

## Health Legislation Amendment Bill (No. 3) 2025

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To the Committee Secretary,

**Submission re: Inquiry into the Health Legislation Amendment Bill (No 3) 2025**

*Private Health Facilities Act 1999* – the proposed amendments are intended to ensure that private health facilities that provide cosmetic surgery are required to comply with national standards of accreditation (National Safety and Quality Cosmetic Surgery Standards) and support the safe delivery of cosmetic surgery in Queensland.

**Overview**

The Australian Society of Plastic Surgeons (ASPS) has represented over 600 specialist plastic surgeons across Australia for more than 50 years. Our members provide both reconstructive and cosmetic surgical care to over 200,000 Australians annually. These services span the full spectrum of life, from neonatal procedures such as cleft palate repair, to adult interventions including post-pregnancy procedures, cancer reconstruction, and trauma care, through to age-related surgeries in older populations.

ASPS members operate across public hospitals, private hospitals, and hybrid models such as public waiting lists serviced in private facilities. This broad footprint gives ASPS a unique and comprehensive perspective on the functioning of Australia's health system and the practical implications of national safety and quality standards.

The Australian Society of Plastic Surgeons (ASPS) welcomes the opportunity to provide feedback on the proposed amendments to the Private Health Facilities Act 1999 as part of the Health Legislation Amendment Bill (No.3) 2025.

ASPS strongly supports the introduction of a regulation that mandates all cosmetic surgery, excluding minor procedures performed under local anaesthetic, as outlined below, to be conducted in facilities accredited to relevant standards, such as the National Safety and Quality Cosmetic Surgery Standards. This is a critical step toward ensuring patient safety and surgical quality. Currently, there is no regulation determining the standard to which private facilities performing cosmetic surgery must be licensed or accredited.

This regulatory gap has allowed so-called ‘cosmetic surgeons’ to operate in environments that do not meet minimum safety benchmarks. We believe this reform will provide greater protection for patients by ensuring that cosmetic surgery is performed in facilities that meet appropriate surgical standards, being mindful that the original target of the ACSQHC initiative was the unregulated unregistered facilities.

However, we have long maintained that cosmetic surgery is real surgery and should be assessed through the same regulatory framework as all surgery. Facilities that are already accredited to perform standard surgical procedures should not be required to meet burdensome additional standards to perform cosmetic surgery, particularly when these procedures are performed by practitioners that are appropriately trained and are permitted to use the title ‘surgeon’.

We also acknowledge that certain minor skin procedures, similar to skin cancer excisions, can be safely performed under local anaesthetic in office-type environments. Such procedures include upper blepharoplasty, lip lift, and cosmetic scar revision. These procedures should be appropriately defined and regulated through the Private Health Facilities Regulation.

## **Key Concerns**

While ASPS supports the overarching intent of the reforms, we wish to highlight several concerns regarding the implementation of the National Safety and Quality Cosmetic Surgery Standards, and the additional administrative and compliance burden required to meet these standards for facilities that are already approved to perform surgery. These concerns are primarily directed toward the ACSQHC and its current review of the cosmetic module, which we have addressed in more detail through that consultation. Nonetheless, we believe it is important to flag these issues here, as Queensland Health may be in a stronger position to influence practical modifications to the module and its implementation.

### **Preservation of Confidentiality**

ASPS is concerned that the doctor–patient relationship may be compromised under the proposed framework. Specifically, we caution against hospital administrators gaining access to sensitive psychological assessments or private consultation details, which must remain confidential to uphold ethical standards and patient trust.

### **Administrative Burden**

The proposed standards risk overwhelming private hospitals, particularly smaller hospitals, with excessive paperwork and compliance obligations. If the regulatory burden becomes too onerous, facilities may opt out of offering cosmetic surgery altogether, potentially driving patients to seek procedures overseas, where safety standards may be significantly lower.

### **Lack of Alignment with the Existing NSQHC Standards**

We are disappointed with the lack of alignment of the new Cosmetic Surgery Standards with the existing NSQHC Surgery Standards and the additional complexity and administrative burden that this will create for facilities wishing to meet the standards. Many of the new standards are the same as the existing standards, but their numbering and sequence within the Actions are now different, creating further confusion. There are also additional Actions within the standards that appear misplaced in the Cosmetic Surgery Standards (ie: the requirement to reduce emissions) when they are not in the existing standards. As mentioned, cosmetic surgery is still surgery, and many of the requirements should be the same as for all other forms of surgery. Better alignment of the new Cosmetic Surgery Standards with the existing standards will make this clearer, as well

as simplifying the process of preparing for and meeting the additional standards. Simple modifications to the numbering of the Actions and clauses across both standards will aid this process for both applicants and assessors.

## **Accreditation of Practitioners**

ASPS believes the current standards fall short in ensuring that only qualified surgeons perform cosmetic procedures, recognising that cosmetic surgery originated as a natural extension of their existing specialty practices. The language used in the document implies that cosmetic surgery is somehow different and occurs in a silo with respect to other surgical practice. The vast majority of specialist plastic surgeons perform both reconstructive surgery and cosmetic surgery, with the only difference often being the reason for the surgery rather than the nature of the surgery itself, or its potential complications. The absence of a requirement for practitioners to be formally recognized as surgeons represents a major gap in patient safety. ASPS maintains that cosmetic surgery is real surgery and must be performed only by trained and accredited surgeons.

## **Facility-Level vs. Practitioner-Level Standards**

While the proposed amendments emphasise facility accreditation, ASPS urges the inclusion of individual practitioner qualifications within the regulatory framework. Facility safety alone cannot guarantee patient outcomes if the practitioner lacks appropriate surgical training.

## **Recommendations**

ASPS supports the intent behind the reforms and urges the Queensland Government to:

- Protect patient confidentiality
- Avoid excessive bureaucracy and administrative burden
- Ensure only qualified surgeons perform cosmetic procedures
- Balance facility-level standards with practitioner-level accountability
- Recognise that minor cosmetic procedures performed under local anaesthetic may be safely conducted in non-accredited office environments, as defined in the Private Health Facilities Regulation

We appreciate the opportunity to contribute to this important consultation and remain committed to supporting safe, ethical, and high-quality cosmetic surgery practices in Queensland. We would welcome the opportunity to address the Committee on the 19 November, given that our Society represents the majority of surgeons that these proposed changes will impact.

Yours sincerely,



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