



Guidelines for registered medical practitioners who advertise cosmetic surgery

Effective from: 1 July 2023

Introduction

These guidelines have been developed by the Medical Board of Australia (the Board) under section 39 of the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory.

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

These guidelines have been developed to address the unique features of cosmetic surgery that are not present in many other areas of medical practice and the specific risks involved with cosmetic surgery advertising. Cosmetic surgery is invasive with potential complications, is often irreversible and is often sought by potentially vulnerable people.¹ It can also be a lucrative area of practice and financial gain can compete with and sometimes outweigh patient wellbeing and safety considerations.

These guidelines describe responsible practice when advertising cosmetic surgery. Good practice cosmetic surgery advertising is honest, balanced, realistic, and informative. It protects the dignity of patients and does not exploit patients.

'Cosmetic surgery' is defined in the 'Definitions' section.

How do these guidelines interact with other guidance?

These guidelines provide specific guidance for registered medical practitioners who advertise cosmetic surgery and are in addition to [Good medical practice: a code of conduct for doctors in Australia](#) (*Good medical practice*) and [Guidelines for advertising a regulated health service](#) (the broader advertising guidelines).

Medical practitioners who advertise cosmetic surgery are expected to comply with the following:

- [Good medical practice: a code of conduct for doctors in Australia](#)
- [Guidelines for advertising a regulated health service](#)
- [Guidelines for registered medical practitioners who perform cosmetic surgery and procedures](#), and
- [Social media: How to meet your obligations under the National Law](#).

Medical practitioners advertising cosmetic surgery must also comply with therapeutic goods advertising and laws governing Australian Consumer Law. More information about this is in the [broader advertising guidelines](#).

These guidelines reflect good practice when advertising cosmetic surgery due to the unique risks associated with cosmetic surgery and advertising. They set out types of advertising of cosmetic surgery the Board considers will contravene section 133 of the National Law and what the Board considers constitutes appropriate professional conduct when advertising cosmetic surgery.

In some areas these guidelines are intentionally more specific than the broader advertising guidelines as these guidelines provide practitioners with the Board's position on particular issues that are specific to advertising cosmetic surgery.

Where there is a conflict between these guidelines, the broader advertising guidelines, and/or *Good medical practice*, medical practitioners should comply with the most specific guidance.

Dealing with non-compliance

The Board and Ahpra can deal with inappropriate advertising in a number of ways, including through:

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

¹ Information on consumer vulnerability is available in the Australian Competition and Consumer Commission's (ACCC) publication *Consumer vulnerability: A business guide to the Australian Consumer Law (2021)*, available at www.accc.gov.au.

Who do these guidelines apply to?

These guidelines apply to medical practitioners registered under the National Law who advertise cosmetic surgery.

The Board considers this guidance to represent good practice in all advertising of cosmetic surgery.

Who is responsible for advertising?

The responsibility for advertising content rests with the person in ultimate control of the advertising. In most cosmetic surgery advertising this is the registered medical practitioner.

Medical practitioners need to check any content produced by others on their behalf and ensure it is compliant.

When someone other than a registered medical practitioner controls the advertising of cosmetic surgery (for example, where the practitioner is an employee of a multi-disciplinary business) the medical practitioner is still obliged to ensure their cosmetic surgery services are advertised lawfully and appropriately. Medical practitioners must use their best endeavours to ensure that anyone who advertises the medical practitioner's services complies not only with section 133 of the National Law but all other aspects of these guidelines.

Definitions

Cosmetic surgery and procedures are operations and other procedures that revise or change the appearance, colour, texture, structure or position of normal bodily features with the dominant purpose of achieving what the patient perceives to be a more desirable appearance.²

Cosmetic surgery involves cutting beneath the skin. Examples include breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer.

Non-surgical cosmetic procedures do not involve cutting beneath the skin but may involve piercing the skin. Examples include cosmetic injectables such as Botulinum toxin and dermal fillers, (also known as soft tissue fillers), fat dissolving injections, thread lifts, sclerotherapy and microsclerotherapy, CO₂ laser skin resurfacing, cryolipolysis (fat freezing), laser hair removal, dermabrasion, chemical peels and hair transplants.³ Mole removal for the purposes of appearance is classified as non-surgical even though it may involve cutting beneath the skin.

Surgery 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.⁴ Surgery and procedures that have a medical justification and which may also lead to improvement in appearance are excluded from the definition.

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

Gender affirmation surgery is not considered cosmetic surgery.

How will the Board use these guidelines?

Section 41 of the National Law states that an approved registration standard or a code or guideline approved by the Board is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the profession.

These guidelines can be used to assist the Board in its role of protecting the public, by setting and maintaining standards of medical practice. If a medical practitioner's professional conduct varies significantly from these guidelines, the practitioner should be prepared to explain and justify their decisions and actions.

Serious or repeated failure to meet these guidelines may have consequences for a medical practitioner's registration.

² 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).

³ Definitions adapted from the Medical Council of New Zealand *Statement on cosmetic procedures* (2011).

⁴ Definition from the Medical Council of New South Wales *Cosmetic surgery guidelines* (2008).

What is considered advertising?

The [broader advertising guidelines](#) define advertising.

In the context of advertising a regulated health service, such as cosmetic surgery, advertising includes, but is not limited to, 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 (such as the cosmetic surgery service). Social media is often used to advertise a regulated health service. Content on public and private social media profiles or groups may constitute advertising under the National Law if the content relates to a regulated health service. This includes comments by the practitioner or other content from the practitioner.

Advertising can also occur via:

- television or cinema
- radio
- newspapers
- flyers
- billboards
- books (if the book is promoting a particular cosmetic surgery provider)
- pictorial representations
- designs
- mobile communications or other displays
- all electronic media that promotes a particular cosmetic surgery provider
- business cards, announcement cards
- office signs and similar
- letterheads on public facing documents used to promote a particular cosmetic surgery provider
- public and professional directory listings or similar professional notice (such as patient recall notices)
- internet, including websites and social media.

The role of advertising in cosmetic surgery

Due to cosmetic surgery's discretionary nature, advertising plays a significant role in driving demand. Social media advertising and/or other commercial business practices, such as upselling additional procedures or treatments, or offering other inducements, are used extensively to reach and influence consumer choice in cosmetic surgery. This is different from most other regulated health services which are driven by healthcare need.

Advertising that does not accurately represent the health service provided, the risks, or the nature and scope of the service is unacceptable and is not appropriate in the context of invasive medical treatments, such as cosmetic surgery. It can mislead the public, create unrealistic expectations, may lead patients to seek out unnecessary or inappropriate cosmetic surgery, may downplay the seriousness of the surgery and/or the risk of surgery, or downplay the recovery time and recovery experience, and lead to poor healthcare decisions.

Good practice in cosmetic surgery advertising

Healthcare advertising that is ethical, honest, 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 these guidelines when advertising cosmetic surgery 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 and/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.

It is not possible to provide an exhaustive list of advertising that will or will not meet these guidelines. Where these guidelines provide examples, terms and phrases that are inappropriate in advertising these are practical examples to help understanding of the requirements and are not the only examples, terms and phrases that would be considered inappropriate.

1. Practitioner responsibility

See also *False, misleading or deceptive advertising* in the [broader advertising guidelines](#).

- 1.1 Cosmetic surgery must not be advertised in a way that exploits the vulnerabilities or insecurities of individuals to increase demand for cosmetic surgery. A medical practitioner's duty of care to their patient is the paramount consideration in all practitioner-patient interactions, including through advertising.
- 1.2 Medical practitioners must recognise that there is strong demand from patients who are not suitable candidates for cosmetic surgery because of psychological issues, such as body dysmorphic disorder (BDD) and must recognise the potential harm to such individuals who may seek cosmetic surgery. Cosmetic surgery must not be advertised in a way that targets or drives demand from such individuals.
- 1.3 Medical practitioners must recognise the potential for conflict between financial gain and their duty of care to patients. Medical practitioners must recognise cosmetic surgery may have a negative physical, psychological, or financial impact on some patients, regardless of the skill of the practitioner. Medical practitioners advertising cosmetic surgery must put their patients first.
- 1.4 Advertising that includes information about costs or the availability of health insurance cover must 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 training, qualifications, registration, experience and competence

See also *False, misleading or deceptive advertising* in the [broader advertising guidelines](#).

- 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 medical practitioner training, qualifications, registration, experience and/or competence.
- 2.3 All medical practitioners advertising cosmetic surgery must include clear and unambiguous information about their qualifications and type of medical registration. Information must include the medical practitioner's registration number and whether they hold general registration or specialist registration, including recognised specialty and field of specialty practice (if applicable).

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 must not be used alone without explanation as this may mislead patients.
 - 2.5 Claims about a medical practitioner's experience must be accurate and must not mislead the public as to the extent of a medical practitioner's experience or training. For example, it is misleading to use surgical rotations completed during pre-vocational training to imply that a practitioner has undertaken accredited surgical training or has relevant surgical experience.
 - 2.6 Cosmetic surgery advertising must not use terms (including in taglines, hashtags and similar) that advertise the medical practitioner or the medical practitioner's abilities in a manner that may be misleading or create unrealistic expectations. Examples of inappropriate terms include 'magic hands', 'sculptor', 'god', 'king', 'queen', 'world's best', 'world renowned'.

3. Financial and other incentives

See also *Encouraging indiscriminate or unnecessary use of regulated health services* in the [broader advertising guidelines](#).

- 3.1 Cosmetic surgery advertising must not offer incentives, gifts, discounts or inducements that would encourage people to have cosmetic surgery. Examples of inappropriate incentives or inducements include, but are not limited to:
 - a. giving a discount if a patient undergoes cosmetic surgery before a certain date
 - b. offering benefits such as discounted airfares, accommodation or spa treatments as part of a cosmetic surgery package
 - c. offering discounted packages or 'bundling' of multiple procedures (for example, 'facelift and fillers')
 - d. offering a gift or prize for promoting a particular medical practitioner or practice.

4. Testimonials

See also *Testimonials* in the [broader advertising guidelines](#).

- 4.1 The National Law specifically prohibits the use of testimonials or purported testimonials, such as patient stories and experiences, success stories or fake testimonials, in advertising. Cosmetic surgery advertising must not use testimonials due to their potential to create unrealistic expectations of beneficial treatment.
- 4.2 A testimonial is a positive statement about a person or thing. In the context of the National Law, testimonials are recommendations or positive statements about the clinical aspect of a regulated health service, that are used in advertising.
- 4.3 A clinical aspect in a testimonial about cosmetic surgery would be any positive statement about the experience of, the reason for or the outcome of the surgery, or statements about the skills or experience of the medical practitioner, either directly or via comparison and could include linking to images showing surgical outcomes. This is because revision or change to appearance is the dominant purpose of cosmetic surgery.
- 4.4 Medical practitioners are considered to have used a testimonial in advertising if they have published testimonials in their advertising, whether the advertising is in print, on a website or social media or displayed within a clinic. This includes where the testimonial is published in a time restricted way, such as through the use of social media platforms' 'stories' function.
- 4.5 Testimonials are also considered to have been used in advertising where a medical practitioner:
 - a. links to testimonials on third party advertising
 - b. re-shares stories or posts from patients that are recommendations or positive statements about the cosmetic surgery and/or the medical practitioner who provided the cosmetic surgery, and/or
 - c. interacts with the review, such as liking or otherwise responding to a patient's social media post.

- 4.6 While medical practitioners are not responsible for testimonials or reviews their patients may post to third-party websites, medical practitioners must take steps to ensure that they do not interact with, or allow testimonials to be published, when they have control of, or over, this function. Medical practitioners can minimise the risk of third parties posting testimonials and linking to the practitioner's advertising by disabling reviews, comments or 'tagging' functions on their page on social media platforms.
- 4.7 The prohibition on using testimonials to advertise cosmetic surgery does not affect:
- patients sharing information, expressing their views online or posting reviews on review platforms
 - how members of the public can interact with review sites or discussion forums
 - individuals or businesses that do not advertise a regulated health service.

5. Social media influencers and ambassadors

See also *Testimonials* and *Advertising that creates an unreasonable expectation of beneficial treatment* in the [broader advertising guidelines](#).

- 5.1 The use of social media 'influencers', 'ambassadors' or similar increases the risk that patients are not fully informed and form unrealistic expectations of results. The content published by social media influencers or ambassadors is considered to pose a particular risk to younger people due to the nature of the audience for some social media platforms.
- 5.2 Medical practitioners or other advertisers who enter into any arrangements with social media 'influencers', 'ambassadors', content creators or similar individuals are responsible for the advertising content that is delivered by these individuals and must ensure that any advertising produced complies with all guidelines for advertising, including the ban on testimonials in advertising under the National Law.

6. Use of images including 'before and after' images

See also *False, misleading or deceptive advertising* and *Advertising that creates an unreasonable expectation of beneficial treatment* in the [broader advertising guidelines](#).

- 6.1 Single images must not be used in cosmetic surgery advertising when the use of the image is likely to give the impression that it represents the outcome of a surgery as this can mislead the public, idealise cosmetic surgery and/or increase unreasonable expectations. Examples of inappropriate use of single images includes naked bodies or body parts or bodies in lingerie or swimwear, stylised single images, such as those with 'mood' lighting, soft filters or black and white images, and images of models or celebrities.
- 6.2 Images of people aged under 18 years of age must not be used in advertising of cosmetic surgery.
- 6.3 All images used in advertising that are intended to show the outcomes of cosmetic surgery must include a prominent warning that the outcomes shown are only relevant for this patient and do not necessarily reflect the results other patients may experience, as results may vary due to many factors including the individual's genetics, diet and exercise.
- 6.4 'Before and after' images in advertising may create unrealistic expectations and both the 'before' and 'after' images must be used responsibly to provide only realistic information about the outcome of the cosmetic surgery performed. The broader advertising guidelines list the requirements for 'before and after' images in advertising. These requirements include that both the 'before and after' images are genuine. In the context of cosmetic surgery this means the images used in advertising must be of actual patients who have had cosmetic surgery performed by that medical practitioner.
- 6.5 'Before and after' images used in advertising must be presented so that the most prominent or first image seen is either a combined or composite of both the 'before' and 'after' images or the 'before' image. Advertising where the 'after' image is the most prominent image may create unrealistic expectations.
- 6.6 'Before and after' images must be as similar as possible in content, lighting, camera angle, background, framing and exposure, posture, clothing and make up. This is to ensure that the comparisons of 'before and after' images are genuine and are not influenced by factors such as the use of lighting, makeup, facial expression, clothing, or varied angles to improve the 'after' image.
- 6.7 'Before and after' images used in advertising of cosmetic surgery must not be edited or enhanced, for example through the use of filters, retouching, grey-scaling and similar techniques, as this can be misleading about the results of cosmetic surgery by minimising scarring and bruising. Medical practitioners should also consider the timing of 'after' images, where immediate post-surgical swelling and similar may mask irregularities and be misleading as to actual long-term post-operative results.

- 6.8 Photographs, videos or any other imagery used in cosmetic surgery advertising must be used responsibly, for the purposes of information and/or education about cosmetic surgery only. Some examples of features that are more likely to be considered to be focused on entertainment and to trivialise cosmetic surgery include, but are not limited to:
- a. imagery that includes music, dancing, singing, or comedic comments
 - b. editing that is not directed at presenting information (such as a montage of cosmetic surgeries, cosmetic surgery outcomes and/or bodies)
 - c. imagery with a voice-over where the voice-over is not educative or informative.
- 6.9 The use and descriptions of photographs, videos and images in cosmetic surgery advertising must not:
- a. idealise or sexualise cosmetic surgery through the use of sexualised images, such as poses suggestive of sexual positions, parting of legs, hands placed near genitals or positions that imply sexual readiness. Other examples of inappropriately sexualised images include, but are not limited to, photographs, videos or images showing sexualised clothing, such as lingerie or sexual paraphernalia, simulated undressing, such as pulling down underpants or a bra strap, oiled bodies and similar
 - b. contain gratuitous nudity. For example, advertising must not include photographs, videos or images of naked breasts, even if censored, when presenting information about cosmetic surgery unrelated to the appearance of breasts
 - c. use icons, such as emojis, to cover body parts for modesty or to indicate an emotional reaction to an image
 - d. use lifestyle shots, for example, images taken on a beach, poolside, on a bed, chair, in a bedroom or hotel room
 - e. capture, or purport to capture, emotional reactions of patients, such as patients giving 'thumbs up' or crying with happiness after cosmetic surgery in a photograph, video, or image
 - f. use images accompanied by captions or descriptions that idealise cosmetic surgery or minimise the risk of cosmetic surgery. For example, 'more natural', 'hot', 'younger'
 - g. name patients or contain links to a patient's social media or other digital media account.
- 6.10 Medical practitioners must prioritise patients' interests, dignity and privacy ahead of marketing or advertising opportunities. Medical practitioners must:
- a. have fully informed consent from patients, separate from the consent to surgery, to use their image in any advertising
 - b. provide the patient with information about the proposed use of any images of them in advertising, including where the image will be used (for example, within the clinic, on social media, on billboards, etc), and for how long
 - c. make clear to patients that any image of them used in advertising, particularly on social media platforms, may be used by or commented on by a third party without the medical practitioner's or patient's knowledge
 - d. provide patients with an opportunity to view their images before consenting to the use of their image in advertising
 - e. make clear to patients that they have a right to refuse use of their images and that they are not required to agree to the use of their images in advertising
 - f. provide the patient with information about where the original images will be stored and who will have access to them
 - g. store original images as specified by the Board's *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures*
 - h. document the patient's consent for taking, use and storage of any images
 - i. make clear to patients that they are free to withdraw their consent for the use of their images in advertising at any time and provide clear information and a process for them to do so
 - j. promptly remove patient images from their advertising whenever a patient withdraws consent to use their images.

7. Risk, recovery, and idealising cosmetic surgery

See also *False, misleading or deceptive advertising* and *Advertising that creates an unreasonable expectation of beneficial treatment* in the [broader advertising guidelines](#).

- 7.1 All cosmetic surgery is invasive and carries risks. Advertising must provide accurate, realistic and educative information about risks or potential risks of cosmetic surgery. Failure to do so has the potential to mislead or deceive the public and to create an unreasonable expectation of beneficial treatment.
- 7.2 Medical practitioners must ensure that full information about risks and potential risks can be easily found within cosmetic surgery advertising. 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 the cosmetic surgery. 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.
- 7.3 Cosmetic surgery advertising must be clear that undergoing cosmetic surgery is a serious decision. For example, medical practitioners must not offer cosmetic surgery as a competition prize, as this is not reflective of the thought, careful consideration and planning that should go into a decision to have cosmetic surgery.
- 7.4 Cosmetic surgery advertising must be clear that patients need time, support and appropriate aftercare to recover. It must include 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.
- 7.5 Advertising must not downplay recovery or mislead patients in relation to the experience of pain and recovery through, for example, describing cosmetic surgery as 'gentle', 'or 'simple' or describing the recovery process as 'quick' or 'rapid' when different patients will heal differently, and have different pain thresholds and will therefore experience different recovery times for different activities.
- 7.6 Advertising must not trivialise cosmetic surgery. It must not:
 - a. minimise the invasiveness of cosmetic surgery (for example, the use of words such as, but not limited to, 'artistry', 'silhouette' and 'sculpting' are inappropriate in cosmetic surgery advertising)
 - b. mislead patients in relation to the surgery's complexity, duration, expected pain, potential side effects or potential complications
 - c. use emojis on images, in response to images, or in the text of the advertising
 - d. use minimising terms such as 'gentle', 'simple', 'safe', 'quick', and/or 'easy'
 - e. 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', 'Brazilian butt lift'
 - f. idealise cosmetic surgery through the use of images, words or other marketing techniques. For example, advertising must not use terms such as 'designer vagina', 'barbie', non-clinical adjectives such as 'transformation', 'amazing', 'perfect' and similar
 - g. encourage interaction with images in a competitive way, such as promotional material that asks for votes on patients' surgical outcomes or features such as 'guess the size of the implant'.

8. Body image and promotion for wellbeing and improved mental health

- 8.1 Medical practitioners must 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. Medical practitioners must be aware that interventions other than cosmetic surgery may be better to address the concerns of such patients. Cosmetic surgery advertising must not suggest or give the impression that cosmetic surgery is the only option for individuals who are unhappy with their appearance.
- 8.2 Cosmetic surgery advertising must not use automated apps, websites, tools or programs which predict an individual's appearance post-surgery. The use of these tools in advertising can create unreasonable expectations of outcome as advertising does not have the benefit of a consultation with a medical practitioner, at which relevant information about the predicted outcome can be discussed.

8.3 Cosmetic surgery advertising must not:

- a. encourage patients to undergo multiple surgeries at the same time (for example, through promotion of packages or 'bundling' of cosmetic surgery) as this may lead patients to have additional surgery they did not need or did not initially intend to undergo
- b. use language or statements which are exploitive, disapproving or imply that a normal change (for example, post-pregnancy body), body shape or bodily feature is abnormal or undesirable or is not aesthetically pleasing and can be fixed or created by cosmetic surgery. This means, for example, phrases or terms such as 'mummy makeover', 'unsightly bulges', 'lose the bingo wings', 'flabby', 'problem area', 'hip dips', 'thigh gaps', 'flat buttocks' and similar must not be used in cosmetic surgery advertising
- c. state or imply that it is normal to have cosmetic surgery to 'fix' natural variations and changes in body shapes and features
- d. focus on an individual's negative feelings about natural variation in their body, body image or body part
- e. promote unrealistic images of youthful, 'perfect' body shapes
- f. state or imply cosmetic surgery should be used to obtain an acceptable or 'ideal' body type. This includes:
 - i. using phrases that imply wellbeing will suffer without cosmetic surgery, such as 'healthier, happier you', 'restore', 'youthful', 'best version of yourself', 'body goals' and similar
 - ii. using non-clinical terminology such as 'get ready for summer', 'bikini body', 'forever young', 'the body you deserve', 'work of art' and similar.

9. Realistic expectations of outcomes

See also *Advertising that creates an unreasonable expectation of beneficial treatment* in the [broader advertising guidelines](#).

- 9.1 Cosmetic surgery services must not be advertised in a way that creates unrealistic expectations of outcomes. Claims within advertising as to what can be achieved through cosmetic surgery must be objective, demonstrable, or provable in order to maintain patients' reasonable expectations of outcomes. Advertising must:
 - a. not use terms such as 'magic', 'art' or 'sculpt' that minimise the nature and risk of cosmetic surgery and may create unrealistic expectations
 - b. not use statements or marketing techniques that imply any desired outcomes can be obtained. For example, phrases such as 'get her look', 'bod inspo', 'bikini body', or 'get your desired shape' and similar are all unacceptable
 - c. 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, as results may vary due to many factors, including the individual's genetics, diet and exercise.
- 9.2 Cosmetic surgery advertising must not make claims about psychological or social benefit or similar claims which cannot be supported by acceptable evidence. For example, advertising that claims cosmetic surgery will change the patient's life, boost confidence, improve body image or self-esteem or similar claims is not acceptable unless these claims can be supported by evidence that meets the standard for [acceptable evidence](#) in health advertising.

10. Targeting people potentially at risk

- 10.1 Medical practitioners must recognise that children and young people, along with other specific patient groups, are particularly vulnerable to body image pressures and negative body image perceptions. Medical practitioners should 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.
- 10.2 Cosmetic surgery advertising must not be targeted or directed at people under the age of 18 and must limit 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 must be identified as 'adult content' in order to prevent people under the requisite age from accessing cosmetic surgery content on the social media platform.

- 10.3 Cosmetic surgery advertising must not exploit or be targeted towards at risk groups. This includes not leveraging social media algorithms and similar to boost social media posts towards vulnerable groups. Cosmetic surgery advertising must not use terminology in meta data, hashtags, or other fields within advertising in order to target a vulnerable patient demographic.
- 10.4 Medical practitioners must consider the frequency of their advertising and social media posts and recognise that excessive posting (for example, daily or multiple times a day) may contribute to body image dissatisfaction by creating the perception that it is normal to have cosmetic surgery.

Note on advertising non-surgical cosmetic procedures

Advertising non-surgical cosmetic procedures

These guidelines (*Guidelines for registered medical practitioners who advertise cosmetic surgery*) are focused solely on 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*.

Among the requirements in the *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures* is the following:

- Advertising should not glamorise cosmetic procedures, minimise the complexity of a procedure, overstate results or imply patients can achieve outcomes that are not realistic.

Practitioners advertising non-surgical cosmetic procedures should be aware that this requirement applies to advertising of these procedures, until such time as more detailed consideration and consultation occurs in relation to advertising these procedures.

Review

Date of issue: 1 July 2023

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