

Royal College of Surgeons

Position Statement



Regulation of Non-Surgical Cosmetic Procedures

1. Introduction

- For some time surgeons have been aware of the harmful side effects associated with non-surgical cosmetic procedures. This includes laser treatments and injectable cosmetic treatments but does not, for example, include over-the-counter beauty products. The side effects of such treatments are wide-ranging, can be severe and even fatal. We recognise that regulation should be cost-effective and proportionate to the risks posed, and in this case we strongly believe that improved standards and regulation are required to protect patients.

2. Risks of Non-Surgical Cosmetic Procedures

- Risks common to all injectable fillers include infection, bruising, discoloration, and bleeding. More serious risks include nerve damage, allergic reactions, pulmonary embolism (blockage in a lung artery) and consequent death, and vascular occlusion (blockage of a blood vessel), which can result in ulceration, tissue necrosis (tissue death), scarring, and permanent blindness.¹
- Permanent fillers also carry the risk of formation of a granuloma (a collection of cells caused by inflammation), a chronic, debilitating foreign

body reaction, which can require recurrent surgery.

- A poll in 2012 by the British Association of Aesthetic Plastic Surgeons found that over two-thirds of cosmetic plastic surgeons surveyed had seen patients with complications following temporary dermal fillers.² Eighty-four per cent of these cases of complications required surgery or were untreatable. Surgeons cited unqualified practitioners and lack of regulation as the top reasons for complications. Therefore we urge the Government to legislate on this issue as soon as possible.
- Laser treatments on the skin can result in eye damage, scarring, discoloration, burns, infection, bruising, milia (cysts), and worsening of pre-existing skin conditions.¹ Lasers also carry a fire hazard.

3. Training and Qualifications

- We support Health Education England's intention to introduce appropriate accredited qualification requirements for practitioners indicating that they are suitably trained to carry out a particular non-surgical cosmetic procedure.
- We agree that individuals performing non-surgical cosmetic procedures should

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192028/Review_of_the_Regulation_of_Cosmetic_Interventions.pdf

² <http://baaps.org.uk/about-us/press-releases/1500-two-out-of-three-surgeons-seeing-botched-filler-ops>

demonstrate training appropriate to the procedure being undertaken, through qualification requirements reflecting the treatment complexity and risk level and the corresponding knowledge and skills requirements. They should have undergone a period of supervised training before working independently.

- Training programmes should include anatomy, physiology, pharmacology, basic bacteriology, resuscitation techniques, infection control, treatment room safety, and adverse incident reporting.
- There should be a mechanism for regular reviewing the requirements to ensure they remain up to date and fit for purpose.

4. Register of Qualified Practitioners

- Given the risks associated with these procedures, we strongly support the swift introduction of a statutory register of practitioners. A register would make information about practitioners readily accessible to patients and employers, allowing them to verify a practitioner's qualifications. The current voluntary register is insufficient as there is no guarantee that every practitioner is captured.
- A register should be held independent of any particular professional group or commercial body. Entry to the register would involve:
 - achievement of the accredited qualification;
 - adherence to a code of practice that covers handling complaints, redress, insurance requirements, responsible advertising practice;
 - a requirement to demonstrate continuing competence through an appraisal system.

5. Regulation of Procedures

- We welcome the code of ethics relating to cosmetic procedures being developed by the GMC.
- We agree that regulation of the use of dermal fillers should be subject to the same principles as that of botulinum toxin, namely, that they should be a prescription-only medicine, to be administered under the direction of a qualified practitioner.
- We recommend a rigorous consent process, whereby the patient is given comprehensive written information on the possible side effects, and time to consider them before providing written consent to go ahead with the procedure.
- We are also concerned that there are several non-surgical cosmetic procedures not currently being reviewed by the Government. Therefore we recommend the establishment of:
 - a forward-looking framework to ensure patients are protected from new and emerging treatments, rather than to issue secondary legislation retrospectively to treatments that are in common usage;
 - a mechanism for considering such emerging procedures, to assess the need for further legislation specific to the procedure in question.
- In principle we agree that it is logical to apply the model of regulation of botulinum toxin usage to other non-surgical cosmetic procedures. However, we recommend that an assessment of this model is conducted first in order to establish its benefits and flaws. This will allow for the model to be adjusted and improved upon for use in regulation of other cosmetic procedures.
- In addition, we recommend a review of extra-oral aesthetic treatments performed by dental professionals, in order to determine appropriate requirements for this area.

6. Delegating the Administration of Procedures

- We agree that use of non-surgical cosmetic procedures should be restricted to qualified practitioners. It would be appropriate for some health professionals to be able to delegate administration of procedures involving botulinum toxin and dermal fillers to 'administering practitioners', providing that these practitioners have the requisite qualifications, and that they undergo a period of supervised practice before working independently.
- Qualification requirements as set out by HEE should therefore be established for both health professionals and for administering practitioners working under their oversight.
- We recommend that there is a rigorous process established for delegating administration of non-surgical cosmetic procedures. We approve of the suggestion for the direction from the healthcare professional to the administering practitioner to be required in written form and name the administering practitioner. We also agree that the healthcare professional should hold an initial consultation with the client to determine suitability to undergo the procedure.
- The health professional should remain accountable throughout the period of treatment. It should be their responsibility to decide on the level of oversight required of the administering practitioner.

7. Advertising Regulation

- We agree with the recommendation in the Government Response to the Review of the Regulation of Cosmetic Interventions,³ that the following advertising practices are socially irresponsible and should be prohibited by the professional registers' codes of practice:
 - Time-limited deals;
 - Financial inducements;
 - Package deals, such as 'buy one get one free' or reduced prices for two people such as mother and daughter deals, or refer a friend;
 - Offering cosmetic procedures as competition prizes.
- We endorse the Committee of Advertising Practice recommendations⁴ that marketers should:
 - only make claims about procedures (including on efficacy and likely outcomes) that are supported by robust evidence;
 - hold proof of non-surgical cosmetic practitioners' qualifications from a reputable, independent source before making claims that relate to those qualifications;
 - not make misleading claims about skills, qualifications or experience of the practitioner of the intervention.

³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279431/Government_response_to_the_review_of_the_regulation_of_cosmetic_interventions.pdf

⁴ <http://www.cap.org.uk/~media/Files/CAP/Help%20notes%20new/CosmeticSurgeryMarketingHelpNote.ashx>