

Queensland's cosmetic injectables industry in panic

Nurse-led cosmetic businesses in Queensland are trying to understand if their entire business model is illegal.

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74 Comments

Hundreds of nurse-led cosmetic clinics in Queensland are scrambling to understand state government guidance that has cast doubt over the legality of their entire business models.

The guidance, published in December, suggests current legislation requires a doctor to be on-site at facilities where anti-wrinkle injections, such as Botox or Dysport, and dermal filler are administered and that only doctors or the highest qualified nurses can buy and store the products.

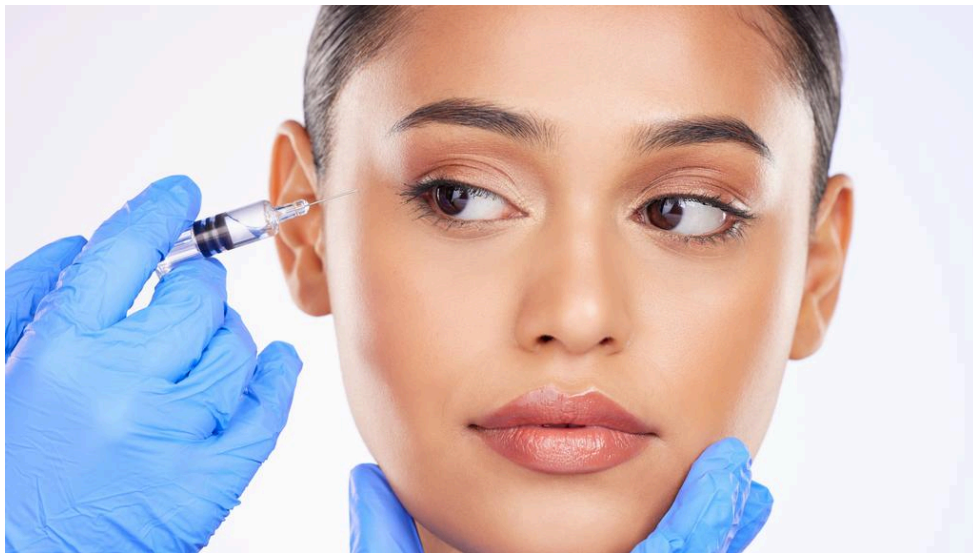
If correct, that would mean hundreds of nurse-operated day spas and beauty clinics are operating in breach of the years-old legislation. Many of those facilities do not have on-site doctors and instead have partnerships with companies offering cosmetic telehealth services to prescribe and supply the drugs for their clients.

The five-page document relates to substances classified as Schedule 2, 3, and 4 “prescription only” which are classifications of cosmetic injectables. It states in part that only doctors or nurse practitioners can buy the injectables. “Doctors and nurse practitioners cannot buy stock for a place that they do not practice from, which includes locations for which telehealth is provided,” it says.

Operators in the industry said they were not aware of the notice until it began circulating widely this week. Several also said they had been unable to get clarification about the discrepancy between the guidance and current practices from Queensland Health.

A spokesman for Queensland Health said the information in the guidance was not new.

However, that raises significant questions about how hundreds of clinics have been able to operate for years without being shut down if they do require an onsite doctor or nurse practitioner to be compliant with legislation.



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The Australian asked Queensland Health Minister Tim Nicholls for clarification about whether a doctor needed to be on-site for a business to comply with the legislation. In a response, Queensland Health said a doctor did not need to administer the medicine. However, it did not say whether a doctor had to be on the premises.

“The ‘Medicines in beauty treatment/cosmetic businesses’ fact sheet was produced to support the beauty industry to better understand existing legislative requirements,” it said. “Queensland Health has received inquiries from clinic owners and will continue to work closely with them. While many non-surgical cosmetic businesses are already compliant with the legislation, our focus is on supporting all businesses to achieve full compliance.”

The Australian understands the Health Minister, who was appointed to the portfolio in November, has requested a brief on the issue.

The industry is also seeking further clarification about whether it is now operating within the law.

Elizabeth Jarrett, a nurse who runs a clinic in Toowoomba, said she was confused. “I was beyond devastated after reading Queensland Health’s guidelines regarding the apparent processes of nurses working in the cosmetic industry,” Ms Jarrett said. It feels like a complete attack against a female-dominated profession.”

Christina Hill is a registered nurse who operates a clinic north of Brisbane. According to the guidance, she would be able to operate only under the supervision of a doctor. “Instead of imposing financially devastating measures, policymakers should work with practitioners to develop equitable, evidence-based pathways into aesthetics, such as hospital experience, postgraduate studies and supervised training,” Ms Hill said. “This would protect patients and preserve the integrity of the industry without unfairly crippling its most dedicated professionals.”

Lisa Lovell is a registered nurse and operates a facility in Bribie Island. Under the guidance, her business also would be affected. “As an experienced RN with extensive training, I’ve worked in both hospitals and the cosmetic field, including training other healthcare professionals,” she said. “It’s concerning that Queensland now deems me unqualified to store or handle S3 and S4 medications, despite my qualifications and compliance with national nursing standards. This inconsistency is stark when compared to endorsed Assistants in Nursing administering medications in aged care.”

Toni Connor is a medical doctor and director of Allure Pacific Aesthetics, which is an online wholesale, training and a telehealth prescribing service to about 450 cosmetic clinics across the country. She estimates at least 100 of those clinics are Queensland-based.

“Quite a few years ago, there was essentially a push for a lot of nurses to open up their own businesses and be able to inject and there was another company, not ours, but another company that essentially assisted them to do that,” she said.

Nurse-run cosmetic injectables clinics are now widespread.



Dr Toni Connor, centre, provides nurses with training in cosmetic injectables.

The cosmetic industry more broadly [has faced intense criticism in recent years](#). Several investigations and media reporting have highlighted concerning practices that have resulted in significant patient harm, largely associated with doctors performing cosmetic procedures when they have no official surgical training. As a result, regulators have continued to introduce new regulations to better safeguard patients.

In 2022, doctors with no surgical training were [restricted from using the title cosmetic surgeon](#) and new accredited training standards were introduced for doctors who wanted to perform cosmetic procedures. Since then, providers of cosmetic procedures – invasive or otherwise – also have been banned from using patient testimonials to advertise their services and in 2024 regulators introduced further restrictions on the advertising of cosmetic injectables.

Dr Connor said all of those changes were accompanied by advisories to the industry. “What’s weird and what’s thrown a lot of people now is that not only has there been no commonwealth update, there’s also been no state-based update, just a fact sheet.”

She suspects other jurisdictions will follow the Queensland lead. “What happens is the insurance companies go, ‘OK, so Queensland have said this, we’re not going to give you insurance if you don’t meet these criteria and guidelines’.”

Dr Connor said the lack of explanatory notes had made it difficult for providers like her to update clients.

One of those leading many investigations into the industry is Michael Fraser, a co-director of the patient advocacy group Operation Redress. He welcomed moves to improve patient safeguards and said the advisory note clearly showed the Queensland government held concerns, but he also questioned if enforcement would follow.

“This appears to be designed to protect the public, which is important. Stronger government initiatives and advice around regulating injectables is crucial given the industry has significant social media influence, encouraging unnecessary medical procedures as if they are life-changing and risk-free beauty treatments.”

He feared some in the industry would already be trying to work out ways to skirt the rules and again called for greater enforcement because of a history of noncompliance by some operators. “We are seeing mass noncompliance in the cosmetic procedure industry to both TGA (Therapeutic Goods Administration) and AHPRA (Australian Health Practitioner Regulation Agency) guidelines, especially around advertising. While we don’t believe the industry should be shut down, we do believe stronger regulation and enforcement is warranted given self-regulation and voluntary compliance are not keeping the public safe.

“Unfortunately there is real harm which has come from the cosmetic injectables industry. This harm is often shared to us in confidence by both patients and practitioners, but due to fear of retaliation or nondisclosure agreements many are afraid to speak out.”

Dr Connor said the cosmetic injectables industry did have rogue operators who needed to be reined in but questioned the approach being taken. “I think that the industry needs to be regulated,” she said.

“There are a lot of clinics out there doing the wrong thing, which is really sad, but the clinics that are doing the wrong thing are putting everyone else at a significant disadvantage and giving the industry quite a bad name.”

She agreed some of those wrongs included the flouting of advertising restrictions on injectables. “So there’s a lot, there’s still a lot of things that aren’t quite right in the industry, and 100 per cent they definitely need to clamp down on that.”



Facial filler products available for purchase online.

She also worried about the advertising and availability of non-TGA approved products. “There are also dodgy products out there that people are buying, you know, on ... (overseas websites) or whatever. And they’re buying the products because they’re much cheaper, and they are using them.”

A search of sites shows hundreds of products advertised to consumers ranging in price from a few dollars through to a few hundred dollars.

The TGA said it had issued two infringement notices to a nurse for the alleged importation of cosmetic injectables.

Mr Fraser had also heard of patients ordering and administering such products.

“From time to time we receive tip-offs from concerned people in the industry that patients are self-injecting these cheaper injectables which are not registered with the TGA. Patients should always seek out registered practitioners, and always ensure the medicine which is being administered is registered with the TGA.”

He also warned that while injectables were often described as safe, they could carry serious side effects. “Confidential sources express concern to us about the rate of complications they are aware of from other practitioners of varying skill levels. Some are quite serious, where someone almost loses some of their face to necrosis, blindness, through to lifelong psychological issues due to being botched.”

Mr Fraser said if change were to be achieved, the industry needed strict regulation but also strong enforcement of the law and serious penalties for breaches.
