

Contents

Who is consulting?	3
What are we consulting on and why?	3
What are we aiming to achieve?	3
Who are we working with?	4
How can you help us?	4
Improving the delivery, safety and regulation of cosmetic surgery	5
Standards of training and practice	5
What are the proposed requirements for certification?	5
How will a surgeon become certifed?	5
How will a surgeon retain certification?	6
Quality improvement	6
Patient education	7
What happens next?	7
How to respond to our consultation	8

About this consultation

Who is consulting?

The Royal College of Surgeons of England exists to advance surgical standards and improve patient care. Ensuring surgeons provide high-quality patient care is at the heart of what we do. One of the ways we protect patients is by setting standards for surgeons to ensure and promote best practice.

What are we consulting on and why?

Following concerns about the quality of implants used in cosmetic breast surgery, an independent review of cosmetic practice performed in the private sector was undertaken in 2013 *The Keogh Review of the Regulation of Cosmetic Interventions*.

The review concluded that existing regulation did not provide enough protection against many of the potential risks from cosmetic procedures and made a number of recommendations designed to improve the care provided for patients. It recommended that standards for cosmetic surgery were needed that would easily enable a prospective patient to be confident that their surgeon had the appropriate training, qualifications and experience to perform the procedure. The review also found that the information available to help people make decisions about cosmetic surgery needed to be improved. People can be overwhelmed with the volume of information about cosmetic surgery available to them and may have difficulty assessing its quality. Further, there is a lack of data available on the outcomes of cosmetic surgery.

The College has been working with numerous organisations to address the recommendations in the review relating to cosmetic surgery. The group overseeing this work is known as the Cosmetic Surgery Interspecialty Committee (CSIC).

Within this document we present the key proposals for a framework that will provide better protection for cosmetic surgery patients. Reinforcing this framework is the proposal for empowering patients by improving the information available to them and the way in which they can access it.

What are we aiming to achieve?

We want to improve the quality of care provided to people who have cosmetic surgery by supporting:

- patients to make informed decisions about their surgeon and provider
- surgeons to identify, reflect on and share best practice
- providers of cosmetic surgery to assess the quality and safety of their cosmetic surgery services
- regulators to be able to assure themselves of the quality of care being offered.

We plan to do this by:

 Setting standards for training and practice. At present, to undertake cosmetic surgery independently in the private sector the person must be registered with and licensed by the General Medical Council (GMC).
 They must be on the GMC's specialist register in one of a number of areas of specialty practice.

We want to ensure that surgeons¹ only perform cosmetic surgical procedures where they have the technical skills and experience to do so. Surgeons should be able to communicate effectively with their patients and they should understand and apply the ethical standards required to practice in this area.

Reference to surgery/surgeons in this document includes the specialties of Ophthalmology and Obstetrics & Gynaecology while acknowledging the differences across all of the surgical specialties.

We would like to ensure that in the long term the changes we make are reflected in the training of future surgeons.

- Developing a system for surgeons to demonstrate whether they meet these standards ('a certification system')
- Improving data collection and the availability of outcomes data about cosmetic surgery; and
- Ensuring there is an easily accessible range of clear, credible and unbiased information for patients that will support decision-making.

Who are we working with?

During 2014 we worked with patient representatives, surgical professional associations, healthcare organisations and regulators to understand what is needed to address the Keogh recommendations and draft proposals on how to do so. We have been talking with and listening to people who are considering cosmetic surgery and those who have had surgery, to help us understand what they need to help them make decisions. We have also met with organisations providing cosmetic surgery to find out how our proposals could be carried out.

In 2015 we will continue talking with key people and organisations to work through the proposals in more detail.

How can you help us?

We think the proposals set out in this document are very important for patients, patient organisations, surgeons (including those in training), and other healthcare professionals. We also think they will be of interest to medical specialty and professional organisations, regulators and medical defence organisations.

We would like to hear from anyone else who is interested in improving the quality of cosmetic surgery and information offered to the public.

We really value your views. To help us develop our proposals, we ask that you let us know what you think about them using the questions set out on pages 8 and 9.

Our consultation is open until Friday 6 March 2015, although we will accept responses until Friday 20 March 2015. We will then read all of your responses and use them to shape our future work.

Improving the delivery, safety and regulation of cosmetic surgery

'Cosmetic surgery' is the term used when a person chooses to undergo an operation, or invasive medical procedure, to alter their physical appearance for aesthetic rather than medical reasons.

It is rarely available through the NHS, primarily taking place in the private sector. There must be overriding physical or psychological reasons for considering it as a treatment option on the NHS.²

Standards of training and practice

What are the proposed requirements for certification?

- 1. In the interests of patient safety, the College recommends that surgeons performing cosmetic surgical procedures practise within their field of specialty training. Surgeons will be able to apply for certification of expertise in one or more of a number of associated groups of operations, as long as they work within the scope of their specialty training. To support this, we have categorised cosmetic surgical procedures into groups of closely related operations. The College expects everyone wishing to practise cosmetic surgery to be certified in the relevant area.
- 2. To apply for certification in a particular area of practice, a surgeon will first need to be on the GMC's specialist register in a specialty where training is acknowledged to cover that specific area of practice.
- 3. To certify in a particular field, a surgeon will need to:
 - a. demonstrate that they have undertaken a minimum number of procedures within that field of practice in a facility recognised by the regulator;
 - b. demonstrate that they have the appropriate professional skills and behaviours to undertake cosmetic surgery; and
 - c. provide evidence of the quality of their surgical outcomes.

How will a surgeon become certified?

- 4. We propose that individuals wishing to undertake cosmetic surgery will submit a portfolio of supporting information to the College, using a web-based system, to show how they meet the requirements of certification. A panel of evaluators will assess the information and decide whether to award certification. There will also be an appeals process.
- 5. The supporting information is yet to be decided, but we would expect it to include:
 - a. Logbook activity
 - b. Report from a training supervisor
 - c. Clinical outcomes
 - d. Workplace-based assessment
 - e. Records of continuing professional development activities with reflection

The supporting information should reflect, as far as possible, information that is already collected by surgeons.

- 6. There will be a lead-in period to allow time for individuals to collect the supporting information, and we will widely publicise a date for the launch of the certification system in advance.
- 7. Certification will be introduced as a voluntary process. A register of certified surgeons will be available to the public to help them make informed decisions when choosing their surgeon. The register will also provide an opportunity for employers to ensure that a surgeon is appropriately trained. We are working closely with key organisations to ensure certification becomes the standard practice and, in time, links to the GMC's proposals for credentialing (a formal process underpinned by regulation, which shows that an individual is fit to practise in a defined area of practice).

How will a surgeon retain certification?

8. Currently, every doctor must show that they are up to date and fit to practise through the annual appraisal and revalidation process. We expect surgeons to remain up to date and fit to practise in relation to the standards for cosmetic surgery. We propose that the method for retaining certification is delivered through the revalidation process. To support the process we will produce specific guidance for those individuals acting as appraisers of surgeons undertaking cosmetic surgical procedures.

Quality improvement

- 9. To underpin the certification process we are strengthening the ways in which the quality of care provided can be reviewed, evaluated and improved. The outcome measures we develop will provide ways for surgeons to show how they meet the requirements of certification. They will also enable surgeons and cosmetic surgery providers to demonstrate to patients the quality of care they are offering. Information about the outcomes of surgery, the surgeon and the provider should be readily available and easily accessible to help patients make informed and appropriate decisions about the procedure and their surgeon.
- 10. We want the measures to be simple, user-friendly and based on information already being collected so that surgeons, patients and cosmetic surgery providers will want to use them. We plan to achieve this in the following ways:
 - a. By defining the information that should be collected about every cosmetic surgery procedure
 (a 'minimum dataset'). The College expects key information to be collected about the patient, the
 operation, the surgeon and the clinical outcome of the procedure.
 - b. We think that all patients should be asked questions and allowed the opportunity to comment on the effectiveness of their procedure and their experiences through their surgical journey. We would like to see a standardised set of patient questionnaires being used by all surgeons and cosmetic surgery providers.
 - c. We believe in open and transparent publication of data about the outcomes of surgery. National clinical audit is best practice for collecting, assessing and evaluating data in order to make improvements to the quality of care provided. Set-up in the right way, this type of audit would support patients, surgeons, providers of cosmetic surgery and regulators to measure the quality of care being provided. We will help to achieve this level of data collection for cosmetic surgery by developing plans for establishing a national clinical audit.

Once this is in place we will expect all surgeons practising cosmetic surgery to participate. Until this point, surgeons and cosmetic surgery providers should still collect the information that we will define in the minimum dataset to enable them to review, reflect on and improve their practice.

d. At present, details about every patient and their surgical journey are recorded electronically using a system of codes. These codes enable information to be evaluated for a variety of purposes, including research, planning for future patient care and to raise the quality of care provided. We think that the current series of codes do not accurately reflect the range of cosmetic surgical procedures being undertaken, and we are exploring the ways in which the coding system can be improved. It is vital that they are updated so that accurate and meaningful data about the outcomes of cosmetic surgery and the performance of surgeons and cosmetic surgery providers can be made public. This will support patients to make informed choices about their care.

Patient education

- 11. We are confident that the proposals set out above will provide better protection to people choosing to have cosmetic surgery. However, an informed and empowered public is crucial to driving up the standards of cosmetic surgery and the quality of care provided.
- 12. We want patients to be aware of and have access to clear, credible and independent information that will empower them to make informed decisions and help them make the best decision for them about the procedure, the surgeon and where their operation will take place. In collaboration with patients, surgeons, providers of cosmetic surgery and other key stakeholders, we have been exploring how this can be achieved.
- 13. We have been talking with and listening to people who are considering cosmetic surgery and those who have had surgery, to help us identify how patient information should be developed, marketed and hosted. In particular:
 - a. how they choose a surgeon and a cosmetic surgery provider;
 - b. the information they are looking for and how they use it;
 - c. the way in which they access information about cosmetic surgery and where they look for this;
 - d. the point at which information is accessed and provided; and
 - e. what makes good, credible patient information.

Your views, along with those of the stakeholders we have been working with, will inform our plans for improving the information available to patients.

What happens next?

Thank you for reading our proposals. Please see details on the next page for how you can tell us what you think. They will be used to further develop our plans to improve the safety, delivery and regulation of cosmetic surgery. There will be further opportunities later this year to comment on the detail of our proposals.

How to respond to our consultation

This consultation is open until Friday 6 March 2015, although we will accept responses until Friday 20 March 2015.

You can submit your response to our consultation questions by visiting our web pages:

Alternatively, you can email your response using this form to cosmeticsurgerystandards@rcseng.ac.uk or send it by post to Cosmetic Surgery Standards, First Floor, Hanson Suite, The Royal College of Surgeons of England, 35–43 Lincoln's Inn Fields, London WC2A 3PE.

We would appreciate it if your response could focus on the following questions:

- 1. Do you agree with the cosmetic surgical procedures that we think should be covered by the proposals?
- 2. Do you agree with the way in which the procedures have been grouped for the purposes of certification?
- 3. Do you agree with the proposed requirements of certification (as set out in paragraphs 1–3)?
- 4. Do you agree with our proposal for how surgeons will be certified (as set out in paragraph 4)?
- 5. Do you agree with the supporting information that surgeons could provide to show how they meet the requirements of certification (as suggested in paragraph 5)?
- 6. Do you agree with our proposal for how surgeons will retain certification (as set out in paragraph 8)?
- 7. Do you agree that our proposals for quality improvement will strengthen the ways in which the quality of care provided can be assured (see paragraph 10)?
- 8. How can we make information for patients trustworthy?
- 9. Do you think that an independent body should be established to provide impartial information to patients about cosmetic surgery?
- 10. Do you think that information about non-surgical cosmetic procedures (such as Botox and dermal fillers) should be provided on the same website as surgical procedures (such as breast enlargement, tummy tucks, 'nose jobs')?
- 11. What else could we do to empower patients to help them make informed decisions?
- 12. How could we ensure that patients can easily access clear, trustworthy and independent information to help them make informed decisions?
- 13. Do you have any other comments on how we could improve the care provided to patients who choose to have cosmetic surgery?

We will read all the responses and use them to shape our future work.

For further information about the project, please visit our web pages.

If you have any queries you can also contact us via email at cosmeticsurgerystandards@rcseng.ac.uk or telephone 020 7869 6202.