

**May 2006**

**Good Medical Practice in Cosmetic Surgery / Procedures**

  **INDEPENDENT  
HEALTHCARE**  
  **ADVISORY SERVICES**

## **Good Medical Practice in Cosmetic Surgery Procedures**

This booklet has been written to complement the General Medical Council (GMC) publication '*Good Medical Practice*', with particular reference to work carried out in the field of cosmetic surgery. This booklet is not intended to replace the generic guidance and should be read in conjunction with *Good Medical Practice*. Not all forms of professional practice or misconduct which may bring your registration into question are covered below. You must always be prepared to explain and justify your actions and decisions.

### **Cosmetic Surgery is defined as follows:**

Cosmetic Surgery comprises operations or other procedures that revise or change the appearance, colour, texture, structure or position of bodily features to achieve what patients perceive to be more desirable.

**Patients must be able to trust you, their doctor, with their lives and well-being. To justify that trust, you have a duty to maintain a good standard of practice and care and to show respect for human life.**

As set out in the GMC's '*Good Medical Practice*', your duties as a doctor registered with the General Medical Council, or where appropriate the General Dental Council, are to:

- Make the care of your patient your first concern.
- Treat every patient politely and considerately.
- Respect patients' dignity and privacy.
- Listen to patients and respect their views.
- Give patients information in a way they can understand.
- Respect the rights of patients to be involved in decisions about their care.
- Keep your professional knowledge and skills up to date.
- Recognise the limits of your professional competence.
- Be honest and trustworthy.
- Respect and protect confidential information.
- Make sure that your personal beliefs do not prejudice your patients' care.
- Act quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practise.
- Avoid abusing your position as a doctor and work with colleagues in the ways that best serve patients' interests.

**All patients are entitled to good standards of practice and care from their doctors. Essential elements of this are professional competence; good relationships with patients and colleagues; and observance of professional ethical obligations.**

# 1 Good clinical care

## Providing a good standard of practice and care

Good clinical care must include:

An adequate assessment of the patient's condition.

- If you are the surgeon who will be carrying out the procedure, you must properly assess the patient. You should do this at a time prior to admission for the procedure. This includes making a full assessment of the patient's concerns and taking his/her medical history, together with conducting any appropriate physical examination.
- You must undertake outpatient consultations for prospective patients/users so you assess the patient/user's appropriateness for cosmetic surgery/ procedures. The consultations may be at the hospital/clinic where cosmetic surgery/ procedures is undertaken or elsewhere.
- You should not normally admit any patient for a procedure to be carried out sooner than two weeks after the initial consultation in order to allow the patient adequate time for reflection.
- Where treatment is to be delivered in an outpatient/ambulatory setting, not requiring admission, the patient should feel free to choose treatment at the time of consultation, or at a later date, without coercion either way.
- You should be alert to patients with psychiatric disorders and /or significant psychological problems which would affect their ability to benefit from cosmetic surgery/procedures and/or for whom such procedures may cause deterioration to their psychiatric/ psychological state. In such cases, appropriate advice should be taken from a psychologist or psychiatrist.

## Providing or arranging investigations or treatment where necessary.

- You must arrange appropriate tests as necessary, prior to the surgery or procedure.

## Referring the patient to another practitioner, when indicated.

- You should seek medical and/or psychological advice from other practitioners as required. Make sure there is an opportunity to refer the patient for psychological counseling, both pre- and post-operatively as and when required.

In providing care you must:

## Recognise and work within the limits of your professional competence.

You must be appropriately trained to carry out cosmetic surgery/ procedures.

- If you are a medical practitioner undertaking cosmetic surgery independently in private practice for the first time from 1 April

2002, you must be on the specialist register of the General Medical Council. However it should be noted that proof of adequate experience is also necessary.

- If you were undertaking cosmetic surgery in the independent health care sector before 1 April 2002 and are not on the specialist register, you must satisfy the following conditions:
  - you must be a registered medical practitioner;
  - you have completed recognised basic surgical or medical training; and
  - you have undertaken specialist training in a specialty relevant to the procedures you provide; and
  - you maintain a record of patients to whom you have provided treatment or services in the establishment, which you make available to the registered person and to the Healthcare Commission; and
  - you undertake regular patient satisfaction surveys, a record of which is made available to the registered person and the Healthcare Commission at least annually.

**Be willing to consult colleagues when necessary.**

- If you are working in isolation as a lone practitioner, you should ensure that you have appropriate professional networks in place to facilitate consultation with colleagues and that a regular review of your performance does take place.

**Be competent when making diagnoses and when giving or arranging treatment.**

- You are required to provide evidence of your training and expertise for specific procedures or techniques, in line with requirements from UK Medical Royal Colleges or other professional bodies. This should include training in the use of local anaesthesia and sedation where appropriate.
- You must have specialist training in cosmetic surgery/ procedures, this must be documented.
- This may be for example through a Cosmetic Fellowship, or through in-service training.

**Keep clear, accurate, legible and contemporaneous patient records, which report the relevant clinical findings, the decisions made, the information given to patients and any drugs or other treatment prescribed. The keeping of identifiable patient records requires notification (registration) with the Information Commissioner's Office. If all patients' records (clinical and financial) are held manually there may be exemption from notification but not from compliance with the underlying principles of the Data Protection Act 1998.**

- You must keep adequately detailed records to give a full account of the patient's procedure, including medical history, initial examination and the treatment plan, full operation notes for each surgical procedure, and details of follow up care, any complications and outcome.
- When you make entries into patient's health record, care pathway notes or equivalent, you must sign, date, time and print your name, designation and initials in at least one place on the pathway documentation or equivalent, and initial your entries in all

- other places.
- You should make an entry on each occasion that you see the patient.
  - You should include in the patient's health record photographic records of the patient prior to surgery and post-surgery, wherever possible.

**Ensure that the premises are suitable and the equipment available is appropriate and adequate for the procedures or treatment you provide and enable you to treat patients safely.**

- The independent sector premises in which the surgery is undertaken must be registered under the Healthcare Commission, England, Healthcare Inspectorate Wales, The Commission for the Regulation of Care, Scotland and the Department of Health, Social Services and Public Safety, Northern Ireland
- There must be dated, documented procedures, written/reviewed within the last three years, for the safe use of all equipment used for cosmetic surgery / procedure purposes within the facility.
- You and all your staff using such equipment must have completed training in the safe clinical use of the equipment and have demonstrated competence, and the training and competence should be documented.
- You must be satisfied that the premises, equipment and other resources available for patient care are satisfactory and are not putting patients at risk.

When prescribing drugs or providing treatment you must:

**Prescribe only the treatment that serves the patient's needs. You must not give or recommend to patients any investigation or treatment which you know is not in their best clinical interests, nor withhold appropriate treatments or referral.**

- You should have dated, documented criteria, written/reviewed within the last three years, which set out the risk factors associated with the individual cosmetic procedures and which guide your selection of patients for different treatment options. You should discuss these criteria with the patient prior to surgery.
- You must not misleadingly give the impression that your success rates are in line with or above the average rates – if you give this impression when it is not true, you could be guilty of serious professional misconduct.

You must provide treatment and carry out procedures in line with published professional guidance from the Department of Health and the appropriate medical Royal College(s).

**Ensure that for any procedure recommended, the patient is appropriately informed about risks and contra-indications.**

- You must give patients verbal and written information at the consultation stage, including the general and procedure-specific risks including the alternatives and complications associated with cosmetic surgery procedures and cosmetic treatments.

### **Decisions about access to medical care**

**The investigations or treatment you provide or arrange must be based on your clinical judgment of the patient's needs and the likely effectiveness of the treatment. You must not allow your views about the patient's lifestyle, culture, beliefs, race, colour, gender, sexuality, disability, age or social or economic status to prejudice the treatment you provide or arrange.**

- If you feel that your beliefs might affect the treatment you provide, you must explain this to patients, and tell them of their right to see another doctor.
- If patients pose a risk to your health or safety you should take reasonable steps to protect yourself before investigating their condition or providing treatment.

## **2 Maintaining good medical practice**

### **Keep up to date**

**You must keep your knowledge and skills up to date throughout your working life. In particular, you should regularly take part in educational activities that ensure your competence and performance.**

- You must belong to a relevant professional organisation, which provides continuing medical education and adheres to the principles of good medical practice. You must comply with the continuing medical education or professional development requirements of your Royal College of Great Britain and Ireland or equivalent and retain evidence of participation for your appraisals and for your revalidation with the GMC/GDC.
- You must have documented ongoing education in cosmetic surgery techniques and skills. You should keep a folder for the purpose of revalidation, demonstrating evidence of your continuing professional development. This statement applies to the need for the collation of all seven headings outlined in *Good Medical Practice* (May 2001).

### **Maintain your performance**

**You must work with colleagues to monitor and maintain your awareness of the quality of care you provide and be open and honest with the results (consistent with your obligations to respect patient confidentiality).**

- You must participate in clinical audit undertaken by the hospital/clinic on the following clinical indicators:
  - returns to theatre for revision of procedure due to unsatisfactory aesthetic outcome (agreed by the surgeon)

- concerned, or an independent second opinion), within one year;
- unplanned re-admissions within 31 days;
- unscheduled return to theatre;
- post-operative infection: wound, hospital acquired, systemic complications;
- other post-operative complications: pulmonary emboli, deep vein thrombosis, hemorrhage;
- emergency or unplanned transfer to ITU, HDU (*Critical Care Levels 2 or 3*) or other hospitals/units;
- Peri-operative deaths as defined by NCEPOD, Scottish Audit of Surgical Mortality.

- You have a responsibility to include in your revalidation folder any of the above information that relates to you.

### **Take part in confidential enquiries and adverse event reporting**

- You must record all adverse events, errors and near misses. They should be investigated and collated.
- Regular reports on clinical incidents should be discussed at the Medical Advisory Committee, or an equivalent clinical management group for the hospital/clinic. Where there is not a clinical management group, clinical incidents must be reported to the manager of the clinic.
- Quality indicators for surgeons from all procedures undertaken by all surgeons should be scrutinised over time as part of the hospital's/clinic's clinical audit programme. Adverse variances should be reported to the Medical Advisory Committee or equivalent group.

### **Undertake regular review of your performance against the principles set out in this guidance**

- You must participate in the appraisal system of the independent sector clinic/hospital where you have practising privileges, or provide evidence of satisfactory appraisal at another clinic or within a NHS trust, if requested.

## **3 Teaching and training, appraising and assessing**

### **You should be willing to contribute to the education of professional colleagues.**

- Clinical staff must have documented ongoing education in cosmetic surgery techniques/ procedures and skills. This may be through demonstrations by surgeons and supervised practice sessions for staff on new techniques and care skills.

### **You must make sure that junior colleagues are properly supervised.**

- You must only delegate responsibility for undertaking procedures and provision of care to those who have the appropriate

training to deal with all routine aspects of care and any likely complications.

## **4 Relationships with patients**

### **Obtaining consent**

**You must respect the right of patients to be fully involved in decisions about their care and be satisfied that the patient is fully informed about the procedure in particular any associated risks, has understood what is proposed and consents to it.**

It is your responsibility to:

- i) Provide full information to the patient of the risks and limitations involved in the proposed procedure.
- ii) To give information to patients on the anaesthetic technique(s) to be used general, regional or local anaesthesia, or sedation.

The patient must be given the opportunity, on request, to discuss details of anaesthesia with an anaesthetist before the procedure. This should be covered by a standard statement, which the patient is required to sign, explaining that the opportunity will be available.

### **Respecting confidentiality**

Successful relationships between doctors and patients depend on trust. To establish and maintain that trust you must:

#### **Respect patient's privacy and dignity**

- There must be facilities for patients to have confidential discussions with clinical staff that ensure visual and auditory privacy.
- Chaperones should be available for patients during the pre-operative and post-operative consultation, if required. You must follow GMC Guidance for the examination of the patient.

#### **Respect the right of patients to a second opinion**

- There is information for patients which explains that they have the option to seek the opinion of another surgeon.

### **Good communication**

Good communication between patients and doctors is essential to effective care and relationships of trust. Good communication

involves:

**Giving patients the information they ask for or need about their condition, its treatment and prognosis.**

- There should be written information for patients to take away after the first consultation on each of the cosmetic surgery procedures.
- You must take responsibility for explaining to patients the reasonable expectations and results from undertaking the procedure.
- Documented post-operative instructions must be given to patients to take home after the procedure/operation.

**Giving information to patients in a way they can understand.**

- Information materials for patients must be written in concise, plain language and should explain in non-technical language what the procedure involves.
- If a patient under your care has suffered harm, through misadventure or for any other reason, you should act immediately to put matters right, if that is possible. You should explain fully and promptly to the patient what has happened and the likely long- and short-term effects. When appropriate you should offer an apology. The information should also advise doctors to seek advice from their Medical Defence Union when appropriate.
- You must inform potential and actual patients of details of your qualifications, membership of your professional organization, and any other medical training

**Complaints and formal inquiries**

**Patients who complain about the care or treatment they have received have a right to expect a prompt, open, constructive and honest response.**

**You should co-operate with any complaints procedure that applies to your work.**

- Information must be available for patients outlining how to complain or make comments and suggestions about the service. In independent sector hospitals/clinics, this should be in line with the principles of the *Independent Sector Complaints Adjudication Service* member organisations' complaints procedure.
- The Healthcare Commission details are listed in your information so that in the event your patient is not satisfied with how you have handled their complaint or regarding the outcome of the complaint they are aware that they have the ability to contact the Commission in England or the relevant regulatory body in the other 3 countries.
- You should make available copies of patient records, including pre-operative photographs, to any inquiry or investigation relating to a patient complaint, or inquiry into a clinical incident.

If you have had limitations put on your practice because of concerns about your clinical competence, you have an obligation to inform any other organisations for which you work, or have contractual obligations, or where you have practising privileges, and to

inform patients you see privately independently of such organisations.

### **Indemnity insurance**

**In your own interests, and those of your patients, you must obtain adequate insurance or professional indemnity cover for any part of your practice not covered by an employer's indemnity scheme.**

- You must be a member of a medical defence organisation or maintain your own professional indemnity insurance, as approved by the hospital/clinic.

## **5 Working with colleagues**

### **Treating colleagues fairly**

**You must not undermine patients' trust in the care or treatment they receive, or in the judgment of those treating them, by making malicious or unfounded criticisms of colleagues.**

- If you have any concerns about the safe clinical practice of a colleague you must make your concerns known through the appropriate channels [i.e. Chairman of MAC, Medical Director or Hospital/Clinic Manager].

### **Working in teams**

**Teamwork is an essential part of medical practice and you must work constructively within teams and respect the skills and contributions of your colleagues.**

- You must work closely with anaesthetic colleagues and ensure that they are fully apprised of the relevant aspects of the patient's condition and medical history, which may affect their decisions on appropriateness of care and choice of anaesthetic technique.
- If you delegate procedures in full or in part to a registered nurse, you must have sound reasons to be satisfied that he or she is trained and competent in the procedure, and that the patient is in agreement. The registered nurse should be working within the NMC Code of Professional Conduct (April 2002),

**When working in teams you must protect patients by communicating effectively with colleagues within and outside the team.**

- Documented integrated care pathways/clinical guidelines or equivalents should be in use for common cosmetic surgery

procedures. Clinical guidelines, care pathways or equivalents should be made known to all staff working in the service area.

**As a team leader you must be satisfied that all team members understand their personal and collective responsibility for the safety of patients, and for openly and honestly recording and discussing problems.**

- The different roles of members of the team should be clear to patients. Clinical and non-clinical staff should be clearly differentiated. All those dealing with enquiries from prospective patients must clearly identify their profession and role within the clinic.
- All persons who advise patients about cosmetic surgery/ procedures should be doctors or suitably qualified nurses
- You should not delegate any clinical duties (such as history taking, explaining the risks of treatment and about recovery, and assessing a patient's suitability for surgery) to unqualified patient coordinators.

**Each patient's care must be properly co-ordinated and managed and the patient should know whom to contact if they have questions or concerns.**

- All written information for patients should include a contact number for the hospital/clinic in case the patient/user has any concerns.

### **Arranging cover**

**You must be satisfied that when you are off duty suitable arrangements are made for your patients' medical care.**

- You must ensure your availability for emergencies and arrange cover while you are on leave or off sick.
- You are responsible to arrange appropriate cover for your patients when you are away, uncontactable, or where your residence is not within a reasonable travel time of the Hospital/Clinic, given the needs of your specialty.
- You are responsible for providing cover for the appropriate post-operative period after discharge.

### **Sharing information with colleagues**

**It is in the patient's best interests for one doctor, usually a general practitioner, to be fully informed about a patient's medical care and responsible for maintaining continuity of care.**

- You must ask the patient to formally agree to give or refuse consent to inform their normal GP of any treatment or medication provided.
- If the patient gives consent, details should be 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, a summary of the treatment provided should be given direct to the patient so that he/she has it for future reference and to pass on to the GP.
- You must make the patient aware of the implications of not informing their GP

**It is unsafe to provide some forms of treatment without information about the patient's medical history. You should usually provide such treatment only with relevant information about the patient, usually as part of a referral from the patient's general practitioner.**

- If you accept a patient without a referral from the patient's general practitioner, you must keep the general practitioner informed, provided you have the patient's consent. If you do not tell the patient's general practitioner, before or after providing treatment, you will be responsible for providing or arranging all necessary after care until another doctor agrees to take over.
- If the patient has not been referred through the GP, you have a duty to advise the patient to inform their GP prior to the procedure being carried out. You should record this discussion in the patient's notes. If the patient declines to inform their GP you should record this in their notes.

### **Delegation and referral**

**Delegation involves asking a nurse, doctor, medical student or other healthcare worker to provide treatment or care on your behalf. When you delegate care or treatment you must be sure that the person to whom you delegate is competent to carry out the procedure or provide the therapy involved.**

- You must ensure that registered nurses delegated to carry out procedures on *your* behalf are indemnified for this and trained and competent in the techniques, with training certificates or documented statements to support this.
- Record such delegation of care in the clinical notes.
- Review the outcome of delegation

## **6 Probity**

### **Providing information about your services**

**If you publish information, on paper or electronically, or broadcast information about services you provide, the information must be factual and verifiable. It must be published in a way that conforms to the law and the guidance issued by the Advertising Standards Authority.**

All clinicians must adhere 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.

- Marketing materials must be drafted and designed to safeguard patients from unrealistic expectations as a result of cosmetic surgery / procedures.
- Advertisements in journals, newspapers and magazines should not include photographs that suggest the outcome of surgery will be reflected in the photograph.

**The information you publish must not make unjustifiable claims about the quality of your services nor compare your services with those your colleagues provide. It must not in any way offer guarantees of cures, nor exploit patient's vulnerability or lack of medical knowledge.**

**Information you publish about your services must not put pressure on people to use a service, for example by arousing ill-founded fear for their future health. Similarly you must not advertise your services by visiting or telephoning prospective patients, either in person or through a deputy.**

- There must be published information for patients, which sets out the range of cosmetic surgery / procedures carried out at the facility.
- Advertisements must not offer discounts linked to a deadline date for booking appointments or surgery or other date-linked incentives.
- Promotional events such as open evenings must not include financial incentives for potential patients to book a consultation appointment at the event.

### **Financial and commercial dealings**

**You must be honest and open in any financial arrangements with patients. In particular you should provide information about fees and charges before obtaining patient's consent to treatment, wherever possible.**

- If you charge fees, you must tell patients if any part of the fee goes to another doctor.
- Information materials should include guideline information on prices charged for procedures and should be explicit about what is and is not included in the quoted fees. A personalised letter may be sent to the patient reiterating all points discussed at consultation with the invitation to return for further consultation if requested/required.
- Apart from outpatient consultations and treatment, there should be no requirement for any financial transactions to be undertaken by the patient sooner than two weeks after the consultation.
- There should be an exception to this for patients with no settled UK address or if they are known to the doctor to have previously defaulted in settlement of professional fees to any professional.
- If deposits are taken they should be refundable upon cancellation up to a stated period (such as one month, or one week) prior to the procedure being undertaken, minus only any consultation fees already accrued. The patient should be made aware of consultation fees that are not refundable upon cancellation and the stage at which the deposit is not refundable, at the time of paying the deposit.

## **Conflicts of interest**

**You must act in your patient's best interests when making referrals and providing or arranging treatment or care.**

- You must not accept any inducement, gift or hospitality that may affect or be seen to affect your judgment. You should not offer such inducements to colleagues.
- If you have a financial or commercial interest, or are planning to invest in an organisation to which you refer a patient for treatment or investigation, you must tell the patient about your interest.
- Treating a patient in an institution in which you have a financial or commercial interest may lead to serious conflict of interest. If you do so, your patients and anyone funding their treatment must be made aware of your financial interest.

## **Probity in research**

**If you are carrying out research this must be in line with the principles set out in the GMC publication *Research: The Role and Responsibilities of Doctors* (February 2002). In addition, research practice must be in line with governance and good practice guidelines issued by the Department of Health and other authoritative bodies.**

- Research in the context of cosmetic surgery / procedures refers to any experimental study into treatment procedures, involving people, their tissues, organs or data.
- You must respect patients' and volunteers' rights to make decisions about their involvement in research and not put pressure on patients or volunteers to participate in research.
- Ethical approval must be obtained from a properly constituted and relevant research ethics committee, before any research is started.
- You must obtain and record the patient's consent to participate in the research and provide written information about the project to them.
- You must be open and honest about financial and commercial matters relating to the research and any financial interest and/or sums of money to be paid to you for the research undertaken.
- You must not allow the conduct of the research to be influenced by payment or gifts.

## **7 Health**

**If your health may put patients at risk**

**If you think have a serious condition which you could pass on to patients, you must have all the necessary tests and act on the advice given to you by a suitably qualified colleague about necessary treatment and/or modifications to your clinical practice.**

- You and other clinical staff engaged in exposure-prone work must have up to date immunisation against Hepatitis B and must provide evidence of this.

### **Registration with the Healthcare Commission**

It is a legal requirement under the Care Standards Act 2000 for most providers of health care services to be formally approved and registered to carry on the service they offer.

From the 1st April 2002 no new service in England, which is required to register, can begin to operate, unless and until its provider has been granted registration and issued with a certificate of Registration by the Commission for Healthcare Audit and Inspection (CHAI) who are now known as the Healthcare Commission.

For further information, please go to [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

Similar requirements exist in the other 3 countries.

### **Licensing and revalidation**

The GMC plans to change the system for registering doctors. The purpose is to ensure that patients can have confidence that all licensed doctors are up to date and fit to practise.

In future, doctors will be issued with a licence to practise when they are registered, and the privileges of registration will attach to the licence. Doctors wishing to retain their licence to practise will need to revalidate periodically. This means they will have to prove periodically to the GMC that they are up to date and fit to practise; and have been practising in line with *Good Medical Practice*.

The Chief Medical Officer, Sir Liam Donaldson, is currently reviewing issues raised by Dame Janet Smith in the course of the Inquiry into the case of Dr Harold Shipman. As two of the Inquiry's recommendations concerned revalidation, the GMC agreed with the Government that the introduction of licensing and revalidation should wait until Sir Liam reports.

In the meantime, doctors should continue to keep a folder of information, drawn from their medical practice and showing that they have been practising in accordance with the standards of competence, care and conduct set out in *Good Medical Practice*.

The GMC will expect doctors to provide evidence of reflection on their practice, usually by means of participation in a formal appraisal process mapped onto the seven headings of *Good Medical Practice* and backed up by a personal development plan. The material doctors collect for their appraisal will form a good basis for their revalidation folders

The GMC will also require a description of doctors' practice and certification from an appropriate person locally that there are no known concerns about their fitness to practise, health or probity.

### **The GMC approved environment**

The 'approved environment' is a key concept in the GMC's proposed revalidation model. In an 'approved environment', the GMC will be able to rely substantially on local systems of appraisal and clinical governance to provide evidence that doctors are up to date and fit to practise. The concept will apply to organisations in both the NHS and the independent sector.

Key characteristics of the approved environment include:

- Clear lines of responsibility and accountability for the overall quality of clinical care
- Procedures for all professional groups to identify and remedy poor performance
- Appropriate supervision arrangements for doctors
- Annual appraisal or assessment based on *Good Medical Practice*
- Arrangements for independent quality assurance (eg Healthcare Commission in England).

In approved environments, the GMC will expect the clinical governance lead, or the medical director or chief executive as appropriate, to deliver a 'local certification' confirming for each doctor that he or she has participated in appraisal and that there are no known concerns about the doctor's practice.

We will expect doctors working primarily outside GMC approved environments to collect folders of evidence, and to provide a description of their practice, evidence of reflection on their practice (ideally by means of appraisal) and evidence of their health and probity. We will also expect these doctors to produce the results of validated GMC questionnaires, which show that patients and colleagues have not identified any concerns about their practice. We are developing suitable questionnaires, and initial evaluation shows that they are a valid, reliable and practical means of gathering evidence about a doctor's practice.

### **More information**

See the GMC's website: <http://www.gmc-uk.org> or contact the GMC at: Telephone: 0845 357 3456 Email: [registrationhelp@gmc-uk.org](mailto:registrationhelp@gmc-uk.org)

**This booklet is not exhaustive and is not intended to take the place of the GMC's generic guidance, *Good Medical Practice* nor any guidance from your Royal College e.g. *Good Surgical Practice – RCS*. This booklet cannot cover all forms of professional practice or misconduct which may bring your registration into question. You must always be prepared to explain and justify your actions and decisions. It will be necessary for Cosmetic Surgeons to use *Good Medical Practice*, *Good Surgical Practice* and *Good Medical Practice in Cosmetic Surgery* to confirm their revalidation.**

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*Review Date: May 2008*

**This document is endorsed by the Cosmetic Surgery Inter-Specialty**

Committee:

<i>Mr Andrew Baidam</i>	The Association of Surgeons of Great Britain & Ireland
<i>Mr Mark Henley</i>	British Association of Aesthetic Plastic Surgeons
<i>Dr Richard Barlow</i>	British Association of Dermatologists
<i>Mr Ian Martin</i>	British Association of Oral & Maxillofacial Surgeons
<i>Miss Jane Olver</i>	Royal College of Ophthalmologists & the British Oculoplastic Surgery Society
<i>Mr Nick Marks</i>	British Association of Otorinolaryngologists Head & Neck Surgeons
<i>Mr Chris Khoo</i>	British Association of Plastic Surgeons
<i>Sally Taber</i>	Independent Healthcare Advisory Services
<i>Sally Williams</i>	Patient Liaison Group of the Royal College of Surgeons
<i>Dr Chris Barham</i>	Royal College of Anaesthetists
<i>Dr Naresh Rati</i>	Royal College of General Practitioners
<i>Professor John Lowry</i>	Chairman Cosmetic Surgery Inter-Speciality Committee
<i>Ms. Valerie Smith</i>	Royal College of Nursing
<i>Mr Seaton Giles</i>	General Medical Council
<i>Dr Eileen Bradbury</i>	British Psychological Society
<i>Professor Gordon Williams</i>	Senate of Surgery of Great Britain and Ireland
<i>Mr Ray Reed</i>	Joint Committee for Specialist Training in Dentistry
<i>Dr Sean O'Kelly</i> (Observer)	Associate Medical Director Department of Health
<i>Roz Howe</i> (Observer)	Healthcare Commission

The input to this document is acknowledged from Mr Barry Jones, British Association of Aesthetic Plastic Surgeons, Helen Crisp, Health Quality Service and the Independent Healthcare Association now Independent Healthcare Advisory Services Cosmetic Surgery Working Group.

### **Publications referred to:**

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General Medical Council (May 2001), *Good Medical Practice*. London: GMC.

General Medical Council (February 2002), *Research: The Role and Responsibilities of Doctors*. London: GMC.

The Royal College of Surgeons of England (September 2002), *Good Surgical Practice*. To note that this is a Senate document.

Independent Healthcare Forum (July 2005), *Cosmetic Surgery Standards*, in association with Health Quality Service.

Nursing & Midwifery Council (April 2002), *Code of Professional Conduct*

### **Organisations**

Association of Surgeons of Great Britain and Ireland

Royal College of Surgeons 35-43 Lincoln's Inn Fields. London, WC2A 3PE. Tel: 020 7973 0300 website: [www.asgbi.org.uk](http://www.asgbi.org.uk)

British Association of Dermatologists

4 Fitzroy Square, London, W1T 6EH Tel: 020 73830266. website: [www.bad.org.uk](http://www.bad.org.uk)

British Association of Oral and Maxillofacial Surgeons

Royal College of Surgeons 35-43 Lincoln's Inn Fields London, WC2A 3PE. Tel: 020 74058074 website: [www.baoms.org.uk](http://www.baoms.org.uk)

British Association of Aesthetic Plastic Surgeons

Royal College of Surgeons 35-43 Lincoln's Inn Fields London, WC2A 3PE. Tel: 020 74052234 website: [www.baaps.org.uk](http://www.baaps.org.uk)

British Oculoplastic Surgery Society (BOPSS) British Oculoplastic Surgery Society (BOPSS) website: [www.bopss.org](http://www.bopss.org)

Voicemail 0870 383 0155 FAX 0870 383 5150

British Association of Otorhinolaryngologists

Royal College of Surgeons 35-43 Lincoln's Inn Fields London, WC2A 3PE. Tel: 020 74048373 website: [www.orl-baohns.org](http://www.orl-baohns.org)

British Association of Plastic Surgeons

Royal College of Surgeons 35-43 Lincoln's Inn Fields London, WC2A 3PE. Tel: 020 7831 5161 website: [www.baps.org.uk](http://www.baps.org.uk)

Healthcare Commission

Finsbury Tower, Bunhill Row, London, EC1Y 8TG. Tel: 020 7448 9200 website: [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

Patient Liaison Group

Royal College of Surgeons 35-43 Lincoln's Inn Field London, WC2A 3PE. Tel: 020 78696045 website: [www.rcseng.ac.uk/welcome/information\\_for\\_patients](http://www.rcseng.ac.uk/welcome/information_for_patients)

Royal College of Anaesthetists

48-49 Russell Square London, WC1B 4JY. Tel: 020 78131900 website: [www.rcoa.ac.uk](http://www.rcoa.ac.uk)

Royal College of Ophthalmologists

17 Cornwall Terrace London, NW1 4QW. Tel: 020 79350702 website: [www.rcophth.ac.uk](http://www.rcophth.ac.uk)

Royal College of Surgeons of Edinburgh

8 Nicolson Street, Edinburgh Midlothian, EH8 9DW. Tel: 0131 5271600 website: [www.rcsed.ac.uk](http://www.rcsed.ac.uk)

Royal College of Surgeons England

35-43 Lincoln's Inn Fields London, WC2A 3PE. Tel: 020 74053474 website: [www.rcseng.ac.uk](http://www.rcseng.ac.uk)

Royal College of General Practitioners

14 Princes Gate, Hyde Park, London, SW7 1PU. Tel: 020 7581 3232 website: [www.rcgp.org.uk](http://www.rcgp.org.uk)

Independent Healthcare Advisory Services

Centre Point, 103 New Oxford Street, London, WC1A 1DU. Tel: 020 7379 8598 website: [www.independenthealthcare.org.uk](http://www.independenthealthcare.org.uk)