

Impact Report: Queensland's S4 Cosmetic Injectables Regulation

Aesthetic Beauty Industry Council (ABIC) – April 2025

Introduction and Background

Queensland Health's updated guidance regarding the interpretation of the Medicines and Poisons Act 2019 and Medicines and Poisons (Medicines) Regulation 2021 as it relates to Schedule 4 (S4) cosmetic injectables has prompted significant changes in how aesthetic businesses are able to operate in the state. While the underlying legislation has not changed, the revised enforcement stance has had far-reaching consequences, particularly for registered nurses (RNs), small business owners, and patients.

ABIC deeply respects the Queensland Government's commitment to patient safety and regulatory clarity. We recognise the intent behind the updated fact sheet and understand the importance of a consistent and legally sound framework for the handling of medicines. However, we also wish to highlight a number of real-world implications that have emerged as a result of this shift, implications that may not have been fully anticipated and to offer constructive solutions grounded in data and broad industry support.

This report presents these impacts in a structured, solution-focused format. It reflects our genuine desire to work collaboratively with Queensland Health to ensure regulatory frameworks both protect the public and support the viability of healthcare professionals, many of whom are women in small business and essential contributors to Queensland's economy and community wellbeing.

Workforce Impacts on Registered Nurses and the Broader Aesthetic Sector

A Sudden and Significant Shift in Operational Viability

The revised interpretation has had a profound effect on the operational model of nurse-led aesthetic businesses. Previously, RNs were able to operate under collaborative agreements with prescribing doctors or nurse practitioners, often in remote or telehealth arrangements, with patient-specific prescriptions and lawful ordering pathways in place. With the new guidance, these RNs can no longer order or possess stock of S4 cosmetic injectables, even with the prior approval of a prescribing practitioner and must instead rely on per-patient pharmacy dispensing or have a prescriber physically on-site.

This requirement fundamentally changes the cost structure and service model for hundreds of Queensland businesses. The flexibility that previously allowed clinics to operate efficiently under the oversight of qualified medical practitioners has effectively been withdrawn, leaving many operators unsure of how to continue.

ABIC has received a high volume of phone calls, emails, and personal messages from concerned members, including registered nurses and business owners, who are experiencing significant emotional, psychological, and financial distress. Many of these practitioners are highly experienced, with unblemished safety records, and have worked closely with prescribers to ensure compliance.

Gendered and Economic Consequences

It is important to acknowledge that a substantial proportion of the aesthetic workforce affected by this shift are women. The majority of cosmetic RNs are female, and many are small business owners or sole traders who have invested years of training, personal capital, and professional development into their careers. These businesses not only support individual and family livelihoods, but often contribute to the employment of support staff and allied practitioners.

The sudden disruption to these businesses creates an unintended economic consequence, one that disproportionately impacts women in the healthcare workforce and sends a discouraging message to those striving for entrepreneurial advancement. The potential for bankruptcy, forced career exit, and long-term financial hardship is real for many of these professionals.

We believe these outcomes are avoidable and that thoughtful collaboration can help mitigate harm while maintaining the core objective of safe, lawful medicine management.

Considerations for Medical Practitioners and Prescribing Pathways

Medical practitioners have also expressed concern regarding the impact of these changes. In many cases, they had entered into lawful collaborative arrangements with RNs to provide oversight and prescribing support. Under the revised enforcement model, those arrangements are no longer viable unless the doctor or nurse practitioner is physically present in the clinic and has exclusive custody of the medicines.

This model presents practical and economic challenges for prescribers, especially those who have supported nurse-led clinics on a sessional or remote basis. The ability for doctors to extend their services and collaborate with nurses is an essential element of modern, multidisciplinary care. Restricting that flexibility may inadvertently reduce service capacity across the sector and increase pressure on medical clinics.

It also raises important questions about workforce utilisation. With healthcare professionals already in demand across the system, limiting the practice of highly competent RNs may not represent the most efficient allocation of skills and resources and place undue pressure on Doctors. A balanced, regulated approach that supports collaboration may better serve both safety and sustainability.

Patient Access, Cost Implications and Risk of Displacement

Access and Equity

One of the major outcomes of the revised interpretation is the likely reduction in access to cosmetic injectable services for Queenslanders. Nurse-led clinics, particularly in regional and suburban areas, have historically provided safe, affordable, and local services to thousands of patients. The new compliance model places pressure on these clinics to either close, refer patients elsewhere, or increase prices to cover the cost of per-patient prescriptions and pharmacy dispensing.

This presents an access and equity challenge for the public. Patients may now face higher costs, fewer choices, or longer wait times, particularly in areas underserved by doctor-led clinics.

The Risk of Unregulated Alternatives

An additional, unintended risk is the growth of unregulated or underground services. When access to regulated care becomes too restrictive or cost-prohibitive, consumers are turning to unlicensed providers or access treatments interstate or overseas. This not only undermines public health but increases the very risks the legislation seeks to prevent.

By working with the industry to create practical, compliant models that ensure professional accountability and accessibility, Queensland Health can help prevent such outcomes while continuing to protect the public.

Safety and Evidence-Based Regulation

Low Incident Rates and Strong Safety Record

The safety of patients must remain at the heart of regulatory frameworks. The available evidence indicates that when administered by trained professionals under appropriate supervision, cosmetic injectables have a strong safety record in Australia. Serious adverse events are rare, and there is no data indicating that RN-led clinics present a greater risk than those run by doctors.

Industry reports, feedback from insurers, and data from the Therapeutic Goods Administration suggest that the majority of complications in this field are minor and self-limiting. More serious risks, such as vascular occlusion, are understood and managed by both doctors and nurses through appropriate training and protocols.

Given this context, we encourage Queensland Health to consider whether current restrictions represent a proportionate response to actual safety concerns. Strengthening oversight, enhancing reporting systems, and supporting continuous professional development may achieve the same safety goals without compromising service provision or employment.

Comparison with Other Australian Jurisdictions

Several other states and territories in Australia have implemented more flexible yet still robust regulatory frameworks for cosmetic injectables. In Victoria, for example, experienced registered nurses can apply for a permit or operate under collaborative arrangements with authorised prescribers.

By aligning with such models or introducing a Queensland-specific pathway, such as a transitional licence or permit for experienced RNs, Queensland Health could offer a solution that maintains control while preserving service access and professional opportunity.

Such consistency across states would also support professional mobility and national workforce planning.

The Need for Collaborative Consultation

While ABIC acknowledges that the fact sheet reflects existing legislation, the shift in enforcement has had real and immediate effects on professionals and patients. The sector was not given formal notice or a transition period, and the abruptness of the update in the absence of consultation with industry has caused confusion and distress.

ABIC would welcome the opportunity to work in partnership with Queensland Health to explore practical solutions. We are not seeking exemption from regulation but rather an evidence-informed, consultative approach that considers both public safety and the sustainability of the industry.

We propose the creation of a working group or reference panel to facilitate ongoing dialogue, share data, and co-design improvements that benefit all stakeholders.

About ABIC and Our Commitment to Safety

ABIC is the peak body for Australia's aesthetics and beauty industry, representing over 25,000 practitioners including doctors, nurses, dermal clinicians, educators, and business owners. Our mission is to elevate standards, support professional development, and advocate for safe, effective, and ethical practice.

We are actively gathering anonymised case studies from our members and would be pleased to present these during consultation. We also offer access to incident reporting, professional development frameworks, and data that may assist Queensland Health in evaluating the sector.

ABIC is ready and willing to be part of the solution. We fully support the safe, lawful, and regulated delivery of cosmetic medicine and are confident that through collaboration, Queensland Health can institute a model that reflects both the law and the needs of modern practice.

Recommendations and Next Steps

To move forward constructively, ABIC respectfully proposes the following:

1. Urgent consultation with ABIC, its Regulation Committee, and other stakeholders to discuss the immediate impacts and explore interim solutions.
2. Consideration of a transitional licensing or permit model for experienced RNs in cosmetic practice.
3. Clear guidance and resources to support safe and compliant practice, including cold-chain protocols, documentation standards, and oversight procedures.
4. Establishment of a Queensland stakeholder reference group to support ongoing engagement and co-design of future improvements.

Conclusion

The Queensland Government's commitment to safety and lawful practice is essential and respected. At the same time, it is vital to consider the broader impact of policy implementation on professionals, patients, and the community. The current interpretation of S4 cosmetic injectable

regulations, while legally grounded, has introduced significant unintended consequences for hundreds of nurses, doctors, small businesses, and patients.

By engaging in open and respectful consultation, we believe Queensland Health has the opportunity to evolve a framework that is both robust and responsive. ABIC is committed to supporting this process, bringing data, insights, and solutions that protect the public while empowering our skilled and passionate workforce.

We appreciate your attention to this important matter and welcome the opportunity to discuss it further.

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