



# **Guidelines for registered medical practitioners who perform cosmetic surgery and procedures**

Effective from: 1 July 2023

## Introduction

These guidelines have been developed by the Medical Board of Australia (the Board) 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 medical practitioners and the community about the Board's expectations of medical practitioners who perform cosmetic surgery and non-surgical cosmetic procedures in Australia. These guidelines complement *Good medical practice: a code of conduct for doctors in Australia* (*Good medical practice*) and provide specific guidance for medical practitioners who perform cosmetic surgery and non-surgical cosmetic procedures. They should be read in conjunction with *Good medical practice*. Medical practitioners should also refer to other relevant guidelines such as the Board's guidance on telehealth consultations.

The guidelines are in two sections with separate guidance for cosmetic surgery and for non-surgical cosmetic procedures.

## Who do these guidelines apply to?

These guidelines apply to medical practitioners registered under the National Law who perform cosmetic surgery and non-surgical cosmetic procedures.

## Definitions

*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>1</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. 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, CO<sub>2</sub> laser skin resurfacing, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels and hair transplants.<sup>2</sup> Mole removal for the purposes of appearance is classified as non-surgical even though it may involve cutting beneath the skin.

Surgery or a procedure may be medically 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.<sup>3</sup> Surgery and procedures that have a medical justification and which may also lead to improvement in appearance are excluded from the definition.

*Reconstructive surgery* differs from cosmetic surgery as, while it incorporates aesthetic techniques, it restores form and function as well as normality of appearance. These guidelines apply to plastic surgery when it is performed only for cosmetic or aesthetic reasons. They do not apply to reconstructive surgery.

Gender affirmation surgery is not considered cosmetic surgery.

## How will the Board use these guidelines?

Section 41 of the National Law states that an approved registration standard or a code or guideline approved by the 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 the Board in its role of protecting the public, by setting and maintaining standards of medical practice. If a medical 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 medical practitioner's registration.

<sup>1</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>2</sup> Definitions adapted from the Medical Council of New Zealand *Statement on cosmetic procedures* (2011).

<sup>3</sup> Definition from the Medical Council of New South Wales *Cosmetic surgery guidelines* (2008).

# Cosmetic surgery

## 1. Recognising potential conflicts of interest

- 1.1 Medical practitioners must recognise that conflicts of interest can arise when providing cosmetic surgery and must ensure that the care and wellbeing of their patient is their primary consideration.

## 2. Assessment of patient suitability

- 2.1 All patients seeking cosmetic surgery must have a referral, preferably from their usual general practitioner or if that is not possible, from another general practitioner or other specialist medical practitioner. The referring medical practitioner must work independently of the medical practitioner who will perform the surgery and must not perform cosmetic surgery or non-surgical cosmetic procedures themselves.
- 2.2 The medical practitioner who will perform the surgery must discuss and assess the patient's reasons and motivation for requesting the surgery 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 surgery must be discussed to ensure they are realistic.
- 2.3 Patients should be asked if another practitioner has declined to provide them cosmetic surgery.
- 2.4 The medical practitioner who will perform the surgery must assess the patient for underlying psychological conditions such as body dysmorphic disorder (BDD), which may make them an unsuitable candidate for the surgery. The practitioner doing the assessment must use a validated psychological screening tool to screen for BDD. The process and the outcome of the assessment and screening must be documented in the patient's record, for all patients seeking cosmetic surgery.
- 2.5 If screening indicates that the patient has significant underlying psychological issues which may make them an unsuitable candidate for the cosmetic surgery, they must be referred for evaluation to a psychologist, psychiatrist or general practitioner<sup>4</sup>, who works independently of the medical practitioner who will perform the surgery.
- 2.6 The medical practitioner who will perform the surgery must discuss other options with the patient, including surgery, procedures or treatment offered by other health practitioners and the option of not having the surgery.
- 2.7 A medical practitioner must decline to perform the surgery if they believe that it is not in the best interests of the patient.

## 3. Patient consultation type and timing

### Number and type of consultation

- 3.1 A patient seeking cosmetic surgery must have at least two pre-operative consultations.
- 3.2 The patient's first consultation must be with the medical practitioner who will perform the surgery or another registered health practitioner who works with the medical practitioner who will perform the surgery (not a patient advisor or an agent).
- 3.3 At least one of the two consultations must be in person with the medical practitioner who will perform the surgery.
- 3.4 Other consultation(s) can be in person or by video.

### When consent can be given

- 3.5 The patient must not be requested to sign consent forms at their first consultation.
- 3.6 The patient cannot consent to cosmetic surgery until they have had an in-person consultation with the medical practitioner who will perform the surgery.
- 3.7 The decision to have the surgery (provision of informed consent) must be made at a consultation with the medical practitioner who will perform the procedure (in person or by video).

### Cooling-off period

- 3.8 There must be a cooling-off period of at least seven days after the patient has had two consultations and given informed consent (signed consent forms), before the surgery can be booked or a deposit paid.

<sup>4</sup> Referral to a general practitioner excludes referral to general practitioners who provide cosmetic surgery or non-surgical cosmetic procedures.

## 4. Additional responsibilities when providing cosmetic surgery for patients under the age of 18

*In addition to the other requirements in these guidelines for cosmetic surgery, the following applies to patients under the age of 18.*

- 4.1 Medical practitioners must know and comply with relevant legislation of the jurisdiction in which they practise, in relation to restrictions on cosmetic surgery for patients under the age of 18.
- 4.2 The medical practitioner who will perform the surgery must assess and be satisfied that the patient has the capacity to consent to the surgery.
- 4.3 The medical practitioner should, to the extent that it is practicable, have regard for the views of a parent or guardian of the patient under 18, including whether the parent or guardian supports the surgery being performed.
- 4.4 Before any cosmetic surgery, all patients under the age of 18 must be referred to, and be evaluated by, a psychologist, psychiatrist or general practitioner<sup>5</sup>, who works independently of the medical practitioner who will perform the surgery, to identify if there are any significant underlying psychological problems which may make them an unsuitable candidate for the surgery.
- 4.5 For patients under the age of 18, there must be a cooling-off period of at least three months between the provision of informed consent and the surgery being performed.
- 4.6 The patient should be encouraged to discuss why they want to have the surgery with their general practitioner during the cooling-off period.

## 5. Informed consent including informed financial consent

- 5.1 The medical practitioner who will perform the surgery must provide the patient with enough information for them to make an informed decision about whether to have the surgery. 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>6</sup> Information provided must not glamorise surgery, minimise the complexity of the surgery, overstate results or imply patients can achieve outcomes that are not realistic. It must include information about the:

### a. cosmetic surgery

- what the surgery involves (including the type of anaesthesia and pain management)
- where the surgery will be performed
- whether the surgery is new or experimental
- the range of possible outcomes of the surgery, in the short and long term
- the risks and possible complications associated with the surgery, in the short and long term
- the risks specific to the patient including the possible impact of any comorbidities the patient has
- the possibility of the need for revision surgery or further treatment in the short term (such as capsular contracture) or the long term (such as replacement of implants after expiry date)
- recovery times and specific care requirements during the recovery period

### b. medical practitioner performing the surgery

- the medical practitioner's registration type, for example, general registration or specialist registration (including recognised specialty and field of specialty practice (if applicable))
- whether the practitioner has an endorsement for cosmetic surgery on their registration (when area of practice endorsement for cosmetic surgery is available)
- the practitioner's qualifications, training and experience (see section 9)
- which other practitioners will be involved in the surgery (if applicable)

<sup>5</sup> Referral to a general practitioner excludes referral to general practitioners who provide cosmetic surgery or non-surgical cosmetic procedures.

<sup>6</sup> Fee-for-service interpreter services are available for non-Medicare rebatable services in private practice <https://www.tisnational.gov.au/>.

# Cosmetic surgery

## c. costs

- total cost
- costs of any implants or other devices
- costs of other medical practitioners, for example, assistant surgeon and anaesthetist fees (costs if known, indicative cost or information on how to find out these costs)
- facility costs, for example, theatre fees, and hospital or day procedure centre (costs if known, indicative cost or information on how to find out these costs)
- details of deposits and payments required and payment dates
- refund of deposits
- payments for follow-up care, including any garments or devices to support recovery
- possible costs for allied health or other care required post-operatively
- possible further costs for revision surgery or additional treatment
- advising the patient that cosmetic surgery is not covered by Medicare.

5.2 For any cosmetic surgery that includes an implantable device, the patient must be given the Therapeutic Goods Administration (TGA) approved patient information leaflet (PIL) (before the surgery) and the patient implant card (PIC) (after the surgery) for the device.

5.3 Consent must be requested for any photographs or videos a practitioner proposes to take of a patient in a consultation or during the surgery. The patient must be given information about the proposed use of any images of them, including:

- the purpose (for example, for medical record only, for advertising)
- how the images will be used (for example, stored in patient's record, shown to prospective patients in consultations, published on website and posted on social media), and
- where they will be stored and who will have access. Patient images must be stored on a secure device. Medical 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 use of their images in advertising. Consent for the use of images in advertising must be separate from consent to the surgery. Patients must be allowed to withdraw their consent to use of their images and 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 taking, use and storage of any images must be documented.

5.4 Informed consent must be obtained by the medical practitioner who will perform the surgery. This cannot be delegated to another person. The medical practitioner must take reasonable steps to ensure the patient understands the information provided.

5.5 Informed consent must be obtained at a consultation (in person or by video) at least seven days before the day of the surgery and reconfirmed on the day of the surgery and documented appropriately. A copy of the signed consent form must be given to the patient.

## 6. Patient management

6.1 The medical practitioner who will perform the surgery is responsible for the management of the patient, including ensuring the patient receives appropriate ongoing post-operative care.

6.2 If the medical practitioner who performed the surgery is not personally available to provide post-operative care, they must have formal alternative arrangements in place, including a nominated delegate who is a suitably qualified medical practitioner. These arrangements must be made in advance, documented, and made known to the patient, other treating practitioners and the relevant facility or hospital.

# Cosmetic surgery

- 6.3 In addition, when a medical practitioner performs cosmetic surgery in a location that is not their primary place of practice (practitioners who visit or 'fly in/fly out' of a second, rural or interstate location), the medical practitioner who performed the surgery must be available at that location for at least 24 hours after the patient's surgery. Ongoing post-operative care in these locations can be delegated after the first 24 hours.
- 6.4 When a patient may need sedation, anaesthesia and/or analgesia for cosmetic surgery, the medical practitioner who will perform the surgery must comply with the Australian and New Zealand College of Anaesthetists' (ANZCA) guidance on procedural sedation<sup>7</sup> and ensure that there are trained staff, facilities and equipment to deal with any emergencies, including resuscitation of the patient.
- 6.5 There must be protocols in place for managing complications and emergencies that may arise during the surgery or in the immediate post-operative phase.
- 6.6 It is preferable that the medical practitioner who will perform the surgery has admitting rights to an appropriate hospital in the event that post-operative admission is required. If the practitioner does not have admitting rights, prior arrangements should be made with another medical practitioner who has admitting rights and who can take responsibility for ongoing patient care. In the event of complications requiring hospital admission, the medical practitioner who performed the surgery is responsible for coordinating care until the patient is under the management of the alternative practitioner or hospital.
- 6.7 Collaborative care arrangements with the wider healthcare team, as indicated by a patient's history and needs, should be considered pre-operatively, organised prior to discharge and made known to the patient.
- 6.8 Written instructions must be given to the patient on discharge including:
- contact details for the:
    - medical practitioner who performed the surgery
    - nominated delegate medical practitioner in case the medical practitioner who performed the surgery is not available
  - details of the surgery performed and the anaesthesia used
  - the usual range of expected post-surgical symptoms
  - instructions for the patient if they experience unusual pain or symptoms (escalation points and who to contact and when)
  - instructions for medication, dressings, activity restrictions and self-care, and
  - dates and details of follow-up visits.
- 6.9 Medical records must include the surgery performed, described in enough detail to enable another practitioner to take over post-operative care and/or operate on the patient in the future with an adequate understanding of what has been done.

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

- 7.1 The medical practitioner who performs the surgery is responsible for ensuring that any other person participating in the patient's care has appropriate qualifications, training and experience, and is adequately supervised as required.
- 7.2 When a medical practitioner is assisted by another registered health practitioner or assigns an aspect of the surgery or patient care to another registered health practitioner, the medical practitioner who performs the surgery retains overall responsibility for the patient. This does not apply when the medical practitioner has formally referred the patient to another registered health practitioner.

---

<sup>7</sup>ANZCA, PG09(G) *Guideline on procedural sedation 2022*, available at <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>.

## 8. Complaints

- 8.1 Patients who are dissatisfied have the right to make a complaint. The practitioner must provide all patients with information before the surgery, about the range of complaints mechanisms available including:
- raising and resolving the complaint directly with the practitioner who provided the surgery
  - accessing the clinic or facility's complaint process
  - making a complaint to the health complaints entity in the state or territory where the surgery was performed
  - making a complaint to Ahpra, the Health Care Complaints Commission or the Medical Council of NSW (in NSW) or the Office of the Health Ombudsman (in Queensland).
- 8.2 Medical 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 or the Medical Council of NSW (in NSW) or the Office of the Health Ombudsman (in Queensland).

## 9. Training and experience

- 9.1 Cosmetic surgery must only be provided by medical practitioners with the appropriate knowledge, training and experience to perform the surgery and deal with all routine aspects of care and any likely complications. (When area of practice endorsement for cosmetic surgery is available) an approved qualification eligible for endorsement for cosmetic surgery is appropriate training. In the interim, the Board expects that at a minimum, a medical practitioner providing cosmetic surgery will have undertaken appropriate surgical skills training, training in the specific cosmetic surgery being offered, and have completed supervised practice to ensure they are safe to perform the surgery.
- 9.2 A medical practitioner who is changing their scope of practice to include cosmetic surgery is expected to undertake the necessary training before providing cosmetic surgery.
- 9.3 All medical practitioners must participate regularly in continuing professional development (CPD) that is relevant to their scope of practice. All medical practitioners whose scope of practice includes cosmetic surgery, must undertake CPD that includes activities related to cosmetic surgery, including reviewing their performance and measuring their outcomes.

## 10. Qualifications and titles

- 10.1 A medical 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).
- 10.2 Medical practitioners must clearly inform their patient of their registration type, for example, general registration or specialist registration (including recognised specialty and field of specialty practice (if applicable)).
- 10.3 Medical practitioners must not use a protected title 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 the Board's *Guidelines for advertising a regulated health service*, the Board's *Guidelines for registered medical practitioners who advertise cosmetic surgery*, the current *Therapeutic Goods Advertising Code* and the advertising requirements of section 133 of the National Law. Detailed guidance for advertising cosmetic surgery is in the Board's cosmetic specific advertising guidelines.

# Cosmetic surgery

## 12. Facilities

- 12.1 Medical practitioners must know and comply with relevant legislation, regulations and standards of the jurisdiction in which they are practising in relation to facilities, including facility licensing, where the surgery will be performed.
- 12.2 All cosmetic surgery<sup>8</sup> must be performed in a facility that is accredited by an Australian Commission on Safety and Quality in Health Care (ACSQHC) approved agency to ACSQHC standards as specified by the Board.<sup>9</sup>
- 12.3 Cosmetic surgery 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.

## 13. Financial arrangements

- 13.1 No money should be payable until after the cooling-off period (other than for initial consultations).
- 13.2 The medical practitioner must not provide or offer to provide financial inducements (such as a commission) to agents for recruitment of patients.
- 13.3 The medical practitioner must not provide or offer to provide free or discounted surgery to prospective patients, including social media influencers or users, for promotion of cosmetic surgery or services.
- 13.4 The medical 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 surgery. This does not preclude a practitioner from informing patients of accepted payment methods such as credit cards (such as Visa, Mastercard), buy now, pay-later products (such as Afterpay, Openpay, Zip Pay) or from offering the option to pay for cosmetic surgery in instalments in a non-commercial payment arrangement between the medical practitioner and patient.
- 13.5 Medical practitioners must not encourage patients to take on debt (for example, personal loans, re-mortgage) or access superannuation, to access cosmetic surgery.
- 13.6 Medical practitioners must not offer patients additional products or services that could act as an incentive to cosmetic surgery (such as free or discounted flights or accommodation).
- 13.7 Medical 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.

---

<sup>8</sup> Upper eyelid blepharoplasty without sedation and which does not breach the orbital septum is exempt from the requirement for an accredited facility.

<sup>9</sup> The current standards specified by the Board are the National Safety and Quality Health Service (NSQHS) Standards.

# Non-surgical cosmetic procedures

## 1. Recognising potential conflicts of interest

- 1.1 Medical practitioners must recognise that conflicts of interest can arise when providing non-surgical cosmetic procedures and must ensure that the care and wellbeing of their patient is their primary consideration.

## 2. Assessment of patient suitability

- 2.1 The medical practitioner who will perform the cosmetic procedure or prescribe the cosmetic injectable 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 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 (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 which may make them an unsuitable candidate for the cosmetic procedure, they must be referred for evaluation to a psychologist, psychiatrist or general practitioner<sup>10</sup>, who works independently of the medical practitioner who will perform the procedure or prescribe the cosmetic injectable.
- 2.4 The medical 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 medical 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 Medical 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.

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

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

- 4.1 Medical 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.
- 4.2 The medical practitioner must consider the appropriateness of the cosmetic procedure for the patient who is under the age of 18. The Board considers that Botulinum toxin and dermal fillers should not be prescribed for patients under the age of 18 for cosmetic purposes.
- 4.3 The medical practitioner who will perform the cosmetic procedure or prescribe the cosmetic injectable must assess and be satisfied that the patient has the capacity to consent to the procedure.
- 4.4 The medical practitioner should, to the extent that it is practicable, have regard for the views of a parent or guardian of the patient under 18, including whether the parent or guardian supports the procedure being performed.
- 4.5 For patients under the age of 18, 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 discuss why they want to have the cosmetic procedure with their general practitioner during the cooling-off period.

---

<sup>10</sup> Referral to a general practitioner excludes referral to general practitioners who provide cosmetic surgery or non-surgical cosmetic procedures.

# Non-surgical cosmetic procedures

## 5. Informed consent including informed financial consent

5.1 The medical 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>11</sup> Information provided must not glamorise cosmetic procedures, minimise the complexity of the procedure, overstate results or imply patients can achieve outcomes that are not realistic. It must include information about the:

a. cosmetic procedure

- what the procedure involves (including the type of anaesthesia and pain management)
- 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
- the risks and possible complications associated with the procedure, in the short and long term
- the risks specific to the patient including the possible impact of any comorbidities the patient 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

b. medical practitioner providing the cosmetic procedure or prescribing the cosmetic injectable

- the medical practitioner's registration type, for example, general registration or specialist registration (including recognised specialty and field of specialty practice (if applicable))
- the practitioner's qualifications, training and experience (see section 10)
- which other practitioners will be involved in the procedure (if applicable)

c. costs

- total cost
- details of deposits and payments required and payment dates
- refund of deposits
- payments for follow-up care
- possible further costs for revision or additional treatment
- advising the patient 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 the cosmetic procedure. The patient must be given information about the proposed use of any images of them, including:

- the purpose (for example, for medical record only, for advertising)
- how the images will be used (for example, stored in patient record, shown to prospective patients in consultations, published on website and posted on social media), and
- where they will be stored and who will have access. Patient images must be stored on a secure device. Medical 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 use of their images 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 and 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 taking, use and storage of any images must be documented.

<sup>11</sup> Fee-for-service interpreter services are available for non-Medicare rebatable services in private practice <https://www.tisnational.gov.au/>.

# Non-surgical cosmetic procedures

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

## 7. Patient management

- 7.1 The medical practitioner who will perform the 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 medical practitioner remains responsible for the management of the patient, including ensuring the patient receives appropriate post-procedure care.
- 7.3 If the medical practitioner who performed the cosmetic procedure or prescribed the injectable is not personally available to provide post-procedure care, they must have formal alternative arrangements in place including a nominated delegate who is a suitably qualified 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 medical practitioner who performed the procedure or prescribed the injectable is responsible for coordinating care until the patient is under the management of the alternative practitioner or hospital.
- 7.6 Written instructions must be given to the patient after the cosmetic procedure including:
  - contact details for the:
    - medical practitioner who performed the cosmetic procedure or prescribed the cosmetic injectable
    - health practitioner who performed the procedure (if applicable), and
    - nominated delegate health practitioner in case the medical practitioner who performed the cosmetic procedure or prescribed the injectable is not available
  - details of the procedure(s) performed and the anaesthesia used
  - 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, and
  - dates and details of follow-up visits (if applicable).
- 7.7 Medical records must include the 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.

# Non-surgical cosmetic procedures

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

- 8.1 The medical practitioner is responsible for ensuring that any other person participating in the patient's care has appropriate qualifications, training and experience, and is adequately supervised as required.
- 8.2 When a medical 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 medical practitioner who performed the procedure or prescribed the cosmetic injectable retains overall responsibility for the patient. This does not apply when the medical practitioner has formally referred the patient to another registered health practitioner.

## 9. Complaints

- 9.1 Patients who are dissatisfied have the right to make a complaint. The practitioner must provide all patients with information before the procedure, 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 Medical Council of NSW (in NSW) or the Office of the Health Ombudsman (in Queensland).
- 9.2 Medical 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 or the Medical Council of NSW (in NSW) or the Office of the Health Ombudsman (in Queensland).

## 10. Training and experience

- 10.1 Cosmetic procedures must only be provided or cosmetic injectables prescribed, by medical practitioners with the appropriate knowledge and training in the specific cosmetic procedures being offered, and experience to perform the procedure and deal with all routine aspects of care and any likely complications.
- 10.2 A medical 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 medical practitioners must participate regularly in continuing professional development (CPD) that is relevant to their scope of practice. All medical practitioners whose scope of practice includes cosmetic procedures, must undertake CPD that includes activities related to cosmetic procedures, including reviewing their performance and measuring their outcomes.

## 11. Qualifications and titles

- 11.1 A medical 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 Medical practitioners must clearly inform their patient of their registration type, for example, general registration or specialist registration (including recognised specialty and field of specialty practice (if applicable)).
- 11.3 Medical practitioners must not use a protected title unless they hold the related registration type.

# Non-surgical cosmetic procedures

## 12. Advertising and marketing

- 12.1 Advertising material, including practice and practitioner websites and social media, must comply with the Board's *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 cosmetic surgery is in the Board's *Guidelines for registered medical practitioners who advertise cosmetic surgery* and is a useful reference when advertising cosmetic procedures.

## 13. Facilities

- 13.1 Medical 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 Medical 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 ACSQHC's National Safety and Quality Primary and Community Healthcare Standards.<sup>12</sup>
- 13.3 Non-surgical cosmetic procedures must be performed (whether by the medical practitioner or another health practitioner working with the medical practitioner) 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 medical practitioner must not provide or offer to provide financial inducements (such as a commission) to agents for recruitment of patients.
- 14.2 The medical practitioner must not provide or offer to provide free or discounted procedures to prospective patients, including social media influencers or users, for promotion of cosmetic procedures or services.
- 14.3 The medical 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), 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 doctor and patient.
- 14.4 Medical practitioners must not offer patients additional products or services that could act as an incentive to cosmetic procedures.
- 14.5 Medical 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.

---

<sup>12</sup> Assessment for accreditation against these standards is expected to begin in 2023.

## Acknowledgements

The Board acknowledges the *Final report – Independent review of the regulation of medical practitioners who perform cosmetic surgery* and the following organisations' codes and guidelines, which informed the development and update of the Board's 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: 1 July 2023

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