Royal College of Surgeons

ADVANCING SURGICAL CARE



Professional Standards for Cosmetic Surgery

Published April 2016

The College would like to thank the members of the Cosmetic Surgery Interspecialty Committee (CSIC) for their contribution to this document. Members include:

The Academy of British Cosmetic Practice
The Association of Breast Surgery (ABS)
The Association of Independent Healthcare Organisations (AIHO)
The British Association of Aesthetic Plastic Surgeons (BAAPS)
The British Association of Oral and Maxillofacial Surgeons (BAOMS)
The British Association of Otorhinolaryngology – Head and Neck Surgery (ENT UK)
The British Association of Plastic, Reconstructive and Aesthetic Surgery (BAPRAS)
The General Medical Council (GMC)
The Royal College of Ophthalmologists (RCOphth)
The Royal College of Surgeons Patient Liaison Group (PLG)

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Introduction

In 2013, shortly after the College's publication of the *Professional Standards for Cosmetic Practice* (RCS, 2013), the Department of Health carried out a review into the regulation of cosmetic interventions and recommended a more robust regulatory framework that provides protection against the potential risks from cosmetic procedures.

Taking forward the recommendations of the review, The Royal College of Surgeons of England, led by a Cosmetic Surgery Interspecialty Committee (CSIC), developed a certification scheme that aims to provide evidence of competences (including professional behaviours, clinical skills, knowledge and experience) in defined areas of cosmetic surgery.

The principles of this guidance underpin cosmetic surgery certification and set standards of good practice for all surgeons who perform cosmetic surgery. The guidance addresses key areas of risk identified for cosmetic surgery including communication, consent, professional behaviours and dealing with the psychologically vulnerable patient.

Cosmetic surgery is defined as the choice to undergo an operation, or invasive medical procedure, to alter one's physical appearance for aesthetic rather than medical reasons. It is rarely available through the NHS, primarily taking place in the private sector.

For the purposes of this document, invasive cosmetic procedures have been defined as follows:[1]

- *Level 1a*

Medium-high risk: may require general anaesthetic and may require overnight stay.

- *Level 1b*

Low-medium risk: usually only requires local anaesthetic and performed as an outpatient.

Non-surgical, minimally invasive cosmetic interventions fall outside the definitions of this document and are categorised at Level 2: Lower risk, usually non-permanent/reversible, day case, local anaesthetic,(if any). These include treatments such as Botox®, hair restoration, dermal fillers and chemical peels.

How to use this document

This guidance supplements the broad principles set out in the *GMC Guidance for Doctors Who Offer Cosmetic Interventions* (GMC, 2016) for the needs of invasive cosmetic surgery. It should be read in conjunction with the GMC document. For ease of reference, the surgery-specific principles are presented in this document alongside the generic GMC statements, which apply to all cosmetic treatments. The content has been organised thematically but we have kept the paragraph numbers of the GMC document.

A wealth of additional resources to support implementation of the principles outlined in this document, as well as cosmetic surgery certification, is available on the RCS website at: www.rcseng.ac.uk/cosmeticsurgerystandards. These include information on patient information, clinical outcomes and datasets, and frequently asked questions.

1 *Professional Standards for Cosmetic Practice* (RCS, 2013)

1. Knowledge, skills and performance

Competence and training

The GMC says:

1. You must recognise and work within the limits of your competence and refer a patient to another practitioner when you cannot safely meet their needs.

2. Before carrying out an intervention for the first time yourself, or supervising others performing it, you must make sure you can do so safely, eg by undergoing training or seeking opportunities for supervised practice.

Guidance for Doctors Who Offer Cosmetic Interventions, GMC, 2016

In addition, surgeons who perform cosmetic surgery should:

» Be certified in the area of cosmetic surgery in which they practise.[2] Cosmetic surgery certification requires surgeons to be on the GMC specialist register in a relevant surgical specialty and to meet a series of criteria that demonstrate competence in professional behaviours, clinical skills and experience.

Keeping up to date

The GMC says:

3. You must take part in activities to maintain and develop your competence and performance across the full range of your practice.

4. You must keep up to date with the law and clinical and ethical guidelines that apply to your work. You must follow the law, our guidance and other regulations relevant to your work.

5. You must seek and act on feedback from patients, including information on their satisfaction and physical and psychological outcomes. You must use this, and feedback from colleagues, to inform your practice and improve the quality of your work.

6. You must make sure your annual appraisal covers the whole of your practice.

Guidance for Doctors Who Offer Cosmetic Interventions, GMC, 2016

2 For more information on certification please refer to the RCS website at: www.rcseng.ac.uk/cosmeticsurgerystandards

3 For more information on CPD requirements please refer to the CPD guidance for surgery on https://www.rcseng.ac.uk/surgeons/surgical-standards/revalidation/cpd

In addition, surgeons who perform cosmetic surgery should:

- Ensure that their skills and knowledge are up to date by undertaking a minimum of 50 hours of continuing professional development activity (CPD) per year across their whole practice, or 250 hours across the 5-year revalidation cycle. These activities must be relevant to their practice and support their current skills, knowledge and career development.[3] CPD activities should include communication skills and a basic understanding of psychological processes, with specific reference to body image disturbance.
- In each revalidation cycle, undertake at least one patient feedback exercise that includes patients' experience from their cosmetic practice and present the results for discussion at appraisal, demonstrating the actions taken and the learning achieved.

2. Safety and quality

Safety and quality in practice

The GMC says:

7. To help keep patients safe you must follow the guidance on establishing and participating in systems and processes that support quality assurance and service improvement, as set out in *Good Medical Practice* and our related explanatory guidance. In particular, you must:

    a. comply with any statutory reporting duties in place

    b. contribute to national programmes to monitor quality and outcomes, including any relevant device registries

    c. routinely monitor patient outcomes and audit your practice, reporting at least annual data

    d. report product safety concerns to the relevant regulator.

8. You should share insights and information about outcomes with other people who offer similar interventions to improve outcomes and patient safety.

9. You must tell patients how to report complications and adverse reactions.

10. You must be open and honest with patients in your care, or those close to them, if something goes wrong and the patient suffers or may suffer harm or distress as a result.

11. You must carry out a physical examination of patients before prescribing injectable cosmetic medicines. You must not therefore prescribe these medicines by telephone, video link, online or at the request of others for patients you have not examined.

12. You must seek and act on evidence about the effectiveness of the interventions you offer and use this to improve your performance. You must provide interventions based on the best available up-to-date evidence about effectiveness, side effects and other risks.

Guidance for Doctors Who Offer Cosmetic Interventions, GMC, 2016

In addition, surgeons who perform cosmetic surgery should:

- Maintain an accurate portfolio of data regarding their clinical activity in line with the dataset and measures set out in *Clinical Quality Indicators for Cosmetic Surgery* (RCS, 2016) and undertake regular audit to identify areas of improvement. They should discuss the results of their audit at their appraisal and form action plans where appropriate.
- Contribute to national audits and registries where available in their area of practice.
- Participate in case reviews in morbidity and mortality meetings. Where this is not possible, they should take part in professional networks to allow discussion of complex cases with colleagues.
- Ensure that any implants, medicines and medical devices comply with guidelines of the Medical and Healthcare products Regulatory Agency.

Safe environment

The GMC says:

13. You should be satisfied that the environment for practice is safe, suitably equipped and staffed and complies with any relevant regulatory requirements.

Guidance for Doctors Who Offer Cosmetic Interventions, GMC, 2016

In addition, the following principles apply for cosmetic surgery:

- Cosmetic surgery should be carried out in premises registered with the appropriate regulatory authority to demonstrate fitness and compliance with the requirements of the relevant regulations and enactments.[4]
- Registration with the regulator is a point-in-time activity and therefore surgeons should be satisfied that the premises continue to meet appropriate standards for undertaking cosmetic procedures.
- Surgeons must take responsibility for ensuring that staff, skill mix and equipment are available and fit for purpose before proceeding. This includes:
  - Operative equipment
  - Anaesthetists and other operating room staff
  - Recovery nursing support
  - Doctors to provide on-call cover where the procedure requires an overnight stay.

4 For more patient information resources visit the RCS website at www.rcseng.ac.uk/cosmeticsurgerystandards

3. Communication, partnership and teamwork

Partnership with patients

a. Communication with patients

The GMC says:

14. You must communicate clearly and respectfully with patients, listening to their questions and concerns and considering any needs they may have for support to participate effectively in decision making.

Guidance for Doctors Who Offer Cosmetic Interventions, GMC, 2016

In addition, surgeons who perform cosmetic surgery should:

- Recognise and respect the varying needs of patients for information and explanation and give them the information they need, using appropriate language in a way that they can understand.
- Signpost to patients written or visual information resources that will help them make an informed decision about the procedure they are considering, as well as feel confident about their choice of surgeon and hospital.[5]
- Encourage patients to discuss the suggested procedure with their supporters.

b. Case selection and preoperative discussion

The GMC says:

Responding to requests for cosmetic interventions

17. If a patient requests an intervention, you must follow the guidance in *Consent*, including consideration of the patient's medical history. You must ask the patient why they would like to have the intervention and the outcome they hope for, before assessing whether the intervention is appropriate and likely to meet their needs.

18. If you believe the intervention is unlikely to deliver the desired outcome or to be of overall benefit to the patient, you must discuss this with the patient and explain your reasoning. If, after discussion, you still believe the intervention will not be of benefit to the patient, you must not provide it. You should discuss other options available to the patient and respect their right to seek a second opinion.

5 In England, providers of cosmetic surgery are regulated by the Care Quality Commission. In Scotland the role of the Care Quality Commission is fulfilled by the Scottish Care Inspectorate and by Health Improvement Scotland. In Wales the same role is carried out by the Care Standards Inspectorate for Wales and in Northern Ireland by the Regulation and Quality Improvement Authority

19. When you discuss interventions and options with a patient, you must consider their vulnerabilities and psychological needs. You must satisfy yourself that the patient's request for the cosmetic intervention is voluntary.

20. You must explain any monitoring or follow-up care requirements at the outset. You must tell patients if implanted medical devices may need to be removed or replaced and after how long.

21. You must tell prospective patients if alternative interventions are available that could meet their needs with less risk, including from other practitioners.

Discussing side effects, complications and other risks

22. You must give patients clear, accurate information about the risks of the proposed intervention and any associated procedures, including anaesthesia and sedation, following the guidance in *Consent* (paragraphs 28–36).

23. You must talk to the patient about any adverse outcomes that may result from the proposed intervention, paying particular attention to those the patient is most concerned about. You must talk about the potential adverse physical and psychological impact of the intervention going wrong or failing to meet the patient's expectations.

Guidance for Doctors Who Offer Cosmetic Interventions, GMC, 2016

In addition, surgeons who perform cosmetic surgery should:

- Assess the patient's suitability for the procedure, taking into account their medical history, general health, age, co-morbidities, ongoing medications or other planned procedures.
- Make attempts to identify the psychologically vulnerable patient and, where they have concerns, be prepared to avoid or defer operation pending psychological assessment.
- Refer a patient to a mental health expert when they consider that the psychological state of the patient may affect the patient's satisfaction with the outcome of surgery. Examples of situations that might trigger a referral to a psychologist include:
  - When surgeons consider that the expectations of the outcome of surgery are unrealistic, and this discrepancy is not resolved as part of the consultation.
  - When the patient has a history of repeated cosmetic procedures, particularly where those are in one anatomical area and there is evidence of dissatisfaction.
  - When the patient's mental health history reveals co-existing psychological disturbances.
- Allocate the appropriate time and number of consultations to allow for an in-depth discussion of the procedure with the patient.
- Include the following topics in the preoperative discussion:
  - The patient's history of previous cosmetic procedures, their outcome and the patient's satisfaction.
  - Full explanation of the procedure and its implications, including complexity, duration of pain, length of recovery and associated complications.
  - Explanation of the quality of evidence for the proposed procedure.
  - The likely outcome of the procedure, including the anticipated impact on day-to-day life. The surgeon should be confident that the patient has a realistic expectation of the likely outcome.
  - Follow-up treatment required, aftercare and relevant financial implications.
  - Explanation of fee structures including those for the management of complications.
  - Alternative (operative and non-operative) options, including the option of doing nothing.
  - Information on the specific site (if different to the site of the preoperative consultation) and date/time where the procedure will take place.
  - Where relevant, information about the surgeon's personal complication rate or their most common complications.

c. Reflection and consent

The GMC says:

Seeking patients' consent

15. You must be familiar with the guidance in *Consent: Patients and Doctors Making Decisions Together*. In the following paragraphs, we've highlighted key points from the guidance, which are important to protecting patients' interests in relation to cosmetic interventions.

Responsibility for seeking consent for cosmetic interventions

16. If you are the doctor who will be carrying out the intervention, it is your responsibility to discuss it with the patient and seek their consent – you must not delegate this responsibility. It is essential to a shared understanding of expectations and limitations that consent to a cosmetic intervention is sought by the doctor who will perform it, or supervise its performance by another practitioner.

Giving patients time for reflection

24. You must give the patient the time and information they need to reach a voluntary and informed decision about whether to go ahead with an intervention.

25. The amount of time patients need for reflection and the amount and type of information they will need depends on several factors. These include the invasiveness, complexity, permanence and risks of the intervention, how many intervention options the patient is considering and how much information they have already considered about a proposed intervention.

26. You must tell the patient they can change their mind at any point.

27. You must consider whether it is necessary to consult the patient's GP to inform the discussion about benefits and risks. If so, you must seek the patient's permission and, if they refuse, discuss their reasons for doing so and encourage them to allow you to contact their GP. If the patient is determined not to involve their GP, you must record this in their notes and consider how this affects the balance of risk and benefit and whether you should [still] go ahead with the intervention.

Being clear about fees and charges

28. You must explain your charges clearly so patients know the financial implications of any decision to proceed to the next stage or to withdraw.

29. You must be clear about what is included in quoted prices and what other charges might be payable, including possible charges for revision or routine follow-up.

Guidance for Doctors Who Offer Cosmetic Interventions, GMC, 2016

In addition, surgeons who perform cosmetic surgery should:

- Bear in mind that seeking consent is not merely the signing of a form, but the process of providing the information that enables the patient to make a decision to undergo surgery.
- Ensure that consent is obtained in writing by the operating surgeon.
- Ensure that consent is obtained in a two-stage process with a cooling-off period of at least two weeks between the stages to allow the patient to reflect on the decision. Should this not be possible, good reasons should be recorded in the patient's notes. Information on the procedure should be received at a different time to the signing of the consent form.
- Respect the right of the patient to change their mind to the point of the procedure being started.
- Gain the patient's written agreement if video, photographic or audio records are to be made available for purposes other than the patient's records (for example, promotional and marketing purposes).

d. Treating adult patients who lack capacity

The GMC says:

30. If you consider providing an intervention for an adult who lacks capacity to make the decision about whether to go ahead with the intervention, you must follow the advice in paragraphs 62–79 of our *Consent* guidance. This guidance takes account of the legal requirements across the UK that govern decision-making with adults who lack capacity.

31. You must seek and take account of the views of people close to the patient, as well as any information you and the healthcare team may have about the patient's wishes, feelings, beliefs and values. Your approach to consulting with those close to the patient should follow the advice on sharing information set out in paragraphs 18–25 of our *Consent* guidance.

Guidance for Doctors Who Offer Cosmetic Interventions, GMC, 2016

In addition, surgeons who perform cosmetic surgery should:

- Familiarise themselves with the requirements of the Mental Capacity Act 2005 (for England and Wales) and the Adults with Incapacity Act 2000 (for Scotland) for obtaining consent.

e. Treating children and young people

The GMC says:

32. If providing treatment to children, you should be familiar with the detailed advice in *0–18 Years: Guidance for All Doctors*, which includes the key points set out in this section of guidance. You should take particular care if you consider providing cosmetic interventions for children or young people – you should make sure the environment for practice is appropriate to paediatric care, and work with multi-disciplinary teams that provide expertise in treating children and young people where necessary.

33. You must only provide interventions that are in the best interests of the child or young person. If a young person has capacity to decide whether to undergo an intervention, you should still encourage them to involve their parents in making their decision.

34. A parent can consent to an intervention for a child or young person who does not have the maturity and capacity to make the decision, but you should involve the child in the decision as much as possible. If you judge that the child does not want to have the intervention, then you must not perform it.

35. Your marketing activities must not target children or young people, through either their content or placement.

Guidance for Doctors Who Offer Cosmetic Interventions, GMC, 2016

Continuity of care

f. Postoperative requirements

The GMC says:

Providing continuity of care

36. You should consider whether you or a colleague will need to review the patient's response to the intervention and make sure the patient understands whether you recommend a follow-up appointment.

37. You must make sure the patient has the medicines or equipment they need to care for themselves after an intervention.

38. You must make sure that your patients know how to contact you or another named suitably-qualified person if they experience complications outside your normal working hours.

39. You should give patients written information that explains the intervention they have received in enough detail to enable another doctor to take over the patient's care. This should include relevant information about the medicines or devices used. You should also send this information, with the patient's consent, to their GP and any other doctors treating them if it is likely to affect their future healthcare. If the patient objects to the information

being sent to their doctor, you must record this in their notes and you will be responsible for providing the patient's follow up care.

Guidance for Doctors Who Offer Cosmetic Interventions, GMC, 2016

In addition, surgeons who perform cosmetic surgery should:

- Ensure that the patient is appropriately assessed after the procedure to confirm they are recovering as expected. Facilities and length of observed recovery will vary based on the procedure.
- Have a detailed discussion with the patient, explaining the course of the operation and communicating all the important events that happened. Where relevant, explain any complications that have occurred and their possible solutions.
- Ensure that appropriate aftercare (eg dressings or medication), including out-of-hours care, is available to the patient.
- Give the patient a discharge letter with details of follow-up appointments.
- Ensure that there are clear arrangements for transfer where appropriate in the case of an emergency.
- Ensure that there is a clear process for complaints and that patients are aware of it.
- Discuss with the patient any dissatisfaction and explain possible solutions where appropriate.

Record keeping

The GMC says:

40. You should organise your records in a way that allows identification of patients who have been treated with a particular device or medicine in the event of product safety concerns or regulatory enquiries.

41. You must keep records that contain personal information about patients securely and in line with:

    a. any data protection requirements

    b. our confidentiality guidance

    c. guidance published by the UK health departments, even when the interventions are provided outside the National Health Service.

Guidance for Doctors Who Offer Cosmetic Interventions, GMC, 2016

In addition, surgeons who perform cosmetic surgery should:

- Maintain accurate, clear, legible, comprehensive and contemporaneous records of all important communications with the patient and with the patient's supporters.
- Keep clear operative notes for every procedure, giving sufficient detail to enable continuity of care by another doctor where appropriate.
- Keep complete, detailed follow-up notes and discharge summaries to allow another doctor to assess the care of the patient at any time.
- Use, where available, standardised recording forms on consent and complications to ensure the record is complete.
- Develop recording systems that allow details of specific implants or injectables to be provided rapidly to the regulatory authorities.

Working with colleagues

The GMC says:

42. You must make sure that anyone you delegate care to has the necessary knowledge, skills and training and is appropriately supervised.

43. You must work effectively with healthcare professionals and others involved in providing care. You must respect the skills of colleagues within multidisciplinary teams and support them to deliver good patient care.

44. You must ask for advice from colleagues if the patient has a health condition that lies outside your field of expertise and that may be relevant to the intervention or the patient's request.

45. You must make sure you build a support network of experienced professional colleagues who can support and advise you. You should ask for advice when you treat patients who may need psychological or other expert assessment or support.

Guidance for Doctors Who Offer Cosmetic Interventions, GMC, 2016

In addition, surgeons who perform cosmetic surgery should:

- Work collaboratively with the multi-disciplinary team, particularly when there are co-morbidities.
- Ensure that there is rapid and easy access to appropriate support with the assessment and management of complex cases.
- Ensure that surgery associated with gender reassignment is only undertaken following a referral from a psychiatrist experienced in that field and with a second opinion from an independent psychiatrist also with experience in that field.

4. Maintaining trust

The GMC says:

Honesty

46. You must always be honest and never misleading about your skills, experience, qualifications, professional status and current role.

Communicating information about your services

47. When advertising your services, you must follow the regulatory codes and guidelines set by the Committee of Advertising Practice.

48. You must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.

49. Your marketing must be responsible. It must not minimise or trivialise the risks of interventions and must not exploit patients' vulnerability. You must not claim that interventions are risk-free.

50. If a medical assessment is needed before an intervention can be carried out, your marketing must make that clear.

51. You must not mislead about the results you are likely to achieve. You must not falsely claim or imply that certain results are guaranteed from an intervention.

52. You must not use promotional tactics in ways that could encourage people to make an ill-considered decision.

53. You must not provide your services as a prize.

54. You must not knowingly allow others to misrepresent you or offer your services in ways that would conflict with this guidance.

Honesty in financial dealings

55. You must be open and honest with your patients about any financial or commercial interests that could be seen to affect the way you prescribe for, advise, treat, refer or commission services for them.

56. You must not allow your financial or commercial interests in a cosmetic intervention, or an organisation providing cosmetic interventions, to affect your recommendations to patients or your adherence to expected good standards of care.

Guidance for Doctors Who Offer Cosmetic Interventions, GMC, 2016

In addition, surgeons who perform cosmetic surgery should:

- Obtain adequate professional indemnity insurance that covers the procedures they undertake.
- Communicate clearly their relevant professional qualifications to patients, including specialist registration on the GMC register and certification in the areas of cosmetic surgery in which they practise.
- Make patients aware of fees and the full cost of treatment before seeking consent, including fees relating to follow-up treatment or potential complications and revisions. Information should include what is covered and what is not covered in the fees.
- Disclose any personal affiliation or other financial or commercial interest relating to practice, including other private healthcare companies, pharmaceutical companies or instrument manufacturers.
- Inform patients if any part of the fee goes to any other healthcare professional.
- Ensure that any advertising is realistic and ethical. Advertising should be for the sole purpose of conveying factual information. Surgeons should refrain from the use of financial inducements that may influence the patient's decision such as discounts, time-limited or two-for-one offers.
- Ensure that any marketing activities are honest and responsible.
- Respect patients' rights to privacy and confidentiality at all times, particularly when communicating publicly, including in the media and social media.

References

General Medical Council

Good Medical Practice (GMC, 2013)

Guidance for Doctors who Offer Cosmetic Interventions (GMC, 2016)

Consent: Patients and Doctors Making Decisions Together (GMC, 2008)

0-18 years: Guidance for All Doctors (GMC, 2007)

Raising and Acting on Concerns About Patient Safety (GMC, 2012)

Good Practice in Prescribing and Managing Medicines and Devices (GMC, 2013)

The Royal College of Surgeons of England

Good Surgical Practice (RCS, 2014)

Professional Standards for Cosmetic Surgery (RCS, 2016)

Professional Standards for Cosmetic Practice (RCS, 2013)

Duty of Candour: Guidance for Surgeons and Employers (RCS, 2015)

Consent: Supported Decision-Making (RCS, 2016) [*NB available in Autumn 2016]*

Revalidation Guide for Surgery (RCS, 2014)

Continuing Professional Development: A Guide for Surgery (RCS, 2012)

Clinical Quality Indicators for Cosmetic Surgery (RCS, 2016)

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Registered Charity No. 212808

Published: April 2016