

Cosmetic Surgery Module

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Mapping of the Cosmetic Surgery Standards to the NSQHS Standards

Introduction

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

The NSOHS 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 NSOHS 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 summary 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 NSOHS 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 NSOHS 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.

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	 a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists b. Provides leadership to ensure partnering with patients, carers and consumers c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures these are communicated effectively to the workforce d. Establishes and maintains a clinical governance framework and uses the processes within the framework to drive improvements in safety and quality 	This action is a partial match to the NSQHS Standards action 1.01 This action only requires additional compliance strategies for sub-action h

Item	Cosmetic Surgery Standards action	Additional requirements
Governance, leadership and culture (continued)	e. 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 incidents g. 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	
	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:	Requires full compliance with this action as it is specific to the Cosmetic
	a. Fully comply with Medical Board of Australia and jurisdictional requirements	Surgery Standards
	 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 	

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 Sur	gery Standards action	Additional requirements
Measurement and quality improvement	contrib clinical specifie Australi	vice supports clinicians to ute complete and accurate data to clinical quality registries d by the Medical Board of a relevant to clinicians' scope of practice	Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards
	regis clinic iden qual b. Acts iden quali c. Meas quali d. Prov safet perfo	reports from clinical quality stries, its administrative, cal and performance data to tify priorities for safety and ity improvement on, reviews and monitors tified priorities for safety and ty improvement sures changes in safety and ty indicators and outcomes ides timely information on ty and quality improvement and primance to the governing body, 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	b. Has pin a to c. Uses of co and co deta com	vice: orts patients to report complaints processes to address complaints imely way information from the analysis implaints to improve safety quality ides patients with the contact ils of relevant healthcare plaints authorities when there 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

Item	Cosmetic Surgery Standards action	Additional requirements
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:	This action is a partial match to the NSQHS
	 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 	Standards action 1.22 This action only requires additional compliance strategies for sub-actions b and d
	legislation and jurisdictional requirements	



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:	Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards
	 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 	

ltem	Cosmetic Surgery Standards action	Additional requirements
Informed consent (continued)	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:	Requires full compliance with this action as it is
	 a. Service location(s) and access details 	specific to the Cosmetic Surgery Standards
	 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	

Item	Cosmetic Surgery Standards action	Additional requirements
Communication	2.11 The Service supports clinicians communicate with patients, at cosmetic surgery to ensure:	
	 a. Information is provided in a w meets the needs of patients, a easy to understand and use 	
	 b. The clinical needs of patients addressed while they are acce cosmetic surgery 	
	 c. On discharge, patients are provided with verbal and we information about their ong care and what to do if emer assistance is required 	going
Advertising	2.12 The Service has processes to as itself that advertising of cosmo 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, discou other inducement 	nt or
	 c. Does not use testimonials o purported testimonials abo the surgery 	
	 d. Does not create unreasonal expectation of beneficial treatment 	ole
	e. Does not directly or indirect encourage the indiscrimina of cosmetic surgery	



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:	This action is a partial match to the NSQHS Standards actions 4.09 and 1.28
	 a. Relevant clinicians involved in the patient's care b. Therapeutic Goods Administration, in accordance with its requirements 	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:	Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards
	 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 	

Item	Cosmetic Surgery Standards action	Additional requirements
Planning and delivering comprehensive care	5.09 The Service has processes to assure itself that clinicians conducting cosmetic surgery:	with this action as it is specific to the Cosmetic
	 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	



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.

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

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**.

Overview – mapping of Cosmetic Surgery Standards to NSQHS Standards







Preventing and Controlling Infections Standard



Medication Safety Standard



Comprehensive Care Standard



Communicating for Safety Standard



Recognising and Responding to Acute **Deterioration** Standard

Cosmetic Surgery Standards	NSQHS Standards
1.01	1.01
1.02	1.05
1.03	
1.04	
1.05	1.06
1.06	1.07
1.07	
1.08	1.08, 1.09
1.09	1.10
1.10	1.11
1.11	1.12
1.12	1.13
1.13	1.14
1.14	1.16
1.15	
1.16	1.16, 1.17
1.17	1.18
1.18	1.19, 1.20
1.19	1.22
1.20	1.23
1.21	1.24
1.22	1.25
1.23	1.27
1.24	1.28
1.25	1.29
1.26	1.32

Cosmetic Surgery Standards	NSQHS Standards
2.01	2.01
2.02	2.02
2.03	2.03
2.04	2.04
2.05	
2.06	
2.07	
2.08	2.06
2.09	2.07
2.10	
2.11	2.10
2.12	
2.13	2.12, 2.14

Cosmetic Surgery Standards	NSQHS Standards
3.01	3.01
3.02	3.02
3.03	3.03
3.04	3.05
3.05	3.06
3.06	3.07, 3.14
3.07	3.08
3.08	3.09
3.09	3.10
3.10	3.11
3.11	3.12
3.12	3.13
3.13	3.14
3.14	3.15
3.15	3.16
3.16	3.17
3.17	3.18
3.18	3.19

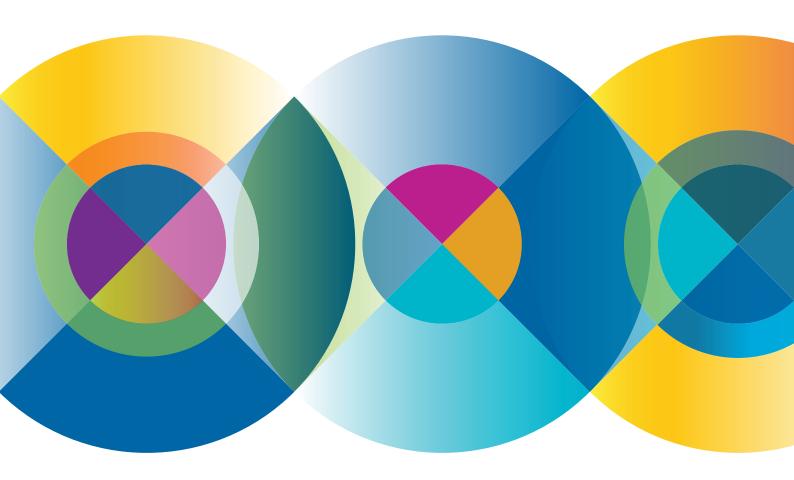
Cosmetic Surgery Standards	NSQHS Standards
4.01	4.01
4.02	4.02
4.03	4.04
4.04	4.05
4.05	4.07
4.06	4.08
4.07	4.09, 1.28
4.08	4.11
4.09	4.12
4.10	4.13
4.11	4.14
4.12	4.15

Cosmetic Surgery Standards	NSQHS Standards
5.01	5.01
5.02	5.02
5.03	5.04
5.04	5.05
5.05	5.06
5.06	6.04
5.07	
5.08	5.07
5.09	
5.10	5.24
5.11	5.25
5.12	5.26

Cosmetic Surgery Standards	NSQHS Standards
6.01	6.01
6.02	6.02
6.03	6.04
6.04	6.05
6.05	6.06
6.06	6.07
6.07	6.08
6.08	6.09
6.09	6.10
6.10	6.11

Cosmetic Surgery Standards	NSQHS Standards
7.01	8.01
7.02	8.02
7.03	8.04
7.04	8.05
7.05	8.08
7.06	8.07
7.07	8.10
7.08	8.11
7.09	8.13
7.10	8.12

KEY
No direct match
Partial match
Full match



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