

Wednesday 27 August 2025

Consultation – Regulating doctors performing cosmetic procedures

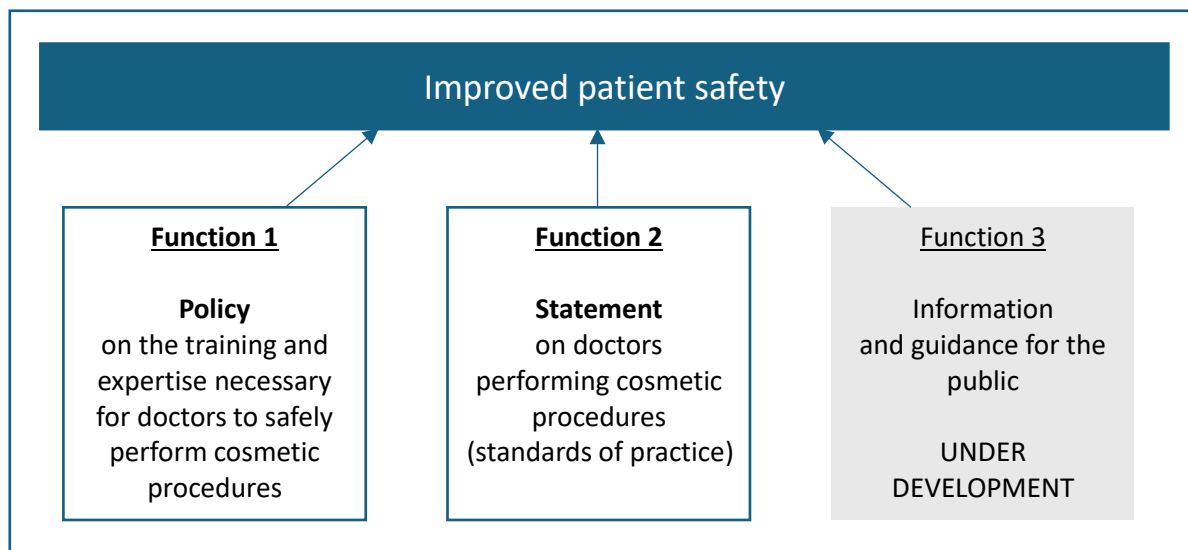
Te Kaunihera Rata o Aotearoa | The Medical Council of New Zealand (the Council) is working to improve patient safety by strengthening our approach to the regulation of doctors performing cosmetic procedures.

Your feedback will inform this work.

Our [Statement on cosmetic procedures](#) (the current Statement) was last reviewed in 2017. Currently, it serves three functions: it sets out expected standards of practice, contains criteria for which doctors can perform cosmetic procedures, and provides information to the public on cosmetic procedures.

We have separated these three functions, to give greater clarity for the profession, better transparency for the public, and to improve patient safety. Each function will be better defined and managed separately.

The diagram below illustrates this. We seek your feedback on two of the functions, while the third is under development.



Function 1: Draft policy on the training and expertise necessary for doctors to safely perform cosmetic procedures

The draft *Policy on the training and expertise necessary for doctors to safely perform cosmetic procedures* (the draft Policy) sets out the categories of cosmetic procedures, and defines the training and expertise required for doctors to safely perform each category.

We would like your feedback on the proposals set out in the draft Policy, to help us improve the regulation of doctors working in cosmetic medicine. We want to make sure that our approach is fit for purpose, proportionate and clear.

Development of the draft Policy was informed by input from representatives of RNZCGP, RACS, RACP and the New Zealand Society of Cosmetic Medicine, through a dedicated expert advisory group.

Proposal: Dividing non-surgical procedures into higher and lower complexity

Currently, Council uses two categories of cosmetic procedures: surgical and non-surgical. The draft Policy proposes three categories, based on the training and expertise required to safely and competently deliver the best outcomes for the patient and minimise risk of harm:

- Category 1: Surgical
 - 'Category 1' refers to surgical cosmetic procedures that involve cutting beneath the skin.
 - Examples include breast augmentation, breast reduction, rhinoplasty, otoplasty, surgical face lifts, liposuction, fat transfer, abdominoplasty, blepharoplasty, tumescent liposuction, and cosmetic genital surgery.
- Category 2: Complex non-surgical
 - 'Category 2' refers to complex non-surgical cosmetic procedures that do not involve cutting beneath the skin but may involve piercing the skin.
 - Examples include non-surgical cosmetic varicose vein treatment, dermal fillers (also known as soft tissue fillers), dermabrasion, thread lifts, sclerotherapy, microsclerotherapy, hair replacement therapy or transplants, and use of CO2 lasers to cut the skin.
- Category 3: Low-complexity non-surgical
 - 'Category 3' refers to low-complexity non-surgical cosmetic procedures that do not involve cutting beneath the skin but may involve piercing the skin.
 - Examples include cosmetic injectables such as Botulinum toxin and, chemical peels, cryolipolysis (fat freezing), fat dissolving injections, laser skin treatments, laser hair removal, and mole removal for purposes of appearance (this is classified as non-surgical even though it may involve cutting beneath the skin).

The complexity and risk of non-surgical cosmetic procedures vary significantly. Splitting non-surgical procedures into two categories aims to improve patient safety by better defining the skills and training a doctor needs to manage the range of risks associated with different non-surgical cosmetic procedures.

Proposal: Clearer definitions and strengthening of training and skills required

The draft Policy aims to clearly define the criteria for the training and skills required by doctors to perform cosmetic procedures. This should assist the public and the profession to clearly identify which doctors are appropriately trained to perform cosmetic procedures.

The tables below summarise the current training required to safely perform cosmetic procedures, and the strengthened proposals in the draft Policy.

Table 1

Current		
<i>See paragraph 11 of the Statement on cosmetic procedures</i>		
	Can a doctor perform these procedures?	
	Category 1	Category 2
Surgeon (vocational registration)	Yes subject to accreditation	Yes
Doctor in surgical vocational training	Yes	Yes subject to collegial relationship
Dermatologist (vocational registration)	Yes subject to accreditation	Yes
Doctor in dermatology vocational training	Yes	Yes subject to collegial relationship
Doctor with vocational registration (not surgical or dermatology)	No	<ul style="list-style-type: none"> • Yes subject to collegial relationship • Yes if registered in General Practice, subject to accreditation
Doctor in vocational training (not surgical or dermatology)	No	Yes subject to collegial relationship
Doctor with general registration	No	Yes subject to collegial relationship
Doctor with provisional general registration	No	No

Table 2

Proposed			
<i>See the draft Policy on the training and expertise necessary for doctors to safely perform cosmetic procedures</i>			
	Can a doctor perform these procedures?		
	Category 1	Category 2	Category 3
Surgeon (vocational registration)	Yes	Yes	Yes
Doctor in surgical vocational training	Yes	Yes	Yes
Dermatologist (vocational registration)	Yes	Yes	Yes
Doctor in dermatology vocational training	Yes	Yes	Yes
Doctor with vocational registration (not surgical or dermatology)	No	Yes subject to extended scope requirements	Yes subject to extended scope requirements
Doctor in vocational training (not surgical or dermatology)	No	Yes subject to extended scope requirements	Yes subject to extended scope requirements
Doctor with general registration	No	No	Yes subject to extended scope requirements
Doctor with provisional general registration	No	No	No

Proposal: Using an extended scope of practice model

As the regulator, Council gives assurance of a doctor's competence in a specified scope of practice, typically through issuing practising certificates and setting recertification programme requirements. Cosmetic procedures are not exclusive to one specified scope of practice, so we needed to find a way to give assurance that a doctor has the skills and training necessary to perform cosmetic procedures. It is important too, that this is clear for members of the public.

Under the new proposals, some doctors would need to complete additional training and apply to the Council to extend their scope of practice, to allow them to perform activities outside their registered scope¹ (see Table 2). When Council approves the extension of a doctor's scope of practice, it will be recorded on the MCNZ Register of Doctors. This will provide clarity and certainty for the public.

The draft Policy no longer uses collegial relationships to give assurance of a doctor's competence to perform cosmetic procedures. For the Council, the purpose of a collegial relationship is to ensure a doctor is maintaining their competence and that their CPD activity is aligned with the work they are doing. In Council terms, a collegial relationship is not supervision, and it would not assure quality of care.

Proposal: General registrants may only perform Category 3 procedures

Doctors with vocational training are more likely to have the training, knowledge and experience needed to thoroughly assess patients and manage the complexities associated with Category 1 and 2 procedures. Additionally, being a member of a college offers greater access to peer and professional support and continuing professional development.

Function 2: Draft revised Statement on doctors performing cosmetic procedures

The content of the draft revised *Statement on doctors performing cosmetic procedures* (the revised Statement) remains similar to the current Statement. It has been updated to remove criteria for which doctors can perform which procedures, and to clarify detail on standards of practice expected of doctors performing cosmetic procedures.

The revised Statement has been informed by the Medical Board of Australia's [Guidelines for registered medical practitioners who perform cosmetic surgery and procedures](#), and the UK General Medical Council's [Professional standards: Cosmetic interventions](#).

We have added new sections on 'Treating patients under the age of 18 years', and on 'Financial promotion'. We have strengthened the section on 'Informed consent'.

Next steps following consultation

We recognise that these proposed changes may have a significant impact on some doctors. Any changes will be introduced with careful planning, appropriate notice, and a collaborative approach.

We will consider your feedback before any decisions are made.

¹ 'To obtain an extension, for the purposes of this Framework, a doctor must apply to the Council, providing evidence of the completion of the required Council-approved cosmetic procedures training. The doctor may not undertake cosmetic procedures until Council has approved the application, and the Register has been updated to reflect that approval.' *Draft policy on the training and expertise necessary for doctors to safely perform cosmetic procedures*, paragraph 18.

After reviewing consultation feedback, the Council will finalise the Policy and the Statement, and we will keep you up to date through MC News. We will then:

- Identify training and recertification programme(s) to support an extended scope model.
- Explore the best way to implement any changes within a reasonable timeframe, and what this will mean for doctors currently performing cosmetic procedures.

We must ensure the way we regulate is responsive to evolving challenges, proportionate to risk of harm, and transparent to the profession and the public. Our aim is that revising our approach to regulation in this area will increase public knowledge of, and confidence in, the accepted standards for cosmetic procedures performed by doctors in New Zealand.

Consultation process

Your input and feedback are important to us, and we would like to hear from you.

Please provide your feedback by completing [this survey](#).

Alternatively, you can email your responses and any other feedback to policy@mcnz.org.nz.

The consultation closes on **Wednesday 24 September 2025**.

Questions

Each question opens with a multiple-choice option, followed by the opportunity to provide more detailed feedback. We are conscious that your time is valuable – please provide as much or as little feedback as you can.

Function 1: Draft policy on the training and expertise necessary for doctors to safely perform cosmetic procedures

Question 1

Please select: Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree
'The opening paragraphs (1 – 6) of the draft Policy are sufficient.'

- a. Do you think anything is missing from paragraphs 1 – 6 of the draft Policy?
- b. Do you think anything is unclear or inaccurate in the opening paragraphs of the draft Policy?
- c. Would it be helpful to define any terms (such as 'procedure'), and if so, which terms?

Question 2

Please select: Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree
'Splitting non-surgical procedures into higher and lower complexity will improve patient safety.'

- a. Do you see any disadvantages to splitting non-surgical procedures into higher and lower complexity?
- b. Are the categories clear and practical?
- c. Do you think we should also split Category 1: Surgical procedures, into higher and lower complexity?

Question 3

Please select: Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree
'The proposed required training and expertise is proportionate to the associated risks.'

- a. Are the requirements clear and reasonable? If not, please tell us your thoughts.
- b. In your opinion, are there any conditions where doctors other than surgeons and dermatologists, should be permitted to perform Category 1 procedures? Please include a rationale.
- c. In your opinion, which doctors should be permitted to perform Category 2 procedures? Please include a rationale.
- d. Do you see any challenges arising from the proposed changes to training and expertise required to safely perform cosmetic procedures?
- e. Will the proposed requirements improve patient safety?

Question 4

Please select: Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree
'The proposal that general registrants may only perform Category 3 procedures is a proportionate response to the associated risks.'

- a. Do you think the proposal that general registrants may only perform Category 3 procedures will improve patient safety?
- b. Do you foresee any challenges in implementing the proposed changes?

Question 5

Please select: Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree
'Recording a doctor's extended scope of practice on the Register will make it clear to the public which doctors have the skills and training necessary to perform cosmetic procedures.'

- a. Any other comments.

Question 6

Please select: Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree
'Patient safety is improved by removing collegial relationships as a mechanism to assure a doctor's competence to perform a cosmetic procedure.'

- a. Any other comments.

Function 2: Draft revised Statement on doctors performing cosmetic procedures

Question 7

Please select: Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree
'The revised Statement and the draft Policy work well together.'

- a. Do you think the expected standards of practice set out in the revised Statement are realistic and practical?
- b. Will the new and strengthened sections in the revised Statement improve patient safety?
- c. Is there anything in the revised Statement that is unclear?
- d. Does the revised Statement cover everything it should, or is anything missing?

Any other feedback

Question 8

Please select: Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree
‘Overall, the proposed approach to strengthening the regulation of doctors performing cosmetic procedures will improve patient safety.’

- a. Do you foresee any potential adverse consequences? If so, how could they be mitigated?
 - b. Has anything been lost from the current Statement that you think should be reinstated?
 - c. Do you have any other feedback or comments?
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Use of information

We may publish a summary of responses, which may include quotes to illustrate key themes and insights.

Do you consent to your responses potentially being used as quotes in a published summary? If you are unsure, please select 'no'.

1. **Yes**, I consent to my responses being used as quotes, **including my name and organisation**.
2. **Yes**, I consent to my responses being used as **anonymised** quotes.
3. **No**, I do not consent to my responses being used as quotes.

If you are submitting your feedback by email, please let us know whether you consent to any part of your response being quoted. If not specified, we will take this to mean that you do not consent.

If you have further questions about the use of this information please contact Kiri Rikihana, Privacy Officer, on krikihana@mcnz.org.nz.