

Cosmetic Surgery Standards

Process for accreditation to the Cosmetic Surgery Standards

Safety and quality standards for health service organisations provide a structured framework to identify and manage risks, ensuring that systems are in place to prevent harm and enhance patient safety. They play a crucial role in supporting health service organisations deliver safe, high-quality care to their patients. In Australia, Services providing cosmetic surgery must meet the actions in the National Safety and Quality Cosmetic Surgery Standards (the Cosmetic Surgery Standards) or the National Safety and Quality Health Service (NSQHS) Standards and the Cosmetic Surgery Module.

This fact sheet describes the requirements for accreditation to the Cosmetic Surgery Standards. The rules and requirements for accreditation to the Cosmetic Surgery Standards are detailed in the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme.

Which facilities need to be accredited?

The Cosmetic Surgery Standards have been developed for implementation in Australia in every health service where cosmetic surgery is performed.

Where cosmetic surgery is performed in a health service accredited to the NSQHS Standards, they will continue to be assessed to the NSQHS Standards and will

also be required to implement the [Cosmetic Surgery Module](#).

Accreditation

To become accredited, health services undergo an assessment to show they have met the relevant actions in the Cosmetic Surgery Standards. Accreditation assessments are conducted by independent accrediting agencies, [approved by the Commission](#), as part of the AHSSQA Scheme.

The accreditation process involves an on-site assessment of all applicable actions in the Cosmetic Surgery Standards. The onsite assessment occurs at least once in a three-year accreditation cycle

First accreditation cycle: Announced assessment

Health services undergoing accreditation to the Cosmetic Surgery Standards for the first time, will undergo an announced onsite assessment. This marks the start of the three-year accreditation cycle.

Subsequent cycles: Short notice assessment

Once the first accreditation expires, the next cycle will require a short notice

assessment.

The utilisation of short notice assessments ensures the assessment outcome reflects day to day practice, identifies gaps and supports Services to improve safety and quality systems and process.

Further information about [Short Notice Assessment](#) is available on the Commission's website.

The assessment process

Implementing the Cosmetic Surgery Standards involves:

1. Choosing and engaging an accrediting agency, and entering into a contractual agreement
2. Reviewing actions and making an application for not applicable actions
3. Conducting a self-assessment
4. Initial assessment by the accrediting agency
5. A remediation period
6. Final assessment and determination of accreditation.

[The flowchart for an accreditation assessment to the Cosmetic Surgery Standards](#) details the timeframes and stages for the assessment process.

Choosing an accrediting agency

Services must engage an approved accrediting agency to conduct their accreditation assessment. A list of [approved accrediting agencies](#) is available on the Commission's website.

Not applicable actions

Services may apply to their nominated accrediting agency for relevant actions to be rated 'not applicable' at assessment.

Where a Service considers that an action is not applicable, evidence must be supplied to demonstrate that the action is associated

with little or no risk of patient harm in their service context. Applications should be submitted to the approved accrediting agency well in advance of the assessment.

[AS18/01: Advice on not applicable actions](#) provides further information on the process for applying for not applicable actions.

Self-assessment

Self-assessment against the requirements of the Cosmetic Surgery Standards supports Services to track their progress against action items and is an active, continuous process. Services should have mechanisms to keep self-assessment documentation up to date.

Documentation may include:

- An overview of governance systems, policies, and committee structures addressing clinical safety and quality
- A risk register
- Confirmation of not applicable actions
- Changes of scope of practice
- Outcomes of complaints, incidents and/or feedback
- Confidentiality and conflict of interest management.

Initial assessment

On the day of the assessment, the surveyor team will request consent to enter the premises. They will show their credentials and give the person in charge notification of the visit. The person in charge will have delegated authority to support the assessment process and will be the point of contact for the assessment team during the assessment.

The surveyor team will review evidence provided by the Service to demonstrate that the relevant actions in the Standards have been implemented and award a rating for each action.

Rating Scale

During an accreditation assessment, actions will be rated as:

- 'Met' to indicate that all requirements have been fully met at assessment
- 'Met with recommendations' to indicate the requirements of an action are largely met, with the exception of a minor part
- 'Not met' to indicate part or all of the requirements of the action have not been met
- 'Not applicable' to indicate the action is not relevant in the Service context being assessed.

[Fact sheet 4: Rating scale for assessment](#) provides further information on the reporting and follow up requirements for each rating.

At the summation meeting, assessors will:

- Specify which actions are 'not met'
- Provide an explanation for the rating

An initial report will be provided to the Service within five business days of the conclusion of the initial assessment.

Remediation period

A summary report on the initial assessment, including a list of actions rated 'not met' or 'met with recommendations', will be provided to the Service within five business days. This report will include a written explanation for all ratings listed.

If a Service has actions which are rated 'not met' or 'met with recommendations', there is a remediation period of 60 business days to implement improvements and demonstrate compliance with actions.

Where key information, personnel or consumer representatives were not available at the time of assessment, Services will have up to five business days to arrange interviews or provide the accrediting agency with additional evidence for consideration.

Final assessment and determination of accreditation

A final report is prepared notifying the Service it has achieved or maintained accreditation which includes:

- Assessment outcomes to the Cosmetic Surgery Standards
- Certification of accreditation
- A testimonial from the accrediting agency confirming accreditation for a three-year period.

Resources

The Commission has developed a range of resources to support Services to implement the Cosmetic Surgery Standards. These are available on the [Commission's website](#). An overview of applicable fact sheets and advisories is provided in **Table 1**.

Further information

If you have any questions or require further information, you can email the Safety and Quality Advice Centre AdviceCentre@safetyandquality.gov.au or call 1800 304 056.

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Table 1: Applicable fact sheets and advisories for Services implementing the Cosmetic Surgery Standards

Advisory/Fact sheet	Cosmetic Surgery Standards
Flow chart of an assessment	Flow chart of an assessment to the Cosmetic Surgery Standards
Advice on not applicable actions	CS25/02: Advice on not applicable actions for the Cosmetic Surgery Standards
Short notice assessment	Fact Sheet 17: Short notice accreditation assessment
Rating Scale	Fact Sheet 4: Rating scale for assessment
Applicability of Clinical Care Standards	Fact Sheet 11: Applicability of Clinical Care Standards
Assessing high-risk scenarios	Fact Sheet 14: Assessing high-risk scenarios during an assessment

Note: Requirements for sampling, interim accreditation, mandatory reassessment and attestation statements are not applicable under the AHSSQA Scheme for the Cosmetic Surgery Standards at this time.