

# ESTABLISHING REGULATION IN COSMETIC SURGERY

*By Miss Anita Hazari MBBS, MD, FRCS (Plast), Consultant Plastic and Reconstructive Surgeon at the Spire Tunbridge Wells Hospital on the importance of safeguarding patients*

**I**n June, I took part in a discussion on Radio 4's *Today* programme about the new guidelines that the General Medical Council (the regulatory body in the UK for all doctors) would like to introduce to safeguard patients undertaking cosmetic surgery.

Believe it or not, there is currently no qualification for 'cosmetic surgery' and any medically-qualified person can set up as a 'cosmetic surgeon'. After the PIP implants scandal, when substandard breast implants with non-medical grade silicone were used in 47,000 women in the UK, Sir Bruce Keogh published a Review of Regulations of Cosmetic Interventions.

In response to the concerns outlined in Keogh's review, the General Medical Council has been tasked with setting out the standards expected from doctors who practice cosmetic interventions and has launched a consultation on new draft guidance.

Some of the GMC recommendations are that a doctor practising cosmetic surgery should:

- seek their patient's consent themselves
- make sure patients are given enough time and information before they decide whether to have an intervention
- consider their patients' psychological needs and, if necessary, seek expert advice
- make sure patients have the information they want or need, including a discharge letter that supports continuity of care and includes relevant information about the medicines or devices used
- take particular care when considering requests for interventions on children and young people
- market their services responsibly, without making unjustifiable claims about interventions, trivialising the risks involved, or using promotional tactics that might encourage people to make ill-considered decisions

The two plastic surgery associations, British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS) and British Association of Aesthetic Plastic Surgeons (BAAPS), have been using a 'two weeks cooling-off' period for some years and this is written in their Code of Practice. All plastic surgeons who are members of these Associations have to abide by the Code of Practice, which in addition, includes guidance on performing cosmetic surgery in those under 18 years of age and advertising.



I personally do not believe that the GMC recommendations go far enough to safeguard and protect vulnerable patients. The majority of plastic surgeons already abide by the following caveats and these should be made mandatory for all doctors offering cosmetic surgery:

- a minimum two weeks 'cooling-off' period
- two consultations: the first consultation lasting 30 minutes when the patient's suitability for the operation, risks, benefits, and long-term results are discussed, followed by a further consultation at a later date
- the surgeon performing the operation should see the patient at the two consultations
- defer cosmetic surgery on those under 18 years, unless under exceptional circumstances





In addition to the GMC, the Royal College of Surgeons of England was also tasked with establishing a Cosmetic Surgery Interspecialty Committee (CSIC) to take forward the Keogh Review recommendations relating to the regulation of cosmetic surgery. The CSIC found that “the existing regulatory framework has not kept pace with changes and it does not provide enough protection against many of the potential risks from cosmetic procedures”.

The Cosmetic Surgery Interspecialty Committee (CSIC) proposes that patients considering paying for cosmetic surgery privately – where they choose to have an operation for aesthetic, rather than medical reasons – should have access to clear, unbiased and credible information about their surgeon, care provider, procedure and likely outcomes.

Under its plans, surgeons working in the private sector will have to prove they meet new standards of training to be certified and included on a register. This will be publicly available to employers and patients so they can make informed decisions. Surgeons will also need to demonstrate they have undertaken a minimum number of procedures and have the appropriate professional skills to undertake cosmetic surgery; and provide evidence of the quality of their surgical outcomes. However, it may be sometime before the CSIC recommendations become mainstream.

Until then, only the GMC has the power to bring about change in this unregulated industry.

*The GMC public consultation runs until September and final guidance is expected in early 2016.*

Anita's advice to anyone thinking about having cosmetic surgery:

- Always do your research before committing to cosmetic surgery, as in the UK any doctor can call themselves a cosmetic surgeon. Ensure your surgeon is on the GMC Specialist Register for Plastic Surgery and is a member of BAPRAS (British Association of Plastic Reconstructive & Aesthetic Surgeons) or BAAPS.
- Make sure you are completely satisfied that you have been given all the information you need and that you fully understand the risks and benefits of your surgery
- Stop smoking. If you smoke it is advisable to stop smoking 4-6 weeks prior to surgery and remain smoke free until healed. Smoking can have an adverse effect on the healing of surgical wounds