

## Public consultation

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14 November 2022

### Regulation of medical practitioners who provide cosmetic medical and surgical procedures

#### Summary

The Medical Board of Australia (the Board) is consulting on three documents related to the regulation of medical practitioners who provide cosmetic surgery:

1. Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners*
2. Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*
3. Draft *Guidelines for medical practitioners who advertise cosmetic surgery*.

The recent [Independent review of the regulation of medical practitioners who perform cosmetic surgery](#),<sup>1</sup> commissioned by Ahpra and the Board, made 16 recommendations to improve patient safety in the cosmetic surgery sector.

Ahpra and the Board have accepted the review recommendations in full including agreeing to create an area of practice endorsement for cosmetic surgery, strengthen the Board's existing *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* and issue more guidance on advertising about cosmetic surgery.

Health Ministers have endorsed the decision of the Board to implement all recommendations from the Independent review, including to establish an area of practice endorsement for cosmetic surgery. Health Ministers expect urgent action to be taken and have asked the Board to report on its progress on implementation at the Health Ministers Meeting in November 2022.

To implement recommendations of the Independent review, the Board has drafted three documents for public consultation (as one part of a broad suite of work), which it proposes to use in its regulation of this area of practice. These relate to:

- the requirements for area of practice endorsement (the draft registration standard)
- revised guidance for medical practitioners practising in the area of cosmetic surgery (the draft revised Cosmetic Guidelines)
- additional guidance on advertising, specific to cosmetic surgery (the draft Advertising Guidelines).

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

The draft standard and guidelines propose requirements directly responding to the recommendations of the Independent review. Based on the findings of the review, the Board is proposing a number of new and strengthened regulatory approaches. It has intentionally set high standards for this area of medical practice noting Mr Andrew Brown's (the Independent reviewer) comments that 'the cosmetic surgery industry challenges the traditional surgical specialist model, with the industry largely sitting outside existing health systems and frameworks that offer safeguards to the public'.

The review found that when it comes to cosmetic surgery, universal minimum standards for education, training and qualifications are non-existent in Australia. It is therefore possible for any medical practitioner to offer and perform invasive cosmetic surgical procedures without having undertaken appropriate training or having amassed sufficient supervised experience to reach an acceptable level of competency. In these circumstances, consumers are largely left on their own when it comes to selecting a practitioner to perform cosmetic surgery, having to sift through a plethora of advertising and marketing material and try to make sense of numerous qualifications, in an attempt to identify a qualified and competent practitioner.

As the three documents are all related to one area of practice, cosmetic surgery, the Board is consulting on all three documents together. Feedback is welcome on any/all of the three documents.

The registration standard must be approved by Health Ministers. Guidelines are approved by the Board.

### Consultation process

Health Ministers expect that the Board will take urgent action to reform medical regulation of cosmetic surgery, and this has led to a different approach to consultation. This is a shorter, streamlined consultation process designed to meet the timeframes expected by Ministers.

The approach to consultation takes into account the extensive public consultation undertaken as part of the Independent review. The review consulted on patient safety issues in cosmetic surgery and sought views on the endorsement model, how advertising regulation could be strengthened and which areas of the cosmetic guidelines needed to be strengthened. The review received 249 submissions from organisations, practitioners and consumers and 595 responses to its consumer survey. The Board has used the review's final report and the published submissions, to inform the development of these three draft documents.

Public consultation will be open for four weeks and feedback can be submitted via an online survey. The Board welcomes feedback from organisations, medical practitioners who work in cosmetic surgery and those who don't, registered health practitioners, cosmetic surgery consumers and members of the community.

### Making a submission

The Board is inviting comments on three draft documents for cosmetic surgery. There are also specific questions which you may wish to address in your response.

Feedback can be given by completing the relevant online submission<sup>2</sup>:

- consultation feedback for organisations and registered health practitioners
- consultation feedback for consumers.

Alternatively, submissions can be made using the template document and sending the completed form by email to [medboardconsultation@ahpra.gov.au](mailto:medboardconsultation@ahpra.gov.au).

The closing date for submissions is **11 December 2022**.

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<sup>2</sup> Note that the survey is not an avenue for making a complaint about a practitioner. Anyone wishing to make a complaint about a registered health practitioner providing cosmetic surgery or procedures can call Ahpra's Cosmetic Surgery Hotline – 1300 361 041 or lodge a notification online via the [Ahpra website](#).

## **Publication of submissions**

The Board publishes submissions at its discretion.

The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

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

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

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

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

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

## Background

The *Independent review of the regulation of medical practitioners who perform cosmetic surgery*, commissioned by Ahpra and the Board, made 16 recommendations to improve patient safety in the sector.<sup>3</sup> Ahpra and the Board have accepted the review recommendations in full including:

- Recommendation 1 – establish an area of practice endorsement for cosmetic surgery
- Recommendation 11 – produce additional guidance material about cosmetic surgery advertising
- Recommendation 13 and 14 – update the *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*

Health Ministers have endorsed the decision of the Board to implement all recommendations from the Independent review, including to establish an area of practice endorsement for cosmetic surgery, and Ministers have asked the Board to report on its progress on implementation in November 2022.

Health Ministers are currently considering title protection and whether the title ‘surgeon’ should be protected. This is separate to the Board’s work.

## Definitions

The Board has established definitions for cosmetic procedures in its current Cosmetic Guidelines. The following are updated definitions incorporating a change recommended by the Independent review (deletion of the reference to cosmetic surgery ‘boosting self-esteem’). The change to the definition is subject to consultation and is outlined in the draft revised Cosmetic Guidelines (Attachment B and summary of changes (Attachment C)).

***Cosmetic medical and surgical procedures*** (as defined in the Medical Board’s *Guidelines for registered medical practitioners who perform cosmetic medical and surgical 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.

***Major cosmetic medical and surgical procedures*** (*‘cosmetic surgery’*) is defined as procedures which involve cutting beneath the skin. Examples include; breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer.

***Minor (non-surgical) cosmetic medical 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, thread lifts, mole removal for purposes of appearance, non-surgical cosmetic varicose vein treatment, CO<sub>2</sub> laser skin resurfacing, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels, microsclerotherapy and hair replacement therapy.

## Documents for consultation

Cosmetic surgery is discretionary and as the Independent review noted, the cosmetic surgery sector ‘is unique and somewhat of a health market disrupter, largely sitting outside of the existing health system frameworks. (Thus) the existing traditional systems that tend to ensure that patients access appropriately qualified medical practitioners do not necessarily apply in cosmetic surgery’.

The draft standard and guidelines propose requirements, directly responding to the recommendations of the Independent review. Based on the findings of the review, the Board is proposing a number of new and strengthened regulatory approaches. It has intentionally set higher standards for medical practice in this area, with requirements that are not seen for other areas of practice, to protect patients.

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<sup>3</sup> More information about the independent review is available on the [Ahpra website](#).

## Draft Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners (Attachment A)

### **Independent review: Recommendation 1**

*The Medical Board seek to establish an area of practice endorsement for cosmetic surgery.*

The *Draft registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners* is a new document. The registration standard sets out the requirements for medical practitioners seeking to apply for an area of practice endorsement for cosmetic surgery. Endorsement will only apply to major cosmetic surgery (as defined above). The registration standard states that to be eligible for endorsement, the practitioner must have been awarded an approved qualification in cosmetic surgery. This reflects section 98 of the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory, that states that to be eligible to have their registration endorsed for an area of practice, a practitioner must hold an approved qualification or another qualification, substantially equivalent to an approved qualification.

There aren't any approved qualifications yet. The Australian Medical Council (AMC) will develop accreditation standards and graduate outcomes for area of practice endorsement for cosmetic surgery. Education providers (for example, specialist colleges and/or other organisations) will be able to apply for their training program to be assessed against the accreditation standards. Qualifications are assessed and accredited by the AMC and approved by the Board. The Board will publish approved qualifications for endorsement of registration for cosmetic surgery on its list of approved programs of study on the Board's website. Approved qualifications will *not* be listed in the registration standard (as qualifications are approved (and monitored) over a period of time). A medical practitioner who has an approved qualification (from a date specified in the accreditation process) will be able to apply for endorsement. There are no provisions for grandparenting practitioners who have experience in cosmetic surgery but who do not have the required qualifications for endorsement.

A medical practitioner who has their registration endorsed for cosmetic surgery will have this information published on the public register. The endorsement will enable the public to easily identify medical practitioners with an approved qualification in cosmetic surgery.

The registration standard also sets out requirements for data collection and facility accreditation for practitioners with endorsement.

### **Consultation questions**

The details of the requirements for endorsement are in the draft registration standard.

1. Are the requirements for endorsement appropriate?
2. Are the requirements for endorsement clear?
3. Is anything missing?

**Independent review: Recommendation 13**

*The Medical Board review, consult on and update its Guidelines for medical practitioners who perform cosmetic medical and surgical procedures to clarify expectations, including amending the following sections as detailed in 'Chapter 4 – Influencing Practice':*

- a) *Definition*
- b) *Section 2 – Patient assessment (including preoperative screening, cooling-off period, video consultations)*
- c) *Section 4 – Consent (including informed financial consent)*
- d) *Section 5 – Patient management (including sedation and anaesthesia, and postoperative care)*
- e) *Section 8 – Training and experience*
- f) *Section 11 – Facilities*
- g) *Section 12 – Financial arrangements.*

**Independent review: Recommendation 14**

*The Medical Board strengthen the Cosmetic Guidelines by reviewing where 'should' is used and consider using 'must' to make expectations clearer.*

The Board is proposing changes to its 2016 *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*.

The revised Cosmetic Guidelines will apply to medical practitioners providing any cosmetic medical and surgical procedures (major and/or minor).<sup>4</sup> For ease of reading, the revised Guidelines have been reformatted and split into two sections – guidance for practitioners providing *major* cosmetic surgery and for practitioners providing *minor* procedures.

The Board has changed most instances of 'should' in the Guidelines, to 'must', to make expectations explicit. Relevant sections of the Cosmetic Guidelines have been reviewed and updated where the Independent review made explicit recommendations for specific changes to a section and where the review highlighted issues and suggested that the Board should consider making changes.

The Board has also proposed some other changes to further improve patient safety relating to issues raised in the review as areas of risk or where patient protections are missing. For example, the review noted that general practitioners are generally not involved in recommending treatment or directing patients to appropriately qualified medical practitioners. The Board is proposing that all patients seeking cosmetic surgery will need a referral from their general practitioner or another independent general practitioner. Similarly, the review stated its concern about the significant differences in approaches between different states and territories about which procedures can be performed in which facilities, noting the risks to patients when cosmetic surgery is undertaken in facilities that are not appropriate for the procedure. While there is concurrent work being undertaken to standardise approaches to facility accreditation, the Board is proposing that the Guidelines include a requirement that major cosmetic surgery be undertaken in an accredited facility (even if this is not required by jurisdictional regulations for the particular procedure in the relevant state or territory).

A table summarising all the proposed changes in the Cosmetic Guidelines is at Attachment C.

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<sup>4</sup> The Medical Board does not regulate other health practitioners, such as nurses and dentists, so the Guidelines only apply to medical practitioners providing cosmetic procedures.

## Consultation questions

The details of the revised guidance are in the draft revised Cosmetic Guidelines.

4. Are the proposed changes to the Cosmetic Guidelines appropriate?
5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?
6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?
7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?
8. Do you support the requirement for major cosmetic surgery to be undertaken in an accredited facility?
9. Is anything missing?

**Independent review: Recommendation 11**

*Ahpra and the Medical Board revise the Advertising Guidelines, the Cosmetic Guidelines and/or produce additional material specifically about cosmetic surgery to clarify the standards expected of practitioners (including specific examples of inappropriate content or approaches) by addressing such areas as:*

- a) avoiding the glamorisation and trivialisation of procedures including the downplaying of risk*
- b) avoiding the use of images of models who have not undergone a cosmetic procedure(s) to promote a cosmetic procedure*
- c) avoiding the promotion of procedures through the use of social media influencers*
- d) avoiding the use of content that implies cosmetic surgery should be utilised to obtain an acceptable/ideal body type*
- e) promoting the use of disclaimers*
- f) limiting benefit statements to those that are objectively demonstrable/provable (that is, the physical changes – not claimed psychological or social benefit)*
- g) limiting the filming and use of content that shows surgical procedures to educational purposes only and not for entertainment*
- h) strengthening procedures for informed consent on the use of and storage of patients' before and after photos*
- i) preventing the targeting of young or otherwise vulnerable groups with advertising (including through algorithms and other marketing technology).*

In the Board's current *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures* (2016) section 10 is on 'Advertising and marketing' and notes that medical practitioners must comply with the Board's current *Guidelines for advertising of regulated health services* and provides some guidance on advertising specific to cosmetic procedures.

Noting the issues raised in the Independent review about advertising in this sector and the numerous areas where the review recommended guidance is needed, the Board is proposing standalone *Guidelines for medical practitioners who advertise cosmetic surgery*. The Guidelines address each of the areas in the recommendation.

**Consultation questions**

The details of the new advertising guidance are in the draft Advertising Guidelines.

- 10. Is the guidance in the draft Advertising Guidelines appropriate?
- 11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?
- 12. Is anything missing?

## Options

The Board has considered the following options in developing this proposal.

### **Option 1 – Retain the status quo**

Option 1 is to continue with only the existing regulatory tools – the Board's 2016 Cosmetic Guidelines and the 2020 Advertising Guidelines (which apply to all advertising, not specific to cosmetic surgery) and the existing model of title protection.

The Independent review found that the current regulatory tools do not sufficiently protect cosmetic surgery patients and strengthened regulation and guidance is needed to improve patient safety.

The current Cosmetic Guidelines are overdue for review and no longer reflect practice in this area and the patient safety protections that are needed. If the status quo is maintained (option 1), guidance would not be updated, and an area of practice endorsement would not be able to be implemented and patient safety would not improve.

### **Option 2 – Proposed new registration standard, revised Cosmetic Guidelines and new Advertising Guidelines**

Option 2 (a new registration standard and revised and new guidelines) directly responds to the recommendations of the Independent review to strengthen regulation to improve patient safety. The review found that an objective and independent assessment of training for medical practitioners providing cosmetic surgery is required and having widely consulted and considered all the options, an area of practice endorsement was considered the best way to do this. It also found that the Board needs to update and strengthen the Cosmetic Guidelines and update existing guidance on advertising including providing material specifically about cosmetic surgery advertising.

While the Board has drafted a registration standard for consultation, it will take all stakeholder feedback into consideration. That is, the registration standard that is proposed to Ministers for their consideration and approval, will be informed by feedback. A decision about the guidelines is made by the Board (they do not need Ministerial approval), however, similarly they will be informed by the consultation feedback.

For the purposes of consultation, the Board is proposing three documents, a registration standard for area of practice endorsement, revised Cosmetic Guidelines which have been updated and strengthened, and new standalone guidelines specifically about cosmetic surgery advertising.

### **Preferred option**

The Board prefers Option 2.

## Relevant sections of the National Law

The relevant sections of the National Law are:

- s.15 – Approval of area of practice for purposes of endorsement
- s. 35(1)(c)(ii) – Development of registration standards
- s. 39 – A National Board may develop and approve codes and guidelines to provide guidance to the health practitioners it registers
- s. 40 – Consultation about registration standards, codes and guidelines
- s. 98 – Endorsement for approved area of practice
- s. 133 – Advertising.

## Questions for consideration

The details of the requirements for endorsement are in the draft registration standard.

1. Are the requirements for endorsement appropriate?
2. Are the requirements for endorsement clear?
3. Is anything missing?

The details of the revised guidance are in the draft revised Cosmetic Guidelines.

4. Are the proposed changes to the Cosmetic Guidelines appropriate?
5. Does splitting the guidance into sections for major and for minor cosmetic procedures make the guidance clearer?
6. Are the draft Cosmetic Guidelines and the Board's expectations of medical practitioners clear?
7. Do you support the requirement for a GP referral for all patients seeking major cosmetic surgery?
8. Do you support the requirement for major surgery to be undertaken in an accredited facility?
9. Is anything missing?

The details of the new advertising guidance are in the draft Advertising Guidelines.

10. Is the guidance in the draft Advertising Guidelines appropriate?
11. Are the draft Advertising Guidelines and the Board's expectations of medical practitioners clear?
12. Is anything missing?

## Attachments

Attachment A: *Draft Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners*

Attachment B: *Draft revised Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*

Attachment C: *Summary of changes to the Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*

Attachment D: *Draft Guidelines for medical practitioners who advertise cosmetic surgery*

Attachment E: The Board's statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines and Council of Australian Governments (COAG) principles for best practice regulation

Attachment F: The Board's Patient and Consumer Health and Safety Impact Statement

## Current documents

The current *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures* are published on the Board's website, on the [Codes, guidelines and policies page](#).

The current *Guidelines for advertising a regulated health service* are published on the Board's website, on the [Codes, guidelines and policies page](#).

## Registration standard

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### Endorsement of registration for cosmetic surgery for registered medical practitioners

**Effective date:** <Date>

#### Summary

This registration standard sets out the Medical Board of Australia's (the Board) minimum requirements for:

1. granting endorsement of registration for cosmetic surgery to medical practitioners
2. granting renewal of endorsement for cosmetic surgery to medical practitioners.

The standard also imposes requirements around data collection and governance arrangements to support patient safety.

#### Background

The Health Practitioner Regulation National Law (the National Law), as in force in each state and territory provides for the endorsement of registration for an area of practice. The Ministerial Council has approved cosmetic surgery as an area of practice for which the registration of a health practitioner may be endorsed.

Registered medical practitioners can apply for endorsement of registration for cosmetic surgery if they have been awarded a qualification approved by the Board or another qualification that in the Board's opinion is substantially equivalent to, or based on similar competencies to, an approved qualification.

The Board publishes a list of approved programs of study for the purposes of registration and for endorsement of registration for cosmetic surgery available at [www.medicalboard.gov.au](http://www.medicalboard.gov.au).

#### Does this standard apply to me?

This standard applies to registered medical practitioners who hold:

1. a Board approved qualification, or
2. another qualification that, in the Board's opinion, is substantially equivalent to, or based on similar competencies to, an approved qualification.

This standard does not apply to registered medical students or medical practitioners who hold limited registration, provisional registration or non-practising registration.

## What must I do?

### When you apply for endorsement of your registration

To meet this registration standard, you must:

1. hold registration as a medical practitioner, and
2. provide evidence of having been awarded:
  - a. an approved qualification for endorsement for cosmetic surgery, or
  - b. a qualification that is substantially equivalent to, or based on similar competencies to, an approved qualification. The onus is on the applicant to provide evidence of equivalency, and
3. meet the Board's registration standard for recency of practice, specifically in relation to the practice of cosmetic surgery, and
4. provide a curriculum vitae, including in relation to the practice of cosmetic surgery, that meets the standard format that has been approved by the Board or Ahpra.

If you have been awarded an approved qualification for cosmetic surgery in the 12 months prior to applying for endorsement of registration, you are deemed to meet the Board's recency of practice registration standard.

### During the registration and endorsement period

#### Recency of practice

You must comply with the Board's registration standard for recency of practice available at: [www.medicalboard.gov.au](http://www.medicalboard.gov.au).

Meeting the Board's minimum requirements for recency of practice doesn't automatically satisfy your professional and ethical responsibilities to ensure that you recognise and work within the limits of your competence and maintain adequate knowledge and skills to provide safe and effective care.

#### Continuing professional development

You must comply with the Board's registration standard for continuing professional development (CPD) available at: [www.medicalboard.gov.au](http://www.medicalboard.gov.au).

If you are engaged in any form of practice you are required to participate regularly in CPD that is relevant to your scope of practice to maintain professional currency, and support you to maintain, improve and broaden your knowledge, expertise and competence, and develop the personal and professional qualities required throughout your professional life.

This means that if your scope of practice includes cosmetic surgery, your CPD must include activities related to cosmetic surgery, including reviewing your performance and measuring your outcomes, to ensure that you deliver appropriate and safe care.

#### Data collection

You must provide complete and accurate data to clinical registry(s) as defined by the Board. The Board will publish details of the clinical registries to which you must provide your clinical data, including complications and adverse events.

#### Safety and quality

You can only undertake major cosmetic medical and surgical procedures in facilities that have been assessed and accredited by an Australian Commission on Safety and Quality in Health Care

(ACSQHC) approved agency to the National Safety and Quality Health Services (NSQHS) Standards.

#### At renewal of registration

An application for renewal of registration will also be taken to be an application for renewal of the endorsement.

#### Are there exemptions to this standard?

There are no exemptions to this standard.

#### What happens if I don't meet this standard?

The National Law establishes possible consequences if you don't meet this standard, including that:

1. the Board can impose a condition or conditions on your endorsement or can refuse your application for endorsement or renewal of endorsement if you don't meet a requirement in an approved registration standard for the profession (sections 99, 100, 101, 102 and 103 of the National Law), and
2. registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate professional conduct or practice for the health profession (section 41 of the National Law).

#### Compliance with requirements

The Board and the Australian Health Practitioner Regulation Agency may audit your compliance with the requirements in this standard and the Board's *Guidelines for registered medical practitioners who provide cosmetic medical and surgical procedures*.

#### Authority

This registration standard was approved by the Ministerial Council on <DATE>.

Registration standards are developed under section 38 of the National Law.

#### Definitions

**Approved qualification** means a program of study accredited by the Australian Medical Council and approved by the Board as providing a qualification for the purposes of endorsement for cosmetic surgery. The Board publishes a list of approved programs of study for endorsement of registration for cosmetic surgery at [www.medicalboard.gov.au](http://www.medicalboard.gov.au).

**Cosmetic medical and surgical procedures** (as defined in the Medical Board's *Guidelines for registered medical practitioners who perform cosmetic medical and surgical 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.

**Major cosmetic medical and surgical procedures** ('cosmetic surgery') involve cutting beneath the skin. Examples include; breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery and liposuction and fat transfer.

**Continuing professional development** is the means by which registered medical practitioners maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

**National Law** means the Health Practitioner Regulation National Law, as in force in each state and territory.

**The National Safety and Quality Health Service (NSQHS) Standards** provide a nationally consistent statement of the level of care consumers can expect from health service organisations. The NSQHS Standards include:

- Clinical governance standard
- Partnering with consumers standard
- Preventing and controlling infections standard
- Medication safety standard
- Comprehensive care standard
- Communicating for safety standard
- Blood management standard
- Recognising and responding to acute deterioration standard.

### Review

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



**Medical Board  
Ahpra**

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

Effective: <Date>

## 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.

The guidelines aim to inform registered medical practitioners and the community about the Board's expectations of medical practitioners who perform cosmetic medical and surgical 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 medical and surgical procedures. They should be read in conjunction with *Good medical practice*.

The Guidelines are in two sections with separate guidance for major and minor procedures.

## Who do these guidelines apply to?

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

## Definitions

*Cosmetic medical and surgical 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>

*Major cosmetic medical and surgical procedures* ('cosmetic surgery') involve cutting beneath the skin. Examples include; breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery and liposuction and fat transfer.

*Minor (non-surgical) cosmetic medical 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, fat dissolving injections, thread lifts, mole removal for purposes of appearance, non-surgical cosmetic varicose vein treatment, CO<sub>2</sub> laser skin resurfacing, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels, microsclerotherapy and hair replacement therapy.<sup>2</sup>

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.

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<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's *Statement on cosmetic procedures* (2011).

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

## 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.

DRAFT

# Providing major cosmetic medical and surgical procedures (cosmetic surgery)

## 1. Recognising potential conflicts of interest

- 1.1 Medical practitioners must recognise that conflicts of interest can arise when providing cosmetic medical and surgical procedures 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. The referring general practitioner must work independently of the medical practitioner who will perform the procedure and must not perform cosmetic procedures themselves.
- 2.2 The medical practitioner who will perform the procedure must discuss and assess the patient's reasons and motivation for requesting the procedure including external reasons (e.g. a perceived need to please others) and internal reasons (e.g. strong feelings about appearance). The patient's expectations of the procedure must be discussed to ensure they are realistic.
- 2.3 The medical practitioner who will perform the procedure must assess the patient for underlying psychological conditions such as body dysmorphic disorder (BDD), which may make them an unsuitable candidate for the procedure. The practitioner undertaking 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 a major procedure.
- 2.4 The patient 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 procedure, if screening indicates that the patient has significant underlying psychological issues which may make them an unsuitable candidate for the procedure.
- 2.5 The medical practitioner who will perform the procedure must discuss other options with the patient, including medical procedures or treatment offered by other health practitioners and the option of not having the procedure.
- 2.6 A medical practitioner must decline to perform a cosmetic procedure if they believe that it is not in the best interests of the patient.

## 3. Patient consultation type and timing

- 3.1 All patients seeking cosmetic surgery must have at least two pre-operative consultations before the day of the surgery. At least one of these must be face-to-face with the medical practitioner who will perform the procedure. The other consultation(s) can be face-to-face or by video consultation.
- 3.2 The patient's first consultation must be with the medical practitioner who will perform the procedure or another registered health practitioner who works with the medical practitioner who will perform the procedure. It is not appropriate for the first consultation to be with someone who is not a registered health practitioner – for example, a patient advisor or an agent.

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<sup>4</sup> Referral to a general practitioner excludes referral to general practitioners who provide cosmetic procedures.

# Providing major cosmetic medical and surgical procedures (cosmetic surgery)

- 3.3 A patient cannot consent to, or schedule, cosmetic surgery until they have had a face-to-face consultation with the medical practitioner who will perform the procedure.
- 3.4 The decision to have the surgery (provision of informed consent) must be made at a face-to-face consultation with the medical practitioner who will perform the procedure.
- 3.5 The patient must not be requested to sign consent forms at their first consultation.
- 3.6 After the patient has given informed consent (signed consent forms), there must be a cooling-off period of at least seven days, before the procedure. The duration of the cooling-off period should take into consideration the nature of the procedure and the associated risks.

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

*In addition to the other requirements in these Guidelines for major cosmetic medical and surgical 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 relation to restrictions on cosmetic surgery for patients under the age of 18.
- 4.2 The medical practitioner who will perform the procedure must assess and be satisfied by the patient's capacity to consent to the procedure.
- 4.3 The medical practitioner should, to the extent that it is practicable, have regard for the views of a parent of the patient under 18, including whether the parent supports the procedure being performed.
- 4.4 Before any major procedure, all patients under the age of 18 must be referred for evaluation to a psychologist, psychiatrist or general practitioner<sup>5</sup>, who works independently of the medical practitioner who will perform the procedure, to identify any significant underlying psychological problems which may make them an unsuitable candidate for the procedure.
- 4.5 For patients under the age of 18, there must be a minimum of three months cooling-off period between the informed consent and the procedure being performed.
- 4.6 The patient should be encouraged to discuss why they want to have the procedure 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 procedure 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>6</sup> Information provided must not glamorise procedures, minimise the complexity of the procedure, overstate results or imply patients can achieve outcomes that are not realistic. The information must include information about the:

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<sup>5</sup> Referral to a general practitioner excludes referral to general practitioners who provide cosmetic procedures.

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

# Providing major cosmetic medical and surgical procedures (cosmetic surgery)

- a. procedure:
  - what the procedure involves (including the type of anaesthesia and pain management)
  - 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 revision surgery or further treatment in the short term (e.g. capsular contracture) or the long term (e.g. replacement of implants after expiry date)
  - recovery times and specific requirements during the recovery period
- b. medical practitioner providing the procedure:
  - the medical practitioner's registration type (i.e., general registration or specialist registration (including specialty/field of specialty practice))
  - whether the practitioner has an endorsement for cosmetic surgery on their registration (when area of practice endorsement for cosmetic surgery is available)
  - qualifications, training and experience (see section 9)
- 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 how to find out these costs)
  - facility costs, for example, theatre fees, and hospital or day procedure centre (costs if known, indicative cost or 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 purely cosmetic procedures are not covered by Medicare.

5.2 For any 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 if a practitioner proposes to take photographs or videos of a patient in a consultation or during the procedure. The patient must be given information about the proposed use of any images of them, including the purpose, how the images will be used and where they will be stored. Medical practitioners must not store patient images on a personal device; they must be stored on a secure device. Patients must be provided 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. 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 procedure. The medical practitioner must take reasonable steps to ensure the patient understands the information provided.

# Providing major cosmetic medical and surgical procedures (cosmetic surgery)

- 5.5 Informed consent must be obtained in a face-to-face consultation at least seven days before the day of the procedure and reconfirmed on the day of the procedure and documented appropriately. A copy of the signed consent form must be provided to the patient.

## 6. Patient management

- 6.1 The medical practitioner who will perform the procedure is responsible for the management of the patient, including ensuring the patient receives appropriate post-procedure care.
- 6.2 If the medical practitioner who performed the procedure 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 medical practitioner. These arrangements must be made in advance and made known to the patient, other treating practitioners and the relevant facility or hospital.
- 6.3 In addition, where a practitioner performs 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 practitioner should be available at that location for at least 24 hours after surgery.
- 6.4 When a patient may need sedation, anaesthesia and/or analgesia for a procedure, the medical practitioner who is performing the procedure must 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 procedure or in the immediate post-procedure phase.
- 6.6 It is preferable that the treating medical practitioner 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 treating medical practitioner is responsible for coordinating care until the patient is under management of the alternate practitioner or hospital.
- 6.7 Collaborative care arrangements with the wider health care team, as indicated by a patient's history and needs, should be considered pre-operatively and organised prior to discharge.
- 6.8 Written instructions must be given to the patient on discharge including:
- the contact details for the medical practitioner who performed the procedure
  - contact details for the nominated delegate in case the treating medical practitioner is not available
  - details of the procedure(s) undertaken 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, dressings, activity restrictions and self-care, and
  - dates and details of follow-up visits.
- 6.9 Medical records should include the procedure undertaken, described in enough detail to enable another practitioner to take over postoperative care and/or operate on the patient in the future with an adequate understanding of what has been done.

# Providing major cosmetic medical and surgical procedures (cosmetic surgery)

## 7. Provision of patient care by other health practitioners

- 7.1 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.
- 7.2 When a medical practitioner is assisted by another registered health practitioner or assigns an aspect of a procedure or patient care to another registered health practitioner, the medical practitioner retains overall responsibility for the patient. This does not apply when the medical practitioner has formally referred the patient to another registered health practitioner.

## 8. Complaints

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

## 9. Training and experience

- 9.1 Procedures must only be provided by medical practitioners with the appropriate knowledge, training and experience to perform the procedure 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 performing cosmetic surgery will have undertaken appropriate surgical skills training, training in the specific cosmetic procedures being offered, and completed supervised practice to ensure they are safe to perform the procedure.
- 9.2 A medical practitioner who is changing their scope of practice to include cosmetic medical and surgical procedures is expected to undertake the necessary training before providing cosmetic medical and surgical procedures.
- 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).

# Providing major cosmetic medical and surgical procedures (cosmetic surgery)

- 10.2 Medical practitioners must clearly inform their patient of their registration type (i.e., general registration or specialist registration (including specialty/field of specialty practice)).
- 10.3 Medical practitioners must not use a protected title unless they hold the related qualification or registration type.

## 11. Advertising and marketing

- 11.1 Advertising material, including practice and practitioner websites, must comply with the Board's *Guidelines for advertising a regulated health service*, the Board's *Guidelines for 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 medical and surgical procedures is in the cosmetic specific advertising guidelines.

## 12. Facilities

- 12.1 Medical practitioners must know and comply with relevant legislation, regulations and standards of the jurisdiction in relation to facilities where the procedure will be performed.
- 12.2 All major cosmetic surgery must be performed in a facility that has been assessed and accredited by an Australian Commission on Safety and Quality in Health Care (ACSQHC) approved agency to the National Safety and Quality Health Service (NSQHS) Standards.
- 12.3 Procedures must be performed in a facility that is appropriate for the level of risk involved in the procedure. 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 (e.g. a commission) to agents for recruitment of patients.
- 13.3 The medical practitioner must not provide or offer to provide free treatment to prospective patients, including social media influencers or users, for promotion of procedures 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 medical or surgical services. This does not preclude a practitioner from informing patients of accepted payment methods such as credit cards (e.g. Visa, Mastercard), buy now, pay later products (e.g. 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.
- 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 treatment (e.g. free or discounted flights or accommodation).
- 13.7 Medical practitioners must ensure that they do not have an undeclared financial conflict of interest that may influence the advice that they provide to their patients.

# Providing minor (non-surgical) cosmetic medical procedures

## 1. Recognising potential conflicts of interest

- 1.1 Medical practitioners must recognise that conflicts of interest can arise when providing cosmetic medical 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 procedure or prescribe the cosmetic injectable must discuss and assess the patient's reasons and motivation for requesting the procedure including external reasons (e.g. a perceived need to please others) and internal reasons (e.g. 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 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 The patient must be referred for evaluation to a psychologist, psychiatrist or general practitioner<sup>7</sup>, who works independently of the medical practitioner who will perform the procedure, if there are indications that the patient has significant underlying psychological issues which may make them an unsuitable candidate for the procedure.
- 2.4 The medical practitioner who will perform the procedure or prescribe the cosmetic injectable must discuss other options with the patient, including medical procedures or treatment 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 cosmetic medical procedures for patients under the age of 18

*In addition to the other requirements in these guidelines for minor cosmetic medical 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 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.
- 4.3 The medical practitioner who will perform the procedure or prescribe the cosmetic injectable must assess and be satisfied by the patient's 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 of the patient under 18, including whether the parent supports the procedure being performed.

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<sup>7</sup> Referral to a general practitioner excludes referral to general practitioners who provide cosmetic procedures.

# Providing minor (non-surgical) cosmetic medical procedures

- 4.5 For patients under the age of 18, there must be a minimum of seven days cooling-off period between the informed consent and the 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 procedure 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 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. The information must include information about the:
  - a. 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 (e.g., treatment for anaphylaxis, Hyaluronidase to dissolve dermal filler, antibiotics (oral or topical)) or the long term (e.g., surgical removal of dermal filler)
    - recovery times and specific requirements during the recovery period
  - b. medical practitioner providing the procedure or prescribing the cosmetic injectable:
    - the medical practitioner's registration type (i.e., general registration or specialist registration (including specialty/field of specialty practice))
    - qualifications, training and experience (see section 10)
  - 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 additional treatment
    - advising the patient that purely cosmetic procedures are not covered by Medicare.
- 5.2 Consent must be requested if a practitioner proposes to take photographs or videos of a patient in a consultation or during the procedure. The patient must be given information about the proposed use of any images of them, including the purpose, how the images will be used and where they will be stored. Medical practitioners must not store patient images on a personal device; they must be stored on a secure device. Patients must be provided 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. A patient's consent for taking, use and storage of any images must be documented.

# Providing minor (non-surgical) cosmetic medical procedures

- 5.3 Informed consent must be obtained by the medical practitioner who will perform the 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 provided 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, supply, storage and transport.

## 7. Patient management

- 7.1 The medical practitioner who will perform the 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 procedure or prescribed the injectable is not personally available to provide post-procedure care, they must have formal alternative arrangements in place. These arrangements must be made in advance 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 treating medical practitioner is responsible for coordinating care until the patient is under management of the alternate practitioner or hospital.
- 7.6 Written instructions must be given to the patient after the procedure including:
  - the contact details for the:
    - medical practitioner who performed the procedure or prescribed the cosmetic injectable
    - health practitioner who performed the procedure, and
    - nominated delegate
  - details of the procedure(s) undertaken 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 and self-care, and
  - dates and details of follow-up visits (if applicable).
- 7.7 Medical records should include the procedure undertaken, described in enough detail to enable another practitioner to take over post procedure care in the future with an adequate understanding of what has been done.

# Providing minor (non-surgical) cosmetic medical procedures

## 8. Provision of patient care 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 procedure or patient care to another registered health practitioner, the medical practitioner 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 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
  - contacting the health complaints entity in the state or territory where the procedure was performed
  - making a notification to Ahpra, the Medical Council of NSW (NSW) or the Office of the Health Ombudsman (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 notification to Ahpra, the Medical Council of NSW (NSW) or the Office of the Health Ombudsman (Queensland).

## 10. Training and experience

- 10.1 Cosmetic medical 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 medical procedures is expected to undertake the necessary training before providing cosmetic medical 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 (i.e., general registration or specialist registration (including specialty/field of specialty practice)).

# Providing minor (non-surgical) cosmetic medical procedures

- 11.3 Medical practitioners must not use a protected title unless they hold the related qualification or registration type.

## 12. Advertising and marketing

- 12.1 Advertising material, including practice and practitioner websites, must comply with the Board's *Guidelines for advertising of regulated health services*, the current *Therapeutic Goods Advertising Code*, any TGA guidance on advertising cosmetic injections and the *advertising requirements of section 133 of the National Law*.
- 12.2 Advertising content and patient information material should not glamorise 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 major cosmetic surgery is in the Board's *Guidelines for medical practitioners who advertise cosmetic surgery* and is a useful reference when advertising any cosmetic procedures.

## 13. Facilities

- 13.1 Medical practitioners must know and comply with relevant legislation, regulations and standards of the jurisdiction in relation to facilities where the procedure will be performed.
- 13.2 Procedures must be performed in a facility that is appropriate for the level of risk involved in the procedure. 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 (e.g. a commission) to agents for recruitment of patients.
- 14.2 The medical practitioner must not provide or offer to provide free treatment to prospective patients, including social media influencers or users, for promotion of 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 medical or surgical services. This does not preclude a practitioner from informing patients of accepted payment methods such as credit cards (e.g. Visa, Mastercard), buy now, pay later products (e.g. 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 treatment.
- 14.5 Medical practitioners must ensure that they do not have an undeclared financial conflict of interest that may influence the advice that they provide to their patients.

## 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 (2016) *Guidance for doctors who offer cosmetic interventions.*

## Review

Date of issue: <Date>

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

DRAFT

## Summary of proposed changes to *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures*

### Major cosmetic medical and surgical procedures ('cosmetic surgery')

Section heading	Sub-heading or content	Previous section number	New section number	Independent review finding and/or recommendation	Proposed changes
<b>All sections</b>					Separate guidance for major and minor procedures
				Review where 'should' is used and consider using 'must' to make expectations clearer	Multiple changes (outlined in each section below)
<b>Definitions</b>	Cosmetic medical and surgical procedures			Concern about 'or boosting the patient's self-esteem' - definition should be amended	Deleted 'or boosting the patient's self-esteem' Updated footnote
	Major cosmetic medical and surgical procedures ('cosmetic surgery')				Updated examples
	Minor (non-surgical) cosmetic medical and surgical procedures				Updated examples
	Reconstructive surgery				Wording changes

Section heading	Sub-heading or content	Previous section number	New section number	Independent review finding and/or recommendation	Proposed changes
<b>Recognising potential conflicts of interest</b>		1	1		No changes
<b>Patient assessment</b>		2	2		New heading – Assessment of patient suitability Includes requirements related to patient assessment. Requirements related to consult type and timing moved to separate section.
	GP referral	New	2.1	Noted general practitioners are generally not involved in recommending treatment or directing patients to specialist surgeons	New – GP referral required
	Patient reasons for surgery	2.3	2.2	Review where 'should' is used and consider using 'must' to make expectations clearer	Changed 'should' to 'must'
	Psychological screening tool	New	2.3	Add - use of a validated psychological screening tool to assess for underlying psychological conditions and documentation of the process and outcome	New – requirement added
	Referral for underlying psychological problems	2.4	2.4	Review where 'should' is used and consider using 'must' to make expectations clearer	Changed 'should' to 'must' Wording changes
	Other options	2.6	2.5	Review where 'should' is used and consider using 'must' to make expectations clearer	Changed 'should' to 'must'

Section heading	Sub-heading or content	Previous section number	New section number	Independent review finding and/or recommendation	Proposed changes	
	Decline to operate	2.7	2.6	Review where 'should' is used and consider using 'must' to make expectations clearer	Changed 'should' to 'must'	
<b>Patient consultation type and timing</b>		Part of 2	3		New	
	Number and type of consultations	New	3.1	Consider whether video consultations for elective cosmetic surgery are needed and/or appropriate	New – explicit that patient must have at least one face-to-face consultation with the medical practitioner	
	First consultation	2.1	3.2	Review where 'should' is used and consider using 'must' to make expectations clearer	Changed 'should' to 'must'	
	Consultation with medical practitioner	2.2	3.3		Wording changes	
	Consent timing and consult type	New	3.4	3.4	Amend so that consumers should not be requested to sign consent forms at their first consultation	New – decision to consent must be face-to-face. Allows for additional consultations face-to-face or by video consult
						3.5
	Cooling off period	2.5	3.6	3.6	Review where 'should' is used and consider using 'must' to make expectations clearer	Changed 'should' to 'must'
Wording changes						

Section heading	Sub-heading or content	Previous section number	New section number	Independent review finding and/or recommendation	Proposed changes
<b>Additional responsibilities when providing cosmetic medical and surgical procedures for patients under the age of 18</b>		3	4		Made clear these requirements are in addition to other requirements in Guidelines
	Legislative requirements	3.1	4.1	Change 'be familiar with' to 'know and comply with'	Wording changed
	Capacity to consent	3.2	4.2		Wording changes
	Psychological evaluation for minor procedures	3.5			Moved to minor procedures guidance
	Cooling off period	3.6	4.6		Wording changes
<b>Consent</b>		4	5		New heading – Informed consent including informed financial consent
	Information to be provided to patient	4.1	5.1	Update list (as per Table 8 in the Independent review report) Add financial consent (section 12)	Section expanded as per IR recommendations Section reformatted for ease of reading and listed under information about the procedure, the practitioner and costs Information about costs moved from section 12 to this section New – requirement added about information provided
				Review where 'should' is used and consider using 'must' to make expectations clearer	Changed 'should' to 'must'
	Therapeutic Goods Administration (TGA) documents	New	5.2	Include more guidance regarding information on devices and implants (when used) (TGA patient information	New – requirement added

Section heading	Sub-heading or content	Previous section number	New section number	Independent review finding and/or recommendation	Proposed changes
				leaflets (PILs) and patient implant cards (PICs))	
	Consent for images	New	5.3	Clear consenting documentation should be obtained from patients outlining exactly how the images will be used and where they will be stored. Storage of the images on a practitioner's mobile telephone is unacceptable.	New – requirement added
	Who obtains consent	4.2	5.4	Amend to emphasise the need to confirm patient understanding	New – requirement added
	Consent consultation and timing	4.3	5.5	Review where 'should' is used and consider using 'must' to make expectations clearer	Changed 'should' to 'must'
					Wording changes Face-to-face requirement made explicit New – requirement added about copy of consent form
<b>Patient management</b>		5	6		
	Patient management when practitioner not available	5.2	6.2	Note TAG view in IR report - if the practitioner is not available there should be another suitably qualified medical practitioner on call to cover the absence	New – requirement added
				Review where 'should' is used and consider using 'must' to make expectations clearer	Changed 'should' to 'must'

Section heading	Sub-heading or content	Previous section number	New section number	Independent review finding and/or recommendation	Proposed changes
	Fly-in/fly-out (FIFO) practitioners	New	6.3	Consider providing guidance specific to cosmetic surgery on when the procedure is provided in a location that is not the practitioner and/or the patient's usual location (that is, fly-in/fly-out practitioners for interstate or rural and remote patients)	New – requirement added
	Complications and emergencies	5.4	6.5	Review where 'should' is used and consider using 'must' to make expectations clearer	Changed 'should' to 'must'
	Post-operative hospitalisation	New	6.6	Note TAG view in IR report - the treating medical practitioner should really have admitting rights to a local hospital, or if not, have made prior arrangements with another medical practitioner who has those rights and is able to take over care	New – requirement added
	Collaborative care	New	6.7	Note TAG view – consider need for collaborative care	New – requirement added
	Discharge instructions	5.5	6.8	Add need for clear information on what to do if the patient experiences adverse reactions or complications after the procedure, and escalation points if the patient's surgeon is not available (who to contact and when)	Wording changes
	Medical records	New	6.9	Consider providing guidance specific to cosmetic surgery on record keeping	New – requirement added
<b>Provision of patient care by other health practitioners</b>		7	7		No changes

Section heading	Sub-heading or content	Previous section number	New section number	Independent review finding and/or recommendation	Proposed changes
<b>Complaints</b>		New	8		New
		Part of 4.1	8.1	Include more details about the full range of complaints mechanisms available to the consumer	Reference to providing information about complaints process moved from consent section to new section and content expanded
		New	8.2	State position in relation to practitioners' use of NDAs as a means to prevent consumers making a notification	New – requirement added about NDAs and complaints to the regulator
<b>Prescribing and administering schedule 4 (prescription only) cosmetic injectables</b>		7		Out of scope of the independent review	Moved to guidance for minor procedures Wording changes
<b>Training and experience</b>		8	9		
	Required training	8.1	9.1	Review where 'should' is used and consider using 'must' to make expectations clearer  If an endorsement is approved for cosmetic surgery, update to include endorsement as 'appropriate training'. In the interim, provide more direction on the minimum training, expertise and experience expected of medical practitioners providing cosmetic surgery	Changed 'should' to 'must'  New – requirement added

Section heading	Sub-heading or content	Previous section number	New section number	Independent review finding and/or recommendation	Proposed changes
	CPD	New	9.3	Articulate the importance of ongoing CPD in this area	New – requirement added
<b>Qualifications and titles</b>		9	10		
	Registration type	New	10.2		New – requirement added
	Protected titles	New	10.3		New – requirement added
<b>Advertising and marketing</b>		10	11	Revise the Advertising Guidelines, the Cosmetic Guidelines and/or produce additional material specifically about cosmetic surgery to clarify the standards expected of practitioners	New (separate document) – <i>Guidelines for medical practitioners who advertise cosmetic surgery</i>
	Other Guidelines	10.1	11.1		Reference added to new separate Guidelines
	Advertising content	10.2	Deleted		Deleted as now covered in new separate Guidelines
<b>Facilities</b>		11	12		
	Legislative requirements	11.1	12.1	Change ‘be familiar with’ to ‘know and comply with’	Wording changed
	Accredited facilities	New	12.2	Concern about significant differences in approaches between different states and territories about which procedures can be performed in which facilities. Noted outside control of Ahpra/MBA	New – requirement added
	Appropriate facilities	11.2	12.2	Review where ‘should’ is used and consider using ‘must’ to make expectations clearer	Changed ‘should’ to ‘must’

Section heading	Sub-heading or content	Previous section number	New section number	Independent review finding and/or recommendation	Proposed changes
<b>Financial arrangements</b>		12	13		
	Information about costs	12.1	5.1		Moved to consent section
	Deposits	12.2	13.1		Wording changes
	Financial inducements	12.3	13.2	Review where 'should' is used and consider using 'must' to make expectations clearer	Changed 'should' to 'must'
	Social media influencers	New	13.3	Avoid the promotion of procedures through the use of social media influencers	New – requirement added
	Financing schemes	12.4	13.4	Review and incorporate the guidance from its <i>Information sheet – Cosmetic medical and surgical procedures – guidance on financing schemes</i> into the Cosmetic Guidelines	Key content from MBA <i>Information sheet - Cosmetic medical and surgical procedures - guidance on financing schemes</i> added
				Review where 'should' is used and consider using 'must' to make expectations clearer	Changed 'should' to 'must'
	Patient debt	New	13.5	Noted stakeholder concerns about practitioners advising their patients to access superannuation, take out loans or re-mortgage their home to pay for cosmetic surgery	New – requirement added
Incentives	12.5	13.6	Review where 'should' is used and consider using 'must' to make expectations clearer	Changed 'should' to 'must'	

Section heading	Sub-heading or content	Previous section number	New section number	Independent review finding and/or recommendation	Proposed changes
	Financial conflict of interest	12.6	13.7	Review where 'should' is used and consider using 'must' to make expectations clearer	Changed 'should' to 'must' Wording changes
<b>Acknowledgements</b>					Added – reference to Independent review and updated list of other jurisdictions' guidelines
<b>Review</b>					Changed review period



**Medical Board  
Ahpra**

# **Guidelines for medical practitioners who advertise cosmetic surgery**

Effective: <Date>

## 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.

The guidelines aim to inform registered medical practitioners and the community about the Board's expectations of medical practitioners who advertise cosmetic surgery in Australia. They also aim to support medical practitioners who advertise cosmetic surgery services to do this responsibly.

This good practice guideline describes responsible practice in advertising of cosmetic surgery. Good practice cosmetic surgery advertising is balanced, realistic, and informs. It does not exploit patients.

Cosmetic surgery is defined in the Definitions section.

These guidelines complement the Board's code of conduct, [Good medical practice](#), and provide specific guidance for medical practitioners who advertise cosmetic surgery.

They should be read together with:

- [Guidelines for advertising a regulated health service](#)
- [Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures](#), and
- [Social media: How to meet your obligations under the National Law](#).

Cosmetic surgery has unique features that are not present in many other areas of medical practice and cosmetic surgery advertising involves specific risks. Importantly, cosmetic surgery is invasive with potential complications, is often irreversible and is often sought by younger and potentially more vulnerable people. It can also be a lucrative area of practice and financial gain can compete with and sometimes outweigh patient wellbeing and safety considerations.

Broadly, the Board and Ahpra have two ways of dealing with unacceptable advertising:

- through prosecuting those who breach the advertising provisions in the National Law, via the court system, and/or
- through Board disciplinary processes if the Board believes a practitioner's conduct has been unsatisfactory.

## Who do these guidelines apply to?

These guidelines apply to medical practitioners registered under the National Law who advertise cosmetic surgery. Medical practitioners are responsible for their advertising, so they need to check any content produced by others on their behalf and ensure it is compliant.

## Definitions

*Cosmetic medical and surgical 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>

*Major cosmetic medical and surgical procedures* ('cosmetic surgery') involve cutting beneath the skin. Examples include: breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer.

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<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).

*Minor (non-surgical) cosmetic medical 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, thread lifts, mole removal for purposes of appearance, non-surgical cosmetic varicose vein treatment, CO<sub>2</sub> laser skin resurfacing, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels, microsclerotherapy and hair replacement therapy.<sup>2</sup>

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.

## 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.

## What is considered advertising?

The [Guidelines for advertising a regulated health service](#) define advertising.

In the context of advertising a regulated health service, such as cosmetic surgery, advertising includes all forms of verbal, printed and electronic communication that promotes and seeks to attract a person to a regulated health service provider and/or to attract a person to use the regulated health service. Social media is often used to advertise a regulated health service.

A practitioner providing information about treatment or costs in a consultation requested by the patient, whether in person, by telephone or video or via other digital means, is not considered to be advertising.

## The role of advertising in cosmetic surgery

Due to cosmetic surgery's discretionary nature, advertising plays a significant role in driving demand. This is different from most other regulated health services which are driven by health care need.

Advertising that does not accurately represent the health service provided, risks, or the nature and scope of the service is unacceptable. It can mislead the public and create unrealistic expectations, unnecessary use of health services and lead to poor health decisions.

The responsibility for advertising content rests with the person in control of the advertising, in most cases the cosmetic surgery practitioner. Practitioners need to ensure that anyone creating advertising content for them complies with the National Law and these guidelines.

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

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

# Good practice in cosmetic surgery advertising

Health care advertising that is ethical and responsible helps to keep people safe by providing them with accurate and balanced information that can be used to make informed decisions about cosmetic surgery. Following our good practice guidance will ensure acceptable advertising that meets professional obligations and *Good medical practice*.

Good practice cosmetic surgery advertising:

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

These guidelines set out what the Board considers is good practice when advertising cosmetic surgery.

## 1. Practitioner responsibility

- 1.1 Responsible practitioners must not advertise cosmetic surgery in a way that exploits the vulnerabilities of individuals to increase demand for cosmetic surgery. A practitioner's duty to their patient is the paramount consideration in all practitioner/patient interactions, including through advertising.
- 1.2 Responsible practitioners advertising cosmetic surgery recognise that there is strong demand from patients who are not suitable candidates and may be adversely affected by treatment because they have unrealistic expectations of cosmetic surgery outcomes.
- 1.3 Medical practitioners must recognise the potential for conflict between financial gain and their duty to patients. They must put their patients first when advertising cosmetic surgery. This includes recognising the potential harm to patients with conditions such as body dysmorphic disorder (BDD) who may seek cosmetic surgery.
- 1.4 Advertising that includes information about costs should be clear, easily understood, accurate, honest and include the total cost – not just the cost of consultations but other costs such as anaesthesia and aftercare.

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

- 2.1 Only a registered medical practitioner who holds specialist registration in a recognised specialty may use the relevant specialist title, in advertising. Only a registered medical practitioner who holds a type of endorsement can claim to hold, or describe themselves as having that endorsement.
- 2.2 Doctor/patient relationships and patient trust are affected by the accuracy, honesty and clarity in the advertising of practitioner qualifications.
- 2.3 All medical practitioners advertising cosmetic surgery should include clear and unambiguous information about their qualifications and type of medical registration. Information must include the practitioner's registration number and whether they hold general registration or specialist registration, including specialty and fields of specialty practice.

For example:

- Dr A (MED123456) Registered medical practitioner, general registration
- Dr B (MED234567) Registered medical practitioner, specialist general practitioner (specialist registration in general practice)
- Dr C (MED345678) Registered medical practitioner, specialist plastic surgeon (specialist registration in Surgery - plastic surgery).

2.4 Professional memberships can also be included in advertising. However, acronyms should not be used alone without explanation.

### **3. Social media influencers and ambassadors**

3.1 Responsible advertising of cosmetic surgery must not use paid social media 'influencers', 'ambassadors' or similar, as this increases the risk that patients are not fully informed and form unrealistic expectations of results.

### **4. Use of images and before and after photos**

4.1 Use of single images alone, rather than 'before' and 'after' photographs can idealise cosmetic surgery and must not be used as they can mislead and increase unreasonable expectations of beneficial treatment. This includes the use of stock images, models and celebrities or re-posting a patient's social media image.

4.2 All advertising using images intended to show the outcomes of cosmetic surgery must include a warning that the outcomes shown are only relevant for this patient and results may vary significantly from other patients due to many factors including the individual's genetics, diet and exercise.

4.3 'Before' and 'after' photographs in advertising must be used responsibly to provide information about the procedure undertaken only. They must not:

- a. idealise surgical outcomes through the use of sexualised images, such as sexualised poses, oiled bodies and similar
- b. involve gratuitous nudity. For example, do not include photographs of naked breasts when presenting information about abdominoplasty.

4.4 Responsible practitioners prioritise patients' interests, dignity and privacy ahead of marketing or advertising opportunities. Medical practitioners must have fully informed consent from patients to use their 'before' and 'after' images in any advertising. Patients must be free to withdraw their consent for the use of their images at any time and practitioners must provide clear information and a process for them to do so. If a patient withdraws consent to use of their images, the practitioner must promptly remove those images from their advertising.

### **5. Risk, recovery and idealising cosmetic surgery**

5.1 All cosmetic surgery is invasive and carries risks. Advertising should provide accurate, realistic and educative information about risks or potential risks of a treatment or procedure. Failure to do so has the potential to mislead or deceive the public and to create an unreasonable expectation of beneficial treatment.

5.2 Medical practitioners must ensure that full information about risks and potential risks can be easily found. The public should not be required to exhaustively search for or contact the medical practitioner for information about risks and potential risks. It may not be possible in some advertising such as social media to provide full details about risks or potential risks of a treatment or procedure. In this case the advertising should direct the public to the location of the information about risks or potential risks, such as through a link or directions to the section of the medical practitioner's website that contains the information.

- 5.3 Responsible advertising is clear that undergoing cosmetic surgery is a serious decision that requires thought, careful consideration, and planning. For example, medical practitioners must not offer cosmetic surgery as a prize in a competition.
- 5.4 Responsible advertising is clear that patients need time and support and appropriate aftercare to recover and presents realistic information about recovery time and the recovery experience. This includes explaining any necessary recovery services, such as massages or compression garments, and expected or possible changes to lifestyle including absence from employment or temporary restrictions on activity.
- 5.5 Advertising must not downplay recovery or mislead patients in relation to the experience of recovery through, for example, describing cosmetic surgery as 'gentle', 'or 'simple'.
- 5.6 Any video content in advertising should be used responsibly, for information and/or education only. Videos of patients and surgical procedures must not be presented for entertainment.
- 5.7 Advertising must not trivialise cosmetic surgery. Advertising must not:
- minimise the invasiveness of cosmetic surgery
  - mislead patients in relation to the surgery's complexity, duration, pain, potential side effects or potential complications
  - use emojis
  - use minimising terms such as 'safe' and 'quick', 'easy'
  - use colloquial terms or non-clinical terms without also using the medical term for the surgery as this detracts from the seriousness of the surgery (including via a hashtag) for example, 'boob job', 'tummy tuck', 'mummy makeover', 'Brazilian butt lift'
  - idealise cosmetic surgery through the use of images, words or other marketing techniques. For example, advertising should not use terms such as 'designer vagina', non-clinical adjectives such as 'transformation', 'amazing', 'perfect' and similar.

## 6. Body image and promotion for wellbeing or psychological health

- 6.1 Responsible practitioners recognise that not all patients have a realistic view of their body image. They may be unduly influenced by cosmetic surgery advertising because they are fixated on a normal physical variation or are suffering from body dysmorphia, low self-esteem, low life-satisfaction or low self-rated attractiveness. Responsible practitioners are aware that interventions other than cosmetic surgery may be better to address the concerns of such patients.
- 6.2 Medical practitioners must not advertise using automated apps which predict an individual's appearance post-surgery as this can create unreasonable expectations of outcome.
- 6.3 Cosmetic surgery advertising should not:
- use language or statements which are exploitive, disapproving or imply that a normal change (e.g. post-pregnancy body), body shape or bodily feature is abnormal or undesirable and should not be displayed because it is not aesthetically pleasing and should be remedied by cosmetic surgery. This means, for example phrases such as 'unsightly bulges', 'lose the bingo wings', 'bikini body', 'flabby', and similar should not be used in cosmetic surgery advertising
  - state or imply that it is normal to have cosmetic surgery to 'fix' natural variations and changes in body shapes and features
  - focus on an individual's negative feelings about natural variation in their body, body image or body part
  - promote unrealistic images of youthful, 'perfect' body shapes

- e. state or imply cosmetic surgery should be used to obtain an acceptable or 'ideal' body type. This includes:
  - using phrases that imply wellbeing will suffer without cosmetic surgery, such as 'healthier, happier you', 'restore', 'youthful' and 'body goals'
  - using non-clinical terminology such as 'get ready for summer', 'forever young' and similar.

## **7. Realistic expectations of outcomes**

- 7.1 Responsible practitioners do not advertise their services in a way that creates unrealistic expectations of outcomes. They limit claims as to what can be achieved through cosmetic surgery to that which is objective, demonstrable, or provable. Advertising must:
  - a. not use statements or marketing techniques that imply all desired outcomes can be obtained
  - b. be clear that individual responses and individual results vary as the outcomes experienced by one person do not necessarily reflect the outcomes that other people may experience
  - c. maintain reasonable expectations of patient outcomes.
- 7.2 Responsible advertising of cosmetic surgery does not make claims in regard to psychological or social benefit or similar claims which cannot be supported by acceptable evidence in health advertising.

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

- 8.1 Responsible practitioners recognise that children and young people, along with other patient groups, are particularly vulnerable to body image pressures and negative body image perceptions. Responsible practitioners recognise the potential risk of exacerbated body image dissatisfaction among vulnerable groups when advertising implies that a patient's body image will be improved through cosmetic surgery.
- 8.2 Good practice advertising of cosmetic surgery is not targeted or directed at people under the age of 18 and limits the exposure of people under the age of 18 by not advertising in publications or other media likely to appeal to or have a significant audience of people under the age of 18. Cosmetic surgery advertising in social media should be identified as 'adult content' in order to prevent people under the requisite age on the social media platform from accessing cosmetic surgery content.
- 8.3 Responsible advertising of cosmetic surgery does not exploit and is not targeted towards at risk groups. This includes not leveraging social media algorithms and similar to boost social media posts towards vulnerable groups. Good practice advertising of cosmetic surgery does not use terminology in meta data, hashtags or other fields within advertising in order to target a vulnerable patient demographic.

## Note on advertising minor (non-surgical) cosmetic medical procedures

### Advertising minor (non-surgical) cosmetic medical procedures

These guidelines (Guidelines for medical practitioners who advertise cosmetic surgery) are focused on major cosmetic medical and surgical procedures (cosmetic surgery), as this was the focus of consultation and recommendations arising from the *Independent review of the regulation of medical practitioners who perform cosmetic surgery*.

The following requirement is taken directly from the 2016 *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures*. It continues to apply to medical practitioners providing minor (non-surgical) cosmetic medical procedures, until such time as more detailed consideration and consultation occurs in relation to advertising these procedures.

Advertising content and patient information material should not glamorise procedures, minimise the complexity of a procedure, overstate results or imply patients can achieve outcomes that are not realistic.

## Review

Date of issue: <Date>

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

## Statement of assessment

### **The Medical Board of Australia's (the Board's) statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines and COAG principles for best practice regulation**

Regulation of medical practitioners who provide cosmetic medical and surgical procedures:

- Draft *Registration standard: Endorsement of registration for cosmetic surgery for registered medical practitioners*
- Draft revised *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*
- Draft *Guidelines for medical practitioners who advertise cosmetic surgery*.

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

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

Below is the Board's assessment of its proposal for the three documents relating to regulation of medical practitioners who provide cosmetic medical and surgical procedures.

#### **1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law**

##### **Board assessment**

The Board considers that the proposed standard and two guidelines meet the objectives and guiding principles of the National Law.

The proposed registration standard considers the National Scheme's key objective of protecting the public by ensuring only medical practitioners who are suitably trained and qualified in cosmetic surgery have their registration endorsed for cosmetic surgery.

The proposed registration standard supports the National Scheme's guiding principle to operate in a transparent, accountable, efficient, effective and fair way by providing a clear and transparent framework for assessing applications for endorsement of registration in a consistent manner.

The guidelines are a proposed revision of existing guidelines already in place. The proposed revised guidelines consider the National Scheme's key objective of protecting the public by setting out the ethical and professional standards of conduct expected of medical practitioners against which they will be measured to ensure that only those who practise in a competent and ethical manner are registered.

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

## 2. The consultation requirements of the National Law are met

### Board assessment

The National Law requires wide-ranging consultation on proposed standards, codes and guidelines, including consulting other National Boards on matters of shared interest.

A shorter, streamlined consultation process is being used for this consultation as Health Ministers expect that the Board will take urgent action to reform medical regulation of cosmetic surgery.

The approach to consultation takes into account the extensive public consultation undertaken as part of the *Independent review of the regulation of medical practitioners who perform cosmetic surgery*. The review consulted on patient safety issues in cosmetic surgery and sought views on the endorsement model, how advertising regulation could be strengthened and which areas of the cosmetic guidelines needed to be strengthened. The review received 249 submissions from organisations, practitioners and consumers and 595 responses to its consumer survey. The Board has used the review's final report and the published submissions, to inform the development of these proposed documents.

The Board is ensuring that there is public exposure of its proposal and the opportunity for public comment by undertaking a four-week public consultation process. The public process will include the publication of the consultation paper on the Board's website and informing medical practitioners via the Board's electronic newsletter sent to more than 95% of registered medical practitioners. An online survey is available for ease of submitting feedback.

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

The Board will take into account the feedback it receives when finalising the draft revised registration standard that it may submit to the Ministerial Council for approval and when finalising the guidelines.

## 3. The proposal takes into account the COAG Principles for Best Practice Regulation

### Board assessment

In developing the draft standard and guidelines, the Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The Board makes the following assessment specific to each of the COAG Principles expressed in the Ahpra procedures.

### COAG Principles for Best Practice Regulation

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

##### Board assessment

The draft standard and guidelines propose requirements directly responding to the recommendations of the Independent review. The Independent review considered options and consulted widely.

The proposed registration standard will define the requirements for endorsement of registration for cosmetic surgery as per section 98 of the National Law that states that to be eligible to have

their registration endorsed for an area of practice, a practitioner must hold an approved qualification or another qualification, substantially equivalent to an approved qualification. The proposal protects the public by ensuring only medical practitioners who are appropriately trained and qualified in cosmetic surgery are eligible for endorsement. The proposed guidelines provide additional guidance for this area of practice.

- B. [Whether the proposal results in an unnecessary restriction of competition among health practitioners](#)

**Board assessment**

The proposed registration standard and the guidelines will not restrict competition as they would apply to all registered medical practitioners who wish to provide cosmetic surgery.

- C. [Whether the proposal results in an unnecessary restriction of consumer choice](#)

**Board assessment**

The proposed registration standard and the guidelines are not expected to restrict consumer choice as they would apply to all registered medical practitioners who wish to provide cosmetic surgery. The proposal supports consumer choice by facilitating access to medical practitioners who are qualified to provide safe cosmetic surgery. Medical practitioners with an endorsement for cosmetic surgery will have this endorsement recorded against their name on the public online Register of Medical Practitioners.

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

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

**Board assessment**

The Board has considered the overall costs of the proposed standard and draft guidelines to members of the public, medical practitioners and governments and concluded that there may be some costs in some circumstances but that these are reasonable. Where practitioners already meet proposed new requirements, such as having a qualification and using accredited facilities, there would be no additional costs. There would be some additional costs for patients, although these are small compared with the existing total patient costs associated with these procedures.

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

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

**Board assessment**

The Board considers the draft registration standard and draft guidelines have been written in plain English that will help practitioners and the public to understand the requirements.

- F. [Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time](#)

**Board assessment**

The Board has procedures for regularly reviewing standards, codes and guidelines. If approved, the Board will review the standard and the guidelines at least every five years, including an

assessment against the objectives and guiding principles in the National Law and the COAG principles for best practice regulation.

However, the Board may review the standard and/or the guidelines earlier, in response to any issues which arise or new evidence which emerges to ensure the documents' continued relevance, workability and maintenance of public safety standards.

## National Boards' Patient and Consumer Health and Safety Impact Statement

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14 December 2022

### Statement purpose

The National Boards' Patient and Consumer Health and Safety Impact Statement (Statement)<sup>1</sup> explains the potential impacts of a proposed registration standard, code or guideline on the health and safety of the public, vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples.

The four key components considered in the Statement are:

1. The potential impact of the proposed registration standard and the proposed revisions in the guidelines on the health and safety of patients and consumers particularly vulnerable members of the community including approaches to mitigate any potential negative or unintended effects
2. The potential impact of the proposed registration standard and the proposed revisions in the guidelines on the health and safety of Aboriginal and Torres Strait Islander Peoples including approaches to mitigate any potential negative or unintended effects
3. Engagement with patients and consumers particularly vulnerable members of the community about the proposal
4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The National Boards' Health and Safety Impact Statement aligns with the *National Scheme's [Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#)*, *[National Scheme engagement strategy 2020-2025](#)*, *[the National Scheme Strategy 2020-25](#)* and reflect key aspects of the revised consultation process in the [AManC Procedures for developing registration standards, codes and guidelines and accreditation standards](#).

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<sup>1</sup> This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the *Health Practitioner Regulation National Law* as in force in each state and territory (the National Law). Section 25(c) requires AHPRA to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the COAG Health Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code, or guideline.

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

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

The Medical Board of Australia has considered the impacts the proposal could have on patient and consumer health and safety, particularly vulnerable members of the community in order to put forward what the Board thinks is the best option for consultation. The proposed option is based on the recommendations in the final report of the *Independent review of the regulation of medical practitioners who perform cosmetic surgery*.

The Board considered the National Scheme's key objective of protecting the public by ensuring only medical practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. This registration standard supports that objective by ensuring that only medical practitioners who are appropriately qualified can have their registration endorsed for cosmetic surgery. Endorsement of registration for cosmetic surgery gives a strong signal to patients and consumers that the practitioner is qualified to perform cosmetic surgery safely.

The Board expects that the proposed standard and guidelines will improve patient and consumer safety, particularly for vulnerable members of the community. The Board does not expect that the proposed standard or guidelines will have any adverse impacts on patient and consumer safety, noting that cosmetic surgery is discretionary and not time critical. (The proposal does not apply to reconstructive plastic surgery provided for functional or psychological reasons.)

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

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

In line with our **consultation processes** the Medical Board is undertaking wide-ranging consultation on its proposed registration standard and revised guidelines. The Board will engage with patient and consumers, peak bodies, communities and other relevant organisations to get input and views from vulnerable members of the community.

This consultation builds on the extensive public consultation with organisations, practitioners, patients and consumers undertaken during the Independent review.

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

The Medical Board has carefully considered what the unintended impacts of the proposal might be. Consulting with relevant organisations and vulnerable members of the community will help us to identify any other potential impacts. The Board will fully consider and take actions to address any potential negative impacts for patients and consumers that may be raised during consultation particularly for vulnerable members of the community.

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

The Medical Board has carefully considered any potential impact of the proposal on Aboriginal and Torres Strait Islander Peoples and does not consider that Aboriginal and Torres Strait Islander Peoples will be impacted any differently from non-Aboriginal and Torres Strait Islander Peoples. However, the Board's engagement through consultation will help us to identify any other potential impacts and meet our responsibilities to protect safety and health care quality for Aboriginal and Torres Strait Islander Peoples.

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

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

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

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

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

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

The Board has procedures for regularly reviewing standards, codes and guidelines. If approved, the Board will review the proposed standard and revised guidelines at least every five years.

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