

# COSMETIC SURGERY STANDARDS



INDEPENDENT  
HEALTHCARE  
ASSOCIATION

In association with



The Health Quality Service

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## Introduction

The following standards have been produced by an Independent Healthcare Association (IHA) member organisation working group in conjunction with Health Quality Service (HQS). The group was established as a link to the General Medical Council Independent Sector Group for revalidation. It did also link with the preparation for the National Minimum Healthcare Standards for the National Care Standards Commission which commenced in April 2002. The terms of reference at that time were:

- To have a common set of standards by which the industry can measure its compliance
- To recommend proper professional patient selection
- To adhere to advertising standards
- To recommend that there are adequately qualified and trained surgeons meeting GMC requirements who are granted practising privileges for Cosmetic Surgery

The updated Standards 2003 have now been produced as have the terms of reference to the group been updated to state the following:

- As of 1 April 2002 all new cosmetic surgeons will need to be on the specialist register – Investigate the implications for this and the implication of the grandfathering system for IHA members.
- A dialogue with the Advertising Standards Authority to tackle the issue of inappropriate cosmetic surgery advertising in the public domain to be established.
- To obtain clarity from the new President of the General Medical Council on how the GMC intends to deal with cosmetic surgeons that do not have appropriate qualifications and will not be part of the revalidation agenda entering the country to perform cosmetic surgery procedures.
- To influence the work of the Interspeciality Working Group

*Good Medical Practice for Cosmetic Surgery 2003* is a separate publication.

These standards are just one part of IHA member organisations clinical governance framework which includes a comprehensive complaints code for handling patient complaints, Independent Practice Forum, Academy of Medical Royal Colleges Principles for an Independent Medicine Clinical Quality Framework and an industry accepted practising privileges template for all clinicians to adhere to including those undertaking cosmetic surgery.

The standards support and are in addition to the General Medical Council Code for Good Medical Practice, which outlines the following principles of good medical practice:

- Good medical care
- Maintaining good medical practice
- Teaching and training
- Maintaining trust
- Working with colleagues

- Probity in professional performance
- Health

The standards also recognise the UKCC Code of professional conduct and scope of professional practice with particular regard to competence in relationship to the registered nurse's practice and the Royal College of Nursing requirements for professional indemnity.

For information the A weighted criteria are essential criteria which must be met whereas the B criteria are desirable best practice.

<b>1</b>	<b>Qualifications of practitioners and accreditation</b>			
1.1	Surgeons performing cosmetic surgery procedures belong to a relevant professional organisation, which provides continuing medical education and adheres to the principles of good medical practice.	A		
	<i>Guidance</i> <i>Examples of these include:</i> <i>British Association of Aesthetic Plastic Surgeons</i> <i>British Association of Plastic Surgeons</i> <i>British Association of Maxillo-Facial Surgeons</i> <i>British Association of Oto Rhino Laryngology</i> <i>British Association of Dermatologists</i> and any other relevant associations			
1.2	Surgeons are required to hold one or more of the following qualifications before practising privileges to carry out cosmetic surgery are granted. The scope of cosmetic practice will reflect the experience and training of the surgeon	A		
	For example: Fellow Royal College of Surgeons (FRCS)			
	Certificate of Completion for the Specialist Training in plastic surgery or the relevant surgical speciality			
	FRCP FRCOphth FRCS ENT FRCS Maxillo-Facial FRCS Plast. MRCP			
	<i>Guidance</i> <i>Where an individual does not hold any of the above qualifications, for example, surgeons who have trained abroad, the Royal Colleges should provide for assessment of such individuals to determine whether they should be admitted onto the Specialist Register. The scope of cosmetic practice will reflect the experience and training of the surgeon.</i>			
1.3	Surgeons are required to produce the speciality qualifications on application for practising privileges	A		

	and on renewal of practising privileges thereafter.			
1.4	Surgeons are required to provide evidence of training and expertise for specific procedures or techniques, in line with requirements from UK Surgical Royal Colleges or other professional bodies.	A		
1.5	Each surgeon with practising privileges satisfies the IHA member practising privileges documentation and is admitted to the GMC/GDC general register and has demonstrable experience and competence in the speciality for which practising privileges are granted.	A		
1.6	All surgeons undertaking cosmetic surgery should keep a folder for the purpose of appraisal and revalidation.	A		
	<i>Guidance</i> <i>The Hospital Manager and the Medical Advisory Committee should be given access to the appropriate section of the folder for the purpose of granting practising privileges.</i>			
1.7	The hospital/clinic ensures that all surgeons are members of a medical defence organisation or maintain professional indemnity insurance as approved by the hospital/clinic. The medical defence organisation should be aware of the surgeons cosmetic activities.	A		

## **2. Advertising and marketing of cosmetic surgery**

2.1	'All advertising adheres to ASA standards, the BMA Guidelines for advertising and the GMC guidance on advertising. It must be legal, factual and not misleading and incorporate a sense of responsibility to consumers and society.	A		
	<i>Guidance</i> <i>Marketing materials are drafted and designed to safeguard patients/users from unrealistic expectations as a result of cosmetic surgery procedures.'</i>			
2.2	Advertisements do not offer discounts linked to a deadline date for booking appointments or surgery or other date-linked incentives.	A		
2.3	Promotional events such as open evenings do not include financial incentives for potential patients to book a consultation appointment at the event.	A		
	<i>Guidance</i> <i>Brochures, e.g. BAAPs leaflet, Department of Health leaflet – Breast Implants: Information for women considering breast implants, standard price lists and other general information about the</i>			

	<i>hospital/clinic and supporting information about cosmetic procedures may be given as handouts.</i>			
2.4	All staff and speakers at promotional events are clearly identified with regard to their profession and role within the organisation.	A		

### 3. Information for patients/users

3.1	There is published information for patients/users to take away after the first consultation on each of the cosmetic surgery procedures.	A		
	<i>Guidance Information materials for patients/users are written in concise, plain language and explained in non-technical language what the procedure involves.</i>			
3.2	The published information given at the consultation includes information with regard to general and procedure-specific risks and complications associated with surgery	A		
	<i>Guidance It is the responsibility of the specialist practitioner to provide full information to the patient of the risks involved.</i>			
3.3	There is published information for patients/users, which sets out the range of cosmetic surgery procedures carried out at the facility.	B		
3.4	Materials include guideline information on prices charged for procedures and are explicit about what is and is not included in the quoted fees. <i>This might take the form of a personalised letter to the patient reiterating all points discussed at consultation with the invitation to return for further consultation if requested/required.</i>	B		
3.5	Documented post-operative instructions are given to patients/users to take home after the procedure/operation.	A		
	<i>Guidance This should include a contact number for the hospital/clinic in case the patient/user has any concerns.</i>			
3.6	Information is displayed in patient/user areas outlining how to complain or make comments and suggestions about the organisation's services.	A		
	<i>Guidance This should be in line with the requirements of the IHA member organisations complaints procedure.</i>			

### 4. Selection of patients/users

4.1	All patients/users have an initial appointment with the surgeon/registered practitioner who will be	A		
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	carrying out the procedure.			
	<i>Guidance</i> <i>Initial consultation with a surgeon should exclude unsuitable patients at an early stage</i>			
4.2	No patient/user who attends for a procedure to be carried out should normally be admitted for the procedure to be carried out sooner than two weeks after the initial consultation with the surgeon. Outpatients may be treated at the time of the consultation providing the requisite consents have been obtained.	A		
4.3	All surgeons maintain a comprehensive outpatient service, either at the clinic/hospital where cosmetic surgery is undertaken, or elsewhere, such that the practitioner can assess the patient's/user's appropriateness for cosmetic surgery.	A		
4.4	If the patient has not been referred through the GP the surgeon/registered practitioner carrying out the procedure has a duty to advise the patient to inform their GP. If the patient objects the practitioner should record this in their notes.	A		
4.5	The registered person for the establishment ensures that there is a policy in place for asking the patient to formally agree to give or refuse consent to inform their normal GP of any treatment or medication provided.	A		
4.6	If the patient gives consent details are sent to the patient's GP within a locally agreed timescale, but which is no more than 4 weeks.  If the patient does not give consent for details to be sent to his/her GP, the surgeon remains responsible for the post-operative care of the patient but a summary of the treatment provided is given direct to the patient so that he/she has it for future reference, to pass on to the GP.	A		
4.7	Deposits taken should be refundable fully or in part at any point before the procedure is undertaken, should the patient change their mind. However the patient should be made aware of financial penalties involving cancellation at the time of paying the deposit. Such deductions may be required to meet pre-operative costs already incurred.	B		
4.8	Referral to appropriate psychological counselling is available if clinically indicated prior to surgery.	B		
4.9	It is advisable that photographic records of the patient are taken.	B		

## 5. Facilities

5.1	The premises in which the surgery is undertaken must be registered under the National Care Standards Commission, England and Care Standards Inspectorate for Wales and the Scottish Commission for the Regulation of Care, Scotland.	A		
5.2	Reception and other administrative staff do not wear white coats, or other clinical-type uniform.	A		
5.3	Staff identification badges include both name and post.	A		
5.4	There are facilities for patients/users to have confidential discussions with clinical staff that ensure visual and auditory privacy.	A		
5.5	Chaperones are available for patients during the pre-operative and post-operative consultation if required.	B		
5.6	There are dated, documented procedures, written/reviewed within the last three years for the safe use of all equipment used for cosmetic surgery purposes within the facility.	A		
5.7	All staff using equipment have completed training in the safe clinical use of the equipment and have demonstrated competence which is documented to this effect.	A		

## 6. Clinical governance

6.1	All surgeons and other clinical staff engaged in exposure-prone work have up to date immunisation against Hepatitis B and must provide evidence.	A		
6.2	All surgeons with practising privileges ensure their availability for emergencies and arrange appropriate cover while on leave or during sickness.	A		
6.3	Clinical audit is undertaken by the hospital/clinic on the following clinical indicators:			
6.3.1	Extended length of stay compared with planned length of stay	A		
6.3.2	Returns to theatre for re-do of procedure due to unsatisfactory aesthetic outcome (agreed by the surgeon concerned, or an independent second opinion), within one year.	A		
6.3.3	Unplanned re-admissions within 31 days.	A		
6.3.4	Unscheduled return to theatre	A		
6.3.5	Post-operative infection: wound, hospital acquired, systemic infections	A		
6.3.6	Other post-operative complications: pulmonary emboli, deep vein thrombosis, haemorrhage	A		
6.3.7	Emergency or unplanned transfer to <u>ITU, HDU</u> ( <i>Critical Care Levels 2 or 3</i> ) or other hospitals/units	A		
6.3.8	Peri-operative deaths as defined by NCEPOD, Scottish Audit of Surgical Mortality.	A		
6.4	The above information relating to individual	A		

	surgeons is passed to those surgeons who have a responsibility to include it in their revalidation folders.			
6.5	The renewal of practising privileges is conditional on the provider being satisfied that the information had been included in the revalidation folders	A		
6.6	All clinical incidents, errors and near misses are recorded, investigated and collated.	A		
6.7	Regular reports on clinical incidents are discussed at the MAC, or an equivalent clinical management group, for the hospital/clinic.	A		
	<i>Guidance</i> <i>This may be part of a wider clinical quality/clinical audit report.</i>			
6.8	All surgeons' quality indicators, from all procedures undertaken are scrutinised over time as part of the hospital's/clinic's clinical audit programme. Adverse variances are reported to the MAC.	A		
6.9	There are agreed documented integrated care pathways/clinical guidelines, or equivalents in use for common cosmetic surgery procedures.	A		
	<i>Guidance</i> <i>Integrated care pathways have been developed for:</i> <ul style="list-style-type: none"> <li>• <i>Rhinoplasty</i></li> <li>• <i>Blepharoplasty</i></li> <li>• <i>Breast augmentation/reconstruction</i></li> <li>• <i>Abdominoplasty</i></li> <li>• <i>Breast reduction</i></li> <li>• <i>Laser face resurfacing</i></li> <li>• <i>Facelift</i></li> </ul>			
6.10	Clinical guidelines, care pathways or equivalents are agreed with staff and are made known to all staff working in the service area.	A		
6.11	The clinical guidelines/care pathways or equivalents cover the range of common variances from the care pathway.	A		
6.12	All persons making entries into the care pathway notes or equivalent sign and add printed name, designation and initials in at least one place on the pathway documentation or equivalent for each patient/user and initial their entries in all other places.	A		
	<i>Guidance</i> <i>An entry should be made on each occasion that the patient is seen.</i>			
6.13	All patients undergoing prosthetic breast implantation are asked to complete a form indicating whether or not they wish their details to be passed to the national register. A copy of the signed and dated form must be placed in the	A		

	patient's hospital notes. This should be completed prior to surgery taking place.			
6.14	If the treatment is performed by a registered nurse then the surgeon must take note of the section entitled <i>Delegation and Referral in the 2001 edition of Good Medical Practice paragraphs 46 &amp; 47</i> , namely that the registered nurse must be competent to carry out the procedure or provide the therapy involved.	A		
6.15	Registered Nurses delegated to carry out procedures on behalf of a doctor are indemnified for this and trained and competent in the techniques, with training certificates or documented statements to support this.	A		
	<i>Guidance</i> <i>For example these may include:</i> <ul style="list-style-type: none"> <li>• <i>Collagen injections</i></li> <li>• <i>Fine line removal injections</i></li> <li>• <i>Facial peels</i></li> <li>• <i>Skin care consultations and advice.</i></li> </ul>			
6.16	Clinical staff have documented on-going education in cosmetic surgery techniques and skills.	A		
	<i>Guidance</i> <i>This may be through demonstrations by surgeons and supervised practice sessions for staff on new techniques and care skills.</i>			

### Working Group Members

Mark Bounds	Chelsfield Park Hospital, BMI Hospitals (Chair until September 2002)
Colin Birse	Warwickshire Nuffield Hospital, Nuffield Hospitals (Chair)
Mary Burney	Abbey Hospitals (Covenant Healthcare)
Jane Cameron	Capio Healthcare UK
Jennifer Cody	Holly House Hospital (Aspen Healthcare)
Helen Crisp	Health Quality Service (until September 2002)
Keith Hague	The Yorkshire Clinic, Capio Healthcare UK (until September 2002)
Llinos Hutchings	Hospital Management Trust
Deirdre Hutton	Princess Grace Hospital, HCA International
Barry Jones	Consultant Plastic & Reconstructive Surgeon – Medical Advisor and Past President of the British Association of Aesthetic Plastic Surgeons
Frances McGeoch	Abbey Hospitals & representing Scottish Independent Hospitals Association (until September 2002)

Harvey Newman	Gainsborough Clinic (until September 2002)
Humphrey Nicholls	Surgicare Limited (until September 2002)
Andrew Robertson	BMI Healthcare
Barbara Rosson	McIndoe Surgical Centre
Jill Norman	Aspen Healthcare (until September 2002)
Susan Scott	Royal College of Nursing (until September 2002)
Janet Shaw	BUPA Methley Park, BUPA Hospitals
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Valerie Smith	Royal College of Nursing
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### **References**

GMC Guide to Good Medical Practice May 2001

UKCC Guidelines for Professional Practice 1996

IHA Working Papers on Practising Privileges January 2003

## **Original Consultation 2001**

### **List of Organisations that have endorsed these Standards**

British Association of Aesthetic Plastic Surgeons  
British Association of Plastic Surgeons  
British Association of Oto-Rhinolaryngologists  
Royal College of Ophthalmologists

### **List of Organisations Consulted**

British Association of Cosmetic Surgeons  
British Association of Dermatologists  
British Association of Oral and Maxillofacial Surgeons  
British Medical Association  
Independent Practice Forum, Academy of Medical Royal Colleges  
Royal College of Surgeons  
UKCC

### **Groups/Clinics consulted**

Cromwell Clinic  
Harley Medical Group  
Highgate Private Hospital  
The London Wellbeck Hospital  
Transform Medical Group

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