

# Notice to Dental Practitioners – Non-Surgical Cosmetic Procedure Guidelines to Commence in September 2025

Reading time:

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## Background

Ahpra has now released guidelines that set out clear expectations of health practitioners (including dental practitioners) who perform and advertise non-surgical cosmetic procedures. They commence on 2 September 2025. These guidelines can be used by the Dental Board of Australia as evidence of what constitutes appropriate professional conduct or practice for dental practitioners. They follow similar guidelines for medical practitioners released in September 2023.

## What are non-surgical cosmetic procedures?

These are defined as:

...procedures undertaken to revise or change the appearance, colour, texture, structure, or position of bodily features with the dominant purpose of achieving what the person perceives to be a more desirable appearance. They may involve piercing the skin or altering other body tissue (for example, teeth). Examples include, but are not limited to, prescription only cosmetic injectables such as botulinum 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, O2 dermabrasion, chemical peels and hair transplants.

This excludes procedures that are clinically justified (even if they also lead to improvement in appearance) where the dominant purpose is the restoration, correction or improvement in the shape, function or appearance of body structures that are defective or damaged at birth or by injury, disease, growth or development. Examples include, removal of skin tags and skin cancers, and treatments for severe acne.

## Performing non-surgical cosmetic procedures

The following is a summary of the obligations for dental practitioners who perform non-surgical cosmetic procedures (hereafter "procedures"):

- **Patient care**, rather than profits, must be the practitioner's primary consideration. Practitioners must not offer inducements, discounts, or financing schemes.
- All patients must be thoroughly assessed in real-time for suitability for procedures. This includes:
  - assessing patients for underlying psychological conditions such as body dysmorphic disorder; and
  - understanding the patient's motivation (including external pressures or unrealistic expectations); and
  - declining to perform procedures where not appropriate; or
  - referring patients for further psychological evaluation and treatment.
- The use of **asynchronous telehealth** for patient assessment is **not appropriate**.
- **Batch-prescribing** (one script for multiple patients) is **not acceptable practice**.
- The **informed consent** process must:
  - include information that is balanced and easy to understand/read
  - include information about benefits and risks
  - include a verbal discussion and provision of written information
  - include information about alternatives, outcomes, follow-up and total costs (including costs of devices, medications, anaesthetics, hospital/theatre fees)
  - not glamorise procedures, overstate results, or minimise the risks or complexity
  - clearly state whether the procedure is new or experimental

- include information about the practitioner (registration, qualifications, education, training and experience)
- For patients under 18 years, practitioners must additionally:
  - ensure the patient has capacity to consent; and
  - consider the views of parents or guardians; and
  - not prescribe botulinum toxin or dermal fillers;
  - not perform procedures or accept payment for procedures until seven days after informed consent has been obtained (cooling off period)
- If consent for the use of patient photographs or videos (images) is sought, it must:
  - be separate from consent for the procedure itself
  - include information about the images' intended use and storage
  - give patients the opportunity to view images and withdraw consent at any time (unless already published)
- Patient images must not be stored on personal devices
- Post-procedure management of patients
  - Prescribers of cosmetic injectables are responsible for the ongoing care of the person, regardless of whether or not the prescriber performs the procedure
  - Both the practitioner performing the procedure and the prescriber must be available after the procedure to manage any complications or emergencies.
  - Where the practitioner performing the procedure or the prescriber are unavailable, they should have formal documented arrangements in place for the ongoing care of the patient.
  - Protocols must be in place for managing complications or emergencies.
  - Health records must be available to those continuing the post-procedure care of the patient.
- Patients must be given sufficient post-procedure information including details of:
  - the procedure performed and/or the medication prescribed
  - the practitioner performing the procedure and/or the prescriber of medication
  - post-procedure instructions (eg red flag symptoms, follow-up appointment dates)
- Practitioners must have sufficient education and experience. This includes:
  - working within their scope of practice, training and knowledge
  - having training and education in relevant anatomy and physiology and the assessment of suitability
  - participating in CPD relevant to their scope of practice
- Patient safety and governance
  - Procedures must be performed in facilities that are appropriate to the level of risk involved in the procedure or the risk profile of the patient
  - Infection control procedures must be in place

## Additional legal obligations for dental practitioners prescribing cosmetic injectables

Dental practitioners must also comply with their legal obligations when prescribing medications. In Australia, most cosmetic injectables are schedule 4 (prescription-only) medicines. According to a Dental Board of Australia [fact sheet](#), dental practitioners must comply with relevant laws when using cosmetic injectables. These laws differ across the country. For example, in Victoria, the Drugs, Poisons and Controlled Substances Regulations permit dentists to prescribe, sell/supply or authorise the administration of a prescription-only medicine for dental treatment. Other dental practitioners (such as dental hygienists, dental therapists or oral health therapists) are not authorised to prescribe, sell, supply or authorise the administration of prescription-only medications. In Queensland, dentists can only prescribe prescription-only medicines that are necessary for the practise of dentistry and within their scope of practice. Dental hygienists, dental therapists and oral health therapists cannot prescribe prescription-only medicines and may only supply, sell or administer a limited number of prescription-only medicines that does not include cosmetic injectables. Different obligations apply in other states and territories so please contact MIPS if you require further advice or information.

## Advertising non-surgical cosmetic procedures

The following is a summary of the obligations for dental practitioners who perform non-surgical cosmetic procedures (hereafter "procedures"). They should be read in conjunction with [Ahpra's general advertising guidelines](#) and the [TGA advertising code](#).

- Advertising must present balanced and accurate information about benefits and risks

- Advertising must not
  - pathologise normal appearance
  - exploit people's insecurities or vulnerabilities by driving demand
  - mislead or create unrealistic expectations of benefits or outcomes
  - trivialise procedures by using terms such as "barbie" or "doll-maker" or offering competition prizes or discounts
  - use testimonials
  - include claims that are unsupported by evidence
  - target vulnerable groups (eg by advertising in publications that appeal to people under 18 years)
  - use images that:
    - promote unrealistic images of youthful, ideal or flawless bodies
    - have been airbrushed or modified
    - are of people under 18 years
    - are idealised or sexualised (eg gratuitous nudity or sexual readiness)
    - use lifestyle shots (eg beach or poolside)
    - trivialise procedures (eg singing, dancing, comedy, emojis)
- Practitioners are responsible for any advertising content delivered by social media influencers or ambassadors with whom they enter into arrangements

## Summary

Dental practitioners who perform procedures, prescribe or advertise in this space need to be aware of the new guidelines and need to put systems in place to ensure that they comply with these guidelines by 2 September 2025. Please do not hesitate to contact MIPS if you require any further information.

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