New guidance marks a fundamental shift in clarifying requirements for providers of cosmetic interventions

BY DALVI HUMZAH

Following the Keogh Report there has been a shift to bring a more consistent approach to the practice of cosmetics in the UK. On 12 April 2016 the GMC (General Medical Counci) released the guidance for doctors who offer cosmetic interventions. This covers both invasive and non-invasive surgical and non-surgical procedures offered by practitioners. This comes into effect on the 1 June 2016 and raises several points that will significantly affect doctors with any form of cosmetic practice.

The documentation starts with a definition of a cosmetic intervention – "any procedure or treatment carried out with the primary objective of changing an aspect of a patient's physical appearance". This brings into discussion as to what is therefore deemed a cosmetic procedure? When, for example, a benign lesion is removed as a patient does not like the appearance of the lesion (as removal will result in a change in their 'physical appearance'). So when a non-cosmetic doctor / surgeon removes a mole there may be a narrow line between the procedure being considered medically necessary and cosmetic, particularly when the lesion is clinically benign. This may result in the 'see and treat' clinics having to modify their protocols with implications on indemnity required by the doctor / surgeon who is now performing cosmetic procedures.

The main issue of the document looks at five areas of practice: the practitioners training and experience, meeting patient expectations, following guidelines or protocols for interventions, considering psychological needs of the patient and financial probity. Many of the areas covered will not be new to any doctor working in cosmetic practice. However, it places greater emphasis on recording the items in more detail and being explicit in the process of information giving to the patient. All these are important, and when read in context of a cosmetic practice working within current guidelines of good medical practice and surgical guidelines, will not be new to the doctor.

The main body of the document covers the majority of things that a doctor 'must' do (an overriding duty or principle); these are covered in 56 points. The rest of the document draws on points within the 'Annex', which are points covered in other documents of Good Medical practice. To cover and summarise the whole document in this short commentary would not be practical, however, there are a few points that would be worthy of discussion.

On the point of 'continuity of care', #39 makes it a principle that should be followed, but not in all circumstances, that patients should be given written information that explains the intervention they have received in enough detail to enable another doctor to take over their care. Furthermore, the GP should be informed (with the patient's consent). If the patient objects this should be recorded in the notes. This issue is not new to those providing medical care, however, has been largely disregarded in cosmetics, particularly in the non-surgical (toxin and filler) aspects. This guidance explicitly puts the onus on the doctor to now engage in a greater depth of communication with the patient and their GP – many doctors already do this as a matter of principle. The issue now is that there is specific guidance for doctors, however, patients who have non-surgical cosmetic procedures performed by nurses, dentists and other practitioners will not necessarily have the same level of care.

In terms of record keeping, particularly in relation to devices and medicines used (#40 would apply to toxins and fillers), the records should be organised in a way that allow identification of patients who have been treated with a particular device or medicine in the event of product safety concerns or regulatory enquiries. This may require a register of devices and medicines used, separate from the records in the notes of the batch numbers etc. used. This is normally recorded by hospitals when procedures are performed, however, for those individuals in sole private practice in their own clinics this will need implementing. Once more, this is an onus placed on doctors and does not appear to address those within other professions who do not appear to be covered by these requirements. It will be of interest to see how other regulatory bodies follow-up on these principles and close the gap between requirements by the GMC and the others.

Of interest in the section on working with colleagues, the multidisciplinary aspect of cosmetics is vaguely mentioned. Cosmetics is certainly a field that would be improved when patients are discussed within a multidisciplinary team (MDT) . This is an important aspect as areas of consent and working with other colleagues is specifically mentioned in #21 and #42-44 as an overriding duty or principle. This will have implications on those who work alone and not as part of a group. There is now an overriding duty in #45 to build a support network of experienced professional colleagues to support and advise the doctor. This is reasonable, however, the report is vague as to how one is to determine the experience of colleagues within a specialty that has yet to have its qualifications appropriately ratified.

There are many areas of the document that will need clarification, however, it is mandatory to read through all the 24 pages and address the points as it is a fundamental requirement to those who offer cosmetic interventions. This guidance marks a fundamental shift in clarifying the requirements for those providing cosmetic interventions; however, there are several points that will need clarification as the terms used are vague. This guidance does set a level of practical requirements for doctors, however, there is no standard set across the 'multi-disciplinary' area of the specialty and it remains to be seen if the other regulatory bodies will also aspire to bring cosmetic practice to the same levels across the board.

Dalvi Humzah,
Aesthetic SUB-EDITOR, PMFA NEWS;
Consultant Plastic, Reconstructive and Aesthetic Surgeon, UK.
E: dhumzah@doctors.org.uk