>Stakeholders who did not think the guidance was useful said that the public needed information about the training and education of practitioners who were providing non-surgical cosmetic procedures and that a check list for consumers would be helpful.</p>	<p>We've drafted a separate 'quick reference' document highlighting the main requirements of practitioners in the guideline and an FAQ to help explain these requirements. We will continually review the FAQ and make changes if we identify more information is needed. The publication and release of the guideline will be promoted through social media and related channels to help raise awareness. We have redrafted the guideline to include more information on the type of education required of practitioners providing cosmetic procedures. We have moved to one guideline which means that any registered health practitioner the public sees for a cosmetic procedure will be subject to the same requirements.</p>

Is there anything that should be added to or removed from the definition of non-surgical cosmetic procedures?

What we heard	What we've done
<p>We received a number of suggestions for amendments to the guidelines. These included:</p> <ul style="list-style-type: none">• Better recognition of the different practice arrangements for practitioners undertaking non-surgical cosmetic procedures.• Suggestions about types of non-surgical cosmetic procedures we should include or remove from the definition.• Suggested changes to the definition.• More information on the education and training for registered health practitioners.	<p>We have included information to recognise the different roles and responsibilities of practitioners in various practice arrangements. We've redrafted the definition of cosmetic procedures and we've included more information in the guideline about the education required of practitioners providing cosmetic procedures.</p> <p>We have included additional supporting information on what constitutes a non-surgical cosmetic procedure and redrafted the definition of cosmetic procedures.</p>

Is it appropriate for consistent requirements to apply to all practitioners practising in this sector regardless of their profession?

What we heard	What we've done
<p>Most people agreed that consistency was appropriate, noting that the non-surgical cosmetic procedures performed were mostly identical and a consistent set of requirements would reduce confusion and ensure that the patient was always the priority. However, most people also recognised that there were a variety of practice models where non-surgical cosmetic procedures were performed by a variety of registered health practitioners with differing scopes of practice and that this inevitably meant that there would be differences in how the guidelines applied to or were applied by registered health practitioners. This included that it became difficult knowing who would be responsible for which aspect of care. Some people thought it was unreasonable to be responsible for ensuring that any other person/s participating in the person's care or treatment have appropriate education, training and competence.</p> <p>People who thought that it was not appropriate for a consistent set of requirements to be drafted argued that there were some non-surgical cosmetic procedures that only medical practitioners or certain other registered health practitioners should perform.</p>	<p>Acknowledging the content similarities between the shared practice guidelines and the nursing practice guidelines, a single practice guideline will apply to all registered health practitioners who perform non-surgical cosmetic procedures. The Medical Board of Australia's guidelines need to remain as 'standalone' guidelines as they cover both cosmetic surgery and cosmetic procedures. We've added more information to better explain what is required before a registered health practitioner provides cosmetic procedures and improved the content on who is responsible for the care and at what stage. We have redrafted the guidelines to better recognise the different practice models registered health practitioners may work in when providing cosmetic procedures and included an appendix for guidance that is specific to requirements set by the Nursing and Midwifery Board of Australia.</p>

Is assessing people for underlying psychological conditions, such as BDD, a reasonable requirement of all registered health practitioners performing cosmetic procedures

What we heard	What we've done
<p>An overwhelming majority of respondents agreed that it was important to consider underlying psychological conditions when assessing patients for non-surgical cosmetic procedures. Some respondents had reservations as to whether registered health practitioners, except for psychologists, were adequately skilled to undertake psychological assessment. The need to assess for other conditions other than just BDD was also identified. Others suggested National Boards should nominate a tool that could be used for this purpose, whereas others were critical of the assessment tools available, arguing they were faulty and could be manipulated by patients. Other respondents thought a formal psychological assessment for every non-surgical cosmetic procedure was an excessive requirement.</p>	<p>We have redrafted the guideline to better explain the need for a comprehensive assessment of a person before a cosmetic procedure is undertaken. Because there is evidence that psychological conditions such as BDD are a factor in some people deciding to have cosmetic procedures, it is important that this comprehensive assessment includes a consideration of BDD, as well as other conditions, which may make them an unsuitable candidate.</p>

Is there any further detail that needs to be included in the guidelines to ensure public safety?

What we heard	What we've done
We received several suggestions including that National Boards should provide guidance on the education required to undertake non-surgical cosmetic procedures. That there should be consolidation of practice in a general setting for at least 12 months before being able to undertake non-surgical cosmetic procedures. That we should restrict some procedures so that they can only be performed by medical practitioners. That the guidelines should acknowledge different practice arrangements and provide clarity on roles and responsibilities.	We have included more guidance on the type of education required of practitioners providing cosmetic procedures and any foundational practice requirements. We have acknowledged and provided more guidance for practitioners in different practice arrangements. We have not restricted cosmetic procedures to a particular profession, but we have provided a better explanation of the roles, responsibilities, experience and educational requirements of registered health practitioners involved in cosmetic procedures.

Conclusion

National Boards have carefully considered a wide range of views on the guidelines. The National Boards have now approved the final version of the guidelines and consider that they clearly explain the obligations that apply to any registered health practitioner who performs non-surgical cosmetic procedures.

Next steps

National Boards and Ahpra have identified that some of the feedback from public consultation would be more appropriately addressed in separate resources (such as the development of FAQs and additional explanatory material).

This approach will allow for the updating of resources more regularly, for consideration of post implementation monitoring and will ensure that the guidelines do not increase in length or complexity.

National Boards and Ahpra will also develop specific resources for the public about the guidelines.

The Boards and Ahpra will regularly review the guidelines so that they stay current, relevant, and effective