

Private Health Facilities Amendment Regulation 2026

Consultation Paper
July 2026

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Purpose

The purpose of this consultation paper is to seek stakeholder feedback on the proposed Private Health Facilities Amendment Regulation 2026 (**Amendment Regulation**).

In summary, the Amendment Regulation proposes to prescribe:

1. the National Safety and Quality Cosmetic Surgery Standards as a standard of accreditation to be complied with by private health facilities providing cosmetic surgery;
2. the National Safety and Quality Health Service Standards as the standard of accreditation that all private health facilities must continue to comply with; and
3. additional cosmetic surgical procedures that are day hospital health services and must be undertaken in a licensed facility.

Making a submission



Please submit your feedback by

23 July 2026

Please provide your submission via email to
legislationconsultation@health.qld.gov.au

Your views are valuable and may be referred to in material provided to Government in considering this proposal. If legislative amendments are progressed, your feedback may be referred to in public documents, for example, as part of the explanatory notes. If you do not wish for this to occur, please indicate this in your submission.

If you have any questions or require further information about the Amendment Regulation, please email your queries to the above email address.

**This paper is for consultation purposes only and does not represent
Queensland Government policy**

Context for proposed reforms

Accreditation requirements for private health facilities

The *Private Health Facilities Act 1999* (**Act**) and the *Private Health Facilities Regulation 2016* (**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 ensuring facilities:

- operate in accordance with prescribed standards;
- are subject to appropriate monitoring and compliance arrangements; and
- maintain systems and processes that support the delivery of safe and high-quality healthcare.

The Act also provides mechanisms for responding to risks to patient safety, and for taking enforcement action where facilities fail to meet their legislative obligations.

Under the Act, private health facilities are either private hospitals providing overnight care or day hospitals.¹ All private hospitals and day hospitals are required to hold a licence issued under the Act.

As a condition of licensing, private hospitals and day hospitals must hold accreditation under the Australian Health Service Safety and Quality Accreditation Scheme (**Accreditation Scheme**), which incorporates the National Safety and Quality Health Service (**NSQHS**) Standards.² This means that **a licensed facility must be accredited to the NSQHS Standards** under the Act.

The Accreditation Scheme, developed by the Australian Commission on Safety and Quality in Health Care (**Commission**), 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.

Cosmetic surgery in private health facilities

Cosmetic surgery poses unique safety and quality risks to patients. It is therefore important that it is undertaken in private health facilities that are required to comply with the Act and for that compliance to be monitored and enforced.

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 on licensed premises.³ If the procedure requires an overnight stay, the procedure must be undertaken in a private hospital.⁴ 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.

¹ Section 8 of the Act.

² Section 48 of the Act and section 8 of the Regulation.

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

⁴ Section 9 of the Act.

Particular surgical procedures that involve significant risk⁵ are also prescribed as day hospital health services that must be undertaken in a private health facility.⁶ 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. This resulted in a number of serious incidents. Prescribing these procedures in the Regulation ensures 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.

A cosmetic procedure is required to be undertaken in a licensed private health facility

if it is a procedure that is a **day hospital health service** because:

- it involves the administration of a general, spinal or epidural anaesthetic or sedation other than simple sedation; or
- it is prescribed under the Regulation.

Cosmetic Surgery Standards

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

In September 2022, Health Ministers agreed to reforms to strengthen the national regulation of cosmetic surgery in response to concerning reports of patient harm.⁷ As part of these initiatives, Health Ministers asked the Commission to review licensing standards and arrangements for cosmetic surgical procedures. Consequently, the Commission developed the National Safety and Quality Cosmetic Surgery Standards (**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 compliance with the Cosmetic Surgery Standards in each jurisdiction.⁸

The Cosmetic Surgery Standards address:

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

⁵ For example, bicep implants, breast augmentation and rhinoplasty.

⁶ Section 3(2) of the Regulation.

⁷ 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>>.

⁸ 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>>.

Implementation in Queensland

To enable the Cosmetic Surgery Standards to be implemented in Queensland, the *Health Legislation Amendment Act (No. 3) 2025 (Amendment Act)* amended the Act to provide a more flexible framework for prescribing requirements for private health facilities.

Previously, the Act enabled the Regulation to prescribe an accreditation scheme that applied to all licensed private health facilities. The Amendment Act expands this framework by enabling the Regulation to prescribe accreditation standards that apply either to all private health facilities or only to facilities providing 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. It is proposed that the provisions, together with the Amendment Regulation, will commence on **1 October 2026**.

Proposed changes to accreditation standards

The Amendment Regulation will:

- implement the Cosmetic Surgery Standards in Queensland by prescribing them as an accreditation standard for private health facilities that provide cosmetic surgery; and
- maintain the existing requirement for all licensed private health facilities to comply with the NSQHS Standards.

To support the application of the Cosmetic Surgery Standards, the Amendment Regulation will also define the types of cosmetic surgery services to which the standards apply, and clarify the procedures that are excluded from these requirements. The proposed amendments are outlined below.



It is proposed to amend the Regulation to:

- continue to prescribe the **NSQHS Standards** for all private health facilities;
- prescribe the **Cosmetic Surgery Standards** for private health facilities that provide cosmetic surgery; and
- define the term *cosmetic surgery* to clarify the specific types of procedures covered and to which the Cosmetic Surgery Standards will apply.

Prescribing the NSQHS Standards

It is proposed to amend the Regulation to prescribe the NSQHS Standards as the accreditation standard to be complied with by all private health facilities. This is a technical amendment that preserves the existing requirement for all licensed private health facilities to comply with the NSQHS Standards.

While the Accreditation Scheme that incorporates the NSQHS Standards is currently prescribed in the Regulation, under the provisions of the Amendment Act proposed to commence on 1 October 2026, the NSQHS Standards themselves will instead be prescribed by Regulation. This amendment is necessary to prescribe the NSQHS Standards in the Regulation to ensure they continue to apply to all private health facilities.

Prescribing the Cosmetic Surgery Standards

Facilities to which the Cosmetic Surgery Standards will apply

It is proposed that any **private health facilities** (**private hospitals** or **day hospitals**) that provide **cosmetic surgery services** will be required to comply with the Cosmetic Surgery Standards.

As outlined above, cosmetic surgery poses unique safety and quality risks to patients. If these risks are not mitigated, there can be severe consequences for patient health outcomes. The Cosmetic Surgery Standards were developed to protect the public from harm and improve the quality of cosmetic surgery in Australia by responding to these risks.

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.

How cosmetic surgery will be defined

As noted above, cosmetic surgical procedures are currently regulated 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.

It is proposed to define *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 may otherwise be considered cosmetic in nature. Such procedures are adequately governed by the NSQHS Standards, and there is no need for them to also be governed by the Cosmetic Surgery Standards.

It is proposed to exclude, 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.

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 for an aesthetic and not a medical purpose.

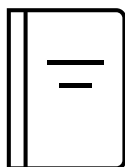
As cosmetic surgery is discretionary, demand can be driven by advertising, as opposed to healthcare need. The practice of cosmetic surgery can also be lucrative, meaning there is the potential for the financial gain to compete with, and sometimes outweigh, patient wellbeing and safety considerations.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

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

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 non-surgical cosmetic procedures, mole removal and reconstructive surgery.

How the changes will affect the accreditation process

The proposed amendments to prescribe the Cosmetic Surgery Standards will require private hospitals and day hospitals providing cosmetic surgery services to comply with the Cosmetic Surgery Standards **as a condition of their licence**.



Private hospitals and day hospitals providing cosmetic surgery in Queensland will need to be accredited to the:

- **NSQHS Standards**; and
- **Cosmetic Surgery Standards**.

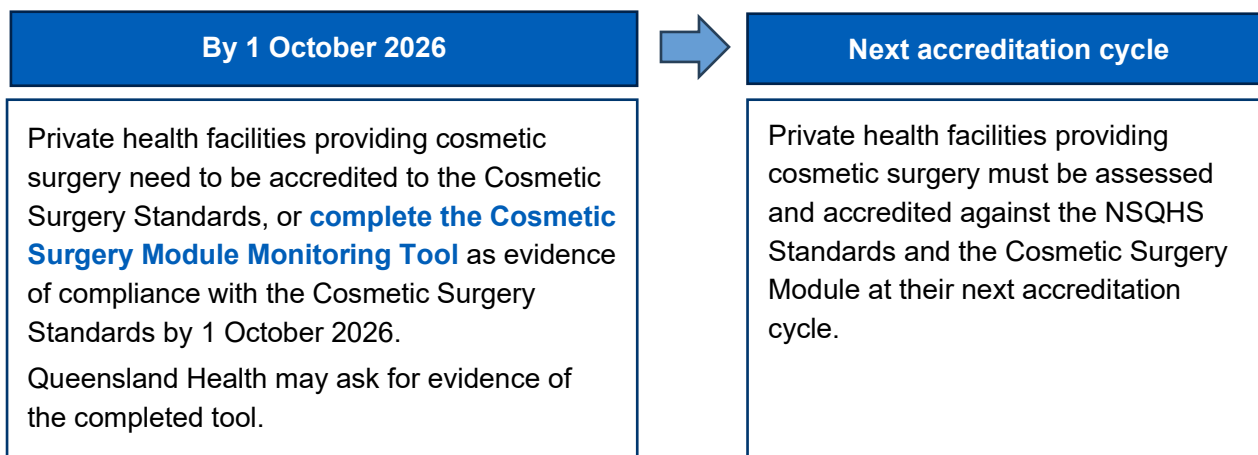
Due to the significant overlap between the NSQHS Standards and the Cosmetic Surgery Standards, the Commission developed the **Cosmetic Surgery Module**. The Cosmetic Surgery Module sets out the actions in the Cosmetic Surgery Standards that are additional to the actions in the NSQHS Standards.

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.

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.

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.⁹

Timeframe for compliance with the Cosmetic Surgery Standards



Proposed changes to prescribe additional high-risk procedures

High-risk cosmetic surgical procedures should be undertaken in licensed private health facilities to ensure that appropriate staffing, equipment and infrastructure is in place to manage risks and respond to adverse events should they occur.

Queensland Health continues to closely monitor and evaluate the risks posed by procedures in the context of new and emerging procedures, changes in clinical practice and evolving consumer trends. The Act allows the Regulation to prescribe procedures as day hospital health services, which allows Queensland Health to respond to these risks and to future-proof the Regulation.

The Amendment Regulation proposes to amend 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 amendment will prescribe new procedures as day hospital health services in addition to the procedures that are already prescribed in section 3(2) of the Regulation.

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 licensed facility and comply with the Cosmetic Surgery Standards, as outlined above.

⁹ Available here: <https://www.safetyandquality.gov.au/resources/cosmetic-surgery-module-monitoring-tool>

Consistent with the proposed timing for facilities to comply with the Cosmetic Surgery Standards, it is proposed to commence the amendments to section 3(2) of the Regulation on **1 October 2026**. The additional procedures will be required to be undertaken in private health facilities from that date onwards.

The following high-risk procedures are proposed to be included in the Regulation:

- breast revision
- breast reduction to treat the symptoms of gynaecomastia
- buttock revision
- hymenoplasty
- a fat transfer time limit
- a liposuction time limit and a reduced volume limit

Breast revision and buttock revision

The Regulation currently provides that **breast augmentation or reduction** and **buttock augmentation, reduction or lift** must be undertaken in a private hospital or day hospital.

The wording in the Regulation does not clearly capture:

- a **breast revision** procedure, which is the surgical procedure of replacing or removing breast implants; or
- a **buttock revision** procedure, which is the surgical procedure of correcting or improving the results of primary buttock augmentation.

Breast revision and buttock revision procedures carry similar risks to augmentation, reduction or lift procedures and on that basis, should be undertaken in a private health facility. The Amendment Regulation proposes to clarify that a breast revision or a buttock revision must happen in a private hospital or day hospital.

Breast reduction to address gynaecomastia

Gynaecomastia is the enlargement of a man's breasts. A breast reduction to address gynaecomastia carries the same risks as any other breast reduction procedure. It is proposed to clarify that a **breast reduction to treat the symptoms of gynaecomastia** must be undertaken in a private hospital or day hospital. This will remove any uncertainty about whether surgery to address the symptoms of gynaecomastia is considered a breast reduction.

Hymenoplasty

The Regulation currently provides that a vaginoplasty must be undertaken in a private hospital or day hospital. A vaginoplasty is a procedure to repair or tighten the vaginal canal. This is different to a hymenoplasty, which is a procedure that repairs or reconstructs the hymen. As a hymenoplasty procedure carries its own risks, it should also be undertaken in a private health facility.

The Amendment Regulation proposes to provide that a **hymenoplasty** must be undertaken in a private hospital or day hospital.

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 Amendment Regulation proposes 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.

A 24-hour limit 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. It will provide sufficient time to see if the patient has an adverse reaction to the procedure, before doing another procedure.

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 Amendment Regulation proposes to require **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.

The greater the volume of lipoaspirate that is removed during a procedure, the higher the risk of the patient haemorrhaging. The proposed reduction in the volume limit reduces this risk. The addition of a 24-hour time limit is intended to ensure that patients are not undergoing multiple liposuction procedures in one day.