

Impact Analysis Statement

Summary IAS

Details

Lead department	Queensland Health
Name of the proposal	Private Health Facilities Amendment Regulation 2026
Submission type	Summary IAS
Title of related legislative or regulatory instrument	<i>Private Health Facilities Regulation 2016</i>
Date of issue	August 2026

Prescribing the Cosmetic Surgery Standards and NSQHS Standards

What is the nature, size and scope of the problem? What are the objectives of government action?
<u>Problem identification</u> Current regulation of private health facilities The <i>Private Health Facilities Act 1999</i> (Act) and the <i>Private Health Facilities Regulation 2016</i> (Regulation) establish the legislative framework for the licensing, regulation and oversight of private health facilities in Queensland. Together, they are designed to protect the health and wellbeing of patients receiving health services at private health facilities by: • prescribing standards for the provision of health services at private health facilities; • requiring persons proposing to operate private health facilities to first hold approvals; • requiring persons to hold licences for the operation of private health facilities; and • providing for compliance with the Act to be monitored and enforced. Under section 8 of the Act, private health facilities are either <i>private hospitals</i> providing overnight care or <i>day hospitals</i>. All private hospitals and day hospitals are required to hold a licence issued under the Act. As a condition of licensing, section 48 of the Act requires private hospitals and day hospitals to hold accreditation prescribed by Regulation. Section 8 of the Regulation prescribes the Australian Health Service Safety and Quality Accreditation Scheme (Accreditation Scheme), which incorporates the National Safety and Quality Health Service (NSQHS) Standards. This means that a private health facility must be accredited to the NSQHS Standards under the Act. The Accreditation Scheme was developed by the Australian Commission on Safety and Quality in Health Care (Commission). The Commission was established by the Council of Australian Governments in 2006 to lead and coordinate national improvements in the safety and quality of health care. The Commission is an independent statutory authority funded jointly by the Commonwealth and state and territory governments. The Commission is led by clinical and policy experts, and is responsible for setting standards for health care, providing best practice guidance for health professionals, helping patients understand what they can expect from their care, and publishing information about the safety and quality of the healthcare system.

The Accreditation Scheme provides a nationally consistent framework for assessing whether health services meet required safety and quality standards. The NSQHS Standards were developed by the Commission to protect the public from harm and improve the quality of health care. They describe the standard of care that patients can expect to receive and the clinical governance, safety and quality systems that health facilities must have to deliver that care.

The NSQHS accreditation process is conducted by independent accrediting agencies approved by the Commission. There are currently six approved accrediting agencies that are approved to assess health service organisations against the NSQHS Standards. The approved accrediting agencies are: Australian Council on Healthcare Standards, Certification Partner Global, Global Mark, HDAA Australia, Institute for Healthy Communities Australia and Quality Innovation Performance.

Accreditation to the NSQHS Standards is organised around a three-year accreditation cycle, with facilities being assessed at least once every three years to maintain accreditation. Short-notice assessments can also be undertaken at any time during the three-year cycle, which identifies gaps and supports private hospitals and day hospitals to improve safety and quality systems and processes.

Current regulation of cosmetic surgery in private health facilities

Procedures performed by a medical practitioner involving the administration of general, spinal or epidural anaesthetic, or sedation other than simple sedation, are considered a *day hospital health service* and must be performed in private health facilities.¹ If the procedure requires an overnight stay, the procedure must be undertaken in a private hospital.² Otherwise, the procedure can be provided in either a day hospital or private hospital. Cosmetic surgery must therefore be undertaken in a private health facility if it involves this type of anaesthesia or sedation.

Particular surgical procedures that involve significant risk are also prescribed as day hospital health services in section 3(2) of the Regulation and therefore must be undertaken in a private health facility. This includes cosmetic surgical procedures such as bicep implants, breast augmentation and rhinoplasty.

These procedures were incorporated into the Regulation in 2017 in response to changes in the type of sedation used for cosmetic surgical procedures. Procedures that in the past would have been undertaken in a hospital under general anaesthesia were, in some cases, being undertaken outside of private hospitals or day hospitals, in cosmetic clinics or practitioners' rooms using local anaesthetic or simple sedation. Prescribing these procedures in the Regulation ensured that high-risk cosmetic surgical procedures are required to be undertaken in a licensed private health facility, regardless of the type of anaesthesia or sedation used.

Public health facilities

Cosmetic surgery is not carried out in public health facilities, which are therefore out of scope for this analysis. Plastic and reconstructive surgery is performed in Queensland Health facilities only where there is a clinical need, for example to treat facial palsy, burns, congenital conditions or following cancer treatment.

Risks of cosmetic surgery

Cosmetic surgery employs invasive surgical procedures to revise or change the appearance, colour, texture, structure or position of normal bodily features and often involves cutting beneath the skin, with the dominant purpose of achieving what the patient perceives to be a more desirable appearance.³

The National Safety and Quality Cosmetic Surgery Standards (Cosmetic Surgery Standards) were developed by the Commission in response to the unique risks that cosmetic surgery poses to patients because it involves surgical interventions that are not used to prevent, diagnose or treat illness, disease or other medical conditions.

¹ Definition of *day hospital health service* in section 10(3) of the Act.

² Section 9 of the Act.

³ Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Cosmetic Surgery Standards* (2023)

<https://www.safetyandquality.gov.au/sites/default/files/resources/attachments/national-safety-and-quality-cosmetic-surgery-standards-2023.PDF>.

As cosmetic surgery is discretionary, demand can be driven by advertising, as opposed to healthcare need. The practice of cosmetic surgery can also be lucrative, meaning there is the potential for the financial gain to compete with, and sometimes outweigh, patient wellbeing and safety considerations. It is also often sought by potentially vulnerable people, who if not fully informed about the expected outcomes, may be at greater risk of experiencing appearance-related psychosocial distress. If these risks are not mitigated, they can contribute to severe consequences for patient health outcomes. These unique considerations are addressed in the Cosmetic Surgery Standards.

The initial review of the cosmetic surgery sector followed a joint investigation by Four Corners, the Age and the Sydney Morning Herald, titled *Cosmetic Cowboys*.⁴ It was reported that, following the airing of *Cosmetic Cowboys*, more than 100 patients came forward to share their experiences about the medical practitioner who was featured in the story. Concerns about alleged conduct of some medical practitioners in the sector included alleged serious hygiene breaches, patient safety issues, poor patient care, unsatisfactory surgical outcomes and aggressive and inappropriate advertising.

In 2022, the Australian Health Practitioner Regulation Agency (Ahpra) and the Medical Board of Australia commissioned an independent review of the regulation of medical practitioners who perform cosmetic surgery.⁵ The review looked at the regulatory approach to medical practitioners who perform cosmetic surgery with a focus on consumer safety, including regulation of advertising. The review identified that owing to the unique nature of the cosmetic surgery sector, advertising poses risks that are not present in other areas of medical practice and needs to be better regulated. The review stated that academic literature and previous reviews have identified the potential for cosmetic surgery advertising to mislead, noting that its primary intention is to sell, not educate.⁶

In 2024, the Commission published a rapid review into safety and quality issues in cosmetic surgery. The review identified a range of safety and quality risks including:

- the need for **pre-operative patient screening** to identify whether a patient is suitable for cosmetic surgery, noting that a proportion of cosmetic surgery candidates experience appearance-related psychosocial distress, have inappropriate or unrealistic expectations about the likely positive impact cosmetic surgery will have on their life, and the desire to achieve instantly recognisable results;⁷
- issues with **patient consent**, including difficulties with assessing a patient's understanding of the consent form and some evidence of low patient recollection and understanding of consent for cosmetic surgery;
- **complications from implants**, including infections, rupture, necrosis, tissue atrophy and capsular contracture (tightening, thickening and hardening of the scar tissue).

Cosmetic Surgery Standards

While private health facilities undertaking cosmetic surgery are required to comply with the NSQHS Standards, those do not specifically address the unique risks posed by cosmetic surgery.

In September 2022, Australian Health Ministers agreed to reforms to strengthen the national regulation of cosmetic surgery in response to reports of patient harm.⁸ As part of these reforms, Health Ministers asked the Commission to review licensing standards and arrangements for cosmetic surgical procedures.

⁴ Australian Broadcasting Corporation, 'Cosmetic Cowboys' (Web Page, 26 October 2021) <https://www.abc.net.au/news/2021-10-26/cosmetic-cowboys/13603636>

⁵ Medical Board of Australia, *Independent Review of the Regulation of Medical Practitioners Who Perform Cosmetic Surgery* (Final Report, August 2022) Australian Health Practitioner Regulation Agency <https://www.ahpra.gov.au/resources/cosmetic-surgery-hub/cosmetic-surgery-review.aspx>

⁶ Ibid 69.

⁷ Australian Commission on Safety and Quality in Health Care, *Safety and Quality Issues in Cosmetic Surgery: A Rapid Review* (2022) 9 https://www.safetyandquality.gov.au/sites/default/files/resources/attachments/safety_and_quality_issues_in_cosmetic_surgery_-_a_rapid_review.pdf.

⁸ Department of Health, Disability and Ageing (Cth), 'Health Ministers Meeting (HMM): Statement' (Meeting minutes, 2 September 2022) <<https://www.health.gov.au/resources/publications/health-ministers-meeting-statement-on-cosmetic-surgery-2-september-2022?language=en>>.

Consequently, the Commission developed the Cosmetic Surgery Standards to support the national sector reforms.

In September 2023, Health Ministers approved the Cosmetic Surgery Standards and all states and territories agreed to make the necessary legislative changes to implement them.⁹

Previous Act amendments

To support implementation in Queensland, Parliament enacted the *Health Legislation Amendment Act (No. 3) 2025* (Amendment Act). The Amendment Act amended the licensing framework under the Act to allow accreditation standards to be prescribed either for all private health facilities or, as necessary, for facilities that provide particular types of health services.

The Amendment Act received royal assent on 19 December 2025. The relevant provisions of the Amendment Act are not yet in force. The amended Act provisions, together with the Regulation amendments described below to prescribe the Cosmetic Surgery Standards and NSQHS Standards, will commence on 1 October 2026.

Objectives of government action

The objective of government action is to provide a legislative requirement for private health facilities providing cosmetic surgery to comply with the Cosmetic Surgery Standards and for all private health facilities to continue to comply with the NSQHS Standards.

The outcome sought from this requirement is to increase the quality of cosmetic surgical procedures provided and to improve patient safety. Requiring compliance with the Cosmetic Surgery Standards will achieve this outcome, as the Standards address:

- informed decision-making;
- financial disclosure and consent;
- ensuring patients understand the risks of cosmetic surgery;
- assessment of suitability for surgery, including assessing any potential underlying mental health condition; and
- access to information about how to make healthcare complaints.

The Cosmetic Surgery Standards complement other reforms, including protection of the title of 'surgeon' through legislative amendments to ensure medical practitioners using this title have requisite training and stronger guidelines by the Medical Board of Australia for medical practitioners conducting and advertising cosmetic surgery.¹⁰

Without government action, there will not be a legislative obligation upon private health facilities providing cosmetic surgery to comply with the Cosmetic Surgery Standards.

⁹ Department of Health, Disability and Ageing (Cth), 'Health Ministers Meeting (HMM): Communique' (Meeting minutes, 4 September 2023) <<https://www.health.gov.au/resources/publications/health-ministers-meeting-hmm-communique-1-september-2023?language=en>>.

¹⁰ Medical Board of Australia, *Guidelines for Registered Medical Practitioners Who Advertise Cosmetic Surgery* (July 2023) <https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Guidelines-for-registered-medical-practitioners-who-advertise-cosmetic-surgery>.

What options were considered?

The following options were considered:

- **Option 1 (Preferred)** – Legislative change to prescribe the Cosmetic Surgery Standards and NSQHS Standards by Regulation;
- **Option 2** – Status quo (no legislative change).

There are no non-regulatory options available to implement the Australian Health Ministers' decision to require the Cosmetic Surgery Standards to be complied with, noting that standards of accreditation for private health facilities must be prescribed by regulation. The policy options are therefore legislative change to prescribe the Cosmetic Surgery Standards and the status quo, being no legislative change. Similarly, there is no non-regulatory option available to ensure facilities continue to comply with the NSQHS Standards.

Option 1 - Legislative change (preferred)

This option would involve amending the Regulation to:

- implement the Cosmetic Surgery Standards in Queensland by prescribing them as a standard of accreditation for private health facilities that provide cosmetic surgery; and
- maintain the existing requirement for all private health facilities to comply with the NSQHS Standards. This is a technical amendment that preserves the existing requirement for all private health facilities to comply with the NSQHS Standards.

To support the application of the Cosmetic Surgery Standards, this option would also involve the Regulation defining cosmetic surgery services to which the standards apply, and clarifying the procedures that are excluded from these requirements.

How cosmetic surgery will be defined

As noted above, the Act currently regulates cosmetic surgery by requiring procedures involving the administration of a general, spinal or epidural anaesthetic, or sedation (other than simple sedation) within the meaning of *day hospital health service*, and procedures listed in section 3(2) of the Regulation to be performed in a private health facility. *Cosmetic surgery* is not defined in the Act or Regulation.

To ensure the Cosmetic Surgery Standards apply to all private health facilities that provide cosmetic surgery services, it is necessary to define *cosmetic surgery* by reference to the anaesthesia and sedation requirement in the definition of *day hospital health service* and the list of procedures within section 3(2) of the Regulation.

The Amendment Regulation defines *cosmetic surgery* as a surgical procedure provided primarily for the purpose of maintaining, improving or restoring a person's appearance that is:

- performed by a medical practitioner involving the administration of a general, spinal or epidural anaesthetic or sedation, other than simple sedation, in accordance with the definition of *day hospital health service* in section 10(3) of the Act; or
- prescribed in section 3(2) of the Regulation.

Excluded procedures

Some procedures that are needed to treat a medical condition or are otherwise clinically appropriate may also lead to improvements in appearance. This includes procedures such as reconstructive surgery and mole removal.

Such procedures are considered to be adequately governed by the NSQHS Standards, and there is no need for them to also be governed by the Cosmetic Surgery Standards.

While all surgeries carry a significant risk to the patient, there are specific safety and quality risks that are unique to cosmetic surgery by virtue of being primarily for an aesthetic and not a medical purpose. These unique considerations are addressed in the Cosmetic Surgery Standards.

The Amendment Regulation excludes, from the meaning of *cosmetic surgery*, surgical procedures determined by a medical practitioner to either be:

- necessary for treating a person's medical condition; or
- clinically appropriate for a person.

Excluding medically necessary or clinically appropriate procedures from the meaning of *cosmetic surgery* will provide clarity that if a facility provides procedures that have a medical justification, that facility is not considered to be providing cosmetic surgery services or required to comply with the Cosmetic Surgery Standards for those procedures. If a facility is providing both cosmetic and non-cosmetic procedures, they would be required to comply with the Cosmetic Surgery Standards for the cosmetic surgical procedures.

The Regulation will include breast reconstructive surgery following treatment for breast cancer as an example of a procedure determined to be clinically appropriate by a medical practitioner, and hence excluded from the definition of cosmetic surgery.

Option 2 - No legislative change

This option would involve not amending the Regulation to prescribe the Cosmetic Surgery Standards as a standard of accreditation for private health facilities that provide cosmetic surgery.

This option would also result in the Regulation not continuing to prescribe the NSQHS Standards for all private health facilities.

What are the impacts?

Option 1 – Legislative change

The amendments to prescribe the Cosmetic Surgery Standards will require any private health facilities (private hospitals or day hospitals) providing cosmetic surgery services to comply with the Cosmetic Surgery Standards as a condition of their licence, in addition to all private health facilities being required to comply with the NSQHS Standards.

A contravention of a licence condition is an offence under section 49 of the Act, carrying a maximum penalty of 200 penalty units. A facility's licence can also be cancelled or suspended for failure to comply with a condition of the licence.

Requiring private health facilities that provide cosmetic surgery services to comply with the Cosmetic Surgery Standards will ensure these facilities implement the standards in relation to clinical governance, partnering with consumers, medication safety, preventing and controlling infections, and providing comprehensive care. This will ensure that high-risk surgical procedures are performed in facilities that have the processes and structures in place to deliver safe and high-quality clinical care.

This option would give effect to the decision of Health Ministers to strengthen the national regulation of cosmetic surgery through compliance with the Cosmetic Surgery Standards, reducing the risk of harm associated with patients undergoing cosmetic surgery by requiring relevant facilities to meet safety and quality standards specific to cosmetic surgery.

In 2023, the Australasian College of Cosmetic Surgery and Medicine surveyed 1,000 respondents, which identified that two of the top three considerations for cosmetic patients are safety, security and hygiene, and understanding the procedure and risks.¹¹

Requiring private health facilities to comply with the Cosmetic Surgery Standards provides the community with confidence that facilities where cosmetic surgery is performed have the safety and quality systems and processes in place to meet patient safety and quality standards of care.

¹¹ Australasian College of Cosmetic Surgery and Medicine, 'More than a Third of Australians Considering Cosmetic Surgery' (Media Release, 18 June 2023)
<https://www.acscsm.org.au/download/?id=media&doc=262>

Compliance burden on facilities

The Cosmetic Surgery Standards are aligned in structure and intent to the NSQHS Standards, which are implemented in all Australian hospitals and day hospitals. Mapping of the actions in the Cosmetic Surgery Standards against the actions required under the NSQHS Standards identified that of the 101 actions in the Cosmetic Surgery Standards:

- 81 were a full match with actions in the NSQHS Standards;
- 9 were a partial match, with further implementation activities required; and
- 11 actions had no direct match.

Each of the actions specified in the Cosmetic Surgery Standards that have no direct match to the NSQHS Standards are specific to the cosmetic surgery sector. Accordingly, private health facilities will only be required to implement 11 additional actions and 9 partial actions to achieve compliance with both sets of standards.

Given the significant commonality between the NSQHS Standards and the Cosmetic Surgery Standards, and to reduce the burden on services, the Commission developed the Cosmetic Surgery Module. The Cosmetic Surgery Module sets out the actions in the Cosmetic Surgery Standards that are additional to the actions in the NSQHS Standards. Facilities can be accredited to both sets of Standards by implementing the additional actions in the Cosmetic Surgery Module, along with the implementation of the actions in the NSQHS Standards.

The Commission has created the Cosmetic Surgery Module Monitoring Tool that can be used by private hospitals and day hospitals to track the progress of implementing the Cosmetic Surgery Module.¹²

Compliance with the NSQHS Standards and the Cosmetic Surgery Standards will be assessed by an accreditation agency in a single assessment process. This will reduce the compliance burden on facilities, ensuring efficiency and providing a least-cost approach.

Private health facilities providing cosmetic surgery are proposed to be required to be accredited to the Cosmetic Surgery Standards, or complete the Cosmetic Surgery Module Monitoring Tool as evidence of compliance with the Cosmetic Surgery Standards by 1 October 2026. Queensland Health may ask for evidence of the completed tool. Private health facilities providing cosmetic surgery must be assessed and accredited against the Cosmetic Surgery Module at their next NSQHS accreditation cycle.

Private hospitals and day hospitals will incur costs to meet the additional accreditation requirements, although it is anticipated that these will be minimal. This may involve an additional workload for hospital staff, as well as additional accreditation assessment costs for the hospital as these costs are based on the scope of the assessment. These costs are set by independent, approved accrediting agencies, which set their own fee structures for conducting assessments. The fees vary considerably based on the size of the facility, the number of inspectors required, number of days the assessment takes and any incidental costs, including airfares. It is anticipated that additional compliance costs for hospitals will be minimal for most hospitals as assessment against the Cosmetic Surgery Standards module will be aligned with the hospitals existing NSQHS accreditation cycle. Accrediting agencies have indicated that day hospitals in which cosmetic surgery is a major activity may face higher accreditation costs.

While there will be a small burden on businesses in complying with additional compliance standards, this is outweighed by the expected benefits to the community, noting the risk of harm associated with patients undergoing cosmetic surgery as outlined above. It is expected that compliance with the Cosmetic Surgery Standards will provide improved safety and confidence to the community that a service where cosmetic surgery is performed is able to meet expected standards of care.

Members of the public undergoing cosmetic surgery procedures may encounter a modest increase in costs if hospital compliance costs are passed on to the consumer.

Excluded procedures

While all surgeries carry a significant risk to the patient, there are specific safety and quality risks that are unique to cosmetic surgery by virtue of being primarily for an aesthetic and not a medical purpose.

¹² Australian Commission on Safety and Quality in Health Care, *Cosmetic Surgery Module Monitoring Tool* (2025) <https://www.safetyandquality.gov.au/resources/cosmetic-surgery-module-monitoring-tool>

Excluding medically necessary or clinically appropriate procedures from the meaning of *cosmetic surgery* will provide clarity that if a facility only provides procedures that have a medical justification, that facility is not considered to be providing cosmetic surgery services or required to comply with the Cosmetic Surgery Standards for those procedures. For example, if a facility provides breast reconstructions related to breast cancer treatment, these procedures will be excluded from the definition of *cosmetic surgery*. If a facility is providing both cosmetic and non-cosmetic procedures, they would be required to comply with the Cosmetic Surgery Standards for the cosmetic surgical procedures. For example, if the facility was providing breast augmentation for cosmetic purposes, in addition to breast reconstructions following breast cancer treatment.

The Cosmetic Surgery Standards provide further guidance on procedures that are considered to fall outside of the meaning of cosmetic surgery and includes specific examples of these procedures, including mole removal and reconstructive surgery.

NSQHS Standards

The technical amendment to prescribe the NSQHS Standards will ensure that all private health facilities continue to be required to be accredited to the general safety and quality standards developed by the Commission. This will protect the public from harm and support the provision of quality health care in private health facilities.

As the Regulation already requires private health facilities to comply with the Accreditation Scheme that incorporates the NSQHS Standards, this technical amendment will have no additional impact on stakeholders.

Option 2 - Status quo

This option would mean that private health facilities providing cosmetic surgery would not be required to comply with the Cosmetic Surgery Standards as a licensing obligation.

If the status quo was maintained and the proposed amendments were not made to the Regulation to prescribe the Cosmetic Surgery Standards, it would result in Queensland not giving effect to nationally agreed cosmetic surgery reforms. This would result in inconsistency in the regulation of cosmetic surgery across jurisdictions. All the other jurisdictions have implemented, or are implementing, requirements for accreditation against the Cosmetic Surgery Standards.

Failure to prescribe the Cosmetic Surgery Standards would also result in lower patient safety levels for cosmetic surgical procedures and patients remaining at greater risk.

Some facilities may voluntarily become accredited against the Cosmetic Surgery Standards. Queensland Health was advised by the Commission in July 2026 that seven of the 47 private health facilities, that undertake cosmetic surgery in Queensland had voluntarily been accredited against the Cosmetic Surgery Standards. Without prescribing the Cosmetic Surgery Standards, it is therefore likely that the level of voluntary compliance would remain low.

As outlined above, the Act has already been amended to enabling accreditation standards to be prescribed that apply either to all private health facilities or only to facilities providing particular types of health services. Once the Act amendment commences, if a technical amendment is not made to preserve the existing requirement for all private health facilities to comply with the NSQHS Standards, no accreditation standards will be required under the regulatory framework for private health facilities, which could result in a reduction in safety and quality of health care delivery in private health facilities.

Who was consulted?

Development of Cosmetic Surgery Standards

In September 2022, Australian Health Ministers agreed to reforms to strengthen the national regulation of cosmetic surgery in response to reports of patient harm. The Commission sought feedback on the draft Cosmetic Surgery Standards in May 2023 as part of a public consultation process, with feedback informing the finalisation of the Standards. Health Ministers approved the Cosmetic Surgery Standards to apply to all facilities that provide cosmetic surgery in September 2023.

Previous consultation on Act amendments

A two-week public consultation was undertaken on the supporting Act amendments in August – September 2025. A consultation paper was sent to all licensees of private health facilities, industry bodies, peak bodies representing health practitioners who provide cosmetic surgery, professional indemnity insurers, approved accrediting agencies, representatives of health consumers and legal stakeholders.

The Health, Environment and Innovation Committee also consulted on the Act amendments during its consideration of the Health Legislation Amendment Bill (No. 3) 2025. The Committee called for written submissions on the Bill and held a public hearing with stakeholders including the Australian Medical Association Queensland (AMA Queensland) and the Australian Society of Plastic Surgeons (ASPS).

Stakeholders were generally supportive of the proposed amendments to the Act to clarify the head of power to require facilities to comply with standards of accreditation, including the Australian Health Practitioner Regulation Agency, AMA Queensland, Australasian College of Cosmetic Surgery and Medicine, ASPS, Certification Partner Global (Aust) Pty Ltd, Day Hospitals Australia, Health Consumers Queensland and Queensland Nurses and Midwives' Union (QNMU).

ASPS advocated that facilities that already comply with the NHQHS Standards for surgical procedures should not have to comply with additional standards of accreditation that specifically relate to cosmetic surgery. ASPS considered that 'cosmetic surgery is real surgery' and should be assessed through the same regulatory framework as all surgery. However, Australian Health Ministers considered there are additional risk factors for patients undertaking cosmetic surgery that warrant specific accreditation requirements for undertaking this type of procedure. ASPS also considered that accreditation against additional standards would be administratively burdensome, overwhelming private hospitals with 'excessive paperwork' and compliance obligations.

Some stakeholders also provided feedback on particular elements of the Cosmetic Surgery Standards. This feedback was passed on to the Commission for development of additional guidance material for implementation of the standards and consideration of future improvements to the standards.

Amendment Regulation

In July 2026, a three-week consultation was undertaken on the proposed Regulation amendments to prescribe the Cosmetic Surgery Standards and NSQHS Standards.

10 stakeholders provided written feedback of the Amendment Regulation including licensees of private health facilities, the Medical Board of Australia, the Office of the Health Ombudsman, Australian Private Hospitals Association, QNMU, and ASPS jointly with AMA Queensland.

Some feedback received related to existing requirements under the Act or operational matters and Queensland Health provided further guidance to these stakeholders in response.

The Office of the Health Ombudsman, the Medical Board of Australia, QNMU, the Australian Private Hospitals Association and St Vincent's Hospitals indicated support for the Amendment Regulation.

The Office of the Health Ombudsman considered that prescribing the Cosmetic Surgery Standards is a critical step in addressing increasing risks linked to expanding availability and accessibility of cosmetic surgery and is essential in minimising patient harm and improving the overall safety and quality of cosmetic surgery standards. Continuing to prescribe the NSQHS Standards was supported on the basis of ensuring the continued application of baseline accreditation. The Australian Private Hospitals Association and PulseBridge Consulting also supported the incorporation of the Cosmetic Surgery Standards into the accreditation requirements for private health facilities providing cosmetic surgery. While the Australasian College of Cosmetic Surgery and Medicine supported requiring relevant private health facilities to comply with the Cosmetic Surgery Standards, they suggested its incorporation into the NSQHS Standards.

ASPS and AMA Queensland in their joint submission provided feedback that the 1 October 2026 timeframe for compliance with the Cosmetic Surgery Standards is too short. ASPS and AMA Queensland considered that smaller facilities will struggle to comply, risking service disruption and reduced patient access. This feedback was not raised by any other stakeholders consulted on the Amendment Regulation, including private health facilities and peak bodies representing facilities. As outlined above, Australian Health Ministers approved the Cosmetic Surgery Standards in September 2023 and agreed to implement them for all facilities that provide cosmetic surgery. Private health facilities were advised of the proposed changes and tentative timelines for implementation. The Medical Board of Australia supported the proposed

commencement of the provisions on 1 October 2026 to support safe practice and improved safeguards for patients.

Several stakeholders provided feedback on the definition of *cosmetic surgery*. The joint submission from ASPS and AMA Queensland, along with an anonymous submission, provided feedback that the proposed definition could inadvertently capture medically-indicated reconstructive surgery as cosmetic. The Medical Board of Australia, on the other hand, considered that excluding procedures that a medical practitioner determines to be 'clinically appropriate' for a person could be interpreted by a practitioner seeking to avoid the Regulation and exclude purely aesthetic procedures on the basis that they are appropriate for the patient's presentation and goal.

It is not the intent of the Amendment Regulation to capture reconstructive surgery as cosmetic surgery. Nor is it intended to exclude purely aesthetic procedures from the definition of *cosmetic surgery* on the basis that they are 'clinically appropriate'. The exclusion of 'clinically appropriate' procedures is intended to capture procedures that are not performed to directly treat a medical condition but still have a medical justification, such as reconstructive surgery. To put beyond doubt the intent of the provision, the Amendment Regulation includes an example of an excluded procedure, being a breast reconstructive surgery determined by a medical practitioner to be clinically appropriate for a person after treatment for breast cancer. Further guidance is also included in the Explanatory Notes to the Amendment Regulation.

PulseBridge Consulting considered that the definition of *cosmetic surgery* should align with the Cosmetic Surgery Standards. The definition of *cosmetic surgery* used in the Cosmetic Surgery Standards is clinical in nature and does not align with Queensland's private health facilities framework, which regulates procedures according to the type of sedation used and the list of procedures in section 3(2) of the Regulation. This definition was therefore not considered fit for purpose in a legislative context.

What is the recommended option and why?

Option 1 is recommended.

Amendments to the Private Health Facilities Regulation are needed to:

- require private health facilities that provide cosmetic surgery procedures to comply with the Cosmetic Surgery Standards; and
- continue to require all private health facilities to comply with the NSQHS Standards.

The amendment to prescribe the Cosmetic Surgery Standards will enhance protections for consumers and support greater national consistency of regulated cosmetic surgical procedures, giving effect to the Health Ministers' cosmetic surgery reforms. The amendments will also ensure that the NSQHS Standards continue to be complied with by all private health facilities.

Procedures to be undertaken in a private health facility

What is the nature, size and scope of the problem? What are the objectives of government action?

Problem identification

Current regulation of private health facilities

As outlined above, procedures performed by a medical practitioner involving the administration of general, spinal or epidural anaesthetic, or sedation other than simple sedation, are considered a *day hospital health service* and must be performed in a private health facility.¹³ If the procedure requires an overnight stay, the procedure must be undertaken in a private hospital.¹⁴ Otherwise, the procedure can be provided in either a day hospital or private hospital. Cosmetic surgery must therefore be undertaken in a private health facility if it involves this type of anaesthesia or sedation.

Particular surgical procedures that involve significant risk are also prescribed as day hospital health services in section 3(2) of the Regulation and therefore must be undertaken in a private health facility. This includes cosmetic surgical procedures such as bicep implants, breast augmentation and rhinoplasty.

These procedures were incorporated into the Regulation in 2017 in response to changes in the type of sedation used for cosmetic surgical procedures. Procedures that in the past would have been undertaken in a hospital under general anaesthesia were, in some cases, being undertaken outside of private hospitals or day hospitals, in cosmetic clinics or practitioners' rooms using local anaesthetic or simple sedation. Prescribing these procedures in the Regulation ensured that high-risk cosmetic surgical procedures are required to be undertaken in a private health facility, regardless of the type of anaesthesia or sedation used.

Prescribing particular surgical procedures that must be undertaken in a private health facility regardless of the type of anaesthesia or sedation used ensures that appropriate staffing, equipment and infrastructure is in place to manage risks and respond to adverse events.

Fat transfer

The Regulation currently provides that a fat transfer of more than 500ml of lipoaspirate (fatty bodily tissue) must be undertaken in a private hospital or day hospital. Fat transfer involves removing fat from one part of the body and injecting it into other areas, for example the breasts or buttocks. The greater the volume of lipoaspirate that is removed during a procedure, the higher the risk of the patient haemorrhaging. Having a volume limit for a single procedure can create a situation where a single patient can be subject to two procedures in one day, of less than 500ml each, to avoid the fat transfer limit.

Liposuction

The Regulation currently provides that liposuction that involves removing more than 2.5 litres of lipoaspirate must be undertaken in the private hospital or day hospital. The greater the volume of lipoaspirate that is removed during a procedure, the higher the risk of the patient haemorrhaging.

Objectives of government action

The objective of government action is to ensure that significant cosmetic surgical procedures are captured as day hospital health services under the Regulation. The outcome sought from this requirement is to ensure high-risk cosmetic surgical procedures are performed in a private health facility.

What options were considered?

The following options were considered:

- **Option 1 (Preferred)** – Legislative change to the Regulation to amend procedures prescribed as day hospital health services to be undertaken in a private health facility to ensure appropriate limits are in place;

¹³ Definition of *day hospital health service* in section 10(3) of the Act.

¹⁴ Section 9 of the Act.

- **Option 2 – Status quo (no legislative change).**

There are no non-regulatory options available to ensure these procedures are regulated as day hospital health services. The policy options are therefore legislative change to amend the prescribed procedures and the status quo.

Option 1 - Legislative change (preferred)

This option would involve amending the list of procedures prescribed in section 3(2) of the Regulation as day hospital health services for section 10(3) of the Act. This will address the clinical risks posed by certain high-risk procedures that may not otherwise be captured as day hospital health services under the Act. A facility that provides any of the prescribed procedures must be a private health facility.

It is proposed to amend the Regulation to require:

- procedures involving fat transfer of more than 500ml of lipoaspirate in a 24-hour period to occur in a private hospital or day hospital; and
- liposuction procedures involving the removal of more than 500ml of lipoaspirate in a 24-hour period to be undertaken in a private hospital or day hospital.

Option 2 - No legislative change

This option would involve not amending fat transfer and liposuction procedures to ensure appropriate limits requiring high-risk procedures to be undertaken in a private health facility.

What are the impacts?

Option 1 – Legislative change

Since the prescribed list of procedures was implemented in 2017, there have been advances in medicine and changes in models of care resulting in procedures that are high-risk not requiring the level of sedation that would otherwise require the procedures to be undertaken in a private health facility pursuant to the Act.

Amending the list of prescribed high-risk procedures will ensure they are carried out in private health facilities that are adequately prepared with staff and equipment. This may minimise the risk of adverse events, and where adverse events do occur, to limit damaging consequences by ensuring rapid and effective management of the event. This aligns with the national direction of strengthening regulation of cosmetic surgery and will support patient safety. Amending these procedures in section 3(2) of the Regulation will also ensure that they are subject to the Cosmetic Surgery Standards where they fall within the definition of *cosmetic surgery*.

To provide a transition period before the amended procedures will be regulated as *day hospital health services* required to be performed in private health facilities, it is proposed to commence the amendments to section 3(2) of the Regulation on 1 January 2027. The amended procedures will be required to be undertaken in private health facilities from that date onwards. This will provide relevant facilities and practitioners with advance notice of the changes to enable any necessary adjustments to practices.

Fat transfer

It is intended to amend prescribed fat transfer procedures to include a 24-hour period in the limit. This is intended to ensure that patients are not undergoing multiple procedures in one day to circumvent the limit of lipoaspirate that can be removed in one procedure in an unlicensed facility. It will provide sufficient time to see if the patient has an adverse reaction to the procedure, before doing another procedure. This will align the regulation of this procedure with New South Wales.

This amendment may impact on medical practitioners who currently do multiple fat transfer procedures on a single patient in a 24-hour period, so that the procedure is not required to be done in a private health facility. However, this impact is expected to be modest. Joint feedback from ASPS and AMA Queensland noted that fat transfer over 500ml is significant and should be undertaken in a private health facility. The joint submission noted that obtaining 500ml of injectable fat often requires 1 litre of lipoaspirate and the fat injection process carries additional risks, including rare but fatal fat embolism, particularly with large-volume buttock fat grafting. No other feedback was received regarding the addition of a 24-hour time limit for fat

transfer procedures over 500ml, with one stakeholder of the view that the Regulation should also impose a maximum volume limit on fat transfer procedures that can be undertaken in a private health facility. Queensland Health does not propose to introduce a maximum volume limit for private health facilities at this time.

Liposuction

Including a 24-hour period on liposuction procedures will ensure that patients are not undergoing multiple liposuction procedures in one day in an unlicensed facility. The reduction in the liposuction upper limit from 2.5 litres to 500ml will ensure that any liposuction procedure involving removal of more than 500ml of lipoaspirate must be undertaken in a private health facility. Liposuction procedures involving the removal of less than 500ml of lipoaspirate will still be able to be performed in a practitioner's rooms, as these lower-volume procedures are considered lower-risk.

Other jurisdictions have different limits on liposuction procedures that require the procedure to be performed in private health facilities:

- consistent with the proposed Queensland approach, New South Wales has a 500ml limit in a 24-hour period;
- Victoria requires all liposuction procedures over 200ml to be performed in a registered facility and sets a 5-litre maximum amount of volume that should be removed at any one time;
- the ACT requires procedures over 1000ml to be performed in a licensed facility;
- South Australia requires procedures over 2.5L limit to be performed in a licensed facility.

Providing a 24-hour limit will ensure sufficient time to see if the patient has an adverse reaction to the procedure, before doing another procedure. The proposed reduction in the volume limit is intended to reduce the risks of the procedure, namely the patient haemorrhaging. This approach will align with New South Wales.

This amendment may impact on medical practitioners who undertake liposuction procedures removing over 500ml and under 2.5L of lipoaspirate; and/or multiple liposuction procedures on a single patient, in a 24-hour period. Stakeholder feedback on the proposed changes to liposuction in the Amendment Regulation was mixed. The Medical Board of Australia supported the reduction of the volume limit and the 24-hour time limit. PulseBridge Consulting considered that a lower volume limit should be imposed as well as a maximum volume limit for procedures performed in private health facilities. In comparison, the joint submission from the ASPS and AMA Queensland raised concerns that while fat transfer procedures pose serious risks, they consider that small-volume liposuction can be safely performed under local anaesthesia in non-licensed facilities and recommended that the Victorian guidelines for liposuction thresholds¹⁵ be accepted. Queensland Health notes that the Victorian guidelines are more restrictive than the changes proposed in the Amendment Regulation:

- imposing a maximum volume limit of 5 litres that can be removed in a licensed facility at any one time;
- requiring procedures involving more than 200ml of lipoaspirate to be undertaken in a registered facility.

Noting the range of stakeholder feedback, requiring liposuction procedures of over 500ml in a 24-hour period to be performed in a private health facility reflects the risk to safety posed with higher volumes of lipoaspirate removed, given liposuction is a major surgical procedure with potential significant complications.

Option 2 – status quo

Without government action, these high-risk cosmetic surgical procedures may occur outside of private health facilities, meaning they are being undertaken in facilities that are not captured within the regulatory requirements of the Act. This could lead to safety and quality issues and poor patient outcomes.

¹⁵ Department of Health (Vic), *Guideline for Providers of Liposuction: Best practice guideline for clinicians and those involved in the provision of liposuction* (August 2022)
<https://www.health.vic.gov.au/guideline-for-providers-of-liposuction>

Who was consulted?

In July 2026, a three-week consultation was undertaken on the proposed Regulation amendments to the list of procedure to be undertaken in a private health facility.

10 stakeholders provided written feedback on the Amendment Regulation including licensees of private health facilities, the Medical Board of Australia, the Office of the Health Ombudsman, Australian Private Hospitals Association, QNMU, and ASPS jointly with AMA Queensland.

The Office of the Health Ombudsman and the Australian Private Hospitals Association indicated support for the changes to section 3(2) of the Regulation.

As outlined above, joint feedback from the ASPS and the AMA Queensland considered that fat transfer over 500ml is significant and should be undertaken in a private health facility. This was on the basis that obtaining 500ml of injectable fat often requires 1 litre of lipoaspirate and the fat injection process carries additional risks, including rare but fatal fat embolism, particularly with large-volume buttock fat grafting. No other feedback was received regarding the 24-hour time limit for fat transfer procedures over 500ml. However, PulseBridge Consulting considered that the Regulation should also impose a maximum volume limit on fat transfer procedures that can be undertaken in a private health facility. Queensland Health does not propose to introduce a maximum volume limit for private health facilities at this time.

Stakeholder feedback in relation to the proposed changes to liposuction was mixed. The Medical Board of Australia supported the reduction of the volume limit and the 24-hour time limit. PulseBridge Consulting considered that a lower volume limit should be imposed as well as a maximum volume limit for procedures performed in private health facilities. In comparison, the joint submission from the ASPS and AMA Queensland feedback was that small-volume liposuction can be safely performed under local anaesthesia in non-licensed facilities and recommended that the Victorian guidelines for liposuction thresholds¹⁶ be accepted. As noted above, the Victorian guidelines are more restrictive than the changes proposed in the Amendment Regulation. Noting this range of feedback, the Amendment Regulation requires liposuction procedures of over 500ml in a 24-hour period to be performed in a private health facility. This reflects the risk to safety posed when higher volumes of are lipoaspirate removed and that liposuction is a major surgical procedure with potential significant complications.

The consultation paper had proposed to prescribe hymenoplasty, breast and buttock revision, and procedures to address gynaecomastia (male breast enlargement) in section 3(2) of the Regulation. Consultation feedback received in relation to these procedures Consultation feedback from some stakeholders suggested that in general these procedures may not pose a high risk because they are often minor procedures that can be performed under local anaesthesia, for example, a scar revision procedure after a breast reduction. On the basis of the feedback received, Queensland Health will not proceed with including these procedures in the Amendment Regulation.

Where such procedures meet the sedation and anaesthesia requirements or the liposuction limits under the Act, they would already be required to be undertaken in a private health facility. Where a procedure to address gynaecomastia involves liposuction, it would be subject to the amended parameters requiring it to be undertaken in a private health facility if more than 500ml of lipoaspirate is removed in a 24-hour period.

Queensland Health intends to consider these procedures further and will continue to monitor the evidence-base for regulating them as high-risk procedures.

Noting the concern from some stakeholders about the changes to liposuction requirements, the amendments to section 3(2) of the Regulation will commence on 1 January 2027. This will provide facilities and medical practitioners with additional time to ensure that the amended procedures are undertaken in a private health facility.

¹⁶ Department of Health (Vic), *Guideline for Providers of Liposuction: Best practice guideline for clinicians and those involved in the provision of liposuction* (August 2022)
<https://www.health.vic.gov.au/guideline-for-providers-of-liposuction>

What is the recommended option and why?

Option 1 is recommended.

Amendments to the list of procedures in section 3(2) of the Private Health Facilities Regulation are needed to ensure high-risk cosmetic procedures are performed in private health facilities.

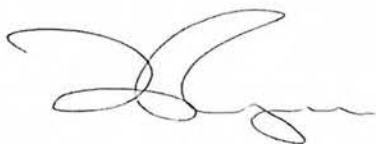
Impact assessment

All proposals – complete [do not delete]:

	First full year	First 10 years**
Direct costs – Compliance costs*	Unable to be quantified but expected to be modest	Unable to be quantified but expected to be modest
Direct costs – Government costs	Unable to be quantified but expected to be modest	Unable to be quantified but expected to be modest

* The *direct costs calculator tool* (available at qpc.qld.gov.au/best-practice-regulation) should be used to calculate direct costs of regulatory burden. If the proposal has no costs, report as zero. **Agency to note where a longer or different timeframe may be more appropriate.

Signed



Director-General, Queensland Health
Date: 26 / 08 / 2026



Minister for Health and Ambulance Services
Date: 2/9/26