

Response to Cosmetic Surgery Interspecialty Committee Recommendations

A statement from



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About ASiT

The Association of Surgeons in Training (ASiT) is a professional body and registered charity working to promote excellence in surgical training for the benefit of junior doctors and patients alike. With a membership of over 2700 surgical trainees from all 10 surgical specialities, the Association provides support at both regional and national levels throughout the United Kingdom and Republic of Ireland. Originally founded in 1976, ASiT is independent of the National Health Service (NHS), Surgical Royal Colleges, and specialty associations. Governed by an elected Executive and Council, the Association is run by trainees for trainees.

Background

‘Cosmetic surgery’ refers to an operation or invasive medical procedure, performed to enhance a patient’s physical appearance, to improve an aesthetic ideal, rather than reconstruct defects for medical reasons (1). Cosmetic surgery is rarely available through the NHS, and is primarily performed in the private sector and, as such, represents a multibillion-pound industry (2). There must be overriding physical or psychological reasons for considering it as a treatment option on the NHS (3).

Following concerns about the quality of implants used in cosmetic breast surgery (4), an independent review of cosmetic practice performed in the private sector was completed in 2013, *The Keogh Review of the Regulation of Cosmetic Interventions* (5). The review concluded that existing regulation did not provide enough protection against many of the potential risks from cosmetic procedures. It made a number of recommendations designed to improve the care provided for patients. The Royal College of Surgeons of England, together with numerous stakeholder organisations, has formed the Cosmetic Surgery Interspecialty Committee (CSIC) to address the recommendations in the review. The CSIC has presented key proposals for a framework that will provide improved protection for patients undergoing cosmetic interventions (1).

Response to Recommendations

ASiT has welcomed the Royal College of Surgeons of England’s move to form the CSIC in response to *The Keogh Review of the Regulation of Cosmetic Interventions*. ASiT has provided a voice for surgeons in training in the United Kingdom and Republic of Ireland for almost 40 years, with representatives from all regions, training grades and

specialties on their Council. ASiT regularly surveys membership on issues relating to surgical training. We are therefore in a unique position to offer feedback, not only on how policy-change translates to practice on the ground, but also to help to monitor its ongoing progress. Our work on European Working Time Directive (6), Bullying and Undermining (7), Less Than Full-time Training (8) and other pertinent issues have been influential at the top tables of policy on surgical practice. This statement is based on the consensus opinion of the Association regarding the Review of the Regulation of Cosmetic Interventions, with representation from all ten surgical subspecialties and particular emphasis on those specialties most commonly involved in cosmetic surgical procedures. The following conclusions have been reached:

- ASiT welcomes this opportunity to intervene to protect patients and improve patient safety. We fully agree that the existing regulatory framework is currently insufficient in this regard, and we are committed to its development.
- We welcome the assertion that all surgical interventions should be provided by suitably qualified doctors, either on the specialist register within the related specialties themselves, or directly supervised by a responsible doctor who is.
- We have concerns regarding the application of the accreditation process, specifically surrounding the independence of bodies conducting accreditation processes. It is unclear whether established practitioners will be subject to the full rigour of this process, or whether it is solely newly registered Certificate of Completion of Training (CCT) holders who will be required to complete the process.

- Currently, only plastic surgery, otolaryngology and maxillofacial surgery have an aesthetic surgery component within their curricula, with completion necessary for the award of CCT. Cosmetic surgery, however, is practised very widely, and a strict definition is necessary.
- However, there are undoubtedly transferable skills that are developed during training within non-aesthetic NHS practice in all specialties that should be acknowledged by the accrediting body. For this reason, the current grouping of procedures for accreditation appears to result in more groups than is necessary.
- The division of surgical skills into credentialed modular units risks undermining the recent significant advances in training curricula. A serious concern of ASiT is that the overall value of a CCT-level trained and ethically responsible surgeon, with a demonstrable track record in governance and transparency is eroded. The wider issue of credentialing has long been discussed (9), and surfaced more recently with the publication of the Shape of Training Review (10). It is proving difficult to determine how credentialing could be effectively delivered, and ASiT has posed questions for consideration regarding the practicalities of credentialing in general (11).
- We believe the wider recommendations in relation to the governance of implantable medical devices, appropriate medical indemnity and corporate responsibility are key to the creation of a safe, transparent and robust framework that patients can trust.
- Increasing the gap in the provision of training in aesthetic surgery between NHS and the independent sector risks promoting a disparity in the value of applying standards and good practice models in both.

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