

Guidelines for advertising higher risk non-surgical cosmetic procedures

DATE

Introduction

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

They outline the obligations of any person or business when advertising higher risk non-surgical cosmetic procedures (higher risk cosmetic procedures) performed by registered health practitioners.

The guidelines aim to inform registered health practitioners and the community about the Boards' expectations of health practitioners who advertise higher risk cosmetic procedures in Australia. They also aim to support registered health practitioners who advertise these procedures to do so responsibly.

They have been developed to address the unique features of cosmetic procedures that are not found in other areas of health practice and the specific risks involved in the advertising of higher risk cosmetic procedures. All cosmetic procedures carry risk. Some carry significantly higher risks to the patient because they may be invasive and can cause serious complications or harm which may be irreversible. See 'What are higher risk non-surgical cosmetic procedures?' for information about how we have categorised procedures for the purpose of these guidelines.

Cosmetic procedures are often sought by potentially vulnerable people.² These guidelines describe responsible practice when advertising higher risk cosmetic procedures. Good practice advertising of cosmetic procedures is honest, balanced, realistic, and informative. It protects the dignity of patients and does not exploit patients.

Who do these guidelines apply to?

These guidelines apply to those advertising higher risk cosmetic procedures performed by registered health practitioners.

This includes:

- registered health practitioners
- individuals who are not registered health practitioners, and
- business, partnerships and corporate entities.

These guidelines describe good practice when advertising higher risk cosmetic procedures.

They set out the types of advertising of higher risk cosmetic procedures the National Boards consider will contravene section 133 of the National Law that applies to all advertisers. They also set out the types of advertising which relates to the professional expectations of registered practitioners. There can be overlap between these requirements.

These guidelines apply only to advertising of higher risk cosmetic procedures. This is because the scope of these guidelines recognises that other cosmetic procedures are lawfully provided and advertised by non-registered individuals. While the public are likely to have greater expectations of a registered health practitioner providing any cosmetic procedure, these guidelines take a risk-based approach in relation to the advertising of cosmetic procedures, and are focussed on higher risk cosmetic procedures which are more likely to be advertised by or on behalf of a registered health practitioner.

Cultural safety

Practitioners are reminded of their obligations under their [codes of conduct](#) to consider the specific needs and the health and cultural safety of Aboriginal and Torres Strait Islander Peoples in all of their practice, including in the advertising of higher risk cosmetic procedures.

What are higher risk non-surgical cosmetic procedures?³

For the purposes of these guidelines **higher risk non-surgical cosmetic procedures** are non-surgical procedures undertaken to revise or change the appearance, colour, texture, structure or position of bodily features with the dominant purpose of achieving what the patient perceives to be a more desirable appearance. Higher risk cosmetic procedures usually require the individual performing the procedure to be a registered health practitioner or an aspect of the cosmetic procedure requires the involvement of a registered health practitioner.

1 Aboriginal and Torres Strait Islander Health Practitioner, Chinese Medicine, Chiropractic, Dental, Medical, Medical Radiation Practice Nursing and Midwifery, Occupational Therapy, Optometry, Osteopathy, Paramedicine, Pharmacy, Physiotherapy, Podiatry and Psychology Boards of Australia.

2 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

3 To provide consistency for both health practitioners and the public, the definitions in the Medical Board of Australia's *Guidelines for registered medical practitioners who advertise cosmetic surgery* have informed these guidelines.

These procedures are usually either restricted to particular professions,⁴ require an authorisation only available to certain registered health practitioners⁵ or require a level of anatomical, physiological and/or pharmacological knowledge which mean that the cosmetic procedure can usually only be safely performed by a registered health practitioner.

Higher risk cosmetic procedures may require the use of a prescription-only medication, significant alteration of bodily structures, involve the injection of medicines and/or products into and under the skin and may involve penetration of the deeper dermis by chemicals, lights, lasers, heat or cold.

Higher risk cosmetic procedures have unique features and specific risks both in providing and advertising them. Higher risk cosmetic procedures are procedures which may be invasive and can cause complications or harm to the patient which may be irreversible. The practice of non-surgical cosmetic procedures can be lucrative, and financial gain can compete with, and sometimes outweigh, patient wellbeing and safety considerations. Like all cosmetic procedures, higher risk cosmetic procedures are often sought by particularly vulnerable people.

Examples of higher risk cosmetic procedures include but are not limited to dental veneers, the administration of cosmetic injectables such as botulinum toxin⁶ and dermal fillers, (also known as soft tissue fillers), injection lipolysis, thread lifts, sclerotherapy and microsclerotherapy, procedures involving platelet rich plasma, biotherapy or injections of any products derived from the patient's blood and hair transplants.

See 'How do these guidelines interact with other legislation?' for information about other legal requirements may apply to advertising of higher risk cosmetic procedures and other cosmetic procedures not covered by these guidelines.

A note on terminology

These guidelines use 'patient' to mean a person or persons accessing healthcare, which includes clients and healthcare consumers. These terms can also include families, carers, groups and/or communities.

How do these guidelines interact with other guidance?

These guidelines provide specific guidance for advertising higher risk cosmetic procedures and are in addition to the [Guidelines for advertising a regulated health service](#) (the broader advertising guidelines) and the National Boards' codes of conduct for registered practitioners.

Registered health practitioners who advertise higher risk cosmetic procedures should be aware that there is other guidance that may be relevant to their practice including the following:

- [relevant National Boards' codes of conduct](#)
- [Guidelines for advertising a regulated health service](#)
- *Guidelines for registered health practitioners who perform non-surgical cosmetic procedures* (except for medical practitioners)
- [Guidelines for registered medical practitioners who advertise cosmetic surgery](#) (registered medical practitioners only)
- [Guidelines for registered medical practitioners who perform cosmetic surgery and procedures](#) (registered medical practitioners only), and
- [Social media: How to meet your obligations under the National Law](#).

In some areas these guidelines are intentionally more specific than [the broader advertising guidelines](#) as they provide the National Boards' position on particular issues that are specific to advertising higher risk cosmetic procedures.

Where there is a difference between these guidelines, the broader advertising guidelines, and the relevant codes of conduct, advertisers should comply with the most specific guidance.

How do these guidelines interact with other legislation?

Advertisers must comply with all relevant legislation.

Where advertising of a regulated health service involves the advertising of therapeutic goods (e.g. medicines and medical devices) advertising must comply with the requirements of the acts and regulations governing the advertising of therapeutic goods administered by the [Therapeutic Goods Administration \(TGA\)](#).

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

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

⁶ The use of Botulinum toxin to treat medical conditions is excluded from these guidelines. For uses of Botulinum toxin for cosmetic treatments see [Better Health Channel cosmetic treatments – injectables](#).

Advertisers must also comply with the Australian Consumer Law, administered by the [Australian Competition and Consumer Commission \(ACCC\)](#) and relevant state and territory consumer protection departments and agencies.

If a complaint about advertising may be of interest to another Australian regulatory authority, such as the TGA or ACCC, Ahpra may refer the matter to the appropriate regulator.

How to make a complaint about an advertising breach under the National Law

A complaint about advertising can be made by using the complaint form on the [Ahpra website](#). You can also call Ahpra on 1300 419 495 for further information on making a complaint about advertising.

The [Ahpra website](#) has information about how complaints about advertising are managed and what penalties and other consequences apply for advertising breaches under the National Law.

Dealing with non-compliance

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

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

Many aspects of these guidelines set out the professional expectations of registered practitioners rather than the requirements of section 133 of the National Law. However, some serious breaches of these professional expectations by a registered practitioner may also amount to a contravention of section 133 of the National Law.

Who is responsible for advertising?

The National Law restrictions on advertising apply to each person who is advertising the service. It is often the case that responsibility for the advertising of a regulated health service rests with more than one person, and a range of people can therefore be accountable for unlawful advertising.

Any person who authorises the advertising of services, is responsible for that advertising. This includes the owner of the business and any person in control of the advertising.

Where registered practitioners are employed by, or provide services for, a business, the registered practitioner has a professional obligation to ensure that the advertising of any regulated health services to be provided by them complies with these guidelines. If a registered practitioner becomes aware that their services are being advertised in a way that does not comply with these guidelines, they need to be able to demonstrate they have taken all reasonably practicable steps to have the advertising corrected.

How will National Boards use these guidelines?

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

These guidelines can be used to assist a National Board in its role of protecting the public, by setting and maintaining standards of practice. If a registered health practitioner's professional behaviour 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 health practitioner's registration.

What is considered to be advertising?

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

In the context of advertising a regulated health service, 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. 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
- podcast
- newspapers
- flyers
- billboards
- books (if the book is promoting a particular provider of cosmetic procedures provider)
- pictorial representations
- designs
- mobile communications or other displays
- all electronic media that promotes a particular provider of cosmetic procedures
- business cards or announcement cards
- office signs, shopfront and similar
- letterheads on public facing documents used to promote a particular provider of non-surgical cosmetic procedures
- 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 higher risk cosmetic procedures

Due to the discretionary nature of higher risk cosmetic procedures, advertising plays a significant role in driving demand. Social media advertising and other commercial business practices, such as offering inducements are used extensively to reach and influence consumer choice. This is different from most other regulated health services which are driven by healthcare need.

Business practices that target the vulnerabilities of consumers are unacceptable and may disproportionately impact Aboriginal and Torres Strait Islander Peoples and people from culturally and linguistically diverse groups, among others.

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. It can mislead the public, create unrealistic expectations, lead patients to seek unnecessary or inappropriate procedures, downplay the risks of procedures, or recovery or the possible frequency of treatment required to maintain outcomes, and lead to poor healthcare decisions.

Good practice in advertising higher risk cosmetic procedures

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. Following these guidelines when advertising higher risk cosmetic procedures will result in acceptable advertising that meets professional obligations and codes of conduct.

Good practice advertising of higher risk cosmetic procedures:

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

The following guidelines set out what the Board considers good practice when advertising higher risk cosmetic procedures.

It is not possible to provide an exhaustive list of advertising that will or will not meet these guidelines.

Advertising examples, terms and phrases provided are practical examples to help understand the requirements and are not the only examples, terms and phrases that would be considered inappropriate.

1. Practitioner responsibility

Obligations under the National Law

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

- 1.1 Higher risk cosmetic procedures must not be advertised in a way that exploits the vulnerabilities or insecurities of individuals to increase demand for procedures. A health practitioner's duty of care to their patient is the paramount consideration in all practitioner-patient interactions, including through advertising.
- 1.2 Registered health practitioners must recognise that there is strong demand from people who may be experiencing psychological conditions, such as body dysmorphic disorder (BDD) and must recognise the potential harm to such individuals from higher risk cosmetic procedures. Higher risk cosmetic procedures must not be advertised in a way that targets or drives demand from such individuals.
- 1.3 Registered health practitioners must recognise the potential for conflict between financial gain and their duty of care to patients. Registered health practitioners must recognise that higher risk cosmetic procedures may have a negative physical, psychological, or financial impact on some patients, regardless of the skill of the practitioner. Health practitioners advertising higher risk cosmetic procedures must put their patients first. Registered health practitioners' National Boards' [code of conduct](#) has relevant guidance about good patient care, including that the patient is your primary concern and treating each patient as an individual.
- 1.4 Advertising that includes information about costs or the availability of health insurance cover must be clear, easily understood, accurate and honest.
- 1.5 Advertising price lists for higher risk cosmetic procedures that involve a therapeutic good, or a prescription-only medicine, such as cosmetic injectables, must comply with the TGA requirements for advertising these procedures. See the [TGA FAQs on advertising health services and cosmetic injections](#) for additional information.

2. Titles and claims about training, qualifications, registration, experience and competence

Obligations under the National Law

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

- 2.1 Only a health practitioner who holds registration in a profession may use the relevant protected title in advertising.
- 2.2 Practitioner-patient relationships and patient trust are affected by the accuracy, honesty, and clarity in the advertising of health practitioner training, qualifications, registration, experience and competence.
- 2.3 Claims that suggest a practitioner holds specialist registration, qualifications, or endorsement, such as statements that a practitioner 'specialises' in a particular area of practice when they do not hold specialist registration in that area can be misleading and should not be used.
- 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 registered health practitioner's qualifications and experience must be accurate and must not mislead the public as to the extent of a practitioner's experience or training.
- 2.6 Advertising of higher risk cosmetic procedures must not use terms (including in taglines, hashtags and similar) that advertise the registered health practitioner or their abilities in a manner that may be misleading or create unrealistic expectations.

Professional expectations

- 2.7 If advertising references a specific individual as performing higher risk cosmetic procedures, the advertising must include information about the health practitioner's registration details, including their registration number, so the registration status of the health practitioner is clear to the public. For example:
 - AB (NMW000123456) Registered nurse (Division 1), nurse practitioner
 - CD (NMW000234567) Registered nurse (Division 1), general registration
 - EF (NMW000345678) Enrolled nurse (Division 2), general registration
 - Dr G (DEN000456789) Registered dentist, general registration
 - Dr H (DEN000567890) Registered dentist, specialist, specialist registration in orthodontics
 - Dr I (MED000567890) Registered medical practitioner, general registration
 - Dr J (MED000678910) Registered medical practitioner, specialist plastic surgeon (specialist registration in surgery – plastic surgery).

- 2.8 Good practice includes, not using terms that trivialise higher risk cosmetic procedures including, but not limited to, 'doll-maker', 'magic hands', 'sculptor', 'artist', 'god', 'king', 'queen', 'master', 'world's best', 'world renowned'.

3. Testimonials

Obligations under the National Law

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

- 3.1 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. Advertising of higher risk cosmetic procedures must not use testimonials due to their potential to create unrealistic expectations of beneficial treatment.
- 3.2 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.
- 3.3 A clinical aspect in a testimonial about higher risk cosmetic procedures would be any positive statement about the experience of, the reason for or the outcome of the procedure, or statements about the skills or experience of the registered health practitioner, either directly or via comparison. This can include linking to images showing outcomes of a procedure because revision or change to appearance is the dominant purpose of higher risk cosmetic procedures.
- 3.4 Registered health 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.
- 3.5 Testimonials are also considered to have been used in advertising where a registered health practitioner:
- links to testimonials on third-party advertising
 - re-shares stories or posts from patients that are recommendations or positive statements about the higher risk cosmetic procedure and/or the health practitioner who provided the procedure
 - interacts with a review on a third-party website or a social media page, such as liking or otherwise responding to a patient's social media post.
- 3.6 While registered health practitioners are not responsible for testimonials or reviews that their patients may post to third-party websites, health practitioners must take steps to ensure that they do not interact with testimonials (i.e. positive reviews). Registered health 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 social media pages.
- 3.7 The prohibition on using testimonials to advertise higher risk cosmetic procedures 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.

4. Social media influencers and ambassadors

Obligations under the National Law

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

- 4.1 The use of social media 'influencers', 'ambassadors' or similar for advertising increases the risk that patients are not fully informed and that they may 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.
- 4.2 Registered health practitioners or other advertisers who enter into arrangements with social media 'influencers', 'ambassadors', content creators or similar individuals are responsible for the advertising content that is delivered by these individuals. The registered practitioners must ensure that any advertising produced complies with all guidelines for advertising, including the ban on testimonials in advertising under the National Law.

- 4.3 Registered health practitioners or other advertisers who use social media influencers, ambassadors or similar to advertise higher risk cosmetic procedures that involve a therapeutic good, or a prescription-only medicine, such as cosmetic injectables should be aware of the TGA requirements for the use of testimonials and endorsements, and social media influencers, for advertising these procedures. See the [TGA guidance on Applying the Advertising Code rules: testimonials and endorsements](#) for additional information.

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

Obligations under the National Law

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

- 5.1 Guidance in this section applies to the use of all images advertising higher risk cosmetic procedures by registered health practitioners. If the higher risk cosmetic procedure advertised involves the use of a therapeutic good or prescription-only medicine, advertisers should also comply with the TGA requirements. See the [TGA guidance on advertising a health service](#) for additional information.
- 5.2 Images must not be used in advertising higher risk cosmetic procedures when the use of the image is likely to mislead the public because the image gives the impression that it represents the outcome of a procedure where this is not the case. Examples of misleading images include airbrushed, soft-filter or modified images where these modifications remove wrinkles, smooth complexions or otherwise attempt to portray a 'perfect' outcome, and the use of models or celebrities where it is not established that the model or celebrity had undertaken the higher risk cosmetic procedure.
- 5.3 All images used in advertising that are intended to show the outcomes of higher risk cosmetic procedures 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.
- 5.4 '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 higher risk cosmetic procedure. The broader advertising guidelines list the requirements for 'before and after' images in advertising. Requirements for using 'before and after' images when advertising higher risk cosmetic procedures include:
- that both the 'before and after' images are genuine. This means the images used in advertising must be of actual patients who have had the procedure being advertised performed by that health practitioner.
 - presenting images 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.
 - images must be as similar as possible in content, lighting (including the use of flash lighting), camera angle, background, framing and exposure, posture, clothing, and makeup. 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.
 - images used in advertising of higher risk cosmetic procedures 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 procedures by enhancing results or minimising bruising.
 - consider the timing of 'after' images. When using 'before and after' images in advertising higher risk cosmetic procedures the 'after' image should specify how long after the higher risk cosmetic procedure the image was taken.

Professional expectations

- 5.5 Images of people under 18 years of age must not be used in advertising of higher risk cosmetic procedures.
- 5.6 Photographs, videos, or any other imagery used in advertising of higher risk cosmetic procedures must be used responsibly, for the purposes of information and/or education about the higher risk cosmetic procedures only. Some examples of features more likely to be considered as focused on entertainment and to trivialise higher risk cosmetic procedures include, but are not limited to:
- imagery that includes music, dancing, singing, or comedic comments
 - editing that is not directed at presenting information (such as a montage of cosmetic procedures or outcomes, and/or bodies)
 - imagery with a voice-over where the voice-over is not educative or informative.

- 5.7 The use and descriptions of photographs, videos and images in higher risk cosmetic procedures advertising must not:
- a. idealise or sexualise higher risk cosmetic procedures 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, or gratuitous nudity. Other examples of inappropriately idealised and 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. use icons, such as emojis, to indicate an emotional reaction to an image
 - c. use lifestyle shots, for example, images taken on a beach, poolside, on a bed, chair, in a bedroom or hotel room
 - d. capture, or purport to capture, emotional reactions of patients, such as patients giving 'thumbs up' or crying with happiness after a higher risk cosmetic procedure
 - e. be accompanied by captions or descriptions that idealise higher risk cosmetic procedures or minimise the risk of these procedures. Examples include, but are not limited to, 'more natural', 'ideal', 'perfect', 'instant', and similar
 - f. name patients or contain links to a patient's social media or other digital media account.
- 5.8 Registered health practitioners must prioritise patients' interests, dignity, and privacy ahead of marketing or advertising opportunities. Registered health practitioners must:
- a. have fully informed consent from patients, separate from the consent to the higher risk cosmetic procedure, 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 (for example, in a magazine, 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 health practitioner's or patient's knowledge
 - d. provide patients with an opportunity to view their images before consenting to the use of it in advertising
 - e. make clear to patients that they have a right to refuse the 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 National Board guidelines for practitioners performing cosmetic procedures
 - h. document the patient's consent for taking, using and storing 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 where possible whenever a patient withdraws consent to use their images.

6. Risk, recovery, and idealising higher risk cosmetic procedures

Obligations under the National Law

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

- 6.1 Advertising must provide accurate, realistic and educative information about risks or potential risks. Failure to do so has the potential to mislead or deceive the public and to create an unreasonable expectation of beneficial treatment.
- 6.2 Minimising terms such as 'gentle', 'simple', 'safe', 'quick', or 'easy' should not be used without clear information about risks.
- 6.3 Registered health practitioners must ensure that full information about risks and potential risks can be easily found within advertising for higher risk cosmetic procedures. The public should not be required to exhaustively search for information or to contact the health 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 higher risk cosmetic 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 health practitioner's website that contains the information.

- 6.4 Advertising must be clear that undergoing a higher risk cosmetic procedure is a serious decision. For example, health practitioners must not offer higher risk cosmetic procedures as a competition prize, as this does not reflect the thought, careful consideration and planning that should go into a decision to have a procedure.
- 6.5 Advertising of higher risk cosmetic procedures must be clear that patients may need time and appropriate aftercare to recover. It must include realistic information about recovery time and the recovery experience. This includes explaining any necessary or possible changes to lifestyle including absence from employment or temporary restrictions on activity.
- 6.6 Advertising must not downplay recovery or mislead patients in relation to the experience of pain, for example, describing higher risk cosmetic procedures as 'painless' when different patients have different pain thresholds.

Professional expectations

- 6.7 Advertising that uses high quality information helps people to make choices that are right for them. Commercial and competitive practices can lead to advertising of higher risk cosmetic procedures in a way that detracts from the seriousness of the procedure and suggest they can be undertaken without careful thought and planning. Advertising must not trivialise higher risk cosmetic procedures. Some examples of features in advertising that are likely to trivialise higher risk cosmetic procedures include, but are not limited to:
 - a. the use of emojis on images, in response to images, or in the text of the advertising
 - b. idealising higher risk cosmetic procedures through the use of images, words, memes, or other marketing techniques. For example, advertising that uses terms such as 'barbie', 'doll-maker', 'perfect' and similar
 - c. encouraging interaction with images in a competitive way, such as promotional material that asks for votes on patients' outcomes or features such as 'guess the procedure' or 'guess how many mls of filler we used'.

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

Professional expectations

- 7.1 Registered health practitioners must recognise that some patients may be unduly influenced by advertising of higher risk cosmetic procedures for a range of reasons including, but not limited to low self-esteem, low life satisfaction, or low self-rated attractiveness or an underlying psychological condition such as body dysmorphic disorder. Registered health practitioners must be aware that interventions other than higher risk cosmetic procedures may better address the concerns of some patients. Advertising of higher risk cosmetic procedures must not suggest or give the impression that these procedures are the only option for individuals who are unhappy with their appearance.
- 7.2 Advertising of higher risk cosmetic procedures must not use automated apps, websites, tools or programs that predict an individual's appearance post-procedure or predict a person's appearance without a procedure. The use of these tools in advertising can create unreasonable expectations of outcomes as advertising does not have the benefit of a consultation with a registered health practitioner, at which relevant information about the predicted outcome can be discussed.
- 7.3 Advertising of higher risk cosmetic procedures must not:
 - a. use language or statements that are exploitative, disapproving or imply that a normal change (for example, the natural ageing process), body shape or facial or bodily feature is abnormal or undesirable or is not aesthetically pleasing
 - b. state or imply that it is normal to have higher risk cosmetic procedures or that higher risk cosmetic procedures should be used to 'fix' the normal ageing process or natural variations and changes in body appearance, shapes and features or to obtain an 'acceptable' or 'ideal' appearance. This includes phrases that imply there is a particular need for higher risk cosmetic procedures or that such procedures can 'restore self-esteem' or that an individual is or will be considered unattractive without undertaking a higher risk cosmetic procedure
 - c. focus on an individual's negative feelings about natural variation in their appearance, body, body image or body part
 - d. promote unrealistic images of 'youthful', 'ideal' or 'flawless' bodies appearance or shapes
 - e. use phrases that imply wellbeing will suffer without the higher risk cosmetic procedure, such as 'happier you', 'best version of yourself' or similar.

8. Realistic expectations of outcomes

Obligations under the National Law

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

- 8.1 Higher risk cosmetic procedures must not be advertised in a way that creates unrealistic expectations of outcomes. Claims within advertising as to what can be achieved through these procedures must be objective, demonstrable, or provable in order for patients to have reasonable expectations of outcomes. Advertising must:
 - a. not use statements or marketing techniques that imply any desired outcomes can be obtained, for example, phrases such as 'perfect pout' and similar are unacceptable
 - 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.
- 8.2 Advertising of higher risk cosmetic procedures must not mislead patients in relation to:
 - a. how long it takes for the effect from a higher risk cosmetic procedure to become evident
 - b. how long the effect of a higher risk cosmetic procedure will last
 - c. the frequency at which higher risk cosmetic procedures may be required to maintain a desired outcome.
- 8.3 Advertising of higher risk cosmetic procedures must not make claims about psychological or social benefit or similar claims that cannot be supported by acceptable evidence. For example, advertising that claims a higher risk cosmetic procedure 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.

9. Targeting people potentially at risk

Professional expectations

- 9.1 Registered health 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. Registered health 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 higher risk cosmetic procedures.
- 9.2 Advertising of higher risk cosmetic procedures must not be targeted or directed at people under the age of 18 years. Advertisers must limit the exposure of young people by not advertising in publications or other media likely to appeal to, or have a significant audience of, people under the age of 18 years. Advertising of higher risk cosmetic procedures in social media must be identified as 'adult content' to prevent young people from accessing content about these procedures on a social media platform.
- 9.3 Advertising of higher risk cosmetic procedures must not exploit or be targeted towards at risk groups. This includes not leveraging social media algorithms or similar, to boost social media posts towards vulnerable groups. Advertising of higher risk cosmetic procedures must not use terminology in metadata, hashtags, or other fields within advertising to target a vulnerable patient demographic.
- 9.4 Registered health practitioners must consider the frequency of their advertising and social media posts and recognise that excessive posting may contribute to body image dissatisfaction by creating the perception that it is normal to have higher risk cosmetic procedures.

Review

Date of issue: <Date>

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