General Medical Council

Agenda item:	**7**
Report title:	**Guidance for doctors who offer cosmetic interventions**
Report by:	**Mary Agnew**, Assistant Director, Education and Standards Policy, magnew@gmc-uk.org, 0207 189 5325
Considered by:	**Strategy and Policy Board**
Action:	**To consider**

Executive summary

We have developed ethical guidance for all doctors who offer cosmetic interventions. This follows Sir Bruce Keogh's review of cosmetic interventions and the Government's response.

This guidance draws together principles from existing GMC guidance relevant to cosmetic practice and introduces some higher standards and new principles that our group of expert advisers considered necessary to address the specific patient safety concerns around cosmetic interventions.

We consulted on a draft version of this guidance over the summer, receiving 142 written responses, which were strongly supportive.

We plan to launch the guidance on 18 April 2016, jointly with Royal College of Surgeons' clinical guidance and alongside a guide aimed at patients, and then begin more detailed work on the development of case studies and other learning materials to support the guidance.

Recommendations

Council is asked to:

a Approve the final guidance for doctors who offer cosmetic interventions, at Annex A.

b Note the background information on the development of the guidance and outcome of the consultation (Annex C).

Background

1 After the manufacturer Poly Implant Prosthèse was found to have supplied breast implants filled with industrial rather than medical grade silicon, the Government commissioned a review of cosmetic interventions by Sir Bruce Keogh ('the Keogh Review'). The Keogh Review recommended that the GMC develop a 'code of ethical conduct for cosmetic surgery' in collaboration with the Royal College of Surgeons of England. We undertook to lead this work and in doing so have kept in close touch with the Department of Health for England's work to implement the Government's response to the Review. We have also engaged with the work of the Scottish Government's Cosmetic Interventions Expert Group as part of this process.

2 Our guidance (Annex A) will apply throughout the UK to all doctors who carry out cosmetic interventions, both surgical and non-surgical. The guidance has been developed by an expert task and finish group with clinical, legal and lay representation, chaired by Judith Hulf. A list of members can be found at Annex B.

3 The guidance incorporates and builds on existing GMC guidance, and is framed around the domains of *Good medical practice*. It proposes more demanding standards than existing guidance where necessary to address specific patient safety concerns around cosmetic interventions. For example:

- We say that the doctor who will perform a particular cosmetic intervention is responsible for seeking the patient's consent to it, and must not delegate this responsibility to anyone else.
- We emphasise particular factors that must be taken into account when considering or providing cosmetic interventions for children and young people.
- We specify additional requirements that must be met when advertising and marketing cosmetic interventions.

Consultation

4 From 8 June – 4 September 2015 we consulted on the draft guidance that had been developed by the task and finish group. The consultation was promoted with key stakeholders through a number of different channels which included: engagement events, targeted stakeholder e-mailing activity including patient groups, monthly e-bulletin, medical trade press, national media and social media.

5 In total we received 142 written responses with a significant proportion of these coming from organisations and individuals with an active interest in the issues raised. The level of written response from other sources is disappointing but similar to the experience of other organisations who have tried to engage the wider

public/profession in consultations on cosmetic practice issues during the past year or so (including Government and the Nuffield Council on Bioethics).

6 During the consultation period we also held a number of targeted engagement meetings and a consultation event attended by 32 delegates representing a range of our stakeholders including royal colleges, doctor organisations, medical defence organisations, local education and training boards and patient support groups.

7 As we were disappointed to receive only 7 written responses from members of the public and organisations representing this group, we ran an additional online consumer-focused survey from 28 September until 19 October 2015. Our communications team did targeted engagement work to promote this survey including posting the survey link on Mums-net and regularly tweeting out the link. This generated 57 responses. The responses supported the findings from the written consultation. For further assurance that the draft guidance had addressed the issues of importance to the public, we reviewed the consultation findings against the findings of the public/patient and teenager focus groups commissioned by the Keogh Review. Further information on the outcome of the consultation and how we have developed the final guidance can be found in Annex C.

8 The consultation on our draft guidance demonstrated that the overwhelming majority of respondents considered that the principles and standards were relevant and helpful to addressing the patient safety issues within this sector. It highlighted that minor revisions to the wording in the consent and children sections were needed to make the higher standards of expected practice as clear as possible for doctors. In addition, it gave weight to concerns within the advisory group that to address poor practice around the marketing of interventions, we should include a new specific standard to the effect that doctors should not knowingly allow others to miss-sell their services.

9 We have also made some changes to the structure and overall lay out of the draft, so that it fits better with our existing guidance and the user will find it easier to navigate between the different pieces of guidance.

10 The guidance is most likely to be accessed on-line, although some hard copies will be available for the launch event. Because of this the format is geared towards an interactive experience (supporting our new 'digital first' strategy). Users will be able to read extracts from existing GMC guidance (from *Good medical practice, Leadership and management, Consent* etc) alongside the new cosmetic guidance, and click through to relevant sections, so they can see clearly where the new guidance sets a higher standard for doctors carrying out cosmetic interventions. As the guidance references a number of important external documents (e.g. the Royal College of Surgeons' guidance and standards for cosmetic surgery), embedded links will make it easy to navigate to these and other supporting resources.

Internal review

11 The guidance has been reviewed by the fitness to practise, legal (internally and externally), equality and diversity and our publication teams. It has also been cleared for publication by the Strategy and Policy Board.

Learning materials

12 We plan to publish a patient guide when we launch this guidance to help patients seeking cosmetic procedures understand what they can expect from their doctor.

13 Responses to the consultation highlighted particular concerns about the practical application of our guidance to particular types of interventions. We propose to address these concerns through the development of case studies and other learning materials to support the guidance and present illustrative examples of good practice.

14 We will begin work on developing case studies and other learning materials after the launch of the guidance.

Equality and diversity

15 We have considered the three aims of the equality duty at each stage of the guidance development process and will be publishing the equality analysis that has been undertaken on our website when we launch the guidance.

Next steps

16 We have been working closely with the Royal College of Surgeons of England who have also been developing guidance for surgeons in this area. We are planning to launch both our guidance and the RCS guidance together so that publicity and messages can be jointly aligned.

17 We plan on launching the guidance and the patient guide on 18 April 2016. We expect that the guidance will receive significant media coverage.

18 As part of the 2016 research programme, we are also designing a targeted implementation initiative with a view to evaluating the impact of the new guidance.

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M7 - Annex A

Guidance for doctors who offer cosmetic interventions

How this guidance applies to you

This guidance is for all doctors who offer cosmetic interventions.

The cosmetic sector is a rapidly expanding area of practice that has gone from being a niche market to a popular service that is now widely available. Cosmetic interventions can have a significant impact on the health and wellbeing of patients. There have been particular concerns about patient safety and whether the sector operates in an ethical manner. It is important that doctors have the right skills, the products used are safe, and patients get accurate information before they decide to have a cosmetic intervention. This guidance sets out a framework for practice to address these concerns.

By cosmetic interventions, we mean any intervention, procedure or treatment carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical procedures, both invasive and non-invasive.

The key aims of this guidance are to make sure that doctors:

- are appropriately trained and experienced to practise safely
- work with patients to agree realistic expectations about the outcomes that can be achieved in the case of the individual patient
- follow current guidelines or protocols for safe, effective provision of cosmetic interventions
- consider the psychological needs of their patients

- do not allow any financial or commercial interests in a particular intervention or a service providing cosmetic interventions to adversely affect standards of good patient care.

This guidance does not apply to interventions that amount to female genital mutilation (FGM) which is illegal in the UK. If you are not sure whether a particular cosmetic intervention falls within the legal definition of FGM[*] then you must seek advice, eg from your defence organisation or your employer's legal department.

Using the guidance

This guidance incorporates principles from our existing guidance, and is structured under the four domains of *Good medical practice*. In some cases, it sets a higher standard than in our other guidance to address the specific safety issues and ethical concerns particular to the cosmetic sector, as recommended by Sir Bruce Keogh's *Review of the regulation of cosmetic interventions*.[†] You must read this guidance alongside our other guidance[‡] for a full understanding of the expected standards of practice.

Throughout this guidance, we use the terms 'you must' and 'you should' in the following ways.

- 'You must' is used for an overriding duty or principle.
- 'You should' is used when we are providing an explanation of how you will meet the overriding duty.
- 'You should' is also used where the duty or principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can follow the guidance.

[*] The legal definition of FGM is very broad and may include procedures such as genital tattoos and piercing. It may be helpful to refer to guidance issued by government and the medical royal colleges, such as www.gov.uk/government/uploads/system/uploads/attachment_data/file/472691/FGM_guidance.pdf (accessed 5 January 2016).

[†] Department of Health (England) (2013) *Review of the regulation of cosmetic interventions* available at: www.gov.uk/government/publications/review-of-the-regulation-of-cosmetic-interventions (accessed 5 January 2016). See also the report of the Scottish Cosmetic Interventions Expert Group (Scottish Government, 2015) available at: www.gov.scot/Resource/0048/00481504.pdf.

[‡] You can read all of our existing guidance at www.gmc-uk.org/guidance/ethical_guidance.asp.

To maintain your licence to practise, you must demonstrate, through the revalidation process, that you work in line with the principles and values set out in this guidance. Serious or persistent failure to follow this guidance will put your registration at risk.

Other sources of guidance

A number of organisations, including the Royal College of Surgeons, have produced guidance on the professional standards, skills and experience needed to carry out cosmetic interventions. The Committee of Advertising Practice has developed guidance on the advertising and marketing of cosmetic interventions. We have included references and links to these other sources of guidance, which complement our guidance for doctors.

Professional Standards for Cosmetic Surgery
Published by the Royal College of Surgeons (2016)
Available at: www.rcseng.ac.uk/cosmeticsurgerystandards.

Qualification requirements for delivery of cosmetic procedures
Published by NHS Health Education England (2015)
Available at: www.hee.nhs.uk/sites/default/files/documents/HEE%20Cosmetic%20publication%20part%20one%20update%20v1%20final%20version.pdf.

Report on implementation of qualification requirements for cosmetic procedures
Published by NHS Health Education England (2015)
Available at: www.hee.nhs.uk/sites/default/files/documents/HEE%20Cosmetic%20publication%20part%20two%20update%20v1%20final%20version.pdf.

The codes of practice from:

- the British Association of Aesthetic Plastic Surgeons, available at www.baaps.org.uk/baapsmedia/docs/code_of_conduct.pdf
- the British Association of Plastic Reconstructive and Aesthetic Surgeons, available at www.bapras.org.uk/docs/default-source/BAPRAS-Position-Statements/code_of_practice_2013_v4.pdf.

Marketing of cosmetic interventions
Published by Committee of Advertising Practice (2013)
Available at:
www.cap.org.uk/~/media/Files/CAP/Help%20notes%20new/CosmeticSurgeryMarketingHelpNote.ashx.

Key points

If you offer cosmetic interventions, you must:

- seek your patient's consent to the procedure yourself rather than delegate
- make sure patients are given enough time and information before they decide whether to have an intervention
- consider your patients' psychological needs and whether referral to another experienced professional colleague is appropriate
- recognise and work within the limits of your competence, seeking advice when necessary
- make sure patients have the information they want or need, including written information that supports continuity of care and includes relevant information about the medicines or devices used
- take particular care when considering requests for interventions on children and young people
- market your services responsibly, without making unjustifiable claims about interventions, trivialising the risks involved, or using promotional tactics that might encourage people to make ill-considered decisions.

As with all doctors in all fields of medicine, you must also:

- work in partnership with patients, treating them with respect and dignity
- keep patients safe, work to improve safety and report safety concerns
- work effectively with colleagues*
- keep up to date with and follow relevant law and guidance
- be open and honest about your skills, experience, fees and conflicts of interests.

* Colleagues include anyone a doctor works with, in and outside their team, whether or not they are also doctors.

Knowledge, skills and performance

1 You must recognise and work within the limits of your competence and refer patients to other practitioners where you cannot safely meet the patient's needs.

2 Before carrying out an intervention for the first time yourself, or supervising others performing it, you must make sure you can do so safely, eg by undergoing training or seeking opportunities for supervised practice*

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

4 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.

5 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.

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

Safety and quality

7 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 *Good medical practice* and our related explanatory guidance. In particular, you must:

a comply with any statutory reporting duties in place

Good medical practice, *paragraphs 22-23*

22 *You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes:*

a *taking part in regular reviews and audits of your own work and that of your team, responding constructively to the outcomes, taking steps to address any problems…*

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* You can get advice on effective clinical supervision can from sources such as the Care Quality Commission's *Supporting effective clinical supervision*, available at: www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf (accessed 5 January 2016).

b contribute to national programmes to monitor quality and outcomes, including any relevant device registries

c routinely monitor patient outcomes, and audit your practice, reporting at least annual data

d report product safety concerns to the relevant regulator.*

8 You should share insights and information about outcomes with other people who offer similar interventions, to improve outcomes and patient safety.†

9 You must tell patients how to report complications and adverse reactions.

10 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.‡

11 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.

***Good practice in prescribing and managing medicines and devices**, paragraphs 46-50*

***46** Early, routine reporting of adverse reactions, incidents and near misses involving medicines and devices can allow performance and systems issues to be investigated, problems rectified and lessons learned.[17] You must make reports in accordance with your employer or contracting body's local clinical governance procedures.[18]*

***47** You must inform the MHRA about:*

a. serious suspected adverse reactions to all medicines and all reactions to products marked with a Black Triangle in the BNF and elsewhere using the Yellow Card Scheme.[19] ...

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***Leadership and management**, paragraphs 24–29*

25 You must take part in regular reviews and audits of the standards and performance of any team you work in, taking steps to resolve any problems.

26 You should be familiar with, and use, the clinical governance and risk management structures and processes within the organisations...

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Raising and acting on concerns about patient safety, paragraphs 7-10

7 All doctors have a duty to raise concerns where they believe that patient safety or care is being compromised by the practice of colleagues or the systems, policies and procedures in the...

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* Medicines and medical devices in the UK are regulated by the Medicines and Healthcare products Regulatory Agency. See www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency (accessed 5 January 2016).

† The Private Healthcare Information Network (PHIN) collects and publishes surgical information about independent healthcare to help patients make informed choices. See www.phin.org.uk (accessed 5 January 2016).

‡ See our guidance *Openness and honesty when things go wrong* available at: www.gmc-uk.org/guidance/ethical_guidance/27233.asp.

12 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.

13 You should be satisfied that the environment for practice is safe, suitably equipped and staffed and complies with any relevant regulatory requirements.

Communication, partnership and teamwork*

14 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.

Seeking patients' consent

15 You must be familiar with the guidance in *Consent: patients and doctors making decisions together*. In the following paragraphs, we've highlighted key points from the guidance, which are important to protecting patients' interests in relation to cosmetic interventions.

Responsibility for seeking consent for cosmetic interventions

16 If you are the doctor who would carry out the intervention, it is your responsibility to discuss it with the patient and seek their consent – you must not delegate this responsibility. 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.

Responding to requests for cosmetic interventions

17 If a patient requests an intervention, you must follow the guidance in *Consent,* 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

***Good medical practice*, paragraphs 15-16**

15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:

a adequately assess the patient's taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient...

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* See our *Guidance for doctors who are acting as responsible consultants or clinicians* available at: www.gmc-uk.org/guidance/ethical_guidance/25335.asp.

likely to meet their needs.

***Consent: patients and doctors making decisions together*, paragraphs 44, 47, 49**

Expressions of consent

44 Before accepting a patient's consent, you must consider whether they have been given the information they want or need, and how well they understand the details and implications of what is proposed. This is more important than how their consent is expressed or recorded.

47 In cases that involve higher risk, it is important that you get the patient's written consent. This is so that everyone involved understands what was explained and agreed.

49 You should also get written consent from a patient if:

a the investigation or treatment is complex or involves significant risks

b there may be significant consequences for the patient's employment, or social or personal life

c providing clinical care is not the primary purpose of the investigation or treatment.

18 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.

19 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.

***Consent* paragraphs 41-42**

Ensuring that decisions are voluntary

41 Patients may be put under pressure by employers, insurers, relatives or others, to accept a particular investigation or treatment. You should be aware of this and of other situations in which patients may be vulnerable. Such…

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20 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.

21 You must tell prospective patients if alternative interventions are available that could meet their needs with less risk, including from other practitioners.

Discussing side effects, complications and other risks

22 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 *Consent* (paragraphs 28–36).

***Consent* paragraphs 28-36**

28 Clear, accurate information about the risks of any proposed investigation or treatment, presented in a way patients can understand, can help them make informed decisions. The amount of information about risk that…

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23 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 psychological impact of the intervention going wrong or failing to meet the patient's expectations.

Giving patients time for reflection

24 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.

25 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.

***Consent* paragraphs 52-53**

Reviewing decisions

52 Before beginning treatment, you or a member of the healthcare team should check that the patient still wants to go ahead; and you must respond to any new or repeated concerns or questions they raise. This is particularly important if: a significant time has passed

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26 You must tell the patient they can change their mind at any point.

27 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

* See the Royal College of Anaesthetists' *Safe sedation practice for healthcare procedures* available at: www.rcoa.ac.uk/document-store/safe-sedation-practice-healthcare-procedures-standards-and-guidance (accessed 5 January 2016).

† See Montgomery v Lanarkshire Health Board (Scotland) [2015] UKSC 11.

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.

Being clear about fees and charges

28 You must explain your charges clearly, so patients know the financial implications of any decision to proceed to the next stage or to withdraw.

29 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.

Treating adult patients who lack capacity

30 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 *Consent* guidance. This guidance takes account of the legal requirements across the UK that govern decision-making with adults who lack capacity.

31 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.

***Consent* Part 3: Capacity issues paragraphs 62-79**

The legal framework

62 Making decisions about treatment and care for patients who lack capacity is governed in England and Wales by the *Mental Capacity Act 2005*, and in Scotland by the *Adults with Incapacity (Scotland) Act 2000*. The legislation sets out the...

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***Consent* paragraphs 18-25**

Sharing information

18 How you discuss a patient's diagnosis, prognosis and treatment options is often as important as the information itself. You should:

a share information in a way that the patient can understand and, whenever possible, in a place...

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Treating children and young people*

32 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.

0-18 years: guidance for all doctors

Assessing best interests

12 An assessment of best interests will include what is clinically indicated in a particular case. You should also consider:

a the views of the child or young person, so far as they can express them, including any previously…

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Making decisions

22 You can provide medical treatment to a child or young person with their consent if they are competent to give it, or with the consent of a parent or the court.[4] You can provide emergency treatment without…

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33 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.

34 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 does not want to have the cosmetic intervention, then you must not perform it.

35 Your marketing activities must not target children or young people, through either their content or placement.

Providing continuity of care

36 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.

37 You must make sure the patient has the medicines or equipment they need to care for themselves after an intervention.

* See our guidance *0–18 years: guidance for all doctors* for more information about the general principles you should follow, in addition to this guidance, when you treat children and young people.
† See paragraphs 12 and 13 of *0–18 years: guidance for all doctors* for guidance on assessing best interests.
‡ 'Parents' are people with parental responsibility.

38 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.

39 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.

40 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.

41 You must keep records that contain personal information about patients securely and in line with:

- **a** any data protection requirements
- **b** our *Confidentiality* guidance
- **c** guidance published by the UK health departments, even when the interventions are provided outside the National Health Service.

Confidentiality

Protecting information (paragraphs 12-16)

12 You must make sure that any personal information about patients that you hold or control is effectively protected at all times against improper disclosure. The…

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Sharing information with a patient's partner, carers, relatives or friends (paragraphs 64-66)

64 You should establish with the patient what information they want you to share, who with, and in what circumstances. This will be particularly important if the patient has fluctuating or diminished capacity or is…

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Working with colleagues†

42 You must make sure that anyone you delegate‡ care to has the necessary knowledge, skills and training and is appropriately supervised.

* See our *Guidance for doctors who are acting as responsible consultants or clinicians*.

† Colleagues include anyone a doctor works with, in and outside their team, whether or not they are also doctors.

‡ See our guidance *Delegation and referral* available at www.gmc-uk.org/guidance/ethical_guidance/21187.asp.

43 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.

44 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.

45 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.

Maintaining trust

Honesty

46 You must always be honest and never misleading about your skills, experience, qualifications, professional status and current role.

Communicating information about your services

47 When advertising your services, you must follow the regulatory codes and guidelines set by the Committee of Advertising Practice.*

48 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.

49 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.

* Committee of Advertising Practice (2013) *Marketing of Cosmetic Interventions* available at: www.cap.org.uk/~/media/Files/CAP/Help%20notes%20new/CosmeticSurgeryMarketingHelpNote.ashx (accessed 5 January 2016).

† Treatments You Can Trust (2015) *Policy Statement on the Advertising and Promotion of Non-Surgical Cosmetic Injectable Treatments by providers on the Treatments You Can Trust Register* available at: www.treatmentsyoucantrust.org.uk/index.php?option=com_docman&view=document&alias=95-tyct-policy-statement-advertising-non-surgical-cosmetic-treatments-

50 If patients will need to have a medical assessment before you can carry out an intervention, your marketing must make this clear.

51 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.

52 You must not use promotional tactics in ways that could encourage people to make an ill-considered decision.

53 You must not provide your services as a prize.

54 You must not knowingly allow others to misrepresent you or offer your services in ways that would conflict with this guidance.

Honesty in financial dealings

55 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.

56 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.

2015&category_slug=treatments-you-can-trust-standards&Itemid=1108 (accessed 5 January 2016).

References

1 General Medical Council (2013) *Good medical practice*

2 General Medical Council (2012) *Leadership and management for all doctors*

3 General Medical Council (2012) *Raising and acting on concerns about patient safety*

4 General Medical Council (2009) *Confidentiality*

5 General Medical Council (2008) *Consent: patients and doctors making decisions together*

6 General Medical Council (2007) *0–18 years: guidance for all doctors*

7 General Medical Council (2013) *Financial and commercial arrangements and conflicts of interests*

8 General Medical Council (2013) *Good practice in prescribing and managing devices*

9 General Medical Council (2013) *Delegation and referral*

10 Department of Health (2013) *Review of the regulation of cosmetic interventions*

11 Committee of Advertising Practice (2013) *Marketing of cosmetic interventions*

12 Royal College of Anaesthetists (2013) *Safe sedation practice for healthcare procedures*

13 General Medical Council (2014) *Guidance for doctors who are acting as responsible consultants or clinicians*

14 General Medical Council (2014) *Openness and honesty when things go wrong*

15 Scottish Cosmetic Interventions Expert Group (2015) *Scottish Cosmetic Interventions Expert Group report*

16 Treatments You Can Trust (2015) *Policy statement on advertising and promotion of Non-Surgical Cosmetic Injectable Treatments by providers on the Treatments You Can Trust Register*

17 Royal College Surgeons (2016) *Professional Standards for Cosmetic Surgery*

18 Health Education England (2016), *Qualification requirements for cosmetic procedures*

19 British Association of Aesthetic Plastic Surgeons (201X) *Code of conduct*

20 British Association of Plastic Reconstructive and Aesthetic Surgeons (2013), *Code of Practice*

Title links to full reference at end of interactive pdf or – if possible – opens guidance extract [or the whole guidance at the right point] in a new overlay window.

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General Medical Council

M7 – Annex B

List of task and finish group members

1 Set out below is a list of the task and finish group members who helped to develop our draft guidance for doctors who offer cosmetic interventions.

2 The Group is chaired by Dr Judith Hulf, Senior Medical Adviser to the GMC.

The other members of the Group are:

Name	Organisation
Michael Cadier	British Association of Aesthetic Plastic Surgeons
Steve Cannon	Royal College of Surgeons (England)
Claire Grainger	Independent nurse practitioner
Mark Henley	British Association of Plastic Reconstructive and Aesthetic Surgeons
Carol Jollie	Health Education England
Nicholas Lowe	British Cosmetic Dermatology Group
Jose Miola	University of Leicester, Academic in Law
Sally Taber	Independent Health Advisory Services
Simon Withey	Plastic surgeon, Professional and clinical standards sub group, Royal College of Surgeons
Geoff Wykurz	GMC lay associate

General Medical Council

M7 – Annex C

Development of the guidance and the outcome of the consultation

Background information

1 After the manufacturer Poly Implant Prosthèse was found to have supplied breast implants filled with industrial rather than medical grade silicon, the Government commissioned a review of the regulation of cosmetic interventions by Sir Bruce Keogh ('the Keogh Review'). The Keogh Review recommended that the GMC develop a 'code of ethical conduct for cosmetic surgery' in collaboration with the Royal College of Surgeons of England.

2 We undertook to lead this work. To help us develop this new GMC guidance on cosmetic interventions we set up a Task and Finish Group (TFG) in December 2014. We also kept in close touch with the Department of Health for England's work to implement the Government's response to the Review and have engaged with the work of the Scottish Government's Cosmetic Interventions Expert Group as part of this process.

Task and finish group

3 The TFG was chaired by Dr Judith Hulf, Senior Medical Adviser to the GMC. It had 11 members including six doctors with experience in both surgical and non-surgical cosmetic interventions, one nurse and four lay members (see Annex B for the list of members)

4 The membership of the TFG reflected a variety of professional, public and employer perspectives. The members provided input on the ethical, legal and clinical considerations, relevant healthcare policies and practice, and the views and experiences of professionals, patients and other key interest groups.

5 The main role of the TFG, as defined in its terms of reference was to:

> *To advise on the scope and structure of new guidance; recommend the policy positions to be adopted on ethical practice; and support development of the draft text, taking account of the need for consistency with the principles underpinning other GMC guidance.*

6 The TFG met six times between January 2015 and January 2016.

Consultation

7 The TFG met four times between January and March 2015 to help develop the first draft of the guidance. Council approved the consultation draft on 2 June 2015 and a formal consultation on the draft guidance was launched on 8 June and ran until 13 September (14 weeks).

Objectives of the consultation

8 The main objectives of the consultation were to:

a Test that the new draft guidance contains principles and standards that are:

i clear.

ii relevant.

iii reasonable and achievable within the different environments in which doctors practise.

iv applicable across the UK and consistent with guidance from other government bodies, regulators and employers.

v consistent with the current legal position as it applies across the UK.

vi promote best practice and take account of equality, diversity and human rights considerations.

b Provide sufficient and appropriate opportunities for key interest groups, patients and the public to provide their views, which can then be used to make decisions about the content and structure of the guidance.

c Raise awareness and understanding of the:

i purpose of GMC guidance and its role in improving practice.

ii specific challenges presented by the issues being consulted on.

iii robustness and openness of our process for developing the guidance.

Written consultation

9 The primary way in which we sought views on the draft guidance was through a written consultation questionnaire. There were 22 questions in the consultation document about the scope, detail and style of the draft guidance. The first 12 questions were about the specific areas where we are expanding on existing GMC guidance and the remaining 10 questions were more general questions about the guidance.

10 Respondents were encouraged to use the GMC's on-line consultation website to complete the questionnaire but were also able to answer the questions directly on the electronic or hard copy version of the pdf.

Promoting the consultation

11 A stakeholder mapping exercise was undertaken prior to launch of consultation to identify the key stakeholders. The consultation was then promoted with these key stakeholders through a number of different channels which included: engagement events, targeted stakeholder e-mailing activity including patient groups, monthly e-bulletin, medical trade press, national media and social media.

12 A broad outline of the types of groups that were invited to the consultation included:

a Doctors and those representing them (individual doctors, medical defence organisations, royal colleges/societies local education training boards, local medical committees, deaneries and medical schools).

b Patient and public representative groups.

c Independent healthcare providers.

d Regulatory bodies and inspectorates.

e Consumer protection organisations.

f Government and NHS organisations.

g Legal firms specialising in medical negligence work.

h International stakeholders who have expressed an interest in the project.

i Other professionals (nurses, allied health professionals, charitable organisations).

Engagement meetings and consultation event

13 We held a number of targeted engagement meetings to discuss the draft guidance. These included meetings with: Sir Bruce Keogh; the Royal College of Anaesthetists; an

individual doctor specialising in non-surgical cosmetic interventions; the Northern Ireland Medical and Dental Training Agency; and BMA Northern Ireland.

14 We also facilitated a consultation event attended by 32 delegates representing a range of our stakeholders including royal colleges, doctor organisations, medical defence organisations, local education and training boards and patient support groups.

15 The issues highlighted during the consultation event and the engagement meetings were very similar to those that had been raised by respondents to the written consultation.

Consultation responses

16 In total we received 142 written responses with a significant proportion of these coming from organisations and individuals with an active interest in the issues raised. The largest respondent category to respond was doctors (92). The respondents were mostly from England (82) with only eleven responses from Scotland and four from Northern Ireland. No responses were received from Wales.

17 The level of patient and public response to the consultation was disappointing, although similar to that experienced by other organisations who have tried to engage with patients and the public in consultations on cosmetic practice issues during the past year or so (including Government and the Nuffield Council on Bioethics).

Online survey

18 Because of the low response rate from patients and members of the public (and organisations representing them), we ran an additional on-line consumer-focused survey from 28 September until 19 October 2015. In the online survey we rephrased six key questions from the written consultation which we thought it would be useful to get the public's views about. Our communications carried out targeted engagement work to promote this survey including posting the survey link on Mums-net and regularly tweeting out the link. This generated 57 responses. The responses supported the findings from the written consultation.

19 For further assurance that the draft guidance had addressed the issues of importance to the public, we also compared the consultation findings against the findings of the public/patient and teenager focus groups commissioned by the Keogh Review. We found that the findings were broadly consistent.

The process of analysis

20 The analysis of responses to the consultation questions was undertaken in three stages which including a vigorous quality assurance process and an internal audit. This helped to ensure that the analysis reports presented to the TFG for consideration provided an accurate reflection of the responses received

21 Overall, the audit concluded that the analysis process had identified the substantive points and the final recommendations made to the TFG reflected appropriate consideration of the consultation responses and represented a reasonable way forward.

22 The consultation analysis reports informed recommendations for changes to the draft guidance, which were considered by the TFG at two meetings in November 2015 and January 2016.

Key issues arising from the consultation

23 The consultation on our draft guidance demonstrated that the overwhelming majority of respondents supported the need for guidance in this area.

24 The consultation highlighted that:

a The principles in the draft guidance were relevant and helpful in addressing the patient safety issues within this sector.

b Minor revisions to the wording in the consent and children sections were needed to make clear that a higher standard of practice is expected of doctors offering cosmetic interventions in relation to these areas.

c We should include a new specific standard to the effect that doctors should not knowingly allow others to miss-sell their services.

d We should include a section on treating adult patients who lack capacity.

e Parts of the guidance could be made clearer, by providing further advice, referencing other documents and changing the structure and format of the draft, so that it fits better with our existing guidance.

f The guidance should be supported by materials specifically designed with the patient in mind; and case studies, which would help bring the guidance to life and illustrate to both patients and doctors how it will work in practice.