Cosmetic Surgery Module

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Contents

Cosmetic Surgery Module 4

Intent of the module 4

Scope 4

Regulation 5

Clinical Governance Standard 6

Governance, leadership and culture 6

Patient safety and quality systems 7

Clinical performance and effectiveness 9

Partnering with Consumers Standard 10

Partnering with consumers in their own care 10

Health literacy 11

Medication Safety Standard 13

Documentation of patient information 13

Continuity of medication management 14

Comprehensive Care Standard 15

Planning and delivering comprehensive care 15

Recognising and Responding to Acute Deterioration Standard 16

Detecting and recognising acute deterioration, and escalating care 16

Glossary 17

Appendix 18

Mapping of the Cosmetic Surgery Standards to the NSQHS Standards 18

Introduction

The Cosmetic Surgery Module has been designed to be implemented with the National Safety and Quality Health Service (NSQHS) Standards.

The NSQHS Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission), in collaboration with the Australian government, states and territories, the private sector, clinical experts, patients and carers. The NSQHS Standards provide a nationally consistent statement about the standard of care consumers can expect from their health service organisations.

Organisations providing cosmetic surgery are also required to comply with the National Safety and Quality Cosmetic Surgery Standards (Cosmetic Surgery Standards). The Cosmetic Surgery Standards have been developed for implementation in Australia in every Service where cosmetic surgery is performed. They are aligned in structure and intent to the NSQHS Standards and are comprised of seven individual standards. The Clinical Governance Standard and the Partnering with Consumers Standard set the overarching requirements, or clinical governance framework, for the effective implementation of all other standards.

Independent assessment against the Cosmetic Surgery Standards, and the awarding of accreditation, provides confidence to the community that a Service where cosmetic surgery is performed has the safety and quality systems and processes in place to meet expected standards of care.

## Cosmetic Surgery Module

The purpose of the Cosmetic Surgery Module is to provide a limited set of actions that Services are required to implement in addition to the NSQHS Standards, allowing them to comply with both the NSQHS Standards (2nd Edition) and the Cosmetic Surgery Standards. Although the NSQHS Standards and the Cosmetic Surgery Standards have similar action numbering, the content in each set of Standards is unique.

The Cosmetic Surgery Standards have been mapped to the NSQHS Standards to identify the additional actions organisations accredited to the NSQHS Standards must meet if they are performing cosmetic surgery procedures (the mapping is provided in the **Appendix**). The Cosmetic Surgery Module describes, in 20 actions, the requirements of the Cosmetic Surgery Standards that are not covered by the NSQHS Standards.

For actions that are considered **partially matched** to the NSQHS Standards, Services must implement the relevant NSQHS Standards requirements (where applicable) as well as the additional changes needed to meet the action in the Cosmetic Surgery Module. The additional requirements are in **bold** in the Cosmetic Surgery Module.

For actions that have **no direct match** to the NSQHS Standards, the Service is required to **fully comply** with the requirement from the Cosmetic Surgery Standards related to this action.

Organisations completing the NSQHS Standards and the Cosmetic Surgery Module will be assessed in a single assessment process, thereby reducing compliance burden. The module is only intended for Services who already implement the NSQHS Standards.

For organisations not already accredited to the NSQHS Standards, the Cosmetic Surgery Standards will need to be fully implemented. These standards are available on the [Commission’s website.](https://www.safetyandquality.gov.au/standards/national-safety-and-quality-cosmetic-surgery-standards)

## Intent of the module

Services ensure that people seeking cosmetic surgery can make informed choices and that they receive safe and high-quality care.

## Scope

Cosmetic surgery employs invasive surgical procedures, to revise or change the appearance, colour, texture, structure or position of normal bodily features and involves cutting beneath the skin, with the purpose of achieving what the patient perceives to be a more desirable appearance. Cosmetic surgery is not used to prevent, diagnose or treat illness, disease or other medical conditions.

In this context, and in line with the Medical Board of Australia definitions, cosmetic surgery does not include:

* Non-surgical cosmetic procedures that do not involve cutting beneath the skin (including mole removal for the purposes of appearance)
* Surgery and procedures that have a medical justification and which may also lead to improvement in appearance
* Reconstructive surgery
* Gender affirmation surgery.

## Regulation

At all times, a Service must adhere to regulatory requirements as prescribed in relevant Australian, state and territory legislation, such as licensing or work health and safety obligations. The Commission is working with state and territory governments to ensure cosmetic surgery is conducted in appropriately licensed facilities that are accredited to national safety and quality standards, such as the Cosmetic Surgery Standards. State and territory regulators will determine any specific definitions to be applied in this context consistent with their jurisdictional licensing schemes.

# Clinical Governance Standard

## Governance, leadership and culture

A Service sets up and uses clinical governance systems to improve the safety and quality of services delivered to patients.

Consumer outcome

I know the services delivered are high-quality and the Service continuously makes improvements.

| **Item** | **Cosmetic Surgery Standards action** | **Additional requirements** |
| --- | --- | --- |
| **Governance, leadership and culture** | **1.01** **The Service:**a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture existsb. Provides leadership to ensure partnering with patients, carers and consumersc. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures these are communicated effectively to the workforced. Establishes and maintains a clinical governance framework and uses the processes within the framework to drive improvements in safety and qualitye. Clearly defines the safety and quality roles, responsibilities and accountabilities for those governing the service, management, clinicians and the workforce f. Monitors the action taken as a result of clinical incidentsg. Reviews and monitors its progress on safety and quality performance**h.** **Establishes and maintains systems for integrating care with other services involved in a patient’s care** | This action is a **partial match** to the **NSQHS Standards action 1.01**This action only requires additional compliance strategies for **sub-action h** |
| **1.03 The Service establishes and maintains systems to adapt clinical practices to reduce and mitigate its contribution to emissions** | Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards |
| **1.04 The Service has processes to assure itself that medical practitioners conducting cosmetic surgery:****a. Fully comply with Medical Board of Australia and jurisdictional requirements****b. Allow sufficient time for informed consent processes to occur****c. Ensure advertising of cosmetic surgery that they commission or are referenced in complies with legislation, national codes and guidelines** | Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards |

## Patient safety and quality systems

Safety and quality systems are integrated with governance processes to enable the Service to actively manage and improve the safety and quality of care for patients.

Consumer outcome

I know the services I receive are well organised and my feedback is heard and is actioned.

| **Item** | **Cosmetic Surgery Standards action** | **Additional requirements** |
| --- | --- | --- |
| **Measurement and quality improvement** | **1.07 The Service supports clinicians to contribute complete and accurate clinical data to clinical quality registries specified by the Medical Board of Australia relevant to clinicians’ scope of clinical practice** | Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards |
| **1.08 The Service:** **a. Uses reports from clinical quality registries, its administrative, clinical and performance data to identify priorities for safety and quality improvement**b. Acts on, reviews and monitors identified priorities for safety and quality improvement c. Measures changes in safety and quality indicators and outcomesd. Provides timely information on safety and quality improvement and performance to the governing body, the workforce and patients  | This action is a **partial match** to the **NSQHS Standards actions 1.08 and 1.09**This action only requires additional compliance strategies for **sub-action a** |
| **Feedback and complaints management** | **1.13 The Service:**a. Supports patients to report complaints b. Has processes to address complaints in a timely wayc. Uses information from the analysis of complaints to improve safety and quality**d. Provides patients with the contact details of relevant healthcare complaints authorities when there are unresolved complaints** | This action is a **partial match** to the **NSQHS Standards action 1.14**This action only requires additional compliance strategies for **sub-action d** |
| **Healthcare records** | **1.15 The Service has processes to:****a. Collect patient information prior to admission****b. Ensure patients that are admitted comply with the Service’s admission policies** | Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards |

## Clinical performance and effectiveness

The workforce has the right qualifications, knowledge and skills to deliver safe, high-quality services to patients.

Consumer outcome

I get the services that I need from people who are qualified to provide my care.

| **Item** | **Cosmetic Surgery Standards action** | **Additional requirements** |
| --- | --- | --- |
| **Evaluating performance**  | **1.19 The Service has effective and reliable processes to:** a. Regularly review the performance of its workforce**b. Monitor performance to ensure clinicians are adhering to professional standards, codes and guidelines** c. Identify needs for training and development of safety and quality **d. Make mandatory notifications about clinicians as required by legislation and jurisdictional requirements** | This action is a **partial match** to the **NSQHS Standards action 1.22**This action only requires additional compliance strategies for **sub-actions b and d** |

# Partnering with Consumers Standard

## Partnering with consumers in their own care

Partnering with patients underpins the delivery of services. Patients are partners in their own care to the extent they choose.

Consumer outcome

I can choose how I partner in my care.

| **Item** | **Cosmetic Surgery Standards action** | **Additional requirements** |
| --- | --- | --- |
| **Informed consent** | **2.05 The Service has processes to provide patients with informed financial consent relating to cosmetic surgery prior to admission** | Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards |
| **2.06 The Service has processes to assure itself that clinicians conducting cosmetic surgery have provided patients:****a. Information about the cosmetic surgery including expected outcomes, duration of expected outcomes, risks relevant to the patient and possible complications****b. Information about any medical devices planned for use** **c. Information on all financial costs relating to the cosmetic surgery** **d. Information on any possible future costs including management of complications** | Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards |
|  | **2.07 The Service has processes to ensure informed consent is given by a legally eligible decision-maker for patients under the legal age of consent**  | Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards |

## Health literacy

A Service communicates with consumers in a way that supports effective partnerships.

Consumer outcome

I am given the information I need, in a way I can understand, to support me in making decisions about the services I receive.

| **Item** | **Cosmetic Surgery Standards action** | **Additional requirements** |
| --- | --- | --- |
| **Accessing service information** | **2.10 The Service makes information freely available to consumers on:****a. Service location(s) and access details****b. The medical practitioners conducting cosmetic surgery in the facility****c. Estimated costs associated with cosmetic surgery performed in the facility** **d. Where estimated costs of services not directly charged by the Service can be obtained****e. Where to access post-operative health care if the Service is closed, and in an emergency****f. Mechanisms for providing feedback and contact details for the appropriate healthcare complaints authority** | Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards |
| **Communication** | **2.11 The Service supports clinicians to communicate with patients, about cosmetic surgery to ensure:** a. Information is provided in a way that meets the needs of patients, and is easy to understand and use b. The clinical needs of patients are addressed while they are accessing cosmetic surgery **c. On discharge, patients are provided with verbal and written information about their ongoing care and what to do if emergency assistance is required** | This action is a **partial match** to the **NSQHS Standards action 2.10**This action only requires additional compliance strategies for **sub-action c** |
| **Advertising** | **2.12 The Service has processes to assure itself that advertising of cosmetic surgery it commissions or is referenced in:****a. Is not false, misleading or deceptive, or likely to be misleading, or deceptive****b. Does not offer a gift, discount or other inducement****c. Does not use testimonials or purported testimonials about the surgery** **d. Does not create unreasonable expectation of beneficial treatment** **e. Does not directly or indirectly encourage the indiscriminate use of cosmetic surgery** | Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards |

# Medication Safety Standard

## Documentation of patient information

The Service records and makes available the best possible medication history, including information relating to medicine allergies and adverse events involving medicines when commencing an
episode of care.

Consumer outcome

My medication history is recorded and referred to during my care.

| **Item** | **Cosmetic Surgery Standards action** | **Additional requirements** |
| --- | --- | --- |
| **Adverse events involving medicines** | **4.06 The Service has processes for documenting adverse events involving medicines and medical devices experienced by patients during an episode of care in the healthcare record and in the Service’s incident reporting system** | This action is a **partial match** to the **NSQHS Standards action 4.08**This action only requires additional compliance strategies for the documentation and reporting of adverse events involving **medical devices** |
| **4.07 The Service has processes for reporting adverse events involving medicines and medical devices experienced by patients to:****a. Relevant clinicians involved in the patient’s care****b. Therapeutic Goods Administration, in accordance with its requirements** | This action is a **partial match** to the **NSQHS Standards actions 4.09 and 1.28**This action only requires additional compliance strategies for the **reporting** of adverse events involving **medical devices** to relevant clinicians and the Therapeutic Goods Administration |

## Continuity of medication management

The Service reviews a patient’s medicines, and information is provided to the patient about their medicine needs and risks. A medicines list is provided to the patient and the receiving clinician when handing over care.

Consumer outcome

I receive a medicines list and am supported to understand and make decisions about
my medicines.

| **Item** | **Cosmetic Surgery Standards action** | **Additional requirements** |
| --- | --- | --- |
| **Information for patients** | **4.09 The Service has processes to:** **a. Support patients to maintain a current and accurate medicines list****b. Encourage patients to share their medicines list with receiving clinicians at transitions of care and/or does so on a patient’s behalf with their consent** **c. Use information on a patient’s medication history to minimise risks in the planning and delivery of cosmetic surgery** | This action is a **partial match** to the **NSQHS Standards action 4.12**This action only requires additional compliance strategies to demonstrate that the Service has processes to **support patients to maintain and share an accurate medicines list**, and **uses a patient’s medication history to minimise risks** in the planning and delivery of **cosmetic surgery** |

# Comprehensive Care Standard

## Planning and delivering comprehensive care

Integrated screening and assessment processes are used in collaboration with patients, carers and families to develop and deliver on a goal-directed comprehensive care plan.

Consumer outcome

My care is delivered in partnership with me and is tailored to meet my needs and preferences.

| **Item** | **Cosmetic Surgery Standards action** | **Additional requirements** |
| --- | --- | --- |
| **Suitability for cosmetic surgery**  | **5.07 The Service has processes to assure itself that clinicians conducting cosmetic surgery assess a patient’s suitability for the cosmetic surgery and is informed by:****a. A patient’s general health, including psychological health and other medical conditions that may impact suitability for cosmetic surgery****b. Where available, information from a patient’s referring clinician****c. The patient’s goals** **d. Outcomes of independent psychological assessments when further assessment is undertaken** | Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards |
| **Planning and delivering comprehensive care**  | **5.09 The Service has processes to assure itself that clinicians conducting cosmetic surgery:** **a. Develop and agree to a plan for the cosmetic surgery with the patient** **b. Deliver cosmetic surgery in accordance with the agreed plan for cosmetic surgery****c. Monitor patients following cosmetic surgery****d. Provide post-operative discharge instructions to the patient, including when to seek emergency assistance** **e. Schedule follow-up health care when required** | Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards |

# Recognising and Responding to Acute Deterioration Standard

## Detecting and recognising acute deterioration, and escalating care

Acute deterioration is detected and recognised, and action is taken to escalate care.

Consumer outcome

The people involved in my care are able to recognise and respond in a timely way if my
health deteriorates.

| **Item** | **Cosmetic Surgery Standards action** | **Additional requirements** |
| --- | --- | --- |
| **Escalating care** | **7.05 The Service supports the workforce to:** **a. Use protocols that specify criteria and pathways for escalating care to call for emergency assistance in a timely way****b. Notify a patient’s other care providers, family and carers when their care is escalated** | This action is a **partial match** to the **NSQHS Standards action 8.08**This action only requires additional compliance strategies for **notifying a patient’s other care providers, family and carers when care is escalated** |

# Glossary

The following terminology has been adopted in the Cosmetic Surgery Module. A full list of glossary definitions can be found in the
[Cosmetic Surgery Standards](https://www.safetyandquality.gov.au/sites/default/files/2023-12/national_safety_and_quality_cosmetic_surgery_standards.pdf).

**Clinician** – a registered health practitioner who is involved in the provision of cosmetic surgery. Clinicians may also be referred to as healthcare professionals, healthcare providers or practitioners, or a profession-specific description, for example ‘medical practitioner’, ‘surgeon’, ‘nurse’, or ‘psychologist’.

**Consumer** – a person, or carer of a person, who has or may potentially use a Service where cosmetic surgery is performed.

**Patient** – a person or group considering or receiving cosmetic surgery. ‘Client’ and all other relevant terms used by the cosmetic surgery industry are encompassed by the term ‘patient’.

**Scope of clinical practice** – the extent of an individual clinician’s practice, based on the individual’s skills, knowledge, professional registration, performance and suitability, in the context of the needs, resources and capacity of the Service. This is distinct from ‘scope of practice’, a term commonly used by Australian health practitioner national boards and refers to an individual clinician’s practice.

**Service** – also referred to as a facility, means the physical setting where cosmetic surgery is performed. The organisation may vary in size (small day-only Services) and complexity (large organisations). Small day-only Services may be where the clinical, administrative and management operations of the organisation are the responsibility of a single person or a small number of people. This differs to complex organisations consisting of multiple clinicians who may not be directly employed, are part of the supporting workforce, or involved in the management and governance of the organisation. Wherever ‘Service’ is used, this refers to those responsible for leading and governing the Service and setting where cosmetic surgery is performed. How actions in the Cosmetic Surgery Standards are implemented by a Service will depend on its size, organisational complexity and relevant members of the workforce.

**Systems** – the resources, policies, processes and procedures which are organised, integrated, regulated and administered to accomplish a stated goal. Safety and quality systems will vary depending on the size of the Service and the risks associated with cosmetic surgery being delivered. The Cosmetic Surgery Standards rely on Services establishing safety and quality systems to minimise the risk of harm to patients.

**Workforce** – all people working in a Service, including clinicians and any other (medical or non-clinical) employed, credentialled or contracted, locum, agency, trainee, student, volunteer or peer workers.

# Appendix

## Mapping of the Cosmetic Surgery Standards to the NSQHS Standards Summary

There are 101 actions in the Cosmetic Surgery Standards; mapping against the NSQHS Standards identified:

* **81 actions** as a full match with actions in the NSQHS Standards
* **9 actions** as a partial match, where further implementation activities are required
* **11 actions** having no direct match.

The full mapping document can be found on the [Commission’s website.](https://www.safetyandquality.gov.au/publications-and-resources/resource-library/map-cosmetic-surgery-standards-national-safety-and-quality-health-service-standards)

Overview – mapping of Cosmetic Surgery Standards to NSQHS Standards

