CONSULTATION RESPONSE

COSMETIC SURGERY INTERSPECIALTY COMMITTEE

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Name: Action against Medical Accidents (AvMA)

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Role: Action against Medical Accidents (AvMA) is the UK charity for patient safety and justice. For over thirty years AvMA has championed the need to improve patient safety and the way patients and families are dealt with following a medical accident (patient safety incident). AvMA campaigned for and took an active role as a core participant in the Mid Staffordshire Public Inquiry. Most of AvMA's suggestions were taken up in some form by Sir Robert Francis QC, including the statutory Duty of Candour, which AvMA had led the campaign for over two decades. AvMA's priorities are informed by the daily contact we have with people who have been affected by patient safety incidents through our specialist helpline and casework service, including support for families at healthcare related inquests. We provide help and support to over 3,000 people a year. We also work in partnership with health professionals, the NHS, government departments, statutory and patients' organisations for a safer and fairer health service.

We would be happy for you to contact us to speak about our answers to this survey.

Consultation Questions

1. Do you agree with the cosmetic surgical procedures that we think should be covered by the proposals?		**Yes**
	✓	**No**
		Not sure
Comments: We agree that the proposals should cover invasive medical procedures as well as operations but would suggest clarification of the definition of 'invasive' to include injections such as Botox® and fillers but also procedures such as laser treatments and peels.		
2. Do you agree with the way in which the procedures have been grouped for the purposes of clarification?	✓	**Yes**
		No
		Not sure
Comments:		

3. Do you agree with the proposed requirements of certification (as set out in paragraphs 1-3 of the consultation document)?	✓	**Yes**
		No
		Not sure

Comments:

4. Do you agree with our proposal for how surgeons will be certified (as set out in paragraph 4 of the consultation document)?		**Yes**
	✓	**No**
		Not sure

Comments: Paragraph 4 appears to suggest that the scheme will be voluntary. We would submit that, for the protection of patients, registration should be mandatory. In the first instance, a period could be allowed for surgeons to collate and submit the necessary information (we note in this regard the intention that, as far as possible, the supporting documentation required would reflect the information already collected by surgeons), but we would recommend a time limit, after which only certified doctors would be permitted to carry out cosmetic surgery. Patients undergoing these procedures are a potentially vulnerable group of patients, who require this protection and may not check their surgeon's certification before consenting to a procedure.

We would also suggest that, in addition to the online application procedure, there be provision to interview candidates where appropriate.

5. Do you agree with the supporting information that surgeons could provide to show how they meet the requirements of certification?	✓	**Yes**
		No
		Not sure

Comments: We note that the launch of the certification will be 'widely' publicised and would recommend that this include sources of patient information such as clinics, GP surgeries, the GMC website and the CQC. We would suggest that the supporting documentation include comments from patients, including data on complaints and claims.

In addition, we would suggest that the CQC check that all surgeons working in clinics are certified as part of their inspection process.

We would also recommend that details of surgeons' certification be held on their GMC records so that patients can verify this.

We submit that it is also important for surgeons to be required to produce evidence of appropriate and adequate professional indemnity insurance as part of the certification procedure. This would help to ensure that patients who are harmed have access to redress. We would also recommend that this information be included in their GMC record. It is our experience that private doctors' insurance arrangements can be very difficult to ascertain in the event that a patient seeks to make a claim.

We consider it important that the certification process also apply to visiting doctors from other countries and that their indemnity insurance arrangements be UK-based and held on the register.

	✓	**Yes**

6. Do you agree with our proposal for how surgeons will retain certification (as set out in paragraph 8)?		**No**
		Not sure
Comments:		
7. Do you agree that our proposals for quality improvement will strengthen the ways in which the quality of care provided can be assured?	✓	**Yes**
		No
		Not sure
Comments: We note the intention for there to be national clinical auditing of the data. We would submit that there should also be defined procedures in place in order to respond to trends in the data, for example provision for the work of a surgeon or provider to be investigated in the event of concerns about, for example, their outcomes or the comments from patients.		
8. How can we make information for patients trustworthy?		
Comments: The information relating to each procedure could be standardised by the College, BAAPS and other relevant bodies and providers required to give the standardised information to patients instead of or alongside their own materials. This would be audited. Data relating to the provider and the individual surgeon would be made available to prospective patients and surgeons would be willing to discuss their experience, including the number of procedures performed, when they last performed the procedure in question, their outcomes, rates of complications and other data which the patient may request. The right to seek further opinions before making a final decision should be made clear to the patient.		
9. Do you think that an independent body should be established to provide impartial information to patients about cosmetic surgery?		**Yes**
		No
		Not sure
Comments:		
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')?	✓	**Yes**
		No
		Not sure
Comments: Whilst we appreciate the distinction between surgical and non-surgical procedures, we would suggest that there will be overlap between patients seeking information about both types of procedure. Including both types of procedure on the same website may keep in mind that, although not surgical, non-surgical procedures are invasive medical procedures with potential side effects and complications and requiring an appropriate level of expertise and experience in the practitioner performing them.		
11. What else could we do to empower patients to help them make informed decisions?		

Comments: We would recommend that, in addition to the provision of written information and consent forms, patients undergo detailed pre-operative counselling, including discussion of any alternative management options, the potential risks and benefits of each and the reasons for recommending the proposed procedure. For example, in the case of **AB**, the patient underwent a procedure to remove a facial lesion, following which she was distressed at the appearance of the scarring and learned that an alternative technique may have been appropriate. She recalled that she 'did not have a proper consultation at all with [my surgeon]. He was called into [my dermatologist]'s office on my visit and said he could [operate] on Saturday and I was to make an appointment for two days time … If I had been given any pre-operative information, I would have had time to consider my options. I would never have consented to … this level of surgery. A consultation is to give the client all information available, options, choice and to the pros and cons … I received no pre-operative information at all. I had no warning re the potential cosmetics risk of such surgery.' We submit that this case exemplifies the need for discussion as well as written information and the importance of allowing patients sufficient time to consider their options between the consultation and the surgery.

We would also recommend that procedures not be advertised as part of a 'package,' for example a half price procedure when a full-price procedure is booked, as this may encourage patients to undergo procedures that they would not otherwise want.

12. How could we ensure that patients can easily access clear, trustworthy and independent information to help them make informed decisions?

As noted above, we would recommend the preparation and dissemination of standardised information regarding surgical procedures in general and specific information regarding individual procedures, their potential risks and benefits and the limitations of the procedure, i.e. what it can and cannot achieve. Providers would be required to give this to patients at the initial consultation. We would also suggest making the information available online, including by way of video where this would assist in clarifying points.

In the case of **CD**, the patient was concerned that her breasts were sagging and sought advice as to how this could be improved without making them larger. Mastopexy was discussed, but the client declined this because of the scarring involved in this procedure. However, she underwent breast augmentation, following which she was unhappy that her breasts were too large and also experienced problems including asymmetry and pain. We would submit that this example highlights the need for patients to be made aware of the limitations of procedures in order that they may understand whether a proposed procedure is appropriate to achieve their objectives.

13. Do you have any other comments on how we could improve the care provided to patients who choose to have cosmetic surgery?

We would recommend careful consideration of the patient's suitability for surgery and whether surgery is likely to meet their needs. Where there is any doubt about a patient's underlying condition, we would suggest that provision be made for the surgeon or provider to contact the patient's GP for further relevant information and potentially consider referral for counselling or psychological examination prior to making a final decision as to whether to proceed.

We would also suggest that pre-operative information and counselling include the risk that

the procedure may not be effective. We recognise that information generally includes a statement to the effect that the cosmetic outcome cannot be guaranteed, but in our experience patients do not always appreciate that procedures can 'fail' in the sense of producing no effect. For example, in the case of **EF**, the patient underwent an abdominoplasty. Prior to the procedure she 'wanted to know that what [the surgeon] was proposing would be successful. He never gave me any cause to doubt that by proceeding with the operation I would have nothing but a successful outcome.' Following the procedure, PH found that her stomach was not flat, as she had wanted, and that it seemed swollen. At follow-up consultations, she was informed initially that her stomach would be flat in two months, then three, then four and then six, and subsequently that she might need to wait for a year and do exercise, which she was horrified to learn, as 'it was never given as a condition of the operation' and she did not have time to exercise. She found that that surgeon became 'defensive and said that 'they' had done what they promised and could do no more.' We would highlight this as an example of a case in which a patient was not prepared for the possibility that surgery would not produce the results sought.

We would also recommend improvements with regard to follow-up care. We have been contacted by patients who have undergone cosmetic procedures but are unable to obtain follow-up advice from their provider, either because they have completed the follow-up included in the price that they paid or because the provider has gone out of business. We would suggest that a code of conduct be introduced which would apply in this situation. This could be incorporated into the GMC guidance on cosmetic surgery. We would submit that clearer information should be provided to patients as to the follow-up care that will be available and the options open to them if they require further assistance when the inclusive follow-up care has been provided. We would also submit that, where a patient experiences unexpectedly serious complications following their surgery, additional follow-up care should be provided irrespective of the care included in their package. This should include provision for patients to be seen elsewhere if the relationship with the original provider has broken down.

We submit that it is essential that patients have access to an effective complaints process and that the data from complaints be collated, both to monitor standards and to highlight patient safety issues. The independent sector is very poorly served with respect to support in making a complaint and to access to an independent complaints process, particularly in relation to care provided by doctors and organisations that are not members of one of the industry bodies. This is an important issue that needs to be addressed.

We also consider it important for good quality training to be available for surgeons wishing to undertake cosmetic procedures.

We would also draw attention to the potential influence of advertising on the consent process. The decision making process of patients who have seen advertising materials for the clinic or company providing the surgery, or who have been shown photographs of patients whose procedures have been particularly successful, may be influenced by this before and despite being provided with advice that the outcome cannot be guaranteed. We would submit that the certification process would not take place in isolation and would recommend that it be considered in the context of the regulation of the industry as a whole, including its advertising.

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