

# Royal College of Surgeons

The regulation of cosmetic surgery



## Briefing for adjournment debate – 20 Oct 2015

### Background to the Royal College of Surgeons' work

Following the PIP breast implant scandal, the Government asked Professor Sir Bruce Keogh (then NHS Medical Director) to undertake a review of the regulation of cosmetic interventions. [This review](#) was published in April 2013. It asked the Royal College of Surgeons (RCS) to establish a Cosmetic Surgery Interspecialty Committee (CSIC) to set standards for cosmetic surgery practice and training, and make arrangements for formal certification of all surgeons regarded as competent to undertake cosmetic procedures, taking account of training and experience.

At present, cosmetic surgery is not a defined surgical specialty in its own right. As the DH have noted, the training within certain defined specialties, such as plastic surgery, ear nose and throat surgery, and eye surgery includes an aspect of cosmetic training but there is no common qualification available for those performing cosmetic surgery.

The RCS aims to correct this by setting the standards for training and practice. We recently consulted on our proposed standards and aim to publish them during 2016. We are

also establishing a 'certification system' where surgeons will need to demonstrate they are meeting the standards we set.

### The current regulation of cosmetic surgery

Cosmetic interventions are a booming business in the UK, worth £2.3 billion in 2010, and estimated to rise to £3.6 billion this year<sup>1</sup>.

The risks of cosmetic surgery can be serious and include disfigurement. For example, the PIP breast implant failures resulted in ruptured implants that could form scar tissue and pain and inflammation.

A poll by the Royal College of Surgeons' Patient Liaison Group showed that 91% of people asked would expect any doctor performing surgery to have qualified as a surgeon, and to be 'fully qualified' in the procedure<sup>2</sup>.

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/192028/Review\\_of\\_the\\_Regulation\\_of\\_Cosmetic\\_Interventions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192028/Review_of_the_Regulation_of_Cosmetic_Interventions.pdf)

<sup>2</sup> Patient Liaison Group, Royal College of Surgeons. *A Public Poll on the word 'Surgeon'*. Available at <http://www.rcseng.ac.uk/publications/docs/a-public-poll-on-the-word-2018surgeon2019>

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However, the law allows any qualified doctor – not just a surgeon – to perform cosmetic surgery without undertaking additional training or qualifications. There are examples of General Practitioners undertaking cosmetic surgery, including an example raised by Ann Clwyd MP in Parliament in June. According to the MP, in a case raised by a member of the public to her, a GP had performed a surgical operation without any surgical training and had administered a general anaesthetic without an anaesthetist<sup>3</sup>.

Our standards for training and practice – and the certification system we are introducing - for cosmetic surgery will help to correct this issue.

One existing way of regulating doctors undertaking cosmetic surgery is through ‘revalidation’ – which was introduced in December 2012. This is the process by which all doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen medical field and able to provide a good level of care.

Doctors have to revalidate every five years, and have an annual appraisal based on the General Medical Council’s (GMC) main guidance for doctors *Good Medical Practice*. The GMC expects all doctors to act within their competence and meet their professional standards and the specialist standards set by the medical royal colleges. Once the RCS has introduced its certification system, renewal of certification will be at the point of revalidation.

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<sup>3</sup> [HC Debate, 2 Jun 2015: Column 485](#)

However, the revalidation process only takes place every five years and is necessarily reactive; intervention might only occur after a botched operation has occurred. It also relies on the individual responsible (called the ‘responsible officer’) for a doctor’s revalidation to raise any concerns.

Further, at present the GMC do not have the legal power to annotate their public medical register with additional qualifications or credentials gained by a doctor. While they can tell the public who is a qualified doctor and what their medical specialty is (e.g. orthopaedic surgeon, or cardiothoracic surgeon) they are not allowed to tell members of the public whether a surgeon is qualified to undertake cosmetic surgery.

#### **What legislative changes are required to improve the regulation of cosmetic surgery?**

The RCS would like to see only surgeons with the appropriate skills and experience undertake cosmetic surgery.

To facilitate this, we believe the GMC needs to be given a new legal power to formally recognise additional qualifications or credentials – such as the ones we’re developing in cosmetic surgery – and for these to be displayed on its public register of doctors. It would not put a stop to all problems in cosmetic surgery, but it would allow both patients and employers to tell a proficient cosmetic surgeon from a professional who has

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limited or no recognised experience in the specific procedure.

At the Department of Health's request, the UK Law Commissions [drafted legislation](#) to update the regulation of health and social care professionals, including for cosmetic surgery. This was published in 2014 and widely supported, but the coalition Government chose to delay enacting legislation. We were disappointed that legislation was again not included this year.

#### **Further detail on the Law Commissions' proposed legislation**

In [their proposal](#) to Government, the Law Commissions recommended a new power (see their clause 53, subsection 6-8) to allow professional regulators such as the GMC to include information on their public registers about additional professional qualifications or specialisms providing 'there may be a risk to the public if the professionals register is not annotated' in such a way and that it is 'proportionate' and 'cost-effective'. This could cover cosmetic surgery.

It is not essential for this specific proposal to be introduced alongside the rest of the Law Commissions' proposals. Given the complexities of the broader Law Commission proposals it may be easier for the Government to introduce this as a separate piece of legislation.

#### **What has the Government said?**

In their official response to the Law Commissions' review the coalition Government accepted the large majority of their recommendations in full, and others in part. On this proposed new power to annotate registers the Government said "we agree that the regulatory bodies should have powers to annotate their registers with additional qualifications or specialisms".

However, despite being supportive, the Government have not acted. We were extremely disappointed that it was not included in the 2014 or 2015 Queen's Speech. We encourage MPs to press the Government on why the legislation was not included and whether they will commit to legislating to improve the regulation of cosmetic surgery as part of the next Queen's Speech.

We appreciate the Government needs to balance this against other priorities, but this is an urgent matter of safety for those undergoing cosmetic surgery.

In the House of Lords, Lord Hunt of King's Heath has introduced the 'Regulation of Health and Social Care Professions Etc. Bill 2015-16'. This will require the Government to introduce a Bill to regulate health and social care professions.