

## ABIC INFORMED GUIDANCE AND INDUSTRY UPDATE

### Understanding the Changes to Cosmetic Injectables in Queensland: A Comprehensive Guide

Prepared by the Aesthetic and Beauty Industry Council (ABIC)

## INTRODUCTION

Recent clarifications and enforcement of existing legislation in Queensland regarding Schedule 4 (S4) cosmetic injectables have created significant concern and confusion within the aesthetic and beauty industry. The Aesthetic and Beauty Industry Council (ABIC), Australia's peak body for the aesthetics sector, has taken action to provide clarity, guidance, and advocacy on behalf of our members and the broader professional community.

ABIC has prepared a formal impact report and has addressed these concerns directly with Queensland Health and the Medicines Approvals and Regulation Unit (MARU), seeking urgent consultation and a balanced, evidence-informed pathway forward. This factsheet aims to provide a clear and comprehensive overview of what has changed, what it means for professionals and clinics in Queensland, and how you can adapt and respond.

## Q&A: Understanding the Changes and Their Impact

### Q: Has legislation in Queensland changed?

**A:** No. The *Medicines and Poisons Act 2019 (MPA)* and *Medicines and Poisons (Medicines) Regulation 2021 (MPMR)* have not changed. However, Queensland Health has recently issued a revised factsheet clarifying how these laws are to be interpreted and applied in practice. This clarification is now being operationalised and has immediate implications for clinics and practitioners.

### Q: What does the revised guidance say?

**A:** The revised factsheet outlines that:

- Only doctors and nurse practitioners (NPs) are authorised to purchase, possess, or store S4 cosmetic injectables (e.g., botulinum toxin and dermal fillers).
- Registered nurses (RNs) are not permitted to buy or hold S4 medicines as clinic stock, regardless of whether a prescription or medical partnership is in place.
- Each S4 medicine must be individually prescribed, and if a doctor or NP doesn't hold exclusive possession of the S4 medicines in a clinic for dispensation, then the prescription must be pharmacy-dispensed for each patient.
- Standing orders cannot be used for cosmetic injectable procedures.
- All stock must remain in the exclusive custody and control of a doctor or NP working from the premises.

**Q: Why is this significant?**

**A:** This disrupts a common and previously accepted model where nurse injectors could hold S4 stock on-site, operating under a prescribing doctor's delegation. This model allowed many nurse-led clinics to function safely and efficiently. Under this interpretation:

- RNs can no longer receive, store, or manage clinic stock
- All injectables must be dispensed per patient, not from general stock
- Nurses must rely on doctors or NPs to supply and supervise the use of S4s
- Clinic logistics, costs, and patient access may be impacted

**Q: What are the consequences for nurses and clinics?**

**A:**

- Nurse-led clinics may be unable to continue operating under their current model
- Cosmetic nurses may face loss of income, clients, and viability
- Clinics may incur greater delays and costs associated with individual prescriptions and pharmacy-dispensing
- Clients may face reduced access and higher costs
- There is emotional and financial distress within the workforce, particularly among women-led businesses

**Q: What about patient safety?**

**A:**

Patient safety is and must remain the priority. However, available data shows a very low rate of adverse events for cosmetic injectables in Australia when performed by trained professionals:

- National adverse event rate: 0.0094%–0.0157%
- QLD adverse event estimate: 0.0084%–0.0168%
- By contrast, the US rate is 0.24% and Canada's is estimated at <0.02%
- Most incidents are mild and transient (e.g., swelling, bruising)
- Serious events (e.g., vascular occlusion) are rare and often due to inexperience, not nurse-led care

**Q: How many people are affected?**

**A:**

- Estimated 800–900 cosmetic nurses in Queensland
- Over 90% are women
- Approximately 400,000–800,000 injectable procedures occur annually in Queensland
- Cosmetic injectables contribute \$800 million–\$1 billion to the QLD economy
- Nurse-led care accounts for well over half of total procedures

**Q: How does Queensland compare to other regions?**

**A:**

- Victoria allows nurses to hold S4 stock under a permit model
- Other states in Australia follow a similar model to Victoria, with some variation, all allowing for Nurse-led models to exist safely.
- Canada, New Zealand, and some US states allow nurses to operate under collaborative prescribing arrangements
- These jurisdictions report similarly low incident rates and strong compliance models
- ABIC believes Queensland can adopt a balanced, nurse-inclusive model that prioritises safety and practicality

**Q: What is ABIC doing?**

**A:**

- ABIC has submitted a comprehensive impact report to Queensland Health and MARU
- We have formally requested urgent consultation
- We are providing guidance to members and will continue to engage with regulators on behalf of the profession
- ABIC is committed to ensuring any regulatory model is safe, evidence-based, and inclusive of the qualified nurse workforce

**Q: What should I do now as a nurse or clinic owner?**

**A:**

- Review your practice immediately to ensure compliance
- Stop ordering or holding S4 stock unless you are a doctor or NP
- Work with a prescriber who is physically present or dispensing product directly for each patient
- Use only patient-specific, labelled, dispensed product for administration
- Keep clear documentation of prescriptions and protocols
- Join ABIC for updates, compliance resources, and advocacy tools

**NEXT STEPS: HOW YOU CAN GET INVOLVED**

ABIC is now launching three initiatives to strengthen industry advocacy, engage stakeholders, and develop long-term solutions:

**1. Anonymous Case Studies Collection**

ABIC is collecting real-world case studies from affected nurses, clinic owners, doctors, and staff to demonstrate the operational and personal consequences of these regulatory changes.

**Why?** To present evidence of industry-wide impact to Queensland Health, and potentially, the media.

**How to participate:** Submit your experience anonymously via our secure [form](#)

**What to include:**

- Your profession (RN, NP, doctor, clinic owner, etc.)
- How these changes have affected your practice or livelihood
- Business model you operated under prior to the clarification
- What changes you have had to make
- Emotional, financial, or workforce impact

All submissions will remain confidential unless express written permission is provided.

## **2. Petition to Queensland Health: Support Nurse-Led Clinics**

ABIC is launching a national petition to present to the Queensland Minister for Health, The Queensland Commissioner of Small Business and the MARU team. This petition aims to show broad industry and public support for nurse-led aesthetic clinics operating under safe, regulated, collaborative frameworks.

**Who can sign?**

- Registered nurses and nurse practitioners
- Doctors and prescribing partners
- Clinic owners and industry professionals
- Clients/patients of nurse-led clinics

**Why include clients?** Their voices matter. Many clients value long-term relationships with their trusted nurse injector and are concerned about access, continuity of care, and rising costs.

[Sign the petition](#)

**Petition Statement:** "We, the undersigned, support a collaborative, regulated model of nurse-led cosmetic injectable care in Queensland that maintains safety, protects professional practice, and ensures equitable access for clients. We respectfully request that Queensland Health and MARU consult with industry experts, including ABIC, to review the current update and explore a balanced solution that safeguards patient outcomes without disrupting viable nurse-led models."

### 3. Formation of ABIC Taskforce: Regulatory Working Group on Cosmetic Injectables

To ensure continuous engagement, ABIC is establishing a dedicated working group within its Regulatory Committee.

**Purpose:**

- Monitor and address the regulatory changes over time
- Develop solutions, policy proposals, and implementation models
- Liaise with legal, medical, and government stakeholders
- Coordinate communications and representation with regulators

**Who can join?**

- Experienced nurse injectors
- Nurse practitioners
- Doctors and prescribers working in aesthetics
- Clinic owners
- Legal and policy experts
- ABIC partner organisations

[Join our Self-Regulation Committee](#)

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#### HOW TO SUPPORT

- Submit your anonymous case study to help us build evidence
  - Sign and share the petition with peers and clients
  - Join the working group if you want to be involved in shaping change
  - Renew or join your ABIC membership to support change, stay informed and protected
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#### CONCLUSION

This period of regulatory change presents both a challenge and an opportunity. ABIC is committed to working with Queensland Health to ensure that policy frameworks support both public safety and professional viability. We believe that with the right collaboration, Queensland can adopt a model that balances accountability, access, and innovation, just as other jurisdictions have.

We will continue to lead on this issue and provide clear guidance, support, and advocacy.

For more information, to read the full impact report, or to join our campaign, please visit:

[www.theabic.org.au](http://www.theabic.org.au)

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**Contact: Aesthetic and Beauty Industry Council (ABIC)**  
[info@theabic.org.au](mailto:info@theabic.org.au)

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