



Chartered
Institute of
Environmental
Health

Cosmetic Surgery Interspecialty Committee - Consultation Document

Royal College of Surgeons

Submission from the Chartered Institute of Environmental Health

Prepared by Ian Gray, Principal Policy Officer
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The Chartered Institute of Environmental Health

As a **Chartered professional body**, we set standards and accredit courses and qualifications for the education of our professional members and other environmental health practitioners.

As a **knowledge centre**, we provide information, evidence and policy advice to local and national government, environmental and public health practitioners, industry and other stakeholders. We publish books and magazines, run educational events and commission research.

As an **awarding body**, we provide qualifications, events, and trainer and candidate support materials on topics relevant to health, wellbeing and safety to develop workplace skills and best practice in volunteers, employees, business managers and business owners.

As a **campaigning organisation**, we work to push environmental health further up the public agenda and to promote improvements in environmental and public health policy. We are a **registered charity** with over 10,000 members across England, Wales and Northern Ireland.

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Statement from the Chartered Institute of Environmental Health (CIEH)

- 1.1 The CIEH has a longstanding concern about the safety of procedures involved in cosmetic treatments and our greatest concerns are in relation to those procedures which involve penetration of the skin by injection or cutting.
- 1.2 It is the policy of the CIEH that all such procedures should be appropriately regulated to protect the health of the public. The regulatory controls should include: identifying who may lawfully administer the procedure; what training that person should have; the conditions and safeguards in which the procedure should be carried out; restrictions that need to be in place; and the information and advice that must be given to the client.

Response to the consultation

- 2.1 We note that the purpose of this consultation by the Royal College of Surgeons (RCS) is to present the proposals for a framework that will provide better protection for patients undergoing cosmetic surgery. We understand that this work supports the primary aims of the RCS which are to advance surgical standards and improve patient care by enabling surgeons to achieve and maintain the highest standards of patient care by providing them with training and professional support throughout their careers.
- 2.2 We also note that the RCS have undertaken this work in direct response to the findings and key recommendations of the Keogh Review¹, specifically that *'The Royal College of Surgeons (RCS) should establish an Interspecialty Committee on Cosmetic Surgery, made up of representatives of all the relevant specialty and professional associations. The purpose of this group is to set standards for cosmetic surgery practice and training, and make arrangements for formal certification of all surgeons regarded as competent to undertake cosmetic procedures, taking account of training and experience'*.
- 2.3 However, the Keogh Review made a further recommendation, Recommendation 7, to require that: *'All those performing cosmetic interventions must be registered'*. This recommendation was not supported by the Government, which stated in its response to the report of the Keogh Review: *'We do not believe that a new regulated profession is the only way of improving patient safety by practitioners of non-surgical cosmetic interventions'*.²
- 2.4 The CIEH considers that it is significant that the government's response to Recommendation 7 of the Keogh Review refers only to 'non-surgical interventions' and we believe that this is for the reason that the government expected that all surgical

¹ Review of the Regulation of Cosmetic Interventions, Final Report, DH, 2013

² Government Response to the Review of the Regulation of Cosmetic Interventions, Cm 8776, DH, 2014

procedures would be addressed and controlled by the measures set out in Recommendation 1 of the Keogh Review.³

- 2.5 Indeed we believe that it was also presumed by the Keogh Review that cosmetic surgery would only be performed by doctors registered with the GMC, and that this was reflected in their recommendations.⁴
- 2.6 We are aware that this is an issue that RCS are already seeking to address, including through this consultation, and we have noted that this has attracted media attention, for example the BBC news report '*Doctors should be prevented from performing cosmetic surgery outside their speciality according to the Royal College of Surgeons*'.⁵
- 2.7 However our concern is that there are procedures which are undeniably 'surgical procedures' but which are currently being performed by persons who are neither surgeons nor doctors and, indeed, who have not received any medical training and are, and will continue under the current arrangements, to be completely unregulated.

Use of the term 'cosmetic surgery'

- 2.8 We believe that the cause of the problem lies in part in the lack of clarity of the term cosmetic surgery and the resultant difficulty in determining which procedures are included as being 'surgical'.
- 2.9 In the RCS document *Professional Standards for Cosmetic Practice*⁶, page 7, the definition for 'cosmetic surgery' is stated as "Operations and all other invasive medical procedures where the primary aim is the change, the restoration, normalisation or improvement of the appearance, the function and well-being at the request of an

³ Recommendation 1 - The Royal College of Surgeons (RCS) should establish a Cosmetic Surgery Interspecialty Committee. This should consist of representatives from all the relevant specialty associations and professional associations and societies, including plastic surgery, ENT surgery, maxillofacial surgery, ophthalmology, breast surgery and gynaecology. Its task should be to:

- set standards for the training and practice of cosmetic surgery.
- make arrangements for the formal certification of all surgeons regarded as competent to undertake cosmetic procedures, taking account of training and experience.
- establish and oversee a clinical audit database for cosmetic surgery, working with the Healthcare Quality Improvement Partnership (HQIP).
- work with the Parliamentary and Health Service Ombudsman (PHSO) on dispute resolution (see recommendations regarding accessible resolution and redress).
- meet the General Medical Council (GMC), Care Quality Commission (CQC), and the Medicines and Healthcare products Regulatory Agency (MHRA) regularly and, when appropriate, with provider representatives, to discuss current issues and share information and intelligence on the quality of care being provided.
- develop a specific code of ethical practice for cosmetic surgery, in collaboration with the GMC, to include guidance on advertising, insurance requirements and the psychological assessment for patients.

⁴ Recommendation 2 - The RCS Interspecialty Committee should work with the CQC and the new Chief Inspector of Hospitals to ensure that providers follow the standards developed. In the meantime, the Review Committee recommend that only doctors on a GMC Specialist Register should perform cosmetic surgery, and that those doctors should work within the scope of their Specialty specific training.

⁵ BBC News Report - Cosmetic surgery 'should be done by specialist surgeons': <http://www.bbc.co.uk/news/health-30932585>

⁶ Professional Standards for Cosmetic Practice, Cosmetic Surgical Practice Working Party, RCS, 2013

individual.” This definition includes our concerns which extend to perforating, cutting and removing of any tissue.

- 2.10 However, we are concerned that it appears to be the case that the RCS only includes within the term ‘cosmetic surgery’ those procedures which are routinely carried out by qualified surgeons. An example we have noted is that ‘hair restoration surgery’ has not been included in the RCS proposals for categorising cosmetic surgical procedures requiring certification as a speciality.⁷ We have been informed that this is because this work, although commonly described as ‘surgery’, is not usually carried out by surgeons.
- 2.11 We know that this is not how the general public would understand the term and that it is generally accepted that a procedure is considered surgical when it involves cutting of a patient's tissues. We would therefore expect to see included in the term ‘cosmetic surgery’ all such procedures, either specifically or generically. For example, in the table containing the proposals for categorising cosmetic surgical procedures the RCS have included facial implants but not the insertion of implants to other areas of the body – a procedure which is becoming increasingly common.⁸

Use of the term ‘invasive medical procedure’

- 2.12 We have stated above that in the RCS document Professional Standards for Cosmetic Practice, page 7, the definition for ‘cosmetic surgery’ is stated as *“Operations and all other invasive medical procedures where the primary aim is the change, the restoration, normalisation or improvement of the appearance, the function and well-being at the request of an individual.”* However, on the same page the term ‘cosmetic treatments’ is used (which you do not define) for the purpose of grading the invasiveness of a treatment - Levels 1 and 1a being invasive and Level 2 being minimally invasive.
- 2.13 The use of this term ‘invasive medical procedure’ introduces a further area of confusion in that a procedure can be either invasive or non-invasive as well as either medical or non-medical.
- 2.14 Whether a procedure is invasive or not may well be a question of fact or degree. However, where the concern is about breaching the body's natural defences against infection, which is afforded by intact skin and membranes, then the CIEH considers that all procedures which cause perforation can, and should, be termed invasive.
- 2.15 We are concerned that identifying a procedure as ‘medical’ would appear to indicate that it can or should only be carried out by a person who is medically qualified, or is at least sufficiently trained to be able to carry out the procedure under the supervision of a person who is medically qualified.
- 2.16 However it is the case as we have stated above, and a great concern to the CIEH, that there are many procedures which are currently being performed by persons who are neither surgeons nor doctors and, indeed, who have not received any medical training and are, and will continue under the current arrangements, to be completely unregulated. They are performing procedures which involve the dividing and removal

⁷ RCS document accompanying consultation entitled ‘Proposed Certification Areas – For Consultation’

⁸ See entry for ‘Facial contouring’

of tissue such as tongue splitting, ear and genital reshaping as well procedures intended to create permanent scarring (including scarification by cutting or branding with the creation of keloid scars).

- 2.17 Health Education England (HEE) have been commissioned by the Department of Health to review the qualifications required for the delivery of non-surgical cosmetic interventions with the aim of improving and standardising the training and supervision received by practitioners and to ensure that certain cosmetic interventions were undertaken only by suitably experienced and trained clinical professionals.⁹ One of the principles underlying the development of the qualification requirements was that the requirements should be flexible enough to be able to accommodate other 'orphan' procedures not able to be addressed as part of the scope of HEE's work, as well as new and emerging modalities.
- 2.18 In order to be able to determine the qualification requirements for these 'orphan' and new and emerging procedures it will be important to be able to differentiate between surgical and non-surgical procedures and the extent to which they are invasive. In the opinion of many regulators this is becoming increasingly difficult. At the British Association of Dermatologists conference in Glasgow, 2014, Dr Gregory Parkins, Specialty Registrar at NHS Greater Glasgow and Clyde said: "The practice of clinical surgery without medical qualifications is a criminal offence in the UK. With dermal anchors the distinction between piercing and surgery is becoming less clear and I feel there are legitimate concerns over adequate training, hygiene and disease transmission."¹⁰
- 2.19 Our request to RCS is that in considering the results of this consultation consideration is given to providing a clear differentiation between the use of the terms 'cosmetic surgery' and 'non-surgical cosmetic treatments/procedures'. From our own point of view, we want the definition of 'cosmetic procedures' to include all body modifications and that all of those which involve incisions with or without the removal of tissue are be treated as 'surgical' and/or 'medical'.
- 2.20 The important principles that the CIEH is seeking to establish are that:
- ALL perforation of the skin, including by injection and puncture, should be considered as 'invasive' and should only be carried out by a person who is appropriately qualified to do so.
 - ALL incisions, with or without the removal of tissue, should be considered as surgical practice and can ONLY be carried out, or at the least must be supervised, by people who are medically qualified to do so.
- 2.21 If this were the case then it could follow that any person who carries out an 'invasive' or a 'surgical' procedure without the appropriate qualifications would not be able to claim that they had obtained informed consent and would be committing an offence of practicing without the qualification to do so or committing an offence of assault/unlawful wounding/inflicting grievous bodily harm, contrary to the law.

⁹ Qualification requirements for cosmetic procedures: Non-surgical cosmetic interventions and hair restoration surgery. HEE, to be published April 2015

¹⁰ Extreme anchor piercings 'like back-street surgery' Metro News, 3 Jul 2014

<http://metro.co.uk/2014/07/03/extreme-anchor-piercings-like-back-street-surgery-4786352/>