

The Online Marketing Compliance Playbook

AHPRA & TGA rules for Australian medical and allied health practices

*A practical self-audit for practice owners,
marketing managers, and clinic administrators.*



INTRODUCTION

Why this document exists

Australian medical and allied health practices are now operating under the most active advertising compliance environment in recent memory. AHPRA began auditing cosmetic surgery advertising in September 2022 and publicly stated it found high rates of non-compliance, but the same advertising principles apply across every registered health profession. Testimonials, protected-title misuse, outcome-based claims, and prescription-medicine references are all under direct regulatory scrutiny, whether the practice is cosmetic, specialist, or allied health.

Most practices are not deliberately non-compliant. They are simply unaware the rules changed. A Google review widget embedding patient quotes may breach Section 133. A practitioner bio using 'Specialist' without AHPRA-recognised endorsement may breach title protection rules. A before-and-after gallery, or outcome claims like 'pain-free recovery' or 'life-changing results', may breach Section 133 or the 2023 cosmetic surgery guidelines. This guide helps you find and fix the most common issues before a complaint or audit forces you to.

How to use this guide

Section 1 sets out the strategic approach: why education-first content is both the safest under AHPRA and the best-ranking on Google. Sections 2 to 6 cover the specific compliance rules. The self-audit checklist on page 10 gives you a practical way to review your website, Google Business Profile, social media, and paid ads. Items flagged red are likely compliance risks to address as a priority; amber warrants a closer look; green confirms good practice.

IMPORTANT

This document provides general information about current AHPRA and TGA guidance. It is not legal advice. For advice specific to your practice, speak to your medical defence organisation or a qualified healthcare lawyer. Rules change; always check AHPRA and TGA websites for current guidance before relying on any summary document.

Writing for patients, ranking with Google

The fastest way to grow a medical practice's online presence while staying comfortably within AHPRA and TGA rules is to write for patient education, not patient acquisition. Since Google's 2024 helpful content updates, content that answers patient questions with genuine depth ranks better than pages built around booking CTAs. The same content is the lowest-risk under Section 133. Before the specific rules in Sections 2 to 6, this is the strategic approach that makes all of them easier to follow.

SALES-FIRST CONTENT

- 'Best cosmetic surgeon in Sydney'
- 'Australia's leading physiotherapy clinic'
- 'Life-changing weight loss guaranteed'
- Outcome-focused before-and-after photos
- Booking CTAs on every paragraph

EDUCATION-FIRST CONTENT

- 'What to expect at your first consultation'
- 'Recovery timeline after knee arthroscopy'
- 'Questions to ask before starting orthodontic treatment'
- Condition-first procedure explainers
- Author bylines with credentials

1 Write for the question, not the transaction

Someone searching 'do I need an MRI before a knee replacement' or 'when should I see a specialist for back pain' is researching, not ready to book. Pages that answer research questions with genuine depth rank for dozens of long-tail queries. Pages that try to convert a researcher rank for none.

2 Credentialed bylines do double duty

An author bio with specialist fellowship post-nominals (FRACS, FRACP, FRANZCP, FANZCA, FRACGP) or allied health registration details (AHPRA number, specialty registration) is both an E-E-A-T signal to Google and a practitioner-identification signal to AHPRA. Person schema with medicalSpecialty satisfies both. Missing bylines on medical content is a quiet ranking gap and a compliance gap in the same spot.

3 Keep educational and promotional architecture separate

The TGA's disguised advertising rule catches educational content that links to a booking page. The fix is structural: pure educational hubs (no CTAs, no booking links, no prescription references) that interlink to service pages (credentials, consultation CTAs). Both rank on their own merits. Neither breaches.

What this looks like in practice

Most practices know the theory but get stuck on execution. Here is what the shift from sales-first to education-first content looks like on a procedure page (the example below is orthopaedic, but the pattern applies to any procedure, treatment, or service across any medical or allied health discipline), followed by three tactics that compound across your whole site.

SALES-FIRST PROCEDURE PAGE

- H1: 'Best Knee Surgeon in Sydney'
- Hero copy: 'Australia's leading orthopaedic surgeon'
- Six 'Book Now & Save 20%' CTAs repeated down the page
- Schema: AggregateRating with 5-star patient reviews
- Direct links into a booking system from every section
- 400 words of transactional copy; no author byline

EDUCATION-FIRST PROCEDURE PAGE

- H1: 'Knee arthroscopy: procedure information'
- Byline: 'By Dr X, MBBS FRACS (Orth) (MED0012345678)'
- Sections on candidacy, procedure, recovery, risks
- Single CTA: 'Book a consultation to discuss options'
- Schema: Person + MedicalProcedure (no AggregateRating)
- 2,000+ words with links to educational hub pages

4 Topic clusters build compound authority

A single procedure or service page cannot rank for every query related to it. A cluster can. Ten interconnected educational pages (anatomy, condition explainers, diagnostic pathway, treatment options, recovery, questions to ask) rank together for hundreds of long-tail searches and build topical authority. Specialists and allied health practices outrank corporate chains precisely because they can go deeper on their discipline; the chains can't afford the depth.

5 Long-tail traffic beats short-tail for specialists

Ranking for 'physiotherapy Sydney' or 'orthopaedic surgeon Melbourne' is competitive and low-intent. Ranking for queries like 'rotator cuff recovery timeline', 'knee MRI vs X-ray', and 'what to ask a psychiatrist at the first appointment' is achievable and attracts research-stage patients already in the decision journey. Compliance-friendly educational content targets the right search intent by design.

6 Google's YMYL standard rewards credentialed content

Google applies its strictest quality bar to Your Money Your Life content, which includes all medical and allied health. E-E-A-T signals (author credentials, cited sources, transparent practitioner identification) are ranking requirements for health topics, not nice-to-haves. The same signals satisfy AHPRA's practitioner-identification requirements across every regulated specialty. One properly-built author infrastructure resolves both.

Titles & credentials

The National Law protects a family of medical and allied health titles from misuse. 'Surgeon', 'Psychologist', 'Physiotherapist', 'Nurse Practitioner', 'Specialist', 'Registered' (as a modifier), and specific specialty titles each have usage rules. The most publicised recent change was the protection of 'Surgeon' from 1 July 2023 alongside the new Cosmetic Surgery endorsement, but the same principle applies across every AHPRA-regulated profession: use your protected title accurately, do not imply credentials you do not hold, and show your registration number where it matters.

1 The 'Surgeon' title is protected

A practitioner cannot use the title 'surgeon' in advertising unless they hold specialist registration in surgery, obstetrics and gynaecology, or ophthalmology. GPs who perform cosmetic procedures cannot describe themselves as 'cosmetic surgeon' without specialist registration recognised for that title.

2 The 'Cosmetic Surgeon' endorsement

The Medical Board has created an endorsement of registration for cosmetic surgery. Practitioners who meet the accreditation standards set by the AMC can apply for this endorsement. Practices must not describe non-endorsed practitioners in language that implies specialist endorsement they do not hold.

3 Registration numbers in advertising

The 2023 guidelines specifically require the AHPRA registration number (MED00000000) to be displayed in cosmetic surgery advertising. Best practice across every specialty is to include registration numbers (MED, DEN, PHY, PSY, OST, CHI, and others depending on the profession) on every practitioner bio page, every procedure or service page, and in any paid advertisement that identifies a specific practitioner.

SEO ANGLE

Schema markup, Google Business Profile categories, and third-party directory citations often carry pre-2023 'Cosmetic Surgeon' titles that never appear on your front end but are readable by Google and by regulators. Cleaning your citation network is local SEO work and title-compliance work, in the same pass.

Testimonials & reviews

Testimonials are the single most common compliance issue on Australian medical practice websites. Section 133(1)(c) of the National Law prohibits advertising a regulated health service in a way that uses testimonials. AHPRA defines a testimonial as a recommendation or positive statement about the clinical aspects of a regulated health service; clinical aspects include symptoms, diagnosis, treatment, and outcomes.

COUNTS AS A TESTIMONIAL

- 'Dr X performed my knee replacement and I can walk pain-free for the first time in years.'
- 'The results from my procedure exceeded my expectations and changed my life.'
- 'Dr Y cured my chronic back pain when nothing else worked.'

DOES NOT COUNT AS A TESTIMONIAL

- 'The reception team were friendly and appointments ran on time.'
- 'The clinic was clean, modern, and easy to find.'
- 'Staff explained everything clearly and I felt listened to.'

The advertiser-controls-the-platform test

You are responsible for removing testimonials from advertising you control: your website, your Facebook page, your Instagram, your Google Business Profile, embedded review widgets. Third-party review sites you do not operate are not advertising you control; you are not required to chase down reviews there. However, screenshotting or embedding those reviews into your own channels pulls them into your advertising again.

Google reviews, specifically

Organic Google reviews sit in a grey area. You are not expected to delete reviews you did not solicit. However, embedding Google reviews into your website via a widget or carousel pulls them into advertising you control. Responding to a review in a way that reinforces clinical content ('thanks for describing your amazing results') can also become promotional. Many practices respond with neutral thank-you messages that do not reference clinical detail.

Influencer and video content

Patient-journey videos, paid creator content, and patient-authored Instagram captions are testimonial-generators by default. If the content describes clinical aspects, it is a testimonial regardless of how the commercial relationship is disclosed. Brief creators to describe the consultation experience and practitioner credentials, not clinical outcomes.

SEO ANGLE

Google reviews are a top local SEO ranking factor, so volume and freshness matter. But embedding clinical reviews on your own site breaches Section 133. The resolution: let Google Business Profile carry the local SEO weight, keep Review schema off your domain, and respond to reviews in neutral language that avoids reinforcing clinical content.

Imagery, claims & expectations

Before-and-after imagery is high-risk under AHPRA's current audit programme. Superlatives and outcome claims are regulated under Sections 133(1)(a) and 133(1)(d), covering misleading content and unreasonable expectations of beneficial treatment. These rules apply to website copy, social media captions, paid ad creative, blog content, and meta descriptions.

Before-and-after imagery rules

- Images must be accurate and not digitally altered to exaggerate results.
- Same lighting, pose, distance, and background across both images.
- The treating practitioner must be identified; registration number should be shown.
- Clear information about risks and recovery must be easily found near the images.
- Documented patient consent for the specific advertising use.
- Disclaimer language about individual variation in outcomes should accompany galleries.

Claims that trigger Section 133

HIGH-RISK LANGUAGE

- 'Guaranteed results' / 'guaranteed outcomes'
- 'Life-changing', 'miracle', 'transformational'
- 'Pain-free' for procedures that involve discomfort
- 'Permanent' for procedures that may need revision
- 'Best', 'leading', 'Australia's top' without evidence
- Comparative claims ('unlike other clinics')

SAFER FRAMING

- 'Individual results vary'
- Neutral description of what the procedure involves
- Accurate recovery-time statements
- 'Long-lasting, though maintenance may be required'
- Specific credentials: years practising, fellowship status
- Description of your approach rather than competitors'

TGA rules & prescription medicines

Section 42DL of the Therapeutic Goods Act 1989 prohibits advertising prescription-only (Schedule 4) medicines to the public. This applies to any practice that prescribes or recommends any Schedule 4 product. Cosmetic injectables, weight loss injections, medicinal cannabis, and GLP-1 prescriptions have been the most actively enforced areas since late 2023, but the same rules govern advertising around ADHD medications, sleep apnoea devices, pain management prescribing, dermatology treatments, and any specialty that uses prescription therapeutic goods. If your practice mentions a prescription medicine by name or description in any public-facing channel, the rules apply.

\$13,320

MAX INDIVIDUAL INFRINGEMENT

\$66,600

MAX CORPORATE INFRINGEMENT

Dec 2023

LATEST GUIDANCE UPDATE

NOT PERMITTED

- Brand names of Schedule 4 products (Botox, Ozempic, Concerta, Vyvanse, Stilnox)
- Generic terms that point to S4 medicines ('anti-wrinkle injections', 'dermal fillers', 'weight loss injections', 'ADHD medication')
- Acronyms or hashtags that reference specific Schedule 4 products
- Imagery implying specific prescription medicines (syringes, branded packaging)
- 'Educational' content with a CTA linking to prescription services
- Before-and-after imagery implying a specific prescription medicine

STILL PERMITTED

- Clinic name, location, hours, practitioner credentials
- Practitioner qualifications (accurate, not comparative)
- General education about conditions without recommending a specific medicine
- 'Book a consultation to discuss treatment options with a qualified practitioner'
- Non-prescription services accurately described
- Consultation-first CTAs rather than 'book a treatment'

Cosmetic injectables, weight loss, and medicinal cannabis

The most aggressively enforced examples of Section 42DL. Generic terms like 'anti-wrinkle injections' and 'weight loss injections' are now treated as unlawful advertisements for Schedule 4 medicines. GLP-1 clinics and telehealth services cannot promote the medicine; frame marketing around the medical consultation. The same principle applies to any clinic prescribing Schedule 4 products: focus on the consultation pathway, the practitioner's expertise, and the condition being treated, not the substance.

SEO ANGLE

Responsive Search Ads auto-generate headlines from your landing page copy. If a service page mentions 'dermal fillers' anywhere, even in a footer or FAQ, Google will pull it into an ad headline. Fixing TGA compliance means scrubbing your landing pages and your ad copy in the same pass. Miss one and the other produces breaches automatically.

Digital, social & paid ads

Every rule covered so far applies equally to social media, Google Ads, Meta Ads, SMS and email campaigns, and educational blog content. Digital is where most non-compliance is found during audits; the volume of content is high and platforms actively encourage the kind of emotive, benefit-led copy that breaches the rules.

1 Meta and Instagram advertising

Meta's own cosmetic advertising policies are tighter than many operators realise and they overlap with AHPRA and TGA rules. Before-and-after images as paid creatives are high-risk. Review both Meta's health policy and AHPRA guidelines before launching a paid campaign.

2 Google Ads and responsive headlines

Responsive search ads and auto-generated headlines can produce copy containing superlatives, brand names, or generic injectable terms without human review. Audit live ad copy monthly; treat keyword insertion and auto-headline features with caution.

3 Influencer and user-generated content

Creator content, UGC reposts, and patient takeovers are testimonial-generators by default. A creator describing their treatment or outcome is producing a testimonial regardless of disclosure. Brief creators on what to say and what not to say.

4 Blog content, schema, and meta tags

SEO content and schema markup can contain legacy protected-title misuse (outdated 'Cosmetic Surgeon' or 'Specialist' labels, incorrect profession titles), generic prescription medicine terms, or superlatives invisible on the front end but visible to search engines and regulators. Audit schema, page titles, and meta descriptions in the same pass as visible copy.

SEO ANGLE

A URL like /best-rhinoplasty-sydney/ is an SEO tactic and a Section 133(a) superlative breach in the same string. Cleaner URLs like /rhinoplasty-procedure-information/ rank just as well and do not create advertising exposure. Since Google's 2024 helpful content updates, keyword-stuffed URLs are actively penalised, so compliance and SEO align here.

Self-audit checklist

Red bars flag highest-risk items; amber warrants close review; green confirms good practice.

Titles & credentials

- Red bar** No practitioner without specialist registration in surgery, O&G, or ophthalmology uses the title 'Surgeon'.
- Red bar** No practitioner without the Medical Board endorsement is described as 'Cosmetic Surgeon'.
- Red bar** Other protected titles (Psychologist, Nurse Practitioner, Specialist) used accurately.
- Amber bar** Registration numbers (MED, DEN, PHY, PSY, etc.) displayed for each practitioner.
- Amber bar** Post-nominals displayed consistently across every page.
- Amber bar** Schema markup, page titles and meta descriptions use accurate current credentials.

Testimonials & reviews

- Red bar** No patient quotes referencing clinical aspects on website.
- Red bar** No patient-journey videos describing clinical experience.
- Red bar** Google review widgets with clinical reviews removed.
- Amber bar** Responses to Google reviews are neutral.
- Amber bar** Instagram highlights reviewed for patient-journey content.
- Amber bar** Influencer briefs direct away from clinical outcomes.

Imagery, claims & expectations

- Red bar** Every before-and-after has compliant disclaimer language.
- Red bar** Before-and-after images not used as paid ad creatives.
- Red bar** 'Guaranteed', 'life-changing', 'miracle', 'pain-free' removed.
- Red bar** Superlatives removed or backed by evidence.
- Amber bar** Gallery captions don't use outcome-based adjectives.

TGA & prescription medicines

- Red bar** No brand names of Schedule 4 products in public content.
- Red bar** Generic terms referring to S4 medicines removed.
- Red bar** Hashtags referencing Schedule 4 products removed.
- Amber bar** Imagery implying prescription medicines removed from promotional content.
- Amber bar** 'Educational' content with booking CTAs reviewed.
- Green bar** CTAs read 'book a consultation', not 'book a treatment'.

Digital & paid advertising

- Amber bar** Live Google Ads audited within the last 90 days.
- Amber bar** Responsive search ad headlines reviewed.
- Amber bar** Meta campaigns reviewed against platform + AHPRA policies.
- Amber bar** Schema and meta tags audited alongside visible copy.
- Green bar** Compliance review documented and scheduled quarterly.

Educational content

- Green bar** Each procedure page has a non-promotional educational counterpart.
- Green bar** Author bylines with credentials on all medical content.
- Amber bar** Educational hubs don't link directly to booking pages.

YOUR NEXT STEP

Ready for a deeper review?

If you found issues: remove red items within the week (testimonials referencing clinical aspects, Schedule 4 product names, guarantee and superlative claims, protected-title misuse). Revise amber items on a 30-day timeline. Document a quarterly review procedure. Brief your content creators and agency partners on the specific rules that apply to your practice or profession.

Compliance is where most marketing agencies fail. SEO is where most law firms can't help. You need both disciplines in the same review, or compliance fixes quietly tank your rankings and SEO tactics quietly trigger complaints.

Caffeinated Marketing does both. Our audit reviews your website, Google Business Profile, paid advertising, and citation network against current AHPRA and TGA rules and against SEO best practice. We identify where compliance and growth align, where they pull against each other, and how to fix both at once without losing rankings.

BOOK AN AUDIT

caffeinatedmarketing.com.au/industries/medical-marketing — Reply to the email this checklist came with, or book a 15-minute intro call directly. We'll review your site before the call and come prepared with specific findings.

References and further reading

- AHPRA: Guidelines for advertising a regulated health service (ahpra.gov.au > Resources > Advertising hub)
- Medical Board of Australia: Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures (in effect 1 July 2023)
- TGA: Advertising health services and cosmetic injections FAQ (tga.gov.au)
- TGA: Referring to cosmetic injectables in advertising (updates Dec 2023, Mar 2024, Jun 2025)
- Therapeutic Goods Act 1989 (Cth), sections 42DL and following
- Health Practitioner Regulation National Law, section 133

This document is current to early 2026. AHPRA and TGA guidance changes; check regulator websites directly for the latest position.