

Consultation report

Guidelines for advertising higher risk 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

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) in September 2022. With most of the independent review's recommendations implemented, Ahpra and the National Boards started working towards stronger regulation of registered health practitioners who advertise non-surgical cosmetic procedures.

The *Guidelines for advertising higher risk non-surgical cosmetic procedures (the guidelines)* have been developed to address the unique features of higher risk non-surgical cosmetic procedures, including, their invasive nature, the risks and potential complications of harm which may be irreversible. They are also often sought by potentially vulnerable people.¹ The guidelines are in addition to the existing [codes of conduct](#) and [advertising guidelines](#) which also establish obligations for registered health practitioners when advertising a regulated health service.

The guidelines are intended to support compliance with the advertising requirements of section 133 of the National Law. They also inform registered health practitioners and the community about the Boards' expectations of health practitioners who advertise higher risk non-surgical cosmetic procedures in Australia. They aim to help practitioners and other advertisers (individuals and businesses) to understand their obligations and to advertise responsibly.

Purpose of the report on public consultation

This report describes the consultation process for the development of the guidelines, summarises the responses received from public consultation and how these responses were considered when finalising the guidelines.

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.

¹ 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.

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 registered health practitioners who advertise non-surgical cosmetic procedures
- Guidelines for nurses who perform non-surgical cosmetic procedures
- Guidelines for registered health practitioners who perform 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 public consultation paper asked questions about specific issues relevant to advertising and IV infusions. 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

Further breakdown of the submissions are included in the tables below.

Who we heard from

We received a total of 152 submissions about the advertising guidelines. Table one summarises the types and number of stakeholders who provided responses.

Table 1: Type and number of stakeholders

Stakeholder	Number of submissions
Consumer/patient	8
HCE	2
Unknown/Prefer not to say	3
Ahpra/National Board	2
Jurisdiction	8
Ombudsman	1
Organisation	34
Individuals - other	4
Registered health practitioner/student	87
Regulator	3
Total	152

Analysis of responses

A thematic analysis was carried out of feedback received from the public consultation. A brief summary of the analysis appears below.

Role of regulation and the guidelines

What we heard	What we've done
<p>Most stakeholders supported the introduction of the guidelines, with a small number suggesting they were not strict enough.</p> <p>Some feedback while supportive of introducing specific guidelines for the industry, did not think they would not necessarily lead to better and safer outcomes for patients as they were too restrictive.</p> <p>A small number of stakeholders questioned whether there was a sufficient evidence base for the guidelines noting the references to the <i>Independent review of the regulation of medical practitioners who perform cosmetic surgery</i>, and that a further review of the cosmetic procedures industry was required.</p> <p>Some respondents also suggested that formal educational requirements should be established for the industry and that this was a better way to protect the public than constraining what can be advertised to the public about non-surgical cosmetic procedures.</p>	<p>We know from feedback received during the Medical Board of Australia's consultation on the Guidelines for advertising cosmetic surgery, feedback received during this consultation and the experience of our Advertising Compliance Unit that similar issues to those seen in cosmetic surgery advertising arise in the advertising of higher risk non-surgical cosmetic procedures.</p> <p>We've increased transparency by clarifying the legal basis for the requirements.</p>

Language, readability and usability

What we heard	What we've done
<p>A number of respondents considered the guidelines were dense and hard to read. Suggestions were provided for more examples, FAQs, case studies, fact sheets and consumer resources to assist with understanding and applying the guidelines.</p>	<p>We have included a 'Note on terminology' section</p> <p>We reviewed the examples of advertising risks, and the words and terms used throughout the guidelines to ensure they are relevant, appropriate and enforceable.</p> <p>We've made edits to content to make the requirements clearer including about body image, low self-rated attractiveness and body dysmorphia disorder.</p> <p>We will publish additional explanatory material aiming to help with compliance with the guidelines.</p>

Scope

What we heard	What we've done
<p>Feedback was received that the guidelines should not apply to certain professions because of the type of procedures that they apply to.</p> <p>Other responses suggested the guidelines should apply more broadly and to include non-registered practitioners that work in the industry such as dermal therapists and to overseas advertisers of non-surgical cosmetic procedures.</p> <p>There were also comments about the need for clarity in how these would apply to business chains and businesses/practitioners performing procedures covered by the guidelines and other procedures not covered by the guidelines.</p>	<p>We've reviewed the content about who the guidelines apply to and who is responsible for advertising.</p> <p>We've clarified the legal basis for the requirements.</p> <p>We've replaced the definitions section with a new section which refines the scope of the guidelines to higher risk cosmetic procedures reflecting that some cosmetic procedures carry significantly higher risks to the patient because they are invasive and can cause significant complications or harm which may be irreversible.</p> <p>We've renamed the guidelines to reflect they only apply to higher risk non-surgical cosmetic procedures.</p>

Definitions

What we heard	What we've done
<p>Whilst there was support for the definition non-surgical cosmetic procedures there were also many comments suggesting changes to that definition and concerns about how it would apply in practice in an industry where many of the types of procedures listed can be performed by registered health practitioners and non-registered practitioners. Greater clarity was also suggested in relation to how the guidelines would apply to dental procedures. Feedback was also received in relation to what constitutes advertising.</p>	<p>We've replaced the definitions section with a new section which refines the scope of the guidelines to higher risk cosmetic procedures reflecting that some cosmetic procedures carry significantly higher risks to the patient because they are invasive and can cause significant complications or harm which may be irreversible.</p> <p>We've renamed the guidelines to reflect they only apply to higher risk non-surgical cosmetic procedures.</p>

Clarity on good practice in advertising

What we heard	What we've done
<p>There were frequent comments about the need for more information and clarity about:</p> <ul style="list-style-type: none">the use of titles and claims about training, qualifications, registration and experiencefinancial and other incentivestestimonials and social media influencersadvertising that is false and misleading and/or creates an unreasonable expectation of beneficial treatment <p>Some submissions called for the guidelines to include information already set out in relevant codes of conduct, other advertising guidance or in the draft proposed shared practice guidelines.</p>	<p>We've added content about the vulnerability of consumers to commercial business practices.</p> <p>We've added content about the requirement in the Codes of Conduct to practise in a culturally safe and respectful way that supports the health of Aboriginal and Torres Strait Islander peoples to make it clear that this extends to the advertising of higher risk non-surgical cosmetic procedures.</p> <p>We've strengthened the content about good patient care for registered health practitioners, including adding links to the codes of conduct.</p> <p>We've provided clarity about when practitioners must include their registration details and qualifications.</p> <p>We reviewed the content about financial and other incentives, to ensure the focus of the advertising requirements is about the duty of care to the patient which comes before commercial business practices and financial gain</p> <p>We've strengthened the content about advertising that trivialises higher risk non-surgical procedures.</p> <p>We've edited the content on body images, slow self-rated attractiveness and body dysmorphia disorder to make this section clearer.</p> <p>We removed some content about financial and other incentives as this was covered in other guidance.</p>

Monitoring and compliance

What we heard	What we've done
<p>Many submissions suggested more information was needed about how guidelines were going to be implemented, monitored and enforced, including adding information about how to make a complaint about advertising.</p>	<p>We added more content about dealing with non-compliance with the guidelines and about how to make a complaint about an advertising breach.</p>

Advertising of therapeutic goods

What we heard	What we've done
<p>A large number of stakeholders commented about other relevant legislation that practitioners are also required to comply with, such as the Therapeutic Goods Administration (TGA) guidance in relation to advertising of prescription medications. There were also suggestions for greater cooperation between regulators in the industry and better</p>	<p>We've restructured and strengthened the content about other legislation that advertisers must comply with, as well as to add more content about TGA guidance were most relevant throughout the guidelines.</p>

referencing in the guidelines about the role of the TGA in this area.	
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IV infusions

What we heard	What we've done.
The majority of stakeholders did not support the inclusion of information about IV infusions in the guidelines.	These guidelines do not contain information about advertising IV infusions.

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 under the National Law that apply to any person or business advertising higher risk non-surgical cosmetic procedure and the National Boards' professional expectations of practitioners' advertising higher risk 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.