



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

2 September 2025

Introduction

The *Guidelines for registered health practitioners who perform non-surgical cosmetic procedures* (the guidelines) have been developed by National Boards¹ under section 39 of the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory.

For nurses: These guidelines replace the Nursing and Midwifery Board of Australia's *Position statement: Nurses and cosmetic medical procedures*².

Purpose

These guidelines **do not**, by themselves, authorise or permit any registered health practitioner to undertake non-surgical cosmetic procedures. Nor do they exist to expand the scope of practice of any registered health profession to include non-surgical cosmetic procedures.

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 (cosmetic procedures) in Australia. They provide specific guidance for registered health practitioners who perform cosmetic procedures and/or who are engaged in services that provide cosmetic procedures.

These guidelines complement and must be read in conjunction with the relevant Board's code of conduct and other relevant guidance from National Boards including, but not limited to, professional standards, decision making frameworks and position statements.

What are non-surgical cosmetic procedures?

These guidelines have been informed by the definitions in the Medical Board of Australia's *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures* where relevant to non-surgical cosmetic procedures.

Non-surgical cosmetic procedures are procedures undertaken to revise or change the appearance, colour, texture, structure, or position of bodily features with the dominant purpose of achieving what the person perceives to be a more desirable appearance. They may involve piercing the skin or altering other body tissue (for example, teeth). Examples include, but are not limited to, prescription only cosmetic injectables such as botulinum toxin³ and dermal fillers (also known as soft tissue fillers), fat dissolving injections, thread lifts, sclerotherapy and microsclerotherapy, CO₂ laser skin resurfacing, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels and hair transplants.

Procedures excluded from these guidelines are those that:

- have a clinical justification, and
- which may lead to improvement in appearance.

A procedure may be clinically justified if the dominant purpose is the restoration, correction or improvement in the shape, function or appearance of body structures that are defective or damaged at birth or by injury, disease, growth or development. It can be for either functional or psychological reasons. Examples include, but are not limited to, the removal of skin tags and skin cancers, and treatments for severe acne.

Who do these guidelines apply to?

These guidelines apply to any health practitioners registered under the National Law who perform non-surgical cosmetic procedures, except medical practitioners. Since medical practitioners also perform cosmetic surgery, they should refer to the Medical Board's *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures*.

Can I perform cosmetic procedures?

NOTE FOR NURSES AND MIDWIVES: In addition to the information below, nurses and midwives should refer to Appendix A.

All registered health practitioners are required to work within the limits of their skills, training and experience. There is a broad variation in the skills, knowledge and abilities of the professions these guidelines apply to, and in the

¹ A national health practitioner board established by Section 31 of the National Law. These guidelines were developed by all National Boards except the Medical Board of Australia.

² First published in July 2016 and most recently updated in April 2023.

³ 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**.

type and risk of the cosmetic procedures undertaken by these professions. This means that the level and type of education and training required to perform a cosmetic procedure competently and safely may vary significantly.

Some cosmetic procedures are restricted to particular professions⁴, require an authorisation only available to certain registered health practitioners⁵ or require particular anatomical, physiological, pharmacodynamic or pharmacokinetic knowledge.

Registered health practitioners wishing to undertake cosmetic procedures should be certain that they possess sufficient knowledge, skills and competence to undertake the cosmetic procedure along with any required authorisation or licensing requirements.

Even if a practitioner believes they possess adequate knowledge, skills and competence to safely perform a cosmetic procedure, the procedure or prescribing of a cosmetic injectable may not be within the practice of their profession. The scope of a practitioner's practice may also be limited by other guidance from their National Board⁶ along with legal, workplace and regulatory requirements, such as drugs and poisons legislation as in effect in each state and territory.

Registered health practitioners must also ensure that they comply with their National Board's requirements for professional indemnity insurance, including that they have professional indemnity arrangements that provide appropriate cover for all aspects of their practice.

For more information on education, training and competence see section 9.

Definitions

Cosmetic injectable means a medicine or a substance that can only be obtained with a valid prescription from a registered health practitioner, who is authorised to prescribe the medicine or substance under the relevant state and territory legislation of the jurisdiction in which they practise.

Medical practitioner means a medical practitioner registered by the Medical Board of Australia under the National Law.

Nurse means a registered nurse, enrolled nurse or nurse practitioner registered by the Nursing and Midwifery Board of Australia under the National Law.⁷

Person⁸ means individuals who are seeking treatment from, or have entered into a professional relationship with, a registered health practitioner for the purpose of undertaking a non-surgical cosmetic procedure.

Prescriber means a health practitioner authorised to prescribe within the scope of their practice.

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

Registered health practitioner means a person who is registered under the National Law to practise a health profession.

Roles and responsibilities

These guidelines recognise that cosmetic procedures may be carried out in different practice arrangements and settings where registered health practitioners may:

- work with other registered health practitioners
- be supervised by another registered health practitioner, or
- be working independently.

Registered health practitioners undertaking cosmetic procedures involving a prescription-only medicine will also be subject to state or territory drugs and poisons legislation and regulations of the jurisdiction where they are practising. Under state and territory drugs and poisons legislation, authorised registered health practitioners who prescribe prescription-only medicines have responsibilities for the care of the person for whom they are prescribed, regardless of whether or not the prescriber performs the procedure.

Where the prescriber is a medical practitioner, they must comply with the Medical Board of Australia's *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures*.

4 For example, restricted dental acts under s.121 of the National Law.

5 For example, prescription or administration of a Schedule 4 ('prescription only') medicine by a suitably authorised registered health practitioner.

6 For example, position statements, decision-making guides, and/or fact sheets.

7 For further information, see the NMBA [Fact sheet: Scope of practice and capabilities of nurses](#).

8 The term 'person' is used throughout these guidelines and means individuals who may also be described as 'patients', 'clients' or 'consumers'.

How will National Boards use these guidelines?

Section 41 of the National Law states that an approved registration standard, 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 deviates from these guidelines, the practitioner should be prepared to explain and justify their decisions and actions.

Failure to meet these guidelines may have consequences for a health practitioner's registration.

Cultural safety

Practitioners are reminded of their obligations under the Code of conduct to consider the specific needs, health and cultural safety of Aboriginal and Torres Strait Islander Peoples in all of their practice, including practice in cosmetic procedures.

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 cosmetic procedures. This is particularly relevant given the commercial nature of the industry and the role that advertising and business models play in creating a demand for services. Practitioners must ensure that the care and wellbeing of the person they are providing cosmetic procedures to is their primary consideration.

2. Assessment of patient suitability

NOTE FOR NURSES: Only registered nurses or nurse practitioners can undertake the assessment outlined in this section.

- 2.1 Registered health practitioners must ensure all assessments are culturally safe.⁹
- 2.2 Registered health practitioners have a responsibility to ensure an evidence-based, holistic assessment of the person is undertaken. The assessment should consider the person's history, relevant psychological, social and cultural aspects, and, in particular, assess for any condition, including underlying psychological conditions such as body dysmorphic disorder (BDD), which may make them an unsuitable candidate for the procedure.
- 2.3 Registered health practitioners must ensure the person's reasons and motivation for requesting the procedure are discussed, 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 check they are realistic. The person should be assisted with decision-making based on an understanding of their personal motivation for the procedure and whether the procedure and outcome/s are likely to align with their expectations.
- 2.4 If there are indications that the person has a significant underlying condition or psychological issue that may make them an unsuitable candidate for the cosmetic procedure, the registered health practitioner performing the assessment or identifying the condition or psychological issue should ensure the person is referred to and seen by an appropriate registered health practitioner,¹⁰ who works independently of the practitioner intending to perform the cosmetic procedure or prescribe the cosmetic injectable, before commencing any procedure.
- 2.5 Registered health practitioners must ensure other options are discussed with the person, including cosmetic procedures or treatments offered by other health practitioners and the option of not having the procedure.
- 2.6 A registered health practitioner must decline to perform a cosmetic procedure or prescribe a cosmetic injectable if, following an assessment, they believe it is not appropriate for that person.

3. Consultation with the person receiving a prescription for cosmetic injectables

- 3.1 Registered health practitioners must know and comply with relevant drugs and poisons legislation (or equivalent) of the jurisdiction in which they are practising in relation to repeat prescriptions.

⁹ The codes of conduct for all registered health practitioners require practitioners to practise in a culturally safe and respectful way that supports the health of Aboriginal and Torres Strait Islander Peoples. This obligation extends to the assessment of patient suitability for cosmetic procedures by registered health practitioners.

¹⁰ An appropriate registered health practitioner may be a psychologist, psychiatrist, general practitioner or another registered health practitioner, such as a nurse practitioner, who can make a referral to these practitioners.

- 3.2 In addition to the requirement to assess the person (see section 2), registered health practitioners who are authorised to provide prescription only cosmetic injectables must have either an in-person or video consultation with the person, each time they prescribe them a cosmetic injectable. Asynchronous prescribing¹¹ of cosmetic injectables by text, email or online (or equivalent) is not acceptable practice.
- 3.3 The provision of one prescription for multiple people (known as 'bulk' or 'batch' prescribing) is not acceptable practice. Every person must have an individual prescription.

4. Additional responsibilities if providing cosmetic procedures to persons under the age of 18

NOTE FOR NURSES: Only registered nurses or nurse practitioners can undertake the assessment outlined in this section.

- 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 non-surgical cosmetic procedures for persons under the age of 18.
- 4.2 Registered health practitioners must consider the appropriateness of any cosmetic procedure for a person who is under the age of 18. National Boards consider that botulinum toxin and dermal fillers should not be prescribed for cosmetic purposes for persons under the age of 18.
- 4.3 Registered health practitioners have a responsibility to assess and be satisfied that the person has the capacity to consent to the procedure.
- 4.4 Registered health practitioners should, to the extent that it is practicable, have regard for the views of a parent or guardian of the person under 18, including whether the parent or guardian supports the procedure being performed.
- 4.5 For persons under the age of 18, there must be a cooling-off period of at least seven days between obtaining informed consent and the 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 discuss why they want to have the non-surgical cosmetic procedure with an appropriate independent registered health practitioner¹² during the cooling-off period.

5. Informed consent

Consent to the cosmetic procedure

- 5.1 Registered health practitioners have a responsibility to ensure the person has been provided with enough information for them to make an informed decision about whether to have the procedure.¹³ There must be a verbal consent discussion with the person as well as written information provided in plain language. All practical steps must be taken to provide information in a language understood by the person. The information provided must not:
 - a. glamorise cosmetic procedures
 - b. minimise the complexity of the cosmetic procedure, or
 - c. overstate results or imply the person can achieve outcomes that are not realistic.
- 5.2 In addition to any specific National Board guidance, information must include the risks and benefits associated with the cosmetic procedure and what alternatives may be available. This includes information about:
 - a. the cosmetic procedure, including:
 - what the procedure involves (for example the type of anaesthesia and pain management if applicable)
 - for cosmetic injectables, which cosmetic injectable is being prescribed or used (type and quantity)
 - whether the procedure is new or experimental
 - the range of possible outcomes of 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 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, 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 (over the counter face creams) and other non-invasive treatments

¹¹ 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 when the practitioner has never spoken with the patient.

¹² The appropriate registered health practitioner is a health practitioner who has an existing relationship with the person. This may be, but is not limited to, a general practitioner, psychologist, psychiatrist, or nurse practitioner. The practitioner referred to should be independent of the registered health practitioner performing the cosmetic procedure and should not work in the cosmetic procedure industry.

¹³ More information on informed consent is available on the [Australian Commission on Safety and Quality in Healthcare's](#) website.

- b. the registered health practitioner providing the cosmetic procedure and the registered health practitioner prescribing the cosmetic injectable (where applicable) including:
 - the practitioner's registration
 - the practitioner's qualifications, education, training and experience
 - information about other practitioners who will be involved in the cosmetic procedure (if applicable)
- c. costs including:
 - 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/payments due for follow up care
 - possible further costs for revision or additional treatment
 - advising the person that cosmetic procedures are not covered by Medicare.

5.3 A person's consent to the cosmetic procedure and financial consent must be obtained and must be documented appropriately and a copy of the signed consent form must be given to the person.

Consent for use of images

- 5.4 Consent must be requested for any photographs or videos (images) a registered health practitioner proposes to take of a person in a consultation or during a cosmetic procedure. The person must be given information about the proposed use of any such images, including:
 - a. their purpose (for example, for practice record only, for advertising)
 - b. how they will be used (for example, stored in practice record, shown to other people seeking cosmetic procedures in consultations, published on a website, posted on social media)
 - c. where they will be stored and who will have access.
- 5.5 A person's images must be stored on a secure device. Registered health practitioners must not store a person's images on a personal device.
- 5.6 The person must be given an opportunity to view images before consenting to their use in advertising. People have the right to refuse the use of their images, and the person cannot be required to agree to the use of their images in advertising.
- 5.7 Consent for the use of images in advertising must be separate from consent to the cosmetic procedure.
- 5.8 People must be allowed to withdraw their consent for the use of their images. People should be informed if removing their images from advertising may not be possible (for example, if images are used in material that has already been published, such as magazines).
- 5.9 The registered health practitioner must promptly stop using the person's images where possible (for example, not show them to other people seeking cosmetic procedures or delete them from advertising) if the person withdraws consent for the use of their image.
- 5.10 A person's consent for the taking, use and storage of images must be obtained, must be documented appropriately, and a copy of the signed consent form must be provided to the person.

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 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.
- 6.2 The Therapeutic Goods Administration (TGA) regulates therapeutic goods (for example, medicines and medical devices). Registered health practitioners must comply with TGA requirements when using and advertising therapeutic goods. Administering and/or advertising unapproved and/or unregistered products is unlawful, unless exempt under certain conditions, for example medicines that are dispensed or extemporaneously compounded by practitioners.¹⁴

7. Management of the person receiving the cosmetic procedure

- 7.1 The registered health practitioner who performs the cosmetic procedure is responsible for the management of the person, including ensuring that the person receives safe, appropriate and responsive care during and after the procedure.
- 7.2 If a cosmetic procedure involves the administration of a prescription-only cosmetic injectable by a registered health practitioner who is not the authorised prescriber of the medicine, the authorised

¹⁴ Refer to [TGA guidance on exemptions and exclusions](#).

prescriber remains responsible for the management of the person¹⁵, including ensuring the person receives appropriate post-procedure care. The registered health practitioner who administers the cosmetic injectable is responsible for informing the authorised prescriber of any concerns relating to the administration or post-procedure care.

- 7.3 If the registered health practitioner who performed the cosmetic procedure or the authorised prescriber is not personally available to provide post-procedure care, they must have formal alternative arrangements in place for the post procedure care of the person by another suitably qualified and supervised (if required) registered health practitioner. These arrangements must be made in advance, documented and made known to the person receiving the cosmetic procedure and any other relevant treating practitioners.
- 7.4 There must be protocols in place for managing complications and emergencies that may arise during the cosmetic procedure or in the immediate post-procedure phase. Registered health practitioners must be familiar with and follow protocols in place for managing complications and emergencies.
- 7.5 In the event of complications requiring hospital admission, the registered health practitioner who performed the cosmetic procedure, or, if the procedure involved a cosmetic injectable, the registered health practitioner who prescribed the cosmetic injectable is responsible for coordinating the care of the person until the person is under the management of another nominated registered health practitioner or hospital.
- 7.6 Written instructions must be given to the person after they have received the cosmetic procedure/s including:
 - a. contact details for the:
 - registered health practitioner who prescribed the cosmetic injectable (where an injectable was part of the procedure)
 - registered health practitioner who performed the cosmetic procedure
 - registered health practitioners responsible for coordinating their care (if this is not the practitioner who prescribed or performed the procedure)
 - a nominated registered health practitioner in case the registered health practitioner who performed the procedure or prescribed the cosmetic injectable is not available
 - b. details of the procedure(s) performed, and any anaesthesia used
 - c. name and details of the product/s used
 - d. the usual range of post-procedure symptoms
 - e. instructions for the person if they experience unusual pain or symptoms (escalation points and who to contact and when)
 - f. instructions for medication, activity restrictions and self-care, and
 - g. dates and details of follow-up visits (if applicable).
- 7.7 The health records kept of the procedure must comply with relevant National Board's code of conduct and include details of the cosmetic procedure performed, described in enough detail to enable another registered health practitioner to take over post-procedure care with an adequate understanding of what has been done. All relevant health records need to be accessible and transferrable to another registered health practitioner.

8. Complaints

- 8.1 People who are dissatisfied have the right to make a complaint. Before the procedure, registered health practitioners must ensure all people receiving cosmetic procedures are provided with information about the range of complaints mechanisms available including:
 - a. raising and resolving the complaint directly with the practitioner who provided the procedure
 - b. accessing the clinic or facility's complaint process
 - c. making a complaint to the health complaints entity in the state or territory where the procedure was performed
 - d. 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).
- 8.2 Registered health practitioners must ensure any non-disclosure agreement (NDA) they use makes clear that a person, or a person on their behalf, 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).

¹⁵ This includes any responsibility a prescribing practitioner may have under the relevant drugs and poisons legislation and regulations of the jurisdiction they are practising in.

9. Education and experience

NOTE FOR NURSES: In addition to the information below, nurses should refer to Appendix A for specific requirements in relation to education and experience for their profession.

- 9.1 Cosmetic procedures or cosmetic injectables must only be provided or prescribed by registered health practitioners who have appropriate education, knowledge, training, competence, authorisations (where required) and experience to safely perform the specific cosmetic procedure. This includes competence and experience not just to perform the cosmetic procedure and deal with all routine aspects of care but also the ability to deal with any likely complications.
- 9.2 All registered health practitioners are responsible for ensuring they are sufficiently educated, trained and competent to safely undertake any cosmetic procedure they may perform. Registered health practitioners must ensure that any education and training they undertake is sufficient to enable competent and safe performance of the cosmetic procedure and the subsequent care of the person after the procedure.
- 9.3 National Boards consider that adequate education and training to undertake a cosmetic procedure includes, at a minimum:
 - a. appropriate training in relevant anatomy and physiology
 - b. training on the assessment for suitability for the procedure, and
 - c. both theoretical and hands-on training in the specific procedure being offered including assessment and demonstration of competence to safely perform the procedure, and care of the person (including side effects, and short and long term complications and their management).
- 9.4 Registered health practitioners who are changing their scope of practice to include cosmetic procedures are expected to undertake any training necessary to ensure they have the appropriate knowledge and competence before providing cosmetic procedures or prescribing cosmetic injectables.
- 9.5 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 cosmetic procedures.

10. Qualifications and titles

- 10.1 A registered health practitioner 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 117–119).
- 10.2 Registered health practitioners must clearly inform people of their registration details, including their registration type, profession, and where relevant, division or endorsement on registration.
- 10.3 Registered health practitioners must not use a protected title¹⁶ unless they hold the related registration type.

11. Advertising and marketing

- 11.1 Advertising material, including practice and practitioner websites and social media, must comply with:
 - a. National Boards' *Guidelines for advertising of regulated health services*
 - b. National Boards' *Guidelines for advertising higher risk non-surgical cosmetic procedures*
 - c. the current *Therapeutic Goods Advertising Code*
 - d. any TGA guidance on advertising non-surgical cosmetic procedures and the advertising requirements of section 133 of the National Law.
- 11.2 Advertising must not glamorise non-surgical cosmetic procedures, minimise the complexity of a procedure, overstate results or imply outcomes that are not realistic.

12. Infection prevention and control

- 12.1 Infection prevention and control systems, appropriate to the level of risk involved in the procedure and the risk profile of the person must be in place. Infection prevention and control processes include (but are not limited to) standard precautions, hand hygiene and maintaining a clean and safe environment.

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 (including local council, state, territory and Commonwealth requirements) for the facilities where the cosmetic procedure will be performed.

¹⁶ Refer also to the [Advertising hub](#) on the Ahpra website for further information, including use of the term 'specialist' in advertising.

- 13.2 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.
- 13.3 Registered health practitioners who provide 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 the most applicable.

14. Financial arrangements

- 14.1 Registered health practitioners must not provide or offer to provide, either directly or through a third party, financial inducements (such as a commission) to any person or company to recruit people to undertake cosmetic procedures.
- 14.2 Registered health practitioners 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 Registered health practitioners must not offer, promote or recommend financing schemes, 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 registered health practitioner from informing people of accepted payment methods such as credit cards or 'buy now, pay later' products (such as Afterpay or Zip Pay) or from offering the option to pay for a procedure in instalments in a non-commercial payment arrangement between the registered health practitioner and the person receiving the cosmetic procedure.
- 14.4 Registered health practitioners must not offer people additional products or services that could act as an incentive to seek cosmetic procedures.
- 14.5 Registered health practitioners must:
- a. disclose any financial interests that could be perceived as influencing the advice they provide to people about cosmetic procedures, and
 - b. ensure that any advice they provide to people about cosmetic procedures has the care and wellbeing of that person as the primary consideration and is not influenced by financial interests.

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.

Review

Date of issue: 2 September 2025

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

Appendix A

This appendix provides specific advice to nurses and midwives about the Nursing and Midwifery Board of Australia's (NMBA) requirements and expectations about the education and experience of nurses and midwives considering providing non-surgical cosmetic procedures.

The NMBA expects that nurses and midwives recognise and work within their scope of practice which is determined by their foundational education, training, authorisation, competence, qualifications and experience, in accordance with relevant NMBA regulatory documents such as the Decision-making framework¹⁷, relevant standards for practice, codes of conduct and local legislation and policy.

1. Information for midwives

Non-surgical cosmetic procedures are not part of contemporary midwifery practice. Midwives must practise in accordance with the relevant NMBA's regulatory documents, including the Midwife standards for practice, which do not extend to non-surgical cosmetic procedures.

2. Information for registered nurses (RNs) who have a sole qualification in mental health, paediatric or disability nursing

RNs with a notation that states 'Solely qualified in the area of mental health, paediatric or disability nursing' have limited foundational education which does not adequately prepare these RNs for the practice of non-surgical cosmetic procedures. If you hold general registration with a sole qualification notation and wish to work in a different area of nursing practice, you will first need to complete an NMBA-approved program of study leading to general registration as a registered nurse. In addition, you will need to ensure that you then have the appropriate education and experience to work in a different area of practice such as non-surgical cosmetic procedures.

3. Information for registered nurses (RNs)

- a. RNs must 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 (excluding non-surgical cosmetic procedures). This is in recognition that RNs who perform non-surgical cosmetic procedures are required to undertake detailed assessment, planning and delegation of care, have complex anatomical and physiology knowledge as well as decision-making relating to pharmacodynamics and pharmacokinetics.
- b. RNs are responsible and accountable for the supervision and delegation of nursing activities to ENs and other healthcare workers (see also EN supervision requirements)
- c. RNs who are intending to progress towards endorsement as a Nurse Practitioner (NP) working solely in the area of non-surgical cosmetic procedures will not meet the requirements for endorsement as an NP. The NMBA considers that practising in the area of non-surgical cosmetic procedures is not working at the clinically advanced practice level (in line with the definition in the NP registration standard for endorsement as an NP).

4. Information for enrolled nurses (ENs)

- a. ENs must work under the supervision of an RN (see section 5 below)
- b. The foundational education entry requirement for ENs is not at a level that adequately prepares them for the risk and complexities associated with non-surgical cosmetic procedures including the administration of cosmetic injectables.
- c. ENs intending to practise in the area of non-surgical cosmetic procedures 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 and
 - one year 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
 - have completed education and training that is relevant to practise in the area of non-surgical cosmetic procedures, prior to undertaking any practice.

17 <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx>

d) ENs working in this context of practice must:

- complete education and training that is relevant, in order to practise in the area of non-surgical cosmetic procedures
- not undertake the administration of dermal filler injectables to very high-risk areas¹⁸ that includes the glabella, nose and forehead
- only undertake the administration of dermal filler injectables to high-risk areas, including temples, nasolabial folds, peri-orbital and medial cheek, in a clinical setting where there is immediate onsite access to the prescriber of the cosmetic injectable and/or an RN, and
- only perform laser skin resurfacing with direct supervision of an RN who checks the laser settings before use.

5. EN supervision requirements

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 (for example, a GP or another medical practitioner) does not meet the NMBA's supervisory requirement.

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.

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.

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 must 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.

18 Jones, DHJ, Fitzgerald, R et al (2021) 'Preventing and Treating Adverse Events of Injectable Fillers: Evidence Based recommendations from the American Society for Dermatologic Surgery Multidisciplinary Task Force' *Dermatologic surgery*, Vol47(2) 214–226.