Protocol for Management of Mild Acne

The Victorian Community Pharmacist Program

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OFFICIAL

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1. About

This Protocol has been developed to provide pharmacists authorised under the Drugs, Poisons and Controlled Substances Regulations 2017 (the Regulations) a clear framework to supply the Schedule 4 poisons documented in this Protocol for the management of mild acne under a structured prescribing arrangement. It is a requirement of the Secretary Approval: Community Pharmacist Program that pharmacists comply with this Protocol when supplying Schedule 4 poisons for patients seeking treatment for mild acne. It is also a requirement of the Secretary Approval: Community Pharmacist Program that pharmacists have completed the designated pharmacist training course before supplying Schedule 4 poisons.

Pharmacists authorised to supply Schedule 4 poisons under the Regulations must:

- Operate at all times in accordance with the Drugs, Poisons and Controlled Substances Act 1981, the Regulations and all other applicable Victorian, Commonwealth and national laws.
- At all times act in a manner consistent with the Pharmacy Board of Australia's (the Board) Code of Conduct and in keeping with other professional guidelines and policies as set out by the Board as applicable.

Pharmacists are also expected to exercise professional judgment in adapting treatment guidelines to presenting circumstances.

1.1. Definitions and acronyms

COCP: Combined oral contraceptive pill

MHR: My Health Record

OTC: Over the counter. OTC medicines may be purchased at a pharmacy without a prescription.

PMOS/PCOS: Polyendocrine Metabolic Ovarian Syndrome/ Polycystic ovary syndrome

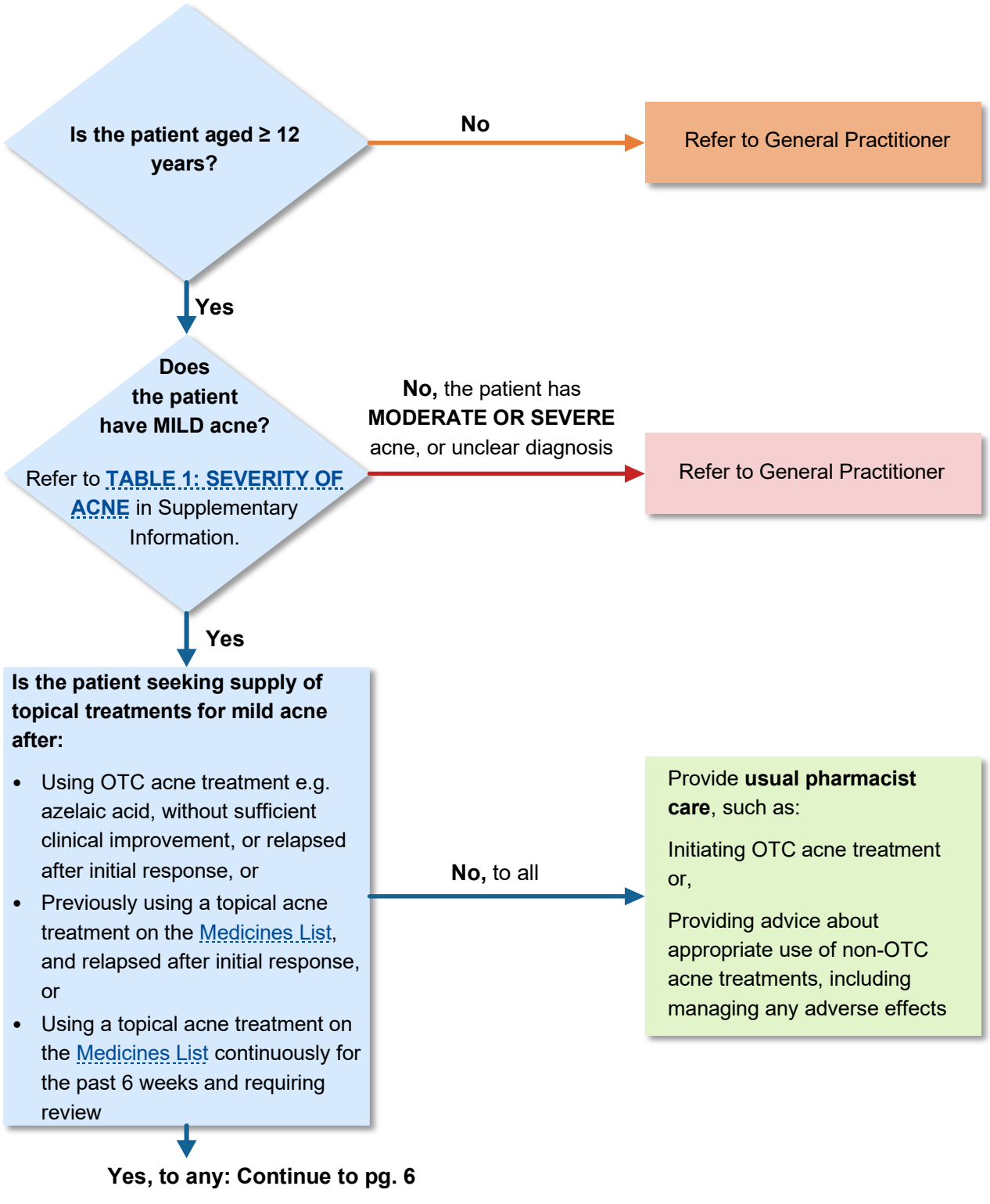
Planning pregnancy: Actively trying to conceive or intending to conceive in the next 1-3 months.

2. Protocol for Management of Mild Acne

2.1. Key to colours used in this protocol

Where the protocol indicates to "Refer to General Practitioner," the Pharmacist may refer to a medical practitioner or other authorised prescribing health practitioner as clinically appropriate.

Preliminary enquiries | **Immediate referral** | Pharmacist care and refer | Care provided by Pharmacist



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Has the patient been using any Schedule 4 topical acne treatment(s) on the Medicines List continuously* for 6 months or more without medical practitioner review?

Yes → Refer to General Practitioner for review

** Short interruptions in use (e.g. due to symptom improvement) are not considered continuous use.*

No

Does the patient/parent/caregiver consent to participate in the Program?*

No → Refer to General Practitioner

** The patient must be physically present at the pharmacy.*

Yes

Patient history

- Review MHR, where possible/available
- Onset, duration, nature, location, and severity of lesions
- Medical history (e.g. PMOS/PCOS)
- Pregnancy and lactation status, including planning to become pregnant
- Hormone changes and signs of androgenisation in women (e.g. hirsutism, obesity, and menstrual irregularity)
- Current and recently commenced medications, including topical products
- Medication allergies, adverse effects, and/or sensitivities to medicines (and other topical products)
- Current management strategies for acne, including hygiene, skin care regimens, and products (e.g. cosmetic, complementary and scheduled or unscheduled products)
- Response to prior treatment or management strategies
- Aggravating factors (e.g. occupation and exposure to comedogenic factors)
- Emotional and social impacts of acne
- History of eczema or sensitive skin, as topical agents for acne can be irritating

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Examination

Confirm that the patient has mild acne; comedones +/- pustules and papules must be present. Refer to images in resources such as the Therapeutic Guidelines and DermNet NZ

Consider differential diagnoses (e.g. folliculitis, rosacea, acneiform eruptions).

Does the patient meet any of the following **exclusion criteria**?

- ❑ Unable to make a clear diagnosis of mild acne
- ❑ Acne is painful, severe, cystic or scarring, acne excoriée is present, or the patient has a family history of scarring acne (*note: even persistent mild acne can scar*)
- ❑ Patient is pregnant or planning pregnancy, as there are medicines in this protocol which are schedule D
- ❑ The patient is taking a medicine that can cause or aggravate acne
- ❑ A female patient has PMOS/PCOS, or presents with signs of androgenisation (i.e. hirsutism, obesity and/or menstrual irregularity)
- ❑ Acne has worsened, repeatedly relapsed, or not responded despite use of appropriate topical treatment
- ❑ Topical treatments within this protocol have been poorly tolerated

Yes, to any → Refer to General Practitioner for treatment

No, to all

Does the patient meet the following 'treat and refer' criteria?

- ❑ The condition is having a marked negative emotional and social effect on the patient (quality of life is significantly affected)

Yes → Proceed **AND/OR** Refer to General Practitioner for immediate review and follow up

No

Has the patient been using OTC acne treatment without sufficient clinical improvement, or relapsed after initial response?

Yes → **Refer to A. Initiate Mild Acne Treatment Flowchart**

No

Has the patient previously used a topical acne treatment on the Medicines List and relapsed after initial response?

Yes → **Refer to A. Initiate Mild Acne Treatment Flowchart**

No

Has the patient been using a topical acne treatment on the Medicines List continuously for the past 6 weeks*, requiring review?

Yes → **Refer to B. Review Mild Acne Treatment Flowchart**

IF NO TO ALL, REFER TO A GENERAL PRACTITIONER.

** It is recommended that acne treatments are reviewed for efficacy after 6 weeks, but continued for at least 3-4 months, of daily use before, being labelled as not effective. Treatment failure is most often associated with issues with adherence and incorrect use. Treatments may be supplied as part of the Program or from a medical practitioner.*

A. INITIATE MILD ACNE TREATMENT FLOWCHART

Identify the dominant type of acne present:

- Mainly comedonal with minimal inflammation
- Mainly comedonal, with some inflammatory papules and pustules
- Mainly inflammatory papules and pustules, with some comedones
- Mix of both comedonal and inflammatory papules and pustules.

Choose a topical treatment option according to the dominant type of acne present (refer to Medicines List for full product details).

Dominant type of acne	Topical treatment options
A) Mainly comedonal with minimal inflammation	Topical retinoid: • adapalene 0.1% **OR** • tretinoin 0.05% **OR** • trifarotene 0.005%
B) Mainly comedonal with some inflammatory papules and pustules	Topical combination of retinoid (low strength) and benzoyl peroxide: • adapalene 0.1% + benzoyl peroxide 2.5%
C) Mainly inflammatory papules and pustules with some comedones	Topical combination of antibiotic and benzoyl peroxide: • First-line: clindamycin 1% + benzoyl peroxide 5% **OR** • Second-line: single agent topical clindamycin 1%*
D) Mix of both comedonal and inflammatory papules and pustules	Topical combination of antibiotic and retinoid: • First-line: clindamycin 1% + tretinoin 0.025% **OR** • Second-line: single agent topical clindamycin 1%*

**Topical clindamycin as a single agent preparation should only be supplied if the patient's skin is prone to irritation (e.g. patients with atopic skin conditions)*

Confirm management plan is appropriate with regards to contraindications, precautions, interactions, pregnancy and lactation status.

If a topical retinoid is being provided to a female of child-bearing age, the pharmacist must provide comprehensive contraceptive counselling.

Treatments under this protocol are NOT appropriate → Refer to General Practitioner

Treatments under this protocol are appropriate:
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Dispense medications via pharmacy dispensing software and label according to legislative requirements outlined in the Drugs, Poisons and Controlled Substances Regulation 2017.
Supply is limited to a maximum of 6 weeks of the appropriate medication.

Communicate agreed treatment plan to patient and other healthcare professionals:

- Provide education about general measures for acne.
- Advise patient to **review treatment in 6 weeks** with medical practitioner or pharmacist. Patient should be advised to return for earlier follow up if required (i.e. intolerance to treatment).
- Provide a **patient handout** outlining consultation and remind patient to present this at their next follow-up/review with the pharmacist or medical practitioner.

Document the consultation and share a record of the service with the patient and patient's usual treating general practitioner or medical practice where the patient has one.

B. REVIEW OF MILD ACNE TREATMENT FLOWCHART

Assess the **effectiveness** and **tolerance** of topical treatment after at least 6 weeks of continuous use to determine if treatment should be resupplied or changed.

Existing topical treatment	Action if acne is improving	Action if treatment is not sufficiently effective
A. Topical retinoid: • adapalene 0.1% **OR** • tretinoin 0.05% **OR** • trifarotene 0.005%	• **Resupply topical retinoid** for maintenance. • Reduce frequency of treatment if acne is resolving.	**Therapies guided by dominant type of acne:** • If acne is mainly comedonal with some inflammatory papules and pustules, switch to **adapalene 0.1% + benzoyl peroxide 2.5%, OR** • If acne is a mix of both comedonal and inflammatory papules and pustules, switch to **clindamycin 1% + tretinoin 0.025%*, OR** • **Refer to General Practitioner**
B. Topical combination of retinoid (low strength) and benzoyl peroxide: • adapalene 0.1% + benzoyl peroxide 2.5%	**Switch to topical retinoid for maintenance:** • adapalene 0.1% **OR** • tretinoin 0.05% **OR** • trifarotene 0.005%	**Switch to topical combination of retinoid (high strength) and benzoyl peroxide:** • adapalene 0.3% + benzoyl peroxide 2.5%
C. Topical combination of retinoid (high strength) and benzoyl peroxide: • adapalene 0.3% + benzoyl peroxide 2.5%	**Switch to topical retinoid for maintenance:** • adapalene 0.1% **OR** • tretinoin 0.05% **OR** • trifarotene 0.005%	**Refer to General Practitioner**
D. Topical combination of antibiotic and benzoyl peroxide: • clindamycin 1% + benzoyl peroxide 5%*	• **Resupply clindamycin 1% + benzoyl peroxide 5%*, OR** • **Switch to benzoyl peroxide (OTC)** for maintenance if inflammation has resolved	**Refer to General Practitioner**
E. Topical combination of antibiotic and retinoid: • clindamycin 1% + tretinoin 0.025%*	• **Resupply clindamycin 1% + tretinoin 0.025%*, OR** • **Switch to topical retinoid** for maintenance if inflammation has resolved: – adapalene 0.1% OR – tretinoin 0.05% OR – trifarotene 0.005%	**Refer to General Practitioner**
F. Topical antibiotic: • clindamycin 1%*	• **Resupply clindamycin 1%*, OR** • Stop treatment, if inflammation has resolved	**Refer to General Practitioner**

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**Topical clindamycin should be stopped if inflammation has resolved or limited to a total of 3 months of continuous treatment.*

Refer to GP if inflammation has not sufficiently resolved after 3 months treatment with topical clindamycin.

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Confirm management plan is appropriate with regards to contraindications, precautions, interactions, pregnancy and lactation status.

If a topical retinoid is being provided to a female of child-bearing age, the pharmacist must provide comprehensive contraceptive counselling.

Treatments under this protocol are NOT appropriate → Refer to General Practitioner

Treatments under this protocol are appropriate

Dispense medications via pharmacy dispensing software and label according to legislative requirements outlined in the Drugs, Poisons and Controlled Substances Regulation 2017. **Supply is limited to a maximum of 6 weeks of the appropriate medication.**

Communicate agreed treatment plan to patient and other healthcare professionals:

- Provide general measures counselling.
- Advise patient to **review treatment in 6 weeks** with medical practitioner or pharmacist. Patient should be advised to return for earlier follow up if required (i.e. intolerance to treatment).
- Provide a **patient handout** outlining consultation and remind patient to present this at their next follow-up/review with the pharmacist or medical practitioner.

Document the consultation and share a record of the service with the patient and patient's usual treating general practitioner or medical practice where the patient has one.

3. Clinical Documentation Requirements

The pharmacist must make a clinical record of the consultation that contains:

- Sufficient information to identify the patient (Medicare number and date of birth are usually recorded when dispensing prescriptions)
- Date of treatment
- Name of the pharmacist who undertook the consultation and their Healthcare Provider Identifier-Individual (HPI-I) number
- Consent given by the patient regarding: Program participation, costs, pharmacist communication with other healthcare practitioners (e.g. patient's usual treating GP) and access to the patient's My Health Record for the purpose of checking inclusion/exclusion criteria and uploading information relating to the consultation as required
- Any information known to the pharmacist that is relevant to the patient's diagnosis or treatment and any observations and assessments including allergies and adverse reactions
- Any clinical opinion reached by the pharmacist
- Actions taken by the pharmacist, including management plan and/or referrals made to a medical practitioner or other healthcare professionals
- The particulars of any medications supplied to the patient, such as formulation, strength and amount
- Information or advice given to the patient in relation to any treatment proposed by the pharmacist such as counselling on side effects

The pharmacist must share a copy of the record of the service with the patient and with the patient's usual treating medical practitioner or medical practice, where the patient has one.

The pharmacist must make a record in the pharmacy software and an IT system approved by the Victorian Department of Health, regarding the supply.

Supplementary information

The supplementary information provided below has been included to assist Victorian pharmacists participating in the Community Pharmacist Program (the Program). It is intended to be used together with the guidelines and other resources referred to here to assist pharmacists in adhering to the management protocol and facilitate delivery of a safe and high-quality service to the community for management of mild acne.

4. Gather information and assess patient's needs

Acne is a chronic inflammatory disease of the pilosebaceous unit and is most common in adolescents and young adults. It is more severe in males and onset peaks in early puberty. Acne lesions are often present on the face, but can also affect neck, chest, shoulders, trunk and upper back. For acne that is widespread, systemic treatment may be warranted. Refer to medical practitioner in these cases.

Assess **emotional and social impact** of acne on the patient. The emotional state of the patient is an important factor in the choice of treatment and whether a more rapid escalation of treatment may be required if the patient is experiencing a significant impact on quality of life. A referral to a medical practitioner may be appropriate to escalate treatment and referral to other support services (e.g. Counselling and psychology).

4.1. Patient history

Sufficient information must be obtained from the patient to assess the safety and appropriateness of any recommendations and medicines for the patient.

Consider:

- age
- onset, duration, nature, location and severity of lesions
- underlying medical conditions (e.g. PMOS/PCOS)
- pregnancy and lactation status, including planning to become pregnant
- hormone changes and signs of androgenisation in women (e.g. hirsutism, obesity and menstrual irregularity)
- current and recently commenced medications, including topical products
- drug allergies, adverse effects and/or sensitivities to medicines (and other topical products)
- current management strategies for acne, including hygiene, skin care regimens, and products (e.g. cosmetic, complementary, and scheduled or unscheduled products)
- response to prior treatment or management strategies
- aggravating factors (e.g. occupation and exposure to comedogenic factors)
- emotional and social impacts of acne
- history of eczema or sensitive skin, as topical agents for acne can be irritating to the skin

The patient's My Health Record can be used to access a range of clinical information including details about current and past medication history, allergies and current medical conditions.

4.2. Examination

A. Lesion Characteristics

Acne lesions can be classified as:

- Non-inflammatory: open (blackheads) and closed (whitehead) comedones
- Inflammatory: pustules, red papules, nodules and cysts
- Resolving: macules or scars, refer to Therapeutic Guidelines for clinical photographs

Comedones +/- pustules and papules must be present for a diagnosis of acne. If the patient does not have comedones and only has pustules or papules, acne is unlikely – consider differential diagnoses (i.e. folliculitis, keratosis pilaris, milia etc.).

Severity of acne is classified depending on morphology, extent and impact on quality of life according to Therapeutic Guidelines: Acne (Diagnosis and classification of acne).

TABLE 1: SEVERITY OF ACNE

SEVERITY OF ACNE	CHARACTERISTICS/MORPHOLOGY
Mild	• Few comedones, pustules and papules • No scarring, including no family history of scarring – Note: persistent mild acne can scar • Lesions are often confined to forehead, nose and chin ('T-Section' of the face)
Moderate	• Numerous comedones, pustules and papules • Some nodules • No scarring • Lesions affect extensive areas of the face and sometimes, the trunk
Severe	• Nodules, cysts and scarring • Lesions may be confined to the face but commonly affect the trunk

Further information and images of acne can be found at Therapeutic Guidelines: Dermatology (Acne) and DermNet NZ: https://dermnetnz.org/topics/acne

Note: Impact on quality of life may categorise a patient into a higher severity category, even if the morphology and extent of their acne indicate lower severity.

B. Red flag signs or patient referral criteria

If any of the following are identified, patients are not eligible for the Program and must be referred to a medical practitioner immediately:

- Unable to make a clear diagnosis of mild acne
- Acne is painful, severe, cystic or scarring, acne excoriée is present, or the patient has a family history of scarring acne (note: even persistent mild acne can scar)
- Patient is pregnant or planning pregnancy, as there are medicines in this protocol which are schedule D
- The patient is taking a medicine that can cause or aggravate acne

- A female patient has PMOS/PCOS, or presents with signs of androgenisation (i.e. hirsutism, obesity and/or menstrual irregularity)
- Acne has worsened, repeatedly relapsed, or not responded despite use of appropriate topical treatment
- Topical treatments within this protocol have been poorly tolerated

Pharmacists must refer patients to a medical practitioner but may also provide treatment if:

- The condition is having a marked negative emotional and social effect on the patient

5. Management and treatment plan

Pharmacist management of mild acne involves general measures (see General measures for acne) and pharmacotherapy in accordance with the Therapeutic Guidelines: Acne.

A. General measures for acne

Before starting treatment for acne, identify contributing or aggravating factors and consider modification or removal of these factors.

Aggravating factors	Examples
Systemic drugs*	• Anabolic steroids • Corticosteroids • Phenytoin • Lithium • Fluconazole • COCP with higher dose of levonorgestrel or progesterone-only contraceptives
Topical products	• Skincare • Cosmetics, including cosmeceuticals with retinols • Sunscreen
Diet	• High glycaemic index foods • Dairy products
Occupational or leisure activities	• Halogens (e.g. chlorine at swimming pools) • Grease at fast-food outlets • Hot, humid environments (e.g. spas or saunas), mask wearing

**Referral to a medical practitioner may be warranted for systemic drugs to be reviewed or adjusted.*

General acne care tips:

- Identify and minimise factors that may aggravate acne or irritate skin.
- Apply topical acne treatment to clean, dry skin at night (or as directed by your medical practitioner or pharmacist), using a pea size amount.
- Use a gentle, hydrating cleanser twice daily.
- Avoid soap-based cleansers, as their alkaline pH may contribute to skin dryness and irritation. Instead, use a soap substitute or gentle pH-balanced cleanser to help maintain skin barrier function and minimise irritation.
- Moisturiser can be applied before or after the acne treated, depending on individual tolerance.
- Wash your hair regularly and use a non-comedogenic sunscreen daily to help reduce pore blockage and minimise acne flare-ups.

Pharmacotherapy

Choice of pharmacotherapy for mild acne should be chosen depending on the patient's dominant type of acne in accordance with the Therapeutic Guidelines: Acne.

A) Mainly comedonal with minimal inflammation

B) Mainly comedonal with some inflammatory papules and pustules

C) Mainly inflammatory papules and pustules with some comedones

D) Mix of both comedonal and inflammatory papules and pustules

Topical retinoids:

- Topical retinoids are potentially teratogenic and should be avoided in patients who are planning to become pregnancy or who are pregnant.
- Female patients of childbearing age that are provided a **topical teratogenic agent** as part of the Program should be advised to take appropriate measures whilst using this medication to prevent pregnancy.
- Comprehensive counselling should be provided to ensure patients are aware of the potential risks of using topical teratogenic agents, to cease using topical retinoids if planning to become pregnant or becomes pregnant, as well as options for contraception while using these medications.
- A referral to medical practitioner should concurrently be made for initiation of contraception with prescription medication if requested.

Topical clindamycin:

- As a single agent preparation, clindamycin should only be provided if the patient's skin is prone to irritation (i.e. patients with atopic skin conditions).
- Use of topical clindamycin should be limited to a total of 3 months to limit development of resistance. Topical clindamycin should be discontinued when inflammatory lesions have adequately resolved, but may be resumed if inflammation recurs.

5.1. Confirm management plan is appropriate

Pharmacists must consult the Therapeutic Guidelines, Australian Medicines Handbook, and other relevant references to confirm the management is appropriate, including for:

- Contraindications and precautions
- Medicine interactions
- Pregnancy and lactation

6. Medicines

The Program authorises the supply of certain topical medications for the treatment of mild acne where these are indicated. **Supply is limited to a maximum of 6 weeks of the appropriate medication.**

Note: There are no changes to the scope for pharmacists to supply other Schedule 2 and 3 treatments for mild acne – these are excluded from the Program.

Generic name	Class	Strength	Formulation & brand name examples [NB1]	Dose
Adapalene [NB2]	Topical retinoid	0.1%	Cream Gel (Differin)	Apply to affected area(s) once daily at night for 6 weeks, then review. [NB3]
Tretinoin	Topical retinoid	0.05%	Cream (Retrieve)	Apply to affected area(s) once daily at night for 6 weeks, then review. [NB3]
Trifarotene	Topical retinoid	0.005%	Cream (Aklief)	Apply to affected area(s) once daily at night for 6 weeks, then review. [NB3]
Adapalene with benzoyl peroxide [NB4]	Topical retinoid and antibacterial	0.1%/2.5% 0.3%/2.5%	Gel (Epiduo, Epiduo Forte)	Apply to affected area(s) once daily at night for 6 weeks, then review. [NB3]
Clindamycin and benzoyl peroxide [NB4]	Topical antibiotic and antibacterial	1%/5%	Gel (Duac Once Daily)	Apply to affected area(s) once daily at night for 6 weeks, then review.
Clindamycin with tretinoin	Topical antibiotic and retinoid	1%/0.025%	Gel (Acnatac)	Apply to affected area(s) once daily at night for 6 weeks, then review. [NB3]
Clindamycin	Topical antibiotic	1%	Topical liquid (ClindaTech) Lotion (Dalacin T)	Apply to the affected area(s), twice daily for 6 weeks, then review.

NB1: Cream formulations are preferred for patients with dry or sensitive skin. Gel formulations are preferred for those with oily skin.

NB2: Adapalene is available as a Schedule 3 formulation.

NB3: For patients starting topical retinoids, introduce these gradually because they can irritate the skin initially. E.g. Apply to affected area(s) for 2 hours for the first 2 nights, then increase to alternate nights for the first 2 weeks, then once daily at night as tolerated.

NB4: Benzoyl peroxide can stain pillows and clothing as per Product Information

7. Communicate agreed management plan

Comprehensive advice and counselling (including provision of self-care fact cards and supporting written information when required) as per the Therapeutic Guidelines, Australian Medicines Handbook and other relevant references should be provided to the patient regarding:

- Individual product and medication use including dosing, treatment regimens, application instructions and duration e.g. use only a pea size amount for the whole face
  - Inconsistent medication use and insufficient duration of treatment is a common reason for treatment failure. Advise the patient that most treatments take between 6 to 12 weeks of consistent and correct use to start to be visibly effective.
- How to manage adverse effects of treatment e.g. skin irritation
- Non-pharmacological, general and preventative measures
  - It is the pharmacist's responsibility to ensure the suitability and accuracy of any resources and information provided to patients, and to ensure compliance with all copyright conditions. E.g. diet, sunscreen, skincare modifications.
- When to seek further care and/or treatment
- When to return for follow-up, if appropriate

The agreed management plan should be shared with the patient's multidisciplinary healthcare team, with the patient's consent.

7.1. General advice

Ensure patients are provided with a patient handout and information pertaining to the consultation (e.g. date of consultation, outline of acne therapies trialled or provided, tolerance and effectiveness of treatment etc.) for when the patient sees their medical practitioner or pharmacist for their follow-up review. Remind the patient to bring the patient handout with them to all their follow-ups to assist with clinical review.

The patient and parents/caregivers should be advised to see a medical practitioner if:

- Acne worsens
- Condition has a marked negative emotional and social effect on the patient
- Any adverse effects or intolerance of treatment cannot be managed in the pharmacy setting
- There is inadequate response to treatment despite appropriate use and good adherence to the recommended treatment

8. Follow up / clinical review

Topical treatment for mild acne should be reviewed every 6 weeks to assess effectiveness and tolerance to treatment. Earlier review can be considered especially if the patient is unable to tolerate treatment (i.e. sensitivity or reaction). Where feasible, follow-up reviews should be conducted by the same pharmacist to enable continuity of care and consistent evaluation of treatment response, progress, and potential treatment failure.

Patients should be changed to maintenance treatment with single agent (e.g. topical retinoid or benzoyl peroxide) once papular inflammation has resolved or inflammatory acne is under control.

The use of topical antibiotics (e.g. topical clindamycin) should be limited to a total of 3 months to limit development of resistance. Topical clindamycin should be discontinued when inflammatory lesions have adequately resolved, but may be resumed if inflammation recurs, with regular review for ongoing need.

9. Resources

9.1. Pharmacist resources

Therapeutic Guidelines

- Dermatology: Acne

Australian Medicines Handbook

- Drugs for acne

The Australasian College of Dermatologists – A-Z of skin

- Acne Vulgaris

DermNet NZ

- Acne

Royal Australian College of General Practitioners

- Acne in adolescents
- Acne: Best practice management

Pharmaceutical Society of Australia Professional Practice Standards

- Professional Practice Standards 2023 – Version 6

9.2. Patient resources

Therapeutic Guidelines

- Information about acne

The Royal Children's Hospital Melbourne

- Acne and teen skin health

Better Health Channel; includes diet and lifestyle advice

- Acne

Healthdirect Australia

- Acne

All About Acne – an evidence-based website approved by Healthdirect Australia:

- All about Acne