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# Cosmetic Surgery Standards and Expected Behaviours: A Code of Conduct for Surgeons Performing Cosmetic Surgery

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# Introduction

Professional Behaviour is one of the most significant areas that impacts on patient satisfaction, quality and safety in aesthetic surgery.

The purpose of this document is to create a cross-specialty Code of Conduct that sets out the acceptable behaviours expected of all surgeons undertaking cosmetic or aesthetic practice, within the context of the GMC's Guidance for Doctors (2016), in order, to ensure the highest standards of clinical care and ethical practice.

The standards contained in this document are drawn from the Professional Standards for Cosmetic Surgery (April 2016) and are augmented with the practical behaviours we expect cosmetic surgeons to display in their everyday practice. These have been primarily drawn from sources including the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) Code of Conduct, the British Association of Aesthetic Plastic Surgeons (BAAPS) Code of Conduct, and the Plastic, Reconstructive and Aesthetic Surgeons Indemnity Scheme (PRASIS) Code of Practice (2017) and the NHS England Medical Appraisal Guide (MAG) Model Appraisal Form, version 4.2 (updated 2016).

Surgeons seeking certification by the Intercollegiate Cosmetic Surgery Certification Scheme are required to formally accept and agree to abide by the requirements set out in this document.

The Code of Conduct aims not only to promote individual good practice but to encourage the creation of professional relationships, networks, and communities to share good practice, discuss complex cases and address the risk to patients from surgeons working in isolation from their peers.

# Knowledge, skills and performance

Competence and training	
What the GMC says.....	Expected Behaviours.....
<p>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</p> <p>Before carrying out an intervention for the first time yourself, or supervising others performing it, you must make sure you can do so safely, e.g., by undergoing training or seeking opportunities for supervised practice.</p>	<p>Be certified in the area, of cosmetic surgery in which you practice. 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.</p> <p>ONLY work within your area(s) of competence and insurance cover, unless faced with a "life-saving" situation.</p> <p>Seek the assistance of a colleague or consider referring the patient to a colleague, if you have any doubts about your competence to undertake the procedure</p> <p>If you wish to undertake a procedure you have not undertaken for some time, you should seek the assistance of a colleague, observe an experienced colleague in practice and have your experienced colleague oversee performance of the procedure.</p> <p>In certain circumstances you may need to seek formal re-training if you have not performed a procedure for some time and have any reservations about your ability to carry out the procedure safely.</p> <p>Where professional peer support or retraining is not available you should refer the patient to a colleague.</p>

## Keeping up to date

### What the GMC says.....

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

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.

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.

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

### Expected Behaviours.....

Ensure that your skills and knowledge are up to date and continually strive for excellence.

Submit information for Annual Appraisal, leading to revalidation, which includes reflection on CPD, adverse events, patient feedback and 360 assessment across the whole of your practice.

Undertake a minimum of 50 hours of continuing professional development activity (CPD) per year across your whole practice, or 250 hours across the 5-year revalidation cycle. These activities must be relevant to your practice and support current skills, knowledge, and career development. CPD activities should include communication skills and a basic understanding of psychological processes, with specific reference to body image disturbance.

Comply with appropriate national and European legislation (where this continues to apply), with “Good Medical Practice”, and follow the guidelines of the inter-collegiate board that issued your surgical qualifications.

Undertake at least one patient feedback exercise during the five-year revalidation cycle that includes patients’ experience from your cosmetic practice and present the results for discussion at appraisal, demonstrating the actions taken and the learning achieved.

Below are the mandatory sections that we expect to be included within an appraisal in relation to an applicant’s cosmetic, private practice.

Sections to be included in appraisal	Definition
<b>Scope of work</b>	<ul style="list-style-type: none"> <li>○ Include all work that you undertake, including voluntary work and your cosmetic practice in the private sector. This includes roles and positions where</li> </ul>

		<p>you have clinical responsibilities, and any other roles for which a licence to practise is required.</p> <ul style="list-style-type: none"> <li>○ Include any educational, research, managerial and academic roles.</li> <li>○ Declare the length of time you spend in each role that you undertake.</li> </ul>
	<b>Record of annual appraisals</b>	<ul style="list-style-type: none"> <li>○ Include dates of your last appraisal.</li> <li>○ Include the name of your appraiser/responsible officer.</li> </ul>
	<b>Personal development plan</b>	<ul style="list-style-type: none"> <li>○ Include your goals that were set out in your last appraisal and the progress you are making.</li> </ul>
	<b>Continuing personal development (CPD)</b>	<ul style="list-style-type: none"> <li>○ Include relevant CPD activities about clinical and professional aspects of your practice in relation to your cosmetic practice.</li> </ul>
	<b>Quality improvement activity</b>	<ul style="list-style-type: none"> <li>○ Include activities that review and evaluate the quality of your work, including your cosmetic practice.</li> <li>○ Include quality improvement activities in relation to your cosmetic practice.</li> </ul>
	<b>Significant events</b>	<ul style="list-style-type: none"> <li>○ Declare your personal</li> </ul>

		<p>involvement in significant events, within your cosmetic practice, as well as your NHS practice (<b>e.g., major complications or legal proceedings</b>).</p> <ul style="list-style-type: none"> <li>○ Include Serious Untoward Incidents (SUIs) in your cosmetic practice, as well as your NHS practice (see above).</li> <li>○ Include Serious Incidents Requiring Investigation (SIRIs) or equivalent in relation to your cosmetic practice, as well as your NHS practice (see above).</li> </ul>
	<p><b>Multi-source feedback</b></p>	<ul style="list-style-type: none"> <li>○ Include feedback from colleagues and patients in relation to your cosmetic practice, as well as your NHS practice.</li> </ul>
	<p><b>Review of complaints and compliments.</b></p>	<ul style="list-style-type: none"> <li>○ Declare if you have/have not been named in any complaints in the last year, in relation to your cosmetic practice, as well as your NHS practice.</li> <li>○ Include appropriate reflections.</li> <li>○ Declare any recommendations and actions that were agreed, as a result, in</li> </ul>

		relation to your cosmetic practice and NHS practice.
	<b>Summary of appraisal</b>	<ul style="list-style-type: none"> <li>○ Include a concise summary of the appraisal discussion.</li> </ul>
	<b>Appraisal outputs</b>	<ul style="list-style-type: none"> <li>○ Ensure the appraiser has confirmed to the Responsible Officer (RO) that an appraisal has taken place and reflects the whole scope of work, including any concerns that were discussed, in relation to your whole scope of practice, including cosmetic, and your NHS practice.</li> </ul>



# Safety and quality

Safety and quality in practice	
What the GMC says.....	Expected Behaviours.....
<p>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 <i>Good Medical Practice</i> and our related explanatory guidance. In particular, you must:</p> <ul style="list-style-type: none"> <li>a. comply with any statutory reporting duties in place</li> <li>b. contribute to national programmes to monitor quality and outcomes, including any relevant device registries</li> <li>c. routinely monitor patient outcomes and audit your practice, reporting at least annual data</li> <li>d. report product safety concerns to the relevant regulator.</li> </ul> <p>You should share insights and information about outcomes with other people who offer similar interventions to improve outcomes and patient safety.</p> <p>You must tell patients how to report complications and adverse reactions.</p> <p>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.</p>	<p>Not undertake any procedure requested by a patient where you believe there is an unacceptable risk to the patient.</p> <p>Maintain an accurate portfolio of data regarding your clinical activity in line with the dataset and measures set out in <i>Clinical Quality Indicators for Cosmetic Surgery</i> (RCS, 2016) and undertake regular audit to identify areas of improvement.</p> <p>Contribute to national audits and registries where available in your area of practice.</p> <p>Discuss results of audits at annual appraisal and form action plans where appropriate.</p> <p>Where possible, participate in case reviews in multi-disciplinary team (MDT) and morbidity and mortality (M&amp;M) meetings.</p> <p>Where possible, take part in professional networks to allow discussion of complex cases with colleagues.</p> <p>Ensure that any implants, medicines and medical devices comply with guidelines of the Medical and Healthcare products Regulatory Agency.</p> <p>Report adverse events, which involve a medical device, drug or other medical product, to the relevant authorities as per institutional and/or National guidelines.</p> <p>Collect appropriate records and submit such data as required by PHIN according to their CMA mandate.</p> <p>If a complication occurs or an outcome is less favourable than expected, provide the patients with an open and honest explanation of what has happened. There must be no cover up of a medical error.</p>

<p>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.</p> <p>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.</p>	<p>Ensure that the patient receives appropriate further treatment, and a second opinion should be requested as necessary or if asked for by the patient.</p> <p>On-line or remote consultations have become more common during the COVID pandemic and may supplement but should not replace face-to-face consultations.</p> <p>No final diagnosis, treatment plan or prescription (for a medical or surgical treatment) shall be given without a face-to-face consultation and a “hands on” examination. This includes the provision of medical aesthetic injectables.</p>
<h2>Safe environment</h2>	
<p>What the GMC says.....</p>	<p>Expected Behaviours.....</p>
<p>You should be satisfied that the environment for practice is safe, suitably equipped and staffed and complies with any relevant regulatory requirements.</p>	<p>Make patients aware of the facilities available in the hospital/clinic to which they will be admitted (e.g., rooms, day-case facilities, RMO, critical care facility).</p> <p>Only carry out cosmetic surgery in premises registered with the appropriate regulatory authority for undertaking cosmetic procedures in order to demonstrate fitness and compliance with the requirements of the relevant regulations and enactments.</p> <p>Take responsibility for ensuring that staff, skill mix and equipment are available and are fit for purpose before proceeding. This includes:</p> <ol style="list-style-type: none"> <li>a. Operative equipment.</li> <li>b. Anaesthetists and other operating theatre staff.</li> <li>c. Recovery nursing support.</li> <li>d. Provide on-call cover whether the procedure requires an overnight stay or not.</li> </ol>

## Communication, partnership and teamwork

Communication with patients	
What the GMC says.....	Expected Behaviours.....
<p>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</p>	<p>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.</p> <p>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.</p> <p>Encourage patients to discuss the suggested procedure with their supporters.</p>
Case selection and preoperative discussion	
What the GMC says.....	Expected Behaviours.....
<p>If a patient requests an intervention, you must follow the guidance in <i>Consent</i>, 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.</p> <p>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.</p>	<p>Allocate the appropriate time and number of consultations to allow for an in-depth discussion of the procedure with the patient.</p> <p>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.</p> <p>Include the following topics in the preoperative discussion:</p> <ol style="list-style-type: none"> <li>a. The patient's past medical history including previous cosmetic procedures, their outcome and the patient's satisfaction.</li> <li>b. Full explanation of the procedure and its implications,</li> </ol>

<p>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.</p> <p>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.</p> <p>You must tell prospective patients if alternative interventions are available that could meet their needs with less risk, including from other practitioners.</p>	<p>including complexity, duration of pain, length of recovery and associated complications.</p> <ul style="list-style-type: none"> <li>c. Explanation of the quality of evidence for the proposed procedure.</li> <li>d. 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.</li> <li>e. Follow-up treatment required, aftercare and relevant financial implications.</li> <li>f. Explanation of fee structures including those for the management of complications or revision procedures.</li> <li>g. Alternative (operative and non-operative) options, including the option of doing nothing.</li> <li>h. Information on the specific site (if different to the site of the preoperative consultation) and date/time where the procedure will take place.</li> <li>i. Where relevant, information about your personal complication rate or your most common complications.</li> </ul> <p>Work collaboratively with the multi-disciplinary team, particularly when there are co-morbidities.</p> <p>Ensure that there is rapid and easy access to appropriate support with the assessment and management of complex cases.</p> <p>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. This is a specialist area which requires management within an MDT which includes psychiatrists, endocrinologists, specialist nurses and others, and is ideally NHS-based.</p> <p>Make attempts to identify the psychologically vulnerable patient and, where they have concerns, be prepared to avoid or defer operation pending psychological assessment.</p>
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	<p>Refer a patient to a mental health expert when you consider that the psychological state of the patient may affect their satisfaction with the outcome of surgery. Examples of situations that might trigger a referral to a psychologist include:</p> <ol style="list-style-type: none"> <li>a. When you consider that the expectations of the outcome of surgery are unrealistic, and this discrepancy is not resolved as part of the consultation.</li> <li>b. When the patient has a history of repeated cosmetic procedures, particularly where those are in one anatomical area and there is evidence of dissatisfaction.</li> <li>c. When the patient's mental health history reveals co-existing psychological disturbances.</li> </ol> <p>Refuse to undertake a procedure they assess to be unsafe or unlikely to meet the needs of the patient.</p> <p>Refuse to undertake a procedure if the anaesthetist advises that the planned programme of treatment is not safe.</p>
<h3>Discussing side effects, complications and other risks</h3>	
<p>What the GMC says.....</p>	<p>Expected Behaviours.....</p>
<p>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 <i>Consent</i> (paragraphs 28–36).</p> <p>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</p>	<p>Ensure that patients are adequately informed about any proposed treatment, including any serious or frequently occurring risks and complications.</p> <p>Provide a full explanation of the procedure and its implications, including complexity, duration of pain, length of recovery, anticipated impact on day-to-day life and associated complications.</p> <p>Provide an explanation of the quality of evidence for the proposed procedure.</p>

<p>psychological impact of the intervention going wrong or failing to meet the patient's expectations.</p>	<p>You are also responsible when information is provided by junior medical staff or nurses.</p>
<p><b>Reflection and consent</b></p>	
<p><b>What the GMC says.....</b></p>	<p><b>Expected Behaviours.....</b></p>
<p><i>Seeking patients' consent</i></p> <p>You must be familiar with the guidance in <i>Consent: Patients and Doctors Making Decisions Together</i>. In the following paragraphs, we've highlighted key points from the guidance, which are important to protecting patients' interests in relation to cosmetic interventions.</p> <p><i>Responsibility for seeking consent for cosmetic interventions</i></p> <p>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.</p> <p>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.</p> <p><i>Giving patients time for reflection</i></p>	<p>Be familiar with the guidance in <i>Consent: Patients and Doctors Making Decisions Together</i>, GMC (2020).</p> <p>Take responsibility for the patient's care at all times, including when the patient is under the care of others who work with you.</p> <p>Do not make assumptions about the information a patient might want or need and take reasonable steps to ensure that patients are aware of all risks that are material to them.</p> <p>Abide by the principles for working with patients through a process of supported decision-making as set out in <i>Consent: Supported Decision-Making, A Guide to Good Practice RCS Eng. (2018)</i></p> <p>Clearly explain, in plain language the patient can understand:</p> <ol style="list-style-type: none"> <li>a) The limitations of the procedure and any alternative procedures that may be available, including those offered elsewhere.</li> <li>b) The complications, including those frequently occurring and those, which are rare but serious. Personal complication rates must be given but must not be used to entice a patient to undertake a procedure. If published complication rates are quoted, patients must be made aware that these do not relate to their practice. Patients must be made aware that specific complications can and do occur regardless of the average quoted for the member or in general.</li> <li>c) An explanation of their expectations of the outcome.</li> <li>d) The post-operative/treatment course the patient would be expected to take.</li> </ol>

<p>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.</p> <p>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.</p> <p>You must tell the patient they can change their mind at any point.</p> <p>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.</p>	<p>Written information must be given as additional material and cannot take the place of an informed discussion.</p> <p>Keep a record of the discussion(s) and of the information given to the patient.</p> <p>Ensure the patient is given an opportunity to digest the information and reflect on the discussion, before making a decision to proceed.</p> <p>Undertake the consent process, face-to-face and in writing with the patient, and sign the consent form along with the patient.</p> <p>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.</p> <p>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.</p> <p>Respect the right of the patient to change their mind to the point of the procedure being started.</p> <p>Patients who show reluctance to proceed should not be encouraged to do so. Best practice is to cancel or postpone the procedure and restart the process. Such patients must be refunded in full if they decide against surgery minus any previously declared non-refundable deposit.</p> <p>Communicate with appropriate colleagues including the GP, whenever possible as per the GMC guidelines.</p> <p>If the patient declines permission to communicate with the GP, the fact must be recorded in the clinical notes and the implications of the decision, and the potential complications, communicated to the patient verbally and in writing.</p>
<p><b>Being clear about fees and charges</b></p>	

What the GMC says.....	Expected Behaviours.....
<p>You must explain your charges clearly, so patients know the financial implications of any decision to proceed to the next stage or to withdraw.</p> <p>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.</p>	<p>Be honest and transparent in all financial arrangements:</p> <ol style="list-style-type: none"> <li>a. disclosure of costs to patients is required and best practice is for a written disclosure of costs including the possibility of additional costs should any revision procedure be necessary.</li> <li>b. patients should not be financially disadvantaged following withdrawal from a proposed course of treatment.</li> <li>c. any deposit taken must be refundable save administrative expenses.</li> <li>d. you must declare any conflicting financial interest (e.g. financial interest in a private hospital).</li> <li>e. you must ensure that any such interest does not influence patient care.</li> <li>f. you must ensure that financial arrangements do not include any inducements by way of gifts or discounts.</li> <li>g. any invoices/bills submitted should be at a rate commensurate with the service provided.</li> </ol> <p>You 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.</p>
<h3>Treating adult patients who lack capacity</h3>	
What the GMC says.....	Expected Behaviours.....
<p>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 <i>Consent</i> guidance. This guidance takes account of the legal requirements across the UK that govern decision-making with adults who lack capacity.</p>	<p>Be familiar with the requirements of the Mental Capacity Act 2005 (for England and Wales) and the Adults with Incapacity Act 2000 (for Scotland) and the GMC's guidance for obtaining consent.</p>



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.

## Treating children and young people

### What the GMC says.....

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.

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.

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

### Expected Behaviours.....

Aesthetic procedures on patients under the age of 18 years should only be undertaken in exceptional circumstances and then only after a full assessment of the risks and benefits, including the health and psychosocial consequences.

Parents or guardians must be included in the consent process for patients under 16.

Parents/guardians written consent is not legally required above the age of 16 but their verbal agreement is recommended but not essential if the patient refuses.

Assessment of patients under the age of 18 years demands particular care to ensure that the proposed treatment is in their best interests. You should understand that:

- a. There is no legal obligation to operate on any patient unless failing to do so would be negligent.
- b. Final decisions about cosmetic procedures in young patients can be deferred.
- c. If you consider that any proposed procedure is not prudent, do not proceed even in the face of compelling emotional pressure that might be brought to bear.
- d. Consider that parents could bring an action on behalf of the child and therefore you are exposed to not only the young persons' interpretation at any stage of the process but also that of the parent.
- e. If in doubt – do not be alone - seek advice from a colleague or from your medico legal helpline.
- f. People aged 16 or over are entitled to consent to their own treatment, and

<p>does not want to have the intervention, then you must not perform it.</p> <p>Your marketing activities must not target children or young people, through either their content or placement.</p>	<p>this can only be overruled in exceptional circumstances.</p> <p>g. Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there's significant evidence to suggest otherwise.</p> <p>The Committee of Advertising Practice (CAP) and Broadcast Committee of Advertising Practice (BCAP) have (from the 25 May 2022) implemented targeting restrictions that prohibit cosmetic interventions advertising from being directed at under-18s. Further information can be reviewed via the Advertising Standards Authority (ASA) and the Committee of Advertising Practice (CAP) website.</p>
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## Continuity of care: Postoperative requirements

What the GMC says.....	Expected Behaviours.....
<p><i>Providing continuity of care</i></p> <p>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.</p> <p>You must make sure the patient has the medicines or equipment they need to care for themselves after an intervention.</p> <p>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.</p>	<p>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.</p> <ol style="list-style-type: none"> <li>a. 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.</li> <li>b. Ensure that appropriate aftercare (e.g. dressings or medication), including out-of-hours care, is available to the patient.</li> <li>c. Give the patient a discharge letter with details of follow-up appointments.</li> <li>d. Ensure that there are clear arrangements for transfer where appropriate in the case of an emergency.</li> <li>e. Ensure that there is a clear process for complaints and that patients are aware of it.</li> <li>f. Discuss with the patient any dissatisfaction and explain possible solutions where appropriate.</li> </ol>

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.

### *Remote Patients*

For patients being treated at a distance from your home base you must:

- a. ensure appropriate post-operative arrangements and cover by a suitably qualified colleague.
- b. confirm any such arrangements in writing to all relevant parties.
- c. delegation: clinical care may only be delegated to other doctors and health professionals who possess the requisite knowledge, skill and expertise to provide that care to a competent standard.

### *Complications*

Provide patients with a prompt, full and honest explanation where complications have occurred.

- a. provide a full and honest explanation at the earliest opportunity in keeping with your duty of candour.
- b. ensure the patient receives expedient management.
- c. seek a second opinion if necessary.
- d. bear in mind the financial and personal cost to the patient when revision surgery is required.
- e. avoid making inappropriate or deprecating comments about another doctor or healthcare professional.

### *Complaints*

Provide patients with a prompt, full and honest explanation where complications have occurred.

- a. respond to complaints in this way and apologise when appropriate.
- b. understand that providing an explanation and apology, where appropriate, does not amount to an admission of liability if done correctly.
- c. seek advice from medico-legal advisory services before responding directly to patients as an explanation with apology could be taken to constitute an admission of negligence if not worded correctly (especially if accompanied by a refund of fees).
- d. understand that liability is a legal matter and not an issue to be discussed by patients and clinicians.

<h2>Record keeping</h2>	
<b>What the GMC says.....</b>	<b>Expected Behaviours.....</b>
<p>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.</p> <p>You must keep records that contain personal information about patients securely and in line with:</p> <ol style="list-style-type: none"> <li>a. any data protection requirements.</li> <li>b. our confidentiality guidance.</li> <li>c. guidance published by the UK health departments, even when the interventions are provided outside the National Health Service.</li> </ol>	<p>Maintain accurate, clear, legible, comprehensive, and contemporaneous records of all important communications with the patient and with the patient's supporters.</p> <p>Keep clear operative notes for every procedure, giving sufficient detail to enable continuity of care by another doctor where appropriate.</p> <p>Keep complete, detailed follow-up notes and discharge summaries to allow another doctor to assess the care of the patient at any time. This applies to electronic notes as well.</p> <p>Use, where available, standardised recording forms on consent and complications to ensure the record is complete.</p> <p>Develop recording systems that allow details of specific implants or injectables to be provided rapidly to the regulatory authorities.</p>
<h2>Working with colleagues</h2>	
<b>What the GMC says.....</b>	<b>Expected Behaviours.....</b>
<p>You must make sure that anyone you delegate care to has the necessary knowledge, skills and training and is appropriately supervised.</p>	<p>Work collaboratively with the multi-disciplinary team, particularly when there are co-morbidities.</p> <p>Ensure that there is rapid and easy access to appropriate support with the assessment and management of complex cases.</p>

<p>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.</p> <p>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.</p> <p>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.</p>	<p>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. This is a specialist area which requires management within an MDT which includes psychiatrists, endocrinologists, specialist nurses and others, and is ideally NHS-based.</p> <p>Assume full responsibility when non-medically qualified personnel provide treatment in your practice.</p> <p>Ensure non-medically qualified personnel have appropriate qualifications and training to complete the task assigned to them and should have appropriate indemnity.</p> <p>Delegate responsibilities to other surgeons or health care professionals only when satisfied that the individual concerned possesses the appropriate level of experience and expertise.</p>
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## Maintaining trust

Honesty: Communicating information about your services	
What the GMC says.....	Expected Behaviours.....
<p>You must always be honest and never misleading about your skills, experience, qualifications, professional status and current role.</p> <p>When advertising your services, you must follow the regulatory codes and guidelines set by the Committee of Advertising Practice.</p>	<p>Obtain adequate professional indemnity insurance that covers the procedures you undertake.</p> <p>Follow the Committee of Advertising Practice (CAP) Cosmetic Interventions Advertising Guidance (non-broadcast and broadcast)</p>

<p>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.</p> <p>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.</p> <p>If a medical assessment is needed before an intervention can be carried out, your marketing must make that clear.</p> <p>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.</p> <p>You must not use promotional tactics in ways that could encourage people to make an ill-considered decision.</p> <p>You must not provide your services as a prize.</p> <p>You must not knowingly allow others to misrepresent you or offer your services in ways that would conflict with this guidance.</p>	<p>Ensure that all marketing materials, however they are displayed on whatever platform, including through social media, safeguard patients from unrealistic expectations as a result of any medical or surgical procedure and that they are honest and responsible.</p> <p>Ensure that any advertising is realistic., ethical and socially responsible. Advertising should be for the sole purpose of conveying factual information. You 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.</p> <p>Communicate your relevant professional qualifications clearly to patients, including specialist registration on the GMC register and certification in the areas of cosmetic surgery in which you practise.</p> <p>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.</p> <p>Disclose any personal affiliation or other financial or commercial interest relating to your practice, including other private healthcare companies, pharmaceutical companies or instrument manufacturers.</p> <p>Inform patients if any part of the fee goes to any other healthcare professional.</p> <p>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).</p> <p>Respect patients' rights to privacy and confidentiality at all times, particularly when communicating publicly, including in the media and social media.</p>
<h2>Honesty in financial dealings</h2>	
<p>What the GMC says.....</p>	<p>Expected Behaviours.....</p>
<p>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.</p>	<p>Be honest and transparent in all financial arrangements.</p> <p>If you have financial or commercial interests in organisations providing healthcare, or</p>

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.

in pharmaceutical or other biomedical companies, these interests must not affect the way you prescribe, treat or refer patients.

Patients must be informed of any conflicts of interest.

Conflicts of interest should be declared on all advertising including journal publications and meeting presentations; and given prominence at the beginning of the piece or presentation.

# Mandatory Notifications

**Certified surgeons and applicants, must notify and must tell the Cosmetic Surgery Certification Manager, in writing of any:**

- a) Changes to their area(s) of practice after achieving certification.
- b) Plans to retire from practice, indicating the expected date of retirement.
- c) GMC, ISCAS, trust/provider, criminal or civil investigation, as well as the outcome of which could prevent them from practicing as a surgeon or doctor.
- d) All sanctions and/or restrictions on your practice imposed by the GMC, ISCAS, trust/provider, criminal or civil investigation.

## Mandatory Notifications for Applicants

- If you *fail* to inform us of conditions/restrictions on your practice whilst applying for certification, this will be viewed as a probity issue, and you will *not* be issued with any certificates that you apply for.
- If you *do* inform us of conditions/restrictions on your practice, certificates where there are *no* restrictions/conditions on your practice may *still be issued* (providing you meet all, of the requirements during the application process). However, certificates will *not* be issued/approved where you *do* have conditions/restrictions on your practice.
- If you *do* inform us of a declaration e.g., if you are under a GMC investigation, then your application will be processed, with the assumption that you are in good standing until a determination is made otherwise. However, should the GMC *ultimately place restrictions* on practice *or suspend you* then that would have impacts for the certification and we would proceed according to those determinations e.g., you *must inform* the Cosmetic Surgery Certification Manager of the outcome of any Fitness to Practice (FTP) tribunal. If any sanctions/restrictions/conditions are applied by the GMC in the area(s) of practice that the certificates (issued under the 'Cosmetic Surgery Certification Scheme'), will be *removed*.

## Mandatory Notifications for Certified Surgeons

- If you *fail* to inform us of conditions/restrictions on your practice whilst you are certified, this will be viewed as a probity issue, and all certificates that you hold under the Cosmetic Surgery Certification Scheme will be removed.
- If you *do* inform us of any conditions/restrictions on your practice, certificates where there are *no* restrictions/conditions on your practice may still be held. However, certificates will be *removed* where you *do* have conditions/restrictions placed on your practice by the GMC.



## Compliance

- a) You must confirm that you have received, read and will abide by the Code of Conduct in order to become, and remain, certified.
- b) Where a complaint against a certified surgeon is upheld by ISCAS, the GMC, or as the result of a provider, civil or criminal investigation, the Intercollegiate Cosmetic Surgery Oversight Committee (ICSOC) reserves the right to withdraw certification.
- c) Any amendments to the Code will be discussed and agreed by the ICSOC and certified surgeons will be advised of any approved amendments.
- d) Any new version of the Code will supersede all previous versions.
- e) You should not practice outside the limits of your registered specialty.

## Useful Links

- [Good Medical Practice, GMC \(2019\).](#)
- [Good Surgical Practice, RCS Eng.](#)
- [Guidance for Doctors Who Offer Cosmetic Interventions, GMC, 2016.](#)
- [Consent: Patients and Doctors Making Decisions Together, GMC \(2020\).](#)
- [0–18 Years: Guidance for All Doctors, GMC \(2018\).](#)
- [RCS Eng. Professional Standards for Cosmetic Surgery \(April 2016\).](#)
- [British Association of Plastic, Reconstructive and Aesthetic Surgeons \(BAPRAS\) Code of Conduct.](#)
- [British Association of Aesthetic Plastic Surgeons \(BAAPS\) Code of Conduct.](#)
- [Plastic, Reconstructive and Aesthetic Surgeons Indemnity Scheme \(PRASIS\) Code of Practice \(2017\).](#)
- [RCS Eng. Clinical Quality Indicators for Cosmetic Surgery \(RCS, 2016\).](#)
- [Competitions and Marketing Authority \(CMA\) Cosmetic Interventions Advertising Guidance \(non-broadcast and broadcast\).](#)
- [Private Healthcare Information Network \(PHIN\).](#)

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

For cosmetic surgery standards enquiries contact: [info@certify-cosmeticsurgery.org.uk](mailto:info@certify-cosmeticsurgery.org.uk)  
For certification application portal enquiries contact: [apply@certify-cosmeticsurgery.org.uk](mailto:apply@certify-cosmeticsurgery.org.uk)  
[www.certify-cosmeticsurgery.org.uk](http://www.certify-cosmeticsurgery.org.uk)